



## LTC and MSSP Critical Incident Reporting Form

<b>Check the Appropriate Service:</b>	<input type="checkbox"/> MSSP	<input type="checkbox"/> LTC/SNF	<b>Date of Notification:</b>	
<b>Member Name:</b>				
<b>Member DOB:</b> (MM/DD/YYYY)		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>CIN #:</b>
<b>Health Network:</b>		<b>Diagnosis:</b>		

PHYSICIAN/PROVIDER		ADDRESS (where incident occurred)	
<b>Name:</b>		<b>Name:</b>	
<b>License #:</b>		<b>Address:</b>	
<b>DOI:</b> (Date of Incident) (MM/DD/YYYY)			

<b>Name of Staff Reporting Incident:</b>			
<b>CRITICAL INCIDENT</b> <i>[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.]</i> (Check Appropriate Box)			
<input type="checkbox"/> Mental anguish caused by willful use of offensive, abusive or demeaning language by caretaker	<input type="checkbox"/> Use of bodily or chemical restraints on an individual which is not in compliance with federal or state laws and administrative regulations		
<input type="checkbox"/> 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	<input type="checkbox"/> OTHER (please describe):		
<input type="checkbox"/> Rape	<input type="checkbox"/> or Assault		
<input type="checkbox"/> Corporal punishment or striking of an individual	<input type="checkbox"/> 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.

<b>INCIDENT SUMMARY:</b>
<b>CASE REFERRED TO:</b>

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