960 QUALITY OF CARE CONCERNS

REVISION DATES: 8/16/23, 6/29/22, 9/02/20, 12/18/19,

EFFECTIVE DATE: May 20, 2016

REFERENCES: AHCCCS Contract, AMPM Policies 961, 960, 950, 910, 320-U; Division Medical Policy 966; Division Operations Policies 407, 446; 9 A.A.C. 34, A.A.C. R9-19-314 B (13) and A.A.C. R9-19-315(E), R9-21-4, R9-21-101(B), R9-21-401 et seq., A.R.S. §§8-412(A), 12-901 et seq, 13-3620 36-664(H), 36-517.02, 36-664, 41-3801, 41-3804, 46-454, 42 CFR Part 2, 42 CFR 447.26, 42 CFR 431.300 et seq, 42 CFR 482.13(e)(1), 45 CFR 16.103, 20 U.S.C. §1232g

PURPOSE

This policy sets forth the Division of Developmental Disabilities' (Division) standards and requirements for reporting, evaluating, and resolving Quality of Care and service concerns raised by internal and external sources, including systemic concern. This policy also sets forth the Division standards for providing oversight of Member and Service Provider concerns and Quality of Care (QOC) Concerns.

DEFINITIONS

1. "Adverse Action" means any type of restriction placed on a Service Provider's practice by the Division.

2. "Health Care Acquired Condition" means a hospital acquired condition which occurs in any inpatient hospital setting and is not present on admission.

3. "High-Profile Case" means a case that attracts, or is likely to attract, attention from the public or media.

4. "Immediate Jeopardy" means a situation in which the Service Provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a Member.

5. "Incident, Accident, or Death" or "IAD" means an incident report entered into the Arizona Health Care Cost Containment System (AHCCCS) Quality Management (QM) Portal by a Service Provider to document an occurrence that caused harm or may have caused harm to a Member, or to report the death of a Member.

6. "Internal Referral" or "IRF" means 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.

7. “Investigation” means a collection of facts and information for the purpose of describing and explaining an Incident.

8. “Member” means the same as “Client” as defined in A.R.S. § 36-551.

9. “Other Provider Preventable Condition” means a condition occurring in an inpatient or outpatient health care setting which AHCCCS has limited to the following:

   a. Surgery on the wrong Member,

   b. Wrong surgery on a Member, and

   c. Wrong site surgery.

10. “Personally Identifiable Information” or “PII” means a person’s name, address, date of birth, social security number, trial enrollment number, telephone or fax number, email address, social media identifier, driver’s license number, places of employment, school identification or military identification number or any other distinguishing characteristic

that tends to identify a particular person as specified in A.R.S. § 41-3804(K).

11. "Protected Health Information" or "PHI" means individually identifiable information as specified in 45 CFR 160.103(5) about an individual that is transmitted or maintained in any medium where the information is:

    a. Created or received by a health care provider, health plan, employer, or health care clearinghouse; and

    b. Relates to the past, present, or future physical or mental health condition of an individual, provision of health care to an individual.

12. "Provider-Preventable Condition" means a condition that meets the definition of a Health Care Acquired Condition or an Other Provider Preventable Condition.

13. "Quality Management" or "QM" means the evaluation and assessment which can be assessed at a Member, Service Provider, or population level of Member care and services to ensure adherence to standards of care and appropriateness of services.

14. “Quality Management/Performance Improvement Team” or “QM/PI” means Division staff who:

    a. Oversee the QOC Concern process;
    b. Evaluate Administrative Services Subcontractors’ Quality Management/Performance Improvement Programs;
    c. Monitor and evaluate adherence with required quality and performance improvement standards through standardized Performance Measures, Performance Improvement Projects, and Quality Improvement specific Corrective Action Plans ; and
    d. Provides technical assistance for performance improvement related matters.

15. “Quality of Care” or “QOC” means an expectation that, and the degree to which, the health care services provided to individuals and patient populations improve desired health outcomes and are consistent with current professionally recognized standards of care and service provisions.

16. “Quality of Care Concern” or “QOC Concern” means an allegation that any aspect of care or treatment, utilization of behavioral health services, or utilization of physical health care services that d:

a. Caused or could have caused an acute medical or psychiatric condition or an exacerbation of a chronic medical or psychiatric condition; and

b. May ultimately cause the risk of harm to a Member.

