## TENNCARE BEHAVIORAL HEALTH ADVERSE OCCURRENCE REPORT

Provider Name:	Consumer Name: (Last, First )		
Name of Reporting Person:	Address:		
Name/Title of Person Submitting Report:	SSN:		
Contact Number:	DOB:		
Date Reported:	Date of Incident:		
	MCO: UHCCP Wellpoint BlueCare		
	TennCare Select		
Persons Involved (Check all that apply)	Location of Incident		
□ Clients	Residential		
Staff	Inpatient		
Persons Not Associated with Facility	Crisis Stabilization Unit (CSU)		
Other	Supported Housing		
Type of Behavioral Health Adverse Occurrence (Check One)	Allegation of Abuse/Neglect-Including Peer to Peer (Physical, Sexual, Verbal)		
Suicide Death	Accidental Injury w/significant medical intervention*		
Non-Suicide Death	Use of Restraints/Seclusion (Physical, Chemical, Mechanical) requiring significant medical		
Death-Cause Unknown	intervention*		
Homicide	<b>Treatment Complications (medications errors and adverse medication reaction) requiring</b>		
Homicide Attempt w/significant medical intervention*	significant medical intervention*		
Suicide Attempt w/significant medical intervention*			
	*Significant Medical Intervention: Requiring an ER visit or inpatient hospital stay		
Summary of Adverse Occurrence: (Be specific, precise and as detailed as possible)			

Summary of Action Taken by Facility/Provider:	Notified Parents or Next of Kin	
Notified 911	Staff Debriefing/Training	
Taken to Physician	Reported to DHS	_(Date)
<b>Taken to Hospital</b>	Reported to DCS	_(Date)
Notified Fire Department	Other	
Notified Police	(Specify)	
Notified Mental Health Case Manager	· · · · · · · · · · · · · · · · · · ·	

## MCO USE ONLY

Summary of MCO follow up actions to address reported adverse occurrence: (Please be specific, precise and detailed as possible)

UHCCP has received notification of this AO and will follow up with provider as appropriate. UHCCP will work with provider surrounding any issues identified.

FAX TO: UnitedHealthcare Community Plan 1-888-785-1434

Wellpoint 1-877-423-9976

BlueCare/TCS 1-866-259-0203