

## Determining a Risk Event

Service	Physical Harm to self (requiring EMT or hospitalization)	Physical Harm to others (requiring EMT or hospitalization)	Police Calls (by staff)	Emergency Use of Physical Management	Unscheduled Hospitalizations (2 in a 12-month period)
Targeted case management/ supports coordination	X	X	X	X	X
Home-Based	X	X	X	X	X
ACT services	X	X	X	X	X

**The event is a “risk event” if the indicated services have been provided. Only one checked situation is necessary for the incident to be a “risk event” that requires a root cause analysis be performed.**

Clinically Responsible Providers shall provide a written review each Risk Event, addressing, at a minimum, the following:

- a. Personal Identifying Information – name, Medicaid ID, disability designation, residential living arrangement type, name of TCM/SC/HB/ACT provider agency, note if consumer self-directs services with name of provider. If event occurred at home, collect name of CLS or personal care, including Home Help. If occurred in a licensed AFC facility, include license number, licensee name and name of home.
- b. Method/Procedure – adequacy of clinical assessment, completeness of plan(s), implementation of plans/procedures, consistency of plan(s) with technical requirements and/or best practices.
- c. Communication – awareness of consumer’s plan; awareness of organizational policies/protocols; contradictory, confusing or missing information /instructions.
- d. Staff-Related – staffing levels, staff skill set or competency in applying the methods or procedures, staff training.
- e. Environment – noise levels, physical proximity, amount of space for consumer or staff, lighting, physical hazards or condition of the environment.
- f. Equipment/Materials – necessary equipment or materials not in proper condition, improperly used, in disrepair, missing.

Please forward written review, with corrective action plan, to:

MCCMH Office of the Medical Director  
 22550 Hall Road  
 Clinton Township, MI 48036