



COLORADO  
**CHOICE** TRANSITIONS  
YOUR PATH TO INDEPENDENCE

# The Case Manager's Guide to Critical Incident Reporting in the BUS

Version 1.0



# INTRODUCTION

Case Managers are required to evaluate and assess each client's threshold for an interruption in critical services, which may result in a critical incident. A critical incident is defined as an event or situation that creates a significant risk to the health, welfare and or safety of a client. Case managers are required to fill out a critical incident report each time a critical incident occurs. Critical incidents include emergency room visits, hospital admittance, and institutionalization into nursing facility or intermediate care facility.

## **The following steps should be taken when a critical incident occurs:**

1. Providers have 24 hours to report the incident by filling out the HCBS Provider Critical Incident Information Form and submit to the client's intensive case manager via email or FAX. Those services which are deemed critical will have been established through the risk assessment and mitigation process prior to transition and entered into the BUS.
2. The intensive case manager then enters the incident into the Benefits Management System (BUS) within 24 hours of notification from provider agency or client.
3. Next, the intensive case manager has 48 hours to file a critical incident follow-up report in the BUS detailing a remediation plan(s). This should include follow-up contact with the client and the provider agency. In the event that the critical service interruption results in more than one critical incident for the client, each incident must be reported in the BUS by the intensive case manager as a separate critical incident.
4. Intensive case managers are encouraged to ask the client about any interruptions in the delivery of services in their weekly contact and capture in log notes. Clients should be empowered to report to their case manager when any interruption of services as detailed in the service plan has occurred.

The Department will analyze the source(s) of critical incidents and based on that analysis, the Department will provide guidance to provider agencies that are not self-reporting or clients that are not reporting to intensive case managers. The Department will run a critical incident report to review and resolve complaints about back-up systems, which will include monitoring the timeliness of responses to emergency back-up calls, tracking and documenting the number and type of calls as well as monitoring the effectiveness of back-up systems. This information will be used in the Department's Global Quality Improvement Strategy (QIS) to improve services systemically for all waiver participants.

If you have additional questions or comments about this guide, you may email us at [CCT@state.co.us](mailto:CCT@state.co.us).

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# 1. CRITICAL INCIDENT REPORT

## ADDING A NEW CIRS

To begin filling out a new critical incident report, click on the **“Critical Incident Reports”** tab on the left side of the screen

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

Client - Demographic - Chocolate Pudding - 222-22-2222

**Main Menu**

Advisement Letter

Assessment - 100.2

Client Information

Financial

Spousal Financial

Insurance

Legal

Transition Assessment & Planning

Risk Mitigation Plan

Assessment - HCA

Case Management

Case Status

Critical Incident Reports

IADL

Log Notes

LTC 803

Program Area

Referral

**Client Information**

First Name  MI  Last Name

SSN  State ID  County

Primary Language  DOB  Phone

Marital Status  Sex

Street Address  City/State/ZipCode

Mailing Address  Mailing Address City

Mailing Address State  Mailing Address ZipCode

Client ID for Agency

Current Living Situation

Case Status:

CP

**Contact Person**

Name

Relationship

Click **Add New CIRS** to start a new Critical Incident

File Edit View Favorites Tools Help

★ Favorites | ★ Free Hotmail | Web Slice Gallery

Benefits Utilization System - Session ti...

**Main Menu**

Advisement Letter

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Client Information

Transition Assessment & Planning

Risk Mitigation Plan

Assessment - HCA

Case Management

Case Status

Critical Incidents - Before 06/04/2009

Critical Incident Reports

Persons Involved

Follow Up

HCPF Review

IADL

Log Notes

LTC 803

Program Area

Referral

Service Plan

Service Plan DD Section

**Client Information**

[Add New CIRS](#) | [Completed CIRS](#) | [HCPF Review](#) | [Follow-Up](#)

**To complete a CIRS Follow Up report, please include:**  
1) All **Contacts** made, 2) **Answers** to all questions, and 3) A complete **Description** of all Follow Up actions taken.

