Critical Incident Report Form

Member's First Name: Click here to enter Member's First Name.		Member's Last Name: Click here to enter Member's Last Name.
DOB: Click to enter DOB.	Medicaid ID#: Click here to enter Medicaid ID#.	Date/Time of Report: Click to enter date. Click here to enter time.
Date/Time of Incident: Click to enter date. Click here to enter time.		Incident Discovered Date/Time (ET) Click to enter date. Click here to enter time.
Member Gender: Male ☐ Female ☐		Facility Name/Address of Incident (if applicable or known): Click here to enter Facility Name. Click here to enter Address Line1. Click here to enter Address Line2. Click here to enter City, State, Zip.
Incident Category (see clarification below): Choose an item.		

Provider Type:

- ☐ Provider - Hospital (Name) Click here to enter Hospital Name.
- ☐ Provider - PCP or Specialist (Name) Click here to enter PCP or Specialist Name.
- ☐ Provider - Nursing Facility (Name) Click here to enter Nursing Facility Name.
- ☐ Provider - IP BH Facility (Name) Click here to enter IP BH Facility Name.
- ☐ Provider - HCBS provider (Name) Click here to enter HCBS Provider Name.
- ☐ Provider - Other provider (Name) Click here to enter Other Provider Name.

Brief Description of Incident (e.g. medication error): Click here to enter Brief Description.	Abuse, Neglect, or Exploitation? Yes ☐ No ☐

Detailed Description of Incident (Use additional sheets, as necessary):
Click here to enter Detailed Description of Incident.

Cause of Death (if applicable and if known):
Click here to enter Cause of Death.

Source for Critical Incident Data;

☐ Individual	☐ Family/Caregiver	☐ Provider	☐ MCO Team
☐ Anonymous	☐ APS/CPS	☐ DBHDS/State Agency	☐ Ombudsman
☐ Other			

Contact Name: Click here to enter Contact Name.	Contact Phone No.: Click here to enter Contact Phone.	Contact E-Mail: Click here to enter Contact E-mail.

**All incidents must be reported within 24 hours. Verbal reports must be documented within 48 hours.*

***Clarification**: A **Quality of Care** incident is defined as any incident that calls into question the competence or professional conduct of a healthcare provider while providing medical services and has adversely affected, or could adversely affect, the health or welfare of a member. These are incidents of a less critical nature than those defined as sentinel events. A **Sentinel Event** is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following: [1] Death, [2] Permanent harm, [3] Severe temporary harm and intervention required to sustain life.*

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Organizations can have varying definitions of what is considered a Critical Incident which requires reporting. This is true for the MCOs involved with CCC+ as well.

Please refer to the list of 'reportable' critical incident that must be sent to the MCO for which the member is enrolled with utilizing the CCC+ Critical Incident Report Form.

What constitutes a Clinical Incident to be reported to MCOs

- Medication Errors
- Severe injury (temporary harm or permanent)
- Suspected Mental Abuse (APS/CPS Mandatory report)
- Theft
- Financial Exploitation (APS/CPS Mandatory report)
- Death/Incarceration of a Member
- Suspected physical abuse (APS/CPS Mandatory report)
- Neglect (APS/CPS Mandatory report)
- Exploitation (APS/CPS Mandatory report)
- Other (documented deviation from the standards of care which results in a harmful/adverse event)

Please do not hesitate to call the Care Manager or the MCO should have questions.

PLEASE SEND FORM VIA FAX TO THE DESIGNATED HEALTHCARE PLAN USING THE CONTACT INFORMATION BELOW AND FOLLOWING REPORTING TIMEFRAME REQUIREMENTS.

CONTACT INFORMATION		
COMMONWEALTH COORDINATED CARE PLUS PLAN	**PHONE NUMBER**	**FAX NUMBER**
Aetna Better Health of Virginia	(855) 652-8249	(844) 203-0020
Anthem Healthkeepers Plus	(855) 323-4687	(855) 273-6831
Magellan Complete Care of Virginia	(800) 424-4524 (TTY 711)	(423) 591-9525 (866) 325 9157
Optima Health Community Care	(757) 552-8398 (866) 546-7924	(844) 552-7508
United Healthcare	(800) 391-3991	(855) 371-7638
Virginia Premier Health Plans	(877) 719-7358, option 1-3-1-1	(804) 200-1962