Idaho Medicaid Residential Habilitation Provider Incident Report Form

This report must be submitted to the Department within 24 hours of incident occurrence. Send/email report and any accompanying documents to the Idaho Department of Health and Welfare office where the participant critical incident occurred. A list of Regional offices is found at the end of this document. Reporting Party
 Provider Name
 Medicaid Provider No

 Provider Address
 City
 State
 Zip

 Phone Number
 E-Mail
 Information Medicaid Number _____ Date of Birth _____ **Medicaid Participant** Name (Last) _______(First) ________(MI) _____ Address _____ City _____
State ____ Zip ___ Participant Phone Number _____ ____City____ Information Participant's Gender Male Female Guardian Yes No Guardian Name ______ Guardian Phone No ______ Date of Incident The Incident was discovered witnessed reported First staff person to learn of the incident
(Name) _____ (Title) _____ Describe the incident and action taken to secure the participant's safety. Attach additional information if necessary. ncident Information Was Incident Reported to Law Enforcement? Yes No Name of Law Enforcement Agency: Reporting Phone Number: _____ Was Incident Reported to Adult Protection? Yes No If Yes, Record Date and Time Reported _______Date _____Time Name of Adult Protection Agency: Phone Number:

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Type of Critical Incident	Definition	Select all that
Abuse	(IDAPA 16.04.17.010.01) Any conduct of an employee or contractor of an agency as a result of which a person suffers verbal aggression or humiliation, skin bruising, bleeding, malnutrition, sexual molestation, burns, fractures of any bone, subdural hematoma, soft tissue swelling, failure to thrive or death, or mental injury, and such condition or death is not justifiably explained, or where the history given concerning such condition or death, or the circumstances indicate that such condition or death, may not be the product of accidental	
Exploitation	occurrence under Section 39-5202, Idaho Code., (3-29-12) (16.04.17.010.17) An action which may include the misuse of a vulnerable participant's funds, property, services, or resources by another person for profit or advantage., (3-20-04)	П
Neglect	(16.04.17.011.04) The negligent failure to provide those goods or services which are reasonably necessary to sustain the life and health of a person under Section 39-5302 (8), Idaho Code. (3-20-04)	
Serious Illness, Accident, Emergency Medical Care, Hospitalization, or Death	Participant had a serious illness and/or accident which required emergency medical care, and/or required hospitalization. Participant death.	
Injury Caused by Restraints	Any injury caused by restraints, (refer to chemical, mechanical, and physical restraint rules in IDAPA 16.04.17.405.08 and restraint definitions in IDAPA 16.04.17.010 and 011).	П
Participant is Missing	A participant's whereabouts is unknown and there is a concern for the safety of the individual and/or community.	
Law Enforcement	Participant was arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings.	
Adult Protection	Adult Protective services contacted resulting in an investigation.	

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Within 24 hours of the incident, email a copy of the report form to the appropriate Medicaid office where the incident occurred. **Region 1 Medicaid Office** Email: BDDSQA1@dhw.idaho.gov Bureau of Developmental Disability Services 1120 Ironwood Drive, Suite 102 Coeur d'Alene, Idaho 83814 Office: (208) 769-1567 **Region 2 Medicaid Office** Email: BDDSQA2@dhw.idaho.gov Bureau of Developmental Disability Services 1118 F Street P.O. Drawer B Lewiston, Idaho 83501 Office: (208) 799-4430 **Region 3 Medicaid Office** Email: BDDSQA3@dhw.idaho.gov Bureau of Developmental Disability Services 3402 Franklin Road Caldwell, Idaho 83605 Office: (208) 455-7150 Form Submission **Region 4 Medicaid Office** Email: BDDSQA4@dhw.idaho.gov Bureau of Developmental Disability Services 1720 Westgate Drive Boise, Idaho 83704 Office: (208) 334-0940 **Region 5 Medicaid Office** Email: BDDSQA5@dhw.idaho.gov Bureau of Developmental Disability Services 601 Pole Line Road Twin Falls, Idaho 83301 (208) 736-3024 **Region 6 Medicaid Office** Email: BDDSQA6@dhw.idaho.gov Bureau of Developmental Disability Services 1070 Hiline Pocatello, Idaho 83201 (208) 239-6239 Region 7 Medicaid Office Email: BDDSQA7@dhw.idaho.gov Bureau of Developmental Disability Services 150 Shoup Ave. Idaho Falls, Idaho 83402 (208) 528-5750