[Military Time](#)

**Critical Incident Reports**

	CIRS ID	Incident Date	CM Notify Date	Entry Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review Entered	Follow Up Entered
<a href="#">View</a>	156	01/06/2014	01/07/2014	01/06/2014	Health Care Policy and Financing	Taylor Larsen	Colorado Choice Transitions - HCBS - CMHS	Other High Risk Issues	None	
<a href="#">View</a>	155	12/20/2013	12/26/2013	12/27/2013	Health Care Policy and Financing	Nora Brahe	Colorado Choice Transitions - HCBS - EBD/18 - 64	Other High Risk Issues	None	
					Health		Colorado Choice	Other		

**TIP:** you can view their previous critical incidents by clicking **view**

# 1. CRITICAL INCIDENT REPORT

## ADDING A NEW CIRS

Critical Incident Reporting	
Assessment - 100.2	CIRS ID: 158
Client Information	
Transition Assessment & Planning	*Date of Incident:
Risk Mitigation Plan	*Time of Incident:
Assessment - HCA	*Case Manager Incident Notification Date:
Case Management	Entry Date:
Case Status	Entry Time:
Critical Incidents - Before 06/04/2009	Client Name:
- Print/View CIRS	Client Medicaid ID:
Critical Incident Reports	Client Medicaid DOB: 02/22/1981
IADL	*HCBS Waiver Program: Colorado Choice Transitions - HCBS-EBD/18-64
Log Notes	Case Manager Name: Nicole Storm
LTC 803	SEP Agency Name: Health Care Policy and Financing
Program Area	Name of Person Reporting Incident to SEP: Banana Pudding
Referral	Provider Agency of Person Reporting Incident: Friend, Inc.
Service Plan	
Service Plan DD Section	
Administration	

### What's Changed?

Case manager incident notification date has been added



Critical Incident Reporting	
Assessment - 100.2	CIRS ID: 157
Client Information	
Transition Assessment & Planning	*Date of Incident:
Risk Mitigation Plan	*Time of Incident:
Assessment - HCA	*Case Manager Incident Notification Date:
Case Management	Entry Date: 01/06/2014
Case Status	Entry Time: 16:02
Critical Incidents - Before 06/04/2009	Client Name: Banana Pudding
- Print/View CIRS	Client Medicaid ID: X999998
Critical Incident Reports	Client Medicaid DOB: 02/22/1981
IADL	*HCBS Waiver Program:
Log Notes	Case Manager Name:
LTC 803	SEP Agency Name:
Program Area	Name of Person Reporting Incident to SEP:
Referral	Provider Agency of Person Reporting Incident:
Service Plan	Is the Provider Agency reporting the incident an Assisted Care Facility (ACF)?
Service Plan DD Section	Was Anyone other than the client involved in the incident?
Administration	
Logout	

### What's Changed?

HCBS-CCT waiver programs have been added to the drop down list



- HCBS-Brain Injury
- HCBS-Community Mental Health Supports
- HCBS-Elderly, Blind, Disabled
- HCBS-Persons Living with AIDS
- HCBS-Spinal Cord Injury - LTCO, JEFFCO Only
- HCBS-Childrens Waiver
- HCBS-Children with Autism
- HCBS-Children with Life Limiting Illness
- Colorado Choice Transitions - HCBS-BI
- Colorado Choice Transitions - HCBS-CMHS
- Colorado Choice Transitions - HCBS-DD
- Colorado Choice Transitions - HCBS-EBD/18-64
- Colorado Choice Transitions - HCBS-EBD/65+
- Colorado Choice Transitions - HCBS-SLS

# 1. CRITICAL INCIDENT REPORT

## ADDING A NEW CIRS

File Edit View Favorites Tools Help

Benefits Utilization System - Session ti...

Client Medicaid DOB: 02/22/1981

\*HCBS Waiver Program: Colorado Choice Transitions - HCBS-EPDWA-CL

Case Manager Name: Nicole Storm

SEP Agency Name: Health Care Policy and Financing

\*Name of Person Reporting Incident to SEP:

\*Provider Agency of Person Reporting Incident:

\*Is the Provider Agency reporting the incident an Assisted Care Facility (ACF)?  Yes  No

\*Was Anyone other than the client involved in the incident?  Yes  No

\*Location of Incident: Home

**Did the Incident Result in Hospitalization or Institutionalization?**  Yes  No \*\*Expect refresh

\*Type of Hospital or Institution: Hospital

\*Name of Hospital or Institution:

\*Incident Type:

\* Required.

\*\* IF NO REFRESH - Enable Javascript in browser.

Save

\*Incident Type: Death

\* Required.

\*\* IF NO REFRESH - Enable Javascript in browser.

Death

Abuse/ Neglect/ Exploitation

Injury/Illness to Client

Damage to Consumer's Property/Theft

Medication Management Issues

Other High Risk Issues

Any and all deaths are required to be reported as critical incidents and entered in the BUS.

Any and all deaths, no matter what the cause of death, whether they are accidental, intentional, of a suspicious nature, involve law enforcement or simply due to natural causes, are considered a critical incident and should be recorded in the BUS. Any death must be reported to HCPF as a critical incident by the next business day.

