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3 **960 QUALITY OF CARE CONCERNS**

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10 REFERENCES: AHCCCS Contract, AMPM Policies 961, 960, 950, 910, 320-
11 U; Division Medical Policy 966; Division Operations Policies 407, 446; 9 A.A.C.
12 34, A.A.C. R9-19-314 B (13) and A.A.C. R9-19-315(E), R9-21-4, R9-21-
13 101(B), R9-21-401 et seq., A.R.S. §§8-412(A), 12-901 et seq, 13-3620 36-
14 664(H), 36-517.02, 36-664, 41-3801, 41-3804, 46-454, 42 CFR Part 2, 42
15 CFR 447.26, 42 CFR 431.300 et seq, 42 CFR 482.13(e)(1), 45 CFR 16.103,
16 20 U.S.C. §1232g

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PURPOSE

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This policy sets forth the Division of Developmental Disabilities' (Division)
21 standards and requirements for reporting, evaluating, and resolving Quality
22 of Care and service concerns raised by internal and external sources,
23 including systemic concern. This policy also sets forth the Division standards

24 for providing oversight of Member and Service Provider concerns and Quality
25 of Care (QOC) Concerns.

26 **DEFINITIONS**
27

28 **1. "Administrative Services Subcontract/Subcontractor" or**
29 **"AdSS" means an agreement that delegates any of the**
30 **requirements of the Contract with the Division, including, but**
31 **not limited to the following:**
32 **a. Claims processing, including pharmacy claims,**
33 **b. Credentialing, including those for only primary source**
34 **verification,**
35 **c. Management Service Agreements,**
36 **d. Service Level Agreements with any Division or Subsidiary of**
37 **a corporate parent owner,**
38 **e. DDD Subcontracted Health Plan.**

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

41 2. “Business Day” means 8:00 a.m. to 5:00 p.m., Monday through
42 Friday, excluding holidays listed in A.R.S. § 1-301

43 2.3. “Health Care Acquired Condition” means a hospital acquired condition
44 which occurs in any inpatient hospital setting and is not present on
45 admission.

46 3.4. “High-Profile Case” means a case that attracts, or is likely to
47 attract, attention from the public or media.

48 4.5. “Immediate Jeopardy” means a situation in which the Service
49 Provider’s noncompliance with one or more requirements of
50 participation has caused, or is likely to cause, serious injury, harm,
51 impairment, or death to a Member.

52 5.6. “Incident, Accident, or Death” or “IAD” means an incident report
53 entered into the Arizona Health Care Cost Containment System
54 (AHCCCS) Quality Management (QM) Portal by a Service Provider to
55 document an occurrence that caused harm or may have caused harm
56 to a Member, or to report the death of a Member.

57 6.7. “Internal Referral” or “IRF” means a report entered into the AHCCCS
58 QM Portal by an employee of a health plan to document an occurrence

59 that caused harm or may have caused harm to a member and or to
60 report the death of a member.

61 7.8. "Investigation" means a collection of facts and information for the
62 purpose of describing and explaining an Incident.

63 8.9. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

64
65 9.10. "Other Provider Preventable Condition" means a condition occurring in
66 an inpatient or outpatient health care setting which AHCCCS has
67 limited to the following:

- 68 a. Surgery on the wrong Member,
- 69
- 70 b. Wrong surgery on a Member, and
- 71
- 72 c. Wrong site surgery.

73
74 10.11. "Personally Identifiable Information" or "PII" means a person's name,
75 address, date of birth, social security number, trial enrollment number,
76 telephone or fax number, email address, social media identifier,
77 driver's license number, places of employment, school identification or
78 military identification number or any other distinguishing characteristic
79 that tends to identify a particular person as specified in A.R.S. § 41-

80 3804(K).

81 ~~11.12.~~ "Protected Health Information" or "PHI" means individually
82 identifiable information as specified in 45 CFR 160.103(5) about an
83 individual that is transmitted or maintained in any medium where the
84 information is:

- 85 a. Created or received by a health care provider, health plan,
86 employer, or health care clearinghouse; and
- 87 b. Relates to the past, present, or future physical or mental health
88 condition of an individual, provision of health care to an
89 individual.

90 ~~12.13.~~ "Provider-Preventable Condition" means a condition that meets the
91 definition of a Health Care Acquired Condition or an Other Provider
92 Preventable Condition.

93 ~~13.14.~~ "Quality Management" or "QM" means the evaluation and assessment
94 which can be assessed at a Member, Service Provider, or population
95 level of Member care and services to ensure adherence to standards of
96 care and appropriateness of services.

97 ~~14.15.~~ "Quality Management/Performance Improvement Team" or "QM/PI"

98 means Division staff who:

99 a. Oversee the QOC Concern process;

100 b. Evaluate Administrative Services Subcontractors' Quality

101 Management/Performance Improvement Programs;

102 c. Monitor and evaluate adherence with required quality and

103 performance improvement standards through standardized

104 Performance Measures, Performance Improvement Projects, and

105 Quality Improvement specific Corrective Action Plans ; and

106 d. Provides technical assistance for performance improvement

107 related matters.

