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	<input type="checkbox"/> Plan	<input type="checkbox"/> System Description	Last Reviewed:	3/4/2024
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Revisions: 2/28/2020, 8/3/2020, 6/21/2021, 2/13/2023

**Document Scope:** (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
  - The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers<sup>2</sup>.
  - The requirements herein apply to both GCBH BH-ASO and its network providers<sup>2</sup>. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
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**PURPOSE:** To define processes for addressing negative events involving a recipient of behavioral health services as funded by the Greater Columbia Behavioral Health BH-ASO and for responding to media contacts regarding coverage of such incidents or other events relating to the delivery of GCBH BH-ASO funded behavioral health services.

**DEFINITIONS**

I. Category One Critical Incidents (also known as Individual Incidents):

- a. An occurrence pertaining to an Individual receiving GCBH BH-ASO funded services, and occurred within a contracted behavioral health facility (inpatient psychiatric, behavioral health agencies), FQHC, or by independent behavioral health provider and that are associated with:
  - i. Neglect, or sexual/financial exploitation perpetrated by staff;
  - ii. Physical or sexual assault perpetrated by another client; and
  - iii. Death.
- b. An occurrence committed by an Individual receiving GCBH BH-ASO funded services, with a behavioral health diagnosis, or history of behavioral health treatment within the previous 365 days. Acts allegedly committed, to include:
  - i. Homicide or attempted homicide;
  - ii. Arson;
  - iii. Assault or action resulting in serious bodily harm which has the potential to cause prolonged disability or death;
  - iv. Kidnapping; and Sexual assault.
- c. Unauthorized leave from a behavioral health facility during an involuntary detention, when funded by the GCBH BH-ASO.
- d. Any event involving an Individual that has attracted, or is likely to attract media coverage, when funded by the GCBH BH-ASO (the ASO shall provide the link of the source of the media to HCA, as available).

II. Category Two Critical Incidents (also referred to as Population Based Events):

- a. Suicide and attempted suicide
- b. Poisoning/overdoses, unintentional or intention unknown

<sup>1</sup>See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"

<sup>2</sup>"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

## POLICY

- A. GCBH BH-ASO and its Network Providers interact in regards to incidents to assure that the Washington State Healthcare Authority (HCA) is informed of them in a timely manner, as defined below. GCBH BH-ASO is responsive to requests from HCA for additional information regarding efforts to prevent or lessen the possibility of future or similar incidents.
  - a. GCBH BH-ASO staff, subcontractors, Federally Qualified Health Centers (FQHC), and independent behavioral health providers (Reporters) are to report Critical Incidents involving Individuals receiving GCBH BH-ASO funded services via the attached ASO Critical Incident Form.
- B. The GCBH BH-ASO Clinical Director serves as the Critical Incident Manager and is responsible for administering the Critical Incident Management System and ensuring compliance with the requirements of the contract with the Health Care Authority (HCA).
- C. In addition to all incidents described above, GCBH BH-ASO and its Network Providers utilize professional judgment and may report incidents that fall outside the scope listed above.
- D. At all times, GCBH BH-ASO and its Network Providers each have an individual designee to oversee all activity associated with reviewing and reporting incidents. Network Providers are responsible for ensuring that critical incidents are adequately reviewed and documented, and reported to GCBH BH-ASO to allow compliance within the timeframes identified below.
- E. At all times, GCBH BH-ASO and its Network Providers each have an individual designated to interact with the media regarding coverage of incidents and/or other events likely to influence public perceptions regarding the delivery of behavioral health care. This person is responsible for determining the nature and amount of information provided to the media, and for ensuring the confidentiality of all proprietary and protected information.
- F. GCBH BH-ASO shall communicate with the appropriate MCO when it becomes aware of an incident for a Medicaid Enrollee. Upon request, GCBH BH-ASO will collaborate with the appropriate MCO in reference to such an incident.
  - a. Network Providers are to comply with MCO related directives for directly reporting Critical Incidents as they apply to Medicaid enrollees.

## PROCEDURE

### Notification:

1. GCBH BH-ASO reports to the HCA all Level One critical incidents within one (1) Business Day of becoming aware of the incident and shall report incidents that have occurred within the last thirty (30) calendar days, with the exception of incidents that have resulted in or are likely to attract media coverage.
  - a. Media related incidents should be reported to HCA as soon as possible, not to exceed one (1) Business Day.
2. To facilitate timely notification of HCA by GCBH BH-ASO:
  - a. GCBH BH-ASO shall enter the initial report, follow-up, and actions taken into the HCA Incident Reporting System (<https://fortress.wa.gov/hca/ics/>), using the GCBH BH-ASO Incident Reporting Form attached to policy.
    - i. If the system is unavailable, the GCBH BH-ASO shall report Critical Incidents to [HCABHASO@hca.wa.gov](mailto:HCABHASO@hca.wa.gov).

- b. HCA may ask for additional information as required for further research and reporting. GCBH BH-ASO shall provide information within three (3) Business Days of HCA's request.
3. Providers shall also, as soon as feasible, submit to the GCBH BH-ASO any Level 2 incidents involving Individuals receiving GCBH BH-ASO funded services. All Level Two Critical Incidents are also reviewed by GCBH BH-ASO and will be reported to the HCA as part of the semi-Annual report process described below.
4. Reporting this information to HCA does not discharge GCBH BH-ASO from completing mandatory reporting requirements, such as notifying the DOH, law enforcement, Residential Care Services, and other protective services.

