



Upon discovering a Critical Incident, providers are to promptly take steps to prevent further harm to 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:

- Illinois Department on Aging – Adult Protective Services Hotline: **1-866-800-1409**
- Illinois Long-Term Care Ombudsman Program: **1-800-252-8966**
- Illinois Department of Children and Family Services (DCFS) Child Abuse Hotline: **1-800-252-2873**
- Illinois Department of Human Services – Office of Developmental Disabilities (for abuse/neglect of individuals with disabilities): **1-800-368-1463**

Health Plan:	State:	Phone Number:	Fax completed form to:
Aetna Medicare FIDE (HMO D-SNP)	Illinois	1-866-600-2139	860-902-8368

MEMBER DETAILS: NAME, IDENTIFICATION NUMBER, AND CONTACT INFORMATION:	
Member Name	Member ID
Member Address	DOB
	Gender

REPORTING INDIVIDUAL/AGENCY CONTACT INFORMATION:		
Reporting Individual's Name and Title		
Name of the Reporting Agency	Provider Type	
Reporters Phone Number (where they can be reached for more information)	Today's Date	
Reporters Email		
Date the Critical Incident was Discovered	Date that the Critical Incident Actually Occurred	Date the health plan 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)



- Psychiatric/Mood (i.e. Anxiety, Depression, Behavioral/Mental Illness, Psych Diagnosis)
- Infections (i.e. Pneumonia, TB, UTI)
- Sensory (i.e. Vision/Hearing Impaired)
- Neurological (i.e. Alzheimer's, MS, Head Trauma, Quadriplegia, Seizure Disorder)
- Other Diseases (i.e. Renal Failure, Cancer)

**Type of Critical Incident (Indicate all that apply)**

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

Their relationship to this 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 incident to Aetna Medicare FIDE (HMO D-SNP), providers remain responsible for adherence to any applicable mandatory reporting requirements already set forth:	
<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 Medicare HIDE (HMO D-SNP) if so, how?	
If incident is unresolved at time of report, is the incident presently under investigation, and if so, by whom?	