

## **CHAPTER 70 QUALIFIED VENDOR INCIDENT REPORTING**

EFFECTIVE DATE: May 10, 2023

REFERENCES: Division Medical Policies 960, 961; Division Operations Policy 416

### **PURPOSE**

The purpose of this policy is to establish the requirements for qualified vendors and individual Providers to report Member Incidents, Accidents, Deaths, and Sentinel Events to the Division of Developmental Disabilities (Division) and Quality Management Unit. It also provides information on mandatory reporting requirements.

### **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 Member receiving behavioral health services or community services. Abuse also includes sexual misconduct, assault, molestation, incest, or

- prostitution of, or with, a Member under the care of personnel of a mental health agency. A.A.C. R9-21-101(B).
2. "Community Complaint" means a complaint from the community that puts a Member or the community at risk of harm.
  3. "Death" means expected (natural), unexpected (unnatural), or no Provider present.
  4. "Death Expected" means Death from long-standing, progressive medical conditions, or age-related conditions, such as end-stage cancers, end-stage kidney or liver disease, end-stage Human Immunodeficiency Virus or Acquired Immunodeficiency Syndrome, end-stage Alzheimer or Parkinson diseases, severe congenital malformations.
  5. "Death Unexpected" means Death from motor vehicle accidents, suicides, accidental drug overdoses, homicides, acute myocardial infarction or strokes, trauma Abuse, sudden Deaths from undiagnosed conditions or generic medical conditions that progress to rapid deterioration.
  6. "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.

7. "Exploitation (Of a Vulnerable Adult)" means, as specified in A.R.S. §46-451(A)(5), the illegal or improper use of a Vulnerable Adult or their resources for another's profit or advantage.
8. "High Profile Case" means a case that attracts or is likely to attract attention from the public or media.
9. "Human Rights Violation" means a violation of a Member's rights, benefits, respect, and privileges guaranteed in the laws of the United States and the State of Arizona.
10. "Incident" means an unexpected event or occurrence that causes harm or has the potential to cause harm to a Member, or an indicator of risk to the health or welfare of the Member.
11. "Medication Error" means that one or more of the following has occurred:
  - a. Member given the wrong medication,
  - b. Member given the wrong medication dosage,
  - c. Member given medication at the wrong time,
  - d. Member not given medication at all,
  - e. Member given medication wrong route, or
  - f. Medication given to the wrong person.
12. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

13. “Neglect (Of a Child)” means, as specified in A.R.S. §8-201, the inability or unwillingness of a parent, guardian, or custodian of a child to provide that child with supervision, food, clothing, shelter, or medical care.
14. “Neglect (Of a Vulnerable Adult)” means, as specified in A.R.S. §46-451(A)(7), a pattern of conduct without the Member’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.
15. “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).
16. “Provider” means an individual or entity that contracts with the Division or Arizona Health Care Cost Containment System for the provision of covered services to Members according to the provisions prescribed in A.R.S. §36-2901 or any subcontractor of a Provider delivering services pursuant to A.R.S. §36-2901.
17. “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 member or an applicant for whom no guardian has been appointed as defined in A.R.S. §36-551.

18. "Sentinel Event" means an unexpected Incident involving Death, serious physical or psychological injury, or risk thereof.
19. "Serious Injury" means any type of injury requiring medical care or treatment beyond first aid, including assessment or treatment in an emergency room, treatment center, physician's office, urgent care, or admission to a hospital.
20. "Vulnerable Adult" means, as specified in A.R.S. §46-451(A)(10), an individual who is eighteen years of age or older and who is unable to protect themselves from Abuse, Neglect, or Exploitation by others because of a physical or mental impairment.

## **POLICY**

### **A. REPORTABLE INCIDENTS**

Qualified Vendors and Providers shall report any of the following reportable Incidents:

1. Allegations of Abuse, Neglect, or Exploitation of a Member;
2. Death of a Member;
3. Delays or difficulty accessing care or services;
4. Healthcare acquired conditions and other Provider preventable

- conditions;
5. Serious Injury;
  6. Injury resulting from the use of a personal, physical, chemical or mechanical restraint, or seclusion;
  7. Injury requiring medical care or treatment beyond first aid;
  8. Medication error;
  9. Missing Member;
  10. Member suicide attempt;
  11. Suspected or alleged criminal activity;
  12. Emergency measures used by staff;
  13. Environmental circumstances, such as inclement weather, loss of air conditioning, loss of water, loss of electricity, which pose a threat or may cause harm to a Member or requires a change in operations;
  14. Health Insurance Portability and Accountability Act violation;
  15. Allegations of Medicaid fraud, waste or abuse;
  16. Missing or loss of Member funds or property less than \$1,000;
  17. Property damage less than \$10,000;
  18. Illicit drug use by staff or Member;
  19. Allegations of Human Rights Violations;

20. High Profile Case or police involvement;
21. Community Complaint; or
22. Any other Incident that causes harm or has the potential to cause harm to a Member.

**B. REPORTABLE SENTINEL EVENTS**

Qualified Vendors and Providers shall report any of the following reportable Sentinel Events:

1. Death or Serious Injury associated with a missing Member;
2. Suicide, attempted suicide, or self-harm that results in Serious Injury;
3. Death or Serious Injury of a Member associated with a Medication Error;
4. Death or Serious Injury of a Member associated with a fall;
5. Stage 3, Stage 4, and any unstageable pressure ulcers acquired after admission or presentation to a healthcare setting;
6. Death or Serious Injury of a Member associated with the use of a personal, physical, chemical or mechanical restraint, or seclusion;
7. Sexual Abuse or sexual assault of a Member during the provision of services;

8. Death or Serious Injury of a Member resulting from a physical assault that occurs during the provision of services;
9. Homicide committed or allegedly committed by a Member;
10. Missing or loss of Member funds or property over \$1,000; or
11. Property damage over \$10,000.

**C. INCIDENT AND SENTINEL EVENT REPORTING**

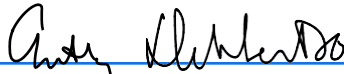
1. Qualified Vendors and Providers shall report Incidents to the Division no later than the next business day after the occurrence or notification of the occurrence, including submission of a detailed incident report to the Division's Quality Management Unit.
2. Qualified Vendors and Providers shall report Sentinel Events to the Division immediately at 602-375-1403 or 1-855-375-1403 and submit a detailed incident report to the Division's Quality Management Unit no later than the next business day after the occurrence. Phone lines are available 24 hours a day, weekdays, weekends, and holidays.
3. Qualified Vendors shall notify the following individuals or agencies as applicable:
  - a. Member's Responsible Person unless otherwise specified in



- the Member's Planning Document;
- b. Assigned support coordinator; and
  - c. Law enforcement or other protective service agencies, as applicable, and document:
    - i. Name and title of the person submitting the report,
    - ii. Name of regulatory agency report was made,
    - iii. Name and title of regulatory agency taking the report,
    - iv. Date and time of the report, and
    - v. Tracking and report number from the regulatory agency, as applicable.

#### **D. MANDATORY REPORTING**

Qualified Vendors and independent Providers who have a reasonable basis to suspect that Abuse, Neglect, or Exploitation of a Member has occurred must report such information immediately to a peace officer or protective services agency.

Signature of Chief Medical Officer:   
[Anthony Dekker \(May 3, 2023 13:59 PDT\)](#)  
Anthony Dekker, D.O.