# BENEFIT TYPE(S)

The following Managed Care Plans must submit this report:

|  |  |
| --- | --- |
|  | IDD |

# REPORT PURPOSE:

Reactive Strategies means the procedures or physical crisis management techniques of seclusion or manual, mechanical, or chemical restraint utilized for control of behaviors that create an emergency or crisis situation. The purpose of this report is to monitor the Managed Care Plan’s use of Reactive Strategies reporting to meet the needs of the enrollee, protect the integrity of their legal and human rights and be directed by principles of self-determination.

# 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:

|  |  |
| --- | --- |
| **Report Code** | 0225 |

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following via secure, encrypted email to the Agency’s Managed Care Plan Contract manager:

* Reactive Strategies Report using the template provided.
* A report attestation as described in Chapter 2.

# INSTRUCTIONS:

The Managed Care Plan IDD Program must report the following to the Agency in accordance with the format set forth in the Reactive Strategies Report template:

* Managed Care Plan Name
* Benefit Type (Comprehensive Plus, MMA Plus, Select Comprehensive, Dental, IDD Program)
* Managed Care Plan Medicaid ID (seven digits)
* Reporting Month/Year (MM/YYYY)
* Report Submission Date
* Report Submitted By
* AHCA Area/Region (from drop down list)
* Name of Facility or Program
* Type of Facility (choose from drop down: Behavior Focus (GH), Enhanced Intensive Behavior (GH), Intensive Behavior (GH), Standard (GH), Pre-Vocational, Foster Home, Assisted Living Facility (ALF), Adult Day Training (ADT), Other
* Name of Site
* Enrollee’s full name (Last, First)
* Date of incident (MM/DD/YYYY)
* Label the Behavior (from drop down list)
* Operationally describe the behavior
* Death (from drop down list)
* Serious Injuries (from drop down list)
* Routine Use of Protective Equipment (from drop down list)
* Planned Intervention (from drop down list)
* Duration of Reactive Strategy (from drop down list)
* Additional Interventions Required (from drop down list)
* Medication used as part of a reactive strategy (from drop down list)
* Takes Routine Psychotropic Medication (from drop down list)
* Trauma (from drop down list)
* Follow-up Completed (from drop down list)

# VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

# REPORT TEMPLATE

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)** |
| **RCN 2025-07** | **04/09/2025** | Added definition of Reactive Strategies to the  template and instructions tab of the report. |

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