108 ~~15.16.~~ "Quality of Care" or "QOC" means an expectation that, and the

109 degree to which, the health care services provided to individuals and

110 patient populations improve desired health outcomes and are

111 consistent with current professionally recognized standards of care and

112 service provisions.

113 ~~16.17.~~ "Quality of Care Concern" or "QOC Concern" means an allegation that

114 any aspect of care or treatment, utilization of behavioral health

115 services, or utilization of physical health care services that d:

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

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

120 ~~17.18.~~ "Responsible Person" means the same as defined in A.R.S. §
121 36-551.

122 ~~18.19.~~ "Restraint" means personal restraint, mechanical restraint, or drug
123 used as a restraint in a behavioral health inpatient setting as defined
124 in 42 CFR 482.13(e)(1).

125 ~~19.20.~~ "Seclusion" means the involuntary confinement in a room or an area
126 from which the person cannot leave.

127 ~~20.21.~~ "Seclusion of Individuals Determined to have a Serious Mental Illness"
128 means the restriction of a behavioral health recipient to a room or area
129 through the use of locked doors or any other device or method which
130 precludes a person from freely exiting the room or area or which a
131 person reasonably believes precludes the person's unrestricted exit as
132 specified in A.A.C. R9-21-101(B).

133 a. In the case of an inpatient facility: confining a behavioral health
134 recipient to the facility, the grounds of the facility, or a ward of

- 135 the facility does not constitute seclusion.
- 136 b. In the case of a community residence, restricting a behavioral
137 health recipient to the residential site, according to specific
138 provisions of an individual service plan or court order, does not
139 constitute seclusion, as specified in A.A.C. R9-21-101(B).
- 140 21. "Sentinel Event" means a Member safety event that results in death,
141 permanent harm, or severe temporary harm.
- 142 22. "Service Provider" means the same as defined in A.R.S. § 36-551.
- 143 23. "Severity Levels" means the level of acuity of a QOC and which is
144 described in the following ranking:
- 145 Level 0: (Track and Trend Only) - No Quality issue Finding
- 146 Level 1: Quality issue exists with minimal potential for significant
147 adverse effects to the patient/recipient.
- 148 Level 2: Quality issue exists with significant potential for adverse
149 effects to the patient/recipient if not resolved timely.
- 150 Level 3: Quality issue exists with significant adverse effects on the
151 patient/recipient; is dangerous or life-threatening.
- 152 Level 4: Quality issue exists with the most severe adverse effects on
153 the patient/recipient; no longer impacts the patient/recipient

154 with the potential to cause harm to others.

155 **POLICY**

156 **A. DOCUMENTATION OF QUALITY OF CARE AND SERVICE CONCERNS**

157
158 Upon receipt of a Quality of Care (QOC) or other form of concern

159 regarding a service provided to a Member, the Quality Management
160 Unit (QMU) Division shall:

- 161 a. Document each concern raised, including the time and
162 location of the event, if available, when and from whom it
163 was received, and the projected time frame for resolution.
- 164 b. Determine which of the following processes will be used to
165 resolve the concern:
- 166 i. Quality Management (QM) process,
 - 167 ii. Grievance and appeals process,
 - 168 iii. Both the grievance and appeals process and QM
169 process if a rights violation also includes QOC,
 - 170 iv. Process for making initial determination on
171 coverage and payment issues, or
 - 172 v. Process for resolving disputed initial determinations.
- 173
174

- 175 c. Provide written correspondence acknowledging receipt of
176 the concern and explanation of the process to be used to
177 resolve the QOC Concern.
- 178 d. If determined not to be a QOC Concern, provide an
179 explanation of the process to be used to resolve the issue.
- 180 e. Provide assistance to the Member or Service Provider
181 through the Office of Individual and Family Affairs, as
182 needed, to complete forms or take other necessary actions
183 to obtain resolution of the issue.
- 184 f. Maintain confidentiality of all Member information.
- 185 g. Inform the Member or Service Provider of all applicable
186 mechanisms for resolving the concern external to the
187 Division's processes.
- 188 h. Document all processes (including detailed steps used
189 during the Investigation and resolution stages)
190 implemented to ensure complete resolution of each
191 complaint, grievance, or appeal, including:

