MH-WIN PROCEDURAL GUIDANCE MANUAL

Reporting Critical Incidents/Events, Sentinel Events and Death Report Process

May 2025 Version 1@QPIT

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GLOSSARY OF GENERAL TERMS

Actively Receiving Services: A member is actively receiving services when any of the following occur (including those that present for crisis services and become a part of DWIHN system should an adverse incident occur. For example – suicide):

1. A face-to-face intake occurred, and the individual was deemed eligible for ongoing service;
2. The CMHSP/PIHP has authorized the individual for ongoing service, either through a face-to-face assessment or a telephone screening;
3. The individual has received a non-crisis, non-screening encounter.

The period during which the member is considered to be actively receiving services shall take place between the beginning date and end date, inclusively:

1. Beginning Date: Actively receiving services begins when the decision is made to start providing ongoing non-emergent services. Specifically, the beginning date shall be the first date that any of the 3 conditions referenced above occurs.
2. End Date: When the member is formally discharged from services. The date the discharge takes effect shall be the end date. This should also be the date that is supplied to the member when the member is notified that services are terminated, and within MH-WIN CRSP Discharge Records link found in the Clinical Services section of the member's chart.

Behavior Treatment Plan: The exercise of strategies for the control or treatment of problem behavior to achieve therapeutic objectives using a variety of recognized techniques. Techniques are based on general behavior therapy, verbal directions, physical guidance, physical management and medications. A personalized treatment plan addressing the needs of members and their family members.This treatment plan is developed through the person-centered planning process. The person-centered planning process is a process for planning and supporting the member receiving services which builds upon the member's capacity to engage in activities that promote community and honors the member's preferences, choices, and abilities. The person-centered planning process involves the member's family members, friends and professionals as the member desires or requires. **Before implementation, the Behavior Treatment Plan requires the approval of a special committee called "Behavior Treatment Plan Review Committee."**

Clinically Responsible Service Provider (CRSP): CRSP is identified as the provider (chosen by the member) responsible for the coordination of the person-centered planning process and the treatment planning process. This includes but is not limited to conducting intakes, completing applicable assessments, and assigning the appropriate level of care for community-based services. The treatment planning process includes the development of the Individual Plan of Service or Master Treatment Plan, requesting authorizations for the services identified in the Individual Plan of Service, monitoring service provisions, conducting periodic reviews and addendum to the Individual Plan of Service when requested by the member or warranted due to changes in level of need or significant life events. (DWIHN Provider Manual V64-6-2020)

CMHSP: Community Mental Health Service Provider. General Fund Payment provider. (depending on payment source, either the CMHSP or PIHP may authorize the member to begin treatment).

Consumer/Member: An individual who is receiving, or in the past has received treatment/services/supports from DWIHN, their subcontractors, other entities contracted with the DWIHN, or Medicaid beneficiaries who receive substance abuse services managed by the Prepaid Inpatient Health Plan (PIHP), including any that are subcontracted through the CAs.

Critical Event: All events that are an **actual or alleged** event or situation that creates a **significant risk** of substantial or serious harm to the physical or mental health. Safety or wellbeing of a member. (i.e. Critical Incidents and Risk Events).

Critical Incident: Nine (9) specific reportable events: all suicide or non-suicide deaths, emergency medical treatment (includes doctor's office, urgent care, ER, hospitalization) due to injury or medication error, hospitalization due to injury or medication error, arrest, MAT Mediation Error (SUD only), Serious Challenging Behaviors (SUD only); SUD Medication Error (SUD only); Crisis Stabilization, and media events (immediately reportable) and arrest of member. **(Must be resolved within 60 days).** **MDHHS REPORTABLE**

Critical No Show: *Also see Provider No Shows*- when the member is bed bound or in critical need and is dependent on others. Instances when a provider is scheduled to be at a member's home but does not come and back-up service plan is either not put into effect or fails to get an individual to the member's home in a timely manner.

CRM: Customer Relations Management MDHHS reporting system for all sentinel events. Also referred to as MiCal and CIS.

Death - Two types of deaths determination are reported on death certificates: manner and cause. Manner refers to the circumstances of the death. There are five possible manners: natural, accident, suicide, homicide and undetermined, which may also be referred to as indeterminate. The National Association of Medical Examiners

Direct Contractor: A legal entity or division of an entity, which contracts with DWIHN to provide substance abuse and/or mental health services/supports as defined by DWIHN.

DWIHN: Detroit Wayne Integrated Health Network

Exploitation: An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of an enrollee's property or funds for the benefit of an individual or individuals other than the enrollee.

ICO: Integrated Care Organization – MI Health Link complete integrated health care program for Michigan residents that meet program requirements. (Aetna, Amerihealth, HAP/CareSource, Meridian, Molina)

Illegal Activity in the Home with Potential to Cause a Serious or Major Negative Event: Any illegal activity in the home that puts the member or the providers coming into the home at risk. (drugs, alcohol, gambling, etc.)

Incident Report: Filed with the Office of Recipient Rights (ORR) detailing any unusual occurrences – any incident that disrupts the normal routine or program of the member must be documented through the incident reporting process.

Injury: Bodily damage that occurs to an individual due to a specific event such as an accident, assault, or misuse of the body. If emergency treatment is sought due to a possible or suspected injury, the event shall be considered a reportable injury when medical staff indicate that injury occurred (**Evidence**: *Documentation of diagnosis by appropriately licensed medical professional* uploaded into the Event).

Injury during Physical Management: means any injury to the member that occurred while physical management techniques were being used with the injured member by staff or others (e.g., police, parents, hospital staff). "Injury during physical management" can only occur during the time period that physical management is being used (e.g., during the time the member is being held). The fact that an injury occurred during physical management does not imply that the physical management caused the injury. The physical intervention may have caused the injury, or it may in fact have reduced the severity and/or number of injuries.

Media Event: Incidents *that are noted in the Media: TV, radio, newspaper, internet sites, and other social media.*

Medication errors: Wrong medication, wrong dosage, double dosage, or missed dosage which resulted in death or loss of limb or function or the risk thereof.

Member/Consumer: An individual who is receiving, or in the past has received treatment/services/supports from DWIHN, their subcontractors, other entities contracted with the DWIHN, or Medicaid beneficiaries who receive substance abuse services managed by the Prepaid Inpatient Health Plan (PIHP), including any that are subcontracted through the Case.

Neglect: Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law or rules, policies, guidelines, written directives, procedures, or Individual Integrated Care and Supports Plans that cause or contribute to non-serious physical harm or emotional harm, death, or sexual abuse of, serious physical harm to an enrollee, or the intentional, knowing or reckless acts of omission or deprivation of essential needs (including medication management).

Peer Review: A process, including the review process under 143a of the Michigan Mental Health Code, Section 330.1143a, in which mental health or physical health professionals of a licensed hospital, or community mental health services program evaluate the clinical competence of staff and the quality and appropriateness of care provided to recipients. These **evaluations are confidential** in accordance with section 748(9) of the Michigan Mental Health Code, Section 330.1748, and are based on criteria established by the facility or community mental health services program itself, the accepted standards of the mental health professions and MDHHS. DWIHN has determined the **clinical portion** of Sentinel Event(s), Death Review(s) and Clinical Case Review and Consultation(s), to be peer review activities. DWIHN's Peer Review Committee is comprised of the Medical Director, Clinical Services, Managed Care Operations and Quality Improvement staff. A review by health care practitioners of services ordered or furnished by other practitioners in the same professional field. See 42 CFR §476.1.

PIHP: Prepaid Inpatient Health Plan. Medicaid payment funding provider program.

Physical abuse: The use of unreasonable force on an enrollee with or without apparent harm. Includes unreasonable confinement (physical or chemical restraints, seclusion, and restrictive interventions).

Psychological Injury: A mental response to a traumatic, intrusive event in which the individual is unable to adapt in his/her usual way.

Physical abuse: The use of unreasonable force on an enrollee with or without apparent harm. Includes unreasonable confinement (physical or chemical restraints, seclusion, and restrictive interventions).

Physical Management: a technique used as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him or her from physically harming him/herself or others.

Preventable Events: An event deemed avoidable based on review of all documentation including Plan of Care, treatment provided in accordance with standard of care and scope of services by the CRSP, DWIHN Internal departments, and all other related to the case, including DWIHN's Quality Performance Improvement Team and/or the Sentinel Event Peer Review Committee (SEC/PRC)

Provider no shows: Instances when a provider is scheduled to be at an enrollee's home but does not come and back-up service plan is either not put into effect or fails to get an individual to the enrollee's home in a timely manner. This becomes a critical incident when the enrollee is bed bound or in critical need and is dependent on others.

Quality Improvement (QI): The unit within DWIHN that has direct and oversight responsibility for monitoring DWIHN's internal quality improvement and network quality assurance activities. These include review and support of the collection of data required for submission to MDHHS, oversight of the development of DWIHN policies and procedures, implementation of DWIHN Compliance Plan and monitoring of program performance and quality by contractors and providers within the Community Mental Health network for Wayne County.

Risk Event: An event that puts an individual at risk of harm. Such an event is reported internally and analyzed to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents. Risk events minimally include:

1. **Harm to Self:** Actions taken by members that cause physical harm requiring emergency medical treatment or hospitalization due to an injury that is self-inflicted (i.e. pica, head banging, self-mutilation, biting, suicide attempts).
2. **Harm to Others:** Actions taken by members that cause physical harm to others (family, friends, staff, peers, public, etc.) that result in injuries requiring emergency medical treatment or hospitalization of the other person(s).
3. **Police Calls:** Police calls by staff of specialized residential settings, or general (AFC) residential homes or other provider agency staff for assistance with a member during a behavioral crisis situation regardless of whether contracting police is addressed in a behavior treatment plan.
4. **Emergency Use of Physical Management:** Emergency use of physical management by trained staff in response to a behavioral crisis.

5. **Physical Management** is a technique used as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him/her from physically harming him/herself or others. The term "physical management" does not include briefly holding an individual in order to intervene with him/her or to demonstrate affection or holding his/her hand.

Risk Thereof: Any event for which a re-occurrence would carry a significant chance of a serious adverse outcome, such as death or serious injury.

Root Cause Analysis: A root cause analysis (RCA) focuses primarily on systems and processes not individual performance. RCA seeks to identify any multiple causes usually contributing to an adverse event and establish a standardized Plan of Action based on those identified risks.

Sentinel Event: An **"unexpected occurrence"** involving **death** (not due to the natural course of a health condition) or **serious physical or psychological injury**, or the **risk thereof**. Serious injury specifically includes loss of limb or function. The phrase, "or risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome" (JCAHO, 1998)

Sexual abuse: Criminal sexual conduct as defined by sections 520b to 520e of 1931 PA 318, ML 750.520b to MCL 750.520e of the Michigan Penal Code.

- Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and an enrollee.
- Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and an enrollee for whom the employee, volunteer, or agent provides direct services.
- "Sexual contact" means the intentional touching of the member's or employee's intimate parts or the touching of the clothing covering the immediate area of the member's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or ratification, done for a sexual purpose, or in a sexual manner for any of the following:
    - Revenge
    - To inflict humiliation
    - Out of anger

Suspicious (or Unexpected Death): That which does not occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age. These incidents are often also reported to law enforcement. (Must be reported within 2 days)

Theft: A person intentionally and fraudulently takes personal property of another without permission or consent and with the intent to convert it to the taker's use (including potential sale).

Unexpected Deaths: Unexpected deaths do not occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age. Unexpected deaths include those that **resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect**. These incidents are often also reported to law enforcement.

Use of Restraints, seclusions, or restrictive interventions: Includes unreasonable confinement (physical or chemical restraints seclusion, and restrictive interventions).

Verbal Abuse: Intimidation or cruel punishment that causes or is likely to cause mental anguish or emotional harm.

Vulnerable: A condition in which an adult is unable to protect him/herself from abuse, neglect, or exploitation because of a mental or physical impairment or advance age.

Vulnerable Person Banner: To be added when a member is missing whenever reporting a Critical Event. Enter and select the category "Missing – Contact MCPN Immediately" (*This category has been identified to be changed – please continue to use as appropriate reporting tool at this time*).

Worker consuming drugs or alcohol on the job: Use of any drugs or alcohol that would affect the abilities of the worker to do his or her job.

Immediately Reportable: These events are reportable for all Providers in the MDHHS Customer Relations Management/Critical Incident System (CRM/CIS).

Cause of Death - Death because of suspected staff member action or inaction or any death that is the subject of a recipient rights, licensing, or police investigation.

a) **Member Relocation** - Relocation of a member's placement due to a licensing suspension or revocation.
b) **Performance** - The conviction of a PIHP or provider panel staff member for any offense related to the performance of their job duties or responsibilities which results in exclusion from participation in federal reimbursement.
c) **Personnel Change** - Executive Personnel Staffing Changes
d) **Provider Change** - The Contractor (DWIHN) must notify the State of any changes to the composition of the provider network organizations that negatively affect access to care.
e) **Service Relocation** - An occurrence that required the relocation of any PIHP or provider panel service site, governance, or administrative operation for more than 24 hours.
f) **Warranties and Representations** - Contractors (DWIHN) must inform the State of any material adverse changes.

