



Clinical Policies

Policy Section	Clinical Administration	Policy Number	IV-001-007
Subject	Critical Incidents	Issue Date	09/16/2011
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POLICY

It is the policy of Tuscola Behavioral Health Systems (TBHS) that the agency will recognize and respond competently and in a timely manner to the occurrence of critical incidents and will act to effectively reduce the potential for recurrence of similar events in the future.

PURPOSE

The policy and procedure is established to provide a systematic and comprehensive mechanism for identifying, reporting, and analyzing an unexpected event of significance but particularly those resulting in death or serious injury; to provide a process for improving performance by preventing a future similar occurrence; and to enhance the risk management capacity of the organization.

APPLICATION

This policy shall apply to all clinical programs and staff of Tuscola Behavioral Health Systems.

DEFINITIONS

Actively Receiving Services: For the sake of this reporting, an individual served is considered to be actively receiving services when any of the following occur:

1. A face-to-face intake has occurred and the individual was deemed eligible for ongoing service, or
2. The CMHSP has authorized the individual for ongoing service, either through a face to face assessment or a telephone screening, or
3. The individual has received a non-crisis, non-screening encounter.

The period during which the individual is considered to be actively receiving services shall take place between the following begin date and end date, inclusively:

- a. Begin Date: Actively receiving services begins when the decision is made to start providing ongoing non-emergent services. Specifically, the beginning date shall be the first date that any of the 3 conditions referenced above occurs.
- b. End Date: when the individual is formally discharged from services. The date the discharge takes effect shall be the end date. This should also be the date that is supplied to the individual when the individual is notified that services are terminated.

CMHSP: Community Mental Health Service Provider. The CMHSP that is gathering data for a particular submission, in recognition of the fact that particular duties may be handled by either party (e.g., depending on payment source, either the CMHSP may authorize the individual served to begin treatment).

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Critical Incident: An event relating to an individual served that involves any of the following:

A. Reportable to PIHP and monitored by CMHSP.

1. Suicide: when the CMHSP determines, through its death review process that the individual's death was a suicide, and/or the official death report (i.e. coroner's report) indicates that the individual's death was a suicide.
2. Non-Suicide Death: Any death, for individuals served in the reportable population, that was not otherwise reported as a suicide.
3. Emergency Medical Treatment due to Injury or Medication Error: Any situation where an injury to an individual served or medication error results in face to face emergency treatment being provided by medical staff. Any treatment facility, including personal physicians, medi-centers, urgent care clinics and emergency rooms should be reported, provided the treatment was sought due to injury or medication error.
4. Hospitalization due to Injury or Medication Error: Admission to a general medical facility due to injury or medication error. Hospitalizations due to the natural course of an illness or underlying conditions do not fall within this definition.
5. Arrest of an Individual Served: Situations where an individual served is held or taken by a law enforcement officer based on the belief that a crime may have been committed. Situations where an individual receiving services is transported for the purpose of receiving emergency mental health services, or situations where an individual receiving services is held in protective custody, are not considered an arrest.

B. Monitored by CMHSP.

1) Police Calls: Police calls by staff of a specialized residential setting, or general AFC residential homes or other provider staff, for assistance with an individual during a behavioral crisis situation. This is regardless whether calling police is in the individual's plan.

2) Emergency Use of Physical Management: Emergency use of physical management by staff in response to a behavioral crisis. Physical management shall only be used on an emergency basis when the situation places the individual or other(s) at imminent risk of serious physical harm. This does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand.

Injury: Bodily damage that occurs to an individual due to a specific event such as an accident, assault, or misuse of the body. Examples include bruises (except those due to illness), contusions, muscles sprains, and broken bones.

Medication Error: A situation where a mistake is made involving prescribed medication (i.e. wrong person, wrong medication, incorrect route, documentation error, incorrect dosage taken, medication taken at wrong time)

MDHHS: The Michigan Department of Health and Human Services.

Occurrence(s) referenced in the definition of a critical incident; (these are also considered Reportable Events).

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PIHP: Prepaid Inpatient Health Plan.

