

Incident Reporting and Management System (IRAMS)

Frequently Asked Questions

1. Who is required to use IRAMS?
 - a. Health Homes Serving Children (HHSC) and their Care Management Agency (CMA) networks, Children's Waiver Home and Community Based Services (HCBS) Providers, and Children and Youth Evaluation Services (C-YES) are required to use IRAMS to report both critical incidents and complaints/grievances. Health Homes Serving Adults (HHSA) and their CMA networks are required to use IRAMS to report critical incidents.
 - b. HHSA may choose to report complaints/grievances through IRAMS but it is not required.
2. If a Health Home (HH) also has their own Care Management Agency (CMA), are we allowed to choose 2-3 individuals to have access to IRAMS from our HH administrative staff and then an additional 2-3 individuals to have access from our Care Management Agency (CMA) management team?
 - a. Each HH, CMA, C-YES, and HCBS providers should identify 2-3 users who will have access to IRAMS (not all care managers need access).
 - b. The lead Health Homes can determine if they will allow their CMAs to enter IRAMS or if the lead Health Home will enter the information on their own. **Please note:** IRAMS will be tracking compliance timeframes as outlined in policy, that will later be reportable to CMS. HHs are encouraged to grant access to all CMAs to improve compliance and timeliness. It is the responsibility of the lead Health Home to ensure that issues are addressed and reported within the compliance timeframes as outlined in policy and have internal processes in place for their network CMAs to follow.
3. Will the HCS Coordinator have "read only" access to the IRAMS system to monitor reports? Is there a role assignment in IRAMS to allow for the "review only" of incidents (i.e. for agency quality assurance)?
 - a. The HCS Coordinator is the person who has the responsibility and authority to request and manage Commerce accounts and manage roles in the Communications Directory. The identified HCS Coordinator will also, by default, be a user. There is not a "read-only" user role within IRAMS. HH/CMAs should ensure that staff overseeing quality assurance or who have oversight responsibilities for monitoring issues have the IRAMS Issue Reporter role in HCS.

4. Will the lead HH be sent an alert when a new incident or complaint is entered into the IRAMS system by a CMA?
 - a. Yes, those with access to IRAMS will receive an email alerting them to a new incident or complaint being added to their queue. Account set up defaults to this alert; however, it can be turned off in profile settings.

5. If the incident happens in another program that has another oversight agency (OMH), because they receive HH and another service (ie: PROS), do you still have to report under IRAMS if its already being reported under NIMRS or Justice Center?
 - a. IRAMS does not replace mandated reporter requirements or reporting required by programs other than Health Home or the Children's Waiver. For agencies licensed by OMH, for example, reporting via NIMRS may *also* be required if the member is receiving another service (such as PROS or CFTSS). Issues reported for children/youth enrolled in the Children's Waiver (and not receiving another OMH-licensed service) do *not* need to be reported via NIMRS.

6. If a CMA enters an issue that does not meet the criteria for a reportable incident, what are the next steps for the lead HH? How do we address an incident that does not meet DOH reporting criteria, but the CMA believes it should be reported?
 - a. If a HH receives an issue that does not meet the criteria for a reportable incident, they can return it to the CMA marked as "not reportable" – this action will close the issue. If there is a question as to if the issue should be reported, the HH may submit to DOH with appropriate comments; DOH also has the ability to close an issue by indicating it is not reportable.

7. Just to confirm, the Health Home does not have to submit a quarterly report anymore if the report is built into IRAMS?
 - a. Correct, HHs no longer need to submit quarterly reports to DOH. The last quarterly report will be for the January-March 2021 period.

8. Does the Incident Report need to be discussed in an agency's incident review committee or during an interdisciplinary team meeting?
 - a. Collaboration among the service providers of Health Homes, C-YES, HCBS providers, and Medicaid Managed Care Plans should occur whenever possible. The member's services and Plan of Care should be adjusted accordingly to address the issue raised by the member. Agencies should follow their internal processes to review and discuss issues.

9. If the incident is reported to both HCBS worker and CM, who reports it to IRAMS?
 - a. The care team should discuss the issue, so all parties are aware of the issue and potential impacts to the member. The care team should coordinate who will report the issue. It is preferred that the issue is reported by a CMA to ensure HH oversight. However, if the issue is reported twice -once by HCBS Provider and

once by the CMA - then DOH will be able to mark as duplicate during the review process.

- b. HCBS providers should not assume that CMAs and C-YES will report in IRAMS. HCBS providers must communicate with HHCM and C-YES to ensure they are aware of the critical incident or complaint/grievance.
10. For agencies that are both CMAs and Children's HCBS Providers, how should they be entered in the IRAMS, which line of business?
- a. For agencies that are both CMAs and designated Children's HCBS providers, the agency should consider if it is appropriate to grant IRAMS access to staff that represent both lines of business. If accessing IRAMS as both a CMA and HCBS Provider, the HCS Coordinator will need to enroll the agency as both types of users. Granting IRAMS access to administrative staff is permissible.
 - b. In the case where both lines of business CMA and HCBS provider is listed, users need to be cautious to utilize the correct line of business to report.
11. For agencies that are both CMAs and Children's HCBS Providers, which line of business would the issue be reported under?
- a. If an agency is both a CMA and a Children's HCBS Provider, the issue should be reported under their CMA line-of-business to ensure HH monitoring and oversight. If both the CMA and the Children's HCBS Provider submit the same issue, DOH will be able to mark one as a duplicate during the review process.
12. How do I change my preferences, so I get email notifications when an incident is assigned to my organization?
- a. The default setting for email notifications is "off." If you want to receive email notifications when your agency is assigned an incident, you can change your settings as follows:
 1. Log into IRAMS via HCS
 2. Access your User Profile via the icon in the upper right corner of the IRAMS window
 3. Switch your email preference to "on."

If you continue to have issues with email notifications, please contact the DOH IRAMS team using the contact information below.

If you have any questions or technical issues with IRAMS, please contact the DOH team [here](#), using the "IRAMS Questions Only – No PHI" subject line.