17. “Responsible Person” means the same as defined in A.R.S. § 36-551.

18. “Restraint” means personal restraint, mechanical restraint, or drug used as a restraint in a behavioral health inpatient setting as defined in 42 CFR 482.13(e)(1).

19. “Seclusion” means the involuntary confinement in a room or an area from which the person cannot leave.

20. “Seclusion of Individuals Determined to have a Serious Mental Illness” means the restriction of a behavioral health recipient to a room or area through the use of locked doors or any other device or method which precludes a person from freely exiting the room or area or which a person reasonably believes precludes the person’s unrestricted exit as specified in A.A.C. R9-21-101(B).

a. In the case of an inpatient facility: confining a behavioral health recipient to the facility, the grounds of the facility, or a ward of the facility does not constitute seclusion.

b. In the case of a community residence, restricting a behavioral health recipient to the residential site, according to specific provisions of an individual service plan or court order, does not constitute seclusion, as specified in A.A.C. R9-21-101(B).

21. "Sentinel Event" means a Member safety event that results in death, permanent harm, or severe temporary harm.

22. "Service Provider" means the same as defined in A.R.S. § 36-551.

23. "Severity Levels" means the level of acuity of a QOC and which is described in the following ranking:

Level 0: (Track and Trend Only) - No Quality issue Finding

Level 1: Quality issue exists with minimal potential for significant adverse effects to the patient/recipient.

Level 2: Quality issue exists with significant potential for adverse effects to the patient/recipient if not resolved timely.

Level 3: Quality issue exists with significant adverse effects on the patient/recipient; is dangerous or life-threatening.

Level 4: Quality issue exists with the most severe adverse effects on the patient/recipient; no longer impacts the patient/recipient with the potential to cause harm to others.

POLICY

A. DOCUMENTATION OF QUALITY OF CARE AND SERVICE CONCERNS

Upon receipt of a Quality of Care (QOC) or other form of concern regarding a service provided to a Member, the Division shall:

a. Document each concern raised, including the time and location of the event, if available, when and from whom it was received, and the projected time frame for resolution.

b. Determine which of the following processes will be used to resolve the concern:

   i. Quality Management (QM) process,

   ii. Grievance and appeals process,

   iii. Both the grievance and appeals process and QM process if a rights violation also includes QOC,

   iv. Process for making initial determination on coverage and payment issues, or

   v. Process for resolving disputed initial determinations.

c. Provide written correspondence acknowledging receipt of the concern and explanation of the process to be used to resolve the QOC Concern.

d. If determined not to be a QOC Concern, provide an explanation of the process to be used to resolve the issue.

e. Provide assistance to the Member or Service Provider through the Office of Individual and Family Affairs, as needed, to complete forms or take other necessary actions to obtain resolution of the issue.

f. Maintain confidentiality of all Member information.

g. Inform the Member or Service Provider of all applicable mechanisms for resolving the concern external to the Division's processes.

h. Document all processes (including detailed steps used during the Investigation and resolution stages) implemented to ensure complete resolution of each complaint, grievance, or appeal, including:

  i. Corrective action plan or action taken to resolve the concern;

  ii. Documentation that education and training was completed, such as in-service attendance sheets and

training objectives;

iii. New policies and procedures; and

iv. Follow-up with the Member with the following as applicable to the situation:

1) Assistance to ensure that the immediate health care needs are met;

2) Closure or resolution letter that provides sufficient detail to ensure all covered, medically necessary care needs are met, and a contact name and telephone number to call for assistance or to express any unresolved concerns; and

3) Referral to the Division's Compliance Unit or AHCCCS Office of the Inspector General.

i. Enter QOC Concerns received outside of the AHCCCS QM Portal as an Internal Referral within:

i. one business day for Sentinel Events; or

ii. Within two business days for all other reportable

Incidents.

ii. Comply with 9 A.A.C 34, Division Operations Policy 446, and the AHCCCS Contract for the grievance and appeal system for Members and Service Providers.

