New York State Department of Health
Division of Long Term Care

SERIOUS REPORTABLE INCIDENT
PROVIDER FOLLOW-UP REPORT
HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER

☐ **Nursing Home Transition and Diversion (NHTD)**
☐ **Traumatic Brain injury (TBI)**

Participant First Name:	Last Name	CIN	Incident #
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Select Follow-up Report Type:

Select Incident Type from drop-down

No incident investigation may remain open for more than ninety (90) days from the date of the initial report without the express approval of the Serious Incident Review Committee, RRDC and/or NYSDOH

Date Completed this Report:	Date reviewed by Serious Incident Review Committee:
Click or tap to enter a date.	Click or tap to enter a date.

Recommendations made by the Serious Incident Review Committee:
Click or tap here to enter text.

1. **Since the last report, what actions (initial or newly conducted) have been taken to investigate this incident (e.g person(s) interviewed, record review, consultations)? NOTE: Attach all supporting documentation.**
Click or tap here to enter actions taken

2. **Since the last report, what further activities are necessary to complete the investigation?**
Click or tap here to enter activities necessary to complete investigation

3. **Should the incident remain open or closed, and why?**
Click or tap here to enter text.

ELECTRONIC SIGNATURES		DATE OF SIGNATURE	
Agency Investigator Name	Click or tap here to enter text.	**Agency Investigator Signature Date**	Click or tap to enter a date.
Responsible Provider Representative	Click or tap here to enter text.	**Representative signature Date**	Click or tap to enter a date.
Provider Agency Name	Click or tap here to enter text.	**Provider Agency Telephone**	Click or tap here to enter text.

For Investigating Agency:

Copy of this report was sent to:			
	RRDC	**Date form sent to RRDC**	Click or tap to enter a date.
	Service Coordinator	**Date form sent to Service Coordinator**	Click or tap to enter a date.

FOR RRDC USE ONLY:

Date form sent to DOH:
Click or tap to enter a date.