

## **961 - INCIDENT, ACCIDENT, AND DEATH REPORTING**

EFFECTIVE DATE: UPON PUBLISHING<sup>1</sup>

APPROVAL DATE: 02/04/21<sup>2</sup>

### **I. PURPOSE**

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP<sup>3</sup>), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), TRBHA, Tribal ALTCS; and all FFS populations. This Policy establishes requirements for the reporting, reviewing, and monitoring of Incident, Accident, Death (IAD) in a consistent manner across the delivery system. For requirements applicable to Tribal ALTCS and TRBHAs refer to the Intergovernmental Agreement (IGA).

### **II. DEFINITIONS**

**ABUSE  
(OF A CHILD)**

As specified in A.R.S. §8-201(2), abuse of a child is defined as follows:

The infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage, as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omissions of an individual who has the care, custody and control of a child. Abuse includes:

1. Inflicting or allowing sexual abuse, sexual conduct with a minor, sexual assault, molestation of a child, commercial sexual exploitation of a minor, sexual exploitation of a minor, incest, or child sex trafficking as those acts are described in the Arizona Revised Statutes, Title 13, Chapter 14.
2. Physical injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic, or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug as defined in section 13-3401.
3. Unreasonable confinement of a child.

<sup>1</sup> Date changes are effective.

<sup>2</sup> Date presented at APC Meeting.

<sup>3</sup> Revised to apply name change for CMDP from Comprehensive Medical and Dental Program to Comprehensive Health Plan (CHP) effective April 1, 2021 due to CHP behavioral health integration. Refer to Laws 2019, 1st Regular Session. Change made throughout Policy.

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**CHAPTER 900 – QUALITY MANAGEMENT AND PERFORMANCE  
IMPROVEMENT PROGRAM**

**ABUSE  
(OF A VULNERABLE  
ADULT)**

As specified in A.R.S. §46-451(A)(1), (i) intentional infliction of physical harm, (ii) injury caused by negligent acts or omissions, (iii) unreasonable confinement, or (iv) sexual abuse or sexual assault.

**EXPLOITATION  
(OF A VULNERABLE  
ADULT)**

As specified in A.R.S. §46-451(A)(5), the illegal or improper use of a vulnerable adult or his/her resources for another's profit or advantage.

**INCIDENT, ACCIDENT,  
DEATH (IAD)**

An unexpected occurrence that harms or has the potential to harm a member and is:

1. On the premises of a health care institution, or
2. Not on the premises of a health care institution and directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution as specified in A.A.C. R9-10-101.

**INDEPENDENT  
OVERSIGHT COMMITTEE  
(IOC)**

A committee established by state statute to provide independent oversight and to ensure the rights of certain individuals with developmental disabilities and persons who receive behavioral health services are protected as defined in A.R.S. §§41-3801, 41-3803, 41-3804, and A.A.C. R9-21-105.

**MEDICATION ERROR**

The Federal Drug Administration (FDA) defines a medication error as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of a healthcare provider, patient, or consumer. This includes but is not limited to an error in medication administration to a member; this includes administering to the wrong patient, the wrong medication, the wrong time, missed medication dose, the wrong dose, and/or wrong route of administration.

**NEGLECT (OF A CHILD)**

As specified in A.R.S. §8-201, the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter, or medical care.

**NEGLECT  
(OF A VULNERABLE  
ADULT)**

As specified in A.R.S. §46-451(A)(7), a pattern of conduct without the person's informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.

**PROVIDER**

For the purposes of this Policy, any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by AHCCCS or an AHCCCS Contractor.

**SERIOUS INJURY**

Any type of injury requiring medical care or treatment beyond first aid, including, but not limited to: assessment/treatment in an emergency room, treatment center, physician’s office, urgent care or admission to a hospital.

**VULNERABLE ADULT**

As specified in A.R.S. §46-451(A)(10), an individual who is eighteen years of age or older and who is unable to protect himself/herself from abuse, neglect, or exploitation by others because of a physical or mental impairment. Vulnerable adult includes an incapacitated person as defined in A.R.S. §14-1501.

**III. POLICY**

Contractors shall develop and implement policies and procedures that require Providers to identify and report IADs to Contractors, AHCCCS, and other appropriate authorities in accordance with the requirements specified within this Policy. Contractors shall ensure that reporting requirements are in compliance with applicable licensure and/or accreditation as appropriate.

