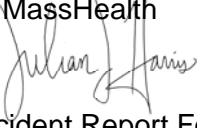




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Adult Foster Care Bulletin 8
November 2011

TO: Adult Foster Care Providers Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director 
RE: MassHealth Community Services Critical Incident Report Form

Background

Adult Foster Care (AFC) providers are required to report critical incidents to MassHealth. See 130 CMR 408.430(E). This bulletin clarifies the types of incidents (hereafter referred to as critical incidents or incidents) that AFC providers must report to MassHealth, describes the process for reporting critical incidents, and revises the incident report form to be used by AFC providers.

The new MassHealth Community Services Critical Incident Report Form was developed solely for the purpose of reporting critical incidents to MassHealth. Submission of the form does not alter any provider liability for the incident, nor does it supersede or negate any independent responsibility the provider may have to report the incident to other authorities.

New Form and Instructions

This bulletin provides you with a copy of the form. The form also contains instructions and a contact list. A sample of the form is attached to this bulletin.

Effective immediately, AFC providers must begin using the attached MassHealth Community Services Critical Incident Report Form, and follow the attached reporting protocol described in the MassHealth Community Services Critical Incident Reporting Instructions.

Supplies

The [MassHealth Community Services Critical Incident Report Form](#) is also available on the MassHealth Web site. Go to www.mass.gov/masshealth. Click on Provider Forms. The form is listed under the heading Multiple Provider Types. You may photocopy the form as needed.

Questions

If you have any questions about the information in this bulletin, please contact the appropriate MassHealth program manager (Refer to the last page of the MassHealth Community Services Critical Incident Report Form for MassHealth contact information.)

MassHealth Community Services Critical Incident Report Form



Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

This form is to be used by MassHealth community services providers (See Section 2 below) to report to MassHealth the occurrence of a reportable critical incident (hereafter the "incident") involving MassHealth members. The MassHealth Community Services Critical Incident Report Form is for the sole purpose of reporting the occurrence of an incident to MassHealth. Submission of the form does not alter any provider liability for the incident, nor does it supersede or negate any independent responsibility a provider may have to report the incident to other authorities.

Instructions

Verbal Communication and Immediate Notification (See Critical Incident Reporting Instructions)

Upon learning of the occurrence of a reportable critical incident, the provider must immediately contact the appropriate MassHealth program manager by phone to report the incident. If a reportable critical incident occurs on a weekend day or holiday when MassHealth offices are closed, the provider must report the incident on the next business day. By the close of business on the date the provider first learned of the incident, the provider must submit a preliminary report to the MassHealth program manager. (See Program Manager Contact Information).

Report Submission

Within three business days of learning of the incident, the provider must complete the MassHealth Community Services Critical Incident Report Form and submit it to the appropriate MassHealth program manager. The provider submitting this form must also contact and update the MassHealth program manager if a significant change occurs in an affected member's condition that resulted from the incident.

Section 1. General Information (Complete one report form for each reportable critical incident. If multiple members are affected, list all affected members in Section 5.)

Member name: _____

Date, time, and location of incident: _____

Address and phone number of member(s): _____

Name, address, and phone number of provider: _____

Section 2. Type of MassHealth Community Services Provider

Adult Day Health Group Adult Foster Care Transitional Living Day Habilitation Adult Foster Care

Section 3. Witness of Incident

Name and contact information of person reporting or witnessing incident: _____

Name and contact information of person filing report (if different from witness): _____

Names and contact information of all individuals involved in the incident: _____

Section 4. General Nature of Incident (Check all that apply. Attach additional pages if needed.)

<input type="checkbox"/> Death of a member from non-natural causes, including suicide, homicide, or other unexpected cause for death	<input type="checkbox"/> Serious communicable disease required to be reported to health authorities pursuant to state and/or local ordinances
<input type="checkbox"/> Exposure to hazardous material (including blood borne pathogens)	<input type="checkbox"/> member
<input type="checkbox"/> Medication errors (requiring medical intervention)	<input type="checkbox"/> staff
<input type="checkbox"/> Person missing from scheduled care	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Mistreatment or allegations of mistreatment including abuse, neglect, emotional harm, or sexual or financial exploitation	<input type="checkbox"/> Serious physical injury (requiring medical treatment beyond basic first aid), including self-inflicted injury or when cause or origin of injury is unknown.
<input type="checkbox"/> member to member	<input type="checkbox"/> Significant property damage to provider's premises
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Suspected or alleged criminal activity
<input type="checkbox"/> Natural disaster, such as fire or incidents causing displacement (explain): _____	<input type="checkbox"/> Media involvement (specify): _____
_____	_____
_____	<input type="checkbox"/> Other unusual or serious incident (specify): _____
_____	_____
_____	_____

Section 5. Describe Incident and Cause (Include location and events preceding incident. Attach additional pages if necessary. For multiple members, please list all affected members in this section.)

