Blue Cross Community Health Plans℠

Critical Incident Reporting Form for Members

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: ☐ BCCHP

Categories of Eligibility:

☐ Elderly ☐ Traumatic Brain Injury ☐ HIV/AIDS
☐ Physical Disabilities ☐ Supportive Living Facilities ☐ Aged, Blind Disabled
☐ Nursing Facility Services ☐ Assisted Living Program ☐ 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:

Location of Incident:

☐ Member's Home ☐ Nursing Home ☐ TFC ☐ Shelter Care
☐ Acute Inpatient ☐ Outpatient Facility ☐ Emergency Room ☐ Day Treatment
☐ Residential Treatment Facility ☐ 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. ***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:
☐ Illinois Office of the Inspector General Phone: **1-800-368-1463**
☐ 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.

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at **1-877-860-2837**.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: **1-855-664-7270** (voicemail)
TTY/TDD: **1-855-661-6965**
Fax: **1-855-661-6960**
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: **1-800-368-1019**
TTY/TDD: **1-800-537-7697**
Complaint Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms: https://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at
https://www.bcbsil.com/bcchp/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-877-860-2837** (TTY: **711**) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-877-860-2837** (TTY: **711**) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **1-877-860-2837** (TTY: **711**) أو تحدث إلى مقدم الخدمة الخاص بك.

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **1-877-860-2837** (TTY: **711**) 或咨询您的服务提供商。
Français French	ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **1-877-860-2837** (TTY: **711**) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie **1-877-860-2837** (TTY: **711**) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે બીજી ભાષા બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક મદદ અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. **1-877-860-2837** (TTY: **711**) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **1-877-860-2837** (TTY: **711**) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: Se parli italiano, puoi usufruire gratuitamente di servizi di assistenza linguistica. Sono inoltre disponibili, senza costi, strumenti e servizi ausiliari per ricevere informazioni in formati accessibili. Chiama il numero **1-877-860-2837** (TTY: **711**) o rivolgiti a un assistente.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **1-877-860-2837** (TTY: **711**)번으로 전화하거나 서비스 제공업체에 문의하십시오.
فارسي Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و تماس خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با **1-877-860-2837** (TTY: **711**) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **1-877-860-2837** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **1-877-860-2837** (TTY: **711**) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **1-877-860-2837** (TTY: **711**) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاونامداد اور خدمات بھی مفت دستیاب ہیں۔ **1-877-860-2837** (TTY: **711**) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Ελληνικά Greek	ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **1-877-860-2837** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας.
Tiếng Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số **1-877-860-2837** (TTY: **711**) hoặc trao đổi với người cung cấp dịch vụ của bạn.