Recipient of Specific Service: Some of the population definitions used for specific events require the individual served to not only be active, but to be currently receiving a particular type of service. In these cases, the individual is considered to be receiving that type of service between the following start and end dates (inclusive of the start and end dates):

Start: The date the individual has been determined to be eligible and has received at least one of these services.

End: The date the individual is formally terminated from this type of service. Such formal termination happens via transfer to another unit, discharge from the unit that provides the service, discharge from the CMHSP, or removal of the service from the individual plan of service. Any one of these events signifies the end of the service.

Reportable Events: see definition for Critical Incident. Depending on the type of event, there are different timeframes for reporting. This includes Risk Events.

Reportable Population: Each type of event has a reportable population. Some events are reported for all active individual's being served and others are only reported for certain identified groups of individuals.

Reportable Sentinel Event: Any injury or death occurring from the use of any behavioral intervention.

Risk Events: Critical events seen as putting persons served at risk of poor outcomes. The additional critical events are: harm to self, harm to others, and unscheduled admissions to a medical hospital.

Root Cause Analysis (RCA): or investigation, is a process for identifying the basic or causal factors underlying variations in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance. A root cause analysis involves:

- a. Determination of the factors (human, systems, etc.,) most directly associated with the sentinel event and the associated processes;
- b. Review of the underlying systems and processes to determine where redesign might reduce risk;
- c. Identification of risk points and their potential contributions to this type of event;
- d. Determination of potential improvement in processes or systems that would tend to decrease the likelihood of such an event in the future, or a determination, after analysis, that no such improvement opportunities exists;
- e. To ensure credibility, attention to internal consistency in the questions asked/unasked and consideration of the organization as a whole entity; and
- f. Review of available relevant literature.

24-hour Specialized Setting: means a specialized residential home certified by the Michigan Department of Health and Human Services (MDHHS) to serve persons with mental illness or developmental disabilities.

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PROCEDURES

1. All TBHS employees and contracted service providers will report critical incidents promptly. Critical incidents may also be identified through reports from individuals served or external agencies.
2. All critical incidents and events will be reviewed and those that are sentinel events identified. At a minimum, of individuals served deaths, injuries or medication errors requiring emergency room treatment and/or hospital admission, and arrests that occur for individuals in the reportable populations will be reviewed to determine whether the incident meets the criteria for a sentinel event as described in this policy and procedure. Sentinel events will be reported to TBHS' accrediting body Commission on Accreditation of Rehabilitation Facilities (CARF) as required.
3. With the exception of arrests, all critical incidents and events should be reviewed to determine if the event is related to the practice of care and whether or not the performance of a root cause analysis is warranted. The decision to perform a RCA is determined through consultation with the Medical Director, quality department staff, or Chief Operating Officer/Designee.
4. There shall be three (3) business days subsequent to the incident to determine if it also meets criteria for sentinel event. If it is determined to be a sentinel event, TBHS will initiate an RCA investigation within two days or less. The RCA shall be completed within 45 days of knowledge of the event.
5. If determined to be appropriate, a RCA will be conducted in a timely and thorough manner. An individual or committee will be assigned lead responsibility for ensuring the completion of each RCA and any resultant action plan. Persons involved in the review of any adverse event must have appropriate credentials to review the scope of care. Adverse events that involve death or other serious medical issues must involve a physician or nurse.
6. The goal of reviewing critical incidents is to focus the attention of the organization on potential underlying causes of the event so that changes can be made in systems or processes in order to reduce the probability of such an event in the future. Following completion of a RCA, or investigation, TBHS will develop and implement either a plan of action or intervention to prevent further occurrence of the critical incident; or document the rationale for not pursuing an intervention. The plan will address responsibility for implementation and oversight, pilot testing as appropriate, time lines, and strategies for measuring the effectiveness of the actions.
7. TBHS will maintain a system for recording the occurrence of critical incidents and the organization's resultant analysis, action planning and follow-up. Periodically, formal reporting will occur to apprise the organization's leadership and governance concerning the management of the event and all efforts to improve and correct underlying causes. Sentinel events will be reported to CARF as required.
8. TBHS will enter individual-level data of individual ID, event date and event type regarding reportable events into the regional database. Only those events that meet reporting criteria will be reported. The database information will be used for monitoring by the Mid-State Health Network (MSHN) Clinical Quality Committee (CQC) and reporting to the Michigan Department of

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Health and Human Services (MDHHS) in accordance with regional policies and procedures and state reporting requirements.

