

Section 2: Monitoring the Reporting of Complaints and Incidents

The Policy

Maintaining health and welfare is an essential element in the provision of care and services to a member of the Health Home program.

Health Homes must have the capability to identify and investigate complaints and incidents received from Health Home members or member's designee, and prevent reoccurrence of similar events.

Health Homes must assure care management agencies have policies and procedures in place to manage complaints and incidents, and maintain supporting documentation (e.g., steps taken toward resolution, member satisfaction, etc.).

Health Homes must have policies and procedures in place to identify problematic trends in agencies within their partner networks, and to intervene accordingly. Actions must be taken to minimize the probability of recurrence.

Health Homes must have policies and procedures in place to assure that members are informed of their right to file a complaint, incident, and/or request a State fair hearing as per 42 CFR § 438.100, § 438.10 and 42 CFR §§ 438.400 - 438.424 (for Managed Care members), Title 18 of the New York Codes, Rules and Regulations (NYCRR), Sub Part 358 (for fee-for-service members), and other applicable State law and regulations.

During outreach and engagement, potential Health Home members must be provided with a Letter of Introduction that includes contact information for the Health Home, care management agency, and Medicaid Help Line should they have any concerns related to this process. In addition, Health Homes must provide enrolled members with clearly written instructions on how to file a complaint and/or incident, and request a State fair hearing including all appropriate contacts, e.g., Care Manager, Health Home, Department of Health, Office of Temporary Disability Assistance (OTDA), etc.). This information is provided in the Member Rights and Responsibilities document signed by the member and health home or care manager at the time of consent and, annually thereafter. Additionally, Health Homes will inform members that assistance and support to file a complaint, incident and/or fair hearing will be provided by the Health Home or care management agency, e.g., written/verbal notification, language interpretation, hearing and vision assistance, etc.

NOTE: Health Homes are required to work with DOH, OMH, OASAS, and AI and must comply with requests from these state agencies to provide documentation including but not limited to case records of the Health Home member.

This policy provides the Definition, Reporting, Documentation and Notification requirements, Timeframes for Resolution, and Tracking Guidance for two levels through which the Health Home program may be informed of an issue involving a member: A) Complaints; and B) Incidents.

Section 2A: Complaints

Definition

A complaint is defined as any dissatisfaction expressed verbally or in writing by the member or member's designee related to the provision of Health Home care management services or other services identified in the member's plan of care. One example may include, but is not limited to: the care manager's ability to manage and coordinate the member's plan of care, e.g., scheduling resulting in missed appointments; or, failure to provide transitional care.

Reporting Requirements

Health Homes must have policies and procedures in place for how care management agencies handle complaints from members.

Health Homes must assure that Health Homes and care management agencies notify each other within three (3) days of receiving a complaint to establish a direction for investigation.

The care manager should work with the member to resolve these complaints and assist the member by advocating on their behalf. Health Homes must notify regulatory and oversight agencies, as appropriate.

Timeframes for Resolution of a Complaint by Health Homes

If the Health Home is able to immediately resolve an oral complaint to the member's satisfaction, that complaint may be considered resolved without any written notification to the member.

Whenever a delay would significantly increase the risk to a member's health, complaints must be resolved within forty-eight (48) hours after receipt of all necessary information and no more than seven (7) days from the receipt of the complaint.

All other complaints shall be resolved within forty-five (45) days after receipt of all necessary information and no more than sixty (60) days from receipt of the complaint.

Notification Requirements

Within seven (7) days of a complaint resolution, the Health Home will assure the member is notified of the outcome. Written notification of the outcome must be provided to the member including the member's rights should the outcome not meet the member's satisfaction.

Documentation Requirements

The Health Home must assure that care management agencies maintain a record for all member complaints including outcomes, and member dissatisfaction.

Health Homes must obtain and maintain a copy of all member complaint records from the care management agency.

Health Homes must analyze complaints for trends and take corrective action as needed.

Health Homes will provide reports to NYS DOH Health Home staff on a quarterly basis regarding complaints via the Health Commerce System (HCS).

