Kentucky 1915(c) Home and Community Based Services (HCBS) Waiver Programs
Critical Incident Investigation Report

Timeframe for Reporting: The direct service provider or case manager must begin its investigation into the critical incident immediately upon witnessing or discovering the incident and submit this document to the appropriate regulating agency within ten (10) business days.

Waiver Participant's Name: _____ Waiver Participant's Medicaid #:_____

Incident Date (MM/DD/YY): _____ Discovery Date (MM/DD/YY): _____
Time (AM/PM): _____ Time (AM/PM): _____

Waiver: ☐ ABI ☐ ABI-LTC ☐ HCB ☐ MIIW ☐ MPW ☐ SCL

If reported to DCBS (APS/CPS), was the incident accepted for investigation? ☐ Yes ☐ No ☐ Unknown

Recent Medical Concerns:

	Yes	No
-Does the waiver participant have Rights Restrictions?	☐	☐
-Was the incident related to the Rights Restrictions?(if yes, attach Rights Restrictions)	☐	☐
-Does the waiver participant have a Behavior Support Plan (BSP)?	☐	☐
-Was the incident related to the BSP? (if yes, attach BSP)	☐	☐
-Did the incident include Restraint?	☐	☐

- Type:_____
- Duration: _____

Investigation Summary / Analysis of Cause

Waiver Participant Review	Staff/System Review
How many times has this kind of incident happened with this waiver participant in the past three months?	How many times has this kind of incident happened in your agency in the past three months?
What did you do to keep the waiver participant safe and well following the incident?	What policies, procedures, or protocols were reviewed in order to prevent reoccurrence?
	After review, what were the agency's findings?
What are investigating staff's recommendations for preventing future occurrences?	
	Describe any adjustments to policies, procedures, or protocols. (Include effective date of adjustment.)
What were the waiver participant's, guardian's, case manager's, and family members' recommendations to prevent the incident from reoccurring or concerns regarding the incident?	
	Who will be responsible for monitoring adjustments to policies, procedures, or protocols?

Investigating Staff Name/Title:_____

Signature:_____ Date *(MM/DD/YY)*:_____

Supervisor Name:_____

Signature:_____ Date *(MM/DD/YY)*:_____