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:

Agency	Phone Number	Description
Adult Protective Services (APS)	1-800-792-8820	Abuse, neglect or exploitation of adult members
Office of the Ombudsman for the Institutionalized Elderly (OOIE)	1-877-582-6995	Abuse, neglect or exploitation of members (age 60 and older) residing in nursing homes
Department of Children and Families	1-877-NJAbuse 1-877-652-2873	Brutality, abuse or neglect of members who are children
Department of Health (DOH)	1-800-792-9770	To file a complaint about a nursing home

Also, please complete this form in its entirety and fax it with any supporting documentation to the beneficiary's managed care plan as listed below:

Medicaid MCO	Email	Provider Services #	Fax completed form to:
Fidelis Care	Quality_of_CareandCritical_Incidents@**fideliscarenj**.com	1-888-453-2534	1-813-464-8899

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.

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

Member Name:	Member ID:	Medicaid ID:	
Member Home Address:	Member Phone Number:	SS#:	
		DOB:	Gender: ☐M ☐F

Reporting Individual/Agency Contact Information:

Reporting Individual's Name and Title:	Name of the Reporting Agency:	
Reporter's Phone Number:	Reporter's Email Address:	
Provider Name:	Provider Type:	Today's Date:
Date Critical Incident was Discovered:	Date Critical Incident Occurred:	Date MCO/QI department was notified by Reporter of Critical Incident:

Primary Medical Complexity (check all that apply):

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

TYPE OF CRITICAL INCIDENT (Indicate all that apply):

** Must be reported to the state by telephone the day **Fidelis Care** is notified. Division of Aging Services (1-609-588-3336)

* Requires a call to 911 emergency services for **help** in the event of a life threatening emergency and is to be report to the State agency (**phone numbers** as above) .

☐ Unexpected Death of a Member**
☐ Media Involvement or the Potential for Media Involvement**
☐ Physical Abuse (includes Seclusion and Restraints both physical and chemical)*
☐ Psychological/Verbal Abuse
☐ Sexual Abuse and/or Suspected Sexual Abuse*
☐ Fall Resulting in the Need for Medical Treatment
☐ Medical Emergency Resulting in the Need for Medical Treatment
☐ Medication Error Resulting in Serious Consequences
☐ Psychiatric Emergency Resulting in the Need for Medical Treatment
☐ Severe Injury Resulting in the Need for Medical Treatment
☐ Suicide Attempt Resulting in the Need for Medical Treatment
☐ Mistreatment, Caregiver (paid or unpaid)*
☐ Neglect/Mistreatment, Self*
☐ Neglect mistreatment, Other*

☐ Exploitation, Financial*
☐ Exploitation, Theft*
☐ Exploitation, Destruction of Property*
☐ Exploitation, Other*
☐ Theft with Law Enforcement Involvement*
☐ Failure of Member's Backup Plan
☐ Elopement/Wandering from Home or Facility
☐ Inaccessible for Initial On-Site Meeting
☐ Unable to Contact
☐ Inappropriate or Unprofessional Conduct by a Provider Involving Member
☐ Cancellation of utilities
☐ Eviction/Loss of Home
☐ Facility Closure, with Direct Impact to Member's Health and Welfare
☐ Natural Disaster, with Direct Impact to Member's Health and Welfare
☐ Operational Breakdown
☐ Other _____

Location of Incident:	
☐ Private home, ☐ Comprehensive Personal Care Home, ☐ Nursing Facility, ☐ Community/General Public Area, ☐ Social Day Center, ☐ Pediatric Day Care,	☐ Adult Day Health Service/Medical Day Center, ☐ Assisted Living Residence, ☐ Group Home/Boarding Home, ☐ Community Residential Service Home, ☐ Other _____
Address where Critical Incident Occurred:	

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:
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: ☐ Yes ☐ No	
If so, how:	
If Incident is Unresolved at time of report, is the incident presently under investigation ☐ Yes ☐ No	If so, by whom?
Signature of Person Completing Report:	Date:

For **Fidelis Care Use Only**		
Date Critical Incident was entered into SAMS:		
Is there a Risk Agreement? ☐ Yes ☐ No ☐ N/A	Was Back-up Plan Implemented? ☐ Yes ☐ No ☐ N/A	Is change needed for Back-up Plan? ☐ Yes ☐ No ☒ N/A