

NC Department of Health and Human Services

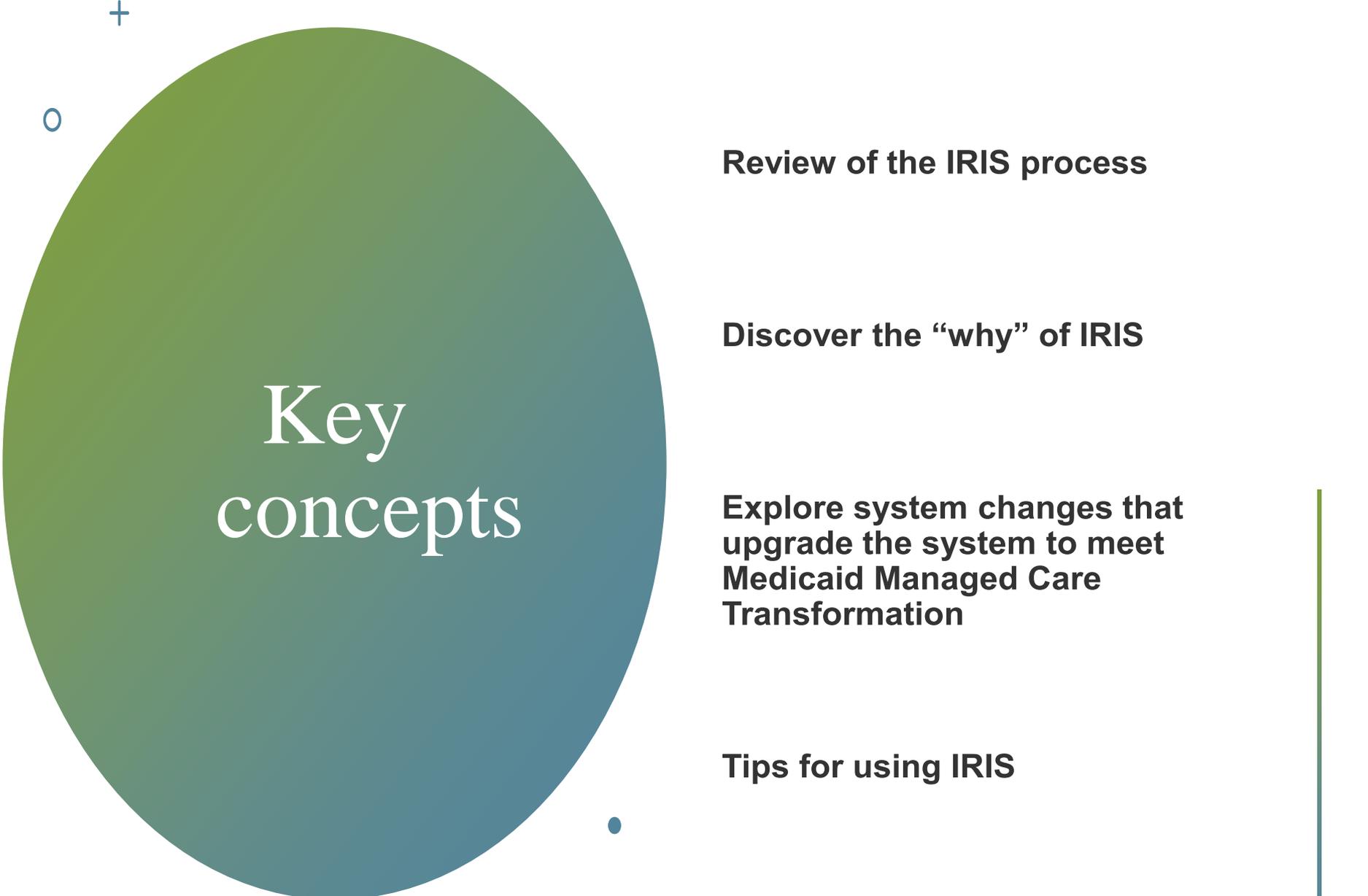


IRIS Updates

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Customer Service and Community Rights Team, DMH/DD/SUS

September 19, 2023



**Key
concepts**

Review of the IRIS process

Discover the “why” of IRIS

**Explore system changes that
upgrade the system to meet
Medicaid Managed Care
Transformation**

Tips for using IRIS

What is IRIS?

- **IRIS is an abbreviation for Incident Reporting and Improvement System**
- **IRIS is a web-based incident reporting system for reporting incidents involving consumers of mental health, developmental disabilities and/or substance abuse services.**
- **Two sites are available.**
- **IRIS Live Site: <https://iris.ncdhhs.gov>**
- **IRIS Training Site: <https://irisuat.ncdhhs.gov>**

What is an Incident?

- Any adverse event that is not consistent with the routine operation of a facility or service or the routine care of a consumer



- 10A NCAC 27G .0103(b)(32)

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Who Must Report?

Any provider of publicly funded services licensed under NC General Statutes 122C, except hospitals, (Category A providers) and providers of publicly funded non-licensed periodic or community-based mh/dd/sa services (Category B providers) must submit the report following an incident.



What agencies are involved?

- **DMH/DD/SAS**
 - **Customer Service and Community Rights Team (CSCR)**
 - **Intellectual and Developmental Disabilities Team (IDD)**
 - **State Opioid Treatment Authority (SOTA)**
 - **Quality Management**
- **DHSR**
 - **Complaint Intake Unit (CIU)**
 - **Mental Health Licensure & Certification Section (MHLC)**
 - **HealthCare Personnel Registry (HCPR)**
- **DSOHF**
- **DHB (including Quality Management)**
- **LME-MCOs**
- **PHP**

Medicaid Managed Care

- **Medicaid Managed Care transformation is being implemented! Standard Plans went live July 1, 2021, and Behavioral Health I/DD Tailored Plans are delayed at this time.**



Enter: Prepaid Health Plans



The Department entered into five contracts for prepaid health plans ("health plans") on Feb. 4, 2019. On Oct. 8, 2019, the Department expanded the regions



Contracts are between the Department and the following health plan providers, with the type of contract indicated:

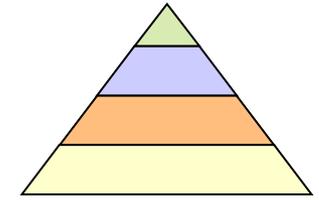


AmeriHealth Caritas of North Carolina – Statewide Health Plan
Blue Cross and Blue Shield of North Carolina – Statewide Health Plan
UnitedHealthcare of North Carolina – Statewide Health Plan
WellCare of North Carolina – Statewide Health Plan
Carolina Complete Health, Inc. – Regional Contracts – Region 3 Health Plan, Region 4 Health Plan, Region 5 Health Plan

What does this mean for IRIS?

- **The Incident Response Improvement System (IRIS) implemented many changes in order to be reflective of the Managed Care Transformation changes that impacted the IRIS system.**
- **PHPs were added as users to review submitted reports from a worklist.**
- **Much like the LME-MCOs, PHP reviews reports in order to ensure health and safety of individuals and reduce the occurrence of preventable incidents.**
- **A few additional fields were added to collect important demographics.**
- **DHB is now able to access data for purposes of trending.**

IRIS Levels



- **Level I - unusual events (no immediate health or safety issue)**
- **Level II - serious events (requires treatment beyond first aid, contact with law enforcement); death due to natural causes or terminal illness, or results in a threat to a client's health or safety,**
- **Level III - critical events (death, permanent physical or psychological impairment, public scrutiny)**

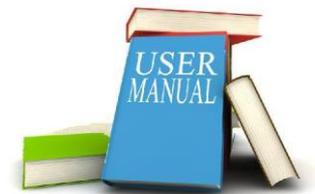
Incident Leveling Process



	INCIDENT	LEVEL I	LEVEL II	LEVEL III	Guidelines
CONSUMER INJURY	<p><u>Due to:</u></p> <p>Accident</p> <p>Aggressive behavior</p> <p>Self-harm</p> <p>Trip or fall</p> <p>Auto accident</p> <p>Other</p> <p>Unknown cause</p>	<p>Any injury that requires first aid only, as defined by OSHA guidelines in manual</p> <p><i>(regardless of who provides the treatment)</i></p>	<p>Any injury that requires treatment* by a licensed health professional (<i>such as MD, RN, or LPN</i>) beyond first aid, as defined by OSHA guidelines in manual.</p> <p>*Treatment does not include diagnostic tests such as blood work, x-ray, MRI, EKG, etc.</p>	<p>Any injury that results in permanent physical or psychological impairment; or if the is perceived to be a significant danger to or concern of the community.</p>	<p>Level III internal reviews are required <u>only</u> if the incident occurred when a consumer was receiving a billable service or the incident occurred on provider premises.</p>

Manuals

- There are 2 Manuals to assist users:
- Both are available on the IRIS Website



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– Guidance and Reporting Manual

- Provides information about reporting requirements, timeframes, reporting categories and leveling process
- Available on the IRIS website for all users
- <https://files.nc.gov/ncdhhs/documents/files/incidentmanual2-25-11.pdf>

– Technical Manual

- Provides step-by-step process (with pictures) regarding how user should report in IRIS
- Available on the IRIS website for all users
- <https://files.nc.gov/ncdhhs/documents/files/iris6-4-10dhhsmanual.pdf>

