

CHAPTER 70 QUALIFIED VENDOR INCIDENT REPORTING

REVISION DATE: 12/17/2025

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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 Providers to report Member Incidents, Accidents, Deaths (IAD), and Sentinel Events to the Division of Developmental Disabilities (Division), as well as mandatory reporting requirements for suspected or credible allegations of Member abuse, neglect, or exploitation.

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. "Death" means expected (natural), unexpected (unnatural), or no provider present.
 3. "Death Expected" means Death from long-standing, progressive medical conditions or age-related conditions, such as end-stage cancers, end-stage kidney or liver diseases, end-stage Human Immunodeficiency Virus or Acquired Immunodeficiency Syndrome, end-stage Alzheimer's or Parkinson's diseases, or severe congenital malformations.
 4. "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.
 5. "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.
 6. "Emergency Measures" means the one-time use of psychotropic medications or physical intervention in an emergency safety situation.
 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 public or media attention.
 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 refused to take or 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," a person receiving developmental disabilities services from the Division, as specified 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 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, the parent or guardian of a minor with a developmental disability, or the guardian of an adult with a developmental disability.

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. Medication error;
8. Missing Member;
9. Member suicide attempt;
10. Suspected or alleged criminal activity;
11. Use of Emergency Measures;
12. Environmental circumstances, such as inclement weather, loss of air conditioning, loss of water, loss of electricity, which are not immediately corrected and pose a threat or may cause harm to a Member;
13. Health Insurance Portability and Accountability Act violation;
14. Allegations of Medicaid fraud, waste or abuse;
15. Missing or loss of Member funds or property less than \$1,000;
16. Property damage less than \$10,000;
17. Illicit drug use by the Member;
18. Allegations of Member Rights Violations;

19. High-Profile Case or police involvement; or
20. 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 submit reportable incidents into the AHCCCS QM Portal no later than two business days after the occurrence or notification of the occurrence.
2. Qualified Vendors and Providers shall report Sentinel Events to the Division immediately at 602-375-1403 or 1-855-375-1403 and submit an incident report into the AHCCCS QM Portal no later than one business day after the occurrence or notification of the occurrence. Phone lines are available 24 hours a day, seven days a week.
3. Qualified Vendors and Providers shall notify the following individuals or agencies of the incident 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 in the AHCCCS QM Portal:

- 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.
4. Qualified Vendors and Providers shall have one business day to correct and resubmit an IAD that has been returned to the provider within the AHCCCS QM Portal.

D. MANDATORY REPORTING

Qualified Vendors and 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.

Vicki Copeland, MD

Signature of Chief Medical Officer

Vicki Copeland

Name

Dec 14, 2025

Date