



Member Name:

Medicaid #:-

## Major Incident Review – Person-Centered Service Plan Attachment

Date of Major Incident:

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.

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 30 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 \_\_\_\_\_ to attach to the Person-Centered Service Plan.

If there are any questions about this review please contact the below care coordinator:

IHH care coordinator printed name:

IHH care coordinator signature: \_\_\_\_\_

Date:

Attach this page to the Person-Centered Service Plan.