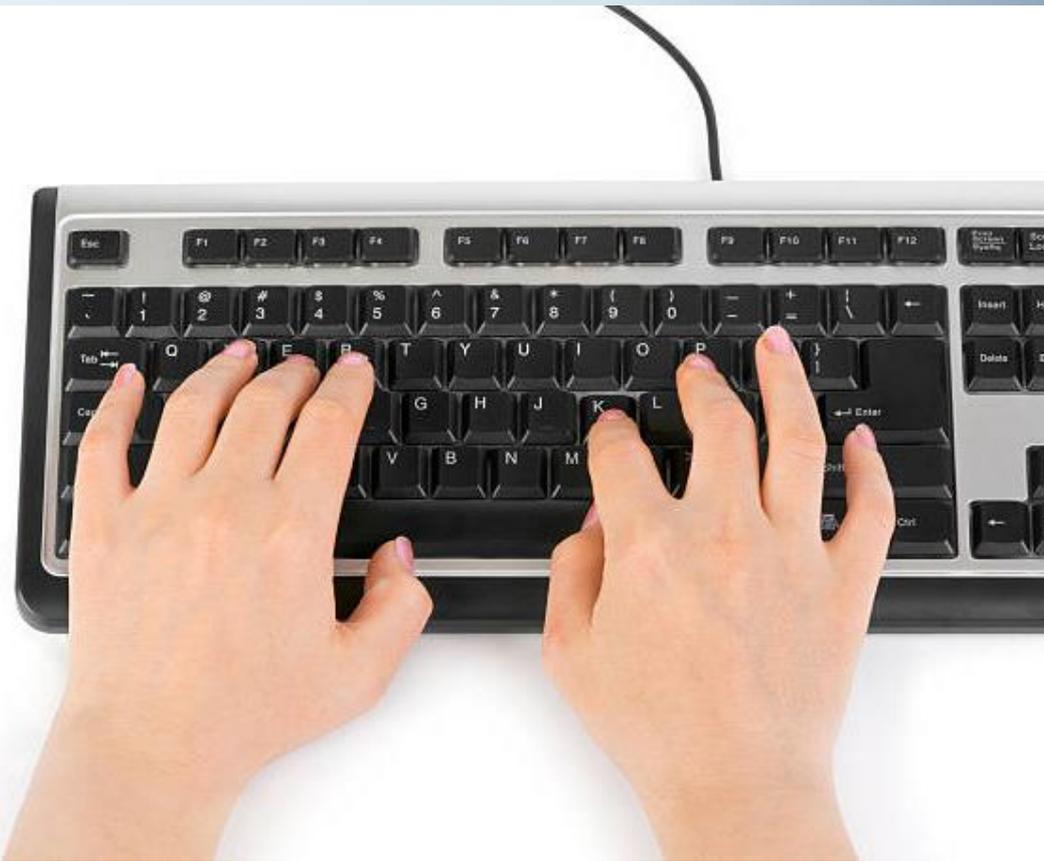
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Incident Reporting Rules related to IRIS

- **Incident Rules and Provider Monitoring:**
 - **10A NCAC 27G .0600- .0609**
- **Death Reporting Rules:**
 - **10A NCAC 27C .0303**
- **Restrictive Intervention Rules:**
10A NCAC Chapter 27
Subchapter C, D, E and F



Overview of the IRIS Process

- **Provider completes IRIS reports following an incident**
- **IRIS Levels an Incident**
- **IRIS Notifies Appropriate Agencies**
- **LME-MCO/ PHP reviews and requests for any further information needed**
- **Provider obtains needed documentation**
- **Provider updates IRIS with any changes or additional information**

Timeframes for Reporting

- **IRIS reports must be submitted within 72 hours from the time that the first staff at an agency learns about an incident.**
- **Requirements for reporting within 24 hours for an allegations of abuse, neglect or exploitation by unlicensed staff can be completed through IRIS.**
- **Updates are required as soon as provider learns any new information related to the incident.**



IRIS Live Site:

<https://iris.dhhs.state.nc.us/Default.aspx>

File Edit View Favorites Tools Help

Add a Printer Beacon Login DMH Help Desk NC MH-DD-SAS NC SOHF NCID Login Outlook Web App 365

Quality
NC DMH/DD/SAS

NORTH CAROLINA
INCIDENT RESPONSE IMPROVEMENT SYSTEM

Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Welcome to the NC Incident Response Improvement System

LIVE SITE - DO NOT ENTER -TEST- INCIDENT REPORTS HERE!

Provider Incident Reporting

Providers: You may enter only Level II and Level III incidents.

Incident Number:

Consumer's Last Name:

To view or Edit an existing Incident Report, enter the Incident Number and Consumer Name. If you do not have the Incident Number, please call your LME and request that it be sent to you.

If you are unable to access the Incident Report form through this web site, notify your LME's QA/QI office by phone. You are still responsible for reporting the incident and must complete a paper copy and deliver it to your LME within the required timeline.

Links to Other State Agencies and Documents

[Local Offices of the Division of Social Services](#)
[DHSR - Health Care Personnel Registry](#)
[DHSR - Complaint Intake Unit](#)
[DMH/DD/SAS Customer Service and Community Rights](#)
[DMH/DD/SAS Local Management Entities](#)
[IRIS Technical Manual](#)
[IRIS Reporting Manual](#)

LME / DHHS User Log-In

Enter your NCID User ID and Password to access the NC-IRIS application.

User ID:

Password:

[I forgot my password.](#)

Provider Information Tab- Part 1

Provider Information

NEW INCIDENT
STEP ONE

Begin the process of creating an incident by supplying the information requested on this page concerning your organization, the county of service and the consumer's county of residence.

☆Corporation:

Book, Inc.

Name

☆Name and Title of person completing this form:

Green Book

Title

Staff

Local Facility/Unit/Group Home

NOTE: If the blinking cursor disappears during entry, click the left mouse button in the entry field and continue

NPI Number:

CABHA MPN:

☆Local Facility Name:

Book, Inc.

