

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Critical Incidents		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Quality Improvement Council, Chief Compliance Officer	Adopted Date: 07.01.2014 Review Date: 03.07.2023	Related Policies: Quality Management Policy Sentinel Event Policy

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)/Pre-Paid Inpatient Health Plan (PIHP) Contract, and 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/PIHP 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.
- The CMHSP is responsible for ensuring a process is in place to recommend and implement quality improvement processes in an effort to prevent the reoccurrence of critical incidents.
- MSHN reports to the MDHHS, critical incident data as required and in accordance with the Medicaid Contract
- 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. **Suicide** for any individual actively receiving services at the time of death, and any who have received emergency services within 30 days prior to death.

Once it has been determined whether a death was suicide, the suicide must be reported within 30 days after the end of the month in which the death was determined.

If 90 calendar days have elapsed without a determination of cause of death, the PIHP must submit a “best judgment” determination of whether the death was a suicide. In this event, the timeframe 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.

- A. **Non-suicide death** for individuals who were actively receiving services and were living in a specialized Residential (per Administrative Rule R330.1801-09) or a child-caring institution or
 - B. Receiving any of the following:
 - Community Living supports,
 - Supports Coordination,
 - Targeted Case management
 - ACT
 - Home-Based
 - Wrap-Around
 - Habilitation Supports Waiver (HSW)

- Serious Emotional Disturbance (SED)
- Waiver Child Waiver Services (CWS)

If reporting is delayed because the PIHP is determining whether the death was due to suicide, the submission is due within 30 days after the end of the month in which the PIHP determined the death was not due to suicide

2. **Emergency Medical Treatment due to Injury or Medication Error** for people who at the time of the event were actively receiving services and were:
 - 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 any of the following:
 - Habilitation Supports Waiver (HSW) Services or
 - Serious Emotional Disturbance (SED) Waiver Services or
 - Child Waiver Program (CWP) Services.

3. **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 any of the following:
 - Habilitation Supports Waiver (HSW) Services or
 - Serious Emotional Disturbance (SED) Waiver Services or
 - Child Waiver Program (CWP) Services Receiving any of the following Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.
 - Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.

4. **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 any of the following:
 - Habilitation Supports Waiver (HSW) Services or
 - Serious Emotional Disturbance (SED) Waiver Services or
 - Child Waiver Program (CWP) Services Receiving any of the following Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.

5. **Unexpected Deaths:** who at the time of their deaths were receiving specialty supports and services, are subject to additional review and must include:
 - A. Screens of individual deaths with standard information (e.g., coroner’s report, death certificate)
 - B. Involvement of medical personnel in the mortality reviews
 - C. Documentation of the mortality review process, findings, and recommendations
 - D. Use of mortality information to address quality of care
 - E. Aggregation of mortality data over time to identify possible trends.

6. **Death-State Operated Service Discharge:** a written report of any death of an individual (Medicaid) who was discharged from a State operated service within the previous 12 months shall be submitted to MDHHS within 60 days after the month in which the death occurred.

7. **Event Notification:** Any death that occurs as a result of suspected staff member action or inaction or any death that is the subject of a recipient rights, licensing, or police investigation shall be submitted electronically, within 48 hours, of either the death, or the PIHPs receipt of notification of the death, or the PIHPs receipt of notification that a rights, licensing, and/or police investigation has commenced.

The following information is to be included in the submission:

- a. Name of beneficiary
- b. Beneficiary ID number (Medicaid, MiChild)
- c. Consumer I (CONID) if there is no beneficiary ID number.
- d. Date, time, and place of death (if a licensed foster care facility, include the license number.)
- e. Preliminary cause of death
- f. Contact person's name and Email address.

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:

ACT: Assertive Community Treatment

CMHSP: Community Mental Health Service Programs

COFR: County of Financial Responsibility

CWP: Children's Waiver Program

CWS: Children's Waiver Services

HSW: Habilitation Supports Waiver

MSHN: Mid-State Health Network

MDHHS: Michigan Department of Health and Human Services

PIHP: Pre-Paid Inpatient Health Plan

SED: Serious Emotional Disturbance

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:

MDHHS/PIHP Contract

MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid

Inpatient Health Plans Technical Requirement

MDHHS Critical Incident Reporting and Event Notification Requirements

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
10.2022	Biennial Review	Quality Manager