



Critical Incident Reporting Form

Email CountyCare:

criticalincidentcountycare@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

*Last Name:	
*First Name:	
*Member Medicaid Number:	Date of Birth:

C. Is the member a DCFS member? Yes No

D. Tell us which category best describes the CountyCaremember (Select ONLY one)

COMMUNITY BASED MEMBERS	FACILITY/GROUP-LIVING BASED MEMBERS	MEMBERS OVER AGE 60 AND ADULTS WITH DISABILITIES AGE 18-59	ALL OTHER MEMBERS
<p>Enrolled in a Home and Community Based Service (waiver) program. These are programs for persons who have disabilities or health conditions and are eligible for services that help them live in the community (without these services these members may have to live in a nursing home). Please check the HCBS program if you know it or check "not sure" if you do not.</p> <p><input type="checkbox"/> Persons with disabilities</p> <p><input type="checkbox"/> HIV</p> <p><input type="checkbox"/> Aging</p> <p><input type="checkbox"/> TBI</p> <p><input type="checkbox"/> Not sure, but I think the member is in one of these programs</p>	<p>Live in or was admitted to a care or supportive facility at the time of the incident (this does not include hospitals).</p> <p><input type="checkbox"/> nursing home</p> <p><input type="checkbox"/> supportive living facility</p> <p><input type="checkbox"/> developmental disability group home</p> <p><input type="checkbox"/> other</p>	<p><input type="checkbox"/> Member is over 60 years</p> <p>or</p> <p><input type="checkbox"/> Member is age 18- 59 with a disability (developmental, mental health, physical or dementia)</p>	<p><input type="checkbox"/> Child (0-18y/o)</p> <p><input type="checkbox"/> Any other CountyCare member 18-59 years old</p>

I don't know the category of the County Care member



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Tell us which category best describes the Incident (select ONLY one)

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

DCFS DESIGNATE POPULATION ONLY

Incidents Required to be reported for ONLY members in DCFS membership.

- ___ Child/Youth missing
- ___ Child/Youth abducted
- ___ Child/Youth expelled
- ___ Misuse of social media
- ___ Cyberbullying
- ___ Possession of a weapon
- ___ Allergic/Adverse reaction
- ___ Child/Youth possession of ammunition
- ___ Child/Youth identify theft
- ___ Child/Youth arrested
- ___ Child/Youth suicide attempt
- ___ Child/Youth suicide ideation
- ___ Child/Youth suspected alcohol or substance abuse
- ___ Seclusion of a Child/Youth
- ___ Unauthorized Restraint of a customer/restrictive
- ___ Identification of child/youth pregnant

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E. Tell us about the Incident Timing (must fill in ALL dialogue boxes)

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:	

F. 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"/> Unknown
<input type="checkbox"/> Residential Treatment Facility	<input type="checkbox"/> Day Treatment	<input type="checkbox"/> Shelter Care	
Name of Facility:			
Address:			

G. Tell us about the incident and provide a concise summary, please keep comments specific to the incident.

Brief Summary of Incident

H. Tell us if you took immediate actions to make sure the member was safe and what those actions were (include the date and who was contacted)

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- I. 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: 888-206-1327
- For members under the age of 18 years old: Illinois Department of Children & Family Services (DCFS) Hotline Telephone Number: 800-252-2873 (voice) TTY: 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: 800-226-0768
- Law Enforcement Telephone Number: 9-1-1 to reach the local law enforcement agency

DCFS Membership Only

- You **MUST speak with a Case Worker (CW) for ALL DCFS Significant Events.** If Case Worker is unavailable, speak with Case Worker's supervisor. If Case Worker's supervisor is unavailable, leave a message with another staff person 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.**
- If Sexual assault and/or trafficking of a child/youth occurs on the premises of **a DCFS/POS facility** or in **DCFS-licensed home/facility** report immediately to: Office of the Inspector General (OIG) **1-800-7229124. You MUST speak with a person.**

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Incidents required to be reported for members in Supportive Living Facilities and other care facilities such as nursing homes, groups homes etc:

- Abuse or suspected abuse of any nature by anyone, including the member, another resident, staff, volunteer, family, friend, etc.
- Neglect of the member
- Exploitation of the member
- Unauthorized Restraint of the member/restrictive interventions
- Allegations of theft when a resident chooses to involve local law enforcement.
- Elopement of residents/missing residents.
- Any crime that occurs on facility property.
- Fire alarm activation for any reason that results in on-site response by local fire department personnel.
- Physical injury suffered by residents during a mechanical failure or force of nature.
- Loss of electrical power in excess of an hour.
- Evacuation of residents for any reason.
- Any other incident that has the potential to place a CountyCare member, or the member's services, at risk, but which does not rise to the level of abuse, neglect, or exploitation.

Incidents required to be reported for members in Home and Community Based Services:

- Death, HSP customer
- Death, Other parties
- Physical abuse of customer
- Verbal/Emotional abuse of customer
- Sexual abuse of customer
- Exploitation of Customer
- Neglect of customer
- Sexual Harassment by provider
- Sexual Harassment by customer
- Sexually problematic behavior
- Significant Medical event of Provider
- Significant Medical Event of Customer
- Customer arrested, charged with or convicted of a crime
- Provider arrested, charged with or convicted of a crime
- Fraudulent activities or theft on the part of the Customer or the Provider
- Self-Neglect

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- Customer is missing
- Problematic possession or use of a weapon by a customer.
- Customer displays physically aggressive behavior
- Property damage by customer of \$50 or more
- Report against DHS/HSP employee
- Bribery or attempted bribery of a HSP Employee
- Fire / Natural Disaster
- Falsification of credentials or records
- Suicide attempt by customer
- Suicide ideation/ threat by customer
- Suspected alcohol or substance abuse by customer
- Seclusion of a customer
- Unauthorized Restraint of a customer/restrictive interventions
- Media involvement/media inquiry
- Threats made against DRS/HSP Staff

Incidents required to be reported for ONLY members in DCFS membership:

- Physical, verbal, and/or emotional abuse
- Death
- Sexual abuse, date rape, attempted rape, coerced nudity, inappropriate touching
- Neglect
- Willful deprivation
- Malnutrition
- Child/Youth fearful
- Child/Youth tattoo
- Child/Youth runaway
- Human trafficking
- Child/Youth missing
- Child/Youth abducted
- Child/Youth expelled
- Misuse of social media
- Cyberbullying
- Possession of a weapon/ammunition
- Allergic/Adverse reaction
- Child/Youth identity theft
- Child/Youth arrested
- Child/Youth suicide attempt/ideation
- Child/Youth Suspected alcohol or substance abuse
- Seclusion of child/youth
- Unauthorized restraint of a customer/restrictive
- Identification of a child/youth pregnant
- Any other incident that has the potential to place a CountyCare member, of the member's services, at risk, but which does not rise to the level of abuse, neglect, or exploitation.