

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

04/09/2025

BENEFIT TYPE(S)

The following Managed Care Plans must submit this report:

- ☒ IDD
- ☒ LTC

REPORT PURPOSE:

The purpose of this report is to monitor Health Plan's critical incident reporting for critical incidents that negatively impact the health, safety or welfare of the Health Plan's 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:

Electronic Reporting: The Managed Care Plan shall proceed with submitting the Critical Incident Report to the AIRS system.

Report Code	0118
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INSTRUCTIONS:

AIRS

The Managed Care Plan must report the following to the Agency in accordance with the format set forth in the AIRS System:

- Plan Name auto-populates following sign-in on the "Create New Report" screen
- Person Reporting Information
 - Reporter's Name, Email address and Phone number auto-populate based on user
 - Title—select from drop-down list
 - License Number---only required for licensed staff, i.e. registered nurses
- Enrollee Information
 - Enrollee's first name
 - Enrollee's last name
 - Enrollee's Medicaid ID#
 - AHCA Area/Region (from drop down list)
 - Enrollee's County of Residence (from drop down list)

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- Incident Information
 - Incident Date
 - Date Incident Reported to Plan
 - Incident Location (choose from drop down menu: LTC: Facility, Home, Transport, Other Location in the Community, For IDD-the incident location is defaulted to Facility)
 - Depending on which incident location is selected for LTC, additional fields will open for reporting home address details, provider names and/or other provider information
 - Days to Report
 - Facility Type (choose from drop down for LTC: Adult Daycare, Adult Family Care Home, Doctor's Office, Home Health). For IDD (choose from the drop-down menu: IDD: Assisted Living Facility (ALF), Adult Day Training (ADT), Behavior Focus (GH), Enhanced Intensive Behavior (GH), Foster Home, Intensive Behavior (GH), Pre-Vocational, Standard (GH), Other-is for any other facility type not listed as a drop-down option).
- Critical Incident Type (check most appropriate incident type from the list provided)
- Individual(s) Involved---may list more than one individual/witness
 - Name
 - Role
 - Involvement
 - License number required, if licensed health professionals were involved
 - Social Security Number is an optional field
- Investigation
 - 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.
 - 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 recurring to this or other patients/residents.
 - Incident Resolution (yes or no)
 - Resolution Date (if applicable)

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE

Electronic 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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AMENDMENT HISTORY:

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
RCN 2025-06	04/09/2025	<ul style="list-style-type: none"> • Report Code & Submission was updated to remove Manual Reporting and replace with Electronic Reporting to AIRS • Under Instructions removed "For LTC Only" • The Report Summary was updated to add the Incident location to the default option of "Facility" for IDD and to add the Facility Types for IDD on the same row as the LTC Facility Types
None	None	<p>Update 3/13/2025:</p> <ul style="list-style-type: none"> • Updated to remove the "ALF" from the drop-down options in Row 15. • "Type of Facility:" Moved to Row 15 • "Name of facility or Unit (if applicable)-" Moved to Row 16 • "Skilled Nursing Facilities" added to language in Row 27 and references to "LTC" removed. • The Report Summary was updated to Add "Benefit Type" and removed a duplicate entry of "Address of Incident" and "ICD 10 Code for Diagnosis" from the Instructions. • The Report Summary was updated to add instructions for AIRS submissions.

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