WHAT'S THE DIFFERENCE: CRITICAL EVENTS VS INCIDENT REPORTS

Critical Events *are processed by Quality Performance Improvement and track trends and patterns related to the Standard of Care and Scope of Services and monitor the remediation or elimination of practices that contribute to individual and systemic issues in member's care and services. Critical Events are generated from the Incident Report –* ***only one person enters the Critical/Sentinel event into MH-WIN****.*

Incident Reports *are monitored and processed mainly through the Office of Recipient Rights and look for Mental Health Code violations in the Standard of Care as well as Abuse and Neglect issues. Everyone witnessing or providing assistance must write an Incident Report.*

Critical/Sentinel Events and Incident Reports shall provide a clear and detailed "picture" of ***who, what, when, where, how****, and possibly why a situation occurred and the response (Action Taken) to that situation to resolve; and, to remediate or eliminate it from occurring again.*

CATEGORIES AND SUBCATEGORIES DEFINED

ONLY These Categories and Subcategories are Valid

CATEGORY	SUBCATEGORY	Documents Required
Media *- Newsworthy/Community Crisis Critical Incident:* Critical incidents which may be newsworthy or represent a community crisis, that do not fit the descriptions or requirements of other Immediately reportable events. *Information is HIE'd to MDHHS through MH-WIN – A Critical Event MUST be immediately entered in the Media category with the appropriate subcategory identified followed by an emessage to QPI Team.*	***1. Missing Person**** 2. Death 3. Accident 4. Homicide 5. Suicide 6. Assault 7. Arrest	***Immediate entry in CE/SE Module and an emessage in MH-WIN to QPI Staff.*** ****DAILY check "Missing Person" links for city & county***
ARRESTS *– Situations where a member is held or taken by a law enforcement officer based on the belief that a crime may have been committed.* *Situations where a member is transported for the purpose of receiving emergency mental health services, or situations where a member is held in protective custody,* ***are not considered*** *to be an arrest.*	1. Arrest 2. Assault 3. Behavior 4. Convicted 5. Criminal Charges Pending 6. Destruction of Property **7.** Police Intervention 8. Violation of Probation **9.** Writ	*Identify what the member was arrested for & indicate court dates and outcomes. Any court case # or inmate #*
Subcategories updated May 2025 based on National Association of Medical Examiners definitions. ***DEATHS*** *– ALL deaths are* ***reportable within 24 hours of your knowledge*** *of the event UNLESS it is a MEDIA event which makes it IMMEDIATELY reportable. SUD-related deaths, Suicide, and Homicide Deaths are* ***always*** *Sentinel Events and* ***REQUIRE*** *a Root Cause Analysis (RCA) with Plan of Action be completed in accordance with Policy/Procedure time frames.* ***Primary Source verification is required through the Medical Examiner's office or ADT, and notification to Recipient Rights REQUIRED prior to entry into the Critical/Sentinel Event module.***	1. Natural 2. Behavior Treatment Member 3. Homicide 4. Pending/Unknown 5. Accident 6. Suicide 7. Undetermined/Indeterminate	***CRSP must order ME reports; Death Certificates and upload to the specific Event.*** *RCA required for Sentinel Deaths.*
ENVIRONMENTAL EMERGENCIES *– Living conditions that require removal or relocation of the members. They include these eight (8) areas.*	1. Bed Bugs 2. Fire 3. Gas/Water Leak 4. Mold 5. Other 6. Power Outage 7. All Members Relocated 8. Member Relocated	*Documentation of remediation; places of relocation; and any services (food, etc.).* ***Receipts*** *for all repairs, relocations, etc. must be included*

INJURIES REQUIRING ER *– Any event that* ***requires medical follow-up*** *to decide if more intensive services are required. (i.e. self-inflicted injuries; suicide attempts, etc.)*	1. *Accident* 2. *Accident/Death* 3. *Alleged abuse/Neglect/Sexual* 4. *Assault* 5. *Behavior* 6. *Injury* 7. *Physical Illness* 8. *Physical Management* 9. *Self-Inflicted Injury* 10. *Suspected Overdose* **11.** *Suicide Attempt*	*Discharge documents & follow-up. RCA required for all Sentinel Events* *Fall events require: PT or OT consult/script & fall risk assessment*
INJURIES REQUIRING HOSPITALIZATION *Hospitalization that results in admission process and meets one of the four categories listed.*	**1.** *Accident* **2.** *Injury* **3.** *Medication Error* **4.** *Physical Management* **5.** *Suspected Overdose*	*Discharge documents & follow-up. RCA required for all Sentinel Events*
MEDICATION ERRORS *- A situation where a mistake is made when a member takes prescribed medication (i.e., incorrect dosage taken, prescription medication taken that is not prescribed, medication taken at wrong time, medication used improperly), or a situation where non-prescription medication is taken improperly and must receive emergency medical treatment.* *EMERGENCY MEDICAL TREATMENT (doctor's office, urgent care, ER, hospitalization) makes this a Sentinel Event ONLY.*	**1.** *Allergic Reaction* **2.** *Double Dosage* **3.** *Missed Dosage* **4.** *Physical Illness* **5.** *Wrong Medication*	*Emergency Medical Tx - REQUIRE discharge documentation; upload Medication Sheets into event. RCA is required.*
PHYSICAL ILLNESS REQUIRING ER *-* *NON-REPORTABLE FOR ON-GOING DIAGNOSED CONDITIONS ALREADY KNOWN AND COVERED IN THE PLAN OF CARE.*	**1.** *COVID-19* **2.** *Admitted* **3.** *Released*	*Discharge documents & follow-up. RCA for all Sentinel Events*
PHYSICAL ILLNESS REQUIRING HOSPITALIZATION – *NON-REPORTABLE FOR ON-GOING DIAGNOSED CONDITIONS ALREADY KNOWN AND COVERED IN THE PLAN OF CARE.*	**1.** *COVID-19* **2.** *Admitted* **3.** *Allergic Reaction* **4.** *Death Cause Unknown* **5.** *Diabetes* **6.** *Heart Attack* **7.** *injury* **8.** *Medication Error* **9.** *Orthopedic* **10.** *Physical Illness* **11.** *Physical Health Reason* **12.** *Released* **13.** *Respiratory* **14.** *Seizure Disorder* **15.** *Stroke*	*Discharge documents & follow-up. RCA for all Sentinel Events*

SERIOUS CHALLENGING BEHAVIOR ***NOTE: This category is NOT for members on Behavior Treatment Plans*** *Behaviors not already addressed in a treatment plan and include significant property damage (excel of $100); attempts at self-inflicted harm or harm to others, unauthorized leave of absence resulting in death or loss of limb or function to the individual or risk thereof.*	1. *Assault* 2. *Assault on another member* 3. *Assault on staff* 4. *Behavior* 5. *Injury* 6. *Physical Management* 7. *Requiring Inpatient Hospitalization* 8. *Suicide Attempt* 9. *ULOA – NOT addressed in IPOS*	*Police reports or report number; hospital discharge documents; follow-up care, etc. If Sentinel Event – requires a RCA*
ADMINISTRATIVE	1. ***Alleged Abuse/Neglect*** 2. ***Critical No Show*** 3. ***Exploitation*** 4. ***Illegal Activity*** 5. ***Impaired Worker***	*Report number for APS/CPS, Police reports; ORR Complaint number*
BEHAVIOR TREATMENT	1. ***911 Calls*** 2. ***Death*** 3. ***Emergency Hospitalization*** 4. ***Use of Physical Management*** 5. ***Injuries * NEW*** 6. ***Psychiatric Hospitalization *New***	*Person, Time, and date of 911 Call* *Hospital documentation; physician order for use of restraints or BTP authorizing use; follow-up care*
SUD – MDHHS REPORT CATEGORIES HIE'd DAILY **** NEW DATA REPORTING & REMEDIATION PROCESS FY 2022/2023*** *(NOT ALL INCLUSIVE – SUD MUST ALSO REPORT IN APPROPRIATE CATEGORIES LISTED IN CHART ABOVE)*	***MDHHS- CIR/CRM SYSTEM Reportable***	
Death of Recipients – *Reporting is required for persons living in 24-hour specialized residential substance use disorder treatment settings (NOTE: DWIHN requires reporting of all deaths into the MH-WIN system. MDHHS deaths are reported through HIE mechanism to the CRM/CIS system)*	• ***Suicide*** • ***Non-Suicide*** • ***Death of Unknown Cause***	*Primary Source verification required through the ME or ADT, and note to ORR*

Accidents *- requiring emergency room visits and/or admissions to hospitals. Accidents treated at doctor's offices and urgent care clinics/centers are included in the accident reporting along with those treated in emergency rooms*	• *Emergency Medical Treatment*
	  ○ *Injury*
	  ○ *Medication Error*
	  ○ *Overdose*	

Physical illness requiring admissions to hospitals *– NOT planned surgeries whether outpatient or inpatient; no admissions directly related to the natural course of the person's chronic illness, or underlying condition.*	• *Hospitalization*
	  ○ *Injury*
	  ○ *Medication Error*
	  ○ *Overdose*	

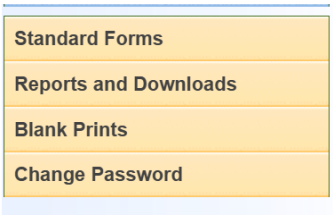
Arrest or conviction of recipients *– report arrests and convictions as separate incidents*	• *Arrest* • *Conviction*	
Serious Challenging Behaviors *– NOT those already addressed in a treatment plan and include significant (excess of $100.00) property damage, attempts at self-inflicted harm or har to others, unauthorized leaves of absence that result in death or loss of limb or function to the individual or risk therof. All unauthorized leaves from residential treatment are not sentinel events in every instance*		
Medication errors – *a wrong medication – wrong dosage – double dosage – or missed dosage* ***which resulted in*** *death or loss of limb or function or the risk thereof. NOT when a member refused medication*	• *MAT Medication Error* • *SUD Medication Error*	
Immediately Reportable - *These events are reportable for all SUD Residential Providers into the MDHHS Customer Relations Management/Critical Incident System (CRM/CIS) by DWIHN staff.*	• *ORR* • *Licensing* • *Police Investigation*	

Event DOCUMENTATION is **due within 7 business days** of the initial report of the event. This includes progress notes, hospital discharge documentation, police report #, APS/CPS report #, Death Certificates.
Documents are to be uploaded to the specific event NOT emailed OR e-messaged to staff.

Staff are required to go back and review the Case Status area of the event you have entered 5 business days after your entry to determine if additional information has been requested. This could include a request to do a Root Cause Analysis (RCA). **Documentation for all RCAs** is required to be completed and uploaded into the specific event in the Review section in **15 business days from the date the report is entered into MH-WIN**.

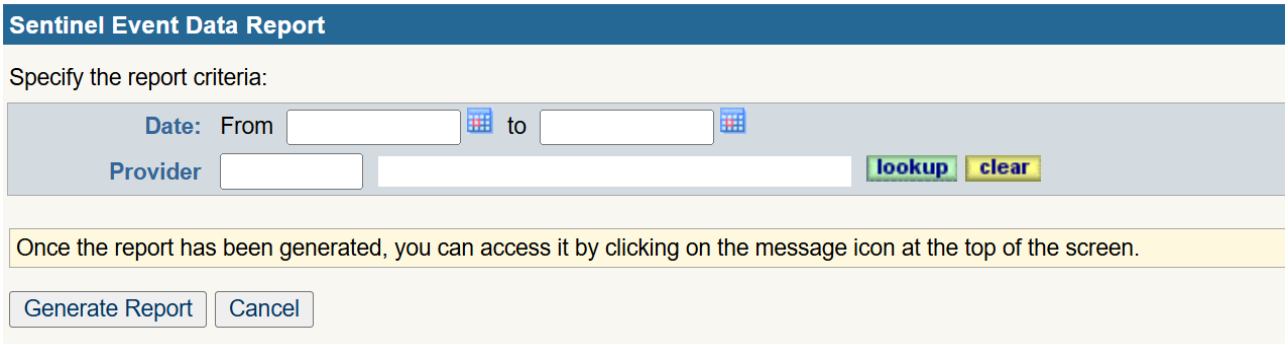
The CRSP can **run a report that generates a list of cases that are currently open** for your provider site.

Step 1: Select "Reports and Downloads" on the home page in MHWIN.



Step 2: Scroll to the "Other Reports" section and then select "Sentinel Event Data Report"

Step 3: Enter the date for the beginning of the current fiscal year to today's date and look up your provider site. Then click "Generate Report"



Step 4: After this step, you will receive a MHWIN e-message with the excel document detailing all cases and the statuses for the provider site.

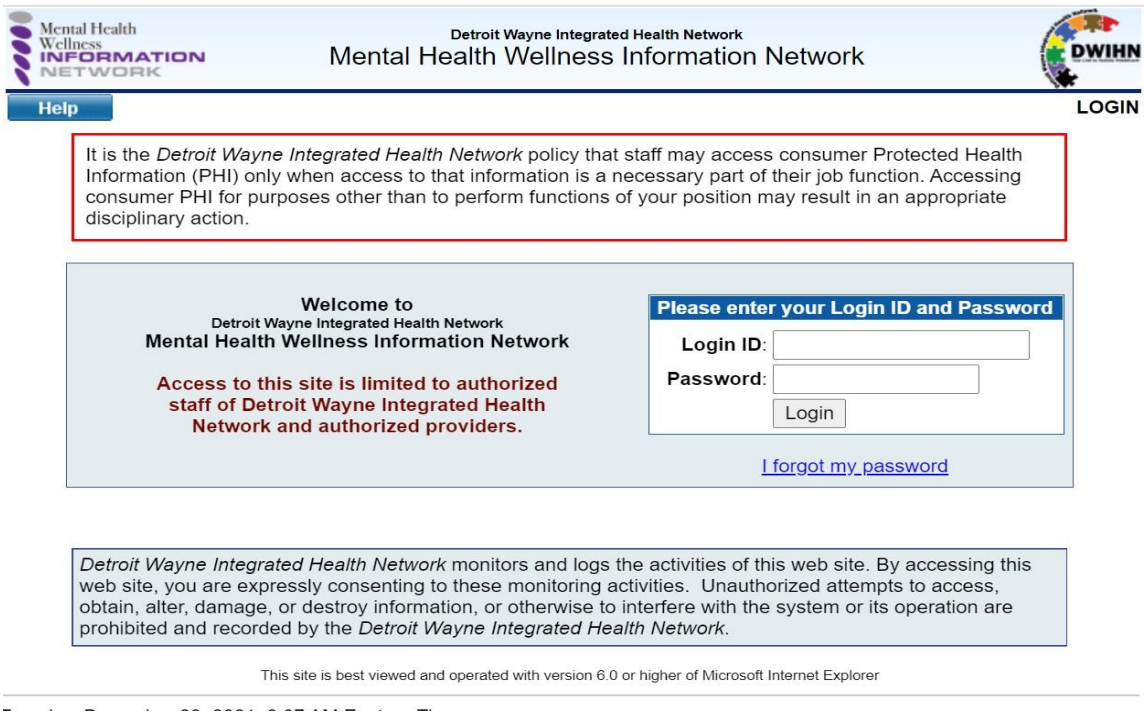
The Excel document can be filtered and "**Case Status" is in column AD**; **Reporting staff is in Column L**

ENTERING EVENTS INTO MH-WIN

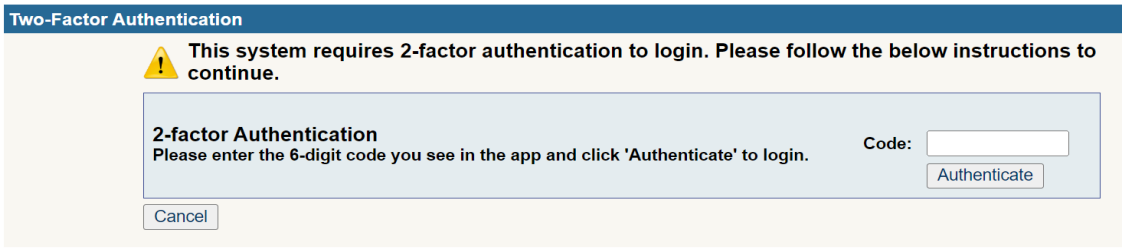
ALL DWIHN Behavioral Health and SUD Treatment providers MUST enter Critical/Sentinel Events in accordance with DWIHN Policy and Procedure. Your Screen may have changed due to updates.

