

Date: _____

Instructions:

Submit all pages of this form with as much information as possible within the required reporting timeframes.

Submit form to critical_incident@silversummithealthplan.com

Types of Potential Critical Incidents (check all that apply)

Major injury or major trauma that has the potential to cause prolonged disability or death of a member that occurs at a facility licensed by the State to provide publicly funded Behavioral Health Services

An unexpected death of a member that occurs in a facility licensed by the State to provide publicly funded Behavioral Health Services

Abuse, neglect, exploitation or unexpected death of a Member (not to include child abuse)

Any event involving a member that has attracted or is likely to attract media attention

Violent acts allegedly committed by member (arson, assault resulting in serious bodily harm, homicide or attempted homicide by abuse, drive by shooting, extortion, kidnapping, rape, sexual assault, or indecent liberties, robbery, vehicular homicide)

Unauthorized leave of mentally ill offender or a sexual or violent offender from a mental health facility, secure Community Transition Facilities (i.e., Evaluation and Treatment Centers, Crisis Stabilization Units, Secure Detox Units, and Triage Facilities) that accept involuntary admissions

Other:

Provider/Facility Information

National Provider Identifier (NPI)

Phone

Provider or Agency Name

Provider Address

City

State

Zip Code

Reporting Party

Reporter's First Name

Last Name

Title

Email Address

Phone Number

Point of contact to discuss incident if different from reporter:

First Name

Last Name

Phone Number



Nevada Medicaid Critical Incident Report

Medicaid Member

Medicaid ID Number

First Name

Last Name

Address

City

State

Zip Code

Date of Birth

Age

Member's Gender

Male

Female

Other

Incident

Date Incident Occurred (required)

Date Incident Discovered (required)

Description of Incident:

Location of Incident

Select Location Type (If other, specify)

Member's Residence

Living alone

Living with relative

Living with unrelated person

Residential Care Facility

Assisted Living

Other

Community

Work

School

Vehicle

Day Program

Other

Other Location

State Facility

Correctional Facility or Jail

Nursing Facility

Hospital or Clinic

PMIC

Other

Name of Location or Facility

Location or Facility Address

City

State

Zip Code

Involved Persons/Witness

Persons involved during incident Provide names, relationships (if other, specify), names and title of facility personnel

Staff Family Roommate Other

Staff Family Roommate Other

Staff Family Roommate Other

Staff Family Roommate Other

Staff Family Roommate Other

Member Location Member's whereabouts at the time of the report if known:

Member's Residence

Jail

Hospital

Unknown

If unknown, actions planned to locate member: