DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Critical Incident Report Form

Member Name Member ID#

Address Line 1 City

Address Line 2 County

Phone Date of Birth

Incident Details

Date of Incident

Location where incident took place

Person reporting incident

Address

Phone

Relationship to member:

Date and time incident report completed

Additional Information:

Type of Incident (Check all that apply.)

- ☐ Suspected physical, mental, sexual abuse and /or neglect/exploitation
- ☐ Inappropriate/unprofessional conduct by a provider involving a member
- ☐ Serious Injury sustained by a member
- ☐ Unexpected Death of a member
- ☐ Suspected theft or financial exploitation of a member
- ☐ Other _____

If Hospitalized, Date of Admission _____ Date of Discharge _____

Description of Event:

If the event involved physical, mental, sexual abuse and/or neglect/exploitation, provide the following details:

Type _____

Date _____

Time _____

Length _____

Name(s) and role(s) of all involved in this incident:

Names of those who witnessed this incident:

Person filing and reporting this incident:

Name: _____

Agency: _____

Phone Number: _____

Email Address: _____

Describe any medical treatment provided to member:

Medical treatment provided by:

Name: N/A

Address:

Phone:

Contacts made on behalf of member: (examples: Ombudsman, Protection & Advocacy, Law Enforcement, Child Protective Services, Adult Protective Services, etc.)

Names and relationships of those contacted on behalf of the person involved in the Incident (legal representative, relatives, friends, or other informal supports):

Action taken to resolve concerns by Case Manager or Care Coordinator:

Medical Director follow up actions:

Click here to enter text.

Follow: Care Coordinator/Quality Monitoring and Oversight (DMMA)

Date Report Received:

Concerns identified by Care Coordinator/Quality Monitoring and Oversight (DMMA):

Incident closed?: Yes ☐ No ☐

Action Taken by DMMA/Resolution/Concerns:

Date Action Taken:

Follow-Up Planned:

Signature Date

Chief of Managed Care Operations or Designee

10/4/2018