

Critical Incident Reporting Form

This form **must be received within 24 calendar hours** of discovery of the incident. Failure to comply with reporting requirements may result in corrective action.

You must review the entire form and fill out sections that are applicable to the situation you are reporting. If the critical incident form is not filled out correctly or is missing information, you will receive a follow-up from Meridian.

If you receive additional information regarding the matter, please contact Meridian immediately!

Completed forms, questions, and concerns should be sent either via email to **criticalincidents@mhplan.com** or to your Provider Network Representative.

Section 1: Member Information (Complete All Sections)			
Member Name: Click here to enter text.	Date of Birth: Click here to enter	Gender: M / F	
Last 4 of SSN: Click here to enter text.	Member Medicaid/Medicare ID: (if applicable) Click here to enter text.		
Section 2: Critical Incident Information (Complete All Sections)			
Incident Date & Time: Click here to enter a date.	Date & Time Meridian First Discovered Incident: Click here to enter a date.		
Reporting Person (Individual who reported information to Meridian):			
<input type="checkbox"/> AFC/HFA Staff	<input type="checkbox"/> Adult Protective Services	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Department of Human Services
<input type="checkbox"/> Family Member	<input type="checkbox"/> Friend or Neighbor	<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Care Coordinator
<input type="checkbox"/> Community Coordinator	<input type="checkbox"/> Ombudsman	<input type="checkbox"/> Meridian Staff	<input type="checkbox"/> Other
<input type="checkbox"/> Self (Member)	<input type="checkbox"/> Supports Coordinator	<input type="checkbox"/> Vendor	
Incident Location:			
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Adult Foster Care (AFC)	<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Health Care Provider
<input type="checkbox"/> Home for the Aged	<input type="checkbox"/> Hospital	<input type="checkbox"/> Private Residence	<input type="checkbox"/> Other
<input type="checkbox"/> Recreation	<input type="checkbox"/> Transportation	<input type="checkbox"/> Nursing Home	
Address/City/State/Zip Code: Click here to enter text.			
Incident Type			
Incident Type:			
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Illegal Activity in Home	
<input type="checkbox"/> Medication Error	<input type="checkbox"/> Neglect	<input type="checkbox"/> Suicide Attempts	
<input type="checkbox"/> Seclusion	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Use of Restraints/Restrictive Interventions/Seclusions	
<input type="checkbox"/> Suspicious Death	<input type="checkbox"/> Theft		
<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Death		
<input type="checkbox"/> Other: Click here to enter text.	<input type="checkbox"/> Worker Drugs/Alcohol		

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Incident Narrative: (Attach Separate Sheet for Additional Space)

[Click here to enter text.](#)

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

[Michigan Only]

- Police Date: [Click here to enter a date.](#) Report Number: [Click here to enter text.](#)
- State Central Register/CPS (855) 444-3911 Date: [Click here to enter a date.](#)
- LARA – Individual Professional Licensure (Upon referral from OIG) Date: [Click here to enter a date.](#)
- LARA – Nursing Home (866) 856-0126 Date: [Click here to enter a date.](#)
- DHS APS (855) 444-3911 Date: [Click here to enter a date.](#)
- DHS OIG (855) 444-3911 Date: [Click here to enter a date.](#)
- LARA – Health Care Services Date: [Click here to enter a date.](#)
- Office of Recipient Rights Date: [Click here to enter a date.](#)

[Illinois Only]

- Police Date: [Click here to enter a date.](#) Report Number: [Click here to enter text.](#)
- State Central Register/CPS (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)252-0768 Date: [Click here to enter a date.](#)

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Incident Resolution Narrative:

Click here to enter text.

Section 4: Final Incident Resolution and Implementation Recommendations

Reporting Entity Findings/Recommendations Received Date: [Click here to enter a date.](#)

Reporting Entity Findings/Recommendations Implemented Date: [Click here to enter a date.](#)

Reporting Entity Full Implementation of Findings/Recommendations Date: [Click here to enter a date.](#)

Finding/Recommendations Narrative:

Click here to enter text.

Section 5: Internal Reporting Information (Person Submitting Report)

Provider Name & NPI:
[Click here to enter text.](#)

Address, City, State, Zip Code
[Click here to enter text.](#)

Telephone Number:
[Click here to enter text.](#)

Email Address:
[Click here to enter text.](#)