Cottage/Unit Name:

Red Book

License Number:

MHL777-77777

Director:

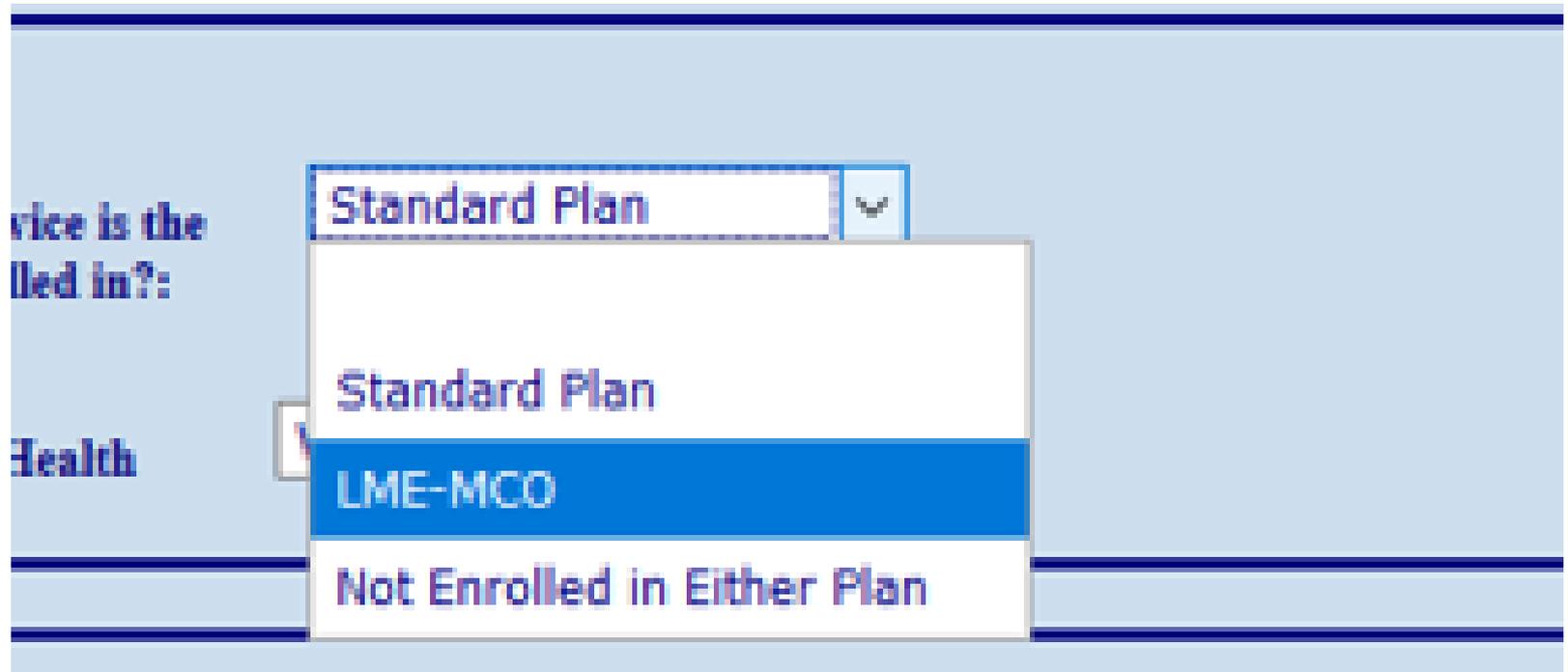
Orange Book

☆Physical Address:

123 Book Street

Mailing Address:

123 Book Street



Provider Information Tab- Part 2

Provider will choose Standard Plan

Provider Information Tab- Part 3

Provider will choose the appropriate PHP for the consumer:

Email Address:

AmeriHealth Caritas North Carolina, Inc.

Blue Cross and Blue Shield of NC, Inc.

Carolina Complete Health, Inc

United Healthcare of North Carolina, Inc.

Wellcare of North Carolina, Inc.

Which plan/service is the individual enrolled in?:

Which Pre-paid Health Plan?:

Wellcare of North Carolina

Consumer Information Tab: Added Medicaid ID #, Updated Gender & Added Funding Source

☆ Medicaid ID:

CNDS ID:

☆ Consumer's Date of Birth:



14

Date of Birth unknown

Gender:

Male

Female

Transgender

Gender non-conforming



Race/Ethnicity:

Unknown



Height:

ft

in

Unknown

Weight:

lbs

Unknown

Dates of Last 2 Medical Exams:



14

None



14

None

Services that the individual is receiving is/are funded by:



Consumer Information Tab:

Updated Innovations, Added TBI and Veteran Questions

☆ Does consumer receive Innovations Waiver?

Yes No Unknown

☆ Self-Directed Waiver?

Yes No Unknown

☆

Is this person in the Money Follows the Person program?

Yes No Unknown

☆ Does consumer have TBI (Traumatic Brain Injury)?

Yes No Unknown

☆

Has this person ever hit his/her head or been hit in the head, including being told that he or she has/had a concussion?

Yes No Unknown

☆

Has the person ever had a loss of consciousness or experienced a period of being dazed and/or confused because of the injury to the head?

Yes No Unknown

How old were you the first time you were knocked out or loss consciousness?

Veteran:

Have this person or a family member ever served in the Active Duty, Guard, or Reserve Armed Services?

Yes No Not Known

If yes, has this person ever served in a Combat Zone?

