

YouthCare Significant Event & Critical Incident Intake Form

Please complete the required fields with an asterisk*. If you need assistance completing this form, please email criticalincidents@mhplan.com

- For information on **when to report a critical incident**, please review **When to Report a Critical Incident and/or Significant Event Flyer** under provider resources on <https://www.ilyouthcare.com>
- For information on reporting an incident to the appropriate **external agency contact**, please go to page 2 of this form

Member Information

*Member Medicaid ID	Click or tap here to enter text.
*Member Name (First, Last)	Click or tap here to enter text.
*Member DOB	Click or tap to enter a date.
Foster Care Population	Choose an item.
Special Needs Child (SNC)	Choose an item.

Event Reporting

*Discovery Date and Time	Click or tap to enter a date and time.
*External Agency Referral	Choose Referral Entity 1
*Date and Time	Click or tap to enter a date and time.
*External Agency Referral	Choose Referral Entity 2
*Date and Time	Click or tap to enter a date and time.

Event Information

*Date and Time of Incident	Click or tap to enter a date.
*Date and Time of Discovery	Click or tap to enter a date.
*Child & Youth Specific Event Type	Select Significant Event Type
*Critical Incident Type	Choose an item.

Individual Reporting Incident

*Reporter Full Name, Title, Organization	Click or tap here to enter text.
*Reporter Relationship to Member	Choose an Item
*If Other	Click or tap here to enter text.

Event Summary

*Event Summary	Click or tap here to enter text.
*Location Where Incident Occurred	Click or tap here to enter text.
*Member Disposition	Choose an Item

Thank you for being our partner in ensuring the safety of our members. Submit completed form within **24 hours** of discovering the incident. Please email completed form to criticalincidents@mhplan.com

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External Agency Contacts

If a circumstance requires external agency involvement, please contact the appropriate agency using the following criteria:

State Agency	CI/SE Reporting Criteria	Phone Number*
Police/EMS	Cases needing local law enforcement	911
Department of Children and Family Services	CI/SE: Abuse, Death, Elopement, Exploitation, Neglect, Human Trafficking	1-800-252-2873
Office of Inspector General	CI: Abuse, Exploitation, Neglect *For members 18-21 with a disability	1-800-368-1463
IDPH Nursing Home Hotline	CI/SE: Abuse, Neglect, Exploitation *For members residing in a nursing facility	1-800-252-4343

*Numbers as of 11/30/2020