Office of Community Living Critical Incident Reporting System (CIRS) Technical Guide

October 2017

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What is a Critical Incident?

A critical incident is an **actual or alleged event that creates the risk of serious harm to the health or welfare** of a client receiving Health First Colorado (Colorado's Medicaid Program) benefits. A critical incident may endanger or negatively impact the mental and/or physical well-being of a client.

When a critical incident occurs involving a client, a report must be made to the case manager of the case management agency that is coordinating the care for the client. **Case managers must report the critical incident within one business day of notification.**

Critical Incidents include, but are not limited to:

- Death
- Abuse/Neglect/Exploitation
- Injury/Illness to Client
- Damage to Consumer's Property/Theft
- Medication Management Issues
- Criminal justice involvement/incarceration
- Missing Person
- Unsafe housing/displacement
- Other

Critical Incident Types and Definitions

Death:

- **All client deaths** must be reported in the Benefits Utilization System (BUS).
- The cause of death, the names of any individuals involved, location of death and law enforcement involvement (if applicable) should all be listed in the critical incident report.
- If the death is a result of a previously entered critical incident, a new, separate critical incident must be entered to report the death.

Abuse/Neglect/Exploitation:

- Abuse includes actions which result in bodily harm, pain, or mental distress.
- Neglect is a failure to provide care and service when a client is unable to care for him or herself.
- Exploitation is the deliberate misplacement or wrongful use of a client's belongings or money without the client's consent.

- Adult protection services (APS), Child protective services (CPS) and law enforcement mandatory reporting must be followed and noted in the critical incident report.

Injury/Illness to Client:

- An injury or illness that **requires treatment beyond first aid** which includes lacerations requiring stitches or staples, fractures, dislocations, loss of limb, serious burns, skin wounds, pneumonia, urinary tract infections, etc.
- An injury or illness requiring immediate emergency medical treatment to preserve life or limb.
- An emergency medical treatment that results in admission to the hospital.
- Injuries/illnesses that do not meet these guidelines should not be submitted as a critical incident.

Damage to Consumer's Property/Theft:

- Deliberate damage, destruction, theft or use of a client's belongings or money.
- Deliberate diversion of medications.

Medication Management Issues:

- Issues with medication dosage, scheduling, timing, set-up, compliance and administration or monitoring which results in harm or an adverse effect which necessitates medical care.
- The name of the medication must be listed in the critical incident report.

Missing Person:

- A person who is identified as missing by law enforcement, staff, family, caregivers, or other natural supports.
- A person is considered "missing" if they cannot be located and there is reason to believe the person may be lost or in danger.

Criminal Activity:

- Any illegal activity that is allegedly committed by the waiver participant in which there is law enforcement involvement; Examples include, but are not limited to: arrests, incarceration, criminal court appearances/charges, illegal drug use, and shoplifting.
- Violation of probation or parole that potentially will result in the revocation of probation/parole.
- Any criminal offense that is committed by a waiver participant that results in immediate incarceration.

Unsafe Housing/Displacement:

- Unsafe housing is any home or living space which does not provide a safe and healthy environment.
- Displacement is the removal of the client from a home or living space due to natural disaster (fire, flooding, etc.…) or eviction.
- Social environment hazards are the culture that the waiver participant lives in and the people and institutions with whom the waiver participant interacts, would include family, roommates, facility staff and providers.

Other:

- Serious issues that do not yet have their own category of critical incident type.
- Includes substance abuse, victim of crime, suicide ideation, self-injurious behaviors, critical service interruption, etc.
- If you select critical service interruption, the type of critical service interruption must be selected from the options displayed.
- If you select 'Other', a detailed summary of all aspects of the critical incident is required to be entered manually.

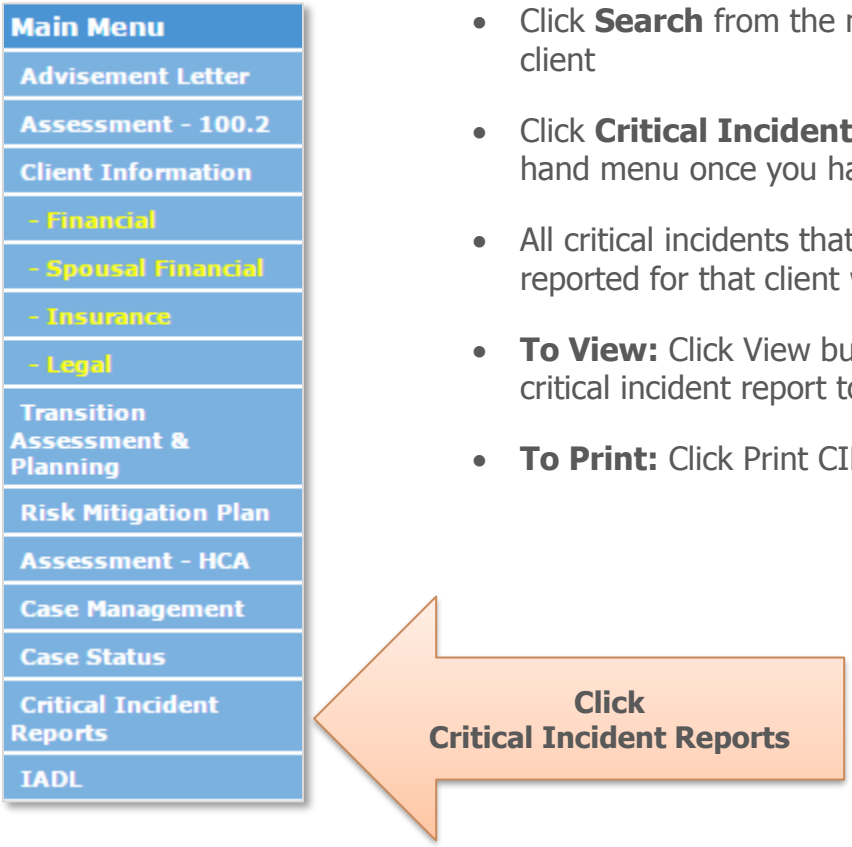
Submitting a Critical Incident Report

A case management agency may be notified of a critical incident by a client, provider, law enforcement or a member of the community. Case management agencies will report critical incidents inputting information into the Benefits Utilization System (BUS). **A critical incident must be reported within one business day of notification.**

Each critical incident type has reporting requirements and guidelines that must be followed in order to meet the Centers for Medicare and Medicaid Services (CMS) reporting requirements.

If there is information that is not available for the initial critical incident report, a **follow-up report** will need to be submitted once the information is available. A follow-up report may also be requested by the State Critical Incident Policy Specialist when it is determined that further details or information is needed to complete the critical incident report.

Entering CIR into the BUS:



- Click **Search** from the main menu to search for a client
- Click **Critical Incident Reports** from the left hand menu once you have opened a client's case
- All critical incidents that have previously been reported for that client will be listed on the screen
- **To View:** Click View button next to a specific critical incident report to open it
- **To Print:** Click Print CIRS link at top of the screen

Entering a New Critical Incident Report

- Click **Add New CIRS**

[Add New CIRS] | [Print CIRS] | [View Completed CIRS] | | [HCPF Review] | [Follow-Up]

To complete a CIRS Follow Up report, please include:
1) All **Contacts** made, 2) **Answers** to all questions, and 3) A complete **Description** of all Follow Up actions taken.