Sign On with your assigned Login ID# and enter your password

(NEVER SHARE YOUR PERSONAL LOG IN INFORMATION)



You must copy and paste the Authentication Code into this area to proceed. MH-WIN Helpdesk can assist.



DWIHN CONFIDENTIALITY AGREEMENT

This system is intended for professional use by the staff and contractors of the Detroit Wayne Integrated Health Network. Records contained herein should be accessed only by authorized staff from approved work stations. Any identifying consumer information is strictly confidential. Information should be accessed on a need-to-know basis only.

By accepting these terms, you agree under penalty of law that you are an authorized agent using this system only for professional purposes.

For security and identification purposes, the computer's IP address, which is used to access this system, will be recorded. A computer's IP address can uniquely identify a specific computer's location on a network, and will be used to track any identified security violations identified within the system.

Anyone accessing or using this system inappropriately will be prosecuted to the fullest extent of the law, as set forth in Agency policies.

The confidentiality of some information is legally protected under the Michigan Mental Health Code (PA 258 of 1974, as amended) and the Health Insurance Portability and Accountability Act of 1996 (45 CFR, Parts 160 and 164). Additionally, some information may also be protected under the Confidentiality of Alcohol and Drug Abuse Patient Records; Final Rule (42 CFR, Part 2) and the Confidentiality of HIV/AIDS Information (MCL 333.5131; PA 488 of 1988, as amended).

I have read and accept these terms. Take me to the MH-WIN system.

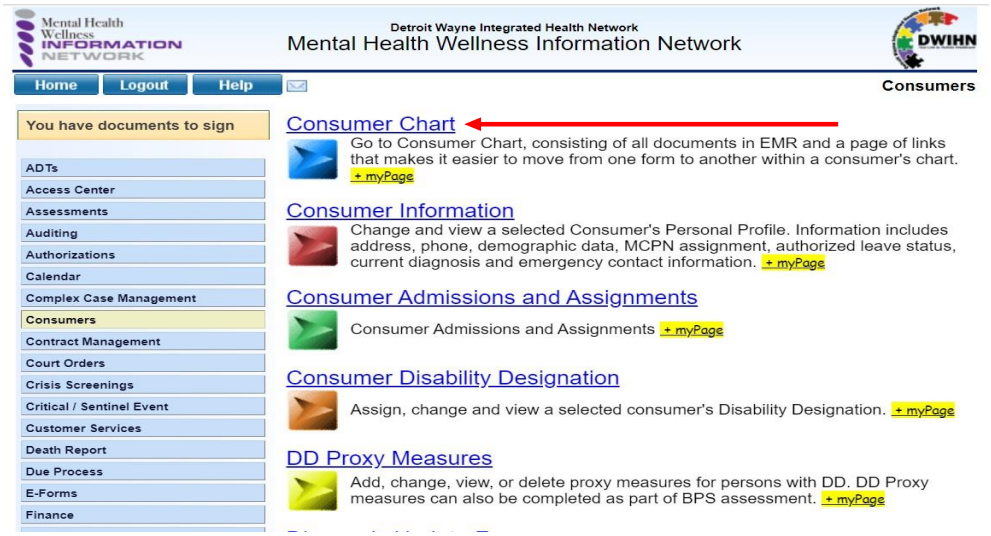
I do not accept these terms. Please log me out.

Step 1:

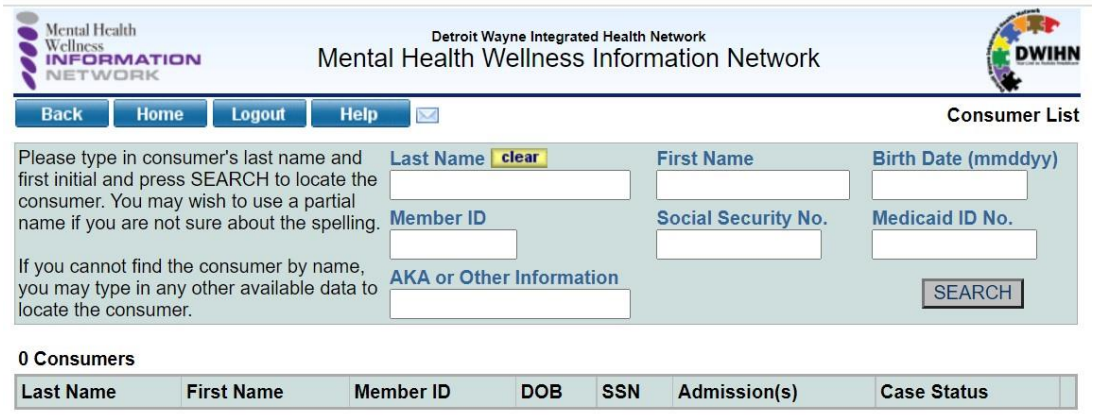
It is possible to access the Critical/Sentinel Event area by selecting either the "Consumers" tab or the "Critical/Sentinel Event" tab.

It is highly recommended to use the "Consumers" tab to access the member's entire record in the entry process.

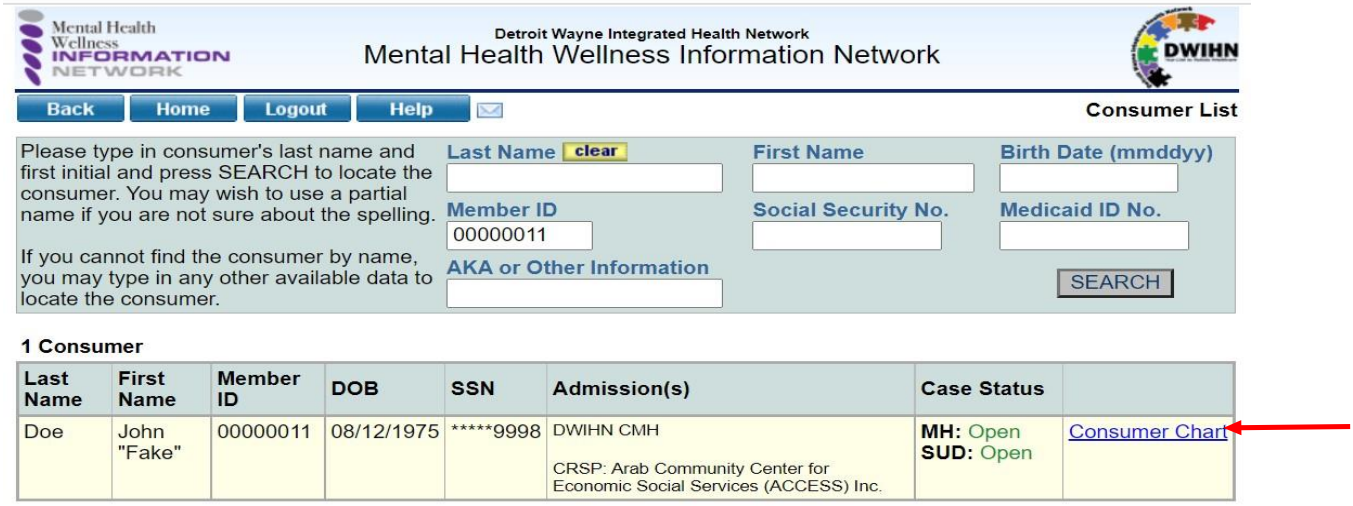
Step 2: After selecting the "Member" tab – this window opens and you select "Consumer Chart"



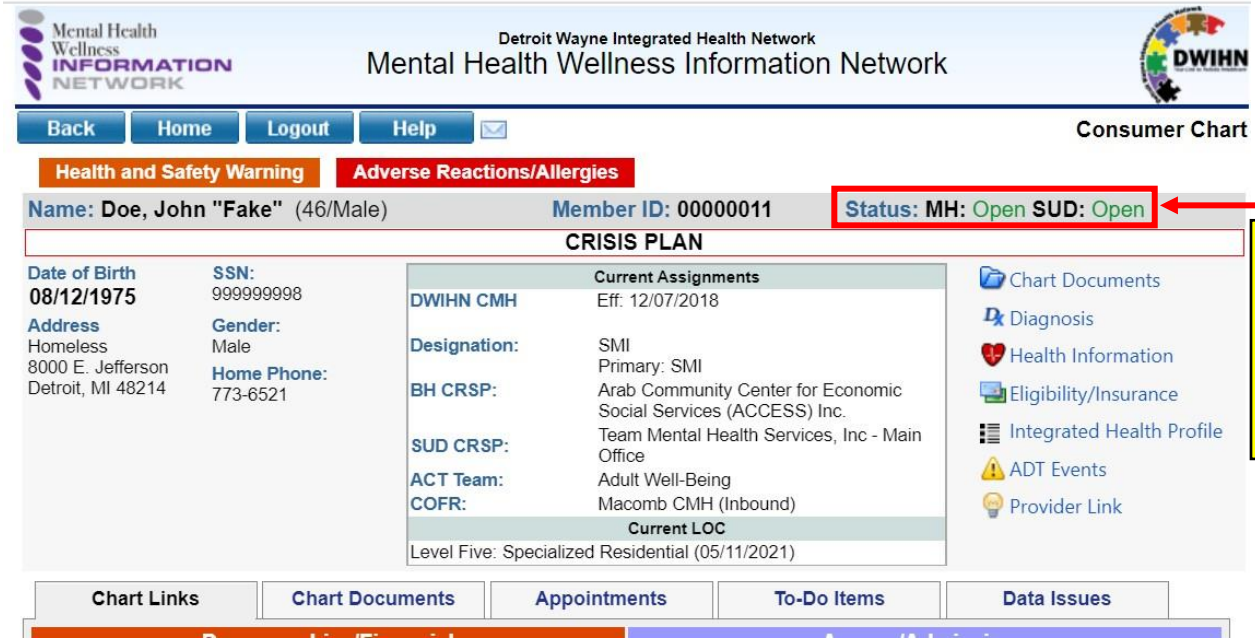
Step 3: Enter the member's MH-WIN ID# - Social Security#, or Medicaid ID# and Search. NOTE: Searching using this method increases accuracy for entering into the correct member record.



Step 4: Select "Consumer Chart" on the right to open the member's record

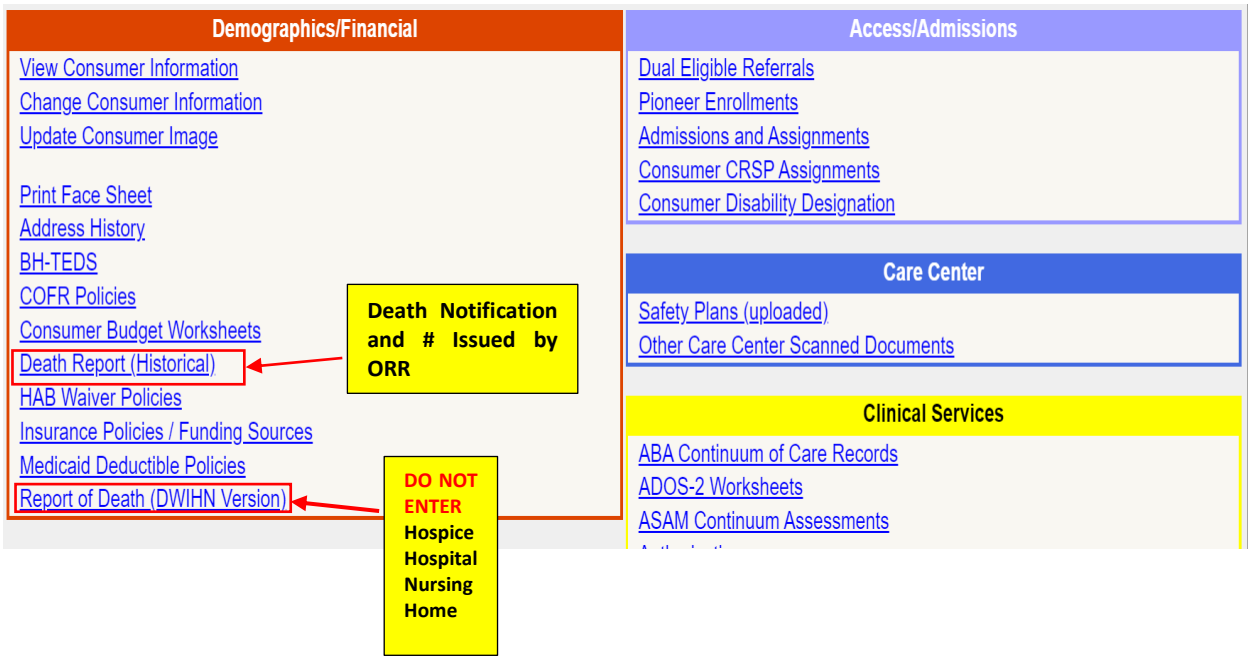


Step 5: Open Record

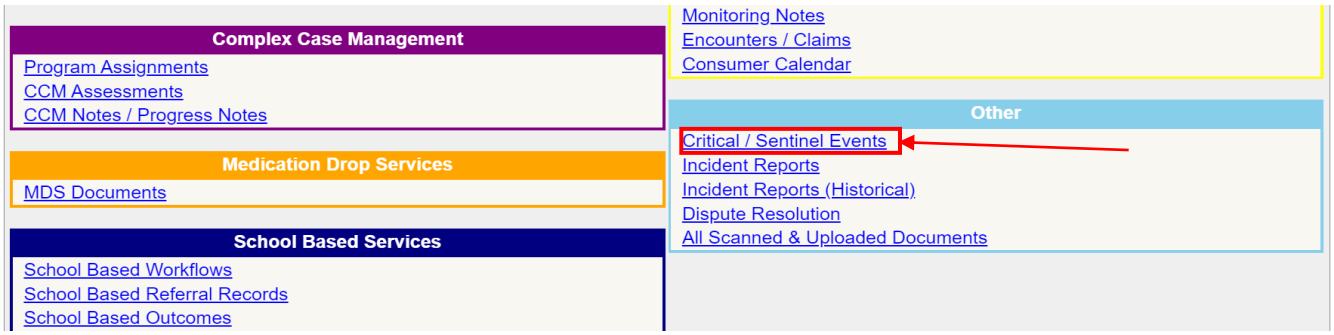


ACCESS TO "Report of Death" from Member Record Face Sheet

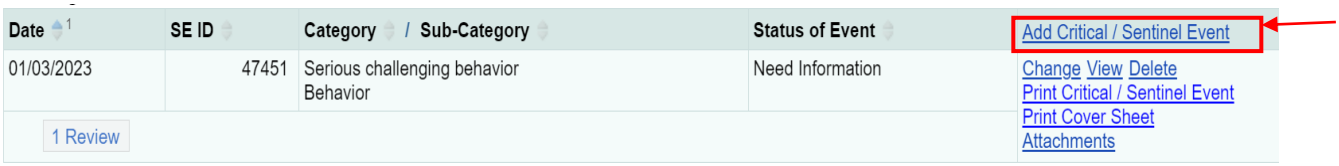
When a member is deceased the "Report of Death (DWIHN Version) is required to be completed within 10 days AFTER the Office of Recipient Rights has been notified by the CRSP staff, and after ORR provides the CRSP with a Death Log #. *YOU MUST HAVE A DEATH LOG# BEFORE COMPLETING!*



