

 <p>DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES</p>	<p>Behavioral Health and Developmental Disabilities Division</p> <p>Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p>
<p>Policy Number:</p> <p><u>608 - NEW</u></p>	<p>Date effective:</p> <p><u>October 1, 2025</u></p> <p>Subject:</p> <p><u>Critical Incident Policy</u></p>

Definitions

A “serious occurrence” means a critical incident, including abuse, neglect, and exploitation as defined by Montana Code Annotated, 52-5-803, involving a member that affects the health, welfare, or safety of the member under the circumstances listed below.

Procedure

(1) Types of serious occurrences that must be reported are as follows:

- (a) suspected or known physical, emotional, sexual, financial, or verbal abuses;
- (b) neglect of the member, self-neglect, or neglect by a paid caregiver;
- (c) sexual harassment by an agency employee or individual;
- (d) any injury that results in hospital emergency room or equivalent level of treatment. The injury may be either observed or discovered;
- (e) an unsafe or unsanitary working or living environment which puts the worker and/or member at risk;
- (f) any event that is reported to Adult Protective Services, law enforcement, the Ombudsman Program, Quality Assurance Division/Licensure; or the Drug Utilization Review Board;
- (g) referrals to the Medicaid Fraud Unit;
- (h) psychiatric emergency: Admission of a member to a hospital or mental health facility for a psychiatric emergency;
- (i) medication errors: When an error is detected in medication management; errors that must be reported include:
 - (i) missing medication;

- (ii) doses that were refused or missed by the member with supporting documentation;
 - (iii) any adverse reaction, unexpected effects, or medication errors.
- (j) suicide ideation, attempt, threat, or death; and
- (k) all use of restrictive interventions, seclusion, or restraints; or fiscal exploitation.
- (2) All serious occurrences must be reported within 24 hours of receiving the information or witnessing the serious occurrence as follows:
 - (a) all provider agencies are required to report and respond to Critical Incidents to DPHHS at TSScriticalincidents@mt.gov via Montana Secure File Transfer Service
 - (b) Members, family members, and other concerned individuals may report Critical Incidents to DPHHS at TSScriticalincidents@mt.gov via Montana Secure File Transfer Service
- (3) The provider agencies must finalize the Corrective Action Plan to DPPHS within 5 working days from the initial critical incident date and submit to TSScriticalincidents@mt.gov via Montana Secure File Transfer Service
- (4) The Corrective Action Plan must:
 - (a) outline the task(s) that the service provider will complete in order to assist in ensuring the health and safety of the member;
 - (b) enter a due date; and
 - (c) enter a completion date.
- (5) The HEART Waiver Specialist will review, sign off, and close all correct action plans submitted to DPPHS.