Mental Health Waiver Critical Incident Submission Form

Incident Details

Today's Date _____/_____/__20_____ Person Reporting _____

Phone Number (_____)_____-_____ E-mail Address _____

MH Waiver Agency Name _____

Date of Incident _____/_____/__20_____ Time of Incident _____:_____AM / PM

Location of Incident ☐ Client Residence ☐ Community ☐ Office/Facility ☐ Nursing Home

Client(s) Involved in Incident

Client Name _____ Client Medicaid ID or SSN _____

Client Date of Birth ___/_____/__19____

Client's role in the incident? ☐ Victim ☐ Perpetrator ☐ Other (specify) _____

Incident Category (check all that apply)

Client Abuse Alleged

☐ Physical Abuse Alleged
☐ Verbal Abuse Alleged
☐ Violation of client's rights
☐ Breach of client's confidential information

Death

☐ Suicide
☐ Homicide
☐ Accident
☐ Accidental Overdose (resulting in death)
☐ Medical Error
☐ Illness, Age or Medical Reason
☐ Insufficient information at this time

Property Damage

☐ Property Damage

Emergency Evacuation/ Notification

☐ Fire
☐ Bomb
☐ Secret Service
☐ FBI
☐ Other

Medical Event

☐ Accidental Injury
☐ Accidental Overdose (did not result in death)
☐ Medication Error/Reaction
☐ Medical Event- Other

Missing Client

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☐ Missing, Risk to self or others
☐ Missing, no known risk

Serious Crime Alleged

☐ Physical Assault
☐ Sexual Assault
☐ Risk of Injury to Minor
☐ Arson
☐ Firearms
☐ Hostage
☐ Drug Sale/Distribution/Possession
☐ Homicide/Manslaughter

Serious Suicide Attempt

☐ Suicide Attempt by Active Participant
☐ Suicide Attempt within 30 days of Discharge from Mental Health Waiver

Threats

☐ Threats to Agency
☐ Threats to Person

Other

☐ Other incident (please specify)

_____

Please check any substances that were present at the incident

☐ Alcohol
☐ Prescribed Medication
☐ Illicit Drug(s)
☐ Over-the-counter Medication
☐ No Evidence of substances being present

Is it likely that this incident will cause media coverage?

☐ Already Reported ☐ Likely or possible that it will be reported ☐ Not likely to be reported

Please describe the events of the incident, specifying individuals involved and why incident occurred

_____
_____
_____
_____
_____
_____
_____
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_____
_____

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