

**Policy Title: Health Home Monitoring: Reportable Incidents Policies and Procedures**

**Policy number: HH0005**

**Effective date: July 14, 2017**

**Revised: October 7, 2019**

**Supersedes: Health Home Monitoring: Reportable Incidents Policies and Procedures and Reporting Timeframes Policy #HH0001 (4/15/17)**

**Purpose**

This policy defines the requirements for Health Homes to identify, receive, investigate, resolve and record *Reportable Incidents*, including a continuous quality improvement process to track and identify trends to reduce risk and minimize the potential for future occurrence of the same or related incidents.

A *reportable incident* is an event involving a member, which has, or may have, an adverse effect on the life, health, or welfare of the member. A list of reportable incidents can be found below.

Health Homes must have a system in place to effectively manage Reportable Incidents for their members. Health Homes must have policies and procedures in place that clearly define what is *reportable* and the responsibility for managing reportable incidents, including assurance that appropriate and timely intervention(s) occur and corrective action is implemented.

**Policy**

The Department will require that Health Homes have policies in place to handle any reportable incidents in compliance with the Health Home Standards outlined in the State Plan Amendment. The Department will work with the Health Home to ensure the HH establishes policies and procedures to:

- Identify, document, report and review individual incidents on a timely basis;
- Evaluate individual incidents against HH and Care Management Agencies (CMA) policies and procedures to confirm quality care coordination activities were provided;
- Review individual incidents to identify appropriate preventive or corrective action;
- Identify incident patterns and trends through the compilation and analysis of incident data;
- Review incident patterns and trends to identify appropriate preventive or corrective action; and
- Implement preventive and corrective action plans.

Health Homes must have a quality assurance process in place to ensure that CMA's comply with their policies and procedures.

If a HH member is also receiving services in a program under the jurisdiction of another State agency (e.g., Office of Mental Health (OMH); Office of Alcoholism and Substance Abuse Services (OASAS); Office for People with Developmental Disabilities (OPWDD); or Office of Children and Family Services (OCFS)) which has stated incident, abuse, neglect, or maltreatment reporting requirements, this policy does not relieve the obligation to report in accordance with such regulations. Such reporting is not the responsibility of the HH, although the organization should cooperate as necessary.

For HH members receiving court-ordered assisted outpatient treatment (AOT), Health Homes shall ensure CMAs comply with the requirements of AOT Health Home Plus (HH+), which states the CMA shall comply with all reporting requirements of the AOT Program as established by the Local Government Unit (LGU). Such requirements include the reporting of significant events. Though the LGU may have primary responsibility to investigate significant events involving an AOT individual, the HH shall cooperate as necessary.

The Protection of People with Special Needs Act requires persons who are Mandated Reporters under that Act to report abuse, neglect and significant incidents involving vulnerable persons to the Vulnerable Persons' Central Register (VPCR) operated by the NYS Justice Center for the Protection of People with Special Needs. For additional information and requirements, please see:

<https://www.nysmandatedreporter.org/NYSJusticeCenter.aspx>

N.Y. Social Services Law 413 – Persons and Officials Required to Report Cases of Suspected Child Abuse or Maltreatment require Mandated Reporters to report suspected child abuse or maltreatment to the New York State Office of Children and Family Services maintains the Statewide Central Register of Child Abuse and Maltreatment (SCR, also known as the “hotline”) for reports made pursuant to the Social Services Law.

<https://ocfs.ny.gov/main/cps/default.asp>

### **Care Management Agency Reporting Responsibilities**

Health Home policies and procedures must mandate that the CMA inform the HH of a reportable incident within 24 hours of notification or discovery (or where applicable, by the next business day), including the known facts and circumstances of the incident, the member's enrollment date, last contact date and type, and current location, if known.

The following is a list of reportable incidents. Please see page 5 for definitions of each of these incident types.

1. Allegation of abuse, including
  - Physical abuse
  - Psychological abuse
  - Sexual abuse/sexual contact
  - Neglect
  - Misappropriation of member funds

2. Suicide attempt
3. Death
4. Crime Level 1
5. Missing person
6. Violation of Protected Health Information (PHI)

### **Health Home Serving Children (HHSC) – Children’s Home and Community Based Services (HCBS)**

For children only receiving HCBS services through the Children’s Waiver, the use of restrictive interventions, including restraints and seclusion, and exploitation are also considered reportable incidents and should be reported following the same process as other reportable incidents defined within this document.

### **Health Home Reporting Responsibilities**

The HH must inform the Department within 24 hours of notification from the CMA (or where applicable, by the next business day), any reportable incident listed above, along with initial findings on the New York State Health Home Incident Report Form.

At a minimum, the HH must immediately review the facts and circumstances of the current incident with the CMA, along with all pertinent information and incident reports. The HH will provide oversight and direction to the CMA to ensure member safety and well-being as well as program integrity, overall programmatic expectations, and compliance with Health Home Standards.

