

MassHealth Community Services Critical Incident Report Form



This form is to be used by MassHealth community services providers (see Section 2 below) to report to MassHealth the occurrence of reportable critical incidents (hereafter “incidents”) involving MassHealth members. The 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.

Initial Communication and Immediate Notification (See “MassHealth Community Services Critical Incident Reporting Instructions”)

As soon as you learn that a reportable critical incident has occurred, notify MassHealth by secure email to OLTSS.Community.CIRF@mass.gov, by the close of business on the date of the incident. If the incident requires immediate further action, MassHealth will contact you. Please make sure to include accurate contact information, a brief summary of the incident, and the member’s name and MassHealth ID when you first contact MassHealth. If a reportable critical incident occurs on a weekend day or holiday when MassHealth offices are closed, report the incident on the next business day via secure email.

Report Submission

Within three business days after you learn of the incident, complete this form and submit it to MassHealth at OLTSS.Community.CIRF@mass.gov. Continue communication by email or telephone if an affected member’s condition changes significantly as a result of 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: _____ MassHealth ID#: _____

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 Health¹ (Transportation Only) Adult Foster Care Personal Care Attendant
 Day Habilitation Group 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:

1. ADH Critical Incidents not involving transportation must be submitted to DPH in the form and format identified by the Department.

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 bloodborne 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 injury from unknown cause or origin
<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 made 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 follow-up required after incident (explain):
<input type="checkbox"/> Nonroutine PCP visit	

Section 8. Other Parties or Agencies Contacted

<input type="checkbox"/> Agencies (e.g., visiting nurse association, home health agency, 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 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 (ADH);
- Adult Foster Care (AFC);
- Group Adult Foster Care (GAFC);
- Day Habilitation (DH); and
- Personal Care Attendant (PCA).

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 bloodborne 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 a 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 to the critical incident report email address, OLTSS.Community.CIRF@mass.gov. Please include the provider type (ADH, AFC, DH, etc.) in the subject line of the email. This initial report must be made to MassHealth OLTSS 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 timelines; and
- k. 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 this 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 follow-up and submit this form, completed and signed, to MassHealth within three business days after learning of the reportable critical incident. If, at any time, there is a significant change in an affected member's condition related to the reportable critical incident, the provider's program director or designee must immediately report this via email to the critical incident report email address, OLTSS.Community.CIRF@mass.gov. Please include the provider type in the subject line of the email.

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 has 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 or older, but under 60 years old;
- 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 old;
- 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 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 critical incident report email address, OLTSS.Community.CIRF@mass.gov, 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 MassHealth requests additional updates, providers must respond to any requests within 30 days.

MassHealth Community Services Critical Incident Reporting Contact Information

Providers are covered entities under HIPAA, and pursuant to HIPAA requirements, protected health information (PHI) must be sent securely. Providers wishing to submit PHI by email must make sure that the email transmission is secure. To send a secure email, please go to <https://ppsecuremail.state.ma.us/encrypt>.

Questions

If you have questions about this form or sending secure emails, please contact the Long-Term Services and Supports (LTSS) Provider Service Center.

Phone: Toll free (844) 368-5184

Email: support@masshealthltss.com

Portal: www.MassHealthLTSS.com

Mail: MassHealth LTSS
PO Box 159108
Boston, MA 02215

Fax: (888) 832-3006

Any follow-up emails pertaining to a critical incident should be sent to OLTSS.Community.CIRF@mass.gov.