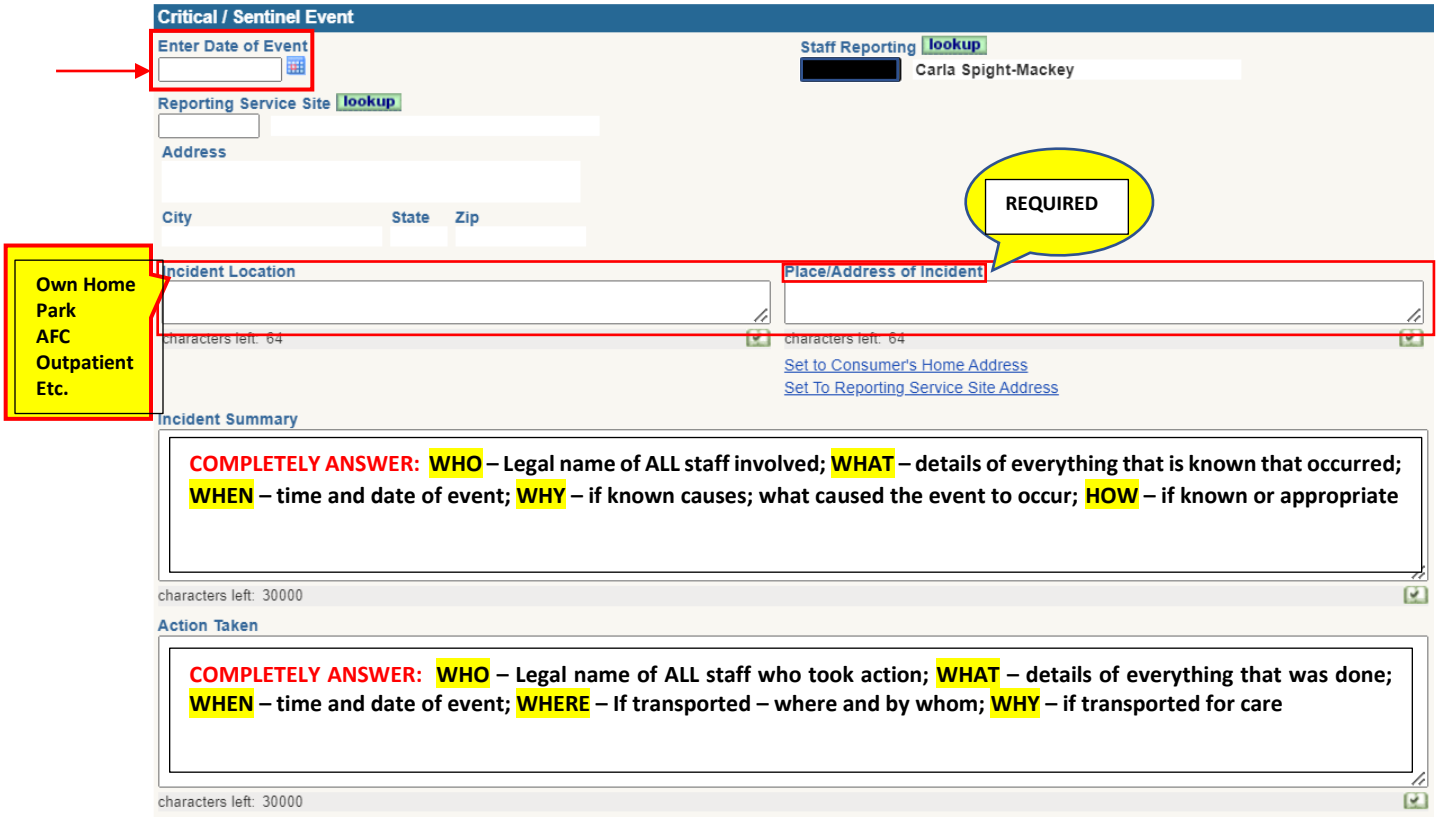
Step 6: Click on this link to open the Critical/Sentinel Event section for entry:

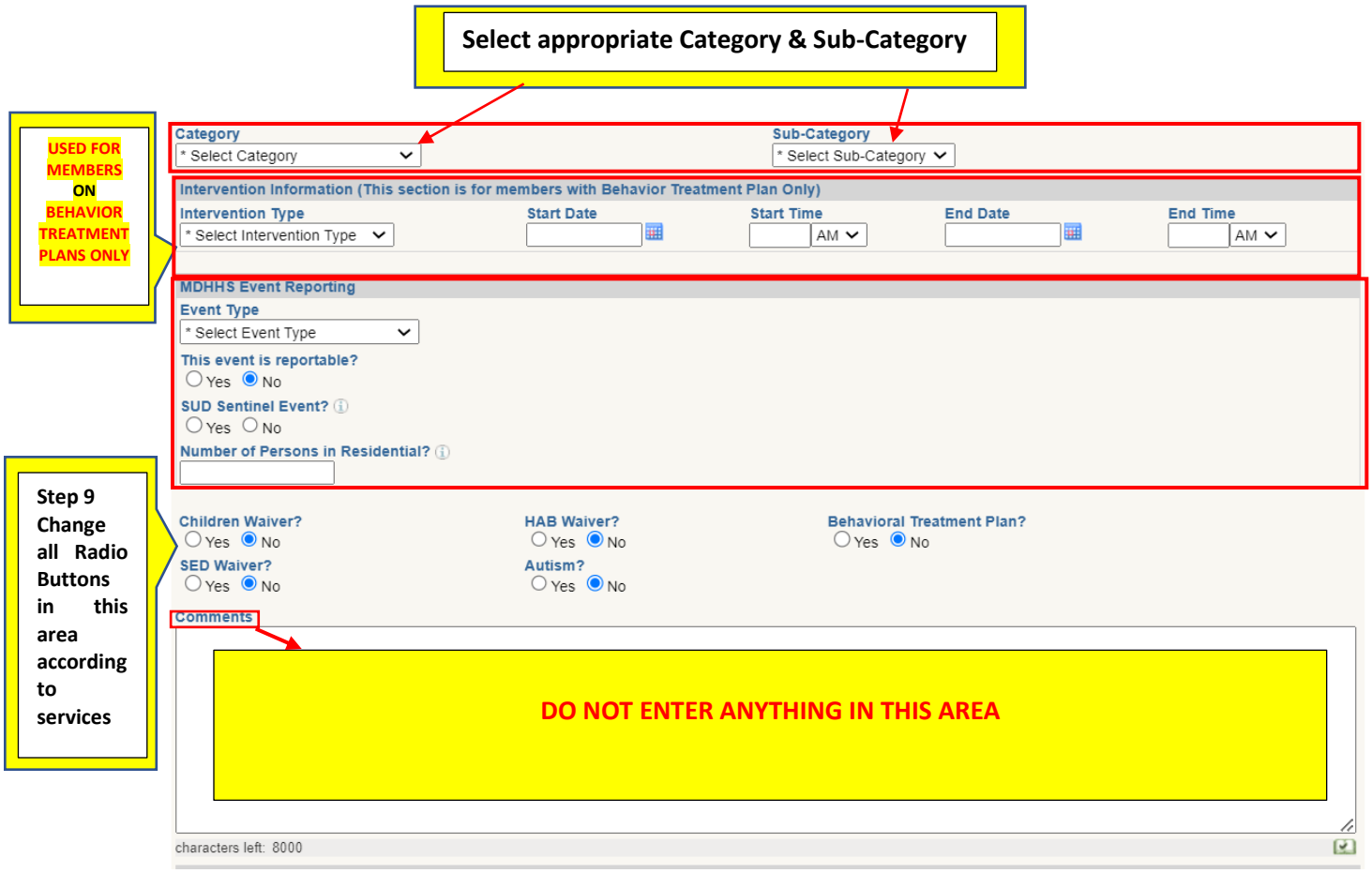


Step 7: Select Add Critical/Sentinel Event:



Step 8: Complete the following Sections First:





YOUR ENTRY IS NOW COMPLETE EXCEPT FOR UPLOADING ALL REQUIRED DOCUMENTATION IS DUE WITHIN 7 BUSINESS DAYS OF THIS ENTRY

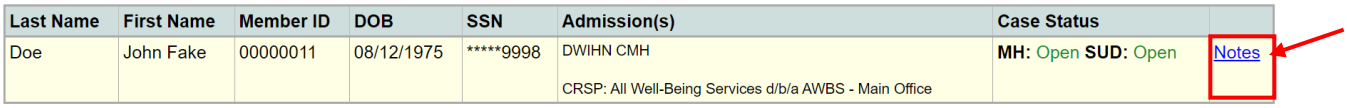
YOU MUST go back and check the status of the event within 5 business days to verify whether additional documentation has been requested or if an RCA has been required.

ADDING HEALTH AND SAFETY WARNING

NOTICE: There are on-going and significant changes within the CE/SE Module. Please note that location of particular information may have been moved.

Step 1: Select the "Consumers" tab – then find & select "Chart Notes and Health & Safety Warnings"

Step 2: On this screen select "Notes"

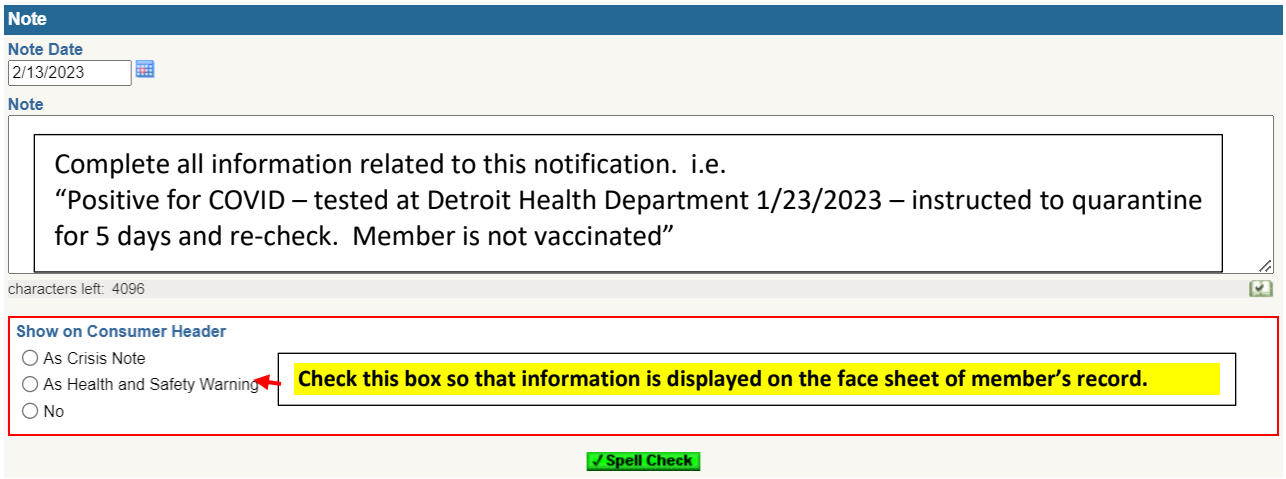


Last Name	First Name	Member ID	DOB	SSN	Admission(s)	Case Status	
Doe	John Fake	00000011	08/12/1975	*****9998	DWIHN CMH CRSP: All Well-Being Services d/b/a AWBS - Main Office	**MH:** Open **SUD:** Open	Notes

Step 3: Select "Add Note"

Date	Note	Show on Consumer Header	
			Add Note

Step 4: Adding the Note:



Once completed and saved, the "Health & Safety Warning" will display in the tab near the top of the member's face sheet – as shown above the member's chart name.

REPORTING A DEATH

1. Within 24 hours of your knowledge of member's death - **AFTER PRIMARY SOURCE VERIFICATION** with the *Medical Examiner* (county of member's death), ADT Notification, *Hospital*, or *Funeral Home* (Obituary- may also be available online at – https://www.legacy.com/) **Contact the Office of Recipient Rights (ORR)** to receive a Death Log number.
2. **CALL the ORR Hotline at (Toll Free: 1-888-339-5595)** to **report** all deaths or other rights related questions, incidents and reporting matters. You may leave a voicemail with all information, OR
3. **Fax completed form** "*How to Get A Death Log Number From ORR*" if you cannot reach the office by phone.
    - **If you need to fax** anything to ORR, please do so at the **ORR Secure Fax line at (313) 833-2043.**
      This contact information can also be found on the "You Have Rights" red and white posters that must be posted at your organization
4. In the **"Action Taken"** section of the member's MH-WIN record - ADD **the Death Log Number from ORR** (*otherwise* – date/time of ORR Notification **is required** in that section), **and** must be on the "Report of Death (DWIHN Version)" as appropriate.
5. **YOU MUST Complete a Critical Event (for ALL deaths**) in MH-WIN and, if available, **include Death Log # and Medical Examiner's #** immediately **after report to ORR** via fax or call**. (*Do not wait for the DL# before entering the critical event***). Include the date/time of your contacts to ORR and the ME office (include ME# if provided during contact).
6. **Within 10 business days AFTER receiving the Death Log # you must** complete the "Report of Death (DWIHN Version)" found in the Demographic/Financial area of member's record in MH-WIN. (Except for deaths in hospitals, hospice, or nursing homes). **Notify Members of the Quality Performance Improvement Team** via MH-WIN emessage system when complete.
7. **SUD Death Reports -** Effective 10/1/2022, **all SUD deaths must be entered into MH-WIN in accordance with the procedures above**. **SUD Residential Deaths must include the number of members housed at the site of the event**. The Quality Performance Improvement team and DWIHN- IT Department manage the CRM/CIS-MiCal information based on entries from MH-WIN. Information is HIE'd to MDHHS daily.
8. **ALL CRSPs including SUD PROVIDER'S** *must* **secure and upload the Death Certificate** and where appropriate the **Medical Examiner's Reports** for the member's death. If available, the obituary from the service should also be uploaded as an attachment.