Section 6. Interventions and Outcomes (Attach additional pages if needed.)

Action taken by provider and outcome:

Medical intervention taken if needed (Include name of physician or other health care professional, contact information, and action ordered.):

Police or any other investigator authorities (Describe involvement, provide contact information, and attach any reports from listed authorities.):

Section 7. Member's Current Status (Include health and other status.)

<input type="checkbox"/> Emergent primary care physician visit	<input type="checkbox"/> Stable
<input type="checkbox"/> Emergency room visit	<input type="checkbox"/> Unstable
<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Further followup required after incident (explain): _____
<input type="checkbox"/> Nonroutine PCP visit	

Section 8. Other Parties or Agencies Contacted (e.g., family, HCP, hospitals, etc.)

<input type="checkbox"/> Agencies (e.g., VNA, HHA, case manager, residential program, etc.)	<input type="checkbox"/> Guardian
<input type="checkbox"/> Division of Children and Families (under age 18)	<input type="checkbox"/> Hospital
<input type="checkbox"/> Disabled Persons Protection Commission (DPPC) (ages 19-59)	<input type="checkbox"/> Police
<input type="checkbox"/> Elder Affairs Protective Service (ages 60+)	<input type="checkbox"/> Primary care physician or other health care practitioner _____
<input type="checkbox"/> Family/caregiver	<input type="checkbox"/> Other (specify): _____

Section 9. Describe Corrective Action Taken to Prevent Future Incidents

Section 10. Provider Signatures

I certify that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge.

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Signature of program director (or other person responsible for day-to-day management of provider):

Printed Name: _____ Signature: _____

Title: _____ Date: _____

MassHealth Community Services Critical Incident Reporting Instructions

MassHealth community services providers are required to have quality assurance policies and procedures to prevent and minimize the potential for incidents and/or accidents, as well as policies and procedures to minimize the impact to MassHealth members from any incidents or accidents that do occur. If a critical reportable incident (hereafter the “incident”), as defined below, occurs while the provider is providing care, the provider is responsible for investigating the incident and must complete and submit a MassHealth Community Services Critical Incident Report Form to MassHealth.

The MassHealth Community Services Critical Incident Report Form is for the sole purpose of reporting the incident to MassHealth. Submission of the form does not alter any provider liability for the incident, nor does it supersede or negate any independent responsibility a provider may have to report the incident to other authorities.

1. Definitions

Caregiver—any person or organization who is responsible for providing direct care to a MassHealth member, where the care is paid for by the MassHealth program.

MassHealth Community Services Provider—for the purpose of the Community Services Critical Incident Report Form, a MassHealth community services provider includes the following provider types:

- Adult Day Health;
- Adult Foster Care;
- Group Adult Foster Care;
- Day Habilitation; and
- Transitional Living.

Reportable Critical Incident—any sudden or progressive development (event) that requires immediate attention and decisive action to prevent or minimize any negative impact on the health and welfare of one or more MassHealth members. Critical incidents may include but are not limited to:

- a. serious physical injury, including a self-inflicted injury and injuries where the cause or origin is unknown and where the member requires medical treatment beyond basic first aid;
- b. any serious communicable disease that is required to be reported to health authorities pursuant to state and/or local ordinances;
- c. natural disaster such as fire, serious flooding, or incidents causing displacement;
- d. exposure to hazardous material (including blood-borne pathogens);
- e. medication error (requiring medical intervention);
- f. mistreatment or allegation of mistreatment of a member including abuse, neglect, emotional harm, sexual or financial exploitation, or any other mistreatment, whether perpetrated by staff or member to member;
- g. person missing from scheduled care;
- h. significant property damage to the provider’s premises;
- i. suspected or alleged criminal activity occurring while the provider is providing care; and
- j. death of a member from non-natural cause, including suicide, homicide, or any other unexpected cause for death.

2. Reporting

Preliminary Report. All reportable critical incidents must initially be reported by phone, fax, or e-mail to the appropriate MassHealth program manager (See Program Manager Contact Information). This preliminary reporting must be communicated to the MassHealth program manager by the close of business on the day of the incident and must include, at minimum:

- a. the name of the person(s) involved;
- b. the date, time, and location of the incident;
- c. events preceding the incident;
- d. a description of the incident;
- e. immediate actions taken and outcomes;
- f. any witness(es) to the incident;
- g. the extent of injury to the affected member(s), including any medical or other health care professional’s treatments or recommendations;

- h. other parties involved (police, fire department, etc.) and their actions and the results, including any recommendations;
- i. the current status of the affected member(s);
- j. corrective action taken to prevent future incidents, including implementation time lines; and
- m. media involvement.

