

Critical Incident Reporting FAQ

Per the Washington State Integrated Managed Care (IMC) contract (section 7.8 – Critical Incident Management System), behavioral health providers are required to submit reports of critical incidents involving their patients. This document compiles questions specific to critical incident reporting as of 4/22/19; future updates may be coming.

Frequently Asked Questions (FAQ)

1. What events require critical incident reporting?

Critical incidents, as defined in the Integrated Managed Care (IMC) contract, must be reported to the MCOs for the following incidences. Please see the IMC Contract, section 7.8 on Critical Incident Management System for further details.

Credible threats to patient safety	Homicide/Attempted Homicide	Suicide and attempted suicide
Abuse, Neglect or exploitation (including financial exploitation)	Unauthorized leave from facilities that accept involuntary admissions	Any event involving a patient that has attracted or likely to attract media attention.
An unexpected death of a patient that occurs in a WA state licensed facility.	A major injury/trauma with potential for prolonged disability or death that occurs in a WA state licensed facility	Other incidents defined in MCO policies and procedures
<u>Violent acts allegedly committed by patients to include:</u> Arson, assault resulting in serious bodily harm, homicide/attempted homicide by abuse, drive-by shooting, extortion, kidnapping, rape, sexual assault or indecent liberties, robbery, or vehicular homicide.		

2. Is there a single critical incident reporting form for all the MCOs?

At this time, each MCO has their own critical incident reporting form, but there are common reporting elements required, per the contract. Efforts to align across MCOs are continuing and providers will be notified of any alignment with this form.

3. Are critical incident reports required for all settings of care?

Yes, providers are required to report critical incidents for any patient receiving Medicaid services in any setting, including outpatient or inpatient facilities.

4. When providers make a Child Protective Service (CPS) report, do they also need to submit a critical incident report to the Managed Care Organizations (MCOs)?

No, a CPS report does not automatically necessitate a critical incident report with the MCOs. Only when the incident requiring a CPS report rises to the level indicated in the IMC contract (i.e. creating media attention, risk of death/severe disability) should providers also submit a critical incident. This response was confirmed by the HCA in the latest Rapid Response question log and applies to all IMC regions.

5. Do we send critical incident reports to the MCOs or the Behavioral Health – Administrative Service Organizations (BH-ASOs)?

Critical incident reports should be sent to the MCOs for all members receiving Medicaid services.

6. What is the reporting expectation for unauthorized leave of patients?

The IMC contract states:

“Unauthorized leave of a mentally ill offender or a sexual or violent offender from a mental health facility, secure Community Transition Facilities (i.e. Evaluation and Treatment Centers, Crisis Stabilization Units, Secure Detox Units, and Triage Facilities) that accept involuntary admissions”

This does **not** include patients who leave against medical advice or patients who leave the facility without authorization or staff awareness (i.e. elopement) who are voluntarily seeking treatment. However, if in the course of their exit the patient is involved in a precipitating or resultant event that meets an additional incident category, then the incident is reported (i.e. patient physically assaults a staff member as they exit requiring a notification to law enforcement).