



# Illinois Critical Incident Reporting Form

Critical incident reports must be reported to **Meridian** immediately after discovery of the incident. If you have any questions while completing the form please email [criticalincidents@mhplan.com](mailto:criticalincidents@mhplan.com)

Submit completed forms to [criticalincidents@mhplan.com](mailto:criticalincidents@mhplan.com)

Section 1: Member Information (Complete All Sections)			
Member Medicaid ID: <small>Click here to enter text.</small>	Member Name: <small>Click here to enter text.</small>	Date of Birth: <small>Click here to enter</small>	Gender: M / F
Section 2: Critical Incident Information (Complete All Sections)			
Incident Date: <small>Click here to enter a date.</small>	Date Incident First Discovered: <small>Click here to enter a date.</small>		
Reporting Person (Individual who reported information to Meridian): <input type="checkbox"/> Care Coordinator <input type="checkbox"/> Educational Personnel <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Healthcare Professional <input type="checkbox"/> Homemaker <input type="checkbox"/> Self <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Partner <input type="checkbox"/> Personal Assistant      (Member) <input type="checkbox"/> Vendor <input type="checkbox"/> Other			
Incident Location: <input type="checkbox"/> Day Program <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Law Enforcement Facility <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Provider Office <input type="checkbox"/> Rehabilitation Facility <input type="checkbox"/> School <input type="checkbox"/> Shelter <input type="checkbox"/> Supportive Living Facility (SLF) <input type="checkbox"/> Work/Employment Location <input type="checkbox"/> Other			
Address/City/State/Zip Code: <small>Click here to enter text.</small>			
Incident Type:			
<b>Abuse/Exploitation</b> <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Physical Abuse and/or Suspected Physical Abuse <input type="checkbox"/> Self-Inflicted Injury or Wound <input type="checkbox"/> Sexual Abuse and/or Suspected Sexual Abuse <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Suicide attempt by member <input type="checkbox"/> Verbal/Emotional Abuse and/or Suspected Verbal/Emotional Abuse	<b>Behavioral Issues</b> <input type="checkbox"/> Member displays physically aggressive behavior <input type="checkbox"/> Sexually Problematic Behavior <input type="checkbox"/> Suicide ideation/threat by member <input type="checkbox"/> Suspected alcohol/substance abuse by member	<b>Media Impact</b> <input type="checkbox"/> Media involvement/media inquiry	



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<p><b>Elopement/Lack of Contact</b></p> <p><input type="checkbox"/> Member is missing</p> <p><input type="checkbox"/> Lack of Contact with Enrollee at Risk</p>	<p><b>Fraud/Legal/Criminal Activity</b></p> <p><input type="checkbox"/> Fraudulent activities on the part of the member or provider</p> <p><input type="checkbox"/> Member arrested, charged with, or convicted of a crime</p> <p><input type="checkbox"/> Problematic possession or use of a weapon by a member</p> <p><input type="checkbox"/> Property damage by member of \$50 or more</p> <p><input type="checkbox"/> Provider arrested, charged with, or convicted of a crime</p>	<p><b>Restraint/Seclusion/Other Restrictive Interventions</b></p> <p><input type="checkbox"/> Other Restrictive Interventions</p> <p><input type="checkbox"/> Seclusion of an Enrollee</p> <p><input type="checkbox"/> Unauthorized Restraint of an Enrollee</p>
<p><b>Medication Management</b></p> <p><input type="checkbox"/> Medication Error</p> <p><input type="checkbox"/> Member is not taking medication as prescribed</p> <p><input type="checkbox"/> Member is taking the wrong medication</p>	<p><b>Neglect</b></p> <p><input type="checkbox"/> Neglect and/or Suspected Neglect</p> <p><input type="checkbox"/> Self-Neglect and/or Suspected Self-Neglect</p>	

**Other**

- |  |  |
|--|--|
| <input type="checkbox"/> Bribery or attempted bribery              | <input type="checkbox"/> Falsification of credentials or records |
| <input type="checkbox"/> Fire/natural disaster damaged or affected | <input type="checkbox"/> Hazardous/physical condition            |
| <input type="checkbox"/> Medical/Psychiatric Emergency             | <input type="checkbox"/> Report against DHS/HSP employee         |
| <input type="checkbox"/> Report against worker/provider            | <input type="checkbox"/> Significant Medical Event of Enrollee   |
| <input type="checkbox"/> Significant Medical Event of Provider     | <input type="checkbox"/> Threats made against staff              |

