

Member Name:
 Medicaid #:

Major Incident Review – Integrated Health Home Person-Centered Service Plan Attachment

Date of Major Incident Occurred:

I have received / completed the incident report on . I have reviewed the report and reevaluated the risk factors identified in the risk assessment portion of the Person-Centered Service Plan.

Type of Major Incident (check all that are applicable):

- 1 Results in a physical injury to or by the member that requires medical treatment or admission to a hospital.
- 2 Constitutes a prescription medication error or a pattern of medication errors that leads to physical injury, death, or emergency mental health treatment.
- 3 Requires emergency mental health treatment for the member (including hospitalization for a mental health incident).
- 4 Requires the interventions of law enforcement.
- 5 Requires a report of child abuse pursuant to *Iowa Code section 232.69* or a report of dependent adult abuse pursuant to *Iowa Code section 235B*.
- 6 Involves a member’s location being unknown by provider staff who are assigned protective oversight.
- 7 Results in the death of the member.
- 8 Requires use of a restraint.
- 9 Requires use of medical treatment.

Check one of the following:

- I have determined that the Person-Centered Service Plan needs to be updated and will be completed with the member and treatment team members within 7 days.
- I have determined that the Person-Centered Service Plan continues to ensure the health, safety, and welfare of the member. Follow up activities include a continuation of the current Person-Centered Service Plan and ongoing monitoring of client needs and services. A copy of this review has been sent to the member/guardian and provider(s) on .

If there are any questions about this review, please contact the below care coordinator.

IHH Agency	IHH Care Coordinator Printed Name
IHH Care Coordinator Phone Number	

IHH Care Coordinator Signature	Date
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