



## Critical Incident Form

Definition: A Critical Incident is an actual or alleged event or situation that creates a significant risk of substantial or serious harm to the health or welfare of a client that could have, or has had, a negative impact on the mental and/or physical well-being of a client in the short or long term. A critical incident includes accidents, suspicion of abuse, neglect, or exploitation, and criminal activity.

<b>Member Information</b>		
Last Name:	First Name:	M.I.:
Medicaid ID#:	Date of Birth:	
Mailing Address:		
HCBS Waiver Program:		

<b>Critical Incident Reporting</b>	
Date of Incident:	Time of Incident:
Case Manager Notification Date:	Case Manager Incident Notification Time:
Entry Date:	Entry Time:
Case Manager Name:	
Case Manager Agency Name:	
Case Manager Phone Number:	
Case Manager Email Address:	
Entered By:	
Phone Number of Contact Person:	
Email Address of Contact Person:	

<b>Reporter Information</b>
Name of Person Reporting Incident to CMA:
Did the member report this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Provider Agency or PASA who Reported incident to Case Manager:
Is the Provider Agency reporting the incident an Alternative Care Facility (ACF)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was a Provider involved in the Critical Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Type:
Name of Provider:

<b>Reporter Information</b>	
Was anyone other than the client involved in the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this critical incident been substantiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a Referral Made to APS/CPS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Law Enforcement involved in this CIR?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Incident Info</b>
Incident Type: Missing Person
Location of Incident:
Location Address:
If applicable Facility Name:
Did this incident involve Restrictive Interventions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Intervention:
Explanation of Intervention:
Was this incident referred to the Human Rights Committee (HRC) for review? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the use of Restrictive Intervention used Appropriately? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the incident result in an admission and/or treatment in the Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the Incident Result in Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable - Type of Hospital:
If applicable - Name of Hospital:
Did this incident result in a Skilled Nursing Facility Rehab Stay? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did this incident result in Nursing Facility placement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did this incident result in a change and/or additional waiver services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of additional waiver services:

<b>Incident Info</b>
Did this incident result in Reverse Deinstitutionalization (RDI)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the incident require an occurrence report to CDPHE? <input type="checkbox"/> Yes <input type="checkbox"/> No
Could this critical incident have been prevented? <input type="checkbox"/> Yes <input type="checkbox"/> No
What could be done to prevent this type of incident in the future?
What was the client's health status prior to this Critical Incident?

**Missing Person:**  
A person who is identified as missing by law enforcement, staff, family, caregivers, or other natural supports. A person is considered "missing" if they cannot be located and there is reason to think believe the person may be lost or in danger.

<b>Incident Type</b>
What is the Root Cause of the Critical Incident?
Incident Type: Missing Person
Has a missing person report been made to law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Incident: