

Provider Bulletin

Molina Healthcare of California

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January 8, 2025

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

Reminder: Community-Based Adult Services and Long-Term Care Facilities Critical Incidents Reporting

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

What you need to know:

In light of the recent state of emergency in Los Angeles and Ventura counties, MHC wants to remind you of your responsibility to report Critical Incidents (CIs). This requirement ensures the safety and well-being of those we serve.

The Department of Healthcare Services (DHCS) mandates MHC to collect Critical Incident reports from all Community-Based Adult Services (CBAS) and Long-Term Care (LTC) facilities. These reports contribute to the quarterly CI reporting template for Long-Term Services and Supports (LTSS) users.

According to DHCS, CIs include but are not limited to:

- Epidemic outbreaks
- Poisonings
- Fires
- Major accidents
- Death from unnatural causes or other catastrophes
- Unusual occurrences threatening patient welfare, safety, or health
- Suspected or alleged abuse, neglect, exploitation, or mistreatment

For detailed definitions, refer to:

- All Facilities Letter (AFL) 21-26:
cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-26.aspx
- California Code of Regulations Title 22 §72541 - Unusual Occurrences: law.cornell.edu/regulations/california/22-CCR-72541

Provider Action

In order to comply with DHCS regulations, all CIs must be reported to MHC. Please follow the steps below to report a CI:

1. Review the California Department of Aging (CDA) Incident Report Instructions at:
aging.ca.gov/download.ashx?lE0rcNUV0zZ9LQamuTIR3Q%3d%3d
2. Fill out CDA 4009:
aging.ca.gov/download.ashx?lE0rcNUV0zaqMET2XrTCdw%3d%3d
3. Submit the completed CDA 4009 form to MHC at the following email address:
CBAS@molinahealthcare.com

Thank you for your cooperation in complying with timely and accurate reporting!



When this is happening:

Any unusual occurrences in the environment of a facility should be reported within 24 hours. Death, serious injury, and unusual incidents should be reported within 48 hours.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
	Daniel Amirian	562-549-4809	Daniel.Amirian@molinahealthcare.com
	Anita White	562-980-3947	Princess.White@molinahealthcare.com
	Elias Gomez	562-517-0445	Elias.Gomez@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	279-895-9354	Johonna.Eshalomi@molinahealthcare.com
	Marina Higby	916-561-8550	Marina.Higby@molinahealthcare.com
San Bernardino County	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	562-549-3957	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com
	Lincoln Watkins	858-300-7722	Lincoln.Watkins@molinahealthcare.com
	Toree Johnson	858-974-1726	Toree.Johnson@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
San Diego & Sacramento, California Facilities	Dolores Ramos	562-549-4900	Dolores.Ramos@molinahealthcare.com
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino, California Facilities	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.