MassHealth Community Services Critical Incident Report Form. The caregiver (and/or the provider's program manager/supervisor's designee) who observes or discovers a reportable critical incident must record the incident **as soon as possible** on the MassHealth Community Services Critical Incident Report Form, and forward the form to the provider's program director or designee upon its completion.

The program director or designee must conduct any necessary immediate followup and submit the completed and signed MassHealth Community Services Critical Incident Report Form to MassHealth **within three business days** of the date the program director or designee learns of the reportable critical incident. If, at any time, there is a significant change in an affected member's condition relating to the reportable critical incident, the provider's program director or designee must immediately report this to the appropriate MassHealth program manager, and provide a written report by the end of business on the date the significant change in condition occurred.

3. Recordkeeping

MassHealth providers must comply with the applicable MassHealth provider regulations and policies for the maintenance of records. This includes maintaining documentation of reportable critical incidents, along with any ongoing notes, observations, and follow-up action in any affected member's record, or in a separate accessible file.

4. Injury Resulting From Suspected Abuse or Neglect by the Caregiver

If a MassHealth provider has reasonable cause to believe that serious physical injury (including fatal injury) or emotional injury of any individual served by the provider resulted from actions of a caregiver, whether by act or omission, the provider must

- a. immediately call the Disabled Persons Protection Commission (DPPC) and file a complaint under M.G.L. c. 19C, if the victim of the alleged abuse or neglect is disabled and is 18 years of age or older, but under 60 years of age;
- b. immediately call the Department of Children and Families (DCF) and file a report under M.G.L. c.119, § 51A, if the victim of the alleged abuse or neglect is under 18 years of age;
- c. immediately call the Executive Office of Elder Affairs (EOEA) and file a report under M.G.L. c. 19A, § 15, if the victim of the alleged abuse or neglect is 60 years of age or older;
- d. immediately call the Department of Public Health and file a report under M.G.L. c. 111, § 72G, if the victim of the alleged abuse or neglect resides in a nursing facility or similar establishment required to be licensed or certified by the Department of Public Health; and
- e. immediately contact the local police department when the provider has reasonable cause to believe that a felony has been committed in connection with an incident.

Reports filed with any other agency are investigated in accordance with the regulations and procedures of that agency. The filing of a report with any other investigative agency does not negate or satisfy the community services provider's requirement to submit a MassHealth Community Services Critical Incident Report Form to MassHealth.

5. Written Updates

Once the MassHealth Community Services Critical Incident Report Form has been submitted to the appropriate MassHealth program manager, additional updates may be necessary to keep MassHealth informed of the matter. Examples of incidents requiring ongoing updates include, but are not limited to

- incidents affecting multiple members;
- incidents that cause serious injury to a member;
- natural disasters, such as fire or flood; or
- incidents causing displacement.

If additional updates are requested by MassHealth, the providers must respond to MassHealth's request for additional information within 30 calendar days.

MassHealth Community Services Critical Incident Reporting Program Manager Contact Information

As stated in the MassHealth Community Services Critical Incident Reporting instructions, MassHealth providers must submit completed MassHealth Community Services Critical Incident Report forms to the appropriate MassHealth program manager or contact person listed below, by mail, fax, or e-mail.

Please Note: Providers are reminded that they are covered entities under HIPAA and that, pursuant to HIPAA requirements, protected health information (PHI) must be sent in a secure fashion. Providers wishing to submit PHI by e-mail must make sure that the e-mail transmission is secure.

Completed MassHealth Community Services Critical Incident Report forms should be mailed or faxed to the following address and to the attention of the appropriate manager or contact person listed below.

MassHealth Office of Long Term Services and Supports

One Ashburton Place, 5th Floor
Boston, MA 02108
Fax Number: 617-727-9368

Program Managers and Contact Information

Adult Day Health Services and Adult Foster Care Services

Beth Shelton, Program Manager
Phone: 617-222-7485
E-mail: Beth.Shelton@state.ma.us

Group Adult Foster Care Services

Pam Gardner, Program Manager
Phone: 617-222-7486
E-mail: Pamela.Gardner@state.ma.us

Day Habilitation Services

Jennifer Reid, Manager
Phone: 617-222-7565
E-mail: Jennifer.L.Reid@state.ma.us

Transitional Living

Sandra Brown, RN, Contact Person
Phone: 617-222-7410
E-mail: Sandra.Brown@state.ma.us