

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Behavioral Health and Developmental Disabilities Administration**

**CRITICAL INCIDENT REPORTING AND EVENT NOTIFICATION REQUIREMENTS**

The PIHPs will report the following events, except Suicide, within **60 days** after the end of the month in which the event occurred for individuals actively receiving services with individual level data on consumer ID, event date, and event type:

- **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.
- **Non-suicide death** for individuals who were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver or Children’s Waiver 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.
- **Emergency Medical treatment due to Injury or Medication Error** for people who at the time of the event were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution or were receiving either Habilitation Supports Waiver services, SED Waiver services or Children’s Waiver services.
- **Hospitalization due to Injury or Medication Error** for individuals who were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.
- **Arrest of Consumer** for individuals who were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.

**Methodology and instructions for reporting are posted on the MDHHS website at [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html).**

### **EVENT NOTIFICATION**

The PIHP shall immediately notify the MDHHS of the following events:

1. Any death that occurs because of suspected staff member action or inaction or any death that is the subject of a recipient rights, licensing, or police investigation. This report shall be submitted electronically within **48 hours** of either the death, the PIHPs receipt of notification of the death, or the PIHPs receipt of notification that a rights, licensing, and/or police investigation has commenced to [QMPMeasures@michigan.gov](mailto:QMPMeasures@michigan.gov) and include the following information:
  - 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.
2. Relocation of a consumer's placement due to licensing suspension or revocation.
3. An occurrence that requires the relocation of any PIHP or provider panel service site, governance, or administrative operation for more than **24 hours**.
4. 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.

Except for deaths, notification of the remaining events shall be made within **five (5) business days** to contract management staff members in the MDHHS Behavioral Health and Developmental Disabilities Administration (email: [MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov); FAX: 517-335-5376; or phone: 517-241-2139)

### **NOTIFICATION OF PROVIDER NETWORK CHANGES**

The PIHP shall notify the MDHHS within **seven (7) days** of 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 may be grounds for sanctions.