



Aetna Better Health[®] of New Jersey - Medicaid MLTSS Critical Incident Reporting Form

Upon discovering a Critical Incident, MLTSS providers are to promptly take steps to prevent further harm to MLTSS Members and respond to any emergency needs, which may warrant contacting local law enforcement, 911/EMS, and/or reporting to appropriate authorities, as applicable, including but not limited to:

- The designated County Adult Protective Services (APS) agency.
 - For a listing contact the NJ State Division of Aging Services at **1-800-792-8820**.
- The NJ Office of the Ombudsman for Institutionalized Elderly (OOIE) at **877-582-6995**
- The NJ Child Protection and Permanency – Child Abuse Hotline at **1-877-652-2873**

Additionally, please complete this form in its entirety and fax it along with any supporting documentation to the beneficiary's managed care plan as listed on the chart below.

REMINDER:

The maximum time frame for a Provider to report a Critical Incident to the beneficiary's Medicaid Managed Care Organization (MCO) is **one business day** from the time the Provider discovers or is informed of the Incident.

Medicaid MCO	Phone number:	Fax completed form to:
Aetna Better Health of New Jersey	1-833-346-0122	1-959-900-6054

MLTSS Member's Name, Identification Number, and Contact Information:

Member Name	Member ID	Medicaid ID
Member Address		DOB
		Gender

Reporting Individual/Agency Contact Information:

Reporting Individual's Name and Title		
Name of the Reporting Agency	Provider Type	
Reporter's Phone Number (where he/she can be reached for more information)		
Reporter's Email Address		Today's Date:
Date the Critical Incident was Discovered	Date that the Critical Incident Actually Occurred	Date MCO was notified by Reporter of Critical Incident

Primary Medical Complexity: (check all that apply)

<input type="checkbox"/> Heart Condition (i.e. CVA, Hypertension, CHF)	<input type="checkbox"/> Muscular/Skeletal (i.e. Arthritis, Fracture)	<input type="checkbox"/> Pulmonary (i.e. Emphysema, Asthma, COPD)
<input type="checkbox"/> Neurological (i.e. Alzheimer's, MS, Head Trauma, Quadriplegia, Seizure Disorder)	<input type="checkbox"/> Infections (i.e. Pneumonia, TB, UTI)	<input type="checkbox"/> Sensory (i.e. Vision/Hearing Impaired)
<input type="checkbox"/> Psychiatric/Mood (i.e. Anxiety, Depression, Behavioral/Mental Illness, Psych Diagnosis)	<input type="checkbox"/> Other Diseases (i.e. Renal Failure, Cancer)	

Medicaid MCO MLTSS Critical Incident Reporting Form *(continued)*

Type of Critical Incident (Indicate all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Unexpected death of a member
<input type="checkbox"/> Media involvement or the potential for media involvement
<input type="checkbox"/> Physical abuse (including seclusion and restraints both physical and chemical)
<input type="checkbox"/> Psychological / Verbal abuse
<input type="checkbox"/> Sexual abuse and/or suspected sexual abuse
<input type="checkbox"/> Fall resulting in the need for medical treatment
<input type="checkbox"/> Medical emergency resulting in need for medical treatment
<input type="checkbox"/> Medication error resulting in serious consequences
<input type="checkbox"/> Psychiatric emergency resulting in need for medical treatment | <input type="checkbox"/> Severe injury resulting in the need for medical treatment
<input type="checkbox"/> Suicide attempt resulting in the need for medical attention
<input type="checkbox"/> Neglect/Mistreatment, caregiver (paid or unpaid)
<input type="checkbox"/> Neglect/Mistreatment, self
<input type="checkbox"/> Neglect/Mistreatment, other
<input type="checkbox"/> Exploitation, financial
<input type="checkbox"/> Exploitation, theft
<input type="checkbox"/> Exploitation, destruction of property
<input type="checkbox"/> Exploitation, other
<input type="checkbox"/> Theft with law enforcement involvement
<input type="checkbox"/> Failure of member's Back-up Plan | <input type="checkbox"/> Elopement/Wandering from home or facility
<input type="checkbox"/> Inaccessible for initial/on-site meeting
<input type="checkbox"/> Unable to Contact
<input type="checkbox"/> Inappropriate or unprofessional conduct by a provider involving member
<input type="checkbox"/> Cancellation of utilities
<input type="checkbox"/> Eviction/loss of home
<input type="checkbox"/> Facility closure, with direct impact to member's health and welfare
<input type="checkbox"/> Natural disaster, with direct impact to member's health and welfare
<input type="checkbox"/> Operational Breakdown
<input type="checkbox"/> Other (explain): _____ |
|---|--|---|

Critical Incident Narrative

Provide a detailed but succinct description of the Critical Incident

Including:

What was done to immediately ameliorate the issue for the Member?

Name of the alleged perpetrator

His/her relationship to the Member

Location of Incident

Ways this incident could possibly have been prevented

Referrals Made: (Indicate all that apply and the date the referral was made)

In addition to reporting Critical incidents to Aetna Better Health of New Jersey, MLTSS providers remain responsible for adherence to any applicable mandatory reporting requirements already set forth in NJ administrative code or other regulations.

- | | |
|---|-------------|
| <input type="checkbox"/> Referral made to the applicable Accrediting Agency | Date: _____ |
| <input type="checkbox"/> Referral made to Adult Protective Services (APS) | Date: _____ |
| <input type="checkbox"/> Referral made to State Division of Developmental Disabilities (DDD) | Date: _____ |
| <input type="checkbox"/> Referral made to State Division of Health Facilities Evaluation and Licensing | Date: _____ |
| <input type="checkbox"/> Referral made to Law Enforcement; If so did Member press charges?
<input type="checkbox"/> YES <input type="checkbox"/> NO | Date: _____ |
| <input type="checkbox"/> Referral made to the Office of the Ombudsman for Institutionalized Elderly | Date: _____ |
| <input type="checkbox"/> Other Referral made to: _____ | Date: _____ |

Was the Critical Incident resolved at time of the report to Aetna Better Health of New Jersey, if so, how?

If incident is unresolved at time of report, is the incident presently under investigation, and if so, by whom?