[Military Time]

Critical Incident									
	CIRS ID	**CIRS ID old**	**Date Reported**	**Incident Date**	**Agency**	**Case Manager**	**Program Type**	**Incident Type**	**HCPF Review Entered**
View	45697		08/04/2016	08/10/2016	Health Care Policy and Financing	Terry Burnham	Colorado Choice Transitions - HCBS - BI	Injury/Illness to Client	None

The BUS will **automatically fill in** the following information on the first screen:

- Basic client information
- Entry date and time
- HCBS waiver program
- Case Management Agency Information
- Name of the person logged into the BUS entering the critical incident

Case Managers must **manually fill in** the following information:

- Date of incident
- Time of incident
- Case Manager incident notification date

Critical Incident Reporting

CIRS ID:	Allocated after Save
***Date of Incident:**	(mm/dd/yyyy)
***Time of Incident:**	(HH:MM) Military time.
***Case Manager Incident Notification Date:**	(mm/dd/yyyy)
Entry Date:	09/27/2016
Entry Time:	14:53
Client Name:	Figgy F Pudding
Client Medicaid ID:	Z998872
Client Medicaid DOB:	06/30/1962
***HCBS Waiver Program:**	Colorado Choice Transitions - HCBS-BI
Case Manager Name:	Mandy Smith
Case Manager Agency Name:	Health Care Policy and Financing
Entered By:	Michael Pasillas

Case managers must report the critical incident **within one business day** of being notified of the incident.

Next, enter information about **who reported the critical incident** to the Case Management Agency and the **location where the incident occurred**.

If you have **any additional information** that does not fit here, enter that information into the description of the incident narrative field later in the report.

***Name of Person Reporting Incident to CMA:**

***Did the Client Report this Incident?** ○ Yes ○ No

***Name of Provider Agency who Reported incident to Case Manager:**

***Is the Provider Agency reporting the incident an Assisted Care Facility (ACF)?** ○ Yes ○ No

***Was Anyone other than the client involved in the incident?** ○ Yes ○ No

***Location of Incident:**

refresh

When you select the location from the **Location of Incident field** drop-down menu, **two supplemental fields** will open (except the "Client's home" location) which **must** be completed.

***Location of Incident:**

***Did the Incident Result in Hospitalization or Institutionalization?**

***Did this incident involve restrictive interventions?**

***Did this incident result in Reverse Deinstitutionalization (RDI)?**

***Did this incident result in a Skilled Nursing Facility Rehab Stay?**

- Client's Home
- Other Home (relative's, group, or host home)
- Alternative Care Facility (ACF)
- Day Program or School
- Hospital
- Doctor's Office/Clinic
- In Community
- Hospice
- Other

***Expect

***Location of Incident:** Alternative Care Facility (ACF) ***Expect

refresh

Facility Name:

Facility Address:

The Location of Incident Facility Name and Address fields will be utilized for trending data to improve the health and welfare of clients.

The next section asks about the **possible outcomes of a critical incident**.

The **hospitalization** and **restrictive intervention** questions will have supplemental fields that must be completed when "yes" is selected.

*Did the Incident Result in Hospitalization or Institutionalization? ○ Yes ○ No **Expect refresh

*Did this incident involve restrictive interventions? ○ Yes ○ No **Expect refresh

*Did this incident result in Reverse Deinstitutionalization (RDI)? ○ Yes ○ No

*Did this incident result in a Skilled Nursing Facility Rehab Stay? ○ Yes ○ No

*Did the Incident Result in Hospitalization or Institutionalization? ◉ Yes ○ No **Expect refresh

*Type of Hospital or Institution:

*Name of Hospital or Institution:

If you select "Yes" to the second question, **select the type** of restrictive intervention used from the drop-down menu. In the **Explanation of Intervention** field, you must **include a detailed explanation of how, why and the overall duration** of the restrictive intervention.

*Did this incident involve restrictive interventions? ◉ Yes ○ No **Expect refresh

*Type of Intervention:

Chemical
Physical
Mechanical
Seclusion
Other

*Explanation of Intervention:

A critical incident is substantiated when it meets the definition of preponderance of evidence. Preponderance of evidence is the probability that the incident occurred, as a result of the gathered information and evidence, which shows that the incident to be proven is more than 50% to have occurred. If the critical incident is not substantiated, a Follow-up must be submitted within 72 hours to verify if the incident has been substantiated.

*Was Anyone other than the client involved in the incident? ○ Yes ○ No

*Has this critical incident been substantiated? ○ Yes ○ No

*Was APS/CPS involved in this CIR? ○ Yes ○ No

Adult protective services/child protective services involvement must be recorded. The exact details of the APS/CPS involvement should be listed in the incident detail section.

Select a critical incident category from the drop-down menu.

Each critical incident category will have its own data fields and supplemental fields that must be completed. Three new incident types will be added to the list: Missing Person, Criminal Activity, and Unsafe Housing/Displacement.

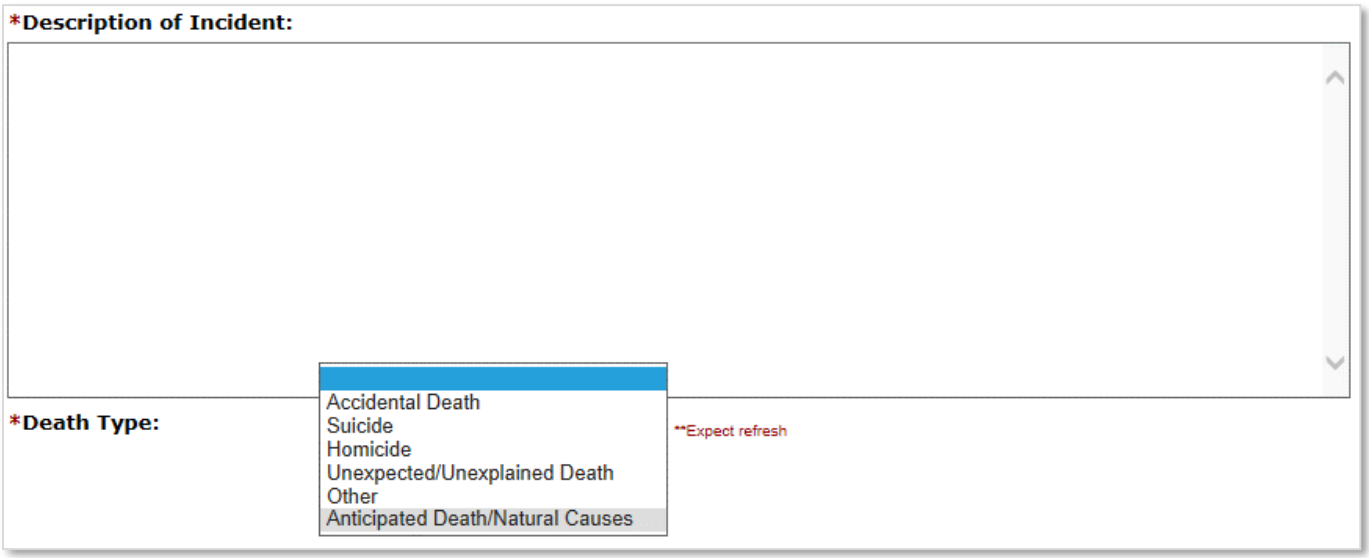
Death

If you select Death as incident type, the **Description of Incident must include**:

