

## SERIOUS REPORTABLE INCIDENT PROVIDER FOLLOW-UP REPORT

### HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER TRAUMATIC BRAIN INJURY (TBI)

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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., TBI Waiver participant's behavior has changed, TBI waiver participant is more satisfied with staff, safety of TBI 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?

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Agency Investigator	Signature	Date
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Responsible Provider Representative	Signature/Title	Date
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Provider Agency	Telephone
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**For RRDS:**

Copy of this report was sent to:

Service Coordinator \_\_\_\_\_ Date \_\_\_\_\_