

## **6002-D MEMBERS AT RISK IF MISSING**

REVISION DATE: 8/2/23, 3/16/22, 11/29/17, 5/20/16, 3/2/15 EFFECTIVE

DATE: July 31, 1993

REFERENCES: A.R.S. § 46-451(A)(10), A.R.S. § 14-1501, A.R.S. §36-551,

A.A.C. R6-6-805, Division Medical Policy 966

### **PURPOSE**

To set forth the requirements of vendors and the Division of Developmental Disabilities' (Division) staff when a Member is missing and the subsequent review or revision of the Planning Document by the Planning Team.

### **DEFINITIONS**

1. "Immediate Jeopardy" means a situation in which the vendor'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(s). An Immediate Jeopardy situation is one that is clearly identifiable due to the severity of its harm or likelihood for serious harm and the immediate need for it to be corrected to avoid further or future serious harm. See Division Medical Policy 966.

2. "Medallion Program" means Members enrolled in this program receive a medallion that can be worn as a bracelet or shoe tag. This medallion provides identification that helps first responders in case of an emergency or if a Division Member becomes lost in the community. Each identification tag includes the Member's Focus ID number and a 24-hour phone number for first response emergency personnel to contact.
3. "Media" means any type of electronic, digital, or print communication including newspapers, TV, radio, flyers, newsletters, or other internet-based forms of electronic communication such as websites for social networking, blogs.
4. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
5. "Planning Document" means a plan which is developed by the Planning Team, such as an Individualized Family Service Plan (IFSP) or Person Centered Service Plan (PCSP).
6. "Planning Team" means a group of people including the Member; the Responsible Person; the Support Coordinator; other State of Arizona Department of Economic Security staff, as necessary; and any person selected by the Member, Responsible Person, or the Department.

7. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a client or an applicant for whom no guardian has been appointed as cited in A.R.S § 36- 551.
  
8. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.

## **POLICY**

### **A. MISSING MEMBERS**

1. If a Member without planned alone time, while receiving Division-authorized services, is missing or at is risk of harm, or when a Member with alone time as defined in the Planning Document is missing longer than the plan provides, including a Member missing from a licensed Behavioral Health Inpatient Facility (BHIF), Behavioral Health Residential Facility (BHRF), Division Group Home, Assisted Living Facility (ALF), Skilled Nursing Facility (SNF), Intermediate Care Facility, Adult Behavioral Health Therapeutic Home (ABHTH), or Therapeutic Foster Care (TFC), the vendor shall:

- a. Conduct a search of the immediate area.
  - b. Notify the program supervisor or other staff to assist with the search if the Member is not located within 15 minutes.
  - c. Contact local hospitals, shelters, jails, and bus stations during the search.
  - d. If the Member is not located within 30 minutes the vendor shall notify law enforcement agencies in the immediate and surrounding communities and provide all relevant information, including medical conditions, medication, behavioral and communication needs.
3. The vendor shall immediately notify the following entities, document who was contacted, date and time, and send a confirmation email after notification is made:
- a. The Division by calling the District specific Quality Assurance phone number, emailing the Incident Report Inbox, or calling the after-hours reporting system on evenings and weekends at 602-375-1403.
    - i. If a situation is determined to likely cause serious

injury, harm, impairment, or death to a Member(s), and an immediate need to be corrected to avoid further or future serious harm, indicate in the report that the situation may require an Immediate Jeopardy response.

- b. Support Coordination during regular business hours or by calling the District after hours reporting system on evenings and weekends at (602) 375-1403 or provide the information in an email to the District specific Incident Report Inbox.
  - c. The guardian(s), if applicable.
4. The vendor shall report and submit a written incident report to the Division as soon as possible but no later than the next business day after the incident. The vendor may submit the incident report to the Division via fax or email using the District contact information.
  5. The vendor shall include the following information in the incident report:

- a. Age of Member
  - b. General description of the person
  - c. Time and location of disappearance
  - d. Effort to locate Member(s)
  - e. Vulnerability
  - f. Means of communication
  - g. Medical or special needs
  - h. Precursors to disappearance
  - i. Time police and parents or guardian notified
  - j. Time and person or method of Division notification
  - k. Other entities contacted
  - l. Legal status (e.g., foster care, probation).
6. The Support Coordinator shall, if the Member has prescribed medication, contact the physician or pharmacist to determine whether a potential medical risk may arise if the Member goes without prescribed medication for any length of time.

## **B. DIVISION RESPONSIBILITIES**

1. The Support Coordinator shall convene the Planning Team within 30 days, or sooner as designated in the Planning Document, of

the date the Member was reported missing to:

- a. Review the current Planning Document and Risk Assessment,
- b. Modify the Planning Document as appropriate, and
- c. Complete or update form DDD 1569A if the Member resides in a group home licensed by Arizona Department of Health Services consistent with A.A.C. R6-6-805.

### **C. MEDIA INVOLVEMENT**

1. If law enforcement elects to contact the Media to assist in locating the Member, the vendor shall:
  - a. Cooperate with law enforcement officials by providing essential information about the Member to be released to the Media,
  - b. Notify the designated District Quality Assurance staff,
  - c. Notify the designated support coordinator, and.
  - d. Notify the parent(s) or guardian(s), if applicable.
2. The Division District Quality Assurance staff shall notify Executive Leadership via the Division's Executive Leadership

Notifications mailbox upon notification of Media involvement by the vendor.

Signature of Chief Medical Officer:


### **SUPPLEMENTAL INFORMATIONAL**

1. Members who enroll in the Medallion Program agree to the disclosure of certain protected health information to rescuers in order to provide the Member with assistance in an emergency or if they are lost in the community.
2. The QMU staff answers the Medallion hotline during regular business hours and the Arizona Training Program at Coolidge staff answers the hotline calls after hours.
3. Upon receipt of a call, staff verifies that the caller obtained the phone number from the Medallion identification tag of the Member. Information may be disclosed to the caller, generally expected to be law enforcement, emergency medical providers, or individuals attempting to assist the Member, in the event the Member becomes ill, lost, injured or otherwise physically or



mentally impaired and needs assistance.

4. Protected health information which may be disclosed by staff includes address and applicable individual, parent or guardian contact information, and any health care information relating to the Member that staff determines is needed by the caller in order to provide appropriate medical treatment to the Member or to provide for the Member's safety and welfare until the Member's parent, guardian, or responsible party is able to resume custody of the Member.
5. Staff will not disclose protected health information to a caller who is not law enforcement or emergency medical providers, and contacts the Member's parent, guardian, or responsible party, and arrange for them to resume custody of the Member as soon as possible.

Signature of Chief Medical Officer:   
[Anthony Dekker \(Jul 31, 2023 15:16 PDT\)](#)  
Anthony Dekker, D.O.