- Cause of death
- Names of any individuals involved
- Location of death
- Law enforcement involvement (if applicable)

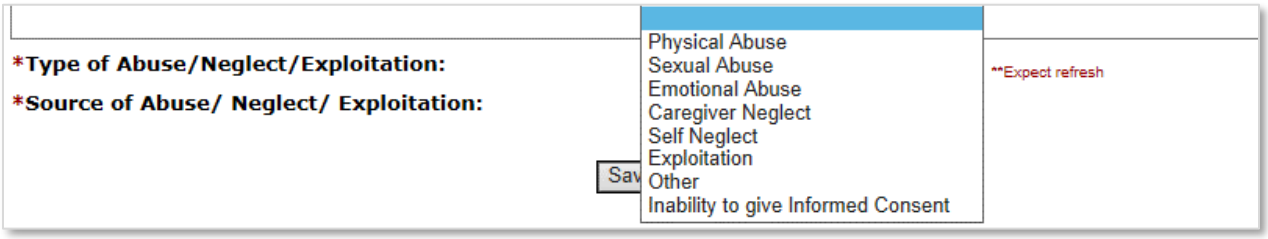
If any of this information is unavailable or unknown at the time of the initial critical incident report submission, a **follow-up report** must be submitted with the missing information. A follow-up report may also be requested by the State Critical Incident Policy Specialist when it is determined that further details/information is needed.

Select the Death Type from the drop-down menu to provide further information about the incident.

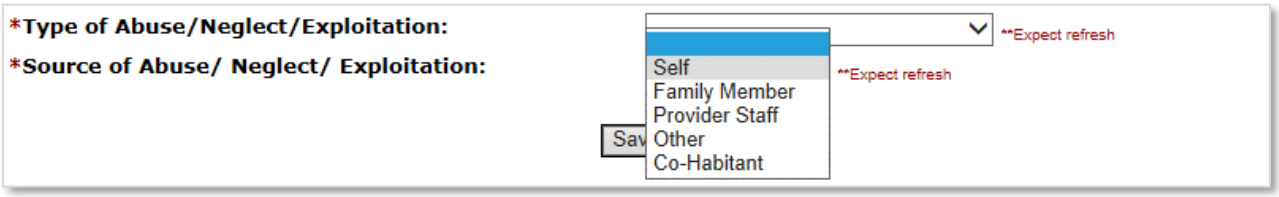


Mistreatment/Abuse/Neglect/Exploitation

If you select Mistreatment/Abuse/Neglect/Exploitation as incident type, **select the type of abuse, neglect or exploitation** from the drop-down menu.



Select the source of abuse, neglect or exploitation from the next drop-down menu.

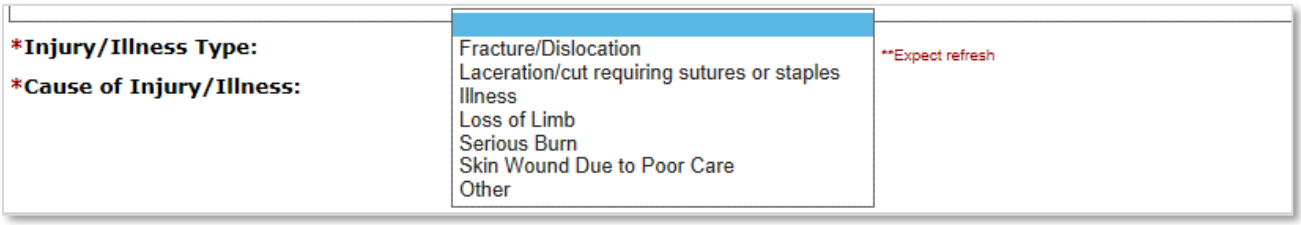


The **description must include** all mandatory reporting information with law enforcement and adult/child protective services, and whether or not a case has been opened for the incident.

If any of this information is unavailable or known at the time of the initial critical incident report submission, a **follow-up report** must be submitted with the missing information. A follow-up report may also be requested by the State Critical Incident Policy Specialist when it is determined that further details/information is needed.

Injury/Illness to Client

If you select Injury/Illness to Client as incident type, **select the type of injury/illness** from the drop-down menu.



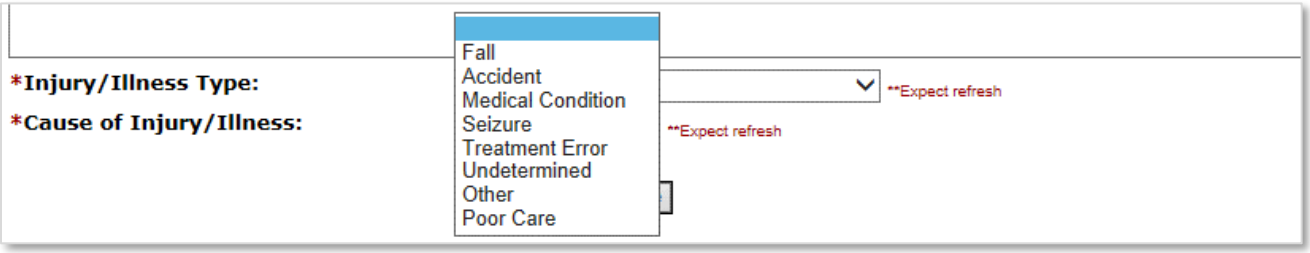
Only report an **injury or illness that requires treatment beyond first aid** which includes:

- Fractures, dislocations;

- Lacerations requiring stitches or staples;
- An injury or illness requiring immediate emergency medical treatment to preserve life or limb;
- Loss of limb;
- Serious burns
- Skin wounds;
- Pneumonia
- Urinary Tract Infection (UTI)
- Emergency medical treatment that **results in admission** to the hospital.

An injury/illness that does not meet the above guidelines should not be submitted as a critical incident.

Select the Cause of Injury/Illness from the drop-down menu.



If any of this information is unavailable or known at the time of the initial critical incident report submission, a **follow-up report** must be submitted with the missing information. A follow-up report may also be requested by the State Critical Incident Policy Specialist when it is determined that further details/information is needed.

Damage to Consumer's Property/Theft

If you select Damage to Consumer's Property/Theft as incident type, **select the type of property damage, theft or loss** from the drop-down menu.

If any of this information is unavailable or unknown at the time of the initial critical incident report submission, a **follow-up report** must be submitted with the missing information. A follow-up report may also be requested by the State Critical Incident Policy Specialist when it is determined that further details/information is needed.