Please Note: Reporting critical incidents to HCPF does not relieve the facility or case management agency from the reporting requirements of other regulatory or law enforcement agencies.

\*Description of Incident:

Depending on which "incident type" is selected, a narrative box appears and must be filled out with **in detail.**

# 1. CRITICAL INCIDENT REPORT

## ADDING A NEW CIRS

If **Other High Risk Issues** is selected from the drop down list, additional drop downs appear to address risk including risk issue type and “why is this issue of particular risk to this person”?

**\*Incident Type:** Other High Risk Issues Expect refresh

\* Required.  
\*\* IF NO REFRESH - Enable Javascript in browser.

### Other High Risk Issues

Reporting incidents to HCPF does not relieve the facility or provider from reporting requirements of other regulatory or law enforcement agencies. Lost/Missing Person should be reported to CDPHE.

**\*Description of Incident:**

**TIP:** These answers should be taken from the risk assessment and/or emergency back-up plans developed before transition.

**\*Risk Issue Type:** Criminal Justice Involvement/Incarceration, Victim of Crime, Client Fraud, Provider Fraud, Lost/Missing Person, Loss of Home/Eviction, Substance Abuse, Suicide Ideation/Talk, Suicide Attempt, Abusive/Violent Behavior by Client, Mental Incompetency/Alzheimer's/Dementia, Unsafe Living Situation, Critical Service Interruption, Other Expect refresh

**\*Why is this issue of particular risk to this person?:**

**\*Risk Issue Type:** Critical Service Interruption Expect refresh

Critical Services are those services that if not delivered in accordance with the client's service plan would result in a critical incident, such as death, hospitalization, reinstitutionalization or an emergency room visit. The critical services should be identified in the emergency backup plan and the contingency plan section in client's service plan in the BUS.

**\*Critical Service Interruption Type:**

**TIP:** If “Critical Service Interruption” is selected, additional information is required including Critical Service Interruption Type

Transportation to urgent medical appointments, Life-support Equipment failure, Direct Service Providers did not show, Family Caregivers or Natural Supports did not show, Direct Service Provider showed up but did not perform service, Service Refusal by Client, Utilities Failure, Natural Disaster, Other

**Save**

# 1. CRITICAL INCIDENT REPORT

## ADDING A NEW CIRS

**\*Risk Issue Type:** Critical Service Interruption \*\*Expect refresh

**Critical Services** are those services that if not delivered in accordance with the client's service plan would result in a critical incident, such as death, hospitalization, reinstitutionalization or an emergency room visit. The critical services should be identified in the emergency backup plan and the contingency plan section in client's service plan in the BUS.

**\*Critical Service Interruption Type:** Direct Service Providers did not show \*\*Expect refresh

**\*Why is this issue of particular risk to this person?:**

Save

Internet | Protecte

**TIP:** Issues of potential risk will be assessed for each individual prior to transition and will need to be discussed in detail here.

# 1. CRITICAL INCIDENT REPORT

## PERSONS INVOLVED

If anyone else besides the client was involved in the critical incident, the **Persons Involved** sub-section must be completed

Critical Incident Reports										
	CIRS ID	Incident Date	CM Notify Date	Entry Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review Entered	Follow Up Entered
<a href="#">View</a>	166	03/03/2014	03/04/2014	03/11/2014	Health Care Policy and Financing	Nicole Storm	Colorado Choice Transitions - HCBS - EBD/18 - 64	Death	None	None
<a href="#">View</a>	167	02/28/2014	03/01/2014	03/04/2014	Health Care Policy and Financing	Terry Burnham	Colorado Choice Transitions - HCBS - SLS	Other High Risk Issues	None	None
<a href="#">View</a>	166	03/02/2014	03/02/2014	03/04/2014	Health Care Policy and Financing	Terry Burnham	Colorado Choice Transitions - HCBS - EBD/18 - 64	Death	None	None
							Colorado			

**The Department of Health  
Care Policy and Financing**  
*Benefits Utilization System*



CIRS - Critical Incident Report - Banana Pudding - 999-99-9999

**Persons Involved in Critical Incident**

Person Involved ID: 7  
CIRS Event ID: 156

Name:

Relationship to client:  Other:

Role in incident:

- Family Member
- Personal Care Provider
- Provider Staff
- Co-habitant
- Other

# 1. CRITICAL INCIDENT REPORT FOLLOW UP

All critical service interruptions require a follow-up report within 48 hours and should include a remediation plan.