B. PROCESS OF EVALUATION AND RESOLUTION OF QOC AND SERVICE CONCERNS

1. The Division shall:
   a. Complete the QOC Concern Investigation and documentation process within the AHCCCS QM Portal; and
   b. Include a summary of all applicable research, evaluation, intervention, resolution, and remediation, including details for each case as a part of the documentation process.
2. The Division shall complete the QOC Investigation and documentation process as a stand-alone process through the Quality Management Unit (QMU) with assistance from other units when necessary.
3. The Division shall not combine the QOC Investigation process with other Division meetings or processes.
4. Work units outside of the QMU:

a. Shall not solely conduct QOC investigations.

b. Shall provide subject matter expertise throughout the investigative process as requested by the QMU.

5. The QMU shall be solely responsible for and conduct its own QOC Investigations for services rendered under its direct responsibility, including conducting onsite visits for QOC Concerns.

6. The Division shall evaluate and resolve QOC and service concerns by:

a. Identification of the QOC Concerns.

b. Initial assessment of the severity of each QOC Concern.

c. Referral of QOC Concerns that involve the network of subcontracted health plans to the specific health plan for Investigation and remediation.

d. Prioritization of actions needed to resolve immediate care needs when appropriate.

e. Identification of trends related to Members, Service Providers involved in the allegations, considering types and frequency of allegations, severity, and substantiation

status.

f. Research:

i. Fact-finding in accordance with Division Operations Policy 6002-F,

ii. Medical records review,

iii. Mortality review in accordance with Division Operations Policy 6002-M, and

iv. Incident closure and corrective actions in accordance with Division Operations Policy 6002-I.

7. The Division may request copies of a Member's death Certificate from the Arizona Department of Health Services Vital Records and Statistics as specified in A.A.C. R9-19-314 B(13) and A.A.C. R9-19-315(E).

8. The Division's Quality Management clinical staff shall conduct onsite visits when there are identified health and safety concerns, Immediate Jeopardy, or at the direction of AHCCCS. .

9. The Division shall report onsite visits that are identified and

conducted by the Division after 5:00 p.m. on weekdays, or that occur during weekends or on holidays, to the AHCCCS Division of Health Care Management (DHCM), Quality Management Manager or Supervisor by telephone and follow up with an email to CQM@AZAHCCCS.GOV the following business day.

10. Clinical Quality Management staff shall:
    a. Be the lead responsible for the review and Investigation, and
    b. Participate in the onsite visits.
11. Subject matter experts outside of the QMU:
    a. May participate in onsite visits when necessary and appropriate; but
    b. Shall not take the place of Quality Management staff during reviews.
12. The QMU shall complete and submit the AMPM 960 Attachment C form for each Health and Safety Onsite Review conducted to AHCCCS DHCM QM within 24 hours of completing the review as specified in Contract..
13. The Division shall,based on the findings of the review:

a. Take immediate action to ensure the health and safety of all Members receiving services at the facility or Service Provider site;

b. Ensure Incident resolution and identify any immediate care or recovery needs;

c. Develop work plans and corrective action plans to ensure placement setting or service site compliance with Arizona Department of Health Services Licensure and AHCCCS requirements regarding policy, training, and signage requirements aimed at preventing and reporting abuse, neglect, and exploitation as specified in AHCCCS Minimum Subcontract Provisions.

d. Conduct scheduled and unscheduled monitoring of placement setting or service sites that are in an Immediate Jeopardy status, have serious identified deficiencies that may affect health and safety of Members, or as directed by AHCCCS.

e. Assist in identification of technical assistance resources focused on achieving and sustaining regulatory

compliance.

f. Determine, implement, and document all appropriate interventions including an action plan to reduce or eliminate the likelihood of the concern reoccurring.

g. Monitor and document success of interventions.

h. Monitor placement settings or service sites upon completion of activities and interventions to ensure compliance is sustained.

i. Implements new interventions and approaches when necessary.

j. Incorporate interventions into the Division's QM program plan if successful.

