



CountyCare Critical Incident Reporting Form

Call CountyCare: 312-864-8200 / 855-444-1661 toll free
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> <input type="checkbox"/> Persons with disabilities <input type="checkbox"/> HIV <input type="checkbox"/> Aging <input type="checkbox"/> TBI <input type="checkbox"/> Not sure, but I think the member is in one of these programs </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> <input type="checkbox"/> nursing home <input type="checkbox"/> supportive living facility <input type="checkbox"/> developmental disability group home <input type="checkbox"/> other </p>	<p> <input type="checkbox"/> Member is over 60 years or <input type="checkbox"/> Member is age 18- 59 with a disability (developmental, mental health, physical or dementia) </p>	<p> <input type="checkbox"/> Child (0-18y/o) <input type="checkbox"/> Any other CountyCare member 18-59 years old </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

<input type="checkbox"/> Member's Home	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Other
<input type="checkbox"/> Hospital Inpatient	<input type="checkbox"/> Outpatient Facility	<input type="checkbox"/> Supported Living Facility	
<input type="checkbox"/> Residential Treatment Facility	<input type="checkbox"/> Day Treatment	<input type="checkbox"/> 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