



**Resources**

**\*Other required reporting:** Mandatory reporting to Assisted Living Licensing, Adult Protective Services, and/or Office of Children’s Services  
**911/local EMS:** For an immediate threat to health and safety, call 911 or your area’s local emergency services for help right away.  
**Accident/Incident:** An unexpected health/safety related event directly involving the recipient.  
**CIR:** Critical Incident Report  
**Medical intervention:** Participant needed to be seen by a medical professional (Doctor, Nurse, Advanced Nurse Practitioner, Paramedic) who makes a decision about their medical care.  
**Quality Assurance:** Call 907-269-3666, 1 800-478-9996 and ask for Quality Assurance. Or, fax 907-269-3690 or email [hss.dsdsqa@alaska.gov](mailto:hss.dsdsqa@alaska.gov)  
**Participant:** an individual who receives services through the Medicaid Home and Community Based Waiver, a grant program, General Relief, or Personal Care Assistance  
**Service Plan:** The recipient’s Plan of Care under the Medicaid Home Community Based Waiver, Personal Care Assistance, General Relief assisted living plan, and Grants programs.

Senior and Disabilities Services  
 Critical Incident Report  
 Quick Reference  
 March 2011