Each client, with the help of the intensive case manager and members of the transition options team, will have an emergency back-up plan identifying critical services and what should happen in the event of a critical service interruption.

Critical Incident Reports										
	CIRS ID	Incident Date	CM Notify Date	Entry Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review Entered	Follow Up Entered
<a href="#">View</a>		03/2014	03/04/2014	03/11/2014	Health Care Policy and Financing	Nicole Storm	Colorado Choice Transitions - HCBS - EBD/18 - 64	Death	None	None
<a href="#">View</a>	167	02/28/2014	03/01/2014	03/04/2014	Health Care Policy and Financing	Terry Burnham	Colorado Choice Transitions - HCBS - SLS	Other High Risk Issues	None	None

Follow Up	
Advisement Letter	
Assessment - 100.2	
Client Information	<b>Follow-up ID:</b> 1
Transition Assessment & Planning	<b>Entry Date:</b> 02/04/2014 <b>Entry Time:</b> 03:43 PM
Risk Mitigation Plan	<b>CIRS ID:</b> 158
Assessment - HCA	<b>Incident Date:</b> 02/01/2014 <b>Incident Time:</b> 11:20 AM
Case Management	<b>Client's Name:</b> Banana Pudding
Case Status	<b>*Is this follow-up in response to a HCPF Review?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
Critical Incidents - Before 06/04/2009	
Critical Incident Reports	<b>*CONTACTS</b>
- Persons Involved	Include all contacts here. Also, fill in the name of the Agency contacted, or if a non-agency, fill in the name of the individual. Contacts include all mandatory reports, referrals made, and all persons notified. You may enter up to 6 contacts for each follow-up. If you have more than 6 contacts, please add another follow-up including the remaining contacts.
- Follow-Up	
- HCPF Review	
IADL	
Log Notes	1. Contact: <input type="text" value="Other"/> Other: <input type="text"/>
LTC 803	Name: <input type="text" value="Neighbor"/> Agency: <input type="text"/> County: <input type="text"/>
Program Area	
Referral	2. Contact: <input type="text" value="Physician"/> Other: <input type="text"/>
Service Plan	Name: <input type="text" value="Dr Wright"/> Agency: <input type="text" value="St Joseph's"/> County: <input type="text" value="Denver"/>

# 1. CRITICAL INCIDENT REPORT FOLLOW UP

**\*If this critical incident is an allegation of abuse, neglect, exploitation, or theft, then answer; "Is this allegation substantiated (true)"?**

Yes, true.  
 No  
 Do not know at this time. I will provide another follow-up later to answer this mandatory question.  
 This critical incident is not an allegation of abuse, neglect, exploitation, or theft.

**\*Is there indication from this Critical Incident that the Client may need additional State Plan or specific HCBS Waiver services or additional natural supports or 3rd party resources?** Please include only NEW information not included in previous follow-ups or the original critical incident report.

Yes  No

**If yes\*, what additional services did you recommend to the Client?**

State Plan   
HCBS Waiver Services   
Natural Supports   
3rd Party Resources

**Added Services Description**

Substance Abuse Counseling, Transitional was recommended to client to help mitigate alcohol abuse. Also, AA meetings at the local church occur every Tues and Thurs evening and are within walking distance from client's home. Client was given schedule of meetings and case manager has made contact with ILST and Peer Mentorship

**TIP:** Don't forget to update the Service & Risk mitigation plans.

Benefits Utilization System - Session ti...

**If yes\*, what additional services did you recommend to the Client?**

State Plan   
HCBS Waiver Services   
Natural Supports   
3rd Party Resources

**Added Services Description**

Substance Abuse Counseling, Transitional was recommended to client to help mitigate alcohol abuse. Also, AA meetings at the local church occur every Tues and Thurs evening and are within walking distance from client's home. Client was given schedule of meetings and case manager has made contact with ILST and Peer Mentorship services providers to make them aware of recommendation.

**\*Follow-Up Description**  
Please include in the follow-up: Cause of critical incident, Recent findings, Actions taken or planned, Counseling/PI client or provider, Reason for contacts, Results of your contacts, Reason for ER visit or hospitalization, What else is done, Client's condition now.

Neighbor observed client wandering around the neighborhood and reported that client looked disoriented and perhaps under the influence of alcohol. Neighbor approached the client to ask if she was okay and proceeded to take the client to the emergency room for services. Client was seen by Dr Wright for alcohol intoxication and was held under observation for just under three hours and released. Client has been advised of additional services available to her and has agreed to attend AA meetings 1x weekly.