Missing Person

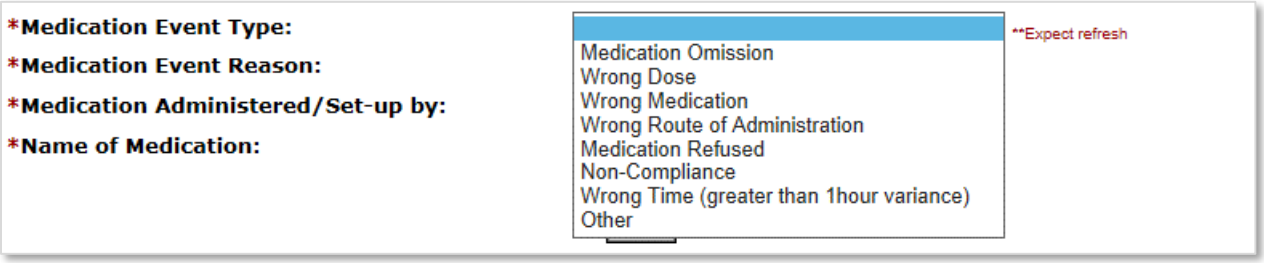
If you select Missing Person as the incident type, you will need to state whether a missing person report has been made to law enforcement.

You must also include a **detailed description** of the length of time the client has been missing, the client's housing situation (family, Alternative Care Facility (ACF), group home, locked facility, etc.), utilization of supervision and Line of Sight supports, and what steps have been made to try and locate the missing person.

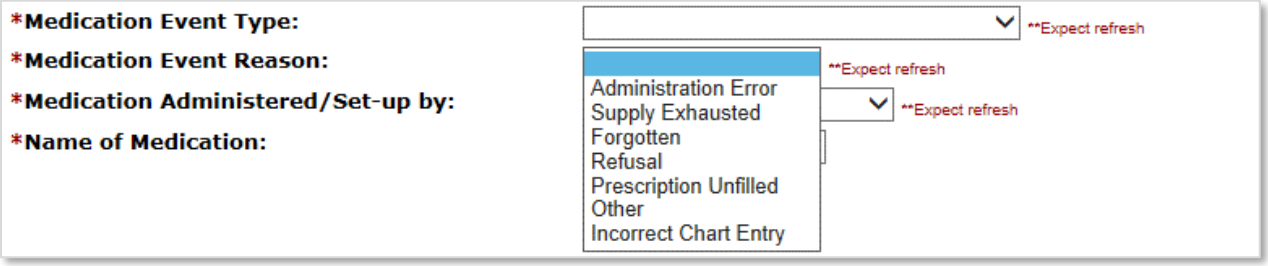
If any of this information is unavailable or unknown at the time of the initial critical incident report submission, a **follow-up report** must be submitted with the missing information. A follow-up report may also be requested by the State Critical Incident Policy Specialist when it is determined that further details/information is needed.

Medication Management Issues

If you select Medication Management Issues as the incident type, **select the type of Medication event** from the first drop-down menu.



Select the reason for the medication event.



Select the person(s) responsible for administering/setting up the medication.

*Medication Event Type: **Expect refresh
*Medication Event Reason: **Expect refresh
*Medication Administered/Set-up by: **Expect refresh
*Name of Medication:

Consumer
Provider
Provider Set-Up Only
Provider Administration Only
Family Member
Other

Enter the Name of the medication.

*Medication Event Type: **Expect refresh
*Medication Event Reason: **Expect refresh
*Medication Administered/Set-up by: **Expect refresh
*Name of Medication:

Save

If any of this information is unavailable or unknown at the time of the initial critical incident report submission, a **follow-up report** must be submitted with the missing information. A follow-up report may also be requested by the State Critical Incident Policy Specialist when it is determined that further details/information is needed.

Other High Risk Issues

If you select Other High Risk Issues as incident type, **select the type of Risk Issue** from the drop-down menu.

Enter a detailed description of the incident to explain why this is a risk to the client that does not fit into the other listed critical incident categories.

*Risk Issue Type: **Expect refresh
*Why is this issue of particular risk to this p

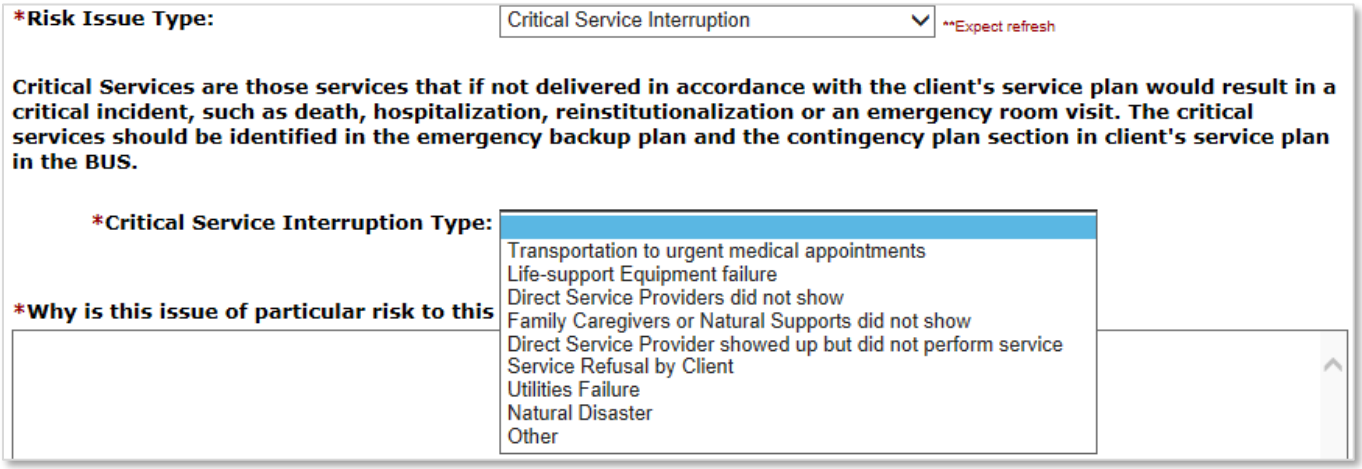
Criminal Justice Involvement/Incarceration
Victim of Crime
Client Fraud
Provider Fraud
Lost/Missing Person
Loss of Home/Eviction
Substance Abuse
Suicide Ideation/Talk
Suicide Attempt
Abusive/Violent Behavior by Client
Mental Incompetency/Alzheimer's/Dementia
Unsafe Living Situation
Critical Service Interruption
Other

Save

Critical Service Interruption

This selection is **intended primarily** for use with **Colorado Choice Transitions (CCT)** clients.

If you select **Critical Service Interruption** as the Risk issue type, you must select the specific critical service interruption type from the drop-down menu.



Enter a detailed description of the incident to explain why this is a risk to the client that does not fit into the other listed critical incident categories.

If any of this information is unavailable or unknown at the time of the initial critical incident report submission, a **follow-up report** must be submitted with the missing information. A follow-up report may also be requested by the State Critical Incident Policy Specialist when it is determined that further details/information is needed.