14. The QMU shall process investigations and resolution of Member and systemic concerns in a timely manner based on the nature and severity of each case or as requested by AHCCCS.

a. For high profile cases the QMU shall communicate initial reports of immediate findings to Division Executive

Leadership and AHCCCS DHCM QM immediately but no later than 24 hours of the QMU becoming aware of the concern and followed up by an initial findings report within seven business days.

b. For Member safety or placement concerns, the QMU shall schedule a due date for the resolution of the case for 30 calendar days from the date of opening.

c. For other concerns, the QMU shall schedule a due date for the resolution of the case within 60 calendar days from the date of opening.

d. The QMU shall track concerns that have aged to greater than 60 calendar days and develop action plans to address these cases.

e. The QMU shall coordinate with the Division Business Operations to review all paid claims within the last calendar year to identify the need to participate in systemic Investigations when notified of Service Provider concern related to:

i. Single case agreements, or

ii. Service Providers using subcontracted Service Providers.

15. The Division shall submit all requests for extensions of timelines associated with a QOC Investigation to AHCCCS DHCM QM for approval as soon as possible but no later than the assigned due date and include at a minimum:

    a. The Member’s current placement and condition,

    b. The status of the Investigation, and

    c. The barrier to completing the Investigation within the assigned time frame.

16. The Division shall update the QM Portal due date after approval has been received from AHCCCS QM.

17. The Division shall, upon request from AHCCCS QM, provide additional information or attend a meeting to review the case and discuss barriers affecting the investigative process if more than one extension request is required to complete a QOC Investigation.

18. The QMU shall determine the level of severity of the QOC Concern initially based on the information received and the allegations involved, including whether Immediate Jeopardy is an issue.

19. The QMU shall ensure the case is updated to reflect changes in the Severity Level, as needed, during the Investigation as additional details and allegations are discovered and added to the QOC.

20. The QMU shall ensure that a final Severity Level is assigned to the case at the conclusion of the Investigation.

21. The QMU shall ensure that concerns are reported to the appropriate regulatory agency including:

    a. The Department of Child Safety,

    b. Adult Protective Services,

    c. Arizona Department of Health Services (ADHS),

    d. The Attorney General’s Office,

    e. Law Enforcement,

f. AHCCCS Office of the Inspector General (OIG),

g. AHCCCS DHCM QM,

h. Other entities as necessary.

22. The QMU shall submit the initial report to the regulatory agency in the format required by the regulatory agency as soon as possible but no later than 24 hours of becoming aware of the concern.

23. The QMU shall submit all pertinent information regarding an Incident of abuse, neglect, exploitation, serious Incident including suicide attempts, and unexpected death including all unexpected transplant deaths, to AHCCCS DHCM QM as specified in Contract and Division Medical Policy 961.

    a. The QMU shall not limit pertinent information to autopsy results;

    b. The QMU shall include a broad review of all issues and possible areas of concern.

c. The QMU shall not delay the Division's Investigation of a QOC based on delays in receipt of autopsy results; Investigation of a QOC Concern.

d. The QMU shall, when available, use delayed autopsy results to confirm the resolution of the QOC Concern.

24. The QMU shall ensure qualified vendors follow procedures for reporting Incidents, Accidents and death as directed in Chapter 70 of the Provider Manual and Division Medical Policy 961.

a. QMU shall take any action necessary, upon receipt of an Incident, Accident, Death (IAD) Report from a Service Provider, to ensure the safety of the people involved in the Incident.

b. The QMU shall review the IAD Report within 24 hours of receipt and make a determination of whether the Incident includes a QOC Concern.

c. The QMU shall review the IAD Report to ensure it is fully and accurately completed.

i. If the IAD Report is not fully and accurately

completed, the QMU shall return the IAD Report to the Service Provider for correction.

ii. The QMU shall ensure that the Service Provider returns the corrected IAD Report within 24 hours of receipt.

25. The QMU Investigative Nurses shall determine the level of substantiation of the QOC during their Investigation.

26. The Division shall evaluate and resolve Service issues that do not rise to the level of a QOC Concern through the Customer Service Center or Support Coordination.

