

Member Name: Click or tap here to enter text.

Medicaid #: Click or tap here to enter text.

## Major Incident Review — Person-centered service plan attachment

**Date of major incident occurred:** Click or tap to enter a date.

I have received/completed the incident report on Click or tap to enter a date.. 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 1. Results in a physical injury to or by the member that requires a physician’s treatment or admission to a hospital.
- 2 2. Results in the death of the member.
- 3 3. Requires emergency mental health (MH) treatment for the member (including hospitalization for a MH incident).
- 4 4. Requires the interventions of law enforcement.
- 5 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 6. Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome from 1, 2 or 3.
- 7 7. Involves a member’s location being unknown by provider staff who are assigned protective oversight.

**Check one of the following:**

<input type="checkbox"/>	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.
<input type="checkbox"/>	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 Click or tap to enter a 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:

HH care coordinator signature: \_\_\_\_\_

Date: Click or tap to enter a date.

Attach this page to the person-centered service plan.