



Critical Incident Reporting Form
 Email CountyCare:
Countycarequalityofcare@cookcountyhhs.org
 Call CountyCare: 312-864-8200 / 855-444-1661 toll free
 Fax CountyCare: 312-637-8312

Submit report within 1 business day of learning of the incident

A. *Tell us about you (the person or entity reporting the incident):

Name:	Relationship to Member:
Organization:	Telephone Number:
Email Address:	Other Contact Number:
Supervisor's Name:	Supervisor's Phone:
Supervisor's Email Address:	

B. Tell us about the CountyCare member

*Name (Last, First):	
*Member Medicaid Number:	Date of Birth:
*Gender:	Ethnicity:

C. Is the member a DCFS member? Yes No

D. 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
<input type="checkbox"/> Persons with disabilities HIV <input type="checkbox"/> Aging <input type="checkbox"/> TBI <input type="checkbox"/> Not sure, but I think member is in one of these programs	Live in or was admitted to a care or supportive facility at the time of the incident (this does not include hospitals). <input type="checkbox"/> Nursing home <input type="checkbox"/> Supportive living facility <input type="checkbox"/> Developmental disability group home <input type="checkbox"/> Other	<input type="checkbox"/> Member is over 60 years Or <input type="checkbox"/> Member is age 18-59 is with disability (developmental, mental or dementia)	<input type="checkbox"/> Child (0-18y/o) <input type="checkbox"/> Any other County Care member 18-59 years.



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E. Tell us which Category best describes this Incident. (See Section L for definitions)

- Abandonment
- Abuse
- Fraud
- Neglect
- Exploitation
- Behavioral Health
- Death
- Unanticipated Death
- Legal/Criminal Activity
- Medication Management
- Restrain, Seclusion or Restrictive Intervention
- Medical emergency/Injury/Illness
- Missing Person/Elopement
- Environmental/Unsafe Housing Displacement

F. Tell us about the Incident Timing

When did the incident occur? (Enter "UNKNOWN" if date and/or time are not known)	Date:	
	Time:	
When did you become aware of incident? (Incident should be reported within 1-business day of becoming aware of incident)	Date:	
	Time:	
When did you notify your supervisor? (Supervisor should be notified within 1-business day of becoming aware of incident)	Date:	
	Time:	
When did you create this Incident Report? (Incident should be reported within 1-business day of becoming aware of incident)	Date:	



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G. 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	
Name of Facility:			
Address:			

H. Tell us about the incident and provide a summary.

Brief Summary of Incident:

I. 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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J. Tell us if any further follow up actions were taken.

Brief Summary of Follow Up Actions (If you reported the incident to a mandated reporting entity, include name, title, and phone number of person you spoke with, along with any other important information in this area)

K. Tell us who else you reported the incident to. Note that mandated reporting should occur immediately upon becoming aware of the incident.

If ABUSE, NEGLECT and/or EXPLOITATION review below and select investigating authority that was contacted:

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: 866-206-1372

For members under the age of 18 years old: Illinois Department of Children & family Services (DCFS) Hotline Telephone Number: 800-358-5117.
For non-DCFS membership

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: 844-528-8444

Law Enforcement Telephone Number: 9-1-1 to reach the law enforcement agency

DCFS Membership Only

You **must speak with a Case Worker (CW) for ALL DCFS Significant Events.** If a case Worker is unavailable, speak with Case Worker's Supervisor. If Case Worker's Supervisor is unavailable, leave a message with another Staff and contact **DCFS Advocacy office at 1-800-232-3798**

All DCFS member incidents of Child/Youth that include death, suspected abuse, neglect and/or human trafficking. **State Central Register (SCR) Hotline Telephone Number: 1-800-252-2873. You Must Speak with a Person.**

All DCFS member incidents involving children/youth missing or abducted from their placement. **Child Intake Recovery Unit (CIRU) Hotline Telephone Number: 1-866-503-0184. You must speak with a person.**



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If Sexual assault and/or trafficking of a child/youth occurs on the premises of **DCFS/POS facility** or in **DCFS licensed home/facility** report immediately to: **Office of Inspector General (OIG) 1-800-722-9124. You must speak with a person.**

