

**SMMC Managed Care Plan Report Guide
Critical Incident Report - Individual Report Summary**

02/01/2025

BENEFIT TYPE(S)

The following Managed Care Plans must submit this report:

- IDD
- LTC
- MMA
- Dental

REPORT PURPOSE:

The purpose of this report is to monitor FCC's critical incident reporting for critical incidents that negatively impact the health, safety or welfare of IDD enrollees. This includes critical incidents in all home and community-based service delivery settings applicable to enrollees.

FREQUENCY & DUE DATES:

Report Year Type	Report Year Period
C = Calendar	01/01 – 12/31

Report Frequency	Reporting Data Period
V = Variable	Two-digit day of submission date (01-31)

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:

Manual Reporting

the Managed Care Plan shall proceed with the manual submission requirements.

Report Code	0118
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Managed Care Plan must submit the following via secure, encrypted email to the following inbox IDDPilotInbox@ahca.myflorida.com.

INSTRUCTIONS:

Manual Reporting

FCC 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 Type (from drop down list)
 - Adult Day Training (ADT)
 - Assisted Living Facility (ALF)
 - Behavior Focus (GH)

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- Enhanced Intensive Behavior (GH)
- Foster Home
- Intensive Behavior (GH)
- Pre-Vocational
- Standard (GH)
- Other

- Name of facility or Unit
- 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

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.

AMENDMENT HISTORY:

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	None	None

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