**A. MINIMUM REQUIREMENTS FOR IAD REPORTING**

Contractors and Providers shall ensure that reportable IADs are submitted via the AHCCCS QM Portal. IADs shall be submitted into the QM Portal within 48 hours of the occurrence or notification to the Provider of the occurrence. Sentinel IADs (listed below) shall be submitted by the Provider into the AHCCCS QM Portal within 24 hours of the occurrence or notification to the Provider of the occurrence. Contractors shall notify AHCCCS of the occurrence immediately but within 24 hours of notification of the occurrence.

1. An IAD is reportable if it includes any of the following:
  - a. Allegations of Abuse, Neglect, or Exploitation of a member,
  - b. Death of a member,
  - c. Delays or difficulties in accessing care,
  - d. Healthcare acquired conditions and other Provider preventable conditions (refer to AMPM Policy 960 and AMPM Policy 1020),
  - e. Serious Injury occurring on the premises or during a Provider sponsored activity,
  - f. Injury resulting from the use of a personal, physical, chemical, or mechanical restraint or seclusion (refer to AMPM Policy 962),
  - g. Medication Error occurring at a licensed residential Provider site including: Behavioral Health Residential Facility (BHRF), DDD Group Home, DDD Adult

Developmental Home, DDD Child Developmental, Assisted Living Facility (ALF), Skilled Nursing Facility (SNF), Adult Behavioral Health Therapeutic Home (ABHTH), or Therapeutic Foster Care Home (TFC), and any other alternative home and community based service (HCBS) setting as specified in AMPM Policy 1230-A,

- h. Missing person from a licensed Behavioral Health Inpatient Facility (BHIF), BHRF, DDD Group Home, ALF, SNF, ABHTH, or TFC,
  - i. Suicide attempt resulting in medical attention, and
  - j. Any other incident that causes harm or has the potential to cause harm to a member.
2. Sentinel IADs include:
- a. Member death or serious injury associated with missing person,
  - b. Member suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting,
  - c. Member death or serious injury associated with a Medication Error,
  - d. Member death or serious injury associated with a fall while being cared for in a healthcare setting,
  - e. Any stage 3, stage 4, and any unstageable pressure ulcers acquired after admission or presentation to a healthcare setting,
  - f. Member death or serious injury associated with the use of seclusion and/or restraints while being cared for in a healthcare setting,
  - g. Sexual Abuse/assault on a member during the provision of services.
  - h. Sexual Abuse/assault of a Provider employee by a member during the provision of service,
  - i. Death or serious injury of a member resulting from a physical assault that occurs during the provision of services,
  - j. Death or serious injury of a Provider employee caused by a member resulting from a physical assault that occurs during the provision of services, and
  - k. Homicide committed by or allegedly committed by a member.

## **B. CONTRACTOR REQUIREMENTS**

1. Contractors shall conduct an initial review of all IADs within 24 hours of Provider submission. An initial review shall include the following:
  - a. Identification of any immediate health and safety concerns and ensure the safety of the individuals involved in the incident, which may include that immediate care and recovery needs are identified and provided,
  - b. Determination if the IAD report needs to be returned to the Provider for additional information (e.g. report is assigned to the wrong Contractor, enrollment category is not selected, incident type is not correct or not selected, information is missing or incorrect through the report),
  - c. Determination if the IAD report requires further investigation through a Quality of Care (QOC) investigation (refer to AMPM Policy 960), or
  - d. Determination if the IAD report does not need further documentation or review and closure of the report.

2. Contractors are required to follow up on all IADs returned to the Provider within 24 hours to ensure all required updates have been completed.
3. Contractors are required to take prompt actions to ensure the immediate safety of members where allegations of harm or potential harm exist regardless of status assigned to the IAD, including those returned to Provider.
4. Contractors are required to ensure that all suspected cases of Abuse, Neglect, and Exploitation of a member shall be reported to all appropriate authorities including but not limited to: Adult Protective Services (APS), Department of Child Safety (DCS), and the Arizona Department of Health Services (ADHS).
5. Contractors are required to track and trend all IADs to identify and address systemic concerns or issues within their Provider network.
6. Contractors shall provide IAD reports to the appropriate IOC as specified in AMPM Policy 960.

OPEN UNTIL 03/21/21