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 AmeriGroup BlueCare		
	☐ TennCare Select		
Persons Involved (Check all that apply)	Location of Incident		
☐ Clients	Residential		
☐ Staff	Inpatient		
Persons Not Associated with Facility	☐ Inpatient ☐ Crisis Stabilization Unit (CSU)		
Other			
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	☐ Treatment Complications (medications errors and adverse medication reaction) requiring		
☐ 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)			
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Revised: November, 2020

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)	
☐ Taken to Hospital	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)			
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UHCCP has received notification of this AO and will follow up with provider as appropriate. UHCCP will work with provider surrounding any issues identified.			
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FAX TO: UnitedHealthcare Community Plan 1-888-785-1434 AmeriGroup 1-877-423-9976 BlueCare/TCS 1-866-259-0203