Save

**Attention:**  
If the critical incident resulted in **death**, an additional critical incident report **must** be created.

# 1. CRITICAL INCIDENT REPORT FOLLOW UP

New questions regarding whether client and provider contacted intensive case manager as instructed.

**1.2 Were Emergency Back-Up Services provided within 24 hours of being requested?**  Yes  No

**1.2.1 If yes, when were Emergency Back-Up Services provided?**

**\*2. Did the Client notify the Intensive Case Manager of the critical incident?**

**2.1. If yes, date/time Client notified the Intensive Case Manager of the critical incident:**

Date:  (mm/dd/yyyy)

Time:  (HH:MM) Military time.

**\*3. Did the Provider notify the Intensive Case Manager of the critical incident?**  Yes  No

**3.1 If yes, date/time Provider notified the Intensive Case Manager of the critical incident:**

Date:  (mm/dd/yyyy)

Time:  (HH:MM) Military time.

**TIP:** Time it took for emergency back-up services to be provided

After a critical incident has been entered into the BUS by an intensive case manager, an email alert is sent to the HCPF CIRS administrator to review the entry and he/she complete a HCPF review of the critical incident.

Critical Incident Reports											
Case Management		CIRS ID	Incident Date	CM Notify Date	Entry Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review Entered	Follow Up Entered
Case Status	<a href="#">View/Add HCPF Review</a>	156	01/06/2014	01/07/2014	01/06/2014	Health Care Policy and Financing	Taylor Larsen	Colorado Choice Transitions - HCBS - CMHS	Other High Risk Issues	None	None
Critical Incidents - Before 06/04/2009	<a href="#">View/Add HCPF Review</a>	155	12/25/2013	12/26/2013	12/27/2013	Health Care Policy and Financing	Nora Brahe	Colorado Choice Transitions - HCBS - EBD/18 - 64	Other High Risk Issues	None	None
Critical Incident Reports	<a href="#">View/Add HCPF Review</a>	150	09/30/2013	10/01/2013	10/02/2013	Health Care Policy and Financing	Elaine Osbment	Colorado Choice Transitions - HCBS - EBD/65+	Other High Risk Issues	1 HCPF Review	None
Persons Involved	<a href="#">View/Add HCPF Review</a>	149	09/30/2013	10/01/2013	10/02/2013	Health Care Policy	Elaine Osbment	HCBS - Elderly,	Other High Risk	1 HCPF	1 Follow
Follow-Up											
HCPF Review											
IADL											
Log Notes											
LTC 803											
Program Area											
Referral											
Service Plan											
Service Plan DD Section											
Administration											
Logout											

# 1. CRITICAL INCIDENT REPORT FOLLOW UP

Benefits Utilization System - Session ti...

**HCPF Review**

CIRS Event ID: 156 1

Client's Name: Banana Pudding

Report Reviewed by: Nicole Storm

Date of Report Review: 01/14/2014

Time of Report Review: 02:26 PM

Review Summary: \*

**TIP: Every CIR has its own unique identifying event ID**

When a HCPF CIRS review is entered, an email is sent to the intensive case manager listed on the CIR. The message states the following:

A HCPF Review was entered in response to your critical incident entry in the BUS. The CIRS ID is # Form. CIRS Entry Id#. To find this CIRS, go to the Main Menu in the Benefits Utilization System, click on Case Manager Quick Links>Alerts>Critical Incident Reports. Click on the client's name next to the correct CIRS ID. Then click on HCPF Review in the left sidebar. Please read the HCPF Review and respond if necessary in the Follow-Up section. Thank You.

Program Area

Referral

Service Plan

Service Plan DD Section

Administration

Logout

Disposition of Report: \*

- Report Unnecessary-Not a Critical Incident (Deletion will occur)
- Additional Follow-Up Needed
- Serious Incident Requiring Immediate Follow-Up
- Counsel Client/Provider
- Report Complete - No Additional Follow-Up Necessary
- Initial Report Incomplete - Answer Questions, Add Details

Follow Up Needed With:

- Client
- Provider
- Reporting Person
- SEP/ CMA/ Case Manager
- Family/Guardian/Friend/POA
- HCPF Critical Incident Administrator
- Ombudsman/Advocate
- Coroner
- Physician
- Mental Health Provider
- ER/Hospital
- Law Enforcement/Police
- HCPF Program Integrity/AG's Office
- CDPHE
- DDD
- APS (Specify County)
- CPS (Specify County)
- County DHS/DSS (Specify County)

**TIP: Action to be taken**

**TIP: All those individuals/entities who need to be followed up will be indicated**