

POLICY AND PROCEDURE

Title: Incident Reporting & Monitoring

Department: Health Home

Intended Population: Health Home Serving Adult and Children

Effective Date: 4/30/2017

Date Revised: 4/1/2019; 5/14/2019; 9/1/2019; 5/1/2021; 1/1/2022; 1/1/2023, 2/1/2024

DOH Policy: [HH0001](#)

DOH Policy: [CW0004](#)

Purpose of Policy

To describe what qualifies as an incident, describe the needed documentation from Health Home Service Providers, and define the quality improvement steps care management agencies and the Health Home shall take to prevent future incidents.

Scope

1. This policy must be distributed to all AHI Health Home Program staff and all subcontracting Health Home Service Providers.
2. All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions, problems, or compliance issues with the policy within ten days of the issue date to the AHI's Health Home Assistant Director.
3. All questions regarding this policy or its implementation may be directed to the AHI Health Home Program Director.

Statement of Policy

AHI shall develop, disseminate, and review at least annually an Incident Reporting & Monitoring Policy that addresses purpose, scope, roles and responsibilities, management commitment, coordination among organization entities, and compliance. AHI shall formalize documented procedures to facilitate the implementation of the Incident Reporting & Monitoring Policy.



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Definitions

Health Home Enrollee: A Health Home Candidate who has met the qualifying criteria for Health Home Care Management, has qualifying diagnosis information on file, and has agreed to enroll in Health Home Care Management with one of the Health Home Service Providers within the AHI Health Home. In the case of a minor, the child's parent or guardian has consented for the child to enroll in the Health Home.

Health Home Service Provider (HHSP): An organization that has a fully executed contract (the "Health Home Services Provider Agreement") with the Adirondack Health Institute to provide health home outreach and/or care management services.

Care Management Record System: A structured information system, maintained by the Adirondack Health Institute Health Home (AHIHH), and made available for Health Home Service Providers and Health Home Network Partners to utilize, as applicable and appropriate to their role in the Health Home.

Reportable Incident: An event involving a member, which has, or may have, an adverse effect on the life, health, or welfare of the member. Definitions of reportable incidents can be found in the Care Management Record System's Resource Center.

NYSDOH: New York State Department of Health

Unattended death: Any case where death occurred without medical attendance

Attended death: Any case where death occurred while in the physical care of medical professional(s)

Incident Reporting and Management System (IRAMS): Incident Reporting and Management System (IRAMS) to replace the paper-based process for reporting critical incidents, grievances, and complaints. The IRAMS is housed in the Health Commerce System (HCS).

Exploitation: taking advantage of a member for personal gain through the use of manipulation, intimidation, threats, or coercion.

Restrictive Interventions:

A restraint is defined as:

- any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of an individual 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 individual's behavior and/or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition.



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- 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 an individual for the purpose of conducting routine physical examinations or tests, or to protect the individual from falling out of bed, or to permit the individual 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 individual is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.

Background

The Incident Reporting & Monitoring Policy at AHI is intended to facilitate the effective implementation of the processes necessary to meet the Health Home Program standards and requirements as stipulated by the NYS DOH, federal regulations, and best practices. This policy directs that AHI meet these requirements.

POLICY

It is the policy of AHI Health Home to:

- Identify, document, report and review individual incidents on a timely basis
- Evaluate individual incidents against HH and 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 corrective action
- Implement preventive and corrective action plans as needed
- Enter Reportable Incidents within the Incident Reporting and Management System (IRAMS)

This policy is meant to enhance, and not supersede, the NYSDOH's Health Home Monitoring: Reportable Incidents Policies and Procedures and Reporting Timeframes, effective April 15, 2017. If the agency has a duty to report this incident to any other organization including but not limited to the Justice Center, this policy does not recuse the reporting agency of this obligation. In all cases, if the incident meets the reporting threshold for agencies including but not limited to Child Protective Services (CPS), Adult Protective Services (APS), and law enforcement, the incident must be reported to the appropriate agency.

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



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and Maltreatment (SCR, also known as the “hotline”) for reports made pursuant to the Social Services Law.

<https://ocfs.ny.gov/programs/cps/>

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>

AHI Health Home must also be notified if the incident meets the threshold for reporting as defined below:

The following is a list of reportable incidents. Please see *Appendix A* for a full list of definitions:

1. Allegation of abuse by a service provider, 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)
7. Restrictive Interventions (Children’s Health Home enrollees)

Health Home Serving Children (HHSC)

For children only 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.

Incident Reporting and Management System (IRAMS)

Access to IRAMS will be limited to 2-3 people per agency. Health Home Care Management Agencies will need to identify the 2-3 people from their agency to have access to the IRAMS. These users will further be known as IRAMS reporters. IRAMS Reporter roles are assigned by each individual agency’s HCS Coordinator. Care Managers shall submit the AHI IRAMS Template to their agency’s IRAMS reporter who will enter it into the system within 24 hours of discovery. Please see Appendix B for AHI IRAMS Template.



