



Aetna Medicare FIDE (HMO D-SNP)- Critical Incident Reporting Process

What is a Critical Incident?

Critical Incident is an occurrence involving the care, supervision, or actions involving a Member that is adverse in nature or has the potential to have an adverse impact on the health, safety, and welfare of the Member or others. Critical incidents also include situations occurring with staff or individuals or affecting the operations of a facility/institution/school.



Critical Incident Reporting

DMAHS requires Managed Care Organizations (MCO) to educate MLTSS providers on proper Critical Incident reporting.

Article 9.10.1 C.: In all MLTSS provider contracts, the Contractor shall require full adherence to the mandatory training and reporting requirements set forth in Section 9.11 and those applicable to Adult Protective Services, Office of Institutionalized Elderly, Department of Health, the Department of Children and Families and the Division of Disability Services including, but not limited to:

1. N.J.A.C. 8:39- 9.4
2. N.J.A.C. 8:36-5.10(a)
3. N.J.A.C. 8:43F-3.3
4. N.J.A.C. 8:43J-3.4
5. N.J.S.A. 52:27D-409
6. N.J.A.C. 8:57

Critical Incident Reporting

Article 9.10.2.B: The Contractor shall require its staff Members and contracted MLTSS providers to report, respond to, and document critical incidents as specified by the Contractor. This shall include, but not be limited to the following:

Requiring that the contracted MLTSS providers report critical incidents to the Contractor in accordance with applicable requirements. The Contractor shall develop and implement a critical incident reporting process, including the form provided by the State, to be used to report critical incidents and reporting timeframes. The maximum timeframe for reporting an incident to the Contractor shall be one business day. The initial report of an incident within one business day may be submitted verbally, in which case the person/agency/entity making the initial report shall submit a follow-up written report within two business days.

The state required form reference above is available on the Aetna Medicare FIDE (HMO D-SNP) [website](#)

Critical Incident Reporting

Article 9.10.2.B.2: Suspected abuse, neglect, and exploitation of members:

Contracted providers must immediately (not to exceed one business day) take steps to prevent further harm to all members and respond to emergency needs of members.

Article 9.10.2 B.4: Providers with a Critical Incident are required to conduct an internal Critical Incident investigation and submit a report on the investigation within 15 calendar days. MLTSS contracted provider must adhere to the internal timeframe set by the health plan.

Note: The MLTSS critical incident report may be in addition to the facility's regulatory critical incident reporting per the facilities policy and regulations.

Critical Incident Reporting forms can be found on the Aetna Medicare FIDE (HMO D-SNP) website

Critical Incidents defined by the State of NJ

Article 9.10.1.D: Critical incidents shall include but not be limited to the following incidents when they occur in settings.

1. Unexpected death of a member;
2. Media Involvement or the potential for media involvement
3. Physical abuse (including seclusion and restraints both physical and chemical)
4. Psychological/Verbal abuse
5. Sexual abuse and/or suspected sexual abuse
6. Fall resulting in the need for medical treatment
7. Medical emergency resulting in need for medical treatment
8. Medication error resulting in serious consequences
9. Psychiatric emergency resulting in the need for medical treatment
10. Severe injury resulting in the need from medical treatment

Critical Incidents defined by the State of NJ

Article 9.10.1.D: Critical incidents shall include but not be limited to the following incidents when they occur in settings (continued)

11. Suicide attempt resulting in need for medical attention
12. Neglect Mistreatment, caregiver (paid or unpaid)
13. Neglect/Mistreatment, self
14. Neglect mistreatment, other
15. Exploitation, financial
16. Exploitation, theft
17. Exploitation, destruction of property
18. Exploitation, other
19. Theft with law enforcement involvement
20. Failure of Member's Back-Up Plan

Critical Incidents defined by the State of NJ

Article 9.10.1.D: Critical incidents shall include but not be limited to the following incidents when they occur in settings (continued)

21. Elopement/Wandering from home or facility
22. Inaccessible for initial/on-site meeting
23. Unable to Contact
24. Inappropriate or unprofessional conduct by a provider involving member
25. Cancellation of utilities
26. Eviction/loss of home
27. Facility Closure, with direct impact to member's health and welfare
28. Natural Disaster, with direct impact to member's health and welfare
29. Operational Breakdown
30. Other