Yes No Not Known

Consumer Information/ Services Part 2

Consumer Information / Services

MH Svcs DD Svcs SA Svcs **Hospital Discharge** Associated Incidents

☆Date of last discharge from a State facility/hospital: 03/29/2021  14 Never Unknown

Name of State Facility/Hospital:

Date of last discharge from a Non-State psychiatric facility/hospital: 04/06/2021  14 Never Unknown

Name of Non-State psychiatric Facility/Hospital:

Category of Incidents

Type of Incident

Check All that apply to This Incident:

- Death
- Restrictive Intervention
- Injury
- Medication Error
- Allegation of Abuse, Neglect, or Exploitation
- Consumer Behavior
- Suspension, Expulsion
- Fire
- Other Incident Type

[Click Here to Reset the Menu and Continue](#)

Death

Provider Section

Provider Information

Incident Information

Consumer / Treatments

Consumer / Services

Death Information

Restrictive Intervention

Injury Information

Medication Error

Abuse/Neglect

Behavior Information

Suspension/Expulsion

Fire Information

Authorities Contacted

Provider Comments

Supervisor Actions

H CPR Facility

Allegation

Death Information

Manner of Death

Associated Injuries

Associated Body Parts

Death Due To

Choose One

- Terminal Illness / Natural Cause
- Accident
- Homicide / Violence
- Suicide
- Unknown Cause

Did death occur within 14 days of discharge from a State Operated Facility?

Yes No

Did death occur within 7 days of Restrictive Intervention or within 7 days of Seclusion? *

Yes No

IMMEDIATELY NOTIFY YOUR SUPERVISOR

Be sure to complete the Restrictive Intervention section of this incident report

Restrictive Intervention Part 1

RESTRICTIVE INTERVENTION DETERMINATION

Your response to these 3 questions will determine if this section of the Incident Report requires completion. Select your responses, and click on the Evaluate Responses option.

If IRIS determines that you must complete this section, additional tabs will appear for you to answer additional questions.

NOTE

- All unplanned restrictive interventions MUST be reported
- A planned restrictive intervention plan MUST be approved per 10A NCAC 27E .0104 and .0106 (including approval by the Client Rights Committee and the Intervention Advisory Committee). If consumer's plan has not been approved per 10A NCAC 27E .0104 and .0106, check "NO" in response to the first question.

- ☆ Is the use of Restrictive Intervention part of the Consumer's Person-Centered Plan and approved per 10A NCAC 27E .0104 and .0106? (Unplanned RI - check "No") Yes No
- ☆ Was the Restrictive Intervention administered properly? Yes No
(Planned use, administered by a person trained to implement the plan, administered as written and adhering to the timelines in the plan)
- ☆ Did the use of Restrictive Intervention result in the consumer's death, injury, discomfort, complaint, or require treatment by a licensed health-care professional? Yes No

If this Restrictive Intervention is considered to be Abuse or Neglect, complete the Abuse/Neglect section of this Incident Report also.

Evaluate Responses

Save

Restrictive Intervention (Update regarding PRTFs)

- **All restrictive interventions are considered to be an Emergency Intervention and should be entered into IRIS.**
- **If Restrictive Intervention involves a serious occurrence DMA should be notified in addition to the completion of an IRIS report.**
- **If there is any allegation of abuse, neglect or exploitation to a child or disabled adult, a report to DSS should be filed.**



Restrictive Intervention (Update regarding PRTFs) Continued...

- **If there is any allegation of abuse, neglect or exploitation by an unlicensed staff member, an HCPR Report should be completed in IRIS within 24 hours. Updated information should be provided within 72 hours according to IRIS timeframes. The 5-day report for HCPR should be updated in IRIS.**
- **If there is any allegation of abuse, neglect or exploitation by a licensed staff member, a report should be filed with licensing board.**
- **PRTFs must submit Serious Occurrence notifications based on the DHB Attestation Agreement.**

Health Care Personnel Registry Report

HCPR Facility Allegation Information

Allegation Accused Staff Investigation Results Witnesses

Report to Health Care Personnel Registry Investigations Branch

☆Name and Title of person completing this form: Fuji Apple
Title: staff

Actual Incident Location:
Address 1: 123 Apple Street
Address 2:
City: Apple Zip: 57577

☆Type of Facility: Group Home
☆Type of Care and Setting: Group Home

☆Choose the Type(s) of Allegation Being Made:

<input type="checkbox"/> Resident Abuse	
<input checked="" type="checkbox"/> Resident Neglect	
<input type="checkbox"/> Diversion of Resident Drugs	Est. Value: 0
<input type="checkbox"/> Diversion of Facility Drugs	Est. Value: 0
<input type="checkbox"/> Fraud Against Resident	
<input type="checkbox"/> Fraud Against Facility	
<input type="checkbox"/> Misappropriation of Facility Property	Est. Value: 0
<input type="checkbox"/> Misappropriation of Resident Property	Est. Value: 0

Incident Comments

Incident Comments

WARNING

Due to confidentiality and HIPAA requirements, this text **MUST NOT** include the full names of other consumers. If necessary, use their initials only or refer to them as Consumer1, Consumer2, etc.

Enter only comments that can be viewed by ALL IRIS Users with Proper Authority



Orange Book

Comment Title:

Text:

Check Spelling

Title	Author	Date	Text
comment by provider	Provider	01/03/2021	test

Add Attachment

Attached Documents

WARNING

Due to confidentiality and HIPAA requirements, attached documents **MUST NOT** include the full names of other consumers. If necessary, use their initials only.

