Washington State Health Care Authority

Clear form

Critical Incident Form

Instructions to submit form

- Children's Long Term Inpatient Program (CLIP)
- Trueblood
- Long term civil commitment (LTCC)
- Fee-for-service (FFS)
- Health Homes
- Post Inpatient Transitional Housing (PITH)

When a critical incident occurs:

If you are reporting a critical incident for the programs or services listed above, complete this form with the relevant information.

- Enter information into the Health Care Authority (HCA) Incident Reporting system **https://fortress.wa.gov/hca/ics/**.
- Use the attach function to attach the completed form to the incident and submit.

Instructions for behavioral health agencies (BHA)

When a critical incident occurs:

BHAs should complete this form with the relevant information.

- Submit the completed form to the respective managed care organization (MCO) or administrative service organization (ASO).
- If there is no MCO/ASO assignment, email completed form to: **hcacriticalincidents@hca.wa.gov** with **Subject Line:** NO MCO/ASO ASSIGNMENT

Receiving completed forms

MCOs and ASOs, after receiving the completed Critical Incident Form:

- Enter information into the Health Care Authority (HCA) Incident Reporting System: **https://fortress.wa.gov/hca/ics/**.
- Use the attach function to attach the completed form to the incident and submit.

Questions

For questions about a specific critical incident or about submitting a critical incident form:

- **Email:** The MCO/ASO
  OR
- **Email:** HCA at **hcacriticalincidents@hca.wa.gov**.

1 Provider Information

Provider Agency _____ Provider Name _____

Date of incident (if known) _____ Time of incident (if known) _____ County of incident _____

2 Client Information

Client last name _____ Client first name _____

Date of birth _____ Age _____ ProviderOne ID _____

Gender _____ Ethnicity _____ County of residence _____

American Indian/Alaska Native (AI/AN): ☐ Yes ☐ No ☐ Unknown

3 Service Type

Type of services receiving (check all that apply):

- ☐ Mental health (MH)
- ☐ Substance use disorder (SUD)
- ☐ MH and SUD services
- ☐ MH services from another provider
- ☐ SUD services from another provider

Other service provider _____

4 Incident Information

Fee-for-service (FFS) / Managed Care Organization (MCO) / Administrative Service Organization (ASO) critical incidents / Post Inpatient Transitional Housing (PITH)

- ☐ FFS/MCO/ASO/PITH
  - ☐ Perpetrator
    - ☐ Homicide or attempted homicide
    - ☐ Kidnapping
    - ☐ Sexual assault
    - ☐ Arson
    - ☐ Assault resulting in serious bodily harm
  - ☐ Contracted behavioral health facility/agency
    - ☐ Victim
      - ☐ Medical emergency with 911 response and/or transport
      - ☐ Death
      - ☐ Medical emergency 911 response with hospital admit
      - ☐ Abuse, neglect, or sexual/financial exploitation
    - ☐ Perpetrator
      - ☐ Physical assault requiring medical attention
      - ☐ Sexual assault
    - ☐ Severely adverse medical outcome or death occurring within 72 hours of transfer from a contracted behavioral health facility/agency
    - ☐ Media event | Enrollee/individual has attracted, or is likely to attract media coverage
  - ☐ Unauthorized leave during an involuntary investigation or detention

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Trueblood critical incidents

- ☐ Trueblood
  - ☐ Victim
    - ☐ Medical emergency with 911 response and transport
    - ☐ Physical assault requiring medical attention
    - ☐ Sexual assault
    - ☐ Abuse, neglect, or sexual/financial exploitation
    - ☐ Death
    - ☐ Kidnapping
    - ☐ Medical emergency 911 response with hospital admit
  - ☐ Perpetrator
    - ☐ Homicide or attempted homicide
    - ☐ Kidnapping
    - ☐ Sexual assault
    - ☐ Arson
    - ☐ Assault resulting in serious bodily harm
  - ☐ Contracted health behavioral facility/agency
    - ☐ Severely adverse medical outcome or death occurring within 72 hours of transfer from a contracted behavioral health facility/agency
  - ☐ Unauthorized leave during an involuntary investigation or detention
  - ☐ Media event | Enrollee/individual has attracted, or is likely to attract media coverage

