



## Home and Community Based Services Critical Incident Report Guide

The new Critical Incident form is a user-friendly single document for use in reporting Critical Incidents and subsequent investigations to the Health Plan providing services.

### Report Timeline:

- **Within 24 clock hours of discovery:** Notify Health Plan of Critical Incident via telephone or via Critical Incident Report form (BlueCare and Amerigroup Community Care only, UnitedHealthcare must be contacted via phone).
- **Within 48 clock hours of discovery:** Submit written report to Health Plan via Critical Incident Report form.
- **Within 20 calendar days of discovery:** Submit Provider Investigation/20 Day follow-up via Critical Incident Report form.

All sections **must be** completed.

- **Identify report type being submitted.** Only select the report type that currently applies, i.e. once you add the 20 day follow-up to the 48 hour written-report, uncheck the 48 hour box and check the 20 day follow-up box.
- **Identify Managed Care Organization (MCO)**
- **Section A. Member Information:** Complete all fields.
- **Section B. Reporting Incident Information:** If the person completing the form is not the person reporting the incident, document in applicable field.
- **Section C. HCBS Servicing Provider Information:** Complete all fields.
- **Section D. Critical Incident Timelines:** If date/time incident occurred is unknown, check box labeled “undetermined”.
- **Section E. Critical Incident Type:** Select all that apply.
- **Section F. Critical Incident Setting/Location:** Must select setting/location where Critical Incident occurred.
- **Section G. Critical Incident Notifications:** Select all that apply. Remember that all incidents of abuse, neglect or exploitation must be reported to APS within 24 clock hours. Any incident reported to APS must be reported to the MCO as a Critical Incident.
- **Section H. HCBS Worker Initial Information:** Complete all applicable fields.
- **Section I. Details of Critical Incident:** If medication error, please complete additional two fields.
- **Section J. Immediate Actions Taken:** Complete field and list any attachments.
- **Section K. 20 Day Follow-up:**
  - **Member Investigative Findings:** Complete all fields.
  - **HCBS Worker Investigative Findings:** Complete all fields.
  - **Corrective Actions Taken:** Complete as applicable.
  - **Investigative Findings:** Complete field.
  - **Conclusion:** Select conclusion and add any additional comments not otherwise stated in the report.