



NC DEPARTMENT OF  
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**LME-MCO Communication Bulletin #J316**

**Date:** January 9, 2019

**To:** Local Management Entities/Managed Care Organizations (LME/MCOs) and Providers

**From:** Karen Burkes, Assistant Director and Chief Operating Officer, DMH/DD/SAS  
Deb Goda, Behavioral Health Unit Manager, NC Medicaid

**Subject:** Reporting and Release Requirements for the Incident Response and Improvement System

This bulletin provides updated information regarding the requirements for submission of incident reports by providers who receive public funds and instructions regarding the release of Incident Response and Improvement System (IRIS) reports. These changes are effective immediately.

**IRIS and Payor Source**

The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) is responsible for the overall delivery and system of publicly-funded services for individuals receiving mental health, intellectual and other developmental disabilities, and substance use services through Local Management Entities/Managed Care Organizations (LME/MCOs) and community providers. To fulfill this responsibility, LME/MCOs and DMH/DD/SAS must have information to assure quality services are being provided by providers who receive public funds, regardless of the funding source for each individual involved in an incident.

As required in [NC Administrative Code 10A NCAC 27G](#) Sections.0601 - .0610, providers who receive public funds are required to submit incident reports for individuals who are receiving or have received services from the provider within the last 90 days through IRIS.

- In accordance with the administrative code, providers who contract with LME/MCOs and/or DMH/DD/SAS for services or who receive technical assistance using public funds must report incidents through IRIS, regardless of the individual consumer's source of payment.
- The occurrence of an incident shall be recorded in the service notes.
- The completed incident report shall not be referenced or filed in the service record. However, this must be kept in the administrative files.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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Additionally, all providers of opioid treatment programs are licensed by the Division of Health Service Regulation (DHSR) and receive technical assistance and oversight services through the State Opioid Treatment Authority (SOTA). Therefore, all incidents must be reported to comply with IRIS and SOTA requirements.

LME/MCOs, through their regular processes, such as Quality Assurance and Mortality and Morbidity reviews, review all incident reports to monitor the overall delivery of services. LME/MCOs should contact providers within their catchment area to obtain any additional information for incident reports, including providers who are not in the LME/MCO's network.

Information regarding, but not limited to, diagnosis and treatment services (including substance use) may be shared between providers, LME/MCO staff and DHHS staff involved in this incident reporting process.

In addition, under [42 CFR § 2.53](#), providers are required, *before submitting the incident information*, to obtain written agreement from the collecting state agency that the state agency agrees to specific conditions listed below. This Communication Bulletin and the following provisions constitute the written agreement by NC DHHS and will be added to IRIS to address the sharing of information between these agencies:

DHHS agrees to the following:

- DHHS represents that it provides financial assistance to the program and/or is authorized by law to regulate its activities;
- DHHS requires the information for, and will use it only for, conducting an audit, conducting an evaluation, or (if a quality improvement organization) performing a utilization or quality control review;
- DHHS will maintain and destroy the patient identifying information in a manner consistent with the policies and procedures established under [42 CFR § 2.16](#);
- DHHS will retain records in compliance with applicable federal, state, and local record retention laws; and
- DHHS will disclose patient identifying information *only* back to the program from which it was obtained, or as required by law.

### **IRIS and Reporting**

The IRIS website for reporting incidents is located at <https://iris.dhhs.state.nc.us/>. Detailed information regarding IRIS is available through the [IRIS Guidance Manual](#) and the [IRIS Technical Manual](#).

- Incidents must be reported within 72 clock hours after the first person in an agency learns about an incident, even if all details regarding the incident are not known.
- In addition to the IRIS reporting requirements, the provider will make all other reports as required by State and Federal law.
- Additional information/updates regarding all incidents should be submitted as soon as the agency staff learns new information.

### **IRIS and the Release of Information**

- Requests for IRIS reports should proceed through the information request process for any agency receiving the request.
- The agency should follow their agency's policy and procedures regarding the release of information.
- The occurrence of an incident shall be recorded in the service notes.

- The completed incident report shall not be referenced or filed in the service record. However, this must be kept in the administrative files.

If providers have questions, please contact your LME/MCO. If LME/MCO staff have questions, please contact Glenda Stokes ([glenda.stokes@dhhs.nc.gov](mailto:glenda.stokes@dhhs.nc.gov)) or Stacie Forrest ([stacie.forrest@dhhs.nc.gov](mailto:stacie.forrest@dhhs.nc.gov)) at 919-715-3197.

Previous bulletins can be accessed at:

[www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins](http://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins)

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