L. Definition/Criteria for Critical Incidents (REFERENCE PAGE)

Abandonment	The Desertion or willful forsaking of an eligible adult by an individual responsible for the care and custody of that eligible adult when a reasonable person would continue to provide care and custody. Nothing in this act shall be construed to mean that an eligible adult is the victim of abandonment because of healthcare services provided or not provided by licensed health care professionals. Abandonment was added to the APS Act in January 2022.
Abuse	The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Generally used in conjunction with neglect. Abuse includes physical abuse, verbal abuse, sexual abuse, or harassment, mental or emotional abuse.
Fraud	A manner of operation that results in an excessive or unreasonable cost to the Federal or State health care programs.
Neglect	Neglect includes: passive neglect (a non-malicious failure to provide the necessities of life including but not limited to food, clothing, shelter, or medical care), willful deprivation (a willful denial of medications, medical care, shelter, food, therapeutic devices, or other physical assistance to a person who, because of age, health, or disability, requires such assistance and thereby exposes that person to the risk of physical, mental, or emotional harm because of such denial; except with respect to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment and has the capacity to understand the consequences).
Exploitation	The misuse or withholding of a member's assets and resources (belongings and money). It includes, but is not limited to, misappropriation of assets or resources of the alleged victim by undue influence, by breach of fiduciary relationship, by fraud, deception, extortion, or in any manner contrary to law.
Behavioral Health	Serious behavioral health incident that results in emergency treatment-this can include self-neglect, self-injury, property damage, verbal aggression, suicidal ideation, attempted suicide, sexually problematic behavior, uncontrolled problematic alcohol or substance abuse, or any other mental health emergency.
Death	Deaths due to a new or existing medical condition made unusual because they are related to: a treatment error, medication or omission of medication, poor care, or there was a recent allegation of abuse, neglect, or exploitation, or the member was receiving home health services at the time of passing. Any death of an individual occurring within 14 calendar days after discharge or transfer of the individual from a residential program or facility, within 24 hours after deflection from a residential program or facility, at an agency or facility or at any Department-funded site.
Unanticipated Death	Death of a Home and Community Based Service customer that could not have been anticipated or predicted. Examples include but are not limited to: accidental death, death resulting from suicide, death that occurs in questionable circumstances, resulting from any other unexpected or unknown reason
Legal/Criminal Activity	Involves State, Local or Municipal Law Enforcement - includes problematic possession or use of a weapon, arrest, property damage greater than \$50, or other criminal activity. Any illegal activity that is allegedly committed by the waiver participant in which there is law enforcement involvement; Examples include, but are not limited to: arrests, incarceration, criminal court appearances/charges, illegal drug use, and shoplifting. Violation of probation or parole that potentially will result in the revocation of probation/parole. Any criminal offense that is committed by a waiver participant that results in immediate incarceration.
Medication Management	When there is a discrepancy between what a physician prescribes and what an individual actually takes such as an individual taking the wrong medication, which includes taking medication after it has been discontinued or taking the incorrect medication because it was improperly labeled. Could also be due to an individual taking the wrong dose of medication, an individual omitting and not taking a prescribed dose of medication within the 24-hour period of a calendar day, or an individual's refusal to take prescribed medication. Also refers to issues with medication dosage, scheduling,



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	<p>timing, set-up, compliance and administration or monitoring which results in harm or an adverse effect which necessitates medical care. Missing medication (i.e. stolen medication) should also be reported here.</p>
<p>Restraint, Seclusion, or other Restrictive Intervention</p>	<p>Unauthorized restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely. Seclusion is defined as placing a person in a locked or barricaded area that prevents contact with others. Confinement means restraining or isolating, without legal authority, a person for reasons other than medical reasons ordered by a physician.</p>
<p>Medical emergency/injury/illness</p>	<p>Any recurring injury or illness that requires treatment beyond first aid which included lacerations requiring stitches or staples, fractures, dislocations, loss of limb, serious burns, skin wounds, pneumonia, urinary tract infections, etc. An injury or illness requiring immediate emergency medical treatment to preserve life or limb. An emergency medical treatment that results in admission to the hospital. An emergency medical treatment that results in admission to the hospital.</p> <p>Medical Emergency: Admission of an individual to a hospital or the provision of emergency medical services (treatment by EMS) that results in medical care which is unanticipated and/or unscheduled for the individual and which would not routinely be provided by a primary care provider</p>
<p>Missing Person/Elopement</p>	<p>A person who is identified as missing by law enforcement, hospital elopement or leaving against medical advice, staff, family, caretakers, or other natural supports. A person is considered missing if they cannot be located and are lost or in danger.</p>
<p>Environmental/Unsafe Housing/Displacement</p>	<p>Unsafe housing is any home or living space which does not provide a safe and healthy environment. Loss of utilities, structurally unsafe, etc. Displacement is the removal of the client from a home or living space due to natural disaster (fire, flooding, tornado, etc.) or eviction. Social environment hazards are the culture that the waiver participant lives in and the people and institutions with whom the waiver participant interacts, would include family, roommates, facility staff and providers.</p>