9. Reportable event details are reported to MDHHS without evaluation or judgment of cause or fault. All events are reported for all open individuals, regardless of fund source. The critical incident reporting system is not intended as a notification system for events of which MDHHS must be immediately aware. For example, critical incidents which may be newsworthy or represent a community crisis situation should be relayed to MDHHS and MSHN using other established mechanisms. Below are instructions for each critical incident type:

a. Suicide

- i. Population: Any individual actively receiving services, and all individuals who have received an emergent service within the last 30 calendar days.
- ii. Timeframe for Reporting: Once it has been determined whether or not a death was suicide, the suicide must be reported within 30 days after the end of the month in which the cause of death was determined.

If 90 calendar days has elapsed without a determination of cause of death, the CMHSP must submit a “best judgment” determination of whether the death was a suicide. In this event the time frame described in “a” above shall be followed, with the submission due within 30 days after the end of the month in which this “best judgment” determination occurred.

In case of error, or changes in suicide determination, the CMHSP shall resubmit a individual’s suicide status according to the time frame described in “a” above.

b. Non-Suicide Death

- i. Population: Individual who, at the time of their deaths were actively receiving services and met any one of the following two conditions:
 - (1) Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or
 - (2) Receiving Community Living Supports, Supports Coordination, Targeted Case Management, ACT, Home-Based, Wraparound, Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.
- ii. Timeframe for Reporting: Due within 60 days after the end of the month in which the death occurred, unless reporting is delayed while the CMHSP attempts to determine whether the death was due to suicide. In this case the submission is due within 30 days of the end of the month in which CMHSP determined the death was not due to suicide.
- iii. Special Fields for Non-Suicide Death:

Type of Death:
01 – Natural Causes

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- 02 – Accidental
- 03 – Homicide

Natural Cause Reason:

(For deaths due to natural cause indicate the specific natural cause):

- 01 – Heart disease
- 02 – Pneumonia/influenza
- 03 – Aspiration or Aspiration pneumonia
- 04 – Lung disease.
- 05 – Vascular disease
- 06 – Cancer
- 07 – Diabetes mellitus
- 08 – Endocrine disorders
- 09 – Neurological disorders
- 10 – Acute bowel disease
- 11 – Liver disease/cirrhosis
- 12 – Kidney disease
- 13 – Infection, including AIDS
- 14 – Inanition
- 15 – Complication of treatment
- 16 – Unknown

Definitions for these fields are available through the Death Report in the MDHHS Annual Death Report Codebook.

- c. Emergency Medical Treatment due to Injury or Medication Error
 - i. Population: Individuals who, at the time of the event were actively receiving services and met at least one of the following conditions:
 - (1) Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09), or in a Child-Care Institution, or
 - (2) Receiving either Habilitation Supports Waiver services, SED Waiver Services or Child Waiver services.
 - ii. Timeframe for Reporting: Due within 60 days after the end of the month in which the emergency medical treatment began.
- d. Hospitalization due to Injury or Medication Error
 - i. Population: Individuals who, at the time of the event were actively receiving services and met at least one of the following conditions:
 - (1) Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09), or in a Child-Care Institution, or
 - (2) Receiving either Habilitation Supports Waiver services, SED Waiver Services or Child Waiver services.

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- ii. Timeframe for Reporting: Due within 60 days after the end of the month in which the hospitalization began.
- e. Arrest
 - i. Population: Individuals who, at the time of the event, were actively receiving services and met at least one of the following conditions:
 - (1) Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09), or in a Child-Care Institution, or
 - (2) Receiving either Habilitation Supports Waiver services, SED Waiver Services or Child Waiver services.
 - ii. Timeframe for Reporting: Due within 60 days after the end of the month in which the arrest began.

10. The following are quick reference charts for the above populations and timeframes:

Report the incident if any of the below indicated services have been provided, or if the individual resides in any of the living situations. Only one checked situation is necessary for the incident to require reporting.

