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)?
SERIOUS REPORTABLE INCIDENT
PROVIDER FOLLOW-UP REPORT (cont.)

5. What, if any, long term activities has the provider initiated to decrease, either in frequency or intensity, the possibility of similar incidents occurring in the future?

6. What activities are necessary to complete the investigation?

7. At this time, do you expect that this incident should remain open or closed? Why?

Agency Investigator  Signature  Date

Responsible Provider Representative  Signature/Title  Date

Provider Agency  Telephone

For Investigating Agency:
Copy of this report was sent to: QMS  Date

For QMS:
Copy of this report was sent to: RRDS  Date
Service Coordinator  Date

FOR QMS USE ONLY:
Form Sent to DOH WMS
Date: ___/___/____