



## CountyCare Critical Incident Reporting Form

Call CountyCare: 1-855-444-1661 or (312) 864-8200

Fax CountyCare: (312)-548-9940

**A. \*Tell us about you** (the person or entity reporting the incident):

Name:	Relationship to Member:
Organization:	Telephone Number:
Email Address:	Other Contact Number:

**B. Tell us about the CountyCare member**

*Name (Last, First):	
*Member Medicaid Number:	Date of Birth:

**C. Tell us which category best describes the CountyCare member**

COMMUNITY BASED MEMBERS	FACILITY/GROUP-LIVING BASED MEMBERS	MEMBERS OVER AGE 60 AND ADULTS WITH DISABILITIES AGE 18-59	ALL OTHER MEMBERS
<p>Enrolled in a Home and Community Based Service (waiver) program. These are programs for persons who have disabilities or health conditions and are eligible for services that help them live in the community (without these services these members may have to live in a nursing home). Please check the HCBS program if you know it or check "not sure" if you do not.</p> <p><b>Persons with disabilities</b>  <b>HIV</b>  <b>Aging</b>  <b>TBI</b>  <b>Not sure, but I think the member is in one of these programs</b></p>	<p>Live in or was admitted to a care or supportive facility at the time of the incident (this does not include hospitals).</p> <p><b>nursing home</b>  <b>supportive living facility</b>  <b>developmental disability group home</b>  <b>other</b></p>	<p><b>Member is over 60 years</b></p> <p style="text-align: center;">OR</p> <p><b>Member is age 18- 59 with a disability (developmental, mental health, physical or dementia)</b></p>	<p><b>Child (0-18y/o)</b></p> <p><b>Any other CountyCare member 18-59 years old</b></p>

**I don't know the category of the County Care member**

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## D. Tell us which category best describes the Incident

Physical Abuse

Sexual Abuse

Emotional Abuse

Confinement or unauthorized use of restraints/ restrictive interventions

Passive Neglect

Willful Deprivation

Financial exploitation

Any other incident that has the potential to place a CountyCare member, or the member's services, at risk, but which does not rise to the level of abuse, neglect, or exploitation.

### **Incidents required to be reported for members in Supportive Living Facilities and other care facilities such as nursing homes, groups homes etc:**

Abuse or suspected abuse of any nature by anyone, including the member, another resident, staff, volunteer, family, friend, etc.

Neglect of the member

Exploitation of the member

Unauthorized Restraint of the member/restrictive interventions

Allegations of theft when a resident chooses to involve local law enforcement.

Elopement of residents/missing residents.

Any crime that occurs on facility property.

Fire alarm activation for any reason that results in on-site response by local fire department personnel.

Physical injury suffered by residents during a mechanical failure or force of nature.

Loss of electrical power in excess of an hour.

Evacuation of residents for any reason.

Any other incident that has the potential to place a CountyCare member, or the member's services, at risk, but which does not rise to the level of abuse, neglect, or exploitation.

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## Incidents required to be reported for members in Home and Community Based Services:

Death, HSP customer

Death, Other parties

Physical abuse of customer

Verbal/Emotional abuse of customer

Sexual abuse of customer

Exploitation of Customer

Neglect of customer

Sexual Harassment by provider

Sexual Harassment by customer

Sexually problematic behavior

Significant Medical event of Provider

Significant Medical Event of Customer

Customer arrested, charged with or convicted of a crime

Provider arrested, charged with or convicted of a crime

Fraudulent activities or theft on the part of the Customer or the Provider

Self-Neglect

Customer is missing

Problematic possession or use of a weapon by a customer.

Customer displays physically aggressive behavior

Property damage by customer of \$50 or more

Suicide attempt by customer

Suicide ideation/ threat by customer

Suspected alcohol or substance abuse by customer

Seclusion of a customer

Unauthorized Restraint of a customer/restrictive interventions

Media involvement/media inquiry

Threats made against DRS/HSP Staff

Falsification of credentials or records

Report against DHS/HSP employee

Bribery or attempted bribery of a HSP Employee

Fire / Natural Disaster

Any other incident that has the potential to place a CountyCare member, or the member's services, at risk, but which does not rise to the level of abuse, neglect, or exploitation.

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## E. Tell us about the Incident Timing

Indicate the Date & Time of Incident (when incident occurred)	Date: Time:
Date of Incident Report	Date:
Date Notified of the Incident	Date:

## F. Tell us about the location of incident

Member's Home	Nursing Home	Emergency Room	Other
Hospital Inpatient	Outpatient Facility	Supported Living Facility	
Residential Treatment Facility	Day Treatment	Shelter Care	
Address:			

## G. Tell us about the incident and provide a summary

Brief Summary of Critical Incident:

## H. Tell us if you took immediate actions to make sure the member was safe and what those actions were

Brief Summary of Immediate Actions Taken:

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## I. Tell us if any further follow up actions were taken:

Brief Summary of Follow Up Actions:

## J. Tell us who else you reported the incident to. Note the mandated reporting should occur as quickly as the incident warrants to protect the member's health and safety.

**\*Indicate date and time of notification**

**Date:**

**Time:**

For members 18-59 with a disability or 60 and older living in the community: Illinois Department on Aging-Adult Protective Services Hotline Telephone Number: 866-800-1409 (voice)TTY: 888-206-1327

For members under the age of 18 years old: Illinois Department of Children & Family Services (DCFS) Hotline Telephone Number: 800-252-2873 (voice)TTY: 800-358-5117

For members in Nursing Facilities: Department of Public Health Nursing Home Complaint Hotline Telephone Number: 800-252-4343

For members 18-59 receiving mental health or Developmental Disability services in DHS operated, licensed, certified or funded programs: Illinois Department of Human Services Office of the Inspector General Telephone Number: 800-368-1463 (voice and TTY)

For members in Supportive Living Facilities: Department of Healthcare and Family Services SLF Complaint Hotline Telephone Number: 800-226-0768

Law Enforcement Telephone Number: 9-1-1 to reach the local law enforcement agency