MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Critical Incidents		
Policy: ☒ Procedure: ☐ Page: 1 of 5	Review Cycle: Biennial Author: Quality Improvement Council, Chief Compliance & Quality Officer	Adopted Date: 07.01.2014 Review Date: 11.10.2026	Related Policies: Quality Management Policy Sentinel Event Policy

Purpose: To ensure that the Mid-State Health Network (MSHN) provider network establishes a critical incident reporting system to effectively prevent, detect, remediate incidents that cause harm to individuals served in accordance with the Michigan Department of Health and Human Services (MDHHS)/Pre-Paid Inpatient Health Plan (PIHP)Contract, and Critical Incident Reporting and Event Notification System.

Policy: MSHN delegates the responsibility for preventing, detecting, and remediating critical incidents to its Community Mental Health Services Program (CMHSP) Participants. MSHN retains the responsibility for oversight and monitoring of the CMHSP participants and reporting to MDHHS.

A. CMHSP Participants
- Report critical incidents within required timeframes as required to MSHN.

B. Where a County of Financial Responsibility (COFR) agreement exists, the COFR shall report the critical incidents.
- Ensure a process is in place to remediate critical incidents and provide remediation documentation within the required timeframes.
- Establish quality improvement processes to prevent the recurrence of critical incidents.

C. MSHN
- Report critical incident data as required to MDHHS.
- Analyze critical incident data quarterly to identify regional trends.
- Ensure monitoring of timeliness, completeness, and accuracy of all submitted critical incident reports, including implementation of corrective actions when deficiencies are identified.
- Conduct oversight and monitoring through the review of reports and analysis by the Quality Improvement Council and provider network monitoring site reviews process.

D. Critical incidents are defined and categorized in alignment with MDHHS Critical Incident Reporting Requirements and include the following incidents: suicide, non-suicide death, emergency medical treatment due to injury, injury during fall, or medication error, hospitalization due to injury, injury during fall, or medication error, arrest, and other events requiring notification. All critical incidents and event notifications must be submitted through the MDHHS Behavioral Health Critical Incident Reporting System (BH-CRM), in accordance with MDHHS requirements. Remediation, including root cause analysis and corrective action, is required for critical incidents that are not reported timely, involve medication errors, injuries due to falls, physical management, or as requested by MDHHS.

The following incidents are to be reported to MSHN as indicated below:

1. **Suicide:** Individuals who were actively receiving services at the time of death, and any who have received emergency services within 30 days prior to death.
   a. 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.

b. 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 CMHSP reports the incident, with the submission due within 30 days after the end of the month in which this "best judgment" determination occurred.

2. **Non-suicide death**: Individuals who were actively receiving services and were:
   a. 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
      - Assertive Community Treatment (ACT)
      - Home-Based
      - Wrap-Around
      - Habilitation Supports Waiver (HSW)
      - Serious Emotional Disturbance (SED)
      - Child Waiver Services (CWS)
      - 1915 iSPA Services

   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.

3. **Emergency Medical Treatment due to Injury, Injury during Fall,or Medication Error:**
   Individuals 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.
      - 1915 iSPA Services

   Emergency medical treatment includes services provided in an emergency department or urgent care setting in response to an injury, injury during fall, or medication error. Reporting must specify whether the injury was due to a fall or a result of physical management. The PIHP must report incidents resulting in emergency medical treatment due to injury, injury during fall, or medication error within 60 days after the end of the month in which the emergency medical treatment began.

   Remediation: Remediations are required for critical incidents that are not reported in a timely manner, for emergency medical treatment due to medication errors, falls, are a result of physical management or requested by MDHHS upon review of the critical incident. Remediations are due within 30 days of the reported date to CRM, or the date requested by MDHHS.

4. **Hospitalization due to Injury, Injury during Fall, or Medication Errors**: Individuals 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)
- 1915 iSPA Services

Hospitalizations for psychiatric or behavioral health treatment alone are not reportable unless associated with an injury, injury during to fall, or medication error. Reporting must specify whether the hospitalization was due to a injuring during fall or a result of physical management. The PIHP must report incidents resulting in hospitalization due to injury or medication error within 60 days after the end of the month in which the hospitalization began.

Remediation: Remediations are required for critical incidents that are not reported in a timely manner, for hospitalizations due to medication errors, injury during falls, are a result of physical management or requested by MDHHS upon review of the critical incident. Remediations are due within 30 days of the reported date to CRM, or the date requested by MDHHS.

5. **Arrests**: Individuals 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)

6. **Unexpected Deaths**: Individuals 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

7. **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.

Event Notification: Immediately reportable events through the BH-CRM system:

A. 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 must be submitted electronically to the MDHHS BH-CRM, 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. Notification to the sentinelevents@midstatehealthnetwork.org email is required to begin the BH-CRM submission process.

The following information is to be included in the email submission:

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

B. Relocation of a consumer's placement due to licensing suspension or revocation must be reported within 5

business days.

C. An occurrence that requires the relocation of any PIHP or provider panel service site, governance, or administrative operation for more than 24 hours must be reported within five (5) business days.

D. The conviction of a PIHP 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 must be reported within five (5) business days.

E. Any changes to the composition of the provider network organizations that negatively affect access to care. The PIHPs shall have procedures to address changes in its network that negatively affect access to care. Changes in provider network composition that the MDHHS determines to negatively affect recipient access to covered services must be reported within seven (7) days and may be subject to MDHHS review and action if access to care is negatively impacted. Critical incidents which may be newsworthy or represent a community crisis must be reported to the MSHN Chief Executive Officer (CEO), the sentinelevents@midstatehealthnetwork.org email, and MDHHS immediately.

F. If a MSHN staff is the point of contact for a critical incident report for a member of the provider network, that staff member must report this immediately to the MSHN CEO, MSHN Chief Quality and Compliance Officer, and the Quality Manager.

Applies to:

☐All Mid-State Health Network Staff

☒MSHN's CMHSP Participants: ☐ Policy Only ☒Policy and Procedure

☐Other: Sub-contract Providers

Definitions:

ACT: Assertive Community Treatment
BH-CRM: Behavioral Health Critical Incident Reporting System
CMHSP: Community Mental Health Service Programs
COFR: County of Financial Responsibility
Critical Incident: An event that results in, or has the potential to result in, harm to a beneficiary receiving services, as defined by MDHHS reporting requirements
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
iSPA-State Plan Amendment
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 Policy

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
10.2024	Biennial Review, added 1915 iSPA and additional event notifications included in MDHHS Event Notification Policy	Quality Manager
04.2026	Biennial Review and language clarification	Director of Compliance, Customer Service & Quality