

961 - INCIDENT, ACCIDENT, AND DEATH REPORTING

EFFECTIVE DATES: 04/01/21, 10/01/22, 01/01/23

APPROVAL DATES: 02/04/21, 04/14/22, 09/15/22

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) 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

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

The Contractor shall develop and implement policies and procedures that require individual and organizational providers to identify and report Incident, Accident, and Death (IAD) to the Contractor, AHCCCS, and other appropriate authorities in accordance with the requirements specified within this Policy. The Contractor shall ensure that reporting requirements are in compliance with applicable licensure and/or accreditation as appropriate. Contractors may determine if providers are required to enter reports directly into the QM Portal or submit reports to the Contractor who will then enter the report into the QM Portal on behalf of the provider. Providers serving FFS members are required to enter all reportable incidents into the QM Portal following the reporting timelines outlined below.

A. MINIMUM REQUIREMENTS FOR IAD REPORTING

The Contractor shall develop a process to ensure that all high profile, media and sentinel events affecting AHCCCS members can be reported to the Contractor by providers, members, or family members at any time of day including evenings, weekends, and holidays. This notification can be received through the Contractor's existing customer service phone system or any other means of communication the Contractor deems reliable to receive such concerns 24/7. The Contractor shall ensure notification meeting these criteria are communicated to the Contractor's QM department and urgent notifications from the Contractor to AHCCCS are made as specified in contract.

The Contractor and providers shall ensure that reportable IADs and Internal Referrals (IRF)s are submitted via the AHCCCS QM Portal. IADs and IRFs shall be submitted into the QM Portal within two business days of the occurrence or notification to the Contractor or provider of the occurrence. Sentinel IADs (listed below) shall be submitted by the Contractor or provider into the AHCCCS QM Portal within one business day of the occurrence or becoming aware of the occurrence. The Contractor shall notify AHCCCS of all sentinel events via email at CQM@azahcccs.gov 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 (e.g., outside of the timeline specified in ACOM Policy 417),
 - d. Healthcare acquired conditions and other provider preventable conditions (refer to AMPM Policy 960 and AMPM Policy 1020),
 - e. Serious injury,
 - 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:
 - i. Behavioral Health Residential Facility (BHRF),
 - ii. DDD Group Home,
 - iii. DDD Adult Developmental Home,
 - iv. DDD Child Developmental,
 - v. Assisted Living Facility (ALF),
 - vi. Skilled Nursing Facility (SNF),
 - vii. Adult Behavioral Health Therapeutic Home (ABHTH), or
 - viii. Therapeutic Foster Care Home (TFC), and any other alternative Home and Community Based Service (HCBS) setting as specified in AMPM Policy 1230-A and AMPM Policy 1240-B.
 - h. Missing person from a licensed Behavioral Health Inpatient Facility (BHIF), BHRF, DDD Group Home, ALF, SNF, ABHTH, or TFC,
 - i. Member suicide attempt,
 - j. Suspected or alleged criminal activity, and
 - k. 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 a 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. Death or serious injury of a member resulting from a physical assault that occurs during the provision of services, and
 - i. Homicide committed by or allegedly committed by a member.

B. CONTRACTOR REQUIREMENTS

1. The Contractor shall conduct an initial review of all IADs within one business day 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),
 - d. Determination if the IAD needs to be linked to a corresponding Seclusion and Restraint (SAR) Individual Reporting Form (refer to AMPM Policy 962), or
 - e. Determination if the IAD report does not need further documentation or review and closure of the report.
2. The Contractor is required to follow up on all IADs returned to the provider within one business day to ensure the provider is aware that the report has been returned and are working on the corrections.
3. The Contractor is required to take immediate 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. The Contractor is required to ensure that all suspected cases of abuse, neglect, and exploitation of a member shall be reported to all appropriate authorities, by the provider directly or by the Contractor if not completed by the provider, including but not limited to: Adult Protective Services (APS), Department of Child Safety (DCS), and the Arizona Department of Health Services (ADHS).
5. The Contractor is required to track and trend all IADs to identify and address systemic concerns or issues within their provider network.
6. The Contractor shall provide IAD reports to the appropriate Independent Oversight Committee (IOC) as specified in contract and AMPM Policy 960.