**POLICY**

It is the policy of Detroit Wayne Mental Health Authority (DWMHA) that all member deaths, critical events and sentinel events involving children, adolescents, adults and older adults receiving mental health services and substance abuse services be reported, reviewed, investigated and that appropriate follow-up action(s) is taken in a timely manner. Member Death, Critical Event and Sentinel Event reviews are only three types of several types of peer review activity.

**PURPOSE**

The purpose of this policy is to ensure that standards and procedures are established and applied for identification, reporting and investigation of member deaths, critical events and clinical peer review of sentinel events as required by the Michigan Department of Health and Human Services (MDHHS) Contract for Specialty Services and Supports Michigan Department of Behavioral Health and Developmental Disabilities Administration Medicaid Managed Specialty Services and Support Program Waiver, for the purpose of improving the quality of care, monitoring of risk, and to deliver accurate reporting.

**APPLICATION**

1. The following groups are required to implement and adhere to this policy: DWMHA Board, DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO)

2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism

3. This policy impacts the following contracts/service lines: MI-HEALTH LINK, Medicaid.SUD, Autism, Grants, General Fund

**KEYWORDS**

1. Critical Event
2. Sentinel Event
3. Unexpected Deaths
STANDARDS

1. All DWMHA providers and contractors shall engage in the reporting of consumer deaths, critical events and sentinel events.

2. All DWMHA providers and contractors shall engage in the clinical peer review process and procedures of peer review activities.

3. All critical events and consumer deaths are to be reported on consumers actively receiving services as soon as possible, and no later than within 24 hours of becoming aware of the incident.

4. All death(s) are reportable to the DWMHA ORR.

5. The incident should be reviewed to determine if it meets the criteria and definitions for a critical event or sentinel event, and is related to a practice or standard of care. The outcome of this review is to classify a critical event as either a) sentinel event, or b) non-sentinel event.

6. The DWMHA retains the right to make the final decision whether a critical event is a sentinel event. The DWMHA will review the implementation of this activity during desk audit reviews and on-site visits.

7. All documents the DWMHA obtains are considered peer review and will not be released.

8. The clinically responsible provider shall have in place written policies, procedures, protocols or processes, not related to the activities of a Recipient Rights Office, implemented to report to the DWMHA.

9. The providers shall have a Peer Review Team of appropriately credentialed individuals which shall review all clinical risk events, including mortality reviews of all deaths not determined to be sentinel events. The investigations should include the review of all available records and information concerning the member including, but not limited to, the review of Individual Plans of Service (IPOS), progress notes, psychiatric evaluations, Behavior Management Plans, records of dispute resolutions, grievances and appeals, and recipient rights complaints.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. The Joint Commission, 2016 document on Sentinel Event Reporting http://www.jointcommission.org/assets/1/6/CAMBH_24_SE_all_CURRENT.pdf

2. MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY 2017

3. MDHHS/PIHP Managed Mental Health Supports and Services Contract FY 2017
5. Michigan Administrative Rules:
   R330. 1-4
   R330.1801-1809
   R400.1416 (4) (a)
   R400.4167 (2)
   R400.10159 (2)
   R400.14311 (1) (a)
   R400.15311 (1) (a)
6. MDHHS Application for Participation
8. Pursuant to the requirements of the Balanced Budget Act (BBA) of 1997
9. Summary of Abuse and Neglect Reporting Requirements (DCH-0727, 6/2016)

RELATED POLICIES
1. Reporting of Consumer Critical Event, Sentinel Event and Death Policy
2. Incident Reporting Policy
3. Individual Plan of Service/Person-Centered Planning Policy
4. Crisis/Safety Plan Policy
5. Behavior Treatment in Community Settings Policy
6. Abuse and Neglect Policy
7. Restraint Policy
8. Seclusion Policy
9. Use of Psychotropic Drugs Policy
10. Medication Procedures Policy
11. Services Suited to Condition in Least Restrictive Setting Policy
12. Environmental Safety Policy
13. Recipient Rights Substance Use Disorder Policy

RELATED DEPARTMENTS
1. Claims Management
2. Clinical Practice Improvement
3. Compliance
4. Customer Service
5. Information Technology
6. Integrated Health Care
7. Legal
8. Managed Care Operations
9. Quality Improvement
10. Recipient Rights
11. Substance Use Disorders
12. Utilization Management

**CLINICAL POLICY**

**YES**

**INTERNAL/EXTERNAL POLICY**

**EXTERNAL**

**Attachments:**

- Attestation Letter Revised 02202017.pdf
- Authority_RORD_TEMPLATE_07132016 Death Reporting Process cjsm (1).pdf
- How to get a death log number from ORR_distributed to providers_July2016.pdf

**Approval Signatures**

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<tr>
<td>Ronald Hocking: Chief Operating Officer</td>
<td>03/2017</td>
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<td>Allison Smith: Project Manager, PMP</td>
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<td>Maha Sulaiman</td>
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<td>Dana Lasenby: Deputy Chief Operating Officer</td>
<td>02/2017</td>
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<td>Bessie Tetteh: CIO</td>
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<td>Kip Kliber: Director, Recipient Rights</td>
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<td>Crystal Palmer: Director, Children's Initiatives</td>
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<tr>
<td>Stacie Durant: CFO Management &amp; Budget [AS]</td>
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<td>Lorraine Taylor-Muhammad: Director, Managed Care Operations</td>
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<td>tracey Lee: Director Claims Management</td>
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<td>Julia Kyle: Director of Integrated Care</td>
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<td>Darlene Owens: Director, Substance Use Disorders, Initiatives</td>
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<td>Michele Vasconcellos: Director, Customer Service</td>
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<td>Muddasar Tawakkul: Director of Compliance/Purchasing</td>
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<td>Jody Connally: Director, Human Resources</td>
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<td>Mary Allix</td>
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<td>Rolf Lowe: Assistant General Counsel/HIPAA Privacy Officer</td>
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<td>Corine Mann: Chief Strategic Officer/Quality Improvement</td>
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<td>Diana Hallifield: Consultant</td>
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