Section 2B: Incidents

Definition

An incident is defined as an urgent issue, event, or action either perceived or an actual threat to the member's health and welfare, or a dangerous action taken by or against the member by another individual(s).

Some examples of incidents include: abuse (physical/sexual/psychological), neglect, death, violation of civil rights, exploitation, bullying, criminal activity, inappropriate use of a restraint, assault, PHI breach, missing person, crime against member, obstructing a member's right to report, etc.

FOR THE PURPOSE OF INCIDENTS INVOLVING A MEMBER OF THE HEALTH HOME PROGRAM, INCIDENTS ARE FURTHER DEFINED AS ALLEGATIONS INVOLVING AN UNLICENSED FACILITY/AGENCY.

If the incident is against a licensed agency, the Health Home will discuss the details of the incident with the licensed agency. It then becomes the responsibility of the licensed agency to investigate the incident following their own reporting protocols, (e.g., contacting the New York Justice Center, etc.).

The Health Home oversees incident investigations including timely notification and follow up with the care management agency, other entities, and DOH.

Health Homes must have policies in place for how incidents will be investigated jointly by the Health Home and care management agency, and reported to the DOH Health Home staff.

Upon notification of an incident, the Health Home and care management agency must review details of the allegation together and determine the focus of the investigation.

Health Homes must assure incidents are reported to the appropriate reporting agency, e.g., Adult Protective Services (APS), Child Protective Services (CPS), legal aid, law enforcement, etc., as per usual protocol. In addition, Health Homes must assure that

immediate steps were/are taken to secure the member's safety and security upon receiving notification that an incident occurred.

Reporting Requirements

The Health Home and care management agency must contact each other no later than **24 hours** after receiving initial notification of the allegation(s).

The Health Home must notify DOH via the Health Home Provider Line at 518-473-5569 within **24 hours** of receiving the initial notification. DOH will determine its level of involvement in the investigation process, and may request information about the investigation and outcome at any time.

Timeframes for Resolution of Incident by Health Homes

Within **7 business days** of initial notification of the incident, the Health Home must obtain documentation and information pertinent to the investigation from the care management agency.

Within **3 business days** of receiving documentation from the care management agency, the Health Home must review the documentation and submit a copy to DOH Health Home staff, along with the Health Home's findings, and whether the incident can be substantiated.

Upon review, DOH Health Home staff will determine if the allegation is substantiated, whether the findings of the investigation are appropriate, or if any additional documentation is required.

Documentation Requirements

Health Homes must assure that information shared between the Health Home and care management agency is done so in a secure manner. In addition, the sharing of information from the Health Home to DOH must be secured using the Health Commerce System (HCS).

Health Homes must assure that all incidents are tracked by the Health Home and care management agency, and monitored for trends to prevent reoccurrence.

Health Homes are also responsible for assessing network providers, identifying trends and for taking corrective action related to incidents as directed by DOH.

Data regarding incidents must be included in quarterly reports provided to DOH Health Home staff by Health Homes.

Notification Requirements

Written notification will be provided to the member by the Health Home with input from care management agency and final approval by DOH Health Home staff.

If the member notifies the Health Home of dissatisfaction with the outcome of the investigation, the Health Home will notify DOH Health Home staff within 24 hours of receipt to determine whether any additional steps are necessary for further investigation.

Section 2C: Health Home and Care Management Agency Tracking Guidance for Complaints and Incidents

Health Homes must assure that policies include guidance for Health Homes and care management agencies to track all complaints and incidents reported for trends and to prevent reoccurrence.

The process will include, but is not limited to:

- date/time of alleged occurrence;
- date/time received by Health Home and care management agency;
- copy of complaint or incident if written;
- member or other person reporting;
- allegation type(s);
- others involved in allegation;
- notification to outside sources such as law enforcement, APS, CPS, legal aid, etc., as appropriate;
- notification to other entities, such as DOH, as appropriate;
- date/time/contact of licensed facility/agency, if referred;
- timelines met for completing investigation;
- resolution and findings of the investigation;
- outcome of any additional investigation, as appropriate; and,
- notification to the member/complainant of outcome (general information may be provided but should not include specific examples such as the termination of an employee, etc.).