Detroit Wayne Integrated Health Network
Office of Recipient Rights

HOW TO GET A DEATH LOG NUMBER FROM ORR

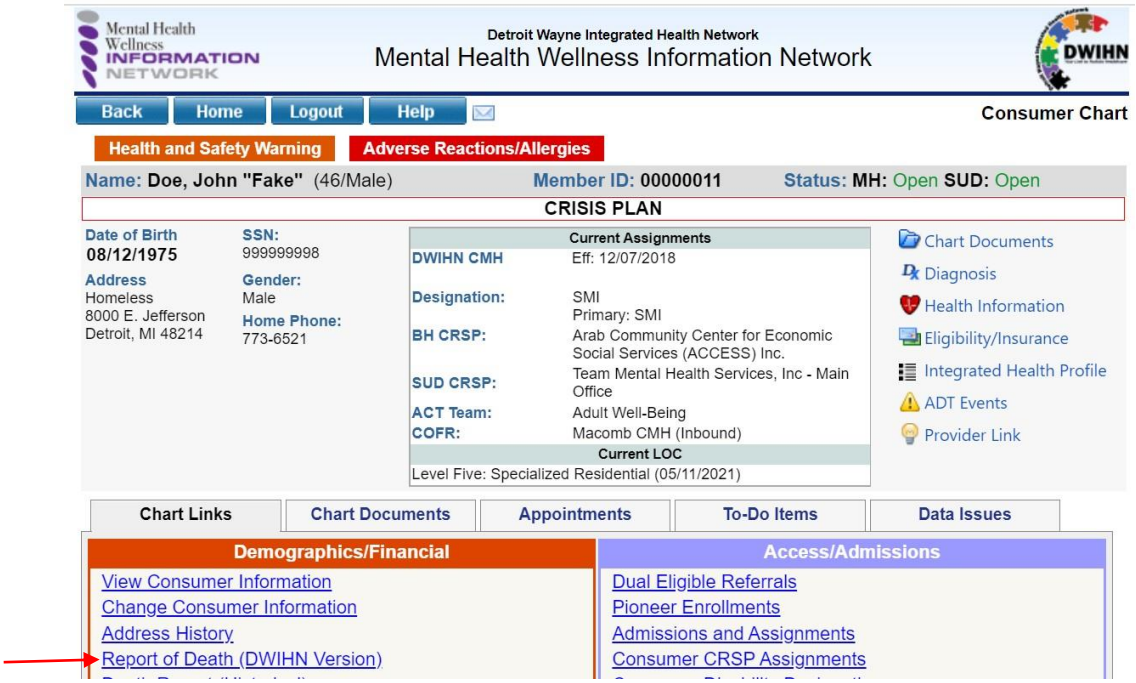
Necessary Information to report a deceased Member:

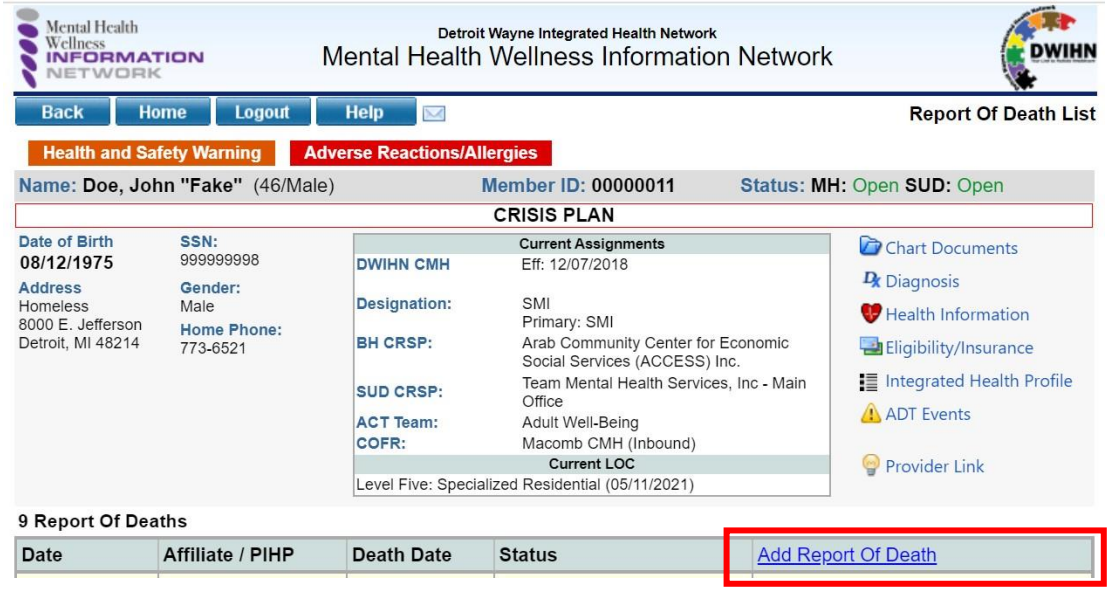
Death Reporter's Full Name	
Death Reporter's Email Address and Telephone Number	
Death Reporter's Employer/Provider	
Date Provider Received Notification	
MEMBER INFORMATION	
Full Legal Name	
Date of Birth	
Social Security Number	
Date of Death	
Time of Death (if known)	
City & State Where Death Occurred	
Was Adult or Child Protective Services already notified? (If Applicable)	
By Whom?	
Was Licensing (LARA) already notified? (If Applicable)	
By Whom?	
Was law enforcement already notified? (If Applicable)	
By Whom?	
Was the death expected?	
Provide circumstances surrounding Member's death. (Add additional pages if necessary)	

**ORR Secure Hotline: (888) 339-5595. ORR Secure Fax: (313) 833-2043.*

ENTERING THE REPORT OF DEATH

DEATHS IN HOSPITALS, NURSING HOMES, OR HOSPICE CARE- DO NOT REQUIRE THIS ENTRY





Index
1. Section I
2. Section II
3. Send Copy To
4. Signatures

1. REPORT OF PERSON'S DEATHS: Section I

Document Date
Use Current Date

DWIHN/PIHP Name | CRSP Provider | DWIHN ORR Death Log #

Deceased Person's Full Name and MH-WIN ID#
John "Fake" Doe - 00000011

Social Security Number
999-99-9999

Date of Birth
08/12/1975

Person's Age

Population | Race: Black or African American | Gender: ○ Female ◉ Male ○ Unknown

Was Death Expected? ○ Yes ○ No

Reportable To MDHHS? ○ Yes ○ No

Is This an Amended Report? ○ Yes ○ No

Was IPOS Developed Using Person-Centered Planning? ○ Yes ○ No

Date of Person's Last Treatment

Program(s) in which Person Was Active at Time of Death
- ☐ ACT
- ☐ Autism
- ☐ Child Caring Institution
- ☐ Children's Waiver
- ☐ Community Living Supports
- ☐ Habilitation Supports Waiver
- ☐ Home Based
- ☐ Inpatient
- ☐ MiHealthLink
- ☐ OBRA/PASARR
- ☐ Outpatient
- ☐ Specialized Residential
- ☐ State Facility
- ☐ Substance Abuse Outpatient
- ☐ Substance Abuse Residential
- ☐ Targeted Case Management
- ☐ Wraparound
- ☐ Other (specify)

Was Person Hospitalized in a State Facility within the Past Twelve (12) Months? ○ Yes ○ No

If Yes, Name of Facility

If Yes, Discharge Date

Date and Time When Death Was Discovered by Provider
AM

Date of Death

Time of Death
AM

City or County Where Death Occurred

Record Added Record Changed

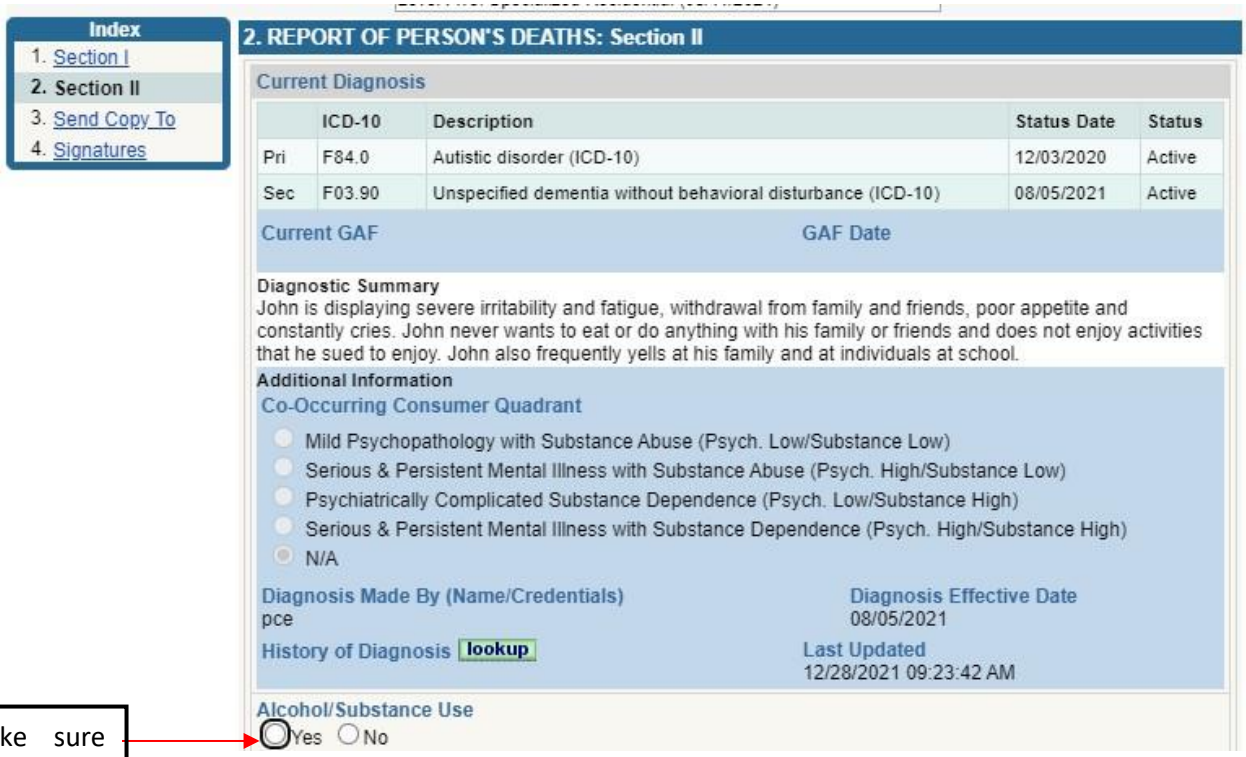
Complete this entire area.

DWIHN/PIHP NAME IS Wayne County

MUST HAVE DWIHN ORR Death Log# BEFORE completing this form

Must have this information to call the appropriate ME office for verification

Notice this section is pre-populated.



Make sure to click on appropriate choice

Preliminary Cause Of Death

- [ ] Accident - Not Under Program Supervision
- [ ] Accident - While Under Program Supervision
- [ ] Acute Bowel Disease
- [ ] Aspiration
- [ ] Cancer
- [ ] Diabetes Mellitus
- [ ] Endocine Disorders
- [ ] Heart Disease
- [ ] Homicide
- [ ] Inanition
- [ ] Infection
- [ ] Kidney Disease
- [ ] Liver Disease/Cirrhosis
- [ ] Lung Disease
- [ ] Neurological Disorders
- [ ] Pending Autopsy or Report
- [ ] Pneumonia/Influenza
- [ ] Suicide
- [ ] Unknown
- [ ] Vascular Disease

Relevant Past Medical History Including Most Recent Med/Surg Hospitalization

characters left: 8000

Clinically Appropriate staff (i.e. MD, RN) completes this information if not designated (with documentation) in an ME report or Death Certificate which must be uploaded.

All following blank areas must be completed by the clinically appropriately credentialed staff

Summary of Psychiatric Treatment Including Most Recent Psychiatric Hospitalization Including Dates

characters left: 8000

Surgical Procedures During Past Year

characters left: 8000

Recent Changes in Medical Status

characters left: 8000

Summary of Medical Condition and Treatment Preceding Death
(if treated in a medical/surgical facility, include date and time of arrival/admission)

