

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 29, 2008

MEMORANDUM

ACS M08-22

TO: Providers of Long-Term Institutional Services

FROM: Kenneth S. Fink, MD, MGA, MPH
Med-QUEST Division Administrator

A handwritten signature in black ink, appearing to be "K. Fink", written over the printed name of the sender.

SUBJECT: INCIDENT REPORTS

To ensure appropriate, consistent, and timely submission of reports of incidents resulting in harm to Medicaid recipients, the Med-QUEST Division Health Care Services Branch (HCSB) would like to remind all facilities of the reporting requirements of these reports as stated in Hawaii Administrative Rules (HAR) Chapter §17-1737-37, (2)(C).

The rules state that "providers of long-term institutional services shall submit to the department a written incident report for each incident that results in harm to the Medicaid recipient. These reportable incidents include reaction to a drug or therapy, all bodily injuries that require medical intervention, and absence without leave for one or more nights. An incident report shall be in writing and shall be submitted to the department within seventy-two hours of a reportable incident. Written reports shall include the following: name of the NF or ICF-MR; name, age, and birthdate of the resident; resident's diagnosis; resident's acuity level at time of incident; date, time, and place of the incident; description of how the incident occurred; description of the kind and extent of medical intervention; date incident report was written and signature and title of the reporting individual."

The form DHS 1147i is to be used for the reporting of incidents. However, if a facility chooses not to use this form, it may do so provided that all required information as stated above is included. Please do not send copies of a facility's internal incident report. The submission of such reports does not constitute acceptable reporting.

If a facility does not have any reportable incidents for six (6) months, i.e., from January to June, and/or from July to December, the absence of incidents must be reported to the HCSB. Form DHS 1147i should be used for this purpose by completing the lower portion of the form. This report must be submitted by the fifteenth (15th) day of the month following the reporting period. Please be sure that the form is signed and dated.

If you have any questions or need clarification regarding this memorandum, please call our HCSB Social Worker, Ms. Melanie Daranciang, at 692-8127.