

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Critical Incidents		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 07.01.2014	Related Policies: Quality Management Policy Sentinel Event Policy
Procedure: <input type="checkbox"/>	Author: Quality Improvement Council, Chief Compliance Officer	Review Date: 01.12.2021	
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Purpose: To ensure that the Mid-State Health Network (MSHN) pre-paid inpatient health plan is in compliance with the Michigan Department of Health and Human Services (MDHHS), Medicaid Managed Specialty Supports and Services Contract, Critical Incident Reporting System.

Policy: MSHN delegates responsibility to its Community Mental Health Services Program (CMHSP) Participants, with oversight and monitoring by MSHN, for collecting, analyzing and reporting to MSHN all critical incidents that meet the criteria as specified in the MDHHS Medicaid Specialty Supports and Services Contract.

- The CMHSP reports the critical incidents as required to MSHN for analysis and aggregation.
- Where a County of Financial Responsibility (COFR) agreement exist, the COFR shall report the critical incidents.
- MSHN reports to the MDHHS, critical incident data as required and in accordance with the Medicaid Managed Specialty Supports and Services Contract.
- For the sake of Critical Incident reporting, a consumer is considered to be actively receiving service 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/PIHP 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 consumer is considered to be actively receiving services shall take place between the following begin date and end date, inclusively:
 1. 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.
 2. End Date: When the consumer 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 consumer when the consumer is notified that services are terminated.
- The CMHSP is responsible for ensuring a process is in place to recommend and implement corrective action plans and quality improvement processes in an effort to prevent the reoccurrence of critical incidents.
- Oversight and monitoring will be conducted by MSHN through the review of reports and analysis by the Quality Improvement Council and provider network monitoring desk audit and site reviews.

Critical incidents are defined as:

1. **Suicides*:** by any consumer actively receiving services or who received an emergent service within the last 30 days calendar days.
2. **Non-Suicide Deaths*:** by consumers who were actively receiving services at the time of their death and met any one of the 2 following conditions:

- A. Living in a specialized Residential or a child-caring institution or
- B. Receiving any of the following:
 - o Community Living supports,
 - o Supports Coordination,
 - o Targeted Case management
 - o ACT
 - o Home-Based
 - o Wrap-Around
 - o Habilitation Supports Waiver (HSW)
 - o Serious Emotional Disturbance (SED) Waiver Child Waiver Services (CWS)
- 3. **Emergency Medical Treatment due to Injury or Medication Errors**: report consumers who, at the time of event were actively receiving services and met any one of the following two conditions:
 - A. Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or
 - B. Receiving Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.
- 4. **Hospitalization due to Injury or Medication Errors**: by consumers who at the time of the event were actively receiving services and met any one of the following two conditions:
 - A. Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or
 - B. Receiving Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.
- 5. **Arrests**: of consumers who, at the time of their arrest were actively receiving services and met any one of the following two conditions:
 - A. Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or
 - B. Receiving Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.

Unexpected deaths who at the time of their deaths were receiving specialty supports and services, are subject to additional review and must include:

- 1. Screens of individual deaths with standard information (e.g., coroner’s report, death certificate)
- 2. Involvement of medical personnel in the mortality reviews
- 3. Documentation of the mortality review process, findings, and recommendations
- 4. Use of mortality information to address quality of care
- 5. Aggregation of mortality data over time to identify possible trends.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN’s CMHSP Participants: Policy Only Policy and Procedure
- Other: Sub-contract Providers

Definitions:

CMHSP: Community Mental Health Service Programs

Unexpected Deaths: Deaths that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.

Other Related Materials:

References/Legal Authority:

Medicaid Managed Specialty Supports and Services Contract
MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid
Inpatient Health Plans Technical Requirement

Change Log:

Date of Change	Description of Change	Responsible Party
07.01.2014	New Policy	Chief Compliance Officer
05.12.2015	Added COFR clarification	Chief Compliance Officer
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service & Quality
03.2019	Annual Review, added unexpected death review	Quality Manager
10.2020	Biennial Review	Quality Manager