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2100 INCIDENT REPORTING

2101 Overview

This chapter defines an incident and an unusual incident. It summarizes applicability and the relationship of incidents to unusual incidents. It further details reporting procedures and timelines and describes internal review procedures, referral to other investigative agencies, information sharing and follow-up. It also describes the process for prevention, detection and reporting of fraud.

2102 Definition

An Incident is an occurrence, during the provision of a DES/DDD funded service, which could potentially impact the health and well being of a client and requires the attention of DES/DDD. Incidents occurring in the individual's home shall not be reported except as otherwise noted in Section 2102.2 of this Manual. A client's home is the primary residence where he/she lives with his/her family; or a primary residence which DES/DDD does not fund, in whole or in part, Room and Board and for which the client secures the residence and is the principle signatory on the lease or rental agreement, makes decisions regarding roommates, furnishings, arranges for on-site services and makes the payments relating to the residence and makes decisions to terminate such arrangements or lease/rental agreement.

Incidents include, but are not limited to:

a. inappropriate sexual behavior;

b. use of behavior management techniques not part of a behavior treatment plan;

c. theft or loss of client money or property (less than $10.00);

d. use of emergency measures (can use copies of the IR as the required report under A.A.C. R6-6-9 as long as the report is sent to the required people);

e. medication errors such as:

   1. wastage of a Class II substance;

   2. giving medication to the wrong person;

   3. wrong method of medication administration;

4. wrong dosage administered; or

5. missed medications, etc.

f. community disturbances in which clients or the public may have been placed at risk;

g. serious work related illnesses or injuries (DES/DDD employees);

h. incidents occurring at work related programs funded through DES/RSA which are reported to DES/DDD;

i. threats to DES/DDD employees or state property; and

j. circumstances which pose a threat to health, safety or welfare of clients such as loss of air conditioning, loss of water or loss of electricity for more than one (1) day.

An Unusual Incident is an **extraordinary** occurrence, during the provision of a DES/DDD funded service, deviating from the normal activity of operations which:

a. violates an individual's rights (see Chapter 1500 of this Manual);

b. might pose a threat to the physical or emotional well-being of an individual or staff member;

c. involves death, severe personal injury, or property damage that will impact upon clients and their relatives, DES staff and Administration, or the public in general;

d. may be considered newsworthy by the media and/or incur liability to the State of Arizona;

e. includes non-client/non-employee accidents on State property;

f. includes unusual weather conditions resulting in an emergency change of operations; or

g. includes theft or loss of client money or property (more than $10.00).

A.R.S. § 13-3620
A.R.S. § 46-454
DES 1-07-02.A.2

2102.1 Residential Settings

The following types of unusual incidents that occur in a residential setting (ICFs/MR, large group settings, state operated and vendor operated group homes, child developmental foster homes, adult developmental homes and secure facilities) and nursing facilities shall be reported to DES/DDD immediately via telephone or telefacsimile. "Immediately" has been defined by the Office of the Attorney General as "the first allowable opportunity that does not place the client or staff at undue risk". Resident is defined as any person placed for care in a residential setting whether or not the person is a client of the Department.

a. the death of a client;

b. alleged neglect, abuse, mistreatment or exploitation of a resident (by anyone);

c. a missing client. A client who is missing must be reported to law enforcement officials and DES/DDD as soon as the client is determined to be missing;

d. an incident related to a resident that involves law enforcement personnel, emergency services, or the media;

e. suicide attempts by a client;

f. unplanned hospitalization, the intervention of a medical practitioner, or emergency medical care in response to a serious illness, serious injury, medication error, or suicidal behavior of a client;

g. theft or loss of client money or property (more than $10.00);

h. significant damage to the property of the client, the property of the state, the property of the licensee or the property of others;

i. possession and/or use of illegal substances or substance abuse by clients or staff;

j. complaints about a resident, the licensee or the setting;

k. sexual abuse, including non-consensual sexual activity;

l. serious threats to employees or property; and

m. provider and/or member fraud.

A.R.S. § 36-593.A.5
A.A.C. R6-6-803.A
A.A.C. R6-6-1009.B
A.A.C. R6-6-1109.B
A.A.C. R6-6-1017
A.A.C. R6-6-1117

2102.2 Home and Community Based Service Settings

The following types of unusual incidents that occur while a Home and Community Based Service is being provided shall be reported to DES/DDD immediately:

a. death of a client;

b. alleged neglect, abuse, mistreatment or exploitation of a client (by anyone);

c. a missing client. A service provider shall report a missing client to law enforcement officials and DES/DDD as soon as the service provider determines that the client is missing;

d. an incident related to a client that involves law enforcement personnel, emergency services, emergency medical care, the media or emergency medical techniques;

e. suicide attempts by the client;

f. provider and/or member fraud;

g. complaints from the community about the client and/or provider;

h. sexual abuse, including non-consensual sexual activity;

i. serious threats to employees or property;

j. possession and/or use of illegal substances or substance abuse by clients or staff in out-of-home settings; and

k. possession and/or use of illegal subtances or substance abuse by providers in home settings.