27. The QMU shall provide written notification to the appropriate regulatory board or licensing agency, and AHCCCS, when a health care professional, organizational provider, or other provider's affiliation with its network is suspended or terminated for any reason, including those related to QOC issues.

    a. The QMU shall document all referrals made to a regulatory agency in the AHCCCS QM Portal and include, at minimum, the following information:

i. Name and title of the person submitting the report.
ii. Name of the regulatory agency the report was submitted.
iii. Name and title of the person at the regulatory agency receiving the report.
iv. Date and time reported.
v. Summary of the report.
vi. Tracking number, as applicable, received from the regulatory agency as part of the reporting process.

28. Division staff shall document in the QOC file all follow-up actions or monitoring activities, as well as related observations or findings.

29. In the event of a Service Provider suspension or termination, the Division Network and Support Coordination staff shall work in collaboration to assess and address Member needs impacted by the actionand work with Members to identify options and prepare for transition to new Service Providers.

C. TRAINING, INTER-RATER RELIABILITY FOR INCIDENT AND QOC REVIEW

1. The Division shall provide training to QMU staff on all new and updated policies and procedures.
2. The Division shall submit training documentation to AHCCCS that includes training materials, printed name and title of QMU staff, and date of training received.
3. QM clinical staff shall complete all required investigative training and achievement of competencies prior to performing Investigations.
   a. QM clinical staff responsible for conducting onsite investigations shall complete required training on how to conduct the Investigation and avoid interference with substantiation or prosecution.
   b. All QM clinical staff that may investigate alleged Incidents in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs), skilled nursing facilities, assisted living facilities, and group homes for Individuals

with Intellectual Disabilities shall complete training on how to conduct Investigations considering the specific needs of individuals with intellectual and developmental disabilities.

c. The Division shall incorporate AMPM Policy 960 Attachment D guidance in the content requirements for training on Investigations involving individuals with intellectual and developmental disabilities.

4. All QM staff responsible for making determinations related to Incidents and QOC Concerns shall meet the requisite competencies and complete routine Inter-Rater Reliability (IRR) testing with a passing grade of 90 percent or higher.

   a. QM staff who do not receive a passing grade of 90 percent or higher shall retake the exam.

   b. The Division shall develop and implement an education plan for staff who do not receive a passing grade of 90 percent or higher on the repeat testing until a passing grade is achieved or the staff member is reassigned to a different position for which the training requirement is not

pertinent.

D. TRACKING AND TRENDING OF QOC AND SERVICE CONCERNS

1. The QMU shall conduct oversight through tracking and trending of Member and Service Provider concerns and making appropriate referrals for independent review as described in this section.
2. The QMU shall track and trend Member and Service Provider issues to identify and address quality assurance issues and opportunities for quality improvement.
3. The Division shall provide training to QMU staff on the process for analyzing QM related data.
4. The Division shall submit training documentation to AHCCCS that includes training materials, printed first and last name of QMU staff, title, and date of training received.
5. The QMU shall document, track, trend, and evaluate complaints and allegations received from Members and Service Providers, or as requested by AHCCCS, inclusive of quality care, Immediate Jeopardy, deaths, quality of service, and immediate care need issues.

6. The QMU staff and QM/PI Committee shall analyze and evaluate the information from the tracking and trending system to identify and address any trends related to Members, Service Providers, the QOC process or services in the Division's service delivery system or Service Provider network.
7. The QMU shall incorporate trending of QOC issues in determining systemic interventions for quality improvement.
8. The QMU shall submit for review and consideration for action tracking and trending information to the Division's Quality Management Committee and Chief Medical Officer, or designated Medical Director, as Chairman of the Quality Management Committee.
9. The QMU shall develop performance improvement activities based on input from Division Executive Leadership, the Division Chief Quality Officer, and the Division Chief Medical Officer to respond to significant negative trends, including the issue resolution process itself, and address other system issues raised during the resolution process.
10. The QMU shall share tracking and trending information related to

Service Provider education, training and staff credentialing with the workforce development operations as specified in Division Operations Manual Policy 407.

11. The QMU shall refer QOC Concerns identified through tracking and trending to the following committees as appropriate:

    a. QM/PI Committee established in accordance with Division Medical Policy 910,
    b. Peer Review Committee established in accordance with Division Medical Policy 910,
    c. Mortality Review Committee, and
    d. Independent Oversight Committees established by A.R.S. 41-3801.