- 192 i. Corrective action plan or action taken to resolve the
193 concern;
- 194 ii. Documentation that education and training was
195 completed, such as in-service attendance sheets and
196 training objectives;
- 197 iii. New policies and procedures; and
- 198 iv. Follow-up with the Member with the following as
199 applicable to the situation:
- 200 1) Assistance to ensure that the immediate health
201 care needs are met;
- 202 2) Closure or resolution letter that provides
203 sufficient detail to ensure all covered,
204 medically necessary care needs are met, and a
205 contact name and telephone number to call for
206 assistance or to express any unresolved
207 concerns; and
- 208 3) Referral to the Division's Compliance Unit or
209 AHCCCS Office of the Inspector General.
- 210 i. Enter QOC Concerns received outside of the AHCCCS QM

- 211 Portal as an Internal Referral within:
- 212 i. one ~~b~~Business day for Sentinel Events; or
- 213 ii. Within two ~~b~~Business days for all other reportable
- 214 Incidents.
- 215 j. Comply with 9 A.A.C 34, Division Operations Policy 446,
- 216 and the AHCCCS Contract for the grievance and appeal
- 217 system for Members and Service Providers.

218 **B. PROCESS OF EVALUATION AND RESOLUTION OF QOC**

219 **AND SERVICE CONCERNS**

- 220
- 221 1. The ~~QMU Division~~ shall:
- 222 a. Complete the QOC Concern Investigation and
- 223 documentation process within the AHCCCS QM Portal; and
- 224 b. Include a summary of all applicable research, evaluation,
- 225 intervention, resolution, and remediation, including details
- 226 for each case as a part of the documentation process.
- 227 2. The Division shall complete the QOC Investigation and
- 228 documentation process as a stand-alone process through the
- 229 ~~Quality Management Unit~~ (QMU) with assistance from other units
- 230 when necessary.

- 231 3. The QMU Division shall not combine the QOC Investigation
232 process with other Division meetings or processes.
- 233 4. Work units outside of the QMU:
- 234 a. Shall not solely conduct QOC investigations.
- 235 b. Shall provide subject matter expertise throughout the
236 investigative process as requested by the QMU.
- 237 5. The QMU shall be solely responsible for and conduct its own QOC
238 Investigations for services rendered under its direct
239 responsibility, including conducting onsite visits for QOC
240 Concerns.
- 241 6. The QMU Triage Unit Division shall evaluate and resolve QOC
242 and service concerns by:
- 243 a. Identification of the QOC Concerns.
- 244 b. Initial assessment of the severity of each QOC Concern.
- 245 c. Referral of QOC Concerns that involve the network of
246 subcontracted health plans to the specific health plan for
247 Investigation and remediation.
- 248 d. Prioritization of actions needed to resolve immediate care
249 needs when appropriate.
250

- 251 e. Identification of trends related to Members, Service
252 Providers involved in the allegations, considering types and
253 frequency of allegations, severity, and substantiation
254 status.
- 255 f. QOC Nurse Investigator shall Rresearch:
256 i. Fact-finding in accordance with Division Operations
257 Policy 6002-F,
258 ii. Medical records review,
259 iii. Mortality review in accordance with Division
260 Operations Policy 6002-M, and
261 iv. Incident closure and corrective actions in accordance
262 with Division Operations Policy 6002-I.
- 263 7. The QMU Division may request copies of a Member's death
264 Certificate from the Arizona Department of Health Services Vital
265 Records and Statistics as specified in A.A.C. R9-19-314 B(13)
266 and A.A.C. R9-19-315(E).
- 267
268 8. The QM Division's Quality Management clinical staff shall

269 conduct onsite visits when there are identified health and safety
270 concerns, Immediate Jeopardy, or at the direction of AHCCCS.

271 9. The QMU Triage Unit Division shall report onsite visits that are
272 identified and conducted by the Division after 5:00 p.m. on
273 weekdays, or that occur during weekends or on holidays, to the
274 AHCCCS Division of Health Care Management (DHCM), Quality
275 Management Manager or Supervisor by telephone and follow up
276 with an email to CQM@AZAHCCCS.GOV the following business
277 day.

278 10. QM Clinical Clinical Quality Management staff shall:
279 a. Be the lead responsible for the review and Investigation,
280 and
281 b. Participate in the onsite visits.

282 11. Subject matter experts outside of the QMU:
283 a. May participate in onsite visits when necessary and
284 appropriate; but
285 b. Shall not take the place of Quality Management staff
286 during reviews.

287 12. The QMU Clinical Staff shall complete and submit the AMPM 960

- 288 Attachment C form for each Health and Safety Onsite Review
289 conducted to AHCCCS DHCM QM within 24 hours of completing
290 the review as specified in Contract.
- 291 13. The ~~QMU Division~~ shall, based on the findings of the review:
- 292 a. Take immediate action to ensure the health and safety of
293 all Members receiving services at the facility or Service
294 Provider site;
 - 295 b. Ensure Incident resolution and identify any immediate care
296 or recovery needs;
 - 297 c. Develop work plans and corrective action plans to ensure
298 placement setting or service site compliance with Arizona
299 Department of Health Services Licensure and AHCCCS
300 requirements regarding policy, training, and signage
301 requirements aimed at preventing and reporting abuse,
302 neglect, and exploitation as specified in AHCCCS Minimum
303 Subcontract Provisions.
 - 304 d. Conduct scheduled and unscheduled monitoring of
305 placement setting or service sites that are in an Immediate
306 Jeopardy status, have serious identified deficiencies that

307 may affect health and safety of Members, or as directed by
308 AHCCCS.