#### Review:

5. The GCBH BH-ASO will document and track all Critical Incidents received. This document will include the current open or closed status of the Critical Incident (Level One and Level Two) and will be used for required reporting.
6. The GCBH BH-ASO Weekly Staff Conference will regularly review the status of each open Critical Incident to ensure follow-up investigations and procedure are occurring within contractual timeframes and within contractual procedures.
  - a. General trends will be reviewed at the monthly Quality Management Oversight Committee (QMOC). Both committees should consider any actions that can be taken to reduce incidents and follow-up as necessary.


#### Reporting Processes:

7. As determined by the GCBH BH-ASO Weekly Staff Conference review and the QMOC oversight, the ASO and its Network Providers will review all critical incidents reported and will provide sufficient information, review, and follow-up as indicated.
8. GCBH BH-ASO shall submit to the HCA a semi-annual report of all Level One and Level Two Critical Incidents tracked for Individuals receiving BH-ASO funded services during the previous six (6) months. The report shall include an analysis of all Level One and Level Two Incidents.
9. The following shall be addressed in the analysis:
  - a. How the incident reporting program has been structured and operationalized;
  - b. The number and types of critical incidents and comparisons over time;
  - c. Trends found in the population (i.e. regional differences, demographic groups, vulnerable populations, other as defined by Contractor);
  - d. Actions taken by the GCBH BH-ASO to reduce incidents based on the analysis, and other actions taken and why;
  - e. The ASO's evaluation of how effective their critical incident reporting program has been over the reporting period and changes that will be made, as needed.
10. The report shall be submitted to the HCA as a Word document and is due no later than the last Business Day of January and July for the prior six (6) month period. The January report shall reflect incidents that occurred July through December and the July report shall reflect incidents that occurred January through June.
11. The report shall also include a data file of all Critical Incidents from which the analysis is made using a template provided by HCA.

**APPROVAL**

  
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Karen Richardson or Sindi Saunders, Co-Directors

  
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Date

## Critical Incident Reporting (Revised 06/2021)

509-737-2475 or 1-888-545-3022, Fax 509-783-4165, <http://www.gcbhllc.org>, 101 N. Edison St., Kennewick, WA 99336-1958

AGENCIES ARE TO REPORT TO GCBH BH-ASO WITHIN ONE BUSINESS DAY OF BECOMING AWARE OF THE INCIDENT

Agency Making Report: [Click or tap here to enter text.](#)

Date Report Made: [Click or tap to enter a date.](#)

Staff Member Reporting: [Click or tap here to enter text.](#)

Date of Incident: [Click or tap to enter a date.](#)      Time of Incident: [Click or tap here to enter text.](#)

Type of Incident: (Check all that apply, see policy CO207 for a description of these categories.)

### Category One Incidents:

An occurrence pertaining to an Individual receiving GCBH BH-ASO funded services, that occurred within a contracted behavioral health facility (inpatient psychiatric, behavioral health agencies), FQHC, or by independent behavioral health provider and that are associated with:

<input type="checkbox"/> Death	<input type="checkbox"/> Neglect
<input type="checkbox"/> Sexual Exploitation	<input type="checkbox"/> Financial Exploitation

An occurrence committed by an Individual receiving GCBH BH-ASO funded services, with a behavioral health diagnosis, or history of behavioral health treatment within the previous 365 days. Acts allegedly committed, to include:

<input type="checkbox"/> Homicide or Attempted Homicide	<input type="checkbox"/> Kidnapping
<input type="checkbox"/> Arson	<input type="checkbox"/> Sexual Assault
<input type="checkbox"/> Assault or action resulting in serious bodily harm which has the potential to cause prolonged disability or death;	

Unauthorized leave from a behavioral health facility during an involuntary detention, when funded by the GCBH BH-ASO.

An event involving an Individual that has attracted, or is likely to attract media coverage, when funded by the GCBH BH-ASO (please provide link to media coverage).

### Category Two Incidents:

<input type="checkbox"/> Attempted Suicide	<input type="checkbox"/> Suicide
<input type="checkbox"/> Poisoning/Overdose (Intentional)	<input type="checkbox"/> Poisoning/overdose (unintentional)
<input type="checkbox"/> Other: <a href="#">Click or tap here to enter text.</a>	

Medical Examiner's Report Requested: [\(Select\)](#)

Description of Incident:

[Click or tap here to enter text.](#)

Name of Consumer: [Click or tap here to enter text.](#)      Age of Consumer: [Click or tap here to enter text.](#)

Consumer's location at the time of this report: [Click or tap here to enter text.](#)

Name of Facility where incident occurred: Click or tap here to enter text.

Name of Facility Staff involved: Click or tap here to enter text. Staff Title: Click or tap here to enter text.

Other Agencies/Facilities Notified/Involved:

<input type="checkbox"/> Adult Protective Services	<input type="checkbox"/> Child Protective Services
<input type="checkbox"/> WA Department of Health	<input type="checkbox"/> Local Law Enforcement
<input type="checkbox"/> Medicaid Fraud Control Unit	<input type="checkbox"/> Washington State Patrol
<input type="checkbox"/> Other (Please describe): <u>Click or tap here to enter text.</u>	

Name and Relationship, if known, of other persons involved, and the nature of their involvement:

Click or tap here to enter text.

Actions planned or taken to minimize harm resulting from incident:

Click or tap here to enter text.

Any legally required notifications made:

Click or tap here to enter text.