**For Health Home Serving Children**, this oversight and direction to the CMA will occur within thirty days (30 days) of receiving the incident report on the New York State Health Home Incident Report Form.

The Department will review the incident reported by the HH and make recommendations, if necessary, to ensure that the Health Home’s reportable incident policy is appropriate and in compliance with established HH Standards.

The Department will require HHs to submit, on a quarterly basis, the total number of reports in each of the categories noted on the Health Home Reportable Incident Form, due by the 10<sup>th</sup> business day after the end of the quarter:

- January – March, due April;
- April – June, due July;
- July – September, due October; and
- October – December, due January

This form can be found on the *Health Home Reportable Incidents* website at:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/incidents.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/incidents.htm) - under: *Reporting Forms (Health Home Reportable Incidents Quarterly Report)*

## Resource List

NYS Justice Center/Vulnerable Persons Central Registry	855-373-2122	<a href="https://www.justicecenter.ny.gov/">https://www.justicecenter.ny.gov/</a>
NYS Adult Home Hotline	866-893-6772	<a href="https://www.health.ny.gov/contact/doh800.htm">https://www.health.ny.gov/contact/doh800.htm</a>
NYS Nursing Home Complaint Hotline	888-201-4563	<a href="https://apps.health.ny.gov/nursing_home/complaint_form/complain.action">https://apps.health.ny.gov/nursing_home/complaint_form/complain.action</a>
The Statewide Central Register of Child Abuse and Maltreatment	800-342-3720	<a href="https://ocfs.ny.gov/main/cps/">https://ocfs.ny.gov/main/cps/</a>

## Definitions

**Abuse:** Any of the following acts by an individual service provider:

- 1) **Physical Abuse:** any non-accidental physical contact with a member which causes or has the potential to cause physical harm. Examples include, but are not limited to, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting, or the use of corporal punishment.
- 2) **Psychological Abuse:** includes any verbal or nonverbal conduct that is intended to cause a member emotional distress. Examples include, but are not limited to, teasing, taunting, name calling, threats, display of a weapon or other object that could reasonably be perceived by the patient as a means of infliction of pain or injury, insulting or coarse language or gestures directed toward a patient which subjects the patient to humiliation or degradation; violation of patient rights or misuse of authority.
- 3) **Sexual Abuse/Sexual Contact:** includes any sexual contact involving a service provider (e.g., HH staff, CMA staff, other provider) and a member. Examples include, but are not limited to, rape, sexual assault, inappropriate touching and fondling, indecent exposure, penetration (or attempted penetration) of vagina, anus or mouth by penis, fingers, or other objects. For purposes of this Part, sexual abuse shall also include sexual activity involving a member and a service provider; or any sexual activity involving a member that is encouraged by a service provider, including but not limited to, sending sexually explicit materials through electronic means (including mobile phones, electronic mail, etc.), voyeurism, or sexual exploitation.
- 4) **Neglect:** any action, inaction or lack of attention that breaches a service provider's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental or emotional condition of a member.
- 5) **Misappropriation of Member Funds:** use, appropriation, or misappropriation by a service provider of a member's resources, including but not limited to funds,

assets, or property, by deception, intimidation, or similar means, with the intent to deprive the patient of those resources. Examples include the deliberate misplacement, theft, or wrongful, temporary, or permanent use of a member's belongings or money.

**Crime Level 1:** An arrest of a member for a crime committed against persons (i.e. murder, rape, assault) or crimes against property (i.e. arson, robbery, burglary) **AND** is perceived to be a significant danger to the community or poses a significant concern to the community.

**Death:** The death of a member resulting from an apparent homicide, suicide, or unexplained or accidental cause; the death of a member which is unrelated to the natural course of illness or disease.

**Exploitation:** taking advantage of a [participant] for personal gain through the use of manipulation, intimidation, threats, or coercion.

**Missing Person:** When a member 18 or older is considered missing **AND** the disappearance is possibly not voluntary or a Law Enforcement Agency has issued a Missing Person Entry, OR when a child's (under the age of 18) whereabouts are unknown to the child's parent, guardian or legally authorized representative.

**Restrictive Interventions** – According to the CMS Final Rule 42 CFR Part 482 (Federal Register/Vol 71, No. 236, pg. 71427):

- A **restraint** is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition; a restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).
- **Seclusion** is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.

**Suicide Attempt:** An act committed by a member in an effort to cause his or her own death.

**Violation of Protected Health Information:** Any violation of a client's rights to confidentiality pursuant to State and Federal laws including, but not limited to, 42 CFR Part 2 or the Health Insurance Portability and Accountability Act (HIPAA), and Article 27F. The CMA has a responsibility to review to determine whether the incident is a breach of security vs. a breach of privacy.