



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.

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

Critical Incident Reporting	
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:	

Reporter Information
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:

Reporter Information	
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

Incident Info
Incident Type: Mistreatment/Abuse/Neglect/Exploitation
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:

Incident Info
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?

Mistreatment/Abuse/Neglect/Exploitation:

Incidents or allegations of Mistreatment, Abuse, Neglect and/or Exploitation must be reported to HCPF by the next business day following discovery of the incident or allegations. Abuse includes actions which result in bodily harm, pain or mental distress. Neglect is a failure to provide care and/or service when an adult is unable to care for him or herself. Exploitation is the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a client's belongings or money without the client's consent.

Reporting incidents to HCPF does not relieve the facility from reporting requirements of other regulatory or law enforcement agencies.

Incident Type
What is the Root Cause of the Critical Incident?
Incident Type: Mistreatment/Abuse/Neglect/Exploitation
Description of Incident:
Type of Mistreatment/Abuse/Neglect/Exploitation:
Source of Mistreatment/ Abuse/ Neglect/ Exploitation:
What is the Root Cause of the Critical Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was the investigation completed by the CCB? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Incident Type
Did the CCB investigation determine the allegation to be substantiated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If applicable Description of Unknown: