

Connect Nevada: Strengthening Youth, Empowering Families

Critical Incident Reporting Form

Instructions:

Providers are required to report as much information as possible within 24 hours of being notified of the incident. In the event an incident occurs on a weekend or holiday, report the incident the next business day.

Link to Critical Incident Form: [Magellanoftn.com](https://magellanoftn.com) "For Providers"

Fax: 1-888-656-5426 | Email: NevadaQualityDepartment@magellanhealth.com

Date/Time of Discovery of the Incident:

Date/Time Incident Occurred:

Child/Youth/Young Adult Demographic Information:

First Name:	Last Name:	Middle Initial:	Date of Birth:
Medicaid ID #/Client ID #:	Telephone:	Cellular:	Email:
			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other:
Address:	City:	State:	Zip:

Connect NV Program/Insurance:

Is the individual in the Connect Nevada program? ☐ No ☐ Yes ☐ N/A

If the individual is a child/youth, was the parent/legal guardian notified? ☐ No ☐ Yes ☐ N/A

Is the individual with the Nevada Division of Child & Family Services (DCFS)? ☐ No ☐ Yes ☐ N/A

Most recent date of service(s):

Diagnosis: List top three diagnoses, as applicable using F codes. Diagnoses to contain a valid code and definition from the current DSM. Clinical notes must be clear and adequate. Do not use acronyms.

- 1.
- 2.
- 3.

Treatment Setting (Check all that apply):

<input type="checkbox"/> Community Mental Health Center <input type="checkbox"/> Custodial Care Facility <input type="checkbox"/> Federally Qualified Health Center <input type="checkbox"/> Group Home <input type="checkbox"/> Home <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Independent Clinic	<input type="checkbox"/> Inpatient Psychiatric Facility <input type="checkbox"/> Intermediate Care Facility/ Individuals with Intellectual Disabilities <input type="checkbox"/> Non-residential Opioid Treatment Facility <input type="checkbox"/> Non-residential Substance Abuse Treatment Facility	<input type="checkbox"/> Office <input type="checkbox"/> Outreach Site/ Street <input type="checkbox"/> Psychiatric Facility Partial Hospital <input type="checkbox"/> Psychiatric Residential Treatment Center <input type="checkbox"/> Residential Substance Abuse Treatment Facility <input type="checkbox"/> Rural Health Clinic	<input type="checkbox"/> School <input type="checkbox"/> Telehealth Provided in Member's Home <input type="checkbox"/> Telehealth Provided Other than in Member's Home <input type="checkbox"/> Temporary Lodging <input type="checkbox"/> Other:
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Incident Information:

Time of Incident: AM/PM	Incident Location: <input type="checkbox"/> Home <input type="checkbox"/> Facility <input type="checkbox"/> Other:
Transportation Required: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Provided By: <input type="checkbox"/> Provider <input type="checkbox"/> Staff <input type="checkbox"/> Emergency Service <input type="checkbox"/> Self <input type="checkbox"/> Other:

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Type of Incident (Check all that apply):

- ☐ **Abandonment** including any incident where a child/youth/adult who requires an attendant, other supervision, or has special healthcare needs is left alone for any period during service delivery.
- ☐ **Abduction/Kidnapping** of a child/youth that occurred on an agency's premises or in the community at the time that the child/youth/adult was receiving treatment services at any level of care, including home-based services.
- ☐ **Abuse, Neglect, or Exploitation** of a child/youth/adult that occurred on an agency's premises, by agency staff, or in the community at the time that the child/youth/adult was receiving treatment services at any level of care, including home-based services.
- ☐ **Abuse- Physical** including any incident of physical violence or unwelcome physical contact on or by a child/youth/adult, regardless of who perpetrated the physical violence or contact at any level of care.
- ☐ **Abuse-Sexual** Rape, sexual assault, or indecent liberties.
- ☐ **Abuse- Verbal** including any abusive or hurtful language, including threats of violence and any comments deemed to be offensive regarding a person's race, sex, sexual orientation, gender identity, color, national origin, religion, age, appearance, or mental or physical disability when a child/youth is present at any level of care.
- ☐ **Arson** The deliberate and intentional act of setting fire to property, buildings, or facilities, often resulting in destruction, damage, or potential harm to individuals.
- ☐ **Assault- Physical & Serious** of a child/youth that occurred on an agency's premises or in the community at the time that the child/youth/adult was receiving treatment services at any level of care, including home-based services.
- ☐ **Critical Delay** Failure to inform the parent or guardian of a child/youth/adult requiring an attendant or other supervision of the delay, location, and updated estimated time of arrival of a child/youth/adult when arrival at appointment or drop off is delayed by more than fifteen (15) minutes.
- ☐ **Death- Unexpected** of a child/youth/adult that occurred while the child/youth/adult was engaged in treatment services at any level of care or within 60 calendar days of a child/youth/adult having received treatment services.
- ☐ **Drive by Shooting** Violent criminal activity where one or more individuals in a moving vehicle deliberately fire firearms at people, other vehicles, or structures with the intent to cause harm, injury, or damage. This type of incident typically involves a rapid and often unprovoked attack, and the perpetrators may flee the scene quickly.
- ☐ **Elopement** any instance of elopement that occurred on an agency's premises at the time the child/youth/adult was receiving treatment services at any level of care.
- ☐ **Extortion** Extortion is a criminal act in which an individual, organization, or entity obtains something of value from another person, usually money, property, services, or actions, through the use of threats, intimidation, coercion, or force. The person committing extortion typically threatens the victim with harm, injury, damage, or negative consequences unless the victim complies with their demands.
- ☐ **High Profile– Media Involvement** (e.g., Riot)
- ☐ **High Profile– DCFS Requested the Critical Incident Report**
- ☐ **Homicide, Attempted Homicide, or Vehicular Homicide** that is attributed to a child/youth/adult who was engaged in treatment services at any level of care at the time of the homicide or within the previous 60 calendar days.
- ☐ **Impersonation** Care ordered or provided for a child/youth/adult by someone impersonating a physician, nurse, or other health care professional.
- ☐ **Injury-Child/Youth** including any physical injury sustained by a child/youth/adult while using services, whether accidental or intentional, up to and including death.
- ☐ **Injury- Serious** of a child/youth/adult that required an overnight admission to a hospital medical unit that occurred on an agency's premises or in the community at the time that the child/youth/adult was receiving treatment services at any level of care, including home-based services.
- ☐ **Robbery** A criminal act in which an individual uses force, threats, or intimidation to take property or belongings from another person, typically in a situation where the victim is placed in fear for their safety.
- ☐ **Serious Reportable Adverse Event (SRAE) aka "Never Events"** Adverse events are serious enough to have caused permanent harm or death or temporary harm lasting more than seven days.
- ☐ **Suicide- Completed** by a child/youth/adult who was engaged in treatment services at any level of care at the time of the death or within the previous 60 calendar days.
- ☐ **Suicide Attempt- Serious** by a child/youth/adult who was engaged in treatment services at any level of care that required an overnight admission to a hospital medical unit.

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☐ **Unauthorized Leave** Unauthorized leave of a mentally ill offender or a sexual or violent offender from a mental health facility, secure Community Transition Facilities (i.e., Evaluation and Treatment Centers, Crisis Stabilization Units, Secure Detox Units, and Triage Facilities) that accept involuntary admissions.

Incident Description (In Objective Terms include Who, What, When, Where, and How):

Current Status, Location, and Safety of Child/Youth/Adult:

Had the risk been previously identified: ☐ N/A ☐ No ☐ Yes, if yes, provide details:

Was there equipment or property damage? ☐ N/A ☐ No ☐ Yes, if yes, provide details:

¹**Were the police contacted?** ☐ N/A ☐ No ☐ Yes, if yes, provide details:

²**Was the report made to the child welfare agency?** ☐ N/A ☐ No ☐ Yes, if yes, provide details:

Staff Actions in Response to Incident (Outline the immediate steps taken by staff prior to, during, and following the occurrence):

Follow Up Action (Detail the steps to be or already taken to ensure safety in the future):

Reporting Agency or Provider Name:

TIN:

NPI:

Name/Title:

Address:

City/State/Zip:

Telephone:

Email:

Name of Person Completing Form (First/Last):

Title:

Address:

Telephone:

Email:

¹ Police contacted. If no, then under Nevada Revised Statutes (NRS) Chapter 432B reporting is required and required online forms and phone numbers can be found here: [https://dcfs.nv.gov/Tips/CA/ChildAbuse/#::~:~:text=Washoe%20County%20\(Reno%20and%20surrounding,your%20local%20law%20enforcement%20agency](https://dcfs.nv.gov/Tips/CA/ChildAbuse/#::~:~:text=Washoe%20County%20(Reno%20and%20surrounding,your%20local%20law%20enforcement%20agency)

² Child welfare agency contacted. If no, then under Nevada Revised Statutes (NRS) Chapter 432B reporting is required and required online forms and phone numbers can be found here:

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Mailing: P.O. Box 34028, Reno, NV 89533 | Office 1-833-396-4310 | Fax: 1-888-656-5426

Magellan of Nevada Quality Department | NVQICIRForm.003 | V1 Revised 01/01/2024

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