Critical Incidents Types

Group	Critical Incident Type	Description
Unexpected death	Unexpected death of a member	Death of a member that was not medically anticipated. Examples include suicide, homicide and/or unanticipated death due to unforeseen circumstances/complications. Example: A healthy member goes into the hospital for a routine procedure, develops complications and succumbs to the complications two weeks later.
Media Involvement	Media involvement or the potential for media involvement	An event involving a member that has been or may be made known to the public through any media, including but not limited to newspaper, television, radio, websites, and social media.
Abuse	Physical abuse (including seclusion and restraints both physical and chemical)	A physical act directed at a member of a type that could tend to cause pain, injury, and/or suffering. Such acts include but are not limited to the member being kicked, pinched, bitten, punched, slapped, hit, pushed, dragged, and/or struck with a thrown or held object.
	Psychological / Verbal abuse	Any verbal or non-verbal acts or omissions which inflict emotional harm, mental distress, invocation of fear and/or humiliation, intimidation, degradation, or demeaning a service member. Examples include, but are not limited to: teasing, bullying, ignoring need, favoritism, verbal assault, or use of racial slurs, or intimidating gestures (i.e., shaking a fist at a member).
	Sexual abuse and/or suspected sexual abuse	Any activity with a member for the purposes of sexual stimulation of the actor or another person when the member does not consent, or when the member is incapable of resisting, giving, or declining consent to the sexual activity due to age, disability, or fear of retribution or hardship.

Critical Incidents Types

Group	Critical Incident Type	Description
Emergency/ Injury	Fall resulting in the need for medical treatment	A fall, defined as a sudden, uncontrolled, unintentional, non-purposeful downward displacement of the body to the floor/ground, or hitting another object, by a member resulting in need for medical treatment for that member.
	Medical emergency resulting in need for medical treatment	A medical condition manifesting itself by acute symptoms of sufficient severity, (including severe pain) such that a prudent layperson, who possesses an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in placing the health of the member (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.
	Medication error resulting in serious consequences	Any preventable event that may cause or lead to inappropriate medication use or resident harm, while the medication is in the control of the health care professional. Such events may be related to professional practice, health care products, procedures, and systems including: prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.
	Psychiatric emergency resulting in need for medical treatment	A situation in which a member is doing serious harm to him/herself or others, or in which the member's health is significantly impaired or where there is clear evidence that this will occur in the immediate future. In such situations, action must be taken immediately to prevent or minimize harm to the member or others.

Critical Incidents Types

Group	Critical Incident Type	Description
Emergency/ Injury (continued)	Severe injury resulting in the need for medical treatment	An accidental, self-inflicted, or intentional damage to the member's body by an external force resulting in the need for medical treatment for the member.
	Fall resulting in the need for medical treatment	A fall, defined as a sudden, uncontrolled, unintentional, non-purposeful downward displacement of the body to the floor/ground, or hitting another object, by a member resulting in need for medical treatment for that member.
	Suicide attempt resulting in the need for medical attention	An act with a non-fatal outcome in which a member deliberately initiates a behavior that, without intervention from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognized therapeutic dosage that will cause self-harm.

Critical Incidents Types

Group	Critical Incident Type	Description
Neglect/ Mistreatment	Neglect/Mistreatment, caregiver (paid or unpaid)	The failure of a caregiver (person responsible for the member's welfare whether paid or unpaid) to provide the needed services and supports to ensure the health, safety, and welfare of the member. These supports and services may or may not be defined in the member's plan or otherwise required by law or regulation. This includes acts that are intentional, unintentional, or careless regardless of the incidence of harm. Examples include, but are not limited to, the failure to provide needed care such as shelter, food, clothing, supervision, personal hygiene, medical care, and protection from health and safety hazards.
	Neglect/Mistreatment, self	An act or failure to act by a member which results in the inadequate provision of care or services necessary to maintain the physical and mental health of the member, and which places the member in a situation which can result in serious injury or which is life- threatening. This includes failure to provide adequate food, clothing, shelter and health care for one's own needs.
	Neglect/Mistreatment, other	The member fails to receive the needed services and supports to ensure the health, safety, and welfare of the member for reasons not otherwise listed.

Critical Incidents Types

Group	Critical Incident Type	Description
Exploitation/ Theft	Exploitation, financial	Any willful, unjust, or improper use of a member's cash, assets, or funds for the benefit or advantage of another. This may occur without the explicit knowledge or consent of the member. This also may include identity theft.
	Exploitation, theft	Any willful, unjust, or improper use of a member's property or possessions that are taken without knowledge, consent or authorization for the benefit of another. This may include taking of valuables, medications, or other personal property.
	Exploitation, destruction of property	Any willful, unjust, or improper injury to member's real or personal property through another's actions for the benefit or advantage of another.

Critical Incidents Types

Group	Critical Incident Type	Description
Exploitation/ Theft	Exploitation, financial	Any willful, unjust, or improper use of a member's cash, assets, or funds for the benefit or advantage of another. This may occur without the explicit knowledge or consent of the member. This also may include identity theft.
	Exploitation, theft	Any willful, unjust, or improper use of a member's property or possessions that are taken without knowledge, consent or authorization for the benefit of another. This may include taking of valuables, medications, or other personal property.
	Exploitation, destruction of property	Any willful, unjust, or improper injury to member's real or personal property through another's actions for the benefit or advantage of another.
	Exploitation, other	Any willful, unjust, or improper use of a member or his/her property, for the benefit or advantage of another; condoning and/or encouraging the exploitation of a member by another person. An example of exploitation includes, but is not limited to, requiring a member to perform functions/activities that are solely for another's convenience.
	Theft with law enforcement involvement	A willful or unexplainable incident, perpetrated by any person, resulting in member property or monetary funds being stolen or missing with law enforcement involvement.

Critical Incidents Types

Group	Critical Incident Type	Description
Failure of Back-up Plan	Failure of member's Back-up Plan	The Back-up Plan agreed to in the Plan of Care fails to provide for the needs of the member when the member, caregiver, provider, or the Care Manager identifies a gap in care or when a caregiver identifies an unsafe or threatening environment at the Member's residence.
Other Reportable Events	Elopement/Wandering from home or facility	The act of a member who requires supervision for his/her health or safety, leaving the grounds of a facility, Community Alternative Residential Setting (CARS), or his/her home without authorization and who cannot be located after a diligent and reasonable search.
	Inaccessible for initial/on-site meeting	A member who cannot be contacted using contact information available in the member's record prior to the development of the initial Plan of Care.
	Unable to Contact	A member whose whereabouts are unknown, is absent, without notification, and who cannot be contacted using the contact information available in the member's Care Management record.
	Inappropriate or unprofessional conduct by a provider involving member	Any conduct or practice contrary to recognized standards of ethics of the provider that does or might constitute a danger to the health, welfare or safety of the member or any conduct, practice or condition that does or might impair the ability to provide services safely and skillfully.

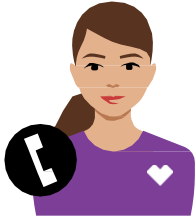
Critical Incidents Types

Group	Critical Incident Type	Description
Other Reportable Events (continued)	Cancellation of utilities	The cancellation or termination of a member's public utilities, such as electricity, natural gas, water, or sewer due to non-payment or for any other reason.
	Eviction/loss of home	The eviction or displacement of a member from their community residence due to legal action or any external force.
	Facility closure, with direct impact to member's health and welfare	The closing or relocation of a nursing facility or assisted living residence, whether planned or as an emergency situation, that results in a risk to the member's health or safety. An "emergency situation" may include: the suspension or revocation of the residential license; decertification of the facility; or any other event as prescribed by regulation of the respective legal authority (i.e., commissioner, fire marshal, zoning officer, etc.). "Planned situations" that result in a risk to the health or safety of a member shall be reported.
	Natural disaster, with direct impact to member's health and welfare	An act of nature of such magnitude as to create a catastrophic situation in which the daily patterns of life are suddenly disrupted, resulting in a potential or actual risk to the member's life, safety, or well-being.

Critical Incidents Types

Group	Critical Incident Type	Description
Other Reportable Events (continued)	Operational Breakdown	Any situation or event which may cause a threat to life or safety and/or impact on facility operations. This may include utility outage or loss of use of equipment; environmental incidents - spills / illegal dumping; fire; mass disturbances (i.e., riot); public safety issue; unexpected staff shortage; or accidental or willful destruction of property.
	Other	Any other situation or event that negatively impacts a member that is not reported in other categories resulting in a potential or actual risk to the member's life, safety, and well-being.

Contact Information



Contact Information

Critical Incident Reporting By
Phone: 1-833-346-0122 By Fax:
959-900-6054

Provider Services
1-844-362-0934 (Phone)

The Critical Incident Reporting Form is available on the Aetna Medicare FIDE (HMO D-SNP):
<https://www.aetnabetterhealth.com/newjersey/providers/materials-forms.html>

Required Post Training Attestation Form

Providers must complete and submit the Critical Incident Training Attestation Form in order to attest completion of this training.

The Critical Incident Attestation Form is available on the Aetna Medicare FIDE (HMO D-SNP):

<https://www.aetnabetterhealth.com/newjersey/providers/materials-forms.html>



Let's Practice

Is this a critical incident?

Case 1:

Member's home health aide did not show up to the member's house on the agreed upon date and time. Member has no family or back-up assistance available. Unfortunately, the member is unable to complete ADLs without assistance.

Is this a critical incident?

Case 2:

The member's home health aide tells the member that her son is ill, and she is short on money this week because she has had to pay for medication. The aide is unsure if she will be able to come to the member's home the rest of the week because she does not have the money to put gas in her car. Member decides to give the aide her credit card to fill up her gas tank in her car.

