

961 INCIDENT, ACCIDENT, AND DEATH REPORTING

REVISION DATE: 8/9/2023

EFFECTIVE DATE: May 11, 2022

REFERENCES: A.R.S. §8-201(2), §14-1501, §36.551.01, §46-451, §41-3801, §41-3803, §41-3804; A.A.C. R9-10-101, R9-21-105; AHCCCS Medical Policies 960, 962, 1020, AdSS Operations Policy 417.

PURPOSE

The purpose of the policy is to establish the Incident, Accident, and Death reporting requirements for the Division of Developmental Disabilities' (Division) Administrative Services Subcontractors (AdSS) in a consistent manner across the delivery system.

DEFINITIONS

1. "Abuse" means the infliction of, or allowing another individual to inflict, or cause, physical pain or injury, impairment of bodily function, disfigurement or serious emotional damage which may be evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior. Such Abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a client receiving behavioral health services or community services.

Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a mental health agency. A.A.C. R9-21-101(B).

2. "AHCCCS" means Arizona Health Care Cost Containment System.
3. "Community Complaint" means a complaint from the community that puts a Member or the community at risk of harm.
4. "Death No Provider Present" means death of a Member living independently or with family and no Provider is being paid for service provision at the time of death.
5. "Expected Death" means natural death, and may include deaths from long-standing, progressive medical conditions or age-related conditions.
6. "High Profile Case" means a case that attracts or is likely to attract attention from the public or media.
7. "Human Rights Violation" means a violation of a Member's rights, benefits, and privileges guaranteed in the constitution and laws of the United States and the state of Arizona. Human Rights are defined in A.R.S. §36.551.01 as a violation of a Member's dignity or personal choice, violations of privacy, the right to open mail, send and receive phone calls, access to one's own money, choosing what to eat, etc.

8. “Incident, Accident, Death” means an unexpected occurrence that harms or has the potential to harm a Member and is:
 - a. On the premises of a health care institution, or
 - b. 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.
9. “Independent Oversight Committee” is 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.
10. “Medication Error” means that one or more of the following has occurred:
 - a. Medication given to the wrong person,
 - b. Medication given at the wrong time or not given at all,
 - c. Wrong medication dosage administered,
 - d. Wrong method of medication administration, or
 - e. Inappropriate wastage of a Class II substance.

11. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
12. "Physical Abuse" means intentional infliction of pain or injury to a Member.
13. "Programmatic Abuse" means aversive stimuli techniques not approved as part of a Member's plan. This can include isolation, restraints, or not following an approved plan or treatment strategy.
14. "Provider" means, for the purpose of this Policy, any individual or entity that is engaged in the delivery of services to Division Members, or ordering or referring for those services, and is legally authorized to do so by the state in which it delivers the services, as specified in 42 CFR 457.10 and 42 CFR 438.2.
15. "Sentinel Event" means an unexpected event that results in the death of a member, serious physical injury of a member, or severe psychological harm of a member, and requires an immediate investigation and response.
16. "Serious Injury" means any type of injury requiring medical care or treatment beyond first aid, such as assessment or treatment in an emergency room, treatment center, physician's office, urgent care or admission to a hospital.
17. "Sexual Abuse" means any inappropriate interactions of a sexual

nature toward or solicited from a Member with developmental disabilities.

18. “Unexpected Death” means a sudden death and may include motor vehicle accidents, suicides, accidental drug overdoses, homicides, acute myocardial infarction or strokes, trauma, sudden deaths from undiagnosed conditions, or generic medical conditions that progress to rapid deterioration.
19. “Verbal/Emotional Abuse” means remarks or actions directed at a Member that are ridiculing, demeaning, threatening, derogatory, or profane.

POLICY

A. MINIMUM REQUIREMENTS FOR IAD REPORTING

1. The AdSS shall develop a process to ensure High Profile, media, and Sentinel events affecting members can be reported to the AdSS by Providers, Members, or a Member’s family, at any time, 24 hours a day, seven days a week, and that these communications are provided to the AdSS Quality Management Department.

2. The AdSS shall ensure that reportable IADs and Internal Referrals are submitted within two business days of the occurrence or notification to the AdSS of the occurrence via the AHCCCS Quality Management (QM) Portal.
3. The AdSS shall ensure Sentinel IADs are submitted via the AHCCCS QM Portal within one business day of the occurrence or becoming aware of the occurrence.
4. The AdSS shall notify the Division and AHCCCS of all sentinel events via email at dddcareconcerns@azdes.gov and CQM@ahcccs.gov immediately, but within 24 hours of notification of the occurrence.
5. The AdSS shall report IADs that include any of the following:
 - a. Allegations of abuse, neglect, or exploitation of a Member.
 - b. Allegations of Human Rights Violations.
 - c. Substance use disorders or opioid-related concerns.
 - d. Death of a Member.
 - e. Delays or difficulties in accessing care outside of the timeline specified in the AdSS Operations Policy 417.
 - f. Healthcare acquired conditions and other provider

preventable conditions as specified in AdSS Medical Policy

960.