Service	<u>Suicide</u>	<u>Death</u>	<u>EMT</u>	<u>Hospital</u>	<u>Arrest</u>
<u>CLS</u>	•	•			
<u>Supports Coord</u>	•	•			
<u>Case Management</u>	•	•			
<u>ACT</u>	•	•			
Homebased	•	•			
Wraparound	•	•			
Hab Waiver	•	•	•	•	•
SED Waiver	•	•	•	•	•
Child Waiver	•	•	•	•	•
Any other Service	•				
Living Situation					
<u>Specialized Resid</u>	•	•	•	•	•
<u>CCI</u>	•	•	•	•	•

Timeframes for Reporting

Event Type	Due Date/Timeframe for Reporting
Suicide	30 days after the end of the month in which the cause of death was determined.

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Death	60 days after the end of the month in which the death occurred, unless delayed due to possible suicide review, then 30 days after the end of month determination was made.
EMT	60 days after the end of the month in which the incident occurred.
Hospital	60 days after the end of the month in which the hospitalization began.
Arrest	60 days after the end of the month in which the arrest occurred.

Population terms key:

1. Suicide: Suicide
 2. Death: Non-Suicide Deaths
 3. EMT: Emergency medical treatment due to injury or medication error
 4. Hospital: Hospitalization due to injury or medication error
 5. Arrest: Arrest
11. MDHHS has also identified five *additional critical events*, referred to as “Risk Events” that put individuals (in the same population categories as the critical incidents above) at risk of harm and poor outcomes. The PIHP is responsible for the gathering of this data and shall be used for PIHP-wide quality improvement efforts. This analysis should be used to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents. Populations to be included are all persons receiving services at the time of the event from TBHS who receive targeted case management/supports coordination, home-based, or ACT services.
12. The risk events are defined as follows:
- a. Harm to Self: Actions taken by individuals who receive services that cause harm to themselves. This includes emergency medical treatment or hospitalization due to an injury that is self-inflicted (e.g. pica, head banging, biting and suicide attempts).
 - b. Harm to Others: Actions taken by individuals who receive services that cause harm to others. Harm to another includes family, friends, staff, peers, public, etc., that resulted in an injury requiring emergency medical treatment or hospitalization of the other person.
 - c. Police Calls: Police calls by staff of a specialized residential setting, or general AFC residential homes or other provider agency staff, for assistance with an individual during a behavioral crisis situation. This is regardless whether calling police is in the individual’s plan.
 - d. Emergency Use of Physical Management: emergency use of physical management by staff in response to a behavioral crisis. Physical management shall only be used on an emergency basis when the situation places the individual or other(s) at imminent risk of serious physical harm. This does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand.
 - e. Hospitalizations: Two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness, such as when an individual has

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a terminal illness) within a 12-month period. Admissions may not be known at the time, but may be added when they become known.

13. The physical management and/or involvement of law enforcement with individuals served, permitted for intervention in emergencies only, are considered critical incidents. Any injury or death that occurs from the use of any behavioral intervention is considered a sentinel event.
14. This data for the identified populations shall be shared with the PIHP in order to comply with QAPIP requirements.
15. TBHS shall immediately notify the PIHP of the following events and they will notify MDHHS.
 - a. Any death that occurs as a result of suspected staff member action or inaction, or any death that is subject of a recipient rights, licensing, or police investigation. This report shall be submitted electronically by the PIHP within 48 hours of either the death, or the PIHP's receipt of notification of the death, or the PIHP's receipt of notification that a rights, licensing, and/or police investigation has commenced to QMPMeasures@michigan.gov and include the following information:
 - i. Name of beneficiary
 - ii. Beneficiary ID number (Medicaid, MiChild)
 - iii. ID of Individual Served (CONID) if there is no beneficiary ID number
 - iv. Date, time and place of death (if a licensed foster care facility, include the license #)
 - v. Preliminary cause of death
 - vi. Contact person's name and e-mail address
 - b. Relocation of an individual's placement due to licensing suspension or revocation.
 - c. An occurrence that requires the relocation of any PIHP or provider panel service site, governance, or administrative operation for more than 24 hours.
 - d. The conviction of a PIHP/CMHSP or provider panel staff members for any offense related to the performance of their job duties or responsibilities which results in exclusion from participation in federal reimbursement.
 - e. Except for deaths, notification of the remaining events by the PIHP shall be made telephonically or other forms of communication within five (5) business days to contract management staff members in MDHHS.
16. Any death or injury occurring as a result of behavior intervention will be investigated and reported. The investigation will include the determination as to whether the death or injury was due to staff action or inaction.

