

**Critical Incident Investigation  
Aging Waiver & New Choices Waiver**

<b>Participant's name:</b>	<b>Waiver program:</b> New Choices Waiver
<b>DOB:</b>	<b>Date of incident:</b>
<b>Participant's Mailing Address:</b>	<b>Location of incident:</b>
<b>Does the participant have a legal guardian?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there another involved representative?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name, Relation &amp; Mailing Address:</b>	<b>Name &amp; relation:</b>
<b>Participant's Case Manager</b>	
<b>Name:</b> AAA (if applicable):	<b>Phone #:</b> <b>Email:</b>
<b>Please respond to the following questions, providing as much detail as possible. (Please disregard questions (or parts of questions) that do not relate to this incident):</b>	
<b>1. <u>Summary of Incident/Event</u></b> Please provide a <u>detailed</u> summary of the incident. (For a missing person, section 3 is also required.)	
<b>2. <u>Precipitating Events/Patterns of Behavior</u></b>	
<ul style="list-style-type: none"> <li>• Do the monthly summaries and/or activity logs reflect any precipitating events or patterns of behavior leading up to this incident? <input type="checkbox"/>Yes <input type="checkbox"/>No</li> <li>• If yes, please describe.</li> </ul>	
<b>3. <u>Missing Person Timeline</u></b>	
<ul style="list-style-type: none"> <li>• This is a missing person incident: <input type="checkbox"/>Yes <input type="checkbox"/>No</li> <li>• If yes, please provide a timeline that describes the course of known events from when the participant was last seen to when found or to the present if not yet found. Please include when the case manager, Operating Agency leadership, law enforcement, emergency responders, providers, family/guardian, or others etc. were notified</li> <li>• Was an Endangered Person Advisory Alert Issued? <input type="checkbox"/>Yes Date and time issued:                      Name of agency that issued the Advisory: <input type="checkbox"/>No Describe why not:</li> </ul>	
<b>4. <u>Participant's Health/Medical Issues</u></b>	
<ul style="list-style-type: none"> <li>• Participant's diagnoses and any other health/medical issues:</li> <li>• Participant's medications and dosages:</li> </ul>	
<b>5. <u>Post Incident Medical Assessment</u></b>	
<ul style="list-style-type: none"> <li>• The incident report provides a detailed description of the Post Incident Medical Assessment: <input type="checkbox"/>Yes (if yes, not necessary to complete this section.) <input type="checkbox"/>No (if no, please provide additional details below).</li> <li>• After the incident, the participant was evaluated by a nurse or a physician to determine the need for medical attention? <input type="checkbox"/>Yes <input type="checkbox"/>No <ul style="list-style-type: none"> <li>○ If no, please explain why not.</li> <li>○ If yes, please describe when and the medical intervention that occurred.</li> <li>○ If yes, please describe the findings and recommendations for any additional medical follow up.</li> </ul> </li> </ul>	
<b>6. <u>Referral to APS/Law Enforcement</u></b>	
<ul style="list-style-type: none"> <li>• Is this a case of suspected abuse, neglect or exploitation? <input type="checkbox"/>Yes <input type="checkbox"/>No</li> <li>• If yes, was this incident referred to (check all that apply): <ul style="list-style-type: none"> <li>○ APS <input type="checkbox"/> Date submitted:                      Referral number:</li> <li>▪ Who made the referral?</li> </ul> </li> </ul>	

<ul style="list-style-type: none"> <li>○ Medicaid Fraud    <input type="checkbox"/> Date:</li> <li>○ Law Enforcement    <input type="checkbox"/> Date:</li> </ul>	Name of Law Enforcement Agency:
<b>7. <u>Services at the Time of the Incident</u></b> <ul style="list-style-type: none"> <li>• <b>What service(s) was the participant scheduled to receive at the time of the incident?</b> <ul style="list-style-type: none"> <li>○ <b>Were these services delivered as authorized on the care plan?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No, if no, please describe why not)</li> <li>○ <input type="checkbox"/> NA (No services were scheduled to be provided at the time of the incident)</li> </ul> </li> </ul>	
<b>8. <u>Additional Reviews or Investigations</u></b> <ul style="list-style-type: none"> <li>• <b>Did the incident trigger a provider review conducted by the Office of Licensing (DHS), Bureau of Licensing (DOH), the Bureau of Internal Review and Audit (DHS), the LTC Ombudsman, or other agency?</b>    <input type="checkbox"/> Yes    Date:                      <input type="checkbox"/> No    <input type="checkbox"/> NA           <ul style="list-style-type: none"> <li>○ <b>Who made the referral?</b></li> </ul> </li>   <li>• <b>If yes, please provide a summary of the review findings, including any corrective actions that were issued.</b> (Please feel free to attach the formal review findings.)</li> </ul>	
<b>9. <u>Changes to the Care Plan</u></b> <ul style="list-style-type: none"> <li>• <b>Will changes be made to the care plan?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No           <ul style="list-style-type: none"> <li>○ <b>If yes, please describe:</b></li> <li>○ <b>If no, will any new interventions be implemented?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No               <ul style="list-style-type: none"> <li>▪ <b>If yes, please describe:</b></li> </ul> </li> </ul> </li> </ul>	
<b>10. <u>Process Improvements</u></b> <ul style="list-style-type: none"> <li>• <b>Required is a description of improvement processes/safeguards put into place as a result of the analysis of this incident/event. For example, medical/environmental interventions, training opportunities, policy changes, etc. If process improvements/safeguards are not applicable please mark as N/A and describe why.</b></li> </ul>	
<b>Investigation completed by</b> (names and titles):	<b>Date:</b>
<b>Section to be Completed by OA/SMA</b>	
<b>Incident Summary (if not completed in #1):</b>	
<b>Follow Up Questions:</b>	
<b>Comments/Resolution &amp; Recommendations:</b>	
<b>Notification Within Protocol Time Frame:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe reason for delay:	
<b>Incident Type:</b>	<b>Investigation Closure Date:</b>