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PROCEDURE- HEALTH HOME ENROLLEES

1. Should Adirondack Health Institute Health Home (AHIHH) be notified of an incident by NYSDOH or another outside entity, AHIHH will contact the HHSP the same business day to secure appropriate documentation.
2. If AHIHH feels more guidance is needed from NYSDOH regarding a given incident, AHIHH will contact NYSDOH via the Health Home Support Line within one (1) business day of this determination.
3. All breaches of PHI will be reported by AHI to the DOH Privacy Coordinator within one (1) business day of notification to AHI.
 - a. In cases of breaches of PHI, AHIHH will follow the guidance of the HIPAA Breach Notification Rule, 45 CFR 164.400-414 which can be located at:
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/>
4. Upon discovery/notification of an incident, the care manager or care manager's supervisor shall notify AHI Health Home Staff within 1 business day.
 - a. The HHSP shall ensure member safety and well-being
 - b. Initial notification shall consist of the incident being reported in the Incident Reporting and Management System (IRAMS) via the Health Commerce System (HCS).
 - i. If the staff notified of the incident does not have direct access to IRAMS they are to complete the AHI IRAMS template and submit to their agency's IRAMS reporter as soon as possible. The agency's IRAMS reporter shall enter the incident into the IRAMS systems via HCS within 1 business day of initial discovery/notification.
 - c. AHI will approve the submitted Incident in the IRAM System within 1 business day.
5. Submission to the Department of Health by Health Homes will include the Initial Incident Report only. No further reporting or member specific documentation will be required unless otherwise requested on a case-by-case basis by the Department. If further reporting has been requested, follow-up dates will be provided by the NYSDOH, and
 - a. The care manager shall ensure all documentation in the Care Management Record System is current and the following material is accessible to AHI as applicable:
 - i. DOH 5055 DOH 5201
 - ii. Comprehensive Assessment for adults/children, the CANS-NY in the UAS for children
 - iii. Progress Notes
 - iv. Care Plan
 - v. Any other pertinent information
 - b. AHI will compare the documentation to the Care Plan Policy and Procedure (adults or children as appropriate) as well as to the DOH Standards and Requirements for Health Homes. This information will be included in the report to DOH.



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- c. The care plan will be reviewed for completeness and to ensure frequency of contact between care manager, Health Home Enrollee/ Health Home Enrollee's parent/guardian/designee, and/or care team was appropriate. Health Home will also review Incidents for appropriate prevention of incident and corrective action if needed.
 - d. If there are deficiencies noted, AHI will send notice of these deficiencies to the HHSP and will require a written response within 3 days.
 - e. If deficiencies are noted, AHI will note the steps taken to address the below:
 - i. Areas for performance improvement
 1. Actions taken to improve processes, policies, and/or procedures
 2. Planned actions to improve processes, policies, and/or procedures
 - ii. Revisions to existing quality monitoring practices
 - f. AHIHH will submit the required form and all related documents to the appropriate party at DOH within 1 business day of receipt from the HHSP.
6. The Health Home Service Provider shall only be responsible for reporting to AHIHH incidents for which they are aware. (For example, if a Health Home Enrollee does not report to the Health Home Care Manager that he/she had attempted suicide, the Health Home Care Manager cannot reasonably be expected to report this incident to AHIHH.)
7. For HH members receiving court-ordered assisted outpatient treatment (AOT), Health Home Service Providers must comply with the requirements of AOT, 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.
8. 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.
9. Incidents later discovered by AHIHH that were not appropriately reported by the Health Home Service Provider per the terms defined in this policy shall be considered a material breach of the Health Home Service Provider Agreement and shall be subject to the terms therein.

Other Notifications:

Health Home Care Managers should be mindful that other entities should receive these reports and collaborate with all entities to ensure safety and well-being of the member, i.e., Law Enforcement, and Justice Center and all professionals including HH CM as Mandated Reporters.



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Resource List

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

Quality and Performance Improvement

All Health Home Incident Reports will be submitted for review to the Health Home and the Health Home will submit to SDHOH within 24 hours of receipt of the Incident. All Health Home Incidents will be reviewed by AHI Health Home's Compliance Department on a quarterly basis and reviewed by the Quarterly Compliance Committee.

Training

This policy will be disseminated for review and questions before a policy training is given. If more time is needed outside of the initial policy training a future in-depth training will be developed to understand incident reporting procedures, what constitutes as an incident, and incident management.

Contact Person: Assistant Director, Care Management and Health Home

Responsible Person: Health Home Service Provider

Reviewed By: Director, Care Management and Health Home

Approved By: Chief Compliance Officer



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Appendix 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.

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.

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

Restrictive Interventions: 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



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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.

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.



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Appendix B

IRAMS Incident Report Template for Care Managers

Member Connections/Care Management
Care Management Agency:
Population:
Date of Enrollment:

Communication with Member
Date of Last Contact with Member:
Last Contact Type:
Date of Last In-Person Contact with Member:

Member Information	
Medicaid CIN:	
First Name:	Last Name:
Preferred First Name:	Preferred Last Name:
Date of Birth:	
Location of Member at the Time of the Report:	

Complainant Information		
<i>Enter the contact information for the person who is reporting the issue. This should be the member (self-reported) or the advocate acting on their behalf.</i>		
Complainant's Relationship to Member:		
First Name:	Last Name:	
Email:	Phone Number:	
How was the issue reported?		
Date the issue was reported (Discovery Date):		
Street Address:		
City:	State:	Zip Code:

Issue Details
Issue Type:
Incident Type:
Date the Incident/Complaint Occurred:
Issue Description:
Negative Impact to Member:



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Actions
<i