☆ Attachment Title:

☆ Locate Attachment:

 Browse...

Add Attachment

	Document Title	Date Added	
Select	Investigation - (Attached by Provider)	4/29/2021	

To Display or Save an attachment, Select the attachment in this List, then click this button.

Display Attachment

Authorities Notified

Provider Section

Provider Information

Incident Information

Consumer / Treatments

Consumer / Services

Death Information

Restrictive Intervention

Injury Information

Medication Error

Abuse/Neglect

Behavior Information

Suspension/Expulsion

Fire Information

Authorities Contacted

Authorities Contacted

Indicate authorities or persons you have contacted concerning this incident.

	Contact Name	Phone	Date Contacted
<input checked="" type="checkbox"/> County DSS County: <input type="text" value="Harnett"/>	<input type="text" value="Test Person"/>	<input type="text" value="(686) 868-6868"/>	<input type="text" value="07/02/2015"/> 
<input checked="" type="checkbox"/> Law Enforcement Agency Agency Name: <input type="text" value="Test Agency"/>	<input type="text" value="Test Person"/>	<input type="text" value="(797) 979-7979"/>	<input type="text" value="07/02/2015"/> 
<input checked="" type="checkbox"/> Parent/Guardian	<input type="text" value="Test Person"/>	<input type="text" value="(686) 868-6868"/>	<input type="text" value="07/02/2015"/> 
<input checked="" type="checkbox"/> Clinical Home/Treatment Plan Team	<input type="text" value="Test Person"/>	<input type="text" value="(686) 868-6868"/>	<input type="text" value="07/02/2015"/> 
<input checked="" type="checkbox"/> <input type="text" value="Test Agency"/>	<input type="text" value="Test Person"/>	<input type="text" value="(686) 868-6868"/>	<input type="text" value="07/02/2015"/> 
<input checked="" type="checkbox"/> <input type="text" value="Test Agency"/>	<input type="text" value="Test Person"/>	<input type="text" value="(877) 797-9799"/>	<input type="text" value="07/02/2015"/> 

**Printing (in PDF form)
Select All,
click Print
Selected.**

Print Incident

Check Sections to be Printed (Sections displayed in this color have entries and will be selected when the 'Select All' button is pressed)

<input checked="" type="checkbox"/> Provider Information	<input type="checkbox"/> Consumer Behavior
<input checked="" type="checkbox"/> Incident Information	<input type="checkbox"/> Suspension / Expulsion
<input checked="" type="checkbox"/> Consumer Information	<input type="checkbox"/> Fire Information
<input checked="" type="checkbox"/> Death Information	<input checked="" type="checkbox"/> Authorities Contacted
<input type="checkbox"/> Restrictive Intervention	<input checked="" type="checkbox"/> Incident Comments
<input type="checkbox"/> Injury Information	<input checked="" type="checkbox"/> Supervisor Actions
<input type="checkbox"/> Medication Error	<input type="checkbox"/> HCPR Facility Allegation
<input type="checkbox"/> Allegation of Abuse, Neglect, or Exploitation	

Level Of Incident

Supervisor Actions

Level of Incident

Cause of Incident

Incident Prevention

Incident Submission

The NC-IRIS system has determined this incident to be of the following level.

Level I Level II Level III

Incident Level was Determined By...

This incident is likely to result in a danger to or concern to the community or a report in a newspaper, television or other media.

This incident is likely to result in permanent physical or psychological impairment.

Death may have been attributed to Methadone Treatment.

Death was caused by other than Terminal Illness or Natural Causes.

Death occurred within 7 days of Restrictive Intervention.

Allegation against Staff Member was charged.

Save

Cause Of Incident

Supervisor Actions

Level of Incident Cause of Incident Incident Prevention Incident Submission

Describe the cause of this incident, (the details of what led to this incident).



Check Spelling

Author	Date	Text
Provider	04/29/2021	Consumer was upset and hit staff.

Incident Prevention

Supervisor Actions

Level of Incident Cause of Incident **Incident Prevention** Incident Submission

Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident.