12. The QMU shall comply with federal and state confidentiality laws, including the Health Insurance Portability and Accountability Act (HIPAA) and 42 C.F.R. 431.300 et seq regarding Member record availability and accessibility.

13. The QMU shall maintain information related to coverage and payment issues for at least five years following resolution of the issue in accordance with Division Operations Manual Policy

6001-I, and is made available to the Member, Service Provider, and AHCCCS authorized staff upon request.

14. Support Coordination shall proactively facilitate care coordination for Members who have multiple complaints, regarding services or the AHCCCS Program. 15. Support Coordination shallwork with the Division's Office of Individual and Family Affairs or care coordination provided by the Administrative Services Subcontractors (AdSS) to facilitate and address Member complaints as a proactive measure to promote better service delivery and health outcomes.

15. QMU shall identify opportunities for improvement of care coordination in cases of multiple complaints from a single Member and monitor resolution of these complaints using tracking and trending data.

E. PEER REVIEW COMMITTEE

1. The QMU Chief Medical Officer shall refer cases, as appropriate, to the Division's Peer Review Committee.
2. The Peer Review Committee shall review the following:

    a. Cases where there is evidence of deficient quality by a

participating or non-participating physical or behavioral health care professional, or long-term services and supports (LTSS) Service Provider, whether delivered in or out of state.

b. Cases where there is omission of care or service that should have been provided by a participating or non-participating physical or behavioral health care professional, or Long Term Service and Support Service Provider, whether delivered in or out of state.

c. Oversight of the AdSS Peer Review Committee actions and remediations.

3. The Division shall not substitute referral to the Peer Review Committee for implementing interventions aimed at individual and systemic quality improvement.

4. The QMU shall document Peer Review referrals as well as high-level summary information in the QOC file within the AHCCCS QM Portal and include documentation of the specific credentials of the involved Committee members.

5. The Peer Review Committee may include the following recommendations as applicable:
   a. Education/training/technical assistance
   b. Follow-up monitoring and evaluation of improvement
   c. Changes in processes, organizational structures, forms
   d. Informal counseling
   e. Termination of affiliation, suspension, or limitation of the Service Provider
   f. Referrals to regulatory agencies
   g. Other actions as determined by the Division.
6. If an Adverse Action is taken with a Service Provider for any reason including those related to a QOC Concern, QMU shall report the Adverse Action, including limitations and terminations, to the AHCCCS DHCM Quality Management (QM) Unit as well as to the National Practitioner Data Bank as specified in Contract..
7. The QMU shall notify AHCCCS DHCM QM and take appropriate action with the Service Provider, including suspension or corrective action plans and referrals to appropriate regulatory Boards,when an adverse outcome including mortalities due to

prescribing concerns or failure of the Service Provider to check the Controlled Substance Prescription Monitoring Program (CSPMP), to coordinate care with other prescribers, or to refer for substance use treatment or pain management is identified.

8. The QMU shall present case findings ,as appropriate, to the Division's Peer Review Committee and Credentialing Committee for review and recommendations to the QM/PI Committee for discussion and recommendations to leadership.

9. QM/PI Committee shall monitor the following related to QOC Concerns:

   a. Trending
   b. Corrective Action Plans
   c. Resolution

10. The Division's Medical Director:

    a. Shall be a member of the AdSS' Peer Review Committee, and

    b. Shall provide quarterly summaries of Service Providers s reviewed by the AdSS' Peer Review Committees to the

Division's Peer Review Committee.:

11. The Division's Peer Review Committee shall review the quarterly summaries of Service Providers reviewed by the AdSS to determine whether:

    a. The action taken by the AdSS Peer Review Committee is sufficient to protect Division Members, and

    b. If further action from the Division is necessary.

F. REPORTING TO INDEPENDENT OVERSIGHT COMMITTEES

1. The Division shall provide IAD Reports, Internal Referral (IRF) Reports, and QOC Concerns, including reports of possible abuse, neglect, or denial of rights involving any Division enrolled Member, to the Division's Independent Oversight Committee (IOC) assigned to the region in which the IAD, IRF, or QOC occurred within three business days of closure of the Incident.
2. The QMU shall incorporate IADs and IRFs that are triaged as potential QOC Concerns into the QOC record and submit to the IOC as part of the QOC documentation upon completion of the QOC Investigationinstead of a standalone IAD or IRF as specified in (1) of this section.