Children's Long Term Inpatient Program (CLIP) critical incidents

- ☐ CLIP
  - ☐ Community
  - ☐ Contracted behavioral health facility/agency
    - ☐ Victim
      - ☐ Medical emergency with 911 response and/or transport
      - ☐ Abuse, neglect, or sexual/financial exploitation
      - ☐ Death
      - ☐ Medical emergency 911 response with hospital admit
      - ☐ Actions leading to attempted suicide
    - ☐ Perpetrator
      - ☐ Assault resulting in serious bodily harm
      - ☐ Physical assault requiring medical attention

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- ☐ Sexual assault
- ☐ Homicide or attempted homicide
- ☐ Kidnapping
- ☐ Sexual assault
- ☐ Arson

☐ Severely adverse medical outcome or death occurring within 72 hours of transfer from a contracted behavioral health facility

☐ Unauthorized leave during an involuntary investigation or detention

☐ Media event

☐ Enrollee/individual has attracted, or is likely to attract media coverage

Long term civil commitment (LTCC) critical incidents

☐ LTCC

☐ Community

☐ Perpetrator

- ☐ Assault resulting in serious bodily harm

☐ Contracted Behavioral Health Facility/Agency

☐ Victim

- ☐ Medical Emergency 911 Response w/hospital admit
- ☐ Abuse, Neglect, Or Sexual/Financial Exploitation
- ☐ Death
- ☐ Severely Adverse Medical Death Outcome

☐ Perpetrator

- ☐ Physical assault requiring medical attention
- ☐ Sexual assault
- ☐ Homicide or attempted homicide
- ☐ Kidnapping
- ☐ Arson

☐ Severely adverse medical outcome/death occurring within 72 hours of transfer from contracted behavioral health facility/agency

☐ Unauthorized leave during an involuntary investigation or detention

☐ Media event

☐ Enrollee/individual has attracted, or is likely to attract media coverage

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Health Home critical incidents

- ☐ Health Home
  - ☐ Community
    - ☐ Victim
      - ☐ Physical assault requiring medical attention
      - ☐ Suspected abuse, neglect, and sexual or financial exploitation
      - ☐ Medical emergency in the presence of care coordination organization (CCO) staff with 911 response and/or transport
      - ☐ Sexual assault
    - ☐ Perpetrator
      - ☐ Physical assault requiring medical attention to staff
      - ☐ Sexual assault against staff
  - ☐ Unauthorized leave during an involuntary investigation or detention
  - ☐ Media Event
    - ☐ Enrollee/individual has attracted, or is likely to attract media coverage

Description of incident

What took place, location of incident, names, ages, services, histories, and nature of involvement of all individuals involved:

Provider response to the incident

Including steps taken to minimize harm, whether reported to law enforcement, restraining/protection order sought, workplace safety/personal protection plan developed or implemented; summary of debriefings:

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Date provider learned of incident: _____

Date of last face-to-face visit prior to this incident: _____

Date of last medication management session (if applicable): _____

Individual's current location

- ☐ Jail
- ☐ Single bed certification
- ☐ Medical hospital
- ☐ Psychiatric hospital / evaluation & treatment
- ☐ Crisis solutions center
- ☐ Substance use disorder residential treatment
- ☐ In community -- in mental health services
- ☐ In community - in substance use disorder services
- ☐ In community - not in services
- ☐ Unknown

If individual's location is unknown, describe attempts to locate:

Individual's current condition/status:

5 Programs

Check all that apply

- ☐ Crisis and Commitment Services (CCS)
- ☐ Evaluation and Treatment (E&T)
- ☐ Next-Day Appointments (NDA)
- ☐ Children's Crisis Outreach Response System (CCORS)
- ☐ Outpatient mental health
- ☐ Mobile crisis team
- ☐ Residential housing such as supervised living, long-term rehabilitation, standard supportive housing

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☐ Withdrawal management services
☐ Opiate substitution therapy
☐ Criminal justice initiatives
☐ Outpatient substance use disorder
☐ Residential substance use disorder
☐ Program for Assertive Community Treatment (PACT)
☐ Crisis respite program
☐ Crisis solutions center / crisis diversion facility

Other program: _____

6 Incident Report

Check all that apply

☐ Child Protective Services
☐ Adult Protective Services
☐ Law enforcement

Other regulating body: _____

7 Contact Information

Person completing form

_____ _____
Name Title

_____ _____
Phone Email

Supervisor verifying standard review procedures for this incident are being followed

_____ _____
Name Title

_____ _____
Phone Email