A.A.C. R6-6-1513
A.A.C. R6-6-1517.A and B
A.A.C. R9-22-511

2103 Incident Reporting

Notification of the responsible person shall occur unless otherwise specified in the Individual Support Plan (ISP). The procedures for notification of the responsible person should be coordinated between the service provider and the Support Coordinator. The Support Coordinator or designated District staff member should ensure notification of the responsible person of an unusual incident within one working day of its occurrence. The responsible person may choose, through the ISP Team, not to receive notification of incidents or to revise the notification timelines.

The Incident Report (IR) should be completed as soon as possible after the incident occurs, but no later than one working day and sent to the District Program Manager/District Program Administrator (DPM/DPA) or designee.

2104 Reporting Forms

2104.1 Incident Report

DES/DDD's Incident Report Form (DD-191, Appendix 2000.A) or a provider's internal incident report form may be used to record incidents as defined in Section 2102 of this Chapter and use of emergency measures. For IRs and use of emergency measures, only Part I of the form needs to be completed. For Unusual Incident Reports (UIRs), a DD-191 (Appendix 2000.A) and a DD-191-A (Appendix 2100.A) must be completed.

For an IR, DD-191 (Appendix 2000.A) or the agency internal incident report form, should be completed by the DES/DDD employee or service provider who witnessed the incident or by the DES/DDD employee who receives a verbal report from an individual witnessing the incident If the incident was not witnessed by a DES/DDD employee or provider, the first employee/provider who becomes aware of the incident shall ensure that a report is completed. The DES/DDD Incident Report Form (DD-191, Appendix 2000.A) or the agency form shall include demographic details about the individual and the employee who witnessed the incident; a brief description of the incident, including all known facts and the date and time it occurred; whether or not the responsible person was notified and, if not, why not; the signatures of the person completing the report and his/her supervisor; and any additional comments. If more than one client was involved in the incident, separate reports must be filed for each individual.

The incident should be described clearly, succinctly and objectively, without reference to the writer's opinion. Continuation sheets may be added, if necessary. Other clients who were involved in the incident should be referenced only by initials. Completed IRs are maintained in the client's primary record maintained by the client's Support Coordinator. In addition, copies of IRs are maintained internally by the organization where the incident occurred.

2104.2 Unusual Incident Report

The DPM/DPA or designee may elevate any incident report to an unusual incident report. DES/DDD may request that the employee or service provider who witnessed the incident forward additional documentation by mail and/or telefacsimile to the DPM/DPA or designee immediately. ("Immediately" has been defined by the Office of the Attorney General as "the first allowable opportunity that does not place the client or staff at undue risk")

Completion of the Incident Report Form (DD-191, Appendix 2000.A) and the Unusual Incident Report (DD-191.A, Appendix 2100.A) is required to document unusual incidents. DD-191 (Appendix 2000.A), or an agency internal incident report, should be completed by the witness to the incident and forwarded to the designated District staff member. DD-191 (Appendix 2000.A) may also be completed by a DES/DDD employee who receives a verbal report of an incident. After consulting with the involved parties and the Support Coordinator, DD-191-A (Appendix 2100.A) should be completed by the designated District staff member. DD-191-A (Appendix 2100.A) documents any follow-up activities that have occurred or are necessary.

After the first section of the DD-191-A (Appendix 2100.A) is completed, the original UIR should be forwarded to the DPM/DPA or designee within one working day. The DPM/ DPA or designee must complete the DPM/DPA section and send the original UIR to the Office of Compliance and Review (OCR), Site Code 791A, and a copy to the Internal Investigation Administration, Site Code 840C, within two working days. The DPM/DPA or designee must also send a copy of the completed form to the Support Coordinator and designated District staff members.

2105 Death Closure

2105.1 Reporting Procedures

The Support Coordinator or designee must be notified immediately when an individual dies in a DES/DDD funded residential setting or while receiving DES/DDD funded services. If the responsible person/family

has not already been notified, the Support Coordinator will immediately notify the responsible person/family. The Support Coordinator or designee will immediately notify the appropriate DPM/DPA or designee. The DPM/DPA or designee will notify the Assistant Director (AD) or designee within one (1) working day of all deaths. As dictated by circumstances, the DPM/DPA or designee shall contact the appropriate investigative body such as law enforcement, Adult Protective Services (APS) or Child Protective Services (CPS) in accordance with Chapter 2000 of this Manual.

