

Critical Incident Report

Required Incident Reporting. Providers and direct care workers hired by CLEs using Tempus-supported processes must submit a completed incident report for any critical incident discovered within 24 hours from the date of discovery. The list of reportable categories are listed on page 2 of this Incident Report and along with a link to the state's Critical Incident Bulletin.

Instructions:	PA Health & Wellness	UPMC Community HealthChoices	AmeriHealth Caritas Keystone First
1. Call the Participant's Service Coordinator (SC) within 24 hours to report the incident.	1-844-626-6813	1-833-280-8508	1-855-235-5115
2. Complete and submit an incident report and email to the Participant's MCO.	CIReports@PaHealthWellness.com	CHC_Critical@UPMC.edu	SWSCFAX@amerihealthcaritas.com

STOP! If the incident involves suspected abuse, neglect, exploitation, abandonment, or suspicious death of a CHC Participant, the reporter must immediately report it to **Adult Protective Services (APS)/Older Adult Protective Services (OAPS) hotline at 1-800-490-8505** and followed up with submitting a written [Act 70 Mandatory Abuse Report](#), which should be submitted to the Participant's MCO at the email address above, *in lieu of this Incident Form*. These incidents may also involve additional reporting to law enforcement per the [Act 70 instructions](#). *Additional Internal investigation requirements are outlined at the end of this document.*

CHC Participant Information

Participant First Name:		Participant's Phone #:	
Participant Last Name:		Physical Address:	
Medicaid ID #:		City, State, & Zip:	
Date of Birth:		County of Residence:	

Reporter Information

Reporter's First Name: <i>(person filling out form)</i>		Reporter's Last Name: <i>(person filling out form)</i>	
Relationship to Participant:		Title/Role/Agency:	
Contact Phone #:		Reporter Email Address:	

Incident Details

Date of Discovery:		Date of Incident:	
Describe the Incident: <i>Include names of witnesses or others involved, if known.</i>			
Describe any actions taken as a result of the incident: <i>What was done to ensure the safety and well-being of the individual?</i>			
Is the CHC Participant subject to further harm or have emergent needs at the time of this report?	Yes	No	If Yes, please explain:
Alleged Perpetrator Name & Relationship to Participant:			
Date, Time, and Summary of the incident report made to the Participant's Service Coordinator:			

Critical Incident Report

Check the boxes for the reportable incident category				
Hospitalization (unplanned) Psychiatric Emergency New Illness Medical Decline Medication Error Serious Injury	Emergency Room Visit Psychiatric Emergency New Illness Medical Decline Serious Injury	Service Interruption Failure of the participant's back-up plan Involuntary termination of services Essential functions of services not provided Natural Occurrence	Provider/Staff Misconduct Unprofessional conduct Rights violations Timesheet Fraud Law Enforcement Involvement	
Incidents Reportable to Protective Services (APS/OAPS) using the ACT 70 Form				
Abuse* Physical Abuse Psychological Abuse Emotional/Verbal Abuse Sexual Abuse Attempted Suicide Use of Restraint* Physical/Personal, Chemical, Mechanical, Other Restrictive Intervention	Neglect* Paid Caregiver Neglect Unpaid Caregiver Neglect Self-neglect Missing Person Elopement Seclusion Abandonment* of caregiving services	Exploitation* Theft, using Participant's money or cards without knowledge or permission, or other actions that meet the definition of exploitation and involved a family member, legal representative, paid or unpaid caregiver, or another party	Serious Injury* Fracture/Dislocated Joint Internal injury Burn Multiple injuries Choking/Aspiration Contusion/Laceration	Suspicious Death* Unexpected death Accidental death Suspected suicide Homicide or suspected murder* Death due to suspected abuse / neglect / exploitation NOTE: Deaths from natural causes are NOT reportable as an incident
* These incidents require an immediate verbal report to APS/OAPS and a written Act 70 form. A report to Law Enforcement if it is suspected physical abuse, sexual abuse, serious injury, serious bodily injury, or suspicious death.				
Agencies/Parties Contacted	Date & Time	Phone Number	Name of Contact	

Submit this completed form by attaching it to a secure email. MCO contact emails are on the front page.

Investigation and Follow Up

Follow up investigative activities are conducted by the provider, service coordinator, external agencies, and the CHC MCO. Any follow up conducted by the reporter of the incident should be reported to the participant's MCO within 20 days from the date of discovery using the email above.

CHC MCOs must gather information including statements by the participant, family, and/or representative, alleged perpetrator, findings of the allegations and investigation, and the assignment of a replacement caregiver, if applicable. An employee of the CHC MCO may contact you for more information on the incident or to request follow up with the participant, witnesses, or caregivers involved. Please keep written documentation of statements or facts, including who is involved, dates, times, names of any alleged perpetrators or witnesses, and specific allegations.

Caregivers suspected of alleged abuse, neglect, or exploitation must be suspended from providing services during the investigation.

For more information on reporting requirements, here is a link to Pennsylvania Office of Long-Term Living Critical Incident [Bulletin](#).