Criminal Activity

If you select Criminal Activity as the incident type, you will need to select the Type of Criminal Activity from the drop-down menu options:

- Assault/Battery
- Domestic Violence
- Drug Possession
- DUI/DWI
- Probation/Parole violation
- Theft/Larceny
- Other (with a text box to enter the criminal activity)

You must also include a **detailed description** of the events of the criminal activity, including all people involved, law enforcement involvement, charges filed, and court dates.

If any of this information is unavailable or unknown at the time of the initial critical incident report submission, a **follow-up report** must be submitted with the missing information. A follow-up report may also be requested by the State Critical Incident Policy Specialist when it is determined that further details/information is needed.

Unsafe Housing/Displacement

If you select Unsafe Housing/Displacement as the incident type, you will need to select they Type of Unsafe Housing/Displacement from the drop-down menu options:

- Eviction
- Structural Hazard
- Environmental Hazard
- Social Environment

You must also include a **detailed description** of the reason for the housing situation, if the client is currently homeless, actions being taken to correct/change the housing situation, changes in services due to housing, and length of expected time (estimate if necessary) of unsafe housing/displacement.

If any of this information is unavailable or unknown at the time of the initial critical incident report submission, a **follow-up report** must be submitted with the missing information. A follow-up report may also be requested by the State Critical Incident Policy Specialist when it is determined that further details/information is needed.

Editing a Critical Incident Report

If there is an error in a critical incident report, or if information that was originally listed in the critical incident report needs to be changed, **a case manager can edit the critical incident report** in the BUS.

On the Critical Incident Reports screen of a client's record, all previously reported critical incidents are listed.

Click Edit on the right hand side of an existing critical incident to edit it.

Program Type	Incident Type	HCPF Review Entered	Follow Up Entered	
HCBS - Elderly, Blind, Disabled	Injury/Illness to Client	1 HCPF Review	None	Edit

Ensure you see the **Critical Incident Reporting – Edit** heading at the top of the screen.

Make any changes necessary here

Critical Incident Reporting - Edit

CIRS ID:	37174
***Date of Incident:**	05/04/2016 (mm/dd/yyyy)
***Time of Incident:**	05:00 (HH:MM) Military time.
***Case Manager Incident Notification Date:**	05/12/2016 (mm/dd/yyyy)
Entry Date:	05/10/2016
Entry Time:	12:31

On the Edit Screen, all date fields, text boxes, radio buttons and drop-down options are now able to be edited.

All fields reset to blank, however, the previous selections will be listed as a reference on the right hand side of the screen.

Re-enter all information making any changes necessary.

***Did the Client Report this Incident?**	○ Yes ○ No	**NO**
***Name of Provider Agency who Reported incident to Case Manager:**	ABC Agency	
***Is the Provider Agency reporting the incident an Assisted Care Facility (ACF)?**	○ Yes ○ No	**NO**
***Was Anyone other than the client involved in the incident?**	○ Yes ○ No	**NO**
***Location of Incident:**	**Expect refresh	**Day Program or School**
***Facility Name:**	All Day School	
***Facility Address:**	123 Main St	
***Did the Incident Result in Hospitalization or Institutionalization?**	○ Yes ○ No **Expect refresh	**NO**
***Did this incident involve restrictive interventions?**	○ Yes ○ No **Expect refresh	**NO**
***Did this incident result in Reverse Deinstitutionalization(RDI)?**	○ Yes ○ No	**NO**
***Did this incident result in a Skilled Nursing Facility Rehab Stay?**	○ Yes ○ No	**NO**
***Incident Type:**	**Expect refresh	**Death**

After all necessary edits are made to the critical incident, **a detailed description of what was edited and why in the "CIRS Edit Description" section must be entered**.

Click **Save Edit** button to save all changes

***CIRS Edit Description :**

Enter detailed description of what and why the critical incident was edited

Save Edit

After the edited critical incident has been saved, a **Log Note will be automatically entered in the BUS**. The log note will list the date of the edit and the details of the edited critical incident that were entered and saved.

Michael Pasillas	47765 CIRS Edited/Modified. Note:Changed the type of injury/illness listed to "Fracture/Dislocation" as the client's fall resulted in a broken hip. - CIRS Edit Date: 01/26/2017.

Deleting a Critical Incident Report

Only **an agency administrator can delete** a critical incident from the BUS. The most common reasons why a critical incident might need to be deleted are:

- If a critical incident was accidentally submitted on the wrong client's record
- If a critical incident that was submitted is a duplicate critical incident

On the Critical Incident Reports screen of a client's record, all previously reported critical incidents are listed.

Click Delete on the right hand side of an existing critical incident to delete it.

Program Type	Incident Type	HCPF Review Entered	Follow Up Entered		
HCBS - Elderly, Blind, Disabled	Injury/Illness to Client	1 HCPF Review	None	Edit	Delete

Note: Only the **agency administrator** has access to both the edit and delete functions, whereas case managers will only have access to the edit function.

Ensure the **Critical Incident Reporting – Delete** heading is at the top of the screen.

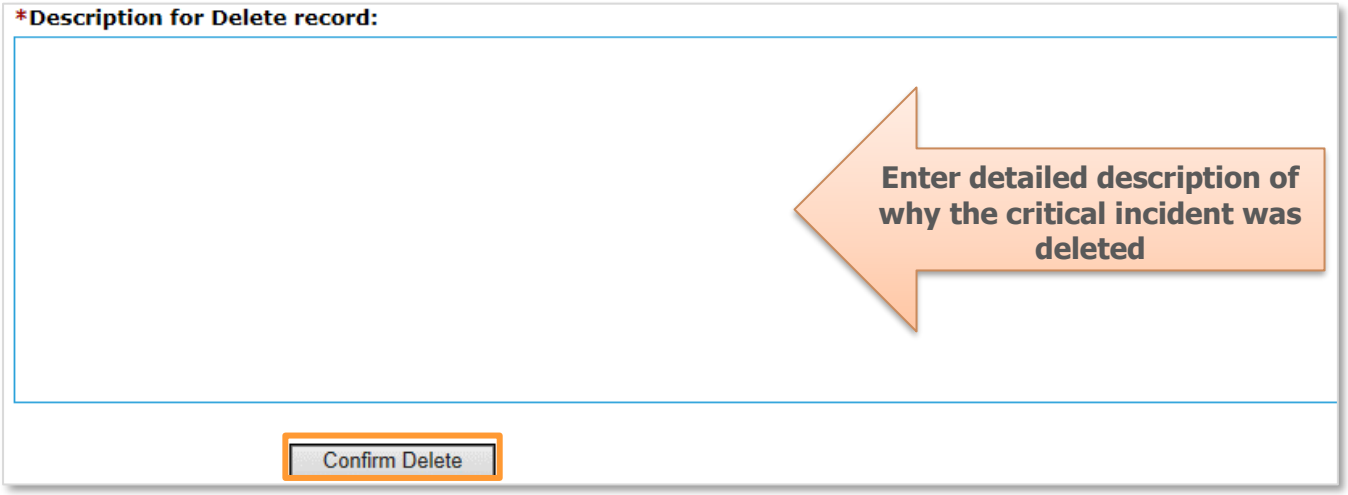
Critical Incident Reporting - Delete

CIRS ID:	37160
Date of Incident:	04/21/2016
Time of Incident:	05:00
Date Case Manager Notified of Critical Incident:	04/21/2016