309 e. Assist in identification of technical assistance resources
310 focused on achieving and sustaining regulatory
311 compliance.

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

315 g. Monitor and document success of interventions.

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

319 i. Implements new interventions and approaches when
320 necessary.

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

323 14. The QOC Nurse Investigator QMU shall process investigations
324 and resolution of Member and systemic concerns in a timely

- 325 manner based on the nature and severity of each case or as
326 requested by AHCCCS.
- 327 a. For high profile cases the QMU Chief Quality Officer or
328 designee shall communicate initial reports of immediate
329 findings to Division Executive Leadership and AHCCCS
330 DHCM QM immediately but no later than 24 hours of the
331 QMU becoming aware of the concern and followed up by an
332 initial findings report within seven business days.
- 333 b. For Member safety or placement concerns, the QMU shall
334 schedule a due date for the resolution of the case for 30
335 calendar days from the date of opening.
- 336 c. For other concerns, the QMU Quality Investigative Nurse
337 Supervisor shall schedule a due date for the resolution of
338 the case within 60 calendar days from the date of opening.
- 339 d. The QMU shall track concerns that have aged to greater
340 than 60 calendar days and develop action plans to address
341 these cases.
- 342 e. The QMU shall coordinate with the Division Business

- 343 Operations to review all paid claims within the last
344 calendar year to identify the need to participate in
345 systemic Investigations when notified of Service Provider
346 concern related to:
- 347 i. Single case agreements, or
 - 348 ii. Service Providers using subcontracted Service
349 Providers.
- 350 15. The QMU Quality Investigative Nurse Supervisor Division shall
351 submit all requests for extensions of timelines associated with a
352 QOC Investigation to AHCCCS DHCM QM for approval as soon as
353 possible but no later than the assigned due date and include at a
354 minimum:
- 355 a. The Member's current placement and condition,
 - 356 b. The status of the Investigation, and
 - 357 c. The barrier to completing the Investigation within the
358
359 assigned time frame.
- 360
- 361 16. The QMU Quality Investigative Nurse Supervisor Division shall
362 update the QM Portal due date after approval has been received
363 from AHCCCS QM.

- 364 17. The QMU Division shall, upon request from AHCCCS QM, provide
365 additional information or attend a meeting to review the case
366 and discuss barriers affecting the investigative process if more
367 than one extension request is required to complete a QOC
368 Investigation.
- 369 18. The QMU Triage Unit shall determine the level of severity of the
370 QOC Concern initially based on the information received and the
371 allegations involved, including whether Immediate Jeopardy is an
372 issue.
- 373 19. The QOC Nurse Investigator QMU shall ensure the case is
374 updated to reflect changes in the Severity Level, as needed,
375 during the Investigation as additional details and allegations are
376 discovered and added to the QOC.
- 377 20. The QOC Nurse Investigator QMU shall ensure that a final
378 Severity Level is assigned to the case at the conclusion of the
379 Investigation.
- 380 21. The QMU Triage Unit shall ensure that concerns are reported to
381 the appropriate regulatory agency including:

- 382 a. The Department of Child Safety,
383
384 b. Adult Protective Services,
385
386 c. Arizona Department of Health Services (ADHS),
387
388 d. The Attorney General's Office,
389
390 e. Law Enforcement,
391
392 f. AHCCCS Office of the Inspector General (OIG),
393
394 g. AHCCCS DHCM QM,
395
396 h. Other entities as necessary.
397
- 398 22. The QMU Triage Unit shall submit the initial report to the
399 regulatory agency in the format required by the regulatory
400 agency as soon as possible but no later than 24 hours of
401 becoming aware of the concern.
- 402 23. The QMU Triage Unit shall submit all pertinent information
403 regarding an Incident of abuse, neglect, exploitation, serious
404 Incident including suicide attempts, and unexpected death
405 including all unexpected transplant deaths, to AHCCCS DHCM QM

- 406 as specified in Contract and Division Medical Policy 961.
- 407 a. The QMU shall not limit pertinent information to autopsy
408 results;
- 409 b. The QMU shall include a broad review of all issues and
410 possible areas of concern.
- 411 c. The QMU shall not delay the Division's Investigation of a
412 QOC based on delays in receipt of autopsy results;
413 Investigation of a QOC Concern.
- 414 d. The QMU shall, when available, use delayed autopsy
415 results to confirm the resolution of the QOC Concern.
- 416 24. The QMU shall ensure qualified vendors follow procedures for
417 reporting Incidents, Accidents and death as directed in Chapter
418 70 of the Provider Manual and Division Medical Policy 961.
- 419 a. QMU shall take any action necessary, upon receipt of an
420 Incident, Accident, Death (IAD) Report from a Service
421 Provider, to ensure the safety of the people involved in the
422 Incident.

