

961 - INCIDENT, ACCIDENT, AND DEATH REPORTING

EFFECTIVE DATES: 04/01/21, 10/01/22, 01/01/23, 09/27/24, 01/16/26

APPROVAL DATES: 02/04/21, 04/14/22, 09/15/22, 07/16/24, 09/19/25

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 excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). This Policy establishes requirements for the reporting, reviewing, and monitoring of Incidents, Accidents, and Deaths (IAD)s in a consistent manner across the delivery system. For requirements applicable to Tribal ALTCS and TRBHAs refer to the Intergovernmental Agreement (IGA).

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

III. POLICY

The Contractor shall develop and implement policies and procedures that require individual and organizational providers to identify and report IADs 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. The Contractor may determine if providers are required to enter reports directly into the AHCCCS Quality Management (QM) Portal or submit reports to the Contractor who will then enter the report into the AHCCCS QM Portal on behalf of the provider.

All providers shall register an account in the AHCCCS QM Portal within 30 days of becoming an AHCCCS registered provider. Providers serving FFS members are required to enter all reportable IADs into the AHCCCS QM Portal and follow the reporting requirements below. In addition to this Policy, providers serving FFS members shall refer to Quality of Care and FFS Provider requirements in AMPM Policy 830.

A. MINIMUM REQUIREMENTS FOR INCIDENT, ACCIDENT, AND DEATH REPORTING

The Contractor shall develop a process to ensure that all high profile, media, and sentinel events can be reported to the Contractor by individual and organizational providers, members, or family members at any time of day including evenings, weekends, and holidays.

The Contractor shall ensure 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 notifications meeting these criteria are communicated to the Contractor’s QM department and urgent notifications from the Contractor are made to AHCCCS as specified in Contract.

The Contractor is responsible for ensuring that all reportable IADs (described below) are submitted through the AHCCCS QM Portal by providers within their network. The Contractor is responsible for ensuring that all reportable Internal Referrals (IRFs) are submitted via the AHCCCS QM Portal. The Providers serving FFS members are responsible for entering all reportable events into the AHCCCS QM portal as specified below.

When entering an IRF, the Contractor shall document in the AHCCCS QM Portal the date the Contractor was made aware of the incident as well as the reporting source. All IADs and IRFs shall be submitted into the AHCCCS QM Portal within two business days of the occurrence or within two business days of notification to the Contractor or provider of the occurrence. The Contractor shall also ensure concerns received by other units (e.g. Case Management, Medical Management) are referred to the QM QOC unit to remain in compliance with these requirements. The Sentinel IADs shall be submitted by the Contractor or provider into the AHCCCS QM Portal within one business day of the occurrence or within one business day of 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 Provider site including but not limited to:
 - i. A Behavioral Health Residential Facility (BHRF),
 - ii. A DDD Group Home,
 - iii. A DDD Adult Developmental Home,
 - iv. A DDD Child Developmental,
 - v. An Assisted Living Facility (ALF),
 - vi. A Skilled Nursing Facility (SNF),
 - vii. An Adult Behavioral Health Therapeutic Home (ABHTH),
 - viii. A 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,
 - ix. An inpatient provider site, and
 - x. An Outpatient Treatment Center (OTC).

- 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. The 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 upon presentation to a healthcare setting,
 - f. Member death or serious injury associated with the use of seclusion and/or restraint while being cared for in a healthcare setting,
 - g. Sexual abuse/assault on a member during the provision of services regardless of the perpetrator,
 - 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 provision of immediate care and recovery needs,
 - 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),
 - 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. For IADs that require correction: Within one business day of reviewing a submitted IAD, if the Contractor determines that the IAD is missing any needed information or otherwise requires correction, the Contractor is responsible for returning this to the provider along with an explanation of what needs to be corrected and/or added to the IAD, as well as a due date for submission of corrections. The provider is then responsible for “acknowledging receipt” of the need for correction within one business day. If the provider fails to acknowledge receipt within one business day, the Contractor is responsible for reaching out to the provider to confirm receipt and understanding. The provider is then responsible for submitting the corrections back to the Contractor within the timeline specified by the Contractor. The Contractor shall ensure appropriate resolution of each IAD returned to the provider, including steps to address non-responsive providers.
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 its provider network as specified in AMPM Policy 960. The Contractor shall review and address incomplete and/or unreviewed IADs and SARs in the AHCCCS QM Portal as required.
6. The Contractor shall provide IAD reports to the appropriate Independent Oversight Committee (IOC) as specified in contract and AMPM Policy 960.