I. APPLICATION:

☐ PIHP Board ☑ CMH Providers ☑ SUD Providers
☐ PIHP Staff ☑ CMH Subcontractors

II. POLICY STATEMENT:

It is the policy of Region 10 PIHP that it shall immediately be notified by its provider network of specific events as defined in this policy. In turn, the PIHP will notify the Michigan Department of Health & Human Services (MDHHS).

III. DEFINITIONS: N/A

IV. STANDARDS:

A. The CMH/SUD Provider shall immediately notify the PIHP Chief Executive Officer/designee of the following events:
   1. Any death that occurs as a result of suspected staff member action or inaction, or any death that is the subject of a recipient rights, licensing, or police investigation. This report shall be submitted within 40 hours of the death and must include the following information:
      a. Name of beneficiary
      b. Beneficiary ID number (Medicaid, ABW, Mi-Child)
      c. Consumer PIHP ID (CONID) if there is no beneficiary ID number
      d. Date, time and place of death (if a licensed foster care facility, include the license#)
      e. Preliminary cause of death
      f. Contact person’s name and E-mail address
   2. Relocation of a consumer’s placement due to licensing issues.
   3. An occurrence that requires the relocation of any provider panel service site, governance, or administrative operation for more than 24 hours.
   4. The conviction of a provider panel staff member for any offense related to the performance of their job duties or responsibilities.

   Notification of the events must be provided to the PIHP Chief Executive Officer/designee. Item #1 must be reported within 40 hours; all remaining events must be made within 3 business days.

V. PROCEDURES: N/A

VI. EXHIBITS: N/A