***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

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MassHealth

All Provider Bulletin 316

April 2021

**TO**: All Providers Participating in MassHealth

**FROM**: Daniel Tsai, Assistant Secretary for MassHealth [signature of Daniel Tsai]

RE: Clarification of Requirements for Adverse Incident Reporting by Certain Behavioral Health Providers

## Background

MassHealth is issuing this bulletin to clarify adverse incident reporting requirements, pursuant to the following:

1. **Section 2**, **Section 3.6** and **Attachment 3** of Appendix A*: Special Conditions for Substance Abuse Treatment Hospitals* of the MassHealth Program Provider Agreement;
2. 130 CMR 425: *Psychiatric Inpatient Hospital Services*and **Section 1**, **Section 2.J**, and **Appendix D** of Attachment A: *Psychiatric Hospital Contract* to the Psychiatric Hospital RFA; and
3. 130 CMR 429: *Mental Health Center Services*.

This bulletin includes guidance on: 1) adverse incident reporting; 2) requirements for completing an adverse incident report; and 3) electronically available forms.

## Adverse Incident Reporting

MassHealth requires Inpatient and Outpatient Psychiatric Hospitals, Substance Abuse Treatment Hospitals, and Mental Health Centers to submit the [Adverse Incident Form](https://www.mass.gov/doc/ai-daily-roster-template/download) on the day of a behavioral health reportable adverse incident or the next business day if the adverse incident occurs on a holiday or weekend.

Behavioral health reportable adverse incidents that involve MassHealth members include, but are not limited to, the following:

* Any member’s death (include cause of death, if known);
* Any member’s absence without authorization (AWA);
* Any serious injury resulting in hospitalization of a member;
* Any sexual assault or alleged sexual assault on or by a member;
* Any sexual activity in a 24-hour level of care facility by a member or members;
* Any member violation, or alleged violation, of the Department of Mental Health physical

restraint and seclusion regulations (see 104 CMR 27: *Licensing and Operational Standards for Mental Health Facilities*);

* Any physical assault or alleged physical assault on or by a member, including on or by staff;
* Any contraband found in the possession of the member, and prohibited by provider policy;
* Any member injury or illness requiring transportation to an acute care hospital for treatment while in a 24-hour program; or
* Any unscheduled event that results in the evacuation of a program or facility.

## Requirements for Completing an Adverse Incident Report

When reporting an adverse incident using the Adverse Incident Form, the provider must accurately complete all fields in the report form. Specifically, the form must:

* Indicate the individual completing the form and include accurate contact information;
* Be signed and dated by the individual who completed the form;
* Provide identifying information regarding the MassHealth member;
* Provide the name of the facility where event took place;
* Provide the date and time of the event and when it was reported;
* Indicate other state agency involvement;
* Provide details on any restraints that may have been used during the event; and
* Describe the adverse incident.

The description portion of the adverse incident form must be provided in detail. Additional pages may be included to provide adequate details. Descriptions should include the following:

* Location of the event;
* Staff and member involvement in the event;
* Staff response to the event;
* Facility initial response to the event and plans for further follow up, including, but not limited to internal investigations, review of policy and procedures, staff training and staff disciplinary action; and
* Description of any law enforcement notification and plan for follow up.

Once the form is complete, it should be sent via secure email to [OBH.mailbox@mass.gov](mailto:OBH.mailbox@mass.gov). The subject line must be titled “SECURE.”

## Electronically Available Forms

The Adverse Incident form and guidance for completion can be found at:

[www.mass.gov/how-to/behavioral-health-reporting-adverse-incidents](https://www.mass.gov/how-to/behavioral-health-reporting-adverse-incidents)

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/masshealth-provider-bulletins) web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](Mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

## Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988‑8974.