

Please report all critical incidents to our Critical Incident Hotline at **1-855-334-4780**. This form is only meant as a guide. Please have this information available when reporting a critical incident and keep this form for your records.

Member Name (Last, First):	Member Medicaid Number:
Date of Birth:	Member BCBS ID Number:
Primary Care Provider (PCP):	Plan Type: <input type="checkbox"/> BCCHP

Categories of Eligibility:

- | | | |
|--|---|---|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Supportive Living Facilities | <input type="checkbox"/> Aged, Blind Disabled |
| <input type="checkbox"/> Nursing Facility Services | <input type="checkbox"/> Assisted Living Program | <input type="checkbox"/> None of the above |

Referral Source (person or entity who is reporting the incident):

Name:	
Relationship to Member:	Phone:

Indicate the Date and Time of Incident.

Date:	Time:
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Location of Incident:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Member's Home | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> TFC | <input type="checkbox"/> Shelter Care |
| <input type="checkbox"/> Acute Inpatient | <input type="checkbox"/> Outpatient Facility | <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Day Treatment |
| <input type="checkbox"/> Residential Treatment Facility | <input type="checkbox"/> Other | | |

Address:	Phone:
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Summary of Incident: (May use additional pages, if needed)

Name of all Individuals involved in critical incident:
Name of agency involved in critical incident, if applicable:

Suspected abuse, neglect or exploitation Critical Incidents are required to be reported to the following state agencies. *Please check the box to indicate which agency was notified.*

Indicate the date and time of notification. Date: _____ Time: _____

- For members age 18 and older: Illinois Department on Aging-Adult Protective Services
Hotline Phone: **1-866-800-1409** (voice) TTY: **1-888-206-1327**
- For members in Nursing Facilities: Department of Public Health Nursing Home
Complaint Hotline Phone: **1-800-252-4343**
- For members in Supportive Living Facilities: Department of Healthcare and Family Services
SLF Complaint Hotline Phone: **1-800-226-0768**
- Law Enforcement: **9-1-1** to reach the local law enforcement agency

Critical incidents involving fraud to the Medicaid system are required to be reported to the following:
<input type="checkbox"/> Illinois Office of the Inspector General Phone: 1-800-368-1463
<input type="checkbox"/> BCBSIL Special Investigations Fraud Abuse Hotline Phone: 1-800-543-0867

Type of Incident

Abuse

- Physical Abuse
- Sexual Abuse
- Emotional/Verbal Abuse

Medical/Psychiatric

- Medical/Psychiatric Emergency
- Self-inflicted Injury/Wound requiring medical attention

Environmental Hazards

- Fire/Natural Disaster damaged or affected
- Other
- None

Deaths

- Expected deaths
- Unexpected deaths
- Unusual death of member
- Death related to abuse, neglect or exploitation
- Death, other party

Caregiver

- Robbery/burglary on premises
- Hazardous/physical condition discovered
- Serious incident resulting in legal action

Neglect

- Passive Neglect
- Active/Willful Neglect
- Self-Neglect

Behavioral Issues

- Member is missing
- Member is in possession of a weapon
- Member displays physically aggressive behavior
- Suicide attempt by member
- Suicide ideation/threat by member
- Suspected alcohol or substance abuse by member
- Property damage by member of \$50 or more
- Self abuse

Criminal Act/Law Enforcement

- Member arrested, charged with or convicted of a crime
- Provider arrested, charged with or convicted of a crime
- Placement into a correctional facility
- Fraudulent activities by member
- Fraudulent activities on the part of the provider
- Fraudulent activities of caregiver (Example: time sheet signed for hours not worked)

Sexual Misconduct

- Sexual harassment
- Sexually problematic behavior

Exploitation

- Misappropriation of property including theft of member property
- Financial
- Sexual Exploitation
- Other

Nursing Home

- Any crime that occurs on facility property
- Loss of electrical power in excess of an hour
- Evacuation of residents for any reason
- Physical injury to residents from a mechanical failure or force of nature
- Fire alarm activation with injuries or damage to the apartment

Other

- Media involvement/media inquiry
- Threats made against state agency/BCBSIL employee
- Falsification of credentials or records
- Report against state agency/BCBSIL employee
- Bribery or attempted bribery of a state agency/BCBSIL employee
- Significant medical event for member or provider
- Theft of provider property by a member
- Restraint
- Seclusion/Confinement

Name and phone number of individual completing form if different than referral source listed above:

Name: _____ **Phone:** _____

Date form completed: _____

Blue Cross Community Health Plans is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

To ask for supportive aids and services, or materials in other formats and languages for free, please call,
1-877-860-2837 TTY/TDD:711.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-860-2837 (TTY/TDD: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-860-2837 (TTY/TDD: 711)**.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-860-2837 (TTY/TDD: 711)**。

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-860-2837 (TTY/TDD: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-860-2837 (ATS : 711)**.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-860-2837 (TTY/TDD: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-860-2837 (TTY/TDD: 711)**.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-860-2837 (TTY/TDD: 711)**번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-860-2837 (телетайп: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-778-068-7382 (رقم هاتف الصم والبكم: 117).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-877-860-2837 (TTY/TDD: 711)** पर कॉल करें।

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-860-2837 (TTY/TDD: 711)**.

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-877-860-2837 (TTY/TDD: 711)**.

أردو (Urdu): کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو، ہیں بولتے اردو آپ اگر: خبردار **1-877-860-2837 (TTY/TDD: 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-860-2837 (TTY/TDD: 711)**.

λληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-860-2837 (TTY/TDD: 711)**.