characters left: 8000

Medications (Dose and Time Administered) Last 24 Hours

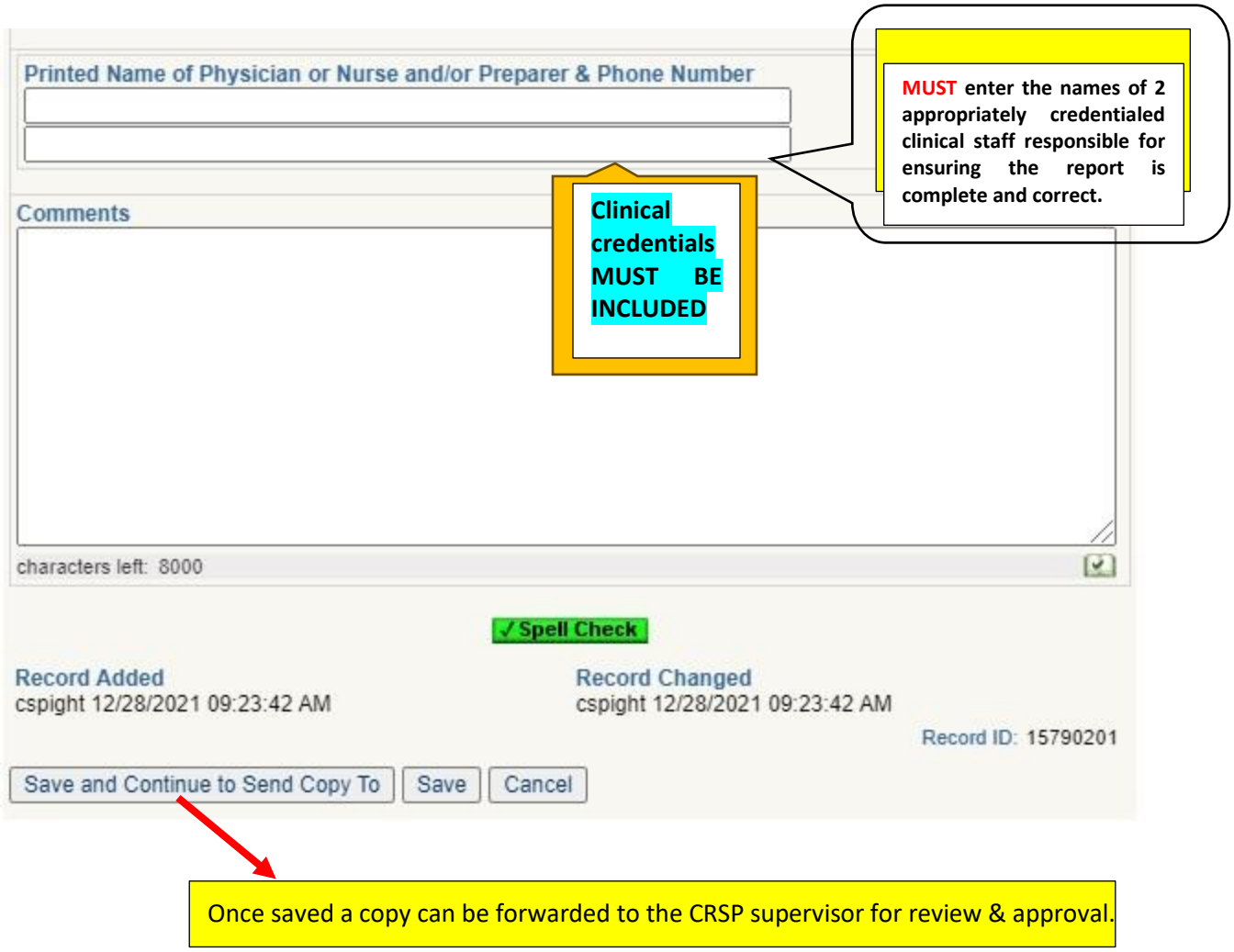
characters left: 256

Medications (Dose and Time Administered) Last 30 Days

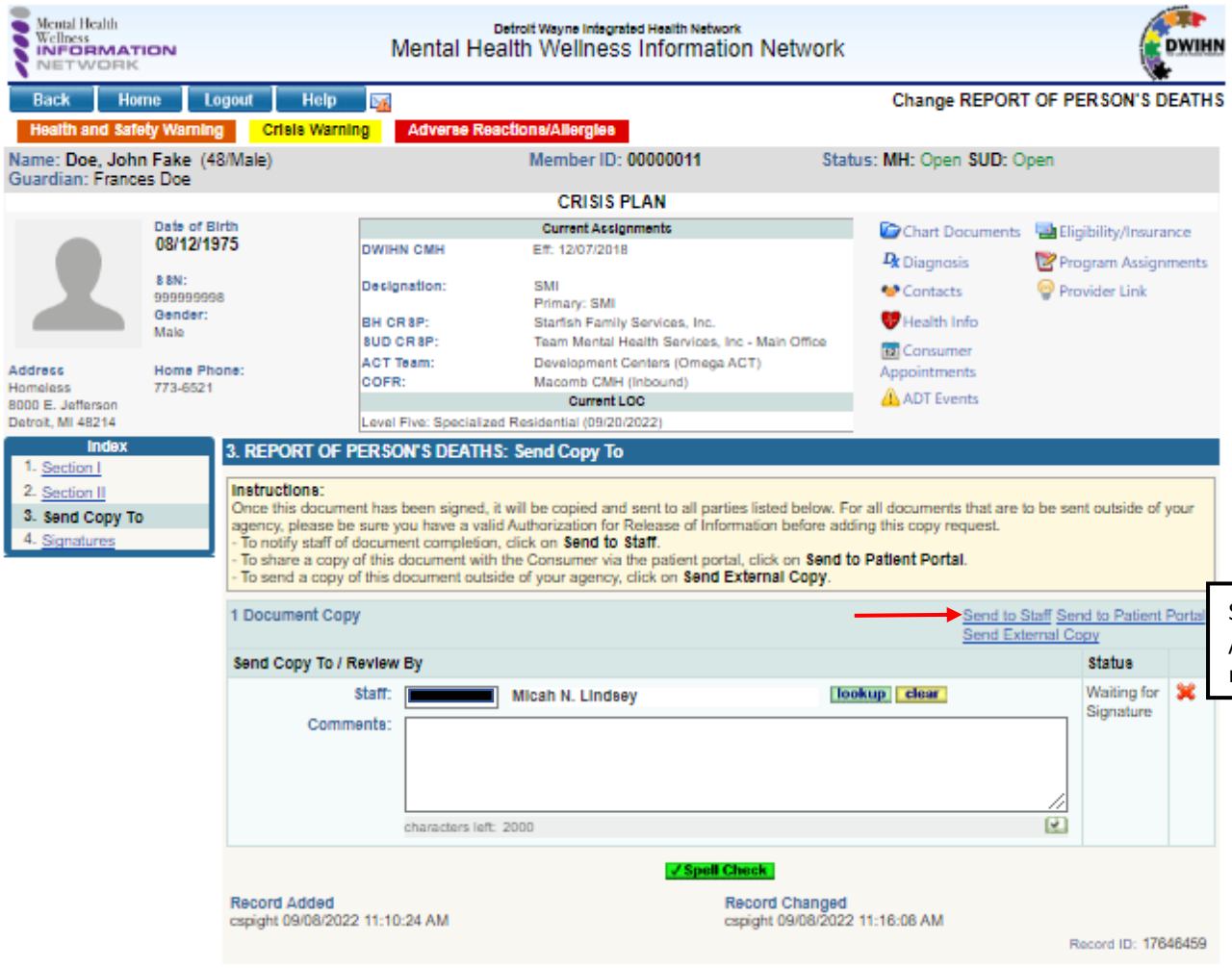
characters left: 256

Brief Explanation of Death and/or Circumstances Surrounding Death, Including Treatment. Include Details About Place of Death
(if incident report was completed, please attach)

characters left: 8000



Once saved a copy can be forwarded to the CRSP supervisor for review & approval.

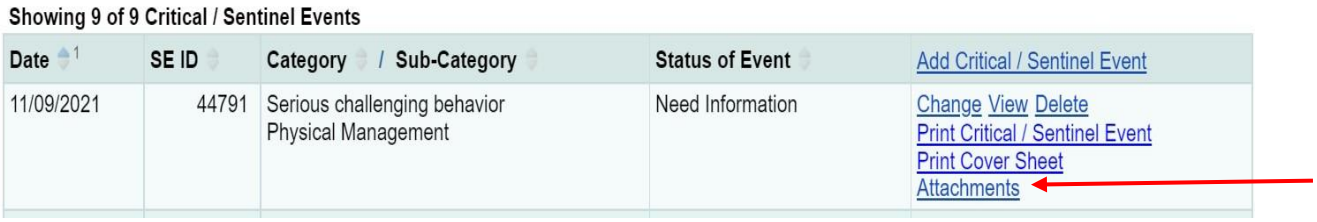


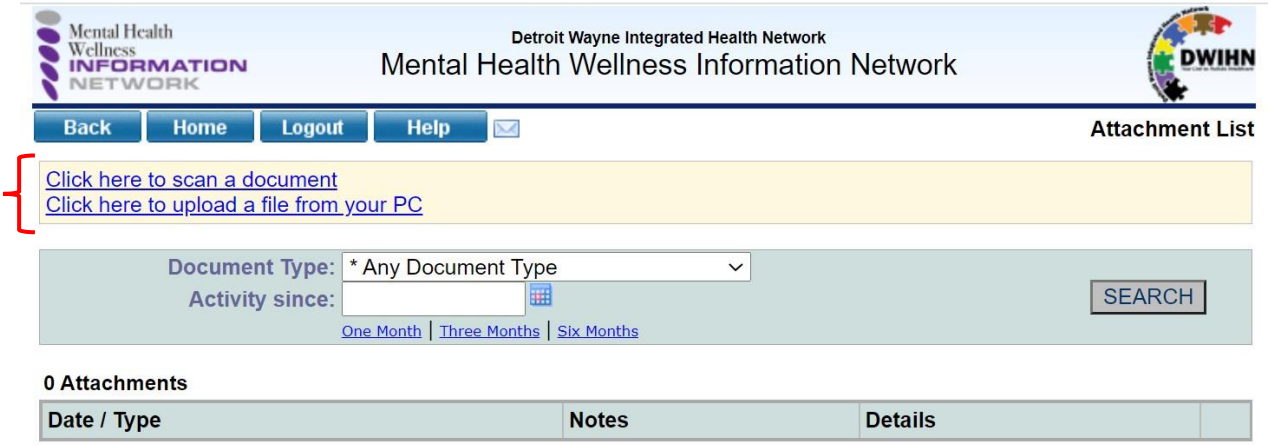
Supervisor /Manager review

This is your MH-WIN ID#

ADDING ATTACHMENTS

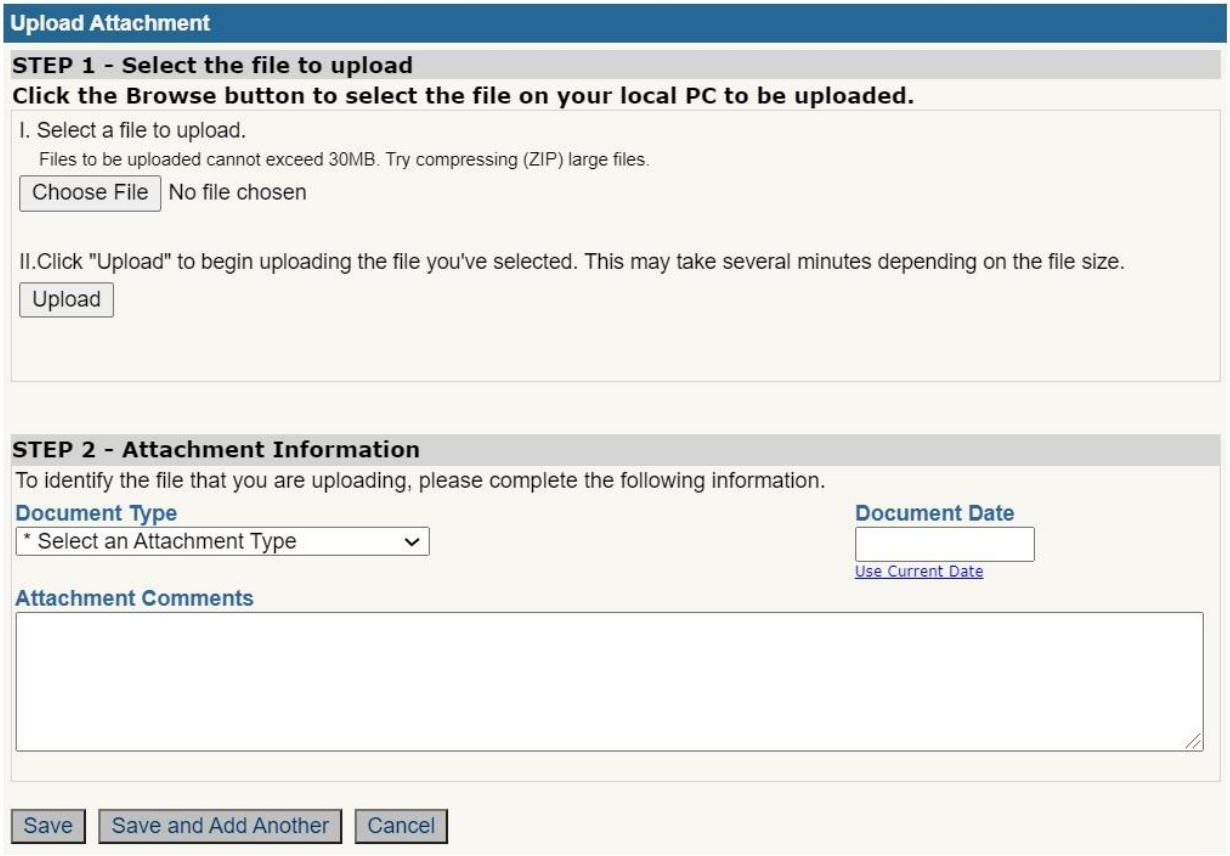
1. Use this method to add attachments to the individual Critical/Sentinel Event. This includes Hospital/Urgent Care/Doctor Office treatment/discharge documents, Incident Reports, Medication Sheets, Progress Notes, and all other documents requested from the DWIHN Quality Performance Improvement staff reviewer.





TO UPLOAD FILE FROM YOUR PC OR SCAN:

UPLOAD INCIDENT REPORTS ONLY FOR THE MEMBER IN QUESTION



OR

2. You may use this entry method if there are problems with individual event entry.

Requirements of Comprehensive Systematic Analysis (RCA) and Corrective Action Plans (CAP)
Once determined to be a Sentinel Event (within 48 hours of initial of Entry)
CRSP/SUD has 3 days to fully implement this process and 15 business days to complete entry into MH-WIN

A comprehensive systematic analysis (Root Cause Analysis - RCA) will be reviewed for ***thoroughness, credibility, and acceptability***. The CRSP's comprehensive systematic analysis must **identify vulnerabilities** so that they can be **eliminated or mitigated**. The analysis should not focus on individual worker performance, but should **seek** out **underlying systems-level causations** that were manifest in personnel-related performance issues. ***A RCA is required by MDHHS, CMS, ICOs, and DWIHN involved in a Sentinel Events for all behavioral health and SUD members.*** To help adhere to these characteristics the following guidelines are to be considered when developing causative factor statements:

- Clearly show the cause-and-effect relationship.
- Use specific and accurate descriptors for what occurred, rather than negative and vague words.
- Human errors must have a preceding cause.
- Violations of procedure are not root causes, but must have a preceding cause.
- Failure to act is only causal when there is a preexisting duty to act.

To be **thorough**, the comprehensive systematic analysis must include the following:

- The analysis repeatedly asks a series of "Why" questions, until it identifies the systemic causal factors;
- The analysis focuses on systems and processes, not solely on individual performance;
- A determination of the human and other factors most directly associated with the sentinel event and the process(es) and systems related to its occurrence;
- The analysis of the underlying systems and processes through the series of "Why" questions determine where redesign might reduce risk;
- An inquiry into all areas appropriate to the specific type of event;
- An identification of risk points and their potential contributions to this type of event;
- A determination of potential improvement in processes or systems that would tend to decrease the likelihood of such events in the future, or a determination, after analysis, that no such improvement opportunities exist.

To be **credible**, the comprehensive systematic analysis must do the following:

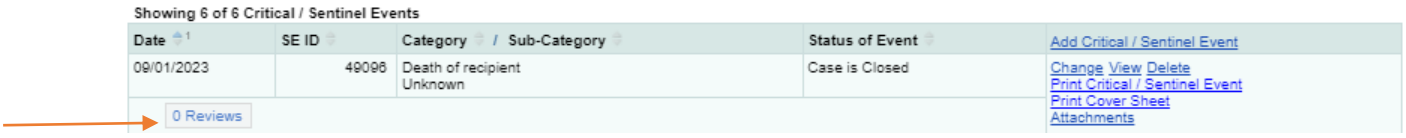
- Include participation by a process owner, who is **not a member of the response team**; typically, this is a senior leader of the organization or a designee;
- Each **action recommended by a review team should be approved or disapproved**, preferably by the CEO or alternatively by another relevant member of top management. If an action is disapproved the **reason for its disapproval** should be shared with the comprehensive systematic analysis and action team so that the constraint can be understood and another developed by the team to replace it if the system vulnerability is not otherwise effectively addressed in the corrective action plan;
- Include members served, family, or representatives of members served when appropriate to ensure a thorough understanding of the facts;

- Include members most closely involved in the processes and systems under review where appropriate.
- Be internally consistent (that is, not contradict itself or leave obvious questions unanswered);
- Provide an explanation for all findings of "not applicable" or "no problem";
- Include a bibliography of any relevant literature cited.