- 423 b. The QMU Triage Unit shall review the IAD Report within 24
424 hours of receipt and make a determination of whether the
425 Incident includes a QOC Concern.
- 426 c. The QMU District Quality Staff shall review the IAD Report
427 to ensure it is fully and accurately completed.
- 428 i. If the IAD Report is not fully and accurately
429 completed, the QMU District Quality Staff shall return
430 the IAD Report to the Service Provider for
431 correction.
- 432 ii. The QMU District Quality Staff shall ensure that the
433 Service Provider returns the corrected IAD Report
434 within 24 hours of receipt.
- 435 25. The QOC QMU Nurse Investigators ~~Investigative Nurses~~ shall
436 determine the level of substantiation of the QOC during their
437 Investigation.
- 438 26. The Division shall evaluate and resolve Service issues that do
439 not rise to the level of a QOC Concern through the Customer
440 Service Center or Support Coordination.

- 441 27. The QMU shall provide written notification to the appropriate
442 regulatory board or licensing agency, and AHCCCS, when a
443 health care professional, organizational provider, or other
444 provider's affiliation with its network is suspended or terminated
445 for any reason, including those related to QOC issues.
- 446 a. The QMU Triage Unit shall document all referrals made to a
447 regulatory agency in the AHCCCS QM Portal and include, at
448 minimum, the following information:
- 449 i. Name and title of the person submitting the report.
450 ii. Name of the regulatory agency the report was
451 submitted.
452 iii. Name and title of the person at the regulatory
453 agency receiving the report.
454 iv. Date and time reported.
455 v. Summary of the report.
456 vi. Tracking number, as applicable, received from the
457 regulatory agency as part of the reporting
458 process.
- 459 28. QOC Nurse Investigative Division staff shall document in the

460 QOC file all follow-up actions or monitoring activities, as well as
461 related observations or findings.

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

467

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

470 1. The Division shall provide training to QMU staff on all new and
471 updated policies and procedures.

472 2. The Division shall submit training documentation to AHCCCS that
473 includes training materials, printed name and title of QMU staff,
474 and date of training received.

475 3. QMU clinical staff shall complete all required investigative
476 training and achievement of competencies prior to performing
477 Investigations.

478 a. QMU clinical staff responsible for conducting onsite

- 479 investigations shall complete required training on how to
480 conduct the Investigation and avoid interference with
481 substantiation or prosecution.
- 482 b. All QMU clinical staff that may investigate alleged Incidents
483 in Intermediate Care Facilities for Individuals with
484 Intellectual Disabilities (ICF/IIDs), skilled nursing facilities,
485 assisted living facilities, and group homes for Individuals
486 with Intellectual Disabilities shall complete training on how
487 to conduct Investigations considering the specific needs of
488 individuals with intellectual and developmental disabilities.
- 489 c. The Division shall incorporate AMPM Policy 960 Attachment
490 D guidance in the content requirements for training on
491 Investigations involving individuals with intellectual and
492 developmental disabilities.
- 493 4. All QMU staff responsible for making determinations related to
494 Incidents and QOC Concerns shall meet the requisite
495 competencies and complete routine Inter-Rater Reliability (IRR)
496 testing with a passing grade of 90 percent or higher.

- 497 a. QMU staff who do not receive a passing grade of 90
498 percent or higher shall retake the exam.
- 499 b. The Division shall develop and implement an education
500 plan for staff who do not receive a passing grade of 90
501 percent or higher on the repeat testing until a passing
502 grade is achieved or the staff member is reassigned to a
503 different position for which the training requirement is not
504 pertinent.

505 5. The QMU Chief Quality Officer provides oversight for the QMU,
506 including the reporting, reviewing, and monitoring of
507 Incident, Accident, Death (IAD) of Members enrolled with
508 the Division of Developmental Disabilities (Division).

509 **D. TRACKING AND TRENDING OF QOC AND SERVICE CONCERNS**

- 510
- 511 1. The QMU shall conduct oversight through tracking and trending
512 of Member and Service Provider concerns and making
513 appropriate referrals for independent review as described in this
514 section.
- 515 2. The QMU shall track and trend Member and Service Provider

- 516 issues to identify and address quality assurance issues and
517 opportunities for quality improvement.
- 518 3. The Division shall provide training to QMU staff on the process
519 for analyzing QM related data.
- 520 4. The Division shall submit training documentation to AHCCCS that
521 includes training materials, printed first and last name of QMU
522 staff, title, and date of training received.
- 523 5. The QMU shall document, track, trend, and evaluate complaints
524 and allegations received from Members and Service Providers, or
525 as requested by AHCCCS, inclusive of quality care, Immediate
526 Jeopardy, deaths, quality of service, and immediate care need
527 issues.
- 528 6. The QMU staff and QM/PI Committee shall analyze and evaluate
529 the information from the tracking and trending system to identify
530 and address any trends related to Members, Service Providers,
531 the QOC process or services in the Division's service delivery
532 system or Service Provider network.
- 533 7. The QMU shall incorporate trending of QOC issues in determining
534 systemic interventions for quality improvement.