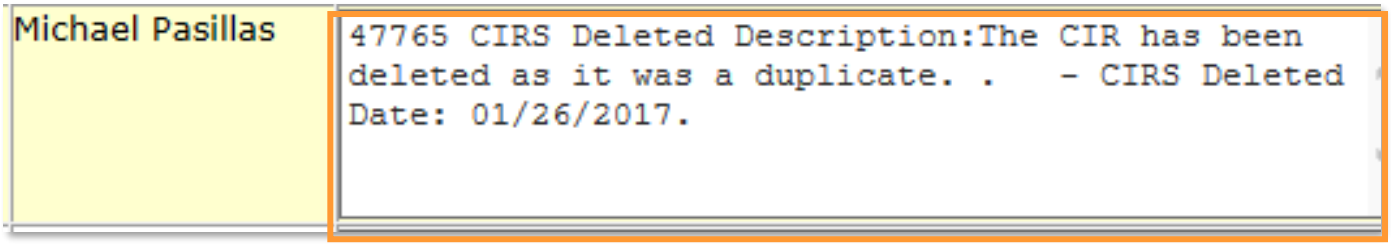
Only the "Description for Delete record" field will be available.

A detailed description of why the critical incident needs to be deleted must be entered with an explanation of why the critical incident should be deleted instead of being edited.

Click **Confirm Delete** button



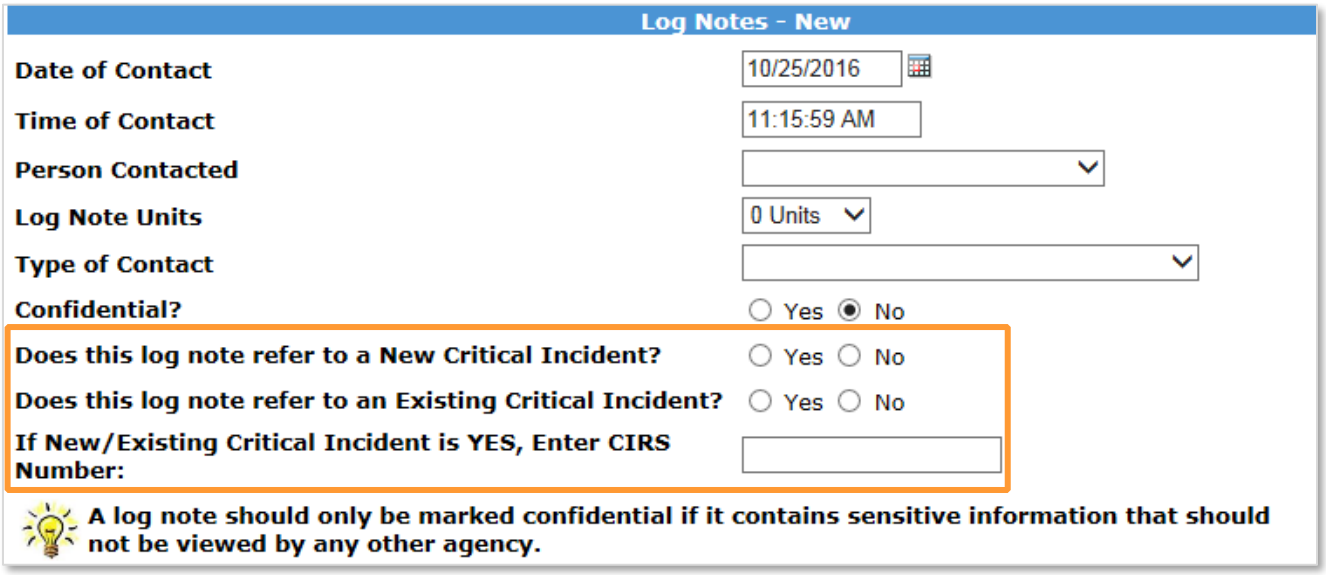
After the critical incident has been deleted, a **Log Note will be automatically entered in the BUS**. The log note will list the date of the deletion and the details of the description of why the critical incident was deleted.



Critical Incidents and Log Notes

When a new Log Note is created in the BUS, additional questions about critical incidents must be answered. These questions will help link critical incident reports and the log notes in the BUS that are related and relevant to the incident and provide a better understanding of the health and welfare of clients.

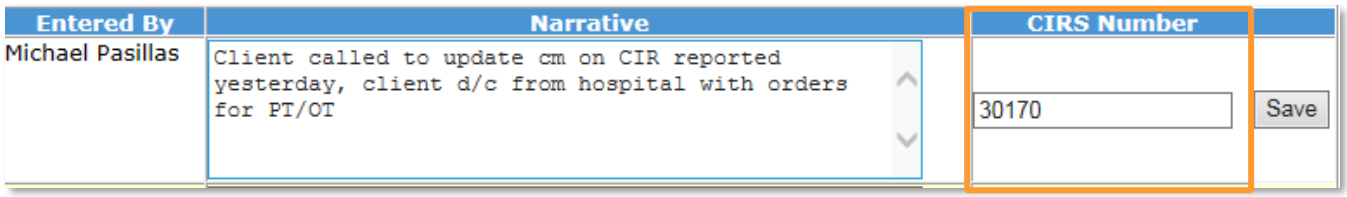
Enter the CIRS number if the new log note is in reference to or related to a previously entered critical incident.



If the CIRS number is not available when entering the log note, leave it blank and save the log note.

The CIRs number can be entered later in the **"CIRS Number" field on the main Log Note screen** to connect specific log notes with related critical incidents.

Click **Save**

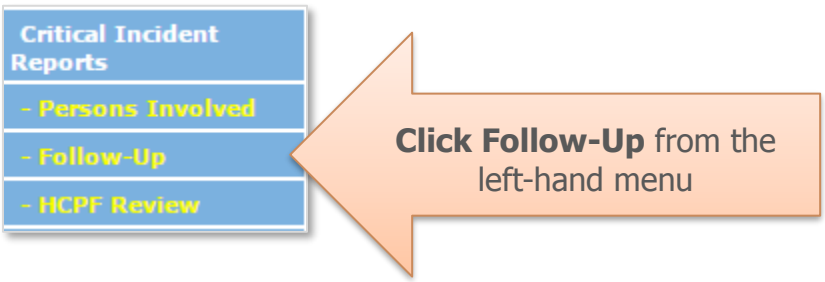


CIRS Follow-Up Report

A follow-up report for a critical incident should be submitted to complete any unresolved critical incidents, for example:

