



Please fax this form to the Care Coordination Department at 312-946-3899 or call our Critical Incident Hotline with this information at 855-334-4780.

Member Information:

\*Name (Last, First):

Member Medicaid Number:

Member BCBS ID Number:

\*Date of Birth:

Primary Care Provider (PCP):

\*Plan Type:

- MMAI (Medicare-Medicaid Alignment Initiative)
BCCHP (Blue Cross Community Health Plans)

\*Categories of Eligibility:

- Elderly, Physical Disabilities, Nursing Facility Services, Non Waiver under 18 y/o, Traumatic Brain Injury, Supportive Living Facilities, Assisted Living Program, HIV/AIDS, Non Waiver - 18 y/o and older

\*Referral Source (Person or entity who is reporting the incident):

Name: Relationship to Member: Telephone Number:

\*Indicate the Date and Time of Incident:

Date: Time:

\*Location of Incident:

- Member's Home, Acute Inpatient, Residential Treatment Facility, Nursing Home, Outpatient Facility, Other, TFC, Emergency Room, Shelter Care, Day Treatment

Address: Telephone Number:

\*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: Telephone Number:

- For members 18 and older living in the community: Illinois Department on Aging-Adult Protective Services Hotline
For members under the age of 18 years old: Illinois Department of Children & Family Services (DCFS) Hotline
For members in Nursing Facilities: Department of Public Health Nursing Home Complaint Hotline
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
For members in Supportive Living Facilities: Department of Healthcare and Family Services SLF Complaint Hotline
Law Enforcement Telephone Number: 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:

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

**\*Type of Incident:**

<input type="checkbox"/> <b>Abuse</b> <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional / Verbal Abuse <input type="checkbox"/> Self-abuse	<input type="checkbox"/> <b>Behavioral Issues</b> <input type="checkbox"/> Member is missing <input type="checkbox"/> Member is in possession of a weapon <input type="checkbox"/> Member displays physically aggressive behavior <input type="checkbox"/> Suicide attempt by member <input type="checkbox"/> Suicide ideation/ threat by member <input type="checkbox"/> Suspected alcohol or substance abuse by member <input type="checkbox"/> Property damage by member of \$50 or more	<input type="checkbox"/> <b>Exploitation</b> <input type="checkbox"/> Misappropriation of property <input type="checkbox"/> Financial <input type="checkbox"/> Sexual Exploitation <input type="checkbox"/> Other
<input type="checkbox"/> <b>Medical/Psychiatric</b> <input type="checkbox"/> Medical/Psychiatric Emergency <input type="checkbox"/> Self-inflicted Injury/Wound requiring medical attention	<input type="checkbox"/> <b>Criminal Act/Law Enforcement</b> <input type="checkbox"/> Member arrested, charged with or convicted of a crime <input type="checkbox"/> Provider arrested, charged with or convicted of a crime <input type="checkbox"/> Placement into a correctional facility <input type="checkbox"/> Fraudulent activities by member <input type="checkbox"/> Fraudulent activities on the part of the provider <input type="checkbox"/> Fraudulent activities of caregiver, ex. timesheet signed for hours not worked <input type="checkbox"/> Theft of member property by provider <input type="checkbox"/> Theft of provider property by a member	<input type="checkbox"/> <b>Nursing Home</b> <input type="checkbox"/> Any crime that occurs on facility property <input type="checkbox"/> Loss of electrical power in excess of an hour <input type="checkbox"/> Evacuation of residents for any reason <input type="checkbox"/> Physical injury to residents during a mechanical failure or force of nature <input type="checkbox"/> Fire alarm activation with injuries or damage to the apartment
<input type="checkbox"/> <b>Environmental Hazards</b> <input type="checkbox"/> Fire / Natural Disaster damaged or affected <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> <b>Sexual Misconduct</b> <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Sexually problematic behavior	<input type="checkbox"/> <b>Other</b> <input type="checkbox"/> Media involvement / media inquiry <input type="checkbox"/> Threats made against state agency/ BCBS employee <input type="checkbox"/> Falsification of credentials or records <input type="checkbox"/> Report against state agency/ BCBS employee <input type="checkbox"/> Bribery or attempted bribery of a state agency/BCBS employee <input type="checkbox"/> Significant medical event for member or provider <input type="checkbox"/> Restraint <input type="checkbox"/> Seclusion/Confinement <input type="checkbox"/> Restrictive Interventions
<input type="checkbox"/> <b>Deaths</b> <input type="checkbox"/> Expected deaths <input type="checkbox"/> Unexpected deaths <input type="checkbox"/> Unusual death of member <input type="checkbox"/> Death related to abuse, neglect or exploitation <input type="checkbox"/> Death, other party		
<input type="checkbox"/> <b>Caregiver</b> <input type="checkbox"/> Robbery/burglary on premises <input type="checkbox"/> Hazardous/physical condition discovered <input type="checkbox"/> Serious incident resulting in legal action		
<input type="checkbox"/> <b>Neglect</b> <input type="checkbox"/> Passive Neglect <input type="checkbox"/> Active / Willful Neglect <input type="checkbox"/> Self-Neglect		

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

Name:	Telephone Number:
*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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