3. The QMU shall redact in accordance with federal and state confidentiality laws all Personally Identifiable Information (PII) in all reports provided to the IOC.
4. The Division shall provide the following reports to the IOC:
    a. Seclusion and Restraint Reports,
    b. IAD Reports,
    c. IFR Reports, and/or
    d. QOC Investigations as applicable.
    e. Reports of possible abuse, neglect, or denial of rights involving any behavioral health provider as specified in the contract.
5. The Division and contracted Service Providers who receive an IOC request for additional or unaltered documentation, supplemental information, or an Investigation regarding an AHCCCS Member, shall submit the request to AHCCCS via email at: iocinquiries@azahcccs.gov.
6. The Division shall provide to the AHCCCS Independent Oversight Committee assigned to the region in which the IAD, IRF, or QOC occurred AD Reports, IRF Reports, and QOC

Concerns, including reports of possible abuse, neglect, or denial of rights, involving any behavioral health provider serving Members with a Serious Mental Illness designation, children, and anyone under court order for either Court-Ordered Evaluation or Court-Ordered Treatment, are provided within three business days of closure.

F. REQUESTS FOR PERSONALLY IDENTIFIABLE INFORMATION OR PROTECTED HEALTH INFORMATION

1. The Division shall do the following if AHCCCS or an IOC requests information regarding the outcome of a report of possible abuse, neglect, or violation of rights:

    a. Conduct an Investigation of the Incident if one has not been conducted.

        i. For Incidents in which a Member with an Serious Mental Illness (SMI) designation is the possible victim, the Investigation follows the requirements specified in A.A.C. Title 9, Chapter 21, Article 4, or

        ii. For Incidents in which a currently or previously

enrolled child or non-seriously mentally ill adult is the possible victim, the Investigation is completed within 35 days of the request and shall determine, from all information surrounding the Incident, whether the Incident constitutes abuse, neglect, or a violation of rights, and any corrective action needed as a result of the Incident.

b. If an Investigation has been conducted, and can be disclosed without violating any confidentiality provisions, provide the final Investigation decision to AHCCCS and the IOC with the following information:

i. The accepted portion of the Investigation report with respect to the facts found,

ii. A summary of the Investigation findings, and

iii. Conclusions and corrective action taken.

2. The Division shall only release PII or PHI concerning a currently or previously enrolled Member to the IOC if:

a. The IOC demonstrates that the information is necessary to perform a function that is related to the IOC's oversight of the behavioral health system, or

b. The IOC has written authorization from the Responsible Party to review requested PII and PHI.

3. If the Division determines that the IOC needs PII or PHI or that the IOChas obtained the Responsible Party's written authorization, the QMU shall first review the requested information and determine if it contains any communicable disease-related information, including confidential Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) information, or information concerning diagnosis, treatment, or referral from an alcohol or drug use program, or as described in A.R.S. §41-3804.

   a. If no information detailed in (3) of this Section is found, the QMU shall provide the requested information to the IOC.

   b. If information detailed in (3) of this Section is found, the

QMU shall contact the Responsible Person and ask if the Responsible Person is willing to sign an authorization for the release of communicable disease-related information, including confidential HIV information, or information concerning diagnosis, treatment or referral from an alcohol or drug use program, or as described in A.R.S. §41-3804, and provide the name and telephone number of a contact person with the IOC who can explain the Committee's purpose for requesting the protected information.

i. If the Responsible Person agrees to give authorization, a written authorization is obtained as outlined below and requested information provided to the IOC.

ii. If the Responsible Person does not agree to give authorization, the information is not included or it is redacted from any documentation which is authorized to be disclosed.

4. The Division shall accept authorization for the disclosure of

records of deceased Members made by the executor, administrator, or other personal representative appointed by Will or by a court to manage the deceased Member's estate. If no personal representative has been appointed, the Division shall upon request disclose PII and PHI to a family member, other relative, or a close personal friend of the deceased Member, or any other person identified by the deceased, only that PII and PHI directly relevant to such person's involvement with the deceased Member's health care or payment related to the individual's health care.