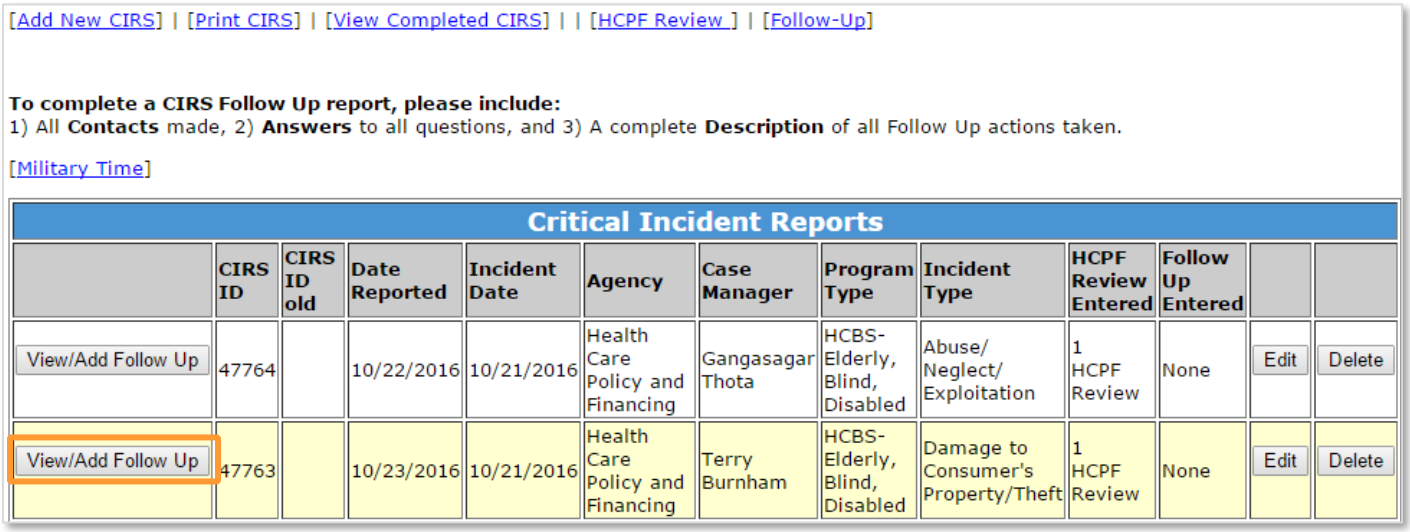
- When there is additional information to add that was missing from the initial critical incident report
- When additional actions are required to resolve an incident
- In response to a review request from the State Critical Incident Policy Specialist

To **create a new follow-up** report open a client's case and select **critical incident reports** from the left-hand menu in the BUS.



A list of all critical incidents previously entered for this client opens.

Select **View/Add Follow Up button** next to the critical incident report requiring a follow-up report.



[Add New CIRS] | [Print CIRS] | [View Completed CIRS] | | [HCPF Review] | [Follow-Up]

To complete a CIRS Follow Up report, please include:
1) All **Contacts** made, 2) **Answers** to all questions, and 3) A complete **Description** of all Follow Up actions taken.

[Military Time]

Critical Incident Reports

	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review Entered	Follow Up Entered		
View/Add Follow Up	47764		10/22/2016	10/21/2016	Health Care Policy and Financing	Gangasagar Thota	HCBS-Elderly, Blind, Disabled	Abuse/ Neglect/ Exploitation	1 HCPF Review	None	Edit	Delete
View/Add Follow Up	47763		10/23/2016	10/21/2016	Health Care Policy and Financing	Terry Burnham	HCBS-Elderly, Blind, Disabled	Damage to Consumer's Property/Theft	1 HCPF Review	None	Edit	Delete

The follow-up screen will **automatically populate** the basic client information, CIRS ID and entry date and time.

Follow Up

Follow-up ID: 1
Entry Date: 12/09/2016 **Entry Time:** 10:51 AM

CIRS ID: 47764
Incident Date: 10/21/2016 **Incident Time:** 01:02 AM
Client's Name: Butterscotch Pudding

***Is this follow-up in response to a HCPF Review?** ○ Yes ○ No

In the Contacts section, enter **who was contacted to complete or resolve** the critical incident.

This includes family members, agency staff, law enforcement, etc.

***CONTACTS**

Include all contacts here. Also, fill in the name of the Agency contacted, or if a non-agency, fill in the name of the individual. Contacts include all mandatory reports, referrals made, and all persons notified. You may enter up to 6 contacts for each follow-up. If you have more than 6 contacts, please add another follow-up including the remaining contacts.

1. Contact: [ ] Other: [ ]
Name: [ ] Agency: [ ] County: [ ]

2. Contact: [ ] Other: [ ]
Name: [ ] Agency: [ ] County: [ ]

Next, answer the questions regarding if this critical incident involved **abuse, neglect, exploitation, or theft** and if the incident has been substantiated.

*Was the critical incident an allegation of abuse, neglect, exploitation, or theft?

○ Yes
○ No

Has the critical incident been substantiated?

○ Yes
○ No
○ I Do not know at this time. I will provide another follow-up later to answer this mandatory question.

If the critical incident resulted in the need for **new/additional services or resources**, enter the type and description of the services added.

*Is there indication from this Critical Incident that the Client may need additional State Plan or specific HCBS Waiver services or additional natural supports or 3rd party resources? Please include only NEW information not included in previous follow-ups or the original critical incident report.

Yes No

If yes*, what additional services did you recommend to the Client?

State Plan

HCBS Waiver Services

Natural Supports

3rd Party Resources

Added Services Description

In the follow-up description field include an **overall summary of what has occurred** and what, if anything, still needs to be completed to resolve the critical incident.

***Follow-Up Description**

Please include in the follow-up: Cause of critical incident, Recent findings, Actions taken or planned, Counseling/Plans given to client or provider, Reason for contacts, Results of your contacts, Reason for ER visit or hospitalization, What else still needs to be done, Client's condition now.

Save

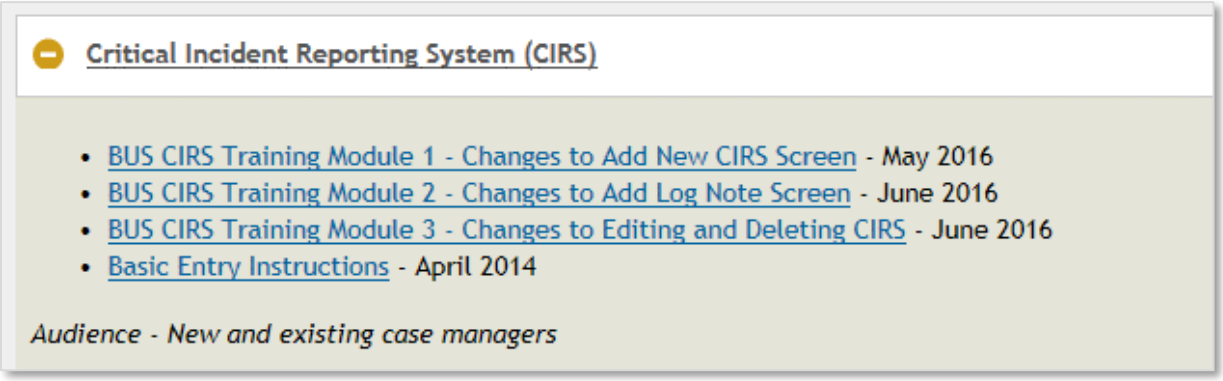
Click Save to save the follow-up report

Critical Incident Report Resources

There are several resources for critical incident reporting information and training references on the Department website.

