

961 - INCIDENT, ACCIDENT, AND DEATH REPORTINGEFFECTIVE DATE: Upon Publishing¹APPROVAL DATE: XX/XX/XX²**I. PURPOSE**

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements for the reporting, reviewing and monitoring of Incident, Accident, Death (IAD) in a consistent manner across the service delivery system. For requirements applicable to Tribal ALTCS and TRBHAs refer to the Intergovernmental Agreement (IGA).

II. DEFINITIONS**ABUSE
(OF A CHILD)**

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. As specified in A.R.S. § 8-201(2), 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.

¹ Date changes are effective

² Date presented at APC Meeting or without APC review, the date Policy is approved by Assistant Director(s)/Designee

**ABUSE
(OF A VULNERABLE
ADULT)**

Intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, and sexual abuse or sexual assault as specified in A.R.S. §46-451(A)(1).

**EXPLOITATION
(OF A VULNERABLE
ADULT)**

For purposes of this policy, the illegal or improper use of a vulnerable adult or his/her resources for another's profit or advantage as specified in A.R.S. §46-451(A)(4).

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

For purposes of this policy, 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 R9-10-101.

Refer to the AHCCCS QM Portal IAD User Guide on the AHCCCS website for detailed information regarding IAD types.

**INDEPENDENT
OVERSIGHT COMMITTEE
(IOC)**

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

MEDICATION ERROR

An error in medication administration to a member; this includes administering the wrong medication, missed medication dose, the wrong dose, and/or wrong route of administration.

NEGLECT (OF A CHILD)

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 as defined in A.R.S. 8-201.

**NEGLECT
(OF A VULNERABLE
ADULT)**

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 as specified in A.R.S. 46-451(A)(4).

PROVIDER

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 the State in which it delivers the services, pursuant to 42 CFR 457.10, 42 CFR 438.2, that contracts with AHCCCS or a Contractor for the provision of covered services to members pursuant to A.R.S. §36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. §36-2901.

VULNERABLE ADULT

An individual who is eighteen years of age or older and who is unable to protect himself from abuse, neglect, or exploitation by others because of a physical or mental impairment (A.R.S. §46-451). Vulnerable adult includes an incapacitated person as defined in A.R.S. §46-451(A)(9).

III. POLICY

This Policy establishes requirements for the reporting, reviewing, and monitoring of IAD occurrences. Contractors shall develop and implement policies and procedures that require individual and organizational 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 INCIDENT, ACCIDENT, DEATH (IAD) REPORTING

Contractors and Providers shall ensure that reportable IADs are submitted via the AHCCCS Quality Management (QM) Portal.

1. Reportable IADs include:
 - a. Allegations of Abuse, Neglect, or Exploitation of a member,
 - b. Death of a member,
 - c. Delays or difficulties in accessing care,
 - d. Health-care acquired conditions and other Provider preventable conditions (refer to AMPM Policy 960 and AMPM Policy 1020),
 - e. Injury occurring on the premises or during a registered Provider sponsored activity that requires medical services,
 - f. Injury resulting from the use of a personal, 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, Assisted Living Facility (ALF), Skilled Nursing Facility (SNF), Adult Behavioral Health Therapeutic Home (ABHTH), or Therapeutic Foster Care Home (TFC),
 - 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. Reportable Sentinel IADs include:
- a. Member death or serious injury associated with member disappearance (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/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 or staff member within or on the grounds of a healthcare setting,
 - h. Death or serious injury of a member or staff member resulting from a physical assault that occurs within or on the grounds of a healthcare setting, and
 - i. Homicide committed by or allegedly committed by a member.

Sentinel IADs shall be submitted by the Provider into the QM Portal within 24 hours of the IAD occurrence or notification to the Provider of the IAD occurrence. Contractors shall notify AHCCCS of the occurrence within 24 hours of the Provider submission of the sentinel IAD into the QM Portal. All other reportable IADs shall be submitted into the QM Portal within 48 hours of the occurrence or notification to the Provider of the IAD occurrence.

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. Determine if the IAD report needs to be sent back 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, etc.),
 - b. Determine if the IAD report requires further investigation through a Quality of Care (QOC) investigation (refer to AMPM Policy 960), or

- c. Determine that the IAD report does not need further documentation or review and close the report.
2. Contractors are required to take prompt actions to ensure the immediate safety of members where allegations of harm or potential harm exist.
3. 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).
4. Contractors are required to track and trend all IADs to identify and address systemic concerns or issues within their contracted Provider network.
5. Contractors shall provide IAD reports to the appropriate IOC as specified in AMPM Policy 960.