A corrective action plan **(Plan of Action)** will be considered **acceptable** if it does the following:

- **Identifies and implements** actions to eliminate or control systems hazards or vulnerabilities;
- Review team **must attempt to identify actions** that are likely **to reduce the risk or prevent** the event from **recurring** and, if that is not possible, **reduce the severity** or consequences if it should recur;
- It is recommended that the review team **use a tool** that will assist in identifying stronger actions that provide effective and sustained system improvement. A tool such as the Action Hierarchy can help organizations evaluate the strength of the corrective actions identified in their comprehensive systematic analysis. The US Department of Veterans Affairs National Center for Patient Safety developed this tool in 2001;
- Identifies, in situations in which improvement actions are planned, **who** is responsible for implementation, **when** the action will be implemented, **how** the effectiveness of the actions will be evaluated, and **how** the actions will be sustained;
- Identifies at least one stronger or intermediate strength action for each comprehensive systematic analysis.

The RCA must be ***completed in the MH-WIN record*** in the appropriate Critical/Sentinel Event by 15 business days from the original report of the event. Below is a screenshot of the new location to enter the RCA:



Optional On-Site Review/Investigation of a Sentinel Event

An initial on-site review/investigation of a sentinel event will usually not be conducted unless it is determined that a potential ongoing Immediate Threat to Health or Safety exists. An *Immediate Threat to Health or Safety* is a threat that represents the most immediate risk and has or may potentially have serious adverse effects on the health or safety of members served.

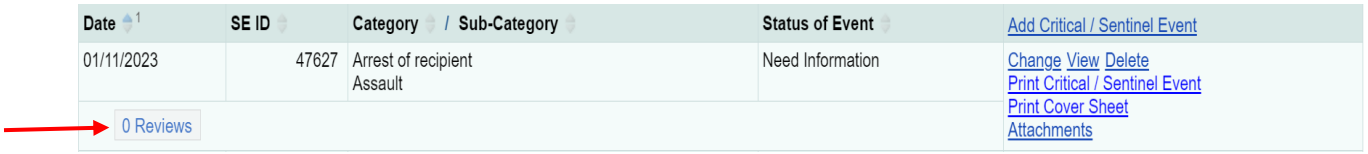
DETROIT WAYNE INTEGRATED HEALTH NETWORK REVIEW/RESPONSE

Quality Clinical Specialists Performance Improvement from DWIHN assess the acceptability of the CRSP's response to the sentinel event, including the thoroughness and credibility of any comprehensive systematic analysis information reviewed and the organization's corrective action plan. (Root cause analysis is the most commonly used method of comprehensive systematic analysis.) If the comprehensive systematic analysis and corrective action plan is found to be thorough and credible, DWIHN Quality Clinical Specialist Performance Improvement staff will notify the organization. These staff will also provide consultation to the organization

COMPLETING ROOT CAUSE ANALYSIS

COMPLETION TO THE ROOT CAUSE ANALYSIS IS NOW LOCATED WITHIN THE CRITICAL/SENTINEL EVENT MODULE AS FOLLOWS:

Step 1: Open the specific Critical/Sentinel Event (verify the right date and category)



Date	SE ID	Category / Sub-Category	Status of Event	Add Critical / Sentinel Event
01/11/2023	47627	Arrest of recipient Assault	Need Information	Change View Delete Print Critical / Sentinel Event Print Cover Sheet Attachments
0 Reviews				

Step 2:

Date	SE ID	Category / Sub-Category	Status of Event	Add Critical / Sentinel Event
01/11/2023	47627	Arrest of recipient Assault	Need Information	Change View Delete Print Critical / Sentinel Event Print Cover Sheet Attachments

0 Reviews

Incident Date	Population	Living Arrangements	Place of Incident	Category of Sentinel Event	Status	Add Root Cause Analysis
Zero Reviews Found						

Step 3:

Date of Event
02/13/2023

This area is pre-populated

Incident Summary
ANSWER THESE QUESTIONS COMPLETELY PROVIDING ANY STAFF LEGAL NAME/JOB TITLE THAT WERE INVOLVED:

WHO
WHAT
WHEN
WHY

Action Taken
ANSWER THESE QUESTION COMPLETELY PROVIDING STAFF LEGAL NAME/JOB TITLE WHO TOOK ANY ACTION OR GATHERED INFORMATION TO REPORT:

WHO
WHAT
WHEN
WHY
HOW

Index
1. Sentinel Event Information
2. Action Taken
3. Plan of Action
4. Signatures

DATE OF INCIDENT– MUST USE ACTUAL DATE OF THE EVENT

1. Sentinel Event Review: Sentinel Event Information

Dates

Document Date
Use Current Date

Date of Incident	Date SE Entered Into MHWIN	Date RCA Prepared	Date Submitted to DWIHN	Revision Date
	Use Current Date	Use Current Date	Use Current Date	Use Current Date

Population Category
* Select Population

Living Arrangements
* Select Value

Place of Incident
* Select Place of Incident

Category of Sentinel Event
* Select Category Of Sentinel Event

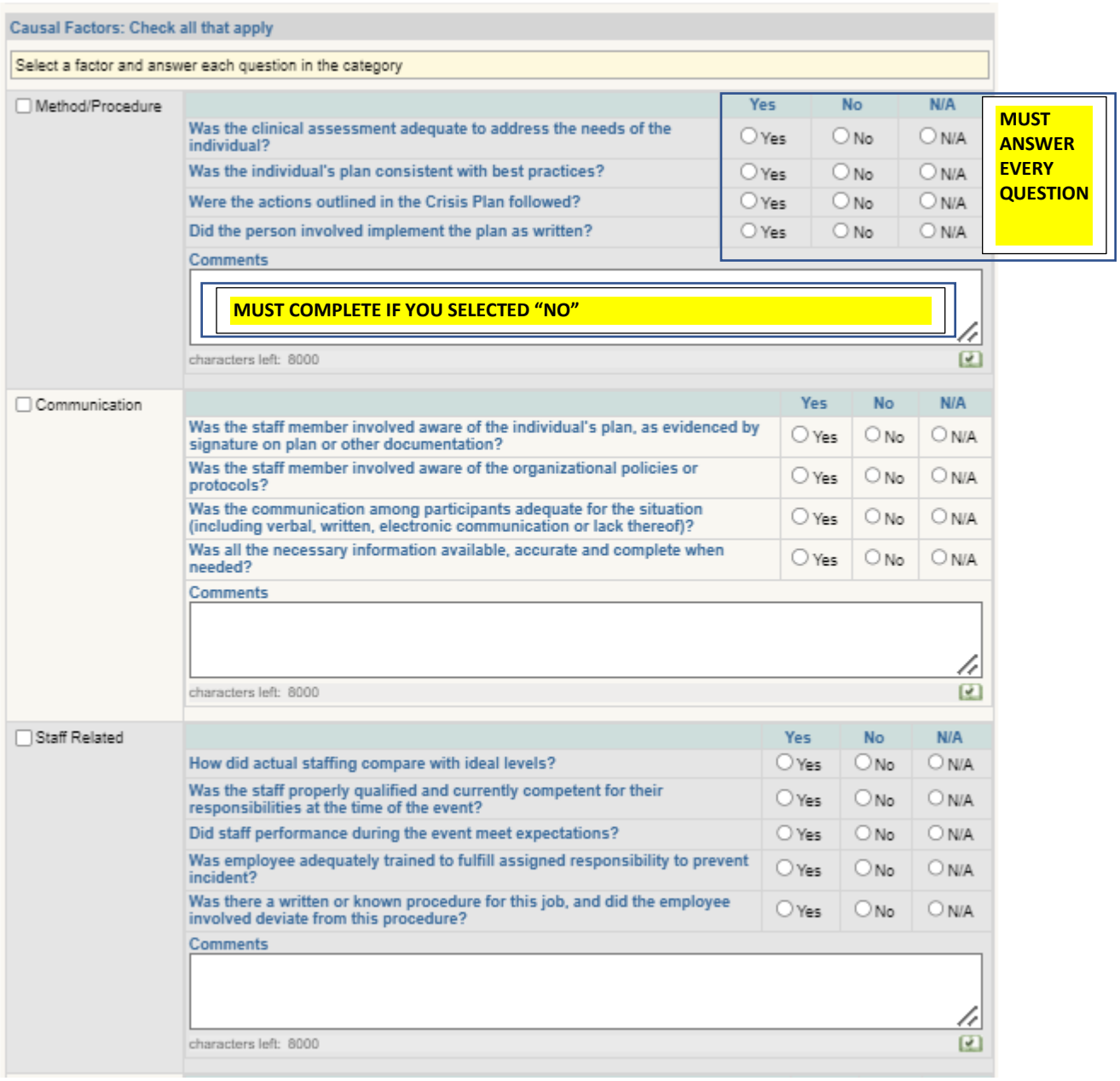
Level of Care
- ☐ ACT
- ☐ CSM
- ☐ RSP
- ☐ Home Based Services
- ☐ HAB
- ☐ SED
- ☐ Outpatient - Children's
- ☐ Outpatient - Adult
- ☐ Supports Coordination
- ☐ Other
- ☐ Other

Description Of Incident
Please describe the incident and the timeline of events

This section should be more detailed than the summary and include additional information that may have been gathered during the review/investigative process.

characters left: 8000

Step 4" For **<u>each</u>** Causal Factor selected you **<u>must answer EVERY QUESTION</u>** (YES- NO – N/A)For each "NO" response you MUST enter a Comment.



Causal Factors: Check all that apply

Select a factor and answer each question in the category

☐ Method/Procedure

	Yes	No	N/A
Was the clinical assessment adequate to address the needs of the individual?	○ Yes	○ No	○ N/A
Was the individual's plan consistent with best practices?	○ Yes	○ No	○ N/A
Were the actions outlined in the Crisis Plan followed?	○ Yes	○ No	○ N/A
Did the person involved implement the plan as written?	○ Yes	○ No	○ N/A

MUST ANSWER EVERY QUESTION

Comments

MUST COMPLETE IF YOU SELECTED "NO"

characters left: 8000

☐ Communication

	Yes	No	N/A
Was the staff member involved aware of the individual's plan, as evidenced by signature on plan or other documentation?	○ Yes	○ No	○ N/A
Was the staff member involved aware of the organizational policies or protocols?	○ Yes	○ No	○ N/A
Was the communication among participants adequate for the situation (including verbal, written, electronic communication or lack thereof)?	○ Yes	○ No	○ N/A
Was all the necessary information available, accurate and complete when needed?	○ Yes	○ No	○ N/A

Comments

characters left: 8000

☐ Staff Related

	Yes	No	N/A
How did actual staffing compare with ideal levels?	○ Yes	○ No	○ N/A
Was the staff properly qualified and currently competent for their responsibilities at the time of the event?	○ Yes	○ No	○ N/A
Did staff performance during the event meet expectations?	○ Yes	○ No	○ N/A
Was employee adequately trained to fulfill assigned responsibility to prevent incident?	○ Yes	○ No	○ N/A
Was there a written or known procedure for this job, and did the employee involved deviate from this procedure?	○ Yes	○ No	○ N/A

Comments

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☐ Environment

	Yes	No	N/A
Were environmental conditions a contributing factor (for example, physical space, illumination, noise levels, air containment, temperature extremes, ventilation)?	○ Yes	○ No	○ N/A
Was there an environmental risk recognized prior to the event? If so, was it reported?	○ Yes	○ No	○ N/A
What systems are in place to identify environmental risks in relation to the incident (e.g. monthly inspections, drills, safety inspections)?	○ Yes	○ No	○ N/A

Comments

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☐ Equipment/Material

	Yes	No	N/A
Was there equipment or materials performance issues that contributed to the event?	○ Yes	○ No	○ N/A
Was there an equipment inspection procedure to detect hazardous condition(s)?	○ Yes	○ No	○ N/A
Did the existing equipment inspection procedure detect the hazardous condition?	○ Yes	○ No	○ N/A
Was the correct equipment used? Was the equipment used properly?	○ Yes	○ No	○ N/A

Comments

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Please explain the above responses:

This should explain criteria utilized to select answers in each section (i.e. – no evidence found that staff did not follow the procedure; Based on review of IPOS/Progress Notes and other documentation a complete assessment was not completed and staff were not trained on how to implement the plan that was in place)