- 535 8. The QMU shall submit for review and consideration for action
536 tracking and trending information to the Division’s Quality
537 Management Committee and Chief Medical Officer, or designated
538 Medical Director, as Chairman of the Quality Management
539 Committee.
- 540 9. The QMU shall develop performance improvement activities
541 based on input from Division Executive Leadership, the Division
542 Chief Quality Officer, and the Division Chief Medical Officer to
543 respond to significant negative trends, including the issue
544 resolution process itself, and address other system issues raised
545 during the resolution process.
- 546 10. The QMU shall share tracking and trending information related to
547 Service Provider education, training and staff credentialing with
548 the workforce development operations as specified in Division
549 Operations Manual Policy 407.
- 550 11. The QMU shall refer QOC Concerns identified through tracking
551 and trending to the following committees as appropriate:
- 552 a. QM/PI Committee established in accordance with Division

- 553 Medical Policy 910,
- 554 b. Peer Review Committee established in accordance with
- 555 Division Medical Policy 910,
- 556 c. Mortality Review Committee, and
- 557 d. Independent Oversight Committees established by
- 558 A.R.S. 41-3801.
- 559 12. The QMU shall comply with federal and state confidentiality laws,
- 560 including the Health Insurance Portability and Accountability Act
- 561 (HIPAA) and 42 C.F.R. 431.300 et seq regarding Member record
- 562 availability and accessibility.
- 563 13. The QMU shall maintain information related to coverage and
- 564 payment issues for at least five years following resolution of the
- 565 issue in accordance with Division Operations Manual Policy 6001-
- 566 I, and is made available to the Member, Service Provider, and
- 567 AHCCCS authorized staff upon request.
- 568 14. Support Coordination shall proactively facilitate care coordination
- 569 for Members who have multiple complaints, regarding services or
- 570 the AHCCCS Program. 15. Support Coordination shall work
- 571 with the Division's Office of Individual and Family Affairs or care

572 coordination provided by the Administrative Services
573 Subcontractors (AdSS) to facilitate and address Member
574 complaints as a proactive measure to promote better service
575 delivery and health outcomes.

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

580 **E. PEER REVIEW COMMITTEE**

581 1. The QMU Chief Medical Officer shall refer cases, as appropriate,
582 to the Division's Peer Review Committee.

583 2. The Peer Review Committee shall review the following:

584 a. Cases where there is evidence of deficient quality by a
585 participating or non-participating physical or behavioral
586 health care professional, or long-term services and
587 supports (LTSS) Service Provider, whether delivered in or
588 out of state.

589 b. Cases where there is omission of care or service that
590 should have been provided by a participating or non-

- 591 participating physical or behavioral health care
592 professional, or Long Term Service and Support Service
593 Provider, whether delivered in or out of state.
- 594 c. Oversight of the AdSS Peer Review Committee actions and
595 remediations.
- 596 3. The Division shall not substitute referral to the Peer Review
597 Committee for implementing interventions aimed at individual
598 and systemic quality improvement.
- 599 4. The QMU shall document Peer Review referrals as well as
600 high-level summary information in the QOC file within the
601 AHCCCS QM Portal and include documentation of the specific
602 credentials of the involved Committee members.
- 603 5. The Peer Review Committee may include the following
604 recommendations as applicable:
- 605 a. Education/training/technical assistance
606 b. Follow-up monitoring and evaluation of improvement
607 c. Changes in processes, organizational structures, forms
608 d. Informal counseling

- 609 e. Termination of affiliation, suspension, or limitation of the
610 Service Provider
- 611 f. Referrals to regulatory agencies
- 612 g. Other actions as determined by the Division.
- 613 6. If an Adverse Action is taken with a Service Provider for any
614 reason including those related to a QOC Concern, QMU shall
615 report the Adverse Action, including limitations and terminations,
616 to the AHCCCS DHCM Quality Management (QM) Unit as well as
617 to the National Practitioner Data Bank as specified in Contract.
- 618 7. The QMU shall notify AHCCCS DHCM QM and take appropriate
619 action with the Service Provider, including suspension or
620 corrective action plans and referrals to appropriate regulatory
621 Boards, when an adverse outcome including mortalities due to
622 prescribing concerns or failure of the Service Provider to check
623 the Controlled Substance Prescription Monitoring Program
624 (CSPMP), to coordinate care with other prescribers, or to refer
625 for substance use treatment or pain management is identified.
- 626 8. The QMU shall present case findings, as appropriate, to the
627 Division's Peer Review Committee and Credentialing Committee

628 for review and recommendations to the QM/PI Committee for
629 discussion and recommendations to leadership.