If an individual dies while not receiving services or while living independently or with family, an Incident Report shall be completed in accordance with this Chapter. If the individual dies while receiving services or while residing in a community residential setting, an Unusual Incident Report shall be completed in accordance with this Chapter.

2105.2 Investigations

Under certain circumstances, deaths may be investigated. Only the AD or designee may authorize investigations regarding deaths. If there is APS, CPS or law enforcement involvement, the Support Coordinator shall request a copy of the results of the investigations.

Results of investigations will be maintained in accordance with Section 2109 of this Chapter.

2105.3 Autopsies

Autopsies are always requested for children in foster care. The authority for final approval for an autopsy rests with the responsible person/family of the deceased, unless the county attorney or coroner is involved.

2105.4 Death Certificates

Death certificates will be requested by OCR.

2105.5 Death Closure

Within 90 days of the date of death, the Support Coordinator and/or Managed Care Operations shall submit to the Central Office Compliance and Review Unit the following:

a. the entire client primary record including overflow files;

b. autopsy results, if applicable;

c. results of investigations, if applicable; and

d. the Fatality Closure Checklist (J-308-A, Appendix 2100.B) and a completed Fatality Closure Summary (J-308, Appendix 2100.C).

Upon receipt of the completed records as noted above, a summary of the circumstances of the death will be presented to the Fatality Closure Committee for review. The Committee consists of:

a. Assistant Attorney General as a consultant only;

b. DES/DDD Medical Director;

c. OCR Manager;

d. MCO representative, as needed; and

e. other members, as needed.

The Committee shall meet quarterly and review the circumstances of all deaths to determine if all appropriate procedures were followed. The Committee may decide to close the case if all procedures were appropriately followed and if so, will archive the records in accordance with the Records Retention Schedule. The case may be kept open if additional information is needed. The committee shall direct the appropriate person to gather the needed information and the case will be reviewed at a future Committee meeting.

2106 UIR Tracking and Follow-Up

Each District is responsible for submitting all UIRs to Central Office within established timelines (refer to Section 2104.2 of this Chapter), using the appropriate format.

The DPM/DPA or designee may instruct appropriate person(s) to develop plans of correction and to submit written status reports on a regular basis. In some cases, the DES/DDD Adult Developmental Home and Child Developmental Foster Home Licensing Unit, DES/DDD Program Monitoring Unit or the DES/DDD HCBS Certification Unit may instruct appropriate person(s) to develop plans of correction and to submit written status reports on a regular basis.

2107 Fact-Finding Review And Investigative Procedures

2107.1 Reasons for Fact-Finding Reviews

When reviewing incident reports, the DPM/DPA or designee may assign personnel to conduct a fact-finding review to determine if additional information or corrective action is necessary. The DPM/DPA or designee will designate qualified personnel to complete this review and submit a summary of the findings. The DPM/DPA is responsible for assigning a deadline for the fact finding report and defining the scope of issues to be addressed. The report of findings will serve as the basis for action by the DPM/DPA or designee and may serve as the basis for initiating an investigation of the incident. Fact finding reports on UIRs shall be forwarded to OCR.

2107.2 Qualified Review/Investigative Staff

DES/DDD may initiate an investigation of any incident. Except when such action would compromise the investigation, DES/DDD should notify the service provider of the onset of an investigation. The investigation may involve a review of the provider's incident reports, as well as a review of other records maintained in the provision of services. An investigation will typically include interviewing of the individual reporting the incident, the service provider and/or clients who might have additional information or insight regarding the incident. The DPM/DPA or OCR Manager is responsible to assign only qualified DES/DDD personnel to complete investigations. DES/DDD personnel assigned to conduct investigations will meet the following qualifications:

a. have demonstrated ability to be objective;

b. can maintain confidentiality;

c. can complete the task within assigned time frames;

d. have expertise regarding the particular situation; and

e. have no conflict of interest involving the situation.

The staff assigned to investigate any incident must have successfully completed investigation training offered by DES/DDD.

In addition, the staff assigned to investigate incidents in residential settings must have successfully completed training in certification, licensure and programmatic monitoring rules, as appropriate. The staff assigned to investigate incidents occurring in other settings must have successfully completed training in certification rules.

A.A.C. R6-7, et seq.
A.A.C. R6-6-1001, et seq.
A.A.C. R6-6-1101, et seq.
A.A.C. R6-6-1501, et seq.

If an external investigation is initiated, DES/DDD may delay its investigation until Internal Security Administration, Special Investigations (ISA), CPS, APS or the law enforcement personnel have completed their investigation, to avoid potential conflicts. If another agency is involved, the assigned DES/DDD staff must coordinate investigation efforts with that agency.