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Event Reporting Chart						
Event	Event Type	Population	Reporting Mechanism	CMHSP Reports to PIHP	PIHP Reports to MDHHS	Source Verification
<u>Death Suicide*</u>	Critical Incident	ACT, CLS, CSM/SC, HB, Child/HAB/ SED Waivers, Child Caring Institution, Specialized Residential Wraparound Any other Service	EMMIT	30 days after the end of the month in which the death was reported	30 days after the end of the month in which the death was reported or in which "best judgment" was used	MDHHS/PIHP Event Reporting and the QAPIP for Specialty PIHPs FY2022
<u>Death Non-suicide</u>	Critical Incident	ACT, CLS, CSM/SC, HB, Child/HAB/ SED Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	EMMIT	60 days after the end of the month in which the death was reported	60 days after the end of the month in which the death was reported	MDHHS/PIHP Event Reporting and the QAPIP for Specialty PIHPs FY2022

*Death due to suicide must be reported within 30 days after the end of the month in which the death was determined to be a suicide. If 90 calendar days have elapsed without a determination of the cause of death, the PIHP must submit a "best judgment" determination of whether or not the death was a suicide and then report as such within 30 days after the end of the month in which the "best judgment" determination was made. Reporting a death due to suicide applies to individuals actively receiving services at the time of their death and any individual who has received emergency services within 30 days prior to his/her death.

<u>Death and/or Injury From use of behavior intervention</u>	Sentinel Event	ACT, CLS, CSM/SC, HB, Child/HAB/ SED Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	EMMIT	30 days from the end of the month in which injury or death occurred	30 days from the end of the month in which injury or death occurred	MDHHS/PIHP Contract FY2022, Attachment C6.8.31 - Technical Requirement for Behavior Treatment Plan Review Committee
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Event	Event Type	Population	Reporting Mechanism	CMHSP Reports to PIHP	PIHP Reports to MDHHS	Source Verification
<u>Death Occurs as result of suspected staff member action or inaction, or is subject of recipient rights, licensing, or police investigation</u>	Event Notification	ACT, CLS, CSM/SC, HB, Child/HAB/SED Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	Phone call or email to MSHN staff	Verbal report within 24 hours or next business day of CMHSP's receipt of notification of death	Verbal or written report within 48 hours of receipt of notification of death	Medicaid Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY2022

Event Reporting Chart						
Event	Event Type	Population	Reporting Mechanism	CMHSP Reports to PIHP	PIHP Reports to MDHHS	Source Verification
<u>Hospitalization Due to Injury or Med Error</u>	Critical Incident	Child/HAB/SED Waivers, Child Caring Institution, Specialized Residential	EMMIT	60 days after the end of the month in which hospitalization occurred	60 days after the end of the month in which hospitalization occurred	MDHHS/PIHP Event Reporting and the QAPIP for Specialty PIHPs FY2022

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Event Reporting Chart						
Event	Event Type	Population	Reporting Mechanism	CMHSP Reports to PIHP	PIHP Reports to MDHHS	Source Verification
<u>Hospitalization</u> Two or more unscheduled admissions to a medical hospital (not due to planned surgery or natural course of a chronic illness, such as when an individual has a terminal illness) within a 12 month period. Medical hospital admissions at individual level may not be known at time of hospitalization but may be added when they become known.	Risk Event	ACT, CLS, CSM/SC, HB, Child/HAB/SED Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	Health Conditions Database	At site visits	At site visits	Medicaid Managed Specialty Supports and Service Concurrent 1915 (b)/(c) Waiver Program FY2022
<u>Emergency Medical Treatment</u> Due to Injury or Med Error	Critical Incident	Child/HAB/SED Waivers, Child Caring Institution, Specialized Residential	EMMIT	60 days after the end of the month in which treatment was received	60 days after end of month in which treatment was received	MDHHS/PIHP Event Reporting and the QAPIP for Specialty PIHPs FY2022