- g. Serious Injury.
- h. Injury resulting from the use of a personal, physical, chemical, or mechanical restraint or seclusion as specified in Division Medical Policy 962.
- i. Medication Error occurring at a licensed residential Provider site including:
 - i. Division Group Home,
 - ii. Division Adult Developmental Home,
 - iii. Child Developmental Home,
 - iv. Assisted Living Facility,
 - v. Skilled Nursing Facility,
 - vi. Behavioral Health Residential Facility,
 - vii. Adult Behavioral Health Therapeutic Home,
 - viii. Therapeutic Foster Care Home, or
 - ix. Any other alternative Home and Community Based Service setting as specified in Division Medical Policy 1230-A.
- j. Member missing from a licensed Behavioral Health

Inpatient Facility, Behavioral Health Residential Facility, Division Group Home, Assisted Living Facility, Skilled Nursing Facility, Adult Behavioral Health Therapeutic Home, or Therapeutic Foster Care.

- k. Member suicide attempt.
- l. Suspected or alleged criminal activity involving or affecting a Member.
- m. Community Complaint about a resident or the setting.
- n. Provider or Member fraud.
- o. Allegations of Physical, Sexual, Programmatic, Verbal/Emotional Abuse.
- p. Allegations of inappropriate sexual behavior.
- q. Theft or loss of Member monies or property less than \$1,000.
- r. Property damage estimated to be less than \$10,000.
- s. Community disturbances in which the Member or the public may have been placed at risk.
- t. Environmental circumstances which pose a threat to the health, safety, or welfare of Members such as loss of air conditioning, loss of water, or loss of electricity.

- u. Unplanned hospitalization or emergency room visit in response to an illness, injury, Medication Error.
 - v. Unusual weather conditions or other disasters resulting in an emergency change of operations impacting the health and safety of a Member.
 - w. Illegal substance use by Provider or Member.
 - x. Any other incident that causes harm or has the potential to cause harm to a Member.
6. The AdSS shall report IADs as a Sentinel Event if they include any of the following:
- a. Member death or Serious Injury associated with missing Member.
 - b. Member suicide, attempted suicide, or self-harm that results in Serious Injury, while being cared for in a healthcare setting.
 - c. A 9-1-1 call due to a suicide attempt by a Member.
 - d. Member death or Serious Injury associated with a Medication Error.
 - e. Member death or Serious Injury associated with a fall while

being cared for in a healthcare setting.


- f. Any stage 3, stage 4, and any unstageable pressure ulcers acquired after admission or presentation to a healthcare setting or any other setting where the AdSS has oversight responsibility.
- g. Member death or Serious Injury associated with the use of seclusion or restraint while being cared for in a healthcare setting.
- h. Sexual Abuse or assault of a Member during the provision of services.
- i. Death or Serious Injury of a Member resulting from a physical assault that occurs during the provision or services.
- j. Homicide committed by or allegedly committed by a Member.
- k. A circumstance that poses a serious and immediate threat to the physical or emotional well-being of a Member or staff.
- l. Severe physical injury that does any of the following:
 - i. Creates a reasonable risk of death,

- ii. Causes serious or permanent disfigurement, or
 - iii. Causes serious impairment of a Member's or worker's health.
 - m. Reporting to law enforcement officials because a Member is missing and presumed to be in imminent danger.
 - n. Reporting to law enforcement officials due to possession or use of illegal substances by Members or Providers.
 - o. An incident or complaint from the community that could be or is reported by the media.
 - p. Property damage estimated in excess of \$10,000.
 - q. Theft or loss of Member monies or property in excess of \$1,000.
7. The AdSS shall develop a process to 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, to correct inaccurate information, or to provide missing information.
- c. Determination if the IAD report requires further investigation through a quality of care investigation as specified in AdSS Medical Policy 960.
 - d. Determination if the IAD needs to be linked to a corresponding Seclusion and Restraint Individual Reporting Form.
 - e. Determination that the IAD report does not need further documentation or review, and closure of the report.
8. The AdSS shall 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 is addressing the required corrections.
 9. The AdSS shall take immediate action to ensure the safety of Members where allegations of harm or potential harm exists, regardless of status assigned to the IAD, including those returned to a Provider.
 10. The AdSS shall report suspected cases of abuse, neglect, or

exploitation of a Member to the appropriate reporting authorities, if not reported directly by the Provider as specified in Division Operations Policy 6002-G.

11. The AdSS shall track and trend all IADs to identify and address systemic concerns or issues within their Provider network.
12. The AdSS shall submit reports to the Division describing the track and trend activities, as well as any systemic concerns or issues identified and how they were addressed.
13. The AdSS shall provide IAD reports to the appropriate Independent Oversight Committees as specified in AdSS Medical Policy 960.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Aug 3, 2023 13:21 PDT\)](#)
Anthony Dekker, D.O.