Chapter 15: Critical Incident Report - Individual

**BENEFIT TYPE(S)**
The following Managed Care Plans must submit this report:
- LTC
- MMA & MMA Specialty
- Dental

**REPORT PURPOSE:**
The purpose of this report is to monitor Long-term Care Plans’ critical incident reporting and management system for critical incidents that negatively impact the health, safety or welfare of Long-term Care enrollees. This includes critical incidents in all home and community-based service delivery settings applicable to enrollees.

**FREQUENCY & DUE DATES:**

<table>
<thead>
<tr>
<th>Report Year Type</th>
<th>Report Year Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>C = Calendar</td>
<td>01/01 – 12/31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report Frequency</th>
<th>Reporting Data Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>V = Variable</td>
<td>Two-digit day of submission date (01-31)</td>
</tr>
</tbody>
</table>

This report is due immediately upon occurrence and no later than twenty-four (24) hours after detection or notification to the health plan.

**REPORT CODE & SUBMISSION:**

**Automated Incident Reporting System (AIRS)**
The Managed Care Plan must submit the following via the AIRS to the Agency:

- Critical Incident Report using the format provided within AIRS.
- A report attestation as described in Chapter 2.

**Manual Reporting**
When AIRS is not available, the Managed Care Plan shall proceed with the manual submission requirements.

<table>
<thead>
<tr>
<th>Report Code</th>
<th>0118</th>
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</table>

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following via secure, encrypted email to the Agency’s Managed Care Plan Contract manager:

- Critical Incident Report using the template provided.
- A report attestation as described in Chapter 2.

**INSTRUCTIONS:**

**AIRS**
The Long-term Care Plan must report the following to the Agency in accordance with the format set forth in the Critical Incident Report template.
• Plan Name auto-populates following sign-in on the “Create New Report” screen

• Person Reporting Information
  o Reporter’s Name, Email address and Phone number auto-populate based on user
  o Title—select from drop-down list
  o License Number—only required for licensed staff, i.e. registered nurses

• Enrollee Information
  o Enrollee’s first and last name
  o Enrollee’s last name
  o Enrollee’s Medicaid ID#
  o AHCA Area/Region (from drop down list)
  o Enrollee’s County of Residence (from drop down list)

• Incident Information
  o Incident Date
  o Date Incident Reported to Plan
  o Incident Location (choose from drop down: Facility, Home, Transport, Other Location in the Community)
  o Depending on which incident location is selected, additional fields will open for reporting home address details, provider names and/or other provider information
  o Facility Type (choose from drop down: Adult Daycare, Adult Family Care Home, Doctor’s Office, Home Health)

• Critical Incident Type (check most appropriate incident type from the list provided)

• Individual(s) Involved—may list more than one individual/witness
  o Name
  o Role
  o Involvement
  o License number required, if licensed health professionals were involved
  o Social Security Number is an optional field

• Investigation
  o Details of the Incident—to include enrollee’s age, sex, current medication if applicable, source of information, all reported details about the event, the home and community-based services being provided, action taken by plan or provider, and any other pertinent information, including current status of enrollee.
  o Follow-Up Planned or Required—Based on the apparent cause(s) of the incident presented in the analysis, describe the corrective or proactive action(s) to be implemented to prevent this type or a similar type of incident from reoccurring to this or other patients/residents.
  o Incident Resolution (yes or no)
  o Resolution Date (if applicable)

**Manual Reporting**
The Long-term Care Plan must report the following to the Agency in accordance with the format set forth in the Critical Incident Report template:

• Plan Name
• Plan Medicaid ID (nine digits)
• Today’s Date (Date the plan is reporting to the Agency) (MM/DD/YYYY)
• AHCA Area/Region (from drop down list)
• Enrollee’s County of Residence
• Enrollee’s Medicaid ID (ten digits)
• Enrollee’s full name (first, last)
• Date of incident (MM/DD/YYYY)
• Facility (Yes/No)
• Name of facility or Unit (if applicable)
• Facility Type (choose from drop down: Adult Daycare, Adult Family Care Home, Doctor’s Office, Home Health or Other type of provider)
• Address of incident
• ICD-10 Code for Diagnosis
• Incident Type (select from drop down list)
• Details of Incident
• Follow-up Planned
• Assigned Provider
• Staff Involved
• Witnesses
• Date Reported to Plan
• Report Submitted By
• Risk Manager Name
• Date Resolved (MM/DD/YYYY)

VARIATIONS BY MANAGED CARE PLAN TYPE:
No variations.

REPORT TEMPLATE
AIRS
Registration and access to the AIRS system can be obtained via the following web address:

Manual Reporting
The Agency templates can be found using the directions in Chapter 1. There are no additional report template instructions unique to this report chapter.

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