

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:
DOB:	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: \_\_\_\_\_

**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. *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: 866-800-1409 (voice) TTY: 888-206-1327
- For members in Nursing Facilities: Department of Public Health Nursing Home  
Complaint Hotline Phone: 800-252-4343
- 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

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> <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional / Verbal Abuse	<input type="checkbox"/> <b>Neglect</b> <input type="checkbox"/> Passive Neglect <input type="checkbox"/> Active / Willful Neglect <input type="checkbox"/> Self-Neglect	<input type="checkbox"/> <b>Exploitation</b> <input type="checkbox"/> Misappropriation of property including theft of member 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>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"/> Self-abuse	<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 from 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>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"/> <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"/> Theft of provider property by a member <input type="checkbox"/> Restraint <input type="checkbox"/> Seclusion/Confinement
<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>Sexual Misconduct</b> <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Sexually problematic behavior	
<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		
Name and phone number of individual completing form if different than referral source listed above:		
Name:		Phone:
Date form completed:		

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., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, [Civilrightscoordinator@hsc.net](mailto: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)**.

**اُردُو (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)**.

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