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Event	Event Type	Population	Reporting Mechanism	CMHSP Reports to PIHP	PIHP Reports to MDHHS	Source Verification
<u>Harm to Self</u> Actions taken by individuals who receive services that cause harm to themselves	Risk Event	ACT, CLS, CSM/SC, HB, Child/HAB/SE D Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	EMMIT	At site visits	At site visits	Medicaid Managed Specialty Supports and Service Concurrent 1915 (b)/(c) Waiver Program FY2022
<u>Harm to Others</u> Actions taken by individuals who receive services that cause harm to others	Risk Event	ACT, CLS, CSM/SC, HB, Child/HAB/SE D Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	EMMIT	At site visit	At site visit	Medicaid Managed Specialty Supports and Service Concurrent 1915 (b)/(c) Waiver Program FY2022
<u>Behavioral Crisis</u> Police calls by staff of Specialized Residential or General AFC or other Provider Agency for staff assistance with an individual	Critical Incident	ACT, CLS, SCM/SC, HB, Child/HAB/SED Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	BTPRC Data Collection	Quarterly	As requested	Medicaid Managed Specialty Supports and Service Concurrent 1915 (b)/(c) Waiver Program FY2022

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Event	Event Type	Population	Reporting Mechanism	CMHSP Reports to PIHP	PIHP Reports to MDHHS	Source Verification
<u>Behavioral Crisis</u> Emergency use of Physical Management response by staff	Critical Incident	ACT, CLS, SCM/SC, HB, Child/HAB/SED Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	BTPRC Data Collection	15 days after the end of the month in which physical management occurred	30 days after the end of the month in which physical management occurred	Medicaid Managed Specialty Supports and Service Concurrent 1915 (b)/(c) Waiver Program FY2022
<u>Arrest</u>	Critical Incident	Child Waiver, HAB Waiver, SED Waiver, Child Caring Institution, Specialized Residential	EMMIT	45 days after the end of the month in which the arrest occurred	60 days after the end of the month in which the arrest occurred	MDHHS/PIHP Event Reporting and the QAPIP for Specialty PIHPs FY2022

Event Reporting Chart						
Event	Event Type	Population	Reporting Mechanism	CMHSP Reports to PIHP	PIHP Reports to MDHHS	Source Verification
<u>Conviction</u> Any PIHP or provider panel staff member convicted for any offense related to the performance of their job duties or responsibilities which results in exclusion from participation in federal reimbursements	Event Notification	ACT, CLS, SCM/SC, HB, Child/HAB/SED Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	Phone call or email to MSHN staff	Next business day upon receipt of notification	5 days within receipt of notification	Medicaid Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY2022

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Event Reporting Chart						
Event	Event Type	Population	Reporting Mechanism	CMHSP Reports to PIHP	PIHP Reports to MDHHS	Source Verification
<u>Relocation</u> Consumer placement changed due to licensing issues	Event Notification	ACT, CLS, SCM/SC, HB, Child/HAB/SED Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	Phone call or email to MSHN staff	Next business day upon receipt of notification	5 days within receipt of notification	Medicaid Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY2022

Event Reporting Chart						
Event	Event Type	Population	Reporting Mechanism	CMHSP Reports to PIHP	PIHP Reports to MDCH	Source Verification
<u>Relocation</u> Any occurrence requiring any PIHP or provider panel service site, governance, or administrative operation to relocate for more than 24 hours	Event Notification	ACT, CLS, SCM/SC, HB, Child/HAB/SED Waivers, Child Caring Institution, Specialized Residential, Wraparound, Any other Service	Phone call or email to MSHN staff	Next business day upon receipt of notification	5 days within receipt of notification	Medicaid Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY2022

RELATED FORMS & MATERIALS

Not applicable.

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REFERENCES/LEGAL AUTHORITY

FY22 Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Master Contract and Attachments

MDHHS/PIHP Guidance on Critical Incident/Event Reporting
FY22 Technical Requirement for BTPRC Attachment C.6.8.3.1

Note: Following immediate notification to the PIHP, the CMHSP shall submit a written review of death for every recipient whose death occurred within one (1) year of the recipient's discharge from a state operated service.

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