Check Spelling

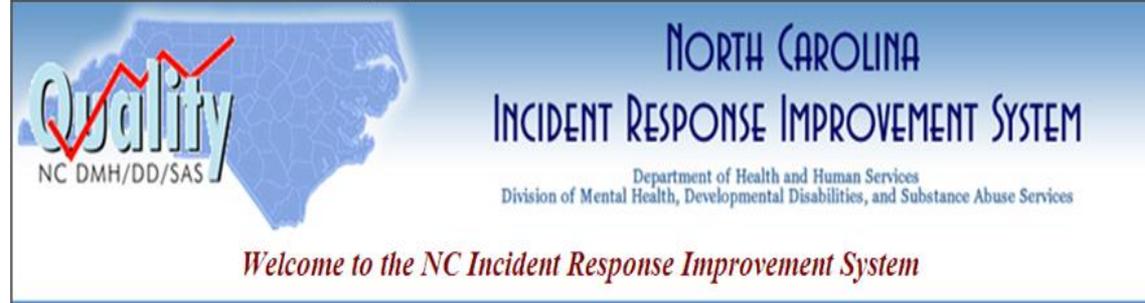
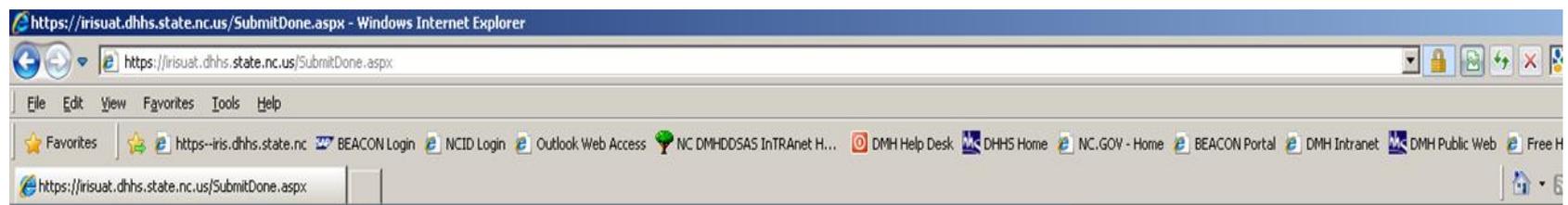
Author	Date	Text
Provider	04/29/2021	Staff will talk with Director regarding de-escalation.

Submission of Report to Agencies

The following checked agencies will be automatically notified of this incident by the NC-IRIS system based on the details provided in this document.

- DMH/DD/SAS Quality Management
- DMH/DD/SAS Customer Service and Community Rights
- DMH/DD/SAS Best Practices
- Div of State-Operated Healthcare Facilities
- DHSR Complaint Intake Unit
- DHSR Licensure and Certification
- DHSR Healthcare Personnel Registry
- State Methadone Authority

Incident Report is Submitted!



Quality
NC DMH/DD/SAS

**NORTH CAROLINA
INCIDENT RESPONSE IMPROVEMENT SYSTEM**

Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Welcome to the NC Incident Response Improvement System

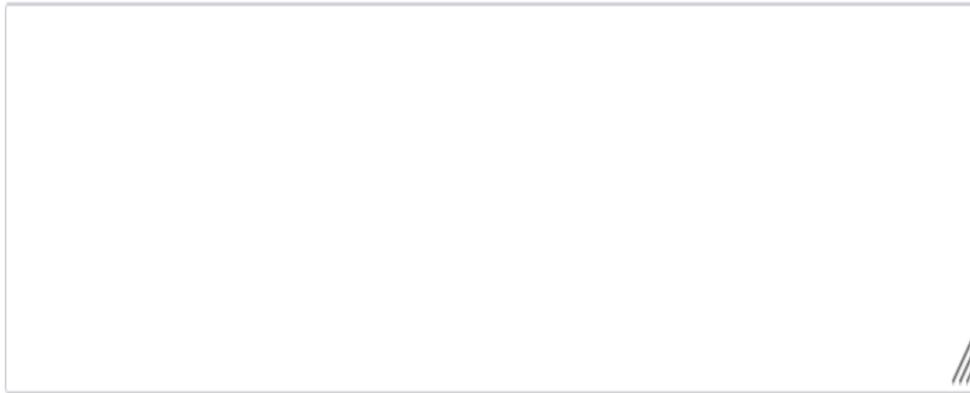
Incident Submission Completed



The submission of Incident Number:
a48773a806
was completed successfully.

[Continue](#)

When re-submitting the Incident Report, please enter your explanation here.



Check Spelling

By checking this box, I attest that the information contained in this Incident Report is true and an accurate representation of the incident.

Reason for Resubmission

Then, user must enter a reason for submission in Reason for Resubmission box under Supervisor's Actions. Then the user will click to Attest the information is correct and then click Submit. Do not click Save if user is ready to submit since Save only saves report for review/ updating later.

What's in a Name?..... Everything!

- **Names must be typed exactly as entered.**
- **Be aware of initials and endings in a name. (Jr., hyphens, etc.)**
- **Corporation and Facility Name- each agency should use one document and have all employees enter as printed on the document.**
- **Consumer's Full Name (including initials)**

Incident Number Security

- **Providers are the only agency to receive an incident number. None of the LME-MCOs nor State agencies have access to this number.**
- **Keep incident number safe and Confidential.**
- **Incident number is created by IRIS after first 4 menus are completed.**
- **If provider loses incident number, Host LME can ask IRIS to send the number based on consumer name, date of incident and staff e-mail.**

Send Incident Number:

Send Incident Number to Provider

INSTRUCTIONS

Use this entry form to have IRIS send an email containing the Provider Incident Number to the provider. All entries are required that have a 'Star' image to the left or above the entry field.

The entries are self-explanatory for normal incidents that have Consumer Information entered. Simply fill out the entries on this form.

The exception is the incident that is an 'Allegation Against the Facility' because there may not be Consumer Information entered. If there is, fill the form as you would a regular incident. If, however, there is no Consumer Information, the entries are a little different.

For an Allegation Against the Facility incident with no Consumer Information entered, only the consumer's Last Name is required for the Consumer Name entries, and must be entered as 'HCPR' (without the quotes).

☆ Who was Entering the Incident?

Consumer's Name:

☆ First

MI

☆ Last

☆ Date of Incident:

 14

If you want another individual at the provider's location to receive this incident number, enter their email address below. Otherwise, leave it blank.

Also Send Incident Number To:

Submit Request

Cancel

Finish and Save

- ✦ **Providers may save a report after the completion of the 4th screen in IRIS (Type of Incident) and return to complete it at a later time. IRIS will provide an incident number. Only the agency receives an incident number. None of the LMEs nor State agencies have access to this number.**
- ✦ **Some agencies utilize this process in order for direct care staff to complete the report and supervisor to review before submission.**
- ✦ **If provider loses incident number, Host LME can ask IRIS to send the number based on consumer name, date of incident and staff e-mail.**
- ✦ **If no data is entered into IRIS for 20 minutes, IRIS has a security feature and will log off the system**

Updating Information

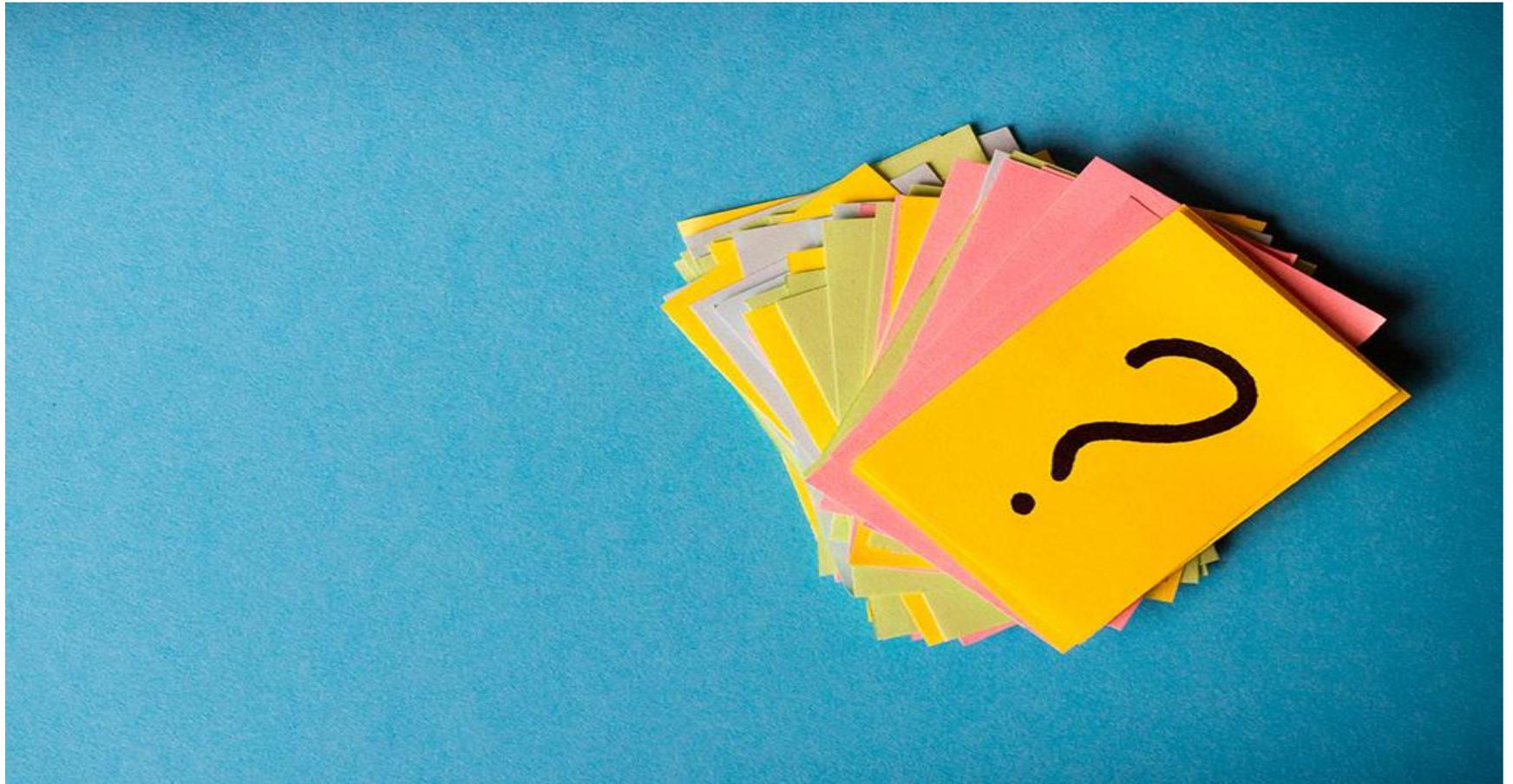
- **All reports should be updated as soon as the provider becomes aware of new information.**
- **If consumer death, provider should request a free copy of the Medical Examiner's report. (If one is not available, Medical Examiner will send notification.)**



Next Steps for IRIS

- **Continuing to make Improvements with the current system**
- **Working to develop a Request for Proposal (RFP)**
 - **Possible posting next quarter**
 - **Under Silent Period so specific details cannot be discussed**
 - **RFP will be posted to NC eProcurement website**

Questions



Contact Information

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919-418-3964