

ABA Incident Report

Any incident involving a participant concerning an allegation of exploitation, elopement (leaving a building/home/play area) or seclusion, unplanned hospitalization or death, accident/injury, medication error, or physical management (not outlined in a behavior intervention plan) must be reported to Optum Maryland/Maryland Medicaid immediately after becoming aware of the incident. Please fill out the form below and return via **secure email** to ombhaba@optum.com or fax to 844-882-9917.

Please note that this form **does not** replace mandated reporting of any incident involving abuse/neglect or suspected abuse/neglect. Report any suspected abuse/neglect by calling 1-800-971-7383. Please note that calls regarding mandated reporting should also be completed immediately after becoming aware of an incident.

Section 1

Company Name:	
Name and Title of Person Filing Report:	
Best Contact Number:	
Best Email Address:	
Name of Staff Involved (if applicable):	
Best Contact Number:	
Name of Participant Involved:	
DOB of Participant Involved:	
Name of Parent(s)/ Caregiver(s):	
Address and Phone Number of Parent(s)/ Caregiver(s):	

Section 2

Date Incident Occurred:	
Location of Incident:	
Describe what led to the incident:	

Describe the incident including any injuries and the location of injuries:

Immediate action taken:

Were the police or medical emergency personnel contacted:

Section 3

Describe the current safety related policies/procedures utilized by the company:

Describe the preventative measures implemented individually and/or globally and any recommendations made to reduce/eliminate the risk of recurrence of this type of incident.

Date/time of call to CPS:

Name of Person Taking the Call or ID number:

Signature: _____ Date: _____