OPTUM

UnitedHealthcare Community Plan

UNITEDHEALTHCARE COMMUNITY PLAN – NEW YORK
BEHAVIORAL HEALTH SENTINEL EVENT 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:**

Persons Involved (Check all that apply)	**Location of Incident**
☐ Clients	☐ BH Inpatient ______________________________
☐ Staff	☐ Intensive Outpatient _________________________
☐ Persons Not Associated with Facility	☐ Residential _______________________________
☐ Other ___________________________________	☐ Partial Hospital ____________________________
	☐ Other____________________________________

Type of Behavioral Health Sentinel Event (Check One)

- ☐ **A completed suicide by a member who, at the time of his/her death, was engaged in treatment at any level of care or was engaged in treatment within the previous 60 calendar days;**
- ☐ **A serious suicide attempt by a member, requiring an overnight admission to a hospital medical unit, that occurred *while* the member was receiving facility based treatment (i.e., BH inpatient, residential, partial hospital, intensive outpatient) OR within 30 days of discharge from facility based treatment;**
- ☐ **An unexpected death of a member that occurred while the member was receiving facility based treatment;**
- ☐ **A serious injury of a member, requiring an overnight admission to a hospital medical unit, that occurred on facility premises while the member was receiving facility based treatment;**
- ☐ **A serious physical assault of or by a member, requiring medical intervention, that occurred on facility premises while the member was receiving facility based treatment;**
- ☐ **A report of a sexual assault of or by a member that occurred on facility premises while the member was receiving facility based treatment;**
- ☐ **A homicide that is attributed to a member who, at the time of the homicide, was engaged in treatment at any level of care or was engaged in treatment within the previous 60 calendar days;**
- ☐ **A report of an abduction of a member that occurred on facility premises while the member was receiving facility based treatment; or**
- ☐ **An instance of care (at any level) ordered or provided to a member by someone impersonating a physician, nurse or other health care professional.**
- ☐ **A medication error that required significant medical intervention (requiring an emergency room visit or inpatient hospital stay);**
- ☐ **Use of restraints/seclusion (Physical, Chemical, Mechanical) with significant medical intervention, requiring an emergency room visit or inpatient hospital stay;**
- ☐ **Allegations of abuse/neglect (physical, sexual, verbal); including peer to peer;**
- ☐ **Allegations of member exploitation.**

Summary of Sentinel Event: **(Be specific, precise and as detailed as possible)**

Summary of Action Taken by Facility/Provider:

- ☐ Notified 911
- ☐ Taken to Physician
- ☐ Taken to Hospital
- ☐ Notified Fire Department
- ☐ Notified Police
- ☐ Notified Mental Health Case Manager
- ☐ Notified Parents or Next of Kin

- ☐ Staff Debriefing/Training
- ☐ Reported to Justice Center ____________________(Date)
- ☐ Reported to DOH ___________________________(Date)
- ☐ Reported to OMH ___________________________(Date)
- ☐ Reported to SCR ___________________________(Date)
- ☐ Reported to APS ___________________________(Date)
- ☐ Reported to CPS ___________________________(Date)
- ☐ Other (Specify)____________________________________

FAX TO: UnitedHealthcare Community Plan 1-844-342-7704

United Behavioral Health and United Behavioral Health of New York, IPA operating under the brand Optum