

New York State Health Home Incident Report Form

Please complete with accurate and complete information and submit to via the Health Commerce System Secure File Transfer 2.0 to the designated Department of Health reviewer.

DOH ID	
Report Submission Date	

Health Home and Reporter Information

Health Home:			
Care Management Agency:			
Population:	HHSA	HHSC	HHSC- HCBS
HH Reporter First:		HH Reporter Last:	
Email:			Phone:

Member Information

First:	Last:	CIN:
DOB:	Enroll Date:	Last Contact Date:
Description of Last Contact:		
Member's Current Location:		
Pertinent Diagnoses:		

Incident Information

Incident Category:	
Occurrence Date/Time:	Discovery Date/Time:
If there was media coverage, indicate source/provide link:	
Incident Description:	
Immediate Action Taken (including actions taken to protect the member or report to investigative agencies, supportive actions, and/or linkage to services based on the current incident):	