**Unlisted Situation (describe):** [Click here to enter text.](#)

**Note: IL Critical Incident Definitions located in Attachment A**

Incident Narrative: (Attach Separate Sheet for Additional Space)

[Click here to enter text.](#)

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## Section 3: Incident Resolution

Actions Taken to Mitigate Risk to Member: (Check all that apply)

- Accused Worker Removed from Providing Care for any Meridian member pending investigation Date: [Click here to enter a date.](#)
- Accused Worker Removed from Home Date: [Click here to enter a date.](#)
- New Worker assigned to provider services Date: [Click here to enter a date.](#)
- Family Member/DPOA Notified Date: [Click here to enter a date.](#)
- Other: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

Appropriate Agency Notified

- Police Date: [Click here to enter a date.](#) Report Number: [Click here to enter text.](#)
- State Central Register/DCFS (800) 252-2873 Date: [Click here to enter a date.](#)
- SLF Hotline (800) 226-0768 Date: [Click here to enter a date.](#)
- DHS APS (866) 800-1409 Date: [Click here to enter a date.](#)
- DHS OIG (800) 368-1463 Date: [Click here to enter a date.](#)
- Nursing Home Hotline(800)252-4343 Date: [Click here to enter a date.](#)

**Incident Resolution Narrative:**

[Click here to enter text.](#)

## Section 4: Reporting Information (Person Submitting Report)

<p>Name: <a href="#">Click here to enter text.</a></p>	<p>Title/Company: <a href="#">Click here to enter text.</a></p>	<p>Address, City, State, Zip Code <a href="#">Click here to enter text.</a></p>
<p>Telephone Number: <a href="#">Click here to enter text.</a></p>	<p>Email Address: <a href="#">Click here to enter text.</a></p>	<p>Date Form Completed: <a href="#">Click here to enter a date.</a></p>

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## Attachment A: Critical Incident Definitions

Incident Category	Incident Type	Definitions
Abuse/Exploitation	Exploitation of member	The illegal use of assets or resources of an adult with disabilities. 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.
	Physical abuse of member	Non-accidental use of force that results in bodily injury, pain or impairment. Includes, but not limited to, being slapped, burned, cut, bruised, or improperly physically restrained.
	Self-Inflicted Injury or Wound	Any self-inflicted injury that has the potential to place an Enrollee, or an Enrollee's services, at risk, this includes events that may cause substantial or serious harm to the physical or mental health of a member or the safety of a member's services.
	Sexual abuse of member	Unwanted touching, fondling, sexual threats, sexually inappropriate remarks or other sexual activity with an adult with disabilities.
	Sexual harassment	Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature that tends to create a hostile or offensive work environment.
	Suicide attempt by member	Member attempts to take own life.
	Verbal/Emotional abuse of member	Includes, but is not limited to, name calling, intimidation, yelling and swearing. May also include ridicule, coercion, and threats.
Behavioral Issues	Member displays physically aggressive behavior	Member uses physical violence that results in harm or injury to the provider.
	Sexually problematic behavior	Inappropriate sexual behaviors exhibited by either the customer or individual provider which adversely impacts the work environment.
	Suicide ideation/threat by member	An act of intended violence or injurious behavior towards self, even if the end result does not result in injury.
	Suspected alcohol or substance abuse by member	Use of alcohol or other substances that appears compulsive and uncontrolled and is detrimental to customer's health, personal relationships, safety or self and others. Social and legal status.
Death	Death of member	<p>Criteria for reporting deaths of an unusual nature include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Recent allegations of Abuse, Neglect, or Exploitation of the member</li> <li>• Member received home health services at time of passing</li> <li>• Member passed within 14 calendar days after discharge or transfer from a residential program or facility</li> <li>• Member passed within 24 hours after deflection from a residential program or facility, at an agency or facility, or at any Department-funded site</li> <li>• Member had a suspected treatment error, medication or omission of medication, or poor care related to a new or existing medical condition</li> </ul> <p><b>MMAI (IL) difference, all other definitions are the same. See below for definition:</b></p>

