# LTC and MSSP Critical Incident Reporting Form

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|---|---|---|---|---|---|
| **Check the Appropriate Service:** | ☐ **MSSP** | ☐ **LTC/SNF** | **Date of Notification:** | | |
| **Member Name:** | | | | | |
| **Member DOB:** (MM/DD/YYYY) | | **Gender:** | ☐ **Male** ☐ **Female** | **CIN #:** | |
| **Health Network:** | | **Diagnosis:** | | | |

| **PHYSICIAN/PROVIDER** | | **ADDRESS** (where incident occurred) | |
|---|---|---|---|
| **Name:** | | **Name:** | |
| **License #:** | | **Address:** | |
| **DOI:** (Date of Incident) (MM/DD/YYYY) | | | |

| **Name of Staff Reporting Incident:** | |
|---|---|

**CRITICAL INCIDENT**

***[Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of a member.]***

**(Check Appropriate Box)**

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|---|---|
| ☐ Mental anguish caused by willful use of offensive, abusive or demeaning language by caretaker | ☐ Use of bodily or chemical restraints on an individual which is not in compliance with federal or state laws and administrative regulations |
| ☐ Knowing, reckless or intentional acts of failures to act which cause injury or death to an individual or which places that individual at risk of injury or death | ☐ OTHER (please describe): |
| ☐ Rape ☐ or Assault | |
| ☐ Corporal punishment or striking of an individual | ☐ Unauthorized use or the use of excessive force in the placement of bodily restraints on an individual |

**SUMMARIZE THE INCIDENT**

**Attach related records and supporting documentation including reports made to others.**

| **INCIDENT SUMMARY:** |
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| **CASE REFERRED TO:** |
| |

**PLEASE FORWARD TO:**
**CalOptima Health Quality Improvement Department 505 City Parkway West, Orange, CA 92868**
**Email: qualityofcare@caloptima.org | FAX: 657-900-1615**