

SERIOUS REPORTABLE INCIDENT PROVIDER FOLLOW-UP REPORT

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER Nursing Home Transition and Diversion (NHTD)

Participant Name: _____ Incident # _____ - _____ - _____ - _____

Check One:

_____ Seven Day Report	_____
	Date Completed
_____ Thirty Day Report	_____
	Date Completed
_____ Additional Follow-Up Report(s)	_____
	Date Completed

1. What actions (initial or newly conducted) have been taken to investigate this incident (e.g. person(s) interviewed, record review, consultations, etc)?
NOTE: Attach all supporting documentation

2. What have been the results of these actions?

3. What follow-up actions have been taken in response to these results (e.g., changes to the Service Plan, staff changed, police called, etc.)?

4. What has been the results of these follow-up actions (e.g., NHTD waiver participant's behavior has changed, NHTD waiver participant is more satisfied with staff, safety of NHTD waiver participant has been secured, etc)?

