

### Critical Incident Reporting Form for Providers

Please fax this form to the LTSS Support Center at 312-309-0571 or call our Critical Incident Hotline with this information at 855-334-4780. You may also email this form to the LTSS Support Center at [ILMMAIICPCareCoordinationManagementTeam@bcbsil.com](mailto:ILMMAIICPCareCoordinationManagementTeam@bcbsil.com).

*Member Name (Last, First):	Member Medicaid Number:
*DOB:	Member BCBS ID Number:
Primary Care Provider (PCP):	*Plan Type: <input type="checkbox"/> MMAI (Medicare Medicaid Alignment Initiative) <input type="checkbox"/> ICP (Integrated Care Program) <input type="checkbox"/> FHP (Family Health Plan) <input type="checkbox"/> ACA (Affordable Care Act) <input type="checkbox"/> MLTSS (Managed Long Term Services and Supports)
*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"/> Non Waiver – 18 y/o and older <input type="checkbox"/> Nursing Facility Services <input type="checkbox"/> Assisted Living Program <input type="checkbox"/> Non Waiver <input type="checkbox"/> Non Waiver- under 18 y/o	
*Referral Source (person or entity who is reporting the incident): Name: _____ Relationship to Member: _____ Phone: _____	
*Indicate the Date and Time of Incident.    Date: _____ Time: _____	
*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: _____	
*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. <i>Please check the box to indicate which agency was notified.</i>	

\*Indicate the date and time of notification. Date: \_\_\_\_\_ Time: \_\_\_\_\_

- For members 18 and older living in the community: Illinois Department on Aging-Adult Protective Services  
Hotline Phone: 866-800-1409 (voice) TTY: 888-206-1327
- For members under the age of 18 years old: Illinois Department of Children & Family Services (DCFS)  
Hotline Phone: 800-252-2873 (voice) TTY: 800-358-5117
- For members in Nursing Facilities: Department of Public Health Nursing Home  
Complaint Hotline Phone: 800-252-4343
- For members 18-59 receiving mental health or Developmental Disability services in DHS operated, licensed, certified or funded programs: Illinois Department of Human Services Office of the Inspector General  
800-368-1463 (voice and TTY)
- For members in Supportive Living Facilities: Department of Healthcare and Family Services  
SLF Complaint Hotline Phone: 800-226-0768
- Law Enforcement: 9-1-1 to reach the local law enforcement agency

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Critical Incidents involving Fraud to the Medicaid System are required to be reported to the following:

- Illinois Office of the Inspector General Phone: 800-368-1463
- BCBS Special Investigations Fraud Abuse Hotline Phone: 800-543-0867

**\*Type of Incident**

<input type="checkbox"/> <b>Abuse</b> Physical Abuse Sexual Abuse Emotional / Verbal Abuse Self-abuse	<input type="checkbox"/> <b>Neglect</b> Passive Neglect Active / Wilful Neglect Self-Neglect  <input type="checkbox"/> 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	<input type="checkbox"/> <b>Exploitation</b> Misappropriation of property Financial Sexual Exploitation Other
<input type="checkbox"/> Environmental Hazards Fire / Natural Disaster damaged or affected	<input type="checkbox"/> Criminal Act / Law Enforcement Member arrested, charged with or convicted of a crime Provider arrested, charged with or convicted of a crime Fraudulent activities by member Fraudulent activities on the part of the provider Fraudulent activities of caregiver, ex. timesheet signed for hours not worked Theft of member property by provider Theft of provider property by a member	<input type="checkbox"/> 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 during a mechanical failure or force of nature Fire alarm activation with injuries or damage to the apartment
<input type="checkbox"/> Deaths Expected deaths Unexpected deaths Unusual death of member Death related to abuse,	<input type="checkbox"/> Sexual Misconduct Sexual harassment Sexually problematic behavior	<input type="checkbox"/> Other Media involvement / media inquiry Threats made against state agency / BCBS employee Falsification of credentials or records Report against state agency / BCBS employee Bribery or attempted bribery of a state agency / BCBS employee Significant medical event for member or provider Restraint Seclusion/Confinement Restrictive Interventions
<input type="checkbox"/> Caregiver Robbery / burglary on premises Hazardous / physical condition discovered Serious incident resulting in legal action		

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

Name:

Phone:

**\*Date form completed:**

\*Required information; field must be completed.

Medicare-Medicaid Plan 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. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.

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