

Case Management Reporting Form

This document can be used to report any issue that possibly violates Chapter 50: Standards and Criteria for Certified Behavioral Health Case Managers Rules of Professional Conduct. If this is pertaining to a person receiving services at the agency where you are employed you will be required to list the person so that we will have a way to identify who the person is.

Step One: Complete the form.

Name: _____

Date: _____

*Agency/Individual Completing Form (Print): _____

Contact Phone Number/E-Mail: _____

Step Two: Submit the summary of the incident and all supporting documentation. Summary should include: Name of person submitting form, Name of all people involved in the incident, NPI number(s) of case manager(s) involved, Employer of Case Managers, Phone number and E-Mail address of person completing form, Initials of the names of consumers involved or full name of consumers involved and a current signed consent to release the information, Location of where the incident occurred, Date the issue began (be sure to identify if the issue is ongoing), whether or not the case manager terminated, Whether or not a critical incident report submitted to the ODMHSAS Office of Consumer Advocacy, If this is a case manager reporting an agency please submit name an address of agency, Name of Supervisor of case manager, Please specify if this is a billing issue, If this is an issue regarding no payment for services rendered then you will receive a call from this office to assist.

Type Summary Here:

Add additional pages as needed

Step three: E-Mail to hlgreen@odmhsas.org

If there are any questions please call 405-248-9333