Is this a critical incident?

Case 3:

Member resides at home with her 25-year-old daughter. Member's daughter has been selling marijuana from the home.

Is this a critical incident?

Is this a critical incident?

Case 1:

Yes

This is a critical incident. Per the state's requirement when a provider is scheduled to be at an enrollee's home but does not come and back-up service plan is either not put into effect or fails to get an individual to the enrollee's home in a timely manner. This becomes a critical incident when the enrollee is bed bound or in critical need and is dependent on others.

Case 2:

Yes

This would be exploitation. An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of an enrollee's property or funds for the benefit of an individual or individuals other than the employee.

Case 3:

Yes

This would be a CI due to it being illegal in New Jersey to transfer cannabis to another adult if money is involved. Incident: Illegal Activity In the Home

Scenarios practice

Scenario 1

This is a new member; the provider schedules a home visit with Larry to complete the initial assessment. Upon arriving at Larry's home, the provider notices that Larry flinches when his caregiver, Paul, approaches him. The provider gently asks Larry if he would prefer to complete the assessment in private. Larry agrees and requests that Paul leave the room. Once Paul leaves, Larry shows the provider a bruise and says, "Paul is my caregiver and he sometimes hurts me when I am unable to do something on my own"

- What Type of CI should be reported?
- What are the next steps to be taken?
- How can we resolve this incident?

Scenarios practice - Scenario 1

<ul style="list-style-type: none"> • What Type of CI should be reported? 	<ul style="list-style-type: none"> • What are the next steps to be taken? 	<ul style="list-style-type: none"> • How can we resolve this incident?
<p>Physical abuse This is clearly indicated by Larry’s disclosure and visible bruise, along with his statement that Paul “sometimes hurts me.”</p>	<p>To keep Larry safe, the provider should complete the assessment privately and avoid further contact with the caregiver. The incident must be reported and documented per protocol, including Larry’s statements and any visible injuries. If required, notify Adult Protective Services. The provider should work with care management to review Larry’s care plan and consider a new caregiver. A follow-up ensures Larry feels safe and supported</p>	<p>To keep Larry safe, the provider should complete the assessment privately and avoid further contact with the caregiver. The incident must be reported and documented per protocol, including Larry’s statements and any visible injuries. If required, notify Adult Protective Services. The provider should work with care management to review Larry’s care plan and consider a new caregiver. A follow-up ensures Larry feels safe and supported</p>

Scenario 2

Linda is bed bound and was scheduled to receive assistance with activities of daily living beginning at 8 a.m. on Monday morning from her personal care provider. By 3 p.m., the provider still had not arrived. Concerned and in need of support, Linda contacted the provider's agency to report the missed visit and request assistance.

- **What Type of CI should be reported?**
- **What are the next steps to be taken?**
- **How can we resolve this incident**

Scenarios practice - Scenario 2

• What Type of CI should be reported?	• What are the next steps to be taken?	• How can we resolve this incident?
<p>Missed Visit Since Linda is bed bound and relies on her personal care provider for essential daily living support, the provider's failure to arrive as scheduled poses a risk to her health and safety.</p>	<p>Document the missed visit, noting the scheduled time, when Linda reported the issue, and any impact on her well-being. Notify the provider agency and request immediate coverage. Inform the care management team to reassess Linda's needs and ensure continuity of care. Follow up with Linda to confirm she received support and to monitor her condition.</p>	<p>Linda should receive care promptly, either through a backup caregiver or alternative support. The provider agency should investigate the missed visit and address any staffing or communication issues. Ongoing follow-ups with Linda are important to ensure her needs are consistently met.</p>

Scenario 3

A provider conducts a home visit to complete the annual assessment for Mary. The provider notices Mary favoring her right leg and asks if she is in pain. Mary says that her sister has been hiding her pain medication.

- What Type of CI should be reported?
- What are the next steps to be taken?
- How can we resolve this incident

Scenarios practice - Scenario 3

What Type of CI should be reported?	What are the next steps to be taken?	How can we resolve this incident?
<p>Neglect or Medication Mismanagement Since Mary is being denied access to necessary pain medication by her sister, which may impact her health and well-being.</p>	<p>They should document Mary's statements and observed behavior, such as favoring her leg. The provider should notify the appropriate internal team and, if required by policy or law, contact Adult Protective Services (APS) or the equivalent agency. Coordination with the care management team is also necessary to reassess Mary's care plan and ensure she receives her medication as prescribed.</p>	<p>Resolution may involve ensuring Mary has secure and consistent access to her pain medication, possibly by arranging for a different caregiver or implementing safeguards around medication storage and administration. The care team should follow up with Mary to confirm her pain is being managed and that she feels safe and supported in her home environment.</p>




Thank you