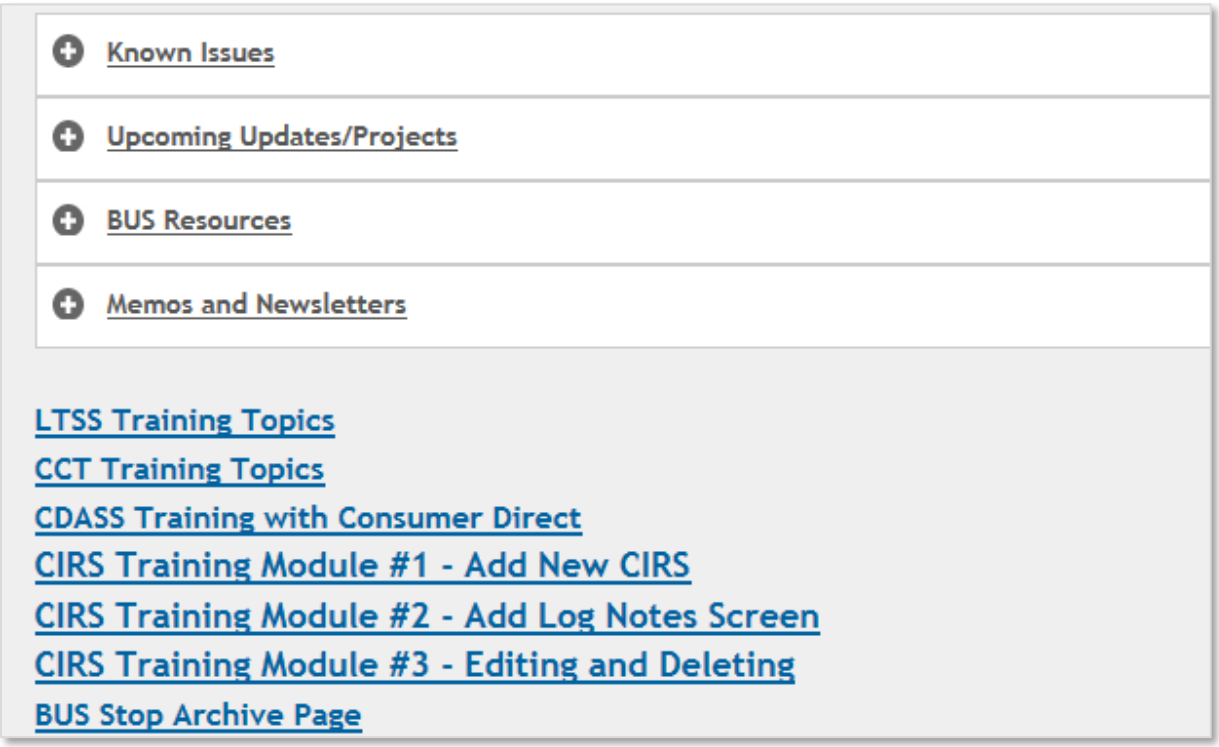
LTSS training page: www.colorado.gov/hcpf/long-term-services-and-supports-training

Select Critical Incident Reporting System (CIRS) heading to display the critical incident trainings available.



BUS Stop page: www.colorado.gov/hcpf/benefits-utilization-system-bus-updates

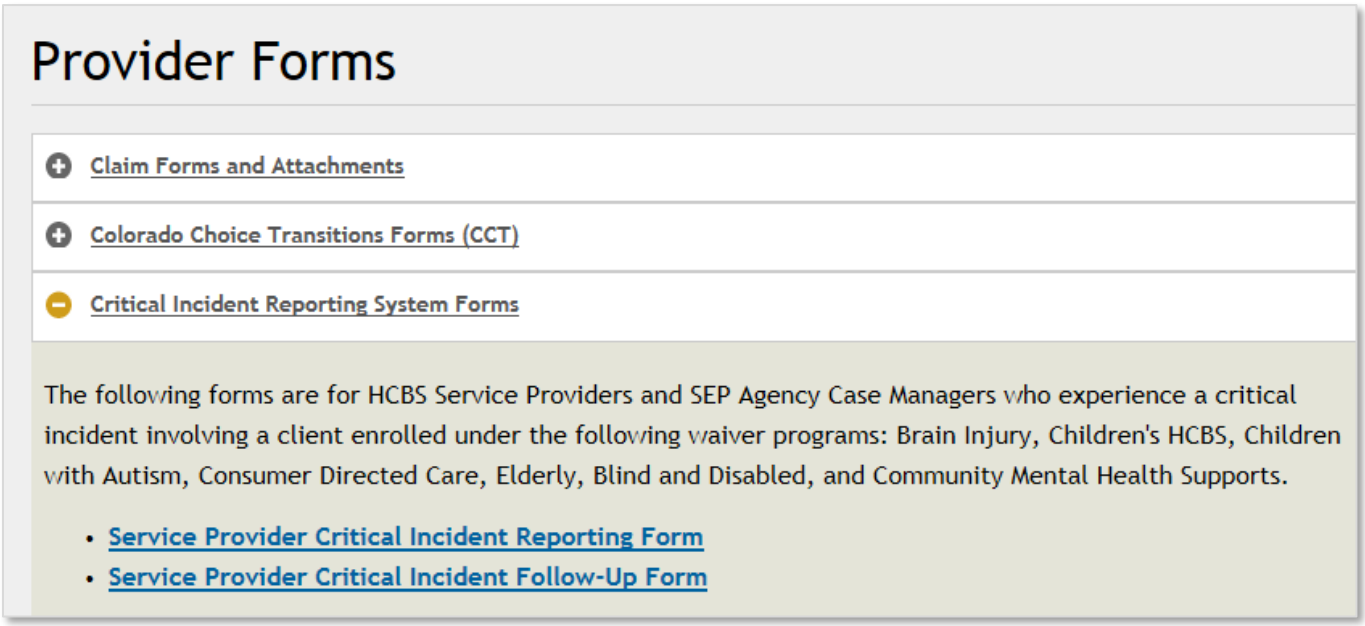
The BUS Stop has current information about the BUS, critical incident training materials, updates and memos.



HCBS Critical Incident Reporting page: https://www.colorado.gov/pacific/hcpf/hcbs-waiver-critical-incident-reporting

Links to all critical incident trainings, forms, memos and updates are listed on this page.

The Service Provider Critical Incident Forms may be utilized by service providers to report critical incident to the case management agency.



Troubleshooting

Common issues:

- **Do not use apostrophes or special characters** in CIR narrative text fields. This can cause issues with saving in the BUS.
- Many fields have a limited number of characters. **Include important details and make the narrative text relevant in the space provided**.

The BUS Stop website lists known issues and solutions and is kept up to date regularly.
BUS Stop: www.colorado.gov/hcpf/benefits-utilization-system-bus-updates

Contact Information

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