

CCT Monthly Event / Issue Report

Month

Year

Due by the 5th of the following month.

CCT LO

CIN

DOB

Last Name

First Name

Target Population (Select all that apply)

Date of Transition

Elderly

Physical Disability

Date of Event

Mental Illness

Date of discharge from the facility and return to the community to re-start his/her demonstration period*

Developmental Disability

Type of Event (select one option from the glossary on page 2)

Provide a brief description of the Event / Issue

* Upon discharge from the hospital/inpatient facility

Did the individual return to live in a CCT-qualified residence?

Yes

No

If the participant relocated to a NON-CCT qualified residence, submit a **CCT Lead Organization Discontinuation Report**

Provide a brief update on Participant's current status

Glossary

Types of Events / Issues

1. Abuse
2. Neglect
3. Exploitation
4. Hospitalization
5. Emergency Room Visit
6. Health-related Death
7. Death determined to be due to abuse, neglect, or exploitation
8. Death in which a breakdown in the 24-hour back-up system was a contributing factor
9. Involvement with the criminal justice system
10. Medication administration errors