

# Medicaid MCO MLTSS Critical Incident Reporting Form

Upon discovering a Critical Incident, MLTSS providers are to promptly take steps to prevent further harm to MLTSS Members and respond to any emergency needs, which may warrant contacting local law enforcement, 911/EMS, and/or reporting to appropriate authorities, as applicable, including but not limited to:

- The designated County Adult Protective Services (APS) agency.  
– For a listing contact the NJ State Division of Aging Services at 1-800-792-8820.
- The NJ Office of the Ombudsman for Institutionalized Elderly (OOIE) at 877-582-6995
- The NJ Child Protection and Permanency – Child Abuse Hotline at 1-877-652-2873

Additionally, please complete this form in its entirety and fax it along with any supporting documentation to the beneficiary's managed care plan as listed on the chart below.

### REMINDER:

The maximum timeframe for a Provider to report a Critical Incident to the beneficiary's Medicaid Managed Care Organization (MCO) is one business day from the time the Provider discovers or is informed of the Incident.

Medicaid MCO	Phone number:	Fax completed form to:
Aetna Better Health of New Jersey	1-833-346-0122	(855) 444-8694
Amerigroup New Jersey, Inc.	1-855-661-1996	(888) 826-9762
Horizon NJ Health	1-855-777-0123	(609) 583-3003
United Healthcare Community Plan	1-888-702-2168	(855) 216-6408
WellCare Health Plans of New Jersey	1-888-453-2534	(813) 464-8899

## MLTSS Member's Name, Identification Number, and Contact Information:

Member Name:	Member ID:	Medicaid ID:
Member Address:	DOB:	
	Gender:	

## Reporting Individual/Agency Contact Information:

Reporting Individual's Name and Title:		
Name of the Reporting Agency:	Provider Type:	
Reporter's Phone Number: <small>(where he/she can be reached for more information)</small>		
Reporter's Email Address:	Today's Date:	
Date the Critical Incident was Discovered	Date that the Critical Incident Actually Occurred	Date MCO was notified by Reporter of Critical Incident

### Primary Medical Complexity: (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="radio"/> Heart Condition (i.e. CVA, Hypertension, CHF)   | <input type="radio"/> Muscular/Skeletal (i.e. Arthritis, Fracture) | <input type="radio"/> Pulmonary (i.e. Emphysema, Asthma, COPD) |
| <input type="radio"/> Neurological (i.e. Alzheimer's, MS, Head Trauma, Quadriplegia, Seizure Disorder)        | <input type="radio"/> Infections (i.e. Pneumonia, TB, UTI)         | <input type="radio"/> Sensory (i.e. Vision/Hearing Impaired)   |
| <input type="radio"/> Psychiatric/Mood (i.e. Anxiety, Depression, Behavioral/Mental Illness, Psych Diagnosis) | <input type="radio"/> Other Diseases (i.e. Renal Failure, Cancer)  |  |

## TYPE OF CRITICAL INCIDENT (Indicate all that apply):

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> Unexpected death of a member</li> <li><input type="radio"/> Media involvement or the potential for media involvement</li> <li><input type="radio"/> Physical abuse (including seclusion and restraints both physical and chemical)</li> <li><input type="radio"/> Psychological/Verbal abuse</li> <li><input type="radio"/> Sexual abuse and/or suspected sexual abuse</li> <li><input type="radio"/> Fall resulting in the need for medical treatment</li> <li><input type="radio"/> Medical emergency resulting in need for medical treatment</li> <li><input type="radio"/> Medication error resulting in serious consequences</li> <li><input type="radio"/> Psychiatric emergency resulting in need for medical treatment</li> <li><input type="radio"/> Severe injury resulting in the need for medical treatment</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Suicide attempt resulting in the need for medical attention</li> <li><input type="radio"/> Neglect/Mistreatment, caregiver (paid or unpaid)</li> <li><input type="radio"/> Neglect/Mistreatment, self</li> <li><input type="radio"/> Neglect/Mistreatment, other</li> <li><input type="radio"/> Exploitation, financial</li> <li><input type="radio"/> Exploitation, theft</li> <li><input type="radio"/> Exploitation, destruction of property</li> <li><input type="radio"/> Exploitation, other</li> <li><input type="radio"/> Theft with law enforcement involvement</li> <li><input type="radio"/> Failure of member's Back-up Plan</li> <li><input type="radio"/> Elopement/Wandering from home or facility</li> <li><input type="radio"/> Inaccessible for initial/on-site meeting</li> <li><input type="radio"/> Unable to Contact</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Inappropriate or unprofessional conduct by a provider involving member</li> <li><input type="radio"/> Cancellation of utilities</li> <li><input type="radio"/> Eviction/loss of home</li> <li><input type="radio"/> Facility closure, with direct impact to member's health and welfare</li> <li><input type="radio"/> Natural disaster, with direct impact to member's health and welfare</li> <li><input type="radio"/> Operational Breakdown</li> <li><input type="radio"/> Other (explain)</li> </ul> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div> |
|---|--|---|

# Medicaid MCO MLTSS Critical Incident Reporting Form *(continued)*

## CRITICAL INCIDENT NARRATIVE

Provide a detailed but succinct description of the Critical Incident:

**Including:**

What was done to immediately ameliorate the issue for the Member:

Name of the alleged perpetrator,  
and his/her relationship to the Member:

Location of Incident:

Ways this incident could possibly have been prevented:

## REFERRALS MADE: (Indicate all that apply and the date the referral was made)

In addition to reporting Critical incidents to MCO, MLTSS providers remain responsible for adherence to any applicable mandatory reporting requirements already set forth in NJ administrative code or other regulations.

- Referral made to the applicable Accrediting Agency Date: \_\_\_\_\_
- Referral made to Adult Protective Services (APS) Date: \_\_\_\_\_
- Referral made to State Division of Developmental Disabilities (DDD) Date: \_\_\_\_\_
- Referral made to State Division of Health Facilities Evaluation and Licensing Date: \_\_\_\_\_
- Referral made to Law Enforcement; If so did Member press charges?  
 YES  NO Date: \_\_\_\_\_
- Referral made to the Office of the Ombudsman for Institutionalized Elderly Date: \_\_\_\_\_
- Other Referral made to: \_\_\_\_\_ Date: \_\_\_\_\_

Was the Critical Incident resolved at time of the report to MCO, if so, how:

If incident is Unresolved at time of report, is the incident presently under investigation, and if so, by whom?