

## *TENNCARE BEHAVIORAL HEALTH ADVERSE OCCURRENCE REPORT*

<b>Provider Name:</b>	<b>Consumer Name: (Last, First)</b>
<b>Name of Reporting Person:</b>	<b>Address:</b>
<b>Name/Title of Person Submitting Report:</b>	<b>SSN:</b>
<b>Contact Number:</b>	<b>DOB:</b>
<b>Date Reported:</b>	<b>Date of Incident:</b>
	MCO: <input type="checkbox"/> UHCCP <input type="checkbox"/> AmeriGroup <input type="checkbox"/> BlueCare <input type="checkbox"/> TennCare Select

<b>Persons Involved (Check all that apply)</b> <input type="checkbox"/> Clients <input type="checkbox"/> Staff <input type="checkbox"/> Persons Not Associated with Facility <input type="checkbox"/> Other _____	<b>Location of Incident</b> <input type="checkbox"/> Residential _____ <input type="checkbox"/> Inpatient _____ <input type="checkbox"/> Crisis Stabilization Unit (CSU) _____
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<b>Type of Behavioral Health Adverse Occurrence (Check One)</b> <input type="checkbox"/> Suicide Death <input type="checkbox"/> Non-Suicide Death <input type="checkbox"/> Death-Cause Unknown <input type="checkbox"/> Homicide <input type="checkbox"/> Homicide Attempt w/significant medical intervention* <input type="checkbox"/> Suicide Attempt w/significant medical intervention* <input type="checkbox"/> Allegation of Abuse/Neglect-Including Peer to Peer (Physical, Sexual, Verbal)	<input type="checkbox"/> Medical Emergency (i.e., heart attack, medically unstable, etc.) <input type="checkbox"/> Accidental Injury w/significant medical intervention* <input type="checkbox"/> Use of Restraints/Seclusion (Physical, Chemical, Mechanical) requiring significant medical intervention* <input type="checkbox"/> Treatment Complications (medications errors and adverse medication reaction) requiring significant medical intervention* <input type="checkbox"/> Elopement (Specific to Inpatient and Residential services only, as related to minors or involuntary admits for adults )  <small>*Significant Medical Intervention: Requiring an ER visit or inpatient hospital stay</small>
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<b>Summary of Adverse Occurrence: (Be specific, precise and as detailed as possible)</b>

