



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:

- New Jersey Department of Human Services – Division of Aging Services (Adult Protective Services): **1-800-792-8820**
- New Jersey Long-Term Care Ombudsman: **1-877-582-6995**
- New Jersey Child Abuse Hotline (Department of Children and Families): **1-877-NJ-ABUSE (1-877-652-2873)**
- Office of the Ombudsman for Individuals with Intellectual or Developmental Disabilities: **1-609-984-7764**

Health Plan:	State:	Phone Number:	Fax completed form to:
Aetna Medicare FIDE (HMO D-SNP)	New Jersey	1-844-362-0934	959-900-6054

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
- Psychological / Verbal abuse
- Medical emergency resulting in need for medical treatment
- Suicide attempt resulting in the need for medical attention
- Neglect/Mistreatment, other
- Exploitation, destruction of property
- Failure of member's Back-up Plan
- Unable to Contact
- Eviction/loss of home
- Operational Breakdown
- Media involvement or the potential for media involvement
- Sexual abuse and/or suspected sexual abuse
- Medication error resulting in serious consequences
- Neglect/Mistreatment, caregiver (paid or unpaid)
- Exploitation, financial
- Exploitation, other
- Elopement/Wandering from home or facility
- Inappropriate or unprofessional conduct by a provider involving member
- Facility closure, with direct impact to member's health and welfare
- Other (explain):

- Physical abuse (including seclusion and restraints both physical and chemical)
- Fall resulting in the need for medical treatment
- Severe injury resulting in the need for medical treatment
- Neglect/Mistreatment, self
- Exploitation, theft
- Theft with law enforcement involvement
- Inaccessible for initial/on-site meeting
- Cancellation of utilities
- Natural disaster, with direct impact to member's health and welfare

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?	