

6002-I INCIDENT AND QUALITY OF CARE CONCERN CORRECTIVE ACTIONS AND CLOSURE

REVISION DATE: 8/2/23, 1/26/22, 11/29/17, 3/2/15

EFFECTIVE DATE: July 31, 1993

REFERENCES: A.R.S. §36-551; AMPM 960

PURPOSE

To establish the requirements for assigning Corrective Action Plans related to Incidents and Quality of Care Concerns, and closing cases.

DEFINITIONS

1. "Corrective Action Plan" means a written work plan that identifies the root cause(s) of a deficiency, includes goals and objectives, actions to be taken to facilitate an expedient return to compliance, methodologies to be used to accomplish Corrective Action Plan (CAP) goals and objectives, and staff responsible to conduct the CAP within established timelines.
2. "Incident" means an occurrence which has or could potentially affect the health and well-being of a Member enrolled with the Division of Developmental Disabilities or poses a risk to the community.
3. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

4. “Member-Specific Corrective Action” means a corrective action that requires the Member’s Planning Team to reconvene to discuss the Incident and review the need for any changes in the Planning Document or Risk Assessment to ensure the health and safety of the Member.
5. “Quality of Care Concern” means an allegation that any aspect of care, or treatment, utilization of behavioral health services or utilization of physical health care services, which caused or could have caused an acute medical or psychiatric condition or an exacerbation of a chronic medical or psychiatric condition, and may ultimately cause the risk of harm to a Member.
6. “Systemic Corrective Action” means a corrective action that requires the vendor to revise or clarify their own policy, procedure, implement specialized training of staff, or take other quality improvement actions to increase the ability of the vendor to improve the health and well-being of Members served.
7. “Systemic Concern” means a concern derived from tracking and trending that indicates an issue inherent in the overall system.

POLICY

A. CORRECTIVE ACTION PLANS

1. The Division's Quality Management Unit shall determine if an Incident is deemed a Quality of Care (QOC) Concern. A QOC may require corrective action(s) which could be Member-Specific or Systemic.
2. If a QOC investigation results in substantiated allegations, the Division's Quality Management Unit (QMU) Investigative Nurse shall:
 - a. Request the service provider to submit a corrective action for each substantiated allegation;
 - b. Track the requests for corrective action;
 - c. Send follow-up requests to the service provider if the previous requests remain unmet; and
 - d. Elevate the matter to QMU Leadership if the service provider is unresponsive to the requests for corrective action.
3. The Quality Management (QM) Nursing Supervisors shall make referrals to the Contract Action Unit and notify the Chief Quality Officer, QM Medical Director and Chief Medical Officer of the service

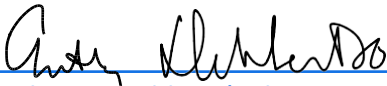
provider's non-compliance and involvement of the Contract Action Unit.

4. The Division shall conduct monitoring through Incident track and trend data or an onsite visit to validate sustainment of the vendor's submitted Corrective Action Plan (CAP).
5. The QM Nursing Supervisors shall elevate non-compliance with CAP remediation to the Chief Quality Officer, QM Medical Director and Chief Medical Officer, which may involve the Contract Action Unit.

B. INCIDENT CLOSURE

1. The QMU shall send an Incident that is not deemed a QOC Concern to the corresponding District personnel. The Division shall consider it complete when District personnel makes a notation in Focus and closes the file, which is to be kept on record for tracking and trending.
2. The Division shall consider an Incident that is deemed a QOC Concern by the Division's QMU complete when all the following are completed:
 - a. The fact-finding and investigation are completed;

- b. Recommendations for corrective action(s) are identified and communicated to the qualified vendor or provider of service;
- c. QMU monitors the receipt of CAPs;
- d. QMU approves the CAPs;
- e. QMU monitors the implementation of CAPs and recommends closure when the remediation is complete;
- f. Designated District personnel receive either a No Action Required letter or a Remediation CAP letter indicating that the investigation is complete, then verifies the information entered in Focus and closes the case; and
- g. QMU Investigator submits the QOC to AHCCCS via AHCCCS QM Portal.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Jul 31, 2023 16:49 PDT\)](#)
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