5. The Division shall provide requested information that does not require authorization within 15 working days of the request.

6. The Division shall provide the requested information that does require authorization within five working days of receipt of the written authorization.

7. The QMU shall include a cover letter when PII or PHI is sent to the IOC that states that the information is confidential, is for the official purposes of the Committee, and is not to be re-released

under any circumstances.

8. If the QMU denies the IOC's request for PII or PHI:

   a. The QMU shall notify the IOC within five working days of the decision that a request is denied, the specific reason for the denial, and that the Committee may request, in writing, that the Division's Deputy Director or designee review this decision.

   b. The Division shall only accept The Committee's request to review the denial if the request is received within 60 days of the first scheduled Committee meeting after the denial decision is issued.

   c. The Division's Assistant Director or designee shall conduct the review within five business days after receiving the accepted request for review.

   d. The Division shall consider the Division's Assistant Director or designee's decision the final agency decision pending any follow-up judicial review pursuant to A.R.S. Title 12,

Chapter 7, Article 6.

e. The Division shall not release related information or records related to the request during the timeframe for filing a request for judicial review or when judicial review is pending.

G. AUTHORIZATION REQUIREMENTS

1. The Division shall only accept a written authorization for disclosure of information concerning diagnosis, treatment, or referral from an alcohol or substance use program or communicable disease-related information, including confidential HIV information that contains the following information:

   a. The specific name or general designation of the program or person permitted to make the disclosure.

   b. The name or title of the individual or the name of the organization to which the disclosure is to be made.

   c. The name of the currently or previously enrolled Member.

   d. The purpose of the disclosure.

e. How much and what kind of information is to be disclosed.

f. The signature of the currently or previously enrolled Member/legal guardian, and if the currently or previously enrolled Member is a minor, the signature of a person authorized to give consent.

g. The date on which the authorization is signed.

h. A statement that the authorization is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it.

i. The date, event, or condition upon which the authorization will expire if not revoked before. This date, event, or condition must ensure that the authorization will last no longer than reasonably necessary to serve the purpose for which it is given.

j. A statement that this information has been disclosed to the recipient from records protected by federal confidentiality

rules (42 CFR Part 2) and state statute on confidentiality of HIV/AIDS and other communicable disease information (A.R.S. §36-664(H)) which prohibit further disclosure of this information unless further disclosure is expressly permitted by the written consent of the Member to whom it pertains, or as otherwise permitted by 42 CFR Part 2 and A.R.S §36-664(H).

2. The Division shall track in accordance with the Record of Access described in Division Operations Manual Policy 6001-C information released pursuant to a valid authorization.

H. DUTIES AND LIABILITIES OF BEHAVIORAL HEALTH PROVIDERS IN PROVIDING BEHAVIORAL HEALTH SERVICES

The Division shall require the Administrative Services Subcontractors to develop policies and procedures that provide guidance to behavioral health providers regarding their duty to warn under A.R.S. §36-517.02.

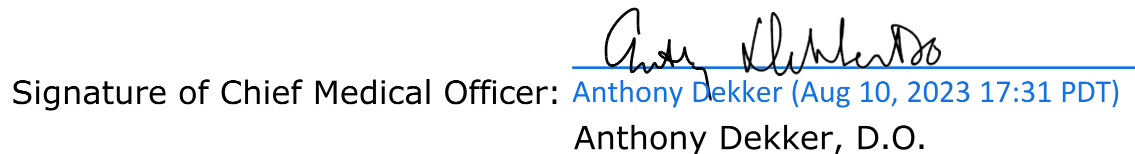
I. PROVIDER-PREVENTABLE CONDITIONS

1. The Division shall not provide payment for services related to

Provider-Preventable Conditions pursuant to 42 CFR 447.26

2. The Division shall review the AdSS' required report for evidence of Provider-Preventable Conditions quarterly as described in the AdSS Medical Policy 960.

3. If Provider- Preventable Conditions are identified, the Division shall open a QOC Investigation within the AHCCCS QM Portal and direct the AdSS to conduct an Investigation if it has not already done so.



Signature of Chief Medical Officer: Anthony Dekker (Aug 10, 2023 17:31 PDT)
Anthony Dekker, D.O.