

Health Home Incident Report

Care Coordination Organization		
Care coordinator	Care coordination organization	Qualified Health Home lead entity/MCO
Date of incident	Time of incident <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Incident
Beneficiary involved in the incident (name and ProviderOne ID if available)		Date of birth
Briefly describe the incident Continue on the back if additional space is needed.		
Did the incident lead to injury		Was first aid or medical attention required? <input type="checkbox"/> Yes <input type="checkbox"/> No
If first aid or medical attention was required, who provided the treatment?		Office/hospital
Names of witnesses and/or other individuals involved		
Care coordinator* signature		Date

Supervising Organization (Qualified Lead or MCO)			
Name of supervisor to whom this incident was reported	Care coordinator organization	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
List any planned actions including, but not limited to, training and policy initiatives.			
Supervisor's signature		Date	

What is an incident?
In the context of this form, an "Incident" is a negative event or occurrence which was not desired and/or anticipated, for which the care coordinator* was present or came into contact, or was otherwise made aware of.
Instructions
<p>After an incident, the care coordinator* must report the incident to their supervisor and complete the first portion of the <i>Health Home Incident Report</i> form. Send a copy of the partially completed and signed form through secure email to healthhomes@hca.wa.gov within one working day, with "Health Home Incident Report Final" on the email subject line.</p> <p>After the supervising organization portion of the form has been completed and signed, send the form through secure email to healthhomes@hca.wa.gov, with Health Home Incident Report Final on the email subject line.</p> <p>Copies of the final completed form should be supplied to the Health Home care coordinator and maintained on file with care coordination organization and the qualified Health Home lead entity.</p> <p>The completion of this form does not replace any required reporting to Adult Protective Services, Child Protective Services, Residential Care Services Complaint Resolution Unit, Department of Health, law enforcement, and/or other mandatory reporting agencies. Report abuse and neglect at: www.dshs.wa.gov/endharm.shtml</p>

*Care coordinator, or other staff or volunteer, representing the care coordination organization or qualified Health Home lead entity.