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

631 Concerns:

- 632 a. Trending
- 633 b. Corrective Action Plans
- 634 c. Resolution
- 635

636 10. The Division's Medical Director:

- 637 a. Shall be a member of the AdSS' Peer Review Committee,
- 638 and
- 639 b. Shall provide quarterly summaries of Service Providers s
- 640 reviewed by the AdSS' Peer Review Committees to the
- 641 Division's Peer Review Committee.:

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

- 645 a. The action taken by the AdSS Peer Review Committee is

646 sufficient to protect Division Members, and

647 b. If further action from the Division is necessary.

648

649 **F. REPORTING TO INDEPENDENT OVERSIGHT COMMITTEES**

650

651 1. The Division shall provide IAD Reports, Internal Referral (IRF)

652 Reports, and QOC Concerns, including reports of possible abuse,

653 neglect, or denial of rights involving any Division enrolled

654 Member, to the Division's Independent Oversight Committee

655 (IOC) assigned to the region in which the IAD, IRF, or QOC

656 occurred within three business days of closure of the Incident.

657 2. The QMU shall incorporate IADs and IRFs that are triaged as

658 potential QOC Concerns into the QOC record and submit to the

659 IOC as part of the QOC documentation upon completion of the

660 QOC Investigation instead of a standalone IAD or IRF as

661 specified in (1) of this section.

662 3. The QMU shall redact in accordance with federal and state

663 confidentiality laws all Personally Identifiable Information (PII) in

664 all reports provided to the IOC.

665 4. The Division shall provide the following reports to the IOC:

666 a. Seclusion and Restraint Reports,

- 667 b. IAD Reports,
668 c. IFR Reports, and/or
669 d. QOC Investigations as applicable.
670 e. Reports of possible abuse, neglect, or denial of rights
671 involving any behavioral health provider as specified in the
672 contract.
- 673 5. The Division and contracted Service Providers who receive an
674 IOC request for additional or unaltered documentation,
675 supplemental information, or an Investigation regarding an
676 AHCCCS Member, shall submit the request to AHCCCS via email
677 at: iocinquiries@azahcccs.gov.
- 678 6. The Division shall provide to the AHCCCS Independent
679 Oversight Committee assigned to the region in which the IAD,
680 IRF, or QOC occurred AD Reports, IRF Reports, and QOC
681 Concerns, including reports of possible abuse, neglect, or
682 denial of rights, involving any behavioral health provider
683 serving Members with a Serious Mental Illness designation,
684 children, and anyone under court order for either
685 Court-Ordered Evaluation or Court-Ordered Treatment, are

686 provided within three business days of closure.

687 **F. REQUESTS FOR PERSONALLY IDENTIFIABLE**
688 **INFORMATION OR PROTECTED HEALTH INFORMATION**

689

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

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

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

699 ii. For Incidents in which a currently or previously
700 enrolled child or non-seriously mentally ill adult is
701 the possible victim, the Investigation is completed
702 within 35 days of the request and shall determine,
703 from all information surrounding the Incident,
704 whether the Incident constitutes abuse, neglect, or a

705 violation of rights, and any corrective action needed
706 as a result of the Incident.

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

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

713 ii. A summary of the Investigation findings, and

714 iii. Conclusions and corrective action taken.

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

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

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

- 722 3. If the Division determines that the IOC needs PII or PHI or that
723 the IOChas obtained the Responsible Party’s written
724 authorization, the QMU shall first review the requested
725 information and determine if it contains any communicable
726 disease-related information, including confidential Human
727 Immunodeficiency Virus (HIV) or Acquired Immune Deficiency
728 Syndrome (AIDS) information, or information concerning
729 diagnosis, treatment, or referral from an alcohol or drug use
730 program, or as described in A.R.S. §41-3804.
- 731 a. If no information detailed in (3) of this Section is found,
732 the QMU shall provide the requested information to the
733 IOC.
- 734 b. If information detailed in (3) of this Section is found, the
735 QMU shall contact the Responsible Person and ask if the
736 Responsible Person is willing to sign an authorization for
737 the release of communicable disease-related information,
738 including confidential HIV information, or information
739 concerning diagnosis, treatment or referral from an alcohol
740 or drug use program, or as described in A.R.S. §41-3804,

