

Division of Behavioral Health

Out of State Residential Incident Reporting Form

This incident report form is to be used to report critical incidents to the Alaska Department of Health and Social Services (DHSS) agencies. The agencies include Division of Behavioral Health (DBH), Division of Juvenile Justice (DJJ), and Office of Children's Services (OCS).

Make sure you follow incident reporting requirements for all DHSS agencies. This incident report form does **not** change reporting requirements for any of the DHSS agencies. You may be required to submit the same incident report to multiple DHSS agencies.

For specific information related to each agency's incident report requirements, refer to the following:

Behavioral Health - Inpatient Psychiatric Alaska Medicaid Provide Manual at <http://www.qualishealth.org/sites/default/files/AK-Behavioral-Health-Provider-Manual-current.pdf>

Juvenile Justice and Office of Children's Services –

For custody youth providers, please fax to:

OCS, Attn Shannon Sexton 907-465-3656

Children's Residential Incident Report Form Instructions

Thoroughly complete the form and fax to appropriate agency or multiple agencies as needed. Attach additional pages if needed.

DHSS Agencies and Fax Numbers

Behavioral Health – Fax: (907)269-8166 Phone: (907)269-3600
Juvenile Justice - Fax: (907)261-4358 Phone: (907)261-4539
Office of Children's Services – Fax: (907)465-3656 Phone: (907)465-5006

Section: Organization Information

- A. Name of Organization
- B. Administrator / CEO of the facility responsible for the recipient
- C. Address of the facility.
- D. Phone / fax numbers for the facility.
- E. The contact person for the incident.

Section: Recipient Information

- A. Name of recipient
- B. Recipient's Medicaid number (if applicable)
- C. Recipient's Date of Birth (DOB).
- D. Recipient's gender.
- E. Date recipient was admitted to the facility.

Section: Incident Information

- A. Date incident occurred
- B. Time incident occurred
- C. Location where incident occurred

Section: Type of Incident

- A. Please check all boxes that apply to this incident.

Section: Form Completed by

- A. Name of person completing this form.
- B. Title of person completing this form.
- C. Agency reporter is employed by.
- D. Signature of reported (if form is faxed).
- E. Date form filled out (**see section Type of Incident for form completion requirements**)

Section: Notifications **Guardian Must Always Be Notified.**

Please indicate who was contacted regarding the incident.

Facilities outside the State of Alaska If indicated, document incident was reported to your Licensing Organizations and/or Child Protective Agencies, and include contact information for the organizations.

Section: Staff Involved in Incident

List all staff including contact information involved in the incident either directly or indirectly.

Section: Witnesses

List all witnesses including contact information who would have any knowledge of the incident. This would include anyone outside the facility.

Section: Summary of Incident

- A. Describe circumstances or events that lead up to the incidents
- B. Describe actions taken in response to incident
- C. Describe follow – up plan

Section: Incident Analysis

- A. Describe all factors that contributed to the incident.
- B. Describe action taken by the facility to prevent this type of incident from reoccurring. Indicate if policy changes would be considered.