



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 a physician’s treatment or admission to a hospital.
- 2 Results in the death of the member.
- 3 Requires emergency mental health (MH) treatment for the member (including hospitalization for a MH 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 Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome from 1, 2 or 3.
- 7 Involves a member’s location being unknown by provider staff who are assigned protective oversight.

### 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 \_\_\_\_\_ (date).

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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Attach this page to the person-centered service plan.