- 741 and provide the name and telephone number of a contact
742 person with the IOC who can explain the Committee's
743 purpose for requesting the protected information.
- 744 i. If the Responsible Person agrees to give
745 authorization, a written authorization is obtained as
746 outlined below and requested information provided
747 to the IOC.
- 748 ii. If the Responsible Person does not agree to give
749 authorization, the information is not included or it is
750 redacted from any documentation which is
751 authorized to be disclosed.
- 752 4. The Division shall accept authorization for the disclosure of
753 records of deceased Members made by the executor,
754 administrator, or other personal representative appointed by Will
755 or by a court to manage the deceased Member's estate. If no
756 personal representative has been appointed, the Division shall
757 upon request disclose PII and PHI to a family member, other
758 relative, or a close personal friend of the deceased Member, or

- 759 any other person identified by the deceased, only that PII and
760 PHI directly relevant to such person's involvement with the
761 deceased Member's health care or payment related to the
762 individual's health care.
- 763 5. The Division shall provide requested information that does not
764 require authorization within 15 working days of the request.
- 765 6. The Division shall provide the requested information that does
766 require authorization within five working days of receipt of the
767 written authorization.
- 768 7. The QMU shall include a cover letter when PII or PHI is sent to
769 the IOC that states that the information is confidential, is for the
770 official purposes of the Committee, and is not to be re-released
771 under any circumstances.
- 772 8. If the QMU denies the IOC's request for PII or PHI:
773
774 a. The QMU shall notify the IOC within five working days of
775 the decision that a request is denied, the specific reason
776 for the denial, and that the Committee may request, in
777 writing, that the Division's Deputy Director or designee

- 778 review this decision.
- 779 b. The Division shall only accept The Committee's request to
780 review the denial if the request is received within 60 days
781 of the first scheduled Committee meeting after the denial
782 decision is issued.
- 783 c. The Division's Assistant Director or designee shall conduct
784 the review within five business days after receiving the
785 accepted request for review.
- 786 d. The Division shall consider the Division's Assistant Director
787 or designee's decision the final agency decision pending
788 any follow-up judicial review pursuant to A.R.S. Title 12,
789 Chapter 7, Article 6.
- 790 e. The Division shall not release related information or
791 records related to the request during the timeframe for
792 filing a request for judicial review or when judicial review is
793 pending.

794 **G. AUTHORIZATION REQUIREMENTS**

- 795 1. The Division shall only accept a written authorization for
796

- 797 disclosure of information concerning diagnosis, treatment, or
798 referral from an alcohol or substance use program or
799 communicable disease-related information, including confidential
800 HIV information that contains the following information:
- 801 a. The specific name or general designation of the program
802 or person permitted to make the disclosure.
 - 803 b. The name or title of the individual or the name of the
804 organization to which the disclosure is to be made.
 - 805 c. The name of the currently or previously enrolled Member.
 - 806 d. The purpose of the disclosure.
 - 807 e. How much and what kind of information is to be disclosed.
 - 808 f. The signature of the currently or previously enrolled
809 Member/legal guardian, and if the currently or previously
810 enrolled Member is a minor, the signature of a person
811 authorized to give consent.
 - 812 g. The date on which the authorization is signed.
 - 813 h. A statement that the authorization is subject to
 - 814
 - 815
 - 816
 - 817

- 818 revocation at any time except to the extent that the
819 program or person which is to make the disclosure has
820 already acted in reliance on it.
- 821 i. The date, event, or condition upon which the authorization
822 will expire if not revoked before. This date, event, or
823 condition must ensure that the authorization will last no
824 longer than reasonably necessary to serve the purpose for
825 which it is given.
- 826 j. A statement that this information has been disclosed to the
827 recipient from records protected by federal confidentiality
828 rules (42 CFR Part 2) and state statute on confidentiality of
829 HIV/AIDS and other communicable disease information
830 (A.R.S. §36-664(H)) which prohibit further disclosure of
831 this information unless further disclosure is expressly
832 permitted by the written consent of the Member to whom
833 it pertains, or as otherwise permitted by 42 CFR Part 2 and
834 A.R.S §36-664(H).
- 835 2. The Division shall track in accordance with the Record of Access

836 described in Division Operations Manual Policy 6001-C
837 information released pursuant to a valid authorization.

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

840 The Division shall require the Administrative Services Subcontractors
841 to develop policies and procedures that provide guidance to behavioral
842 health providers regarding their duty to warn under A.R.S. §36-
843 517.02.

844 **I. PROVIDER-PREVENTABLE CONDITIONS**
845

- 846 1. The Division shall not provide payment for services related to
847 Provider-Preventable Conditions pursuant to 42 CFR 447.26
- 848 2. The Division shall review the AdSS' required report for evidence
849 of Provider-Preventable Conditions quarterly as described in the
850 AdSS Medical Policy 960.
- 851 3. If Provider- Preventable Conditions are identified, the Division
852 shall open a QOC Investigation within the AHCCCS QM Portal and
853 direct the AdSS to conduct an Investigation if it has not already
854 done so.

855

856

857 Signature of Chief Medical Officer:

Draft Policy for Public Comment