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VSHP Incident Form Instructions

When possible, complete the electronic form version. Pre-defined drop-down selections are available for ease of use.

If filling out the form manually, please choose the applicable pre-defined selections for specified questions from the VSHP Incident Form Supplement in order to ensure comprehensive information is documented.

Provider Reporting Requirement (refer to timelines on forms):

- Complete and Submit Pages 1 & 2: Incident Report – Home and Community Based Services Incident Form
- Complete and Submit Pages 3 & 4: Critical Incident Provider Follow-up Report only for “**Critical Incidents**”.

VSHP Reporting Requirement (refer to timelines on forms):

- Complete and Submit Pages 1 & 2 of the Incident Report – Home and Community Based Services Incident Form however; submit the entire document to include the Provider’s Follow-up Form.

Symbols have been added to fields to assist you in determining if the incident meets the criteria of a “**Critical Incident**”.

Match the symbols & your answers in the Key Indicator column to questions 1, 2, 3 & 4 of the Matching Indicator column.

Note: Question 2 has two Key Indicators. Consider if the incident occurred as a result or consequence of covered HCBS.

Symbol	Key Indicator	Matching Indicator
△	HCBS Setting/Location Where Occurred	1. Did incident happen in a HCBS Setting?
Ж	HCBS Contracted Provider Involvement	2. Did it occur within provision of covered HCBS?
Ж	Covered HCBS provision at time of incident	2. Did it occur within provision of covered HCBS?
‡	CRITICAL Incident Type	3. Is the Incident a Critical Incident Type?
◆	Who did the incident happen TO?	4. Did incident happen TO a CHOICES Member?

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