

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

EFFECTIVE DATE: 04/01/21

APPROVAL DATE: 02/04/21

### **I. PURPOSE**

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), 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 specified in A.R.S. § 13-3401.
3. Unreasonable confinement of a child.

**ABUSE  
(OF A VULNERABLE  
ADULT)**

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

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**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)**

For the purpose of this policy, a report entered into the AHCCCS QM Portal by a provider to document an occurrence that caused harm or may have caused harm to a member and or to report the death of a member.

**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.

**INTERNAL REFERRAL  
(IRF)**

For the purpose of this policy, a report entered into the AHCCCS QM Portal by an employee of a health plan to document an occurrence that caused harm or may have caused harm to a member and or to report the death of a member.

**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.

**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**

The Contractor shall develop and implement policies and procedures that require providers to identify and report Incident, Accident, and Deaths (IAD)s 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 (e.g., This policy would not be applicable to acute care hospitals, primary care physicians who are not co-located with a behavioral health outpatient provider).

**A. MINIMUM REQUIREMENTS FOR IAD REPORTING**

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 48 hours 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 24 hours of the occurrence or becoming aware of the occurrence. The Contractor shall notify AHCCCS of all sentinel events via email at [CQM@azahcccs.gov](mailto: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: 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. 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 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 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. The Contractor is required to follow up on all IADs returned to the provider within 24 hours 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 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. 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 AMPM Policy 960.