

HCBS CHOICES Critical Incident Report

Please select report that is being submitted.

- | | |
|--|---|
| <input type="checkbox"/> 24-Hour Notification
<input type="checkbox"/> 20-Day Follow up Report-Provider | <input type="checkbox"/> 48-Hour Written Report-Provider |
|--|---|

Please select the member's Managed Care Organization. (MCO)

<input type="checkbox"/> BlueCareSM TennCareSelect 24 HR Verbal Report Phone: 1-888-747-8955 24 HR Written Report to: Fax: 1-855-292-3715 Email: CHOICESQuality@bcbst.com 48 Hour Written Report and 20 day follow-up report to: CHOICESQuality@bcbst.com	<input type="checkbox"/> Amerigroup 24 HR Verbal Report Phone: 1-866-840-4991 24 HR Written Report to: Fax: 1-877-423-9976 Email: TNo2criticalincident@amerigroup.com 48 Hour Written and 20 day follow-up report to: TNo2criticalincident@amerigroup.com	<input type="checkbox"/> UnitedHealthcare Community Plan 24 HR Verbal Report Phone: East TN: Bonnie Creel (877) 534-4270 Middle TN: Davine Brasher (615) 335-0688 West TN: Jennifer Travis (877) 714-0382 48 Hour Written Report and 20 Day Follow-up report to: Fax: 866-497-7780 Email: tn_quality_review@uhc.com
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A. Member Information

Name	Identification Number
Social Security Number	Date of Birth
Home Address	
CHOICES Group <input type="checkbox"/> 2 <input type="checkbox"/> 3 Region: <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Middle	Types of Services member receiving: <input type="checkbox"/> HCBS Member <input type="checkbox"/> Consumer Direction HCBS <input type="checkbox"/> HCBS MFP Member

B. Reporting Incident Information

Person Reporting Incident	Person Completing Form (if other than person reporting incident)
Company/Title/Role	Title/Role <input type="checkbox"/> CSR <input type="checkbox"/> Care Coordinator <input type="checkbox"/> Provider Staff <input type="checkbox"/> Other MCO Staff
Contact Phone Number	Phone Number/Extension

Worker Involved in Incident <input type="checkbox"/> Yes <input type="checkbox"/> No	Lapse in Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Worker removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement Worker Implemented <input type="checkbox"/> Yes <input type="checkbox"/> No
Date and Time Worker Removed	Date and Time Replacement Worker Implemented
I. Details of Critical Incident	
If a medication theft <input type="checkbox"/> Name of medication	Storage Type
How Prescribed? <input type="checkbox"/> Regular <input type="checkbox"/> Scheduled <input type="checkbox"/> As Needed	
Please provide a brief description of the incident:	
J. Immediate Actions Taken-Please attach supporting documentation such as results of drug screen, worker training/education, worker counseling, disciplinary actions and termination to the MCO.	
K. 20 Day Follow-Up <i>The 20 day follow-up report of provider investigation, findings and conclusion of the investigation is due 20 days from the discovery date of the incident. Please include any applicable statements from the worker involved in the incident, the CHOICES member, the member's representative or their family. The 20 day follow-up report should include the details involving replacement workers or if the worker involved in the incident has been reassigned.</i>	
Member Investigative Findings	
Member Interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time
Findings	
Status of member services? <input type="checkbox"/> Services resumed with no lapse <input type="checkbox"/> Services resumed with Lapse (explain in Section I) <input type="checkbox"/> Services on hold <input type="checkbox"/> No longer servicing member	
HCBS Worker Investigative Findings	
Date/Time of Interview with Worker	Did worker pass criminal background check? <input type="checkbox"/> Yes <input type="checkbox"/> No

Investigative Findings

Please include details of investigation as indicated in the Critical Incident Reporting Requirements section above

Conclusion

Credible Evidence Supports Allegation? Yes-Describe actions in Section I
 No-no further action needed Insufficient evidence Accidental in nature
Comments