2108 Referral to Other Investigative Agencies

Requests for investigation by an entity other than DES/DDD shall be referred by the DPM/DPA or designee to OCR for authorization by the AD as follows:

a. incidents involving potential criminal activity will be referred to OCR for consideration of an ISA referral;

b. incidents involving possible misconduct by a DES/DDD or service provider's employee will be referred to OCR for consideration of an ISA referral; and

c. incidents involving fraud will be referred to OCR for referral to ISA or/and AHCCCS, as appropriate.

2109 Information Sharing

Incident Reports and Unusual Incident Reports shall be available to the individual/responsible person(s). They shall be provided to Human Rights Committees (HRCs) as prescribed in Administrative Directive 46 and may be available to others who are bound by confidentiality, on a "need-to-know" basis.

Investigative reports incidental to or resulting from a UIR shall be considered confidential and maintained in the OCR. The Assistant Director/designee may send the results of investigations conducted by DES/DDD internally to providers. The individual/responsible person, upon written request, may receive the results. HRCs shall receive the results of investigations and the information noted in Section 1502.6 of this Manual and Administrative Directive 46.

2110 Fraud

2110.1 Policy Goal

The goal of this policy is to define the procedure for prevention, detection and reporting of fraud and abuse within DES/DDD.

2110.2 Policy Objectives

The objectives of this policy are to:

a. prevent or detect fraud and abuse;

b. delineate reporting requirements; and

c. define investigative procedures.

2110.3 Definitions

ABUSE, in this section, means practices which are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to DES/DDD or in reimbursement for services which are not medically necessary or which fail to meet professionally recognized standards for health care. Member abuse is defined in Chapter 2000 of this Manual along with necessary reporting procedures.

AHCCCS means the Arizona Health Care Cost Containment System

FRAUD means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person. It includes any act which constitutes fraud under applicable state or federal law.

POTENTIAL means that in one's professional judgment, it appears as if an incident of fraud and abuse may have occurred. The standard of professional judgment used would be that judgment exercised by a reasonable and prudent person acting in a similar capacity.

PRELIMINARY INVESTIGATION means if the DES/DDD receives a complaint of potential fraud and abuse from any source or identifies any questionable practices, it must conduct a preliminary investigation to determine whether there is sufficient basis to warrant a full investigation by the Office of the Attorney General AHCCCS Fraud Control Unit.

PREVENTION means to keep something from happening.

PRIMARY CONTACT is the central person within DES/DDD who is charged with the responsibility to report potential incidents of fraud and abuse to AHCCCS in the manner prescribed in this policy.

PROVIDER means a person or entity who subcontracts with DES/DDD for the delivery of services to members.

REMIT ADVICE means a document which details the status of each line item in a provider claim, by client specificity. It reports the resolution for each line as paid, denied or pended. Reason codes are attached and summarized for those lines denied.

2110.4 Policy

Following is a description of the processes utilized to detect and prevent fraud and abuse, a description of reporting requirements and investigative procedures:

a. Claims Edits

All claims are edited through a computerized system. When a claim is entered in the system for payment, the system checks to insure that a completed authorization is in place. The system edits prevent payment for incomplete or absent authorizations and/or duplicate claim submittals.

DES/DDD also segregates the duties of service authorization and claims processing.

b. Post Processing Review of Claims

DES/DDD reviews detailed "remit advices". Additionally, the Auditor General does an annual audit of the ALTCS program including claims processing and payment.

c. Provider Profiling and Credentialing

All providers must meet the specific qualifications outlined in the DES/DDD Central Office Policy and Procedures Manual, Chapter 500. All providers of ALTCS services must be registered with AHCCCS. Health Plans under contract with DES/DDD are responsible for credentialing acute care providers.

A.A.C. R6-6-700, R6-6-800, R6-6-1000, R6-6-1100 and R6-6-1500

d. Prior Authorization

All services must be prior authorized by Support Coordinators. Additional prior authorization occurs within the guidelines set forth in Chapter 800 of the AHCCCS Office of the Medical Director Policy Manual.

e. Utilization/Quality Management

DES/DDD shall comply with the requirements set forth in the AHCCCS Office of the Medical Director Policy Manual.

f. Contract Provisions

All providers shall comply with the "Uniform General Terms and Conditions" and the "Special Terms and Conditions" or the terms of the "Individual Service Agreement".

g. Reporting

All DES/DDD employees and providers shall comply with this Chapter. The Manager of the DES/DDD Office of Compliance and Review shall report potential incidents to AHCCCS utilizing the AHCCCS prescribed form (Appendix 2100.D).