

## 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](mailto: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 [www.ilyouthcare.com](http://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

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

### Event Reporting

|                                  |  |
|----------------------------------|--|
| <b>*Discovery Date and Time</b>  | Click or tap to enter a date and time. |
| <b>*External Agency Referral</b> | Choose Referral Entity 1               |
| <b>*Date and Time</b>            | Click or tap to enter a date and time. |
| <b>*External Agency Referral</b> | Choose Referral Entity 2               |
| <b>*Date and Time</b>            | Click or tap to enter a date and time. |

### Event Information

|   |                               |
|---|-------------------------------|
| <b>*Date and Time of Incident</b>             | Click or tap to enter a date. |
| <b>*Date and Time of Discovery</b>            | Click or tap to enter a date. |
| <b>*Child &amp; Youth Specific Event Type</b> | Select Significant Event Type |
| <b>*Critical Incident Type</b>                | Choose an item.               |

### Individual Reporting Incident

|   |                                  |
|---|----------------------------------|
| <b>*Reporter Full Name, Title, Organization</b> | Click or tap here to enter text. |
| <b>*Reporter Relationship to Member</b>         | Choose an Item                   |
| <b>*If Other</b>                                | Click or tap here to enter text. |

### Event Summary

|  |                                  |
|--|----------------------------------|
| <b>*Event Summary</b>                    | Click or tap here to enter text. |
| <b>*Location Where Incident Occurred</b> | Click or tap here to enter text. |
| <b>*Member Disposition</b>               | 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](mailto: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 |
| Adult Protective Services                  | CI: Abuse, Exploitation, Neglect<br>*For members 18-21 with a disability           | 1-866-800-1409 |
| IDPH Nursing Home Hotline                  | CI/SE: Abuse, Neglect, Exploitation<br>*For members residing in a nursing facility | 1-800-252-4343 |

\*Numbers as of 11/16/2021