

IOWA MEDICAID CRITICAL INCIDENT REPORT

<p>(Please note: Select Completed ONLY when all investigative activities are complete and resolution activities have been implemented. Otherwise submit an initial report.) Report Status: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Completed</p>	
Reporting Party	National Provider Identifier _____ Provider (Name or Agency) _____ Provider Address _____ City _____ State _____ Zip _____ County _____ Phone # _____ Fax # _____ Reporter Name (Last) _____ (First) _____ (MI) _____ (Title) _____ (Email) _____
	Medicaid No: _____ Name: (Last) _____ (First) _____ (MI) _____ Address _____ City _____ State _____ Zip _____ County _____ Date of Birth: _____ Member's Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Case Manager Name: (Last) _____ (First) _____ (Email) _____
Medicaid Member	HCBS Waiver: <input type="checkbox"/> <input type="checkbox"/> Ill & Handicapped <input type="checkbox"/> Chain Injury <input type="checkbox"/> Physical Disability <input checked="" type="checkbox"/> Elderly <input type="checkbox"/> Children's Mental Health <input type="checkbox"/> Intellectually Disabled (formerly MR) State Plan: <input type="checkbox"/> Habilitation <input checked="" type="checkbox"/> TRF
Incident Information	Date of Incident: _____ Time of Incident: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> unknown The Incident Was: <input checked="" type="checkbox"/> discovered <input type="checkbox"/> witnessed First staff person to learn of the incident: (Name) _____ (Title) _____
	Location where incident occurred: (select one) <input type="checkbox"/> Member's Home <input type="checkbox"/> Private residence/household – living alone <input type="checkbox"/> Private residence/household – living with relatives <input type="checkbox"/> Private residence/household – living with unrelated persons <input type="checkbox"/> Community supervised living <input type="checkbox"/> TRF <input type="checkbox"/> TRF/MH <input type="checkbox"/> TRF/PHM <input type="checkbox"/> Assisted living <input type="checkbox"/> Other _____
	<input type="checkbox"/> Community <input type="checkbox"/> Community job <input type="checkbox"/> School <input type="checkbox"/> Day program <input type="checkbox"/> Work activity <input type="checkbox"/> Homeless/shelter/street <input type="checkbox"/> Vehicle <input type="checkbox"/> Shopping <input type="checkbox"/> Dining <input type="checkbox"/> Operating <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other Location <input checked="" type="checkbox"/> State MH <input type="checkbox"/> State resource center <input type="checkbox"/> Correctional facility / jail <input type="checkbox"/> Foster care/family life home <input type="checkbox"/> TRF / nursing facility <input type="checkbox"/> TRF/MH <input type="checkbox"/> TRF/PHM <input type="checkbox"/> Hospital / medical clinic <input type="checkbox"/> Other _____
	Other People Present (Provide name of person, initials if a member, and their relationship to the member) 1. _____ other <input type="checkbox"/> member <input type="checkbox"/> staff <input type="checkbox"/> family <input type="checkbox"/> roommate <input type="checkbox"/> neighbor <input type="checkbox"/> other, specify _____ 2. _____ other <input type="checkbox"/> member <input type="checkbox"/> staff <input type="checkbox"/> family <input type="checkbox"/> roommate <input type="checkbox"/> neighbor <input type="checkbox"/> other, specify _____ 3. _____ other <input type="checkbox"/> member <input type="checkbox"/> staff <input type="checkbox"/> family <input type="checkbox"/> roommate <input type="checkbox"/> neighbor <input type="checkbox"/> other, specify _____ 4. _____ other <input type="checkbox"/> member <input type="checkbox"/> staff <input type="checkbox"/> family <input type="checkbox"/> roommate <input type="checkbox"/> neighbor <input type="checkbox"/> other, specify _____
Services: (select one) <input type="checkbox"/> Services were not being provided. <input type="checkbox"/> Service being provided at the time of the incident: W code _____ Service Name _____	
Describe the incident, including Who, What, When, Where, and How. (Describe any preceding circumstances, resulting harm to people, property damage, and any other relevant information. Include what was observed or heard. Attach additional pages if needed)	
Immediate Resolution	Date of Immediate Resolution: _____ Type of Immediate Resolution: (select all that apply) <input type="checkbox"/> resolved by case manager <input type="checkbox"/> resolved by provider staff <input type="checkbox"/> in-patient hospitalization (medical unit) <input type="checkbox"/> resolved by natural supports <input type="checkbox"/> incarceration <input type="checkbox"/> resolved by outside entity <input type="checkbox"/> emergency room treatment <input type="checkbox"/> out-patient mental health <input type="checkbox"/> treatment by a health care professional <input type="checkbox"/> in-patient hospitalization (mental health unit)
	Describe the actions taken after the incident occurred to secure the member's safety.
Guardian: <input type="checkbox"/> yes <input type="checkbox"/> no	Guardian notified: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> attempted, unable to reach

Iowa Incident Based Report Specifica

Lingjun Ying



Iowa Incident Based Report Specifica:

The Enigmatic Realm of **Iowa Incident Based Report Specifica**: Unleashing the Language is Inner Magic

In a fast-paced digital era where connections and knowledge intertwine, the enigmatic realm of language reveals its inherent magic. Its capacity to stir emotions, ignite contemplation, and catalyze profound transformations is nothing short of extraordinary. Within the captivating pages of **Iowa Incident Based Report Specifica** a literary masterpiece penned with a renowned author, readers attempt a transformative journey, unlocking the secrets and untapped potential embedded within each word. In this evaluation, we shall explore the book's core themes, assess its distinct writing style, and delve into its lasting impact on the hearts and minds of people who partake in its reading experience.

<https://staging.conocer.cide.edu/data/publication/fetch.php/Memorandum%202014%20Economics%20Grade%202014%20November.pdf>

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