



Upon discovering a Critical Incident, HNJH 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 to the HNJH Quality Management Department along with any supporting documentation to **(609) 583-3003**.

The maximum timeframe for a Provider to report a Critical Incident to HNJH is **one business day** from the time the Provider discovers or is informed of the Incident.

**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 Horizon NJ Health was notified by Reporter of Critical Incident

**Primary Medical Complexity: (check all that apply)**

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

**TYPE OF CRITICAL INCIDENT (Indicate all that apply):**

<input type="checkbox"/> Unexpected Death of a Member <input type="checkbox"/> Theft with Law Enforcement Involvement <input type="checkbox"/> Medical or Psychiatric Emergency, Including Suicide Attempt <input type="checkbox"/> Inappropriate /Unprofessional Conduct by a Provider/Agency Involving the Member <input type="checkbox"/> Suspected or Evidenced Physical or Mental Abuse (includes Seclusion and Restraints, Both Physical and Chemical) <input type="checkbox"/> Sexual Abuse and/or Suspected Sexual Abuse <input type="checkbox"/> Neglect/Mistreatment, including Self-Neglect, Caregiver Overwhelmed, Environmental <input type="checkbox"/> Exploitation, including Financial, Theft, Destruction of Property <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Elopement/Wandering from Home or Facility <input type="checkbox"/> Facility Closure, with Direct Impact to Member’s Health and Welfare <input type="checkbox"/> Cancellation of Utilities <input type="checkbox"/> Missing Person or Unable to Contact <input type="checkbox"/> Severe Injury or Fall Resulting in Medical Treatment <input type="checkbox"/> Medication Error Resulting in Serious Consequences <input type="checkbox"/> Failure of a Member’s Backup Plan <input type="checkbox"/> Eviction/Loss of Home <input type="checkbox"/> The Potential for Media Involvement <input type="checkbox"/> Natural disaster directly Impacting Member’s Welfare
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Horizon Blue Cross Blue Shield of New Jersey



Horizon NJ Health

# MLTSS Critical Incident Reporting Guide

MLTSS Provider Services at 1-855-777-0123

## 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, and 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 HNJH, MLTSS providers remain responsible for adherence to any applicable mandatory reporting requirements already set forth in NJ administrative code or other regulations.

- Referral made to the applicable Accrediting Agency Date: \_\_\_\_\_
- Referral made to Adult Protective Services (APS) Date: \_\_\_\_\_
- Referral made to State Division of Developmental Disabilities (DDD) Date: \_\_\_\_\_
- Referral made to State Division of Health Facilities Evaluation and Licensing Date: \_\_\_\_\_
- Referral made to Law Enforcement; If so did Member press charges? Date: \_\_\_\_\_  

YES       NO
- Referral made to the Office of the Ombudsman for Institutionalized Elderly Date: \_\_\_\_\_
- Other Referral made to: \_\_\_\_\_ Date: \_\_\_\_\_

Was the Critical Incident resolved at time of the report to Horizon NJ Health, if so, how:

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