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		MMAI: All deaths will be reported via incident reporting, and will be reported to the DHS office of Inspector General. Follow-up will be provided on deaths of an unusual nature, per OIG director. Criteria for investigating such incidents and reporting via the incident reporting system may include: a recent allegation or abuse/neglect/exploitation, customer was receiving home health services at time of passing, etc.
	Death, Other parties	Events that result in significant event for member. For example, member's caregiver dies in the process of giving member bath, thereby leaving customer stranded in home without care for several days. Passing of immediate family members is not necessary, unless the passing creates a resulting turn of events that is harmful to member.
Elopement/Lack of Contact	Lack of Contact with Enrollee at Risk	Failure to contact client as required by service/care plan, managed care contract or waiver requirement. Enrollee is missing or whereabouts are unknown for provision of services.
	Member is missing	Member is missing or whereabouts are unknown for provision of services.
Fraud/Legal/Criminal Activity	Fraudulent activities or theft on the part of the member or the provider	Executing or attempting to execute a scheme or ploy to defraud the home services program, or obtaining information by means of false pretenses, deception, or misrepresentation in order to receive services from our program. Theft of member property by a provider, as well as theft of provider property by a member, is included.
	Member arrested, charged with or convicted of a crime	Instances when the arrest, charge, or conviction has a risk or potential risk upon the member's health and safety should be reported.
	Problematic possession or use of a weapon by a member	Members should never display or brandish a weapon in staff's presence. Any perceived threat through use of weapons should be reported. In some cases, persons with SMI are not allowed to possess firearms and this should be documented if observed.
	Property damage by member of \$50 or more	Member causes property damage to in the amount of \$50 or more to provider property.
	Provider arrested, charged with or convicted of a crime	Instances when the arrest, charge, or conviction has a risk or potential risk upon the member's health and safety should be reported.
Media Impact	Media involvement/ media inquiry	Any inquiry or report/article from a media source concerning any aspect of a member's case should be reported via an incident report. Additionally, all medical requests will be forwarded to the DHS Office of Communications for response.
Medication Management	Medication Error	When there is a discrepancy between what a physician prescribes and what an individual actually takes. Could also be due to an individual's refusal to take prescribed medication.
	Member is not taking medication as prescribed	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 include an individual omitting and not taking a prescribed dose of medication within the 24-hour period of a calendar day.
	Member is taking the wrong medication	An individual taking the wrong dose of medication.
Neglect	Neglect of member	The failure of another individual to provide an adult with disabilities with, or the willful withholding from an adult with disabilities of the necessities of life, including but not limited to, food, clothing, shelter or medical care.
	Self-Neglect	Individual neglects to attend to his/her basic needs, such as personal hygiene, appropriate clothing, feeding, or tending appropriately to medical conditions.
Restraint/Seclusion/Other	Other Restrictive	Unauthorized restraint is any manual method, physical or

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Restrictive Interventions	Interventions	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 of a member	Seclusion is defined as placing a person in a locked or barricaded area that prevents contact with others.
	Unauthorized restraints of a member	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.
Other	Bribery or attempted bribery of a HSP employee	Money or favor given to an HSP employee in exchange to influence the judgement or conduct of a person in a position of authority.
	Falsification of credentials or records	To falsify medical documents or other official papers for the expressed interest of personal gain, either monetary or otherwise.
	Fire/Natural Disaster	Any event or force of nature that has catastrophic consequences, such as flooding, tornados, or fires.
	Hazardous/Physical Condition	Conditions that are likely to cause death or serious personal injury to persons exposed to such conditions
	Medical/Psychiatric Emergency	Incidents in which, as a result, the member is in need of medical attention
	Report against DHS/HSP employee	Deliberate and unacceptable behavior initiated by an employee of DHRS against a member or provider in HSP.
	Report against worker/provider	Deliberate and unacceptable behavior initiated by a caregiver against a member
	Significant medical event of provider	A recent event to a provider that has the potential to impact upon a member's care.
	Significant medical event of member	This includes a recent event or new diagnosis that has the potential to impact on the member's health or safety. Also included are unplanned hospitalizations or errors in medication administration by provider.
Threats made against staff	Threats and/or intimidation manifested in electronic, written, verbal, physical acts of violence, or other inappropriate behavior.	