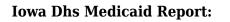
IOWA MEDICAID CRITICAL INCIDENT REPORT

| | Report Status: | |
|------------------------|---|---|
| Reporting | National Provider Identifier Provider (Name or Agency) | |
| | Provider Address City | |
| | County Phone # Fax # | |
| | Reporter Name (Last) | Email) |
| Medicald Member | Medicald No: Name: (Last) (First) (HI) | HCBS Walver: Ads/HTV |
| | Address City | |
| | State Zip County | ☐ Physical Disability ☐ Elderly |
| | Date of Birth: Member's Gender: | Children's Mental Health |
| | Case Manager Name: (Last) (First) | ☐ Intellectually Disabled (formerly MR |
| | (Email) | State Plan: Grants: |
| | | ☐ Habilitation ☐ MFP |
| | Date of Incident: Time of Incident: a.m p.m unknown | |
| | The Incident Was: discovered witnessed | |
| | First staff person to learn of the incident: (Name) | |
| | Location where incident occurred: (select one): Community | ☐ Other Location |
| | ☐ Member's Home ☐ community job ☐ private residence/household – living alone ☐ school | state MHI state resource center |
| | private residence/household – living with relatives | correctional facility / jail |
| | □ private residence/household – living with unrelated persons □ work activity □ community supervised living □ homeless/shelter/s | foster care/family life home street IOF / nursing facility |
| Incident Information | D ROF Webside | D IOF/MR |
| | RCF/MR shopping | DEF/PMI |
| | RCF/PMI dining recreating | hospital / medical clinic other |
| | other | |
| | 2. Other member Istaff family Iroommate neighbor Other, specify 3. Other member Istaff family Iroommate neighbor Other, specify 4. Other member Istaff family Iroommate neighbor Other, specify | |
| | | |
| | people, property damage, and any other relevant information. Include what was observed or heard. Attach additional pages if needed | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Immediate | Date of Immediate Resolution: Type of Immediate Resolution: (select all that apply) | solved by case manager |
| | | |
| | I I I resolved by provider staff I I in-patient hospitalization (medical unit) I I re- | SOFWERD DAY FARELINGS SULCIDIOPTES |
| | | solved by natural supports nergency room treatment |
| | ☐ incarceration ☐ resolved by outside entity ☐ en | nergency room treatment |
| | ☐ incarceration ☐ resolved by outside entity ☐ en | nergency room treatment |
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Iowa Dhs Medicaid Report

Zhe Xu



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