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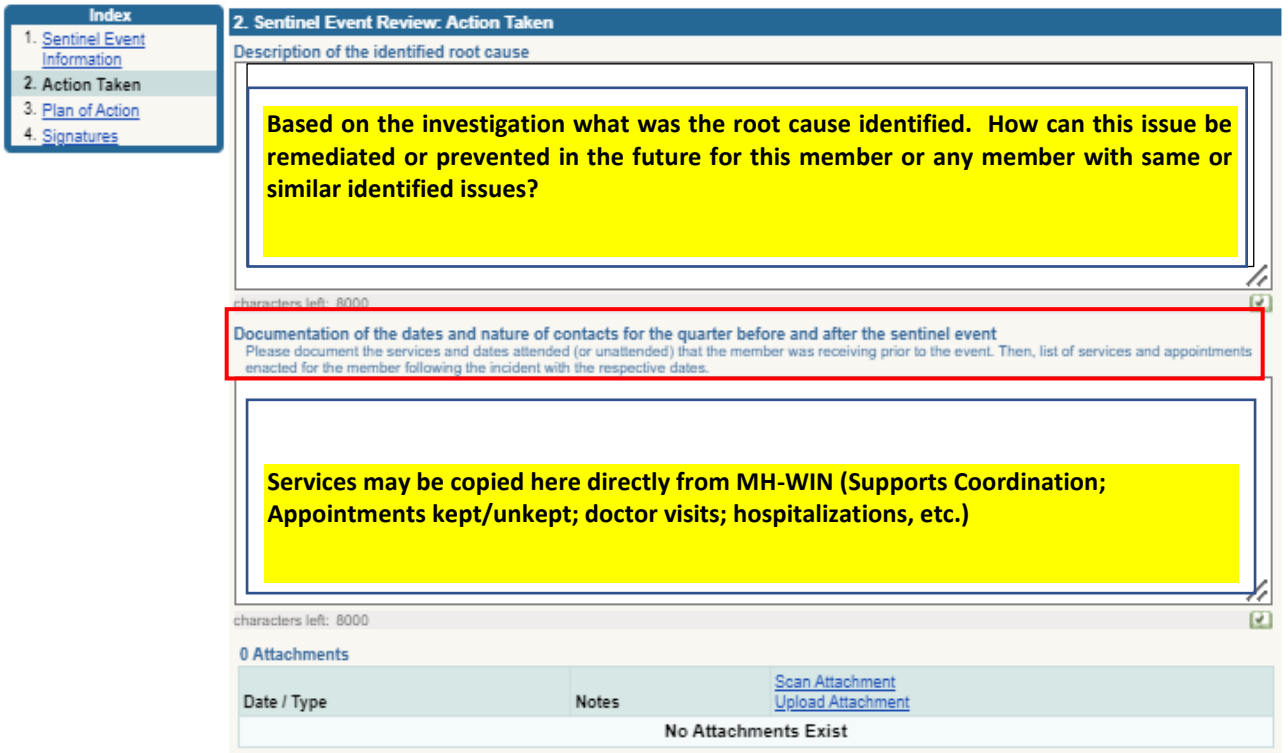
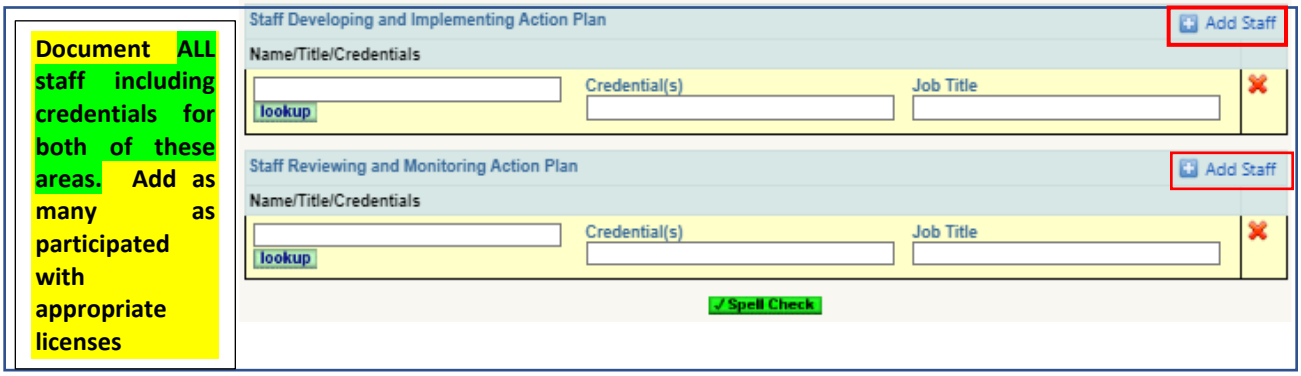
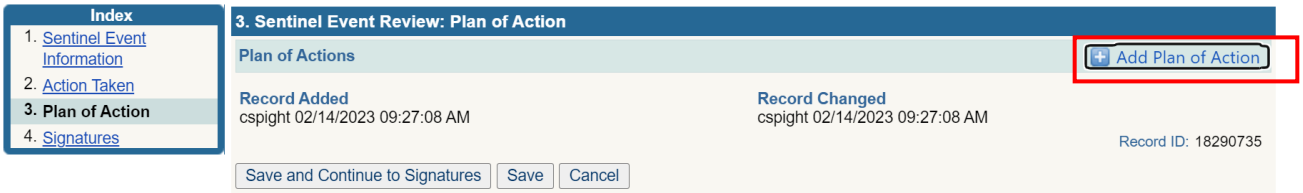
✓ Spell Check

Step 5: Enter Root Cause and all documentation to support the investigation/review. Upload all notes related to this event according to the instructions.

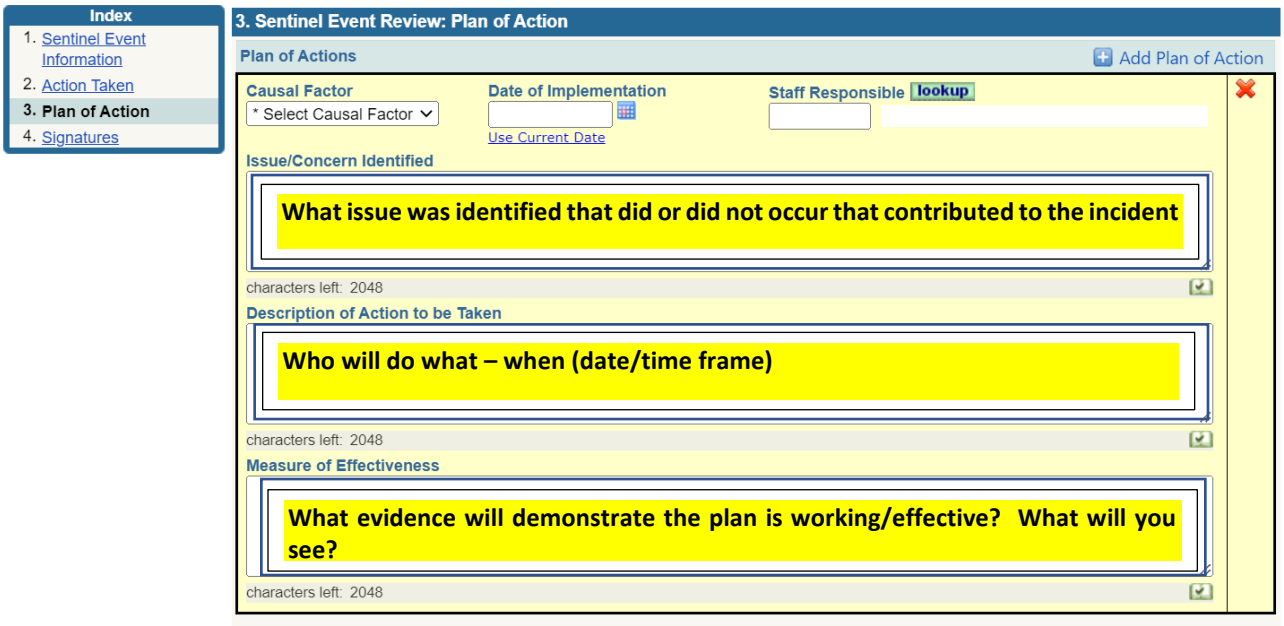




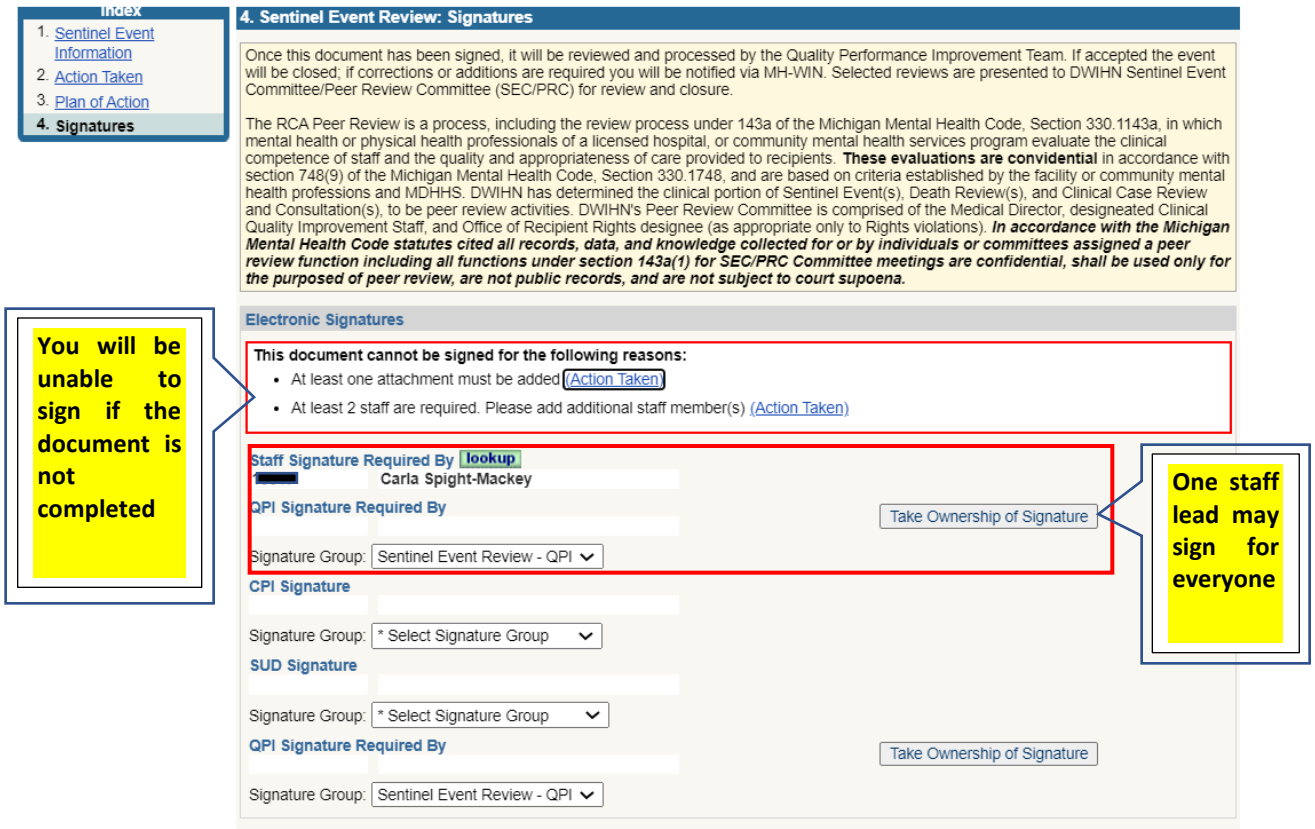
Step 6: Create the Plan of Action to remediate or eliminate reoccurrence



You must select each Causal Factor area identified (drop down box) and complete all sections for each factor. (i.e. if you selected Method/Procedure and Staff Related you must complete two Plans – one for each)



Step 7: Signatures



QUALITY PERFORMANCE IMPROVEMENT
PROGRESSIVE STEPS TO RESOLUTION OF EVENTS

Rating Scale for Compliance to Root Cause Analysis

Beginning FY 2023/2024 – RCAs will be rated along with final designations:

1. Standard of care met, no action needed
2. Standard of care met, with room for improvement
3. Standard of care not met, attributable to systems
4. Standard of care not met, attributable to individual practitioner

When the Standard of Care is attributable to an individual practitioner, that staff person will be required to complete training or re-training in that area.

Sentinel Events document submission and review process:

1. Receive and review Critical/Sentinel Events and all supporting documentation.
2. Notify CRSP; DWIHN Quality Performance Team; and Quality Performance System Administrator of missing required documents and due dates of those not received by due date (**Due date for all supporting documents is 7 business days** from knowledge of the event);
3. Second (2nd) notification **(3 business days)** sent when first request is not submitted by due date. Notifications sent to CRSP Management; Quality System Administrator, Quality Director;
4. If response is not received in **3 business days after second notification**; Notification and request for documents for closure of the event are forwarded to CRSP Executive leadership, Quality Director, Quality Performance Improvement Administrator, Medical Director, and Compliance.
5. If there is no response **within 2 days** at this step – request for sanctions will be sent to all listed in #4.

ROOT CAUSE (RCA) PLAN OF ACTION – Remediation Process

The remediation and monitoring of the Plan of Action requires the CRSP to submit a 30-day report for the period designated by the Quality Performance Improvement Team (QPIT) and/or Sentinel Event Committee/Peer Review Committee (SEC/PRC). Notification for the period will be forwarded to the CRSP, and the format required will be forwarded at that time.

CRSP's are required to **begin the initial entry process into MH-WIN of of the RCA within two (2) business days of the initial report of the sentinel event.** By the **third (3rd) business da**y the RCA process must be fully implemented. Fifteen (15) days after the initial report of the event all required documentation along with the Plan of Action must be completed and entered into the member's MH-WIN record.

The DWIHN Quality Performance Improvement Team then will have 15 business days to review the RCA and Plan of Action to request additional information if required and render a final decision in accordance with the RCA Rating Scale.

All Corrective Actions listed in the RCA Plan of Action section require the updated monitoring report as stated in paragraph one above to be submitted to the QPIT for review by the SEC/PRC as appropriate. The **Plan of Action** should be completed as soon as possible, but no later than 90 days. QPIT can request periodic updates to monitor continued adherence to the plan for up to 360 days after completion, and the Plan could also be audited for compliance during the annual provider Quality audits after completion. This monitoring practice is implemented to ensure remediation or elimination of the identified event issues.

REFERENCES

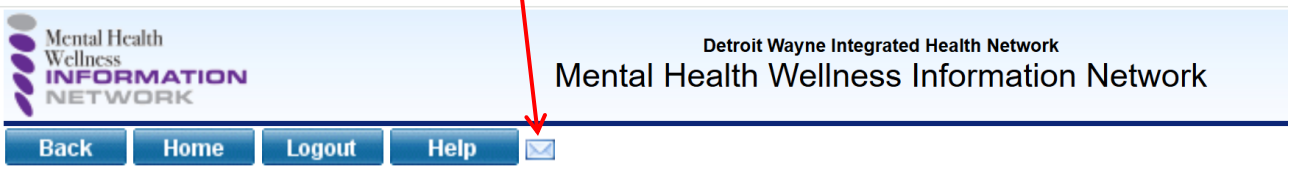
- MDHHS – PIHP Contracts & Agreements – 6.0 PIHP Organizational Structure; 6.1 Critical Incidents; Attach P7.7.1.1 FY 2022 MDHHS/PIHP Managed Specialty Supports and Services Contract – Reporting Requirements
- MDHHS/PIHP Event Reporting – PIHP Incident Warehouse
- MDHHS – CRM/CIS-MiCal Reporting System Warehouse
- Michigan Department of Health & Human Services Behavioral Health and Developmental Disabilities Administration – "Instructions: Sentinel Events Data Report" (Revised 3/29/19)
- Michigan Department of Health and Human Services Minimum Operating Standards for MI Health Program and MI Health Link HCBS Waiver (5/2019)
- DWIHN "Reporting of Member Critical Event, Sentinel Event, and Death Policy"
- DWIHN "Reporting of Member Critical Event, Sentinel Event, and Death Reporting Procedures"
- MDHHS Standard on Behavior Treatment Plans and Procedures
- 45 CFR438.214
- Medicaid Managed Specialty Supports and Services contract, Section 6.4
- AFP Sections 3.8, 4.0
- Waiver Assurance for Participant Safeguards
- Michigan Mental Health Code Section 748 (9), section 330.1748 and 330.1143a, section 143a(1)
- Health Services Advisory Group (HSAG) Standards
- CSM Manual Standards as appropriate to this process
- NCQA Standards
- Child Deaths in Michigan 2022

Adult and Child Protective Services Report Line– 855-444-3911 (24 hours)
Sexual Assault Hotline – 855-VOICES4
Emotional Support/Suicide Crisis Line – 988 (CALL OR TEXT)

DWIHN QUALITY PERFORMANCE IMPROVEMENT STAFF CONTACTS

REMINDER:

The most efficient and HIPPA compliant way to reach our staff is via MH-WIN emessaging system



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Jessica May (Wright), MA, LLPC, QMHP – CE/SE Team – jwright@dwihn.org

Fareeha Nadeem, MA, LLP – Behavior Treatment Lead – fnadeem@dwihn.org

Laura Buros, MA, LLP, MBA – Behavior Treatment – lburos@dwihn.org

ORR CONTACTS for Death Log Numbers etc: