**Transition to Community Living**

**Root Cause Analysis (RCA)**

**Event Reporting and Determination Form**



|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of TCL Participant | | |  | | **MUST ID # (if applicable)** | |  | |
| **Name of LME-MCO** | |  | | | | | | |
| **Date of Incident** |  | | | **Date LME-MCO notified of incident** | Choose an item. | **Date reported to DHHS** (w/in 24 hrs of notification of incident) | |  |
| **Date Initial RCA Meeting Scheduled** (must be scheduled w/in 7 business days of date reported to DHHS) \*see below | | | | |  | | | |
| **Name of LME-MCO Staff Completing Form** | | | | |  | | | |

**Check all that are applicable:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TCL individual is deceased (other than natural cause)** |  | **TCL individual returned to an ACH or requested initial admission to an ACH post transition (regardless of choice)** |
|  | **TCL individual lost housing & is homeless** |  | **TCL individual involved in a legal incident that involves criminal charges and/or a report to law enforcement regarding a serious threat to the health or safety of TCL individual OR actions committed by TCL Individual that result in felony charges** |
|  | **TCL individual** **has had 3+ psychiatric hospitalizations within a year** |  | **TCL individual has been unaccounted for (72+ hours)** |

*\*Notification of an RCA event should be sent to DHHS Community mailbox and to Stacey Lee (stacey.lee@dhhs.nc.gov). If the RCA meeting has not yet been scheduled at time of submission of this form, a follow-up email will need to be sent to Stacey Lee providing the scheduled date. (RCA meeting must be scheduled within* ***7 business days*** *of date reported to DHHS. Reminder: The draft RCA summary must be submitted to DHHS Community Mailbox and Stacey Lee within* ***5 business days*** *from the date that the RCA is conducted.*

**Please include a brief description of the incident:**

***DHHS Use Only (Response will be sent w/in 48hrs):***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Root Cause Analysis Needed** | **☐** | **Yes** | **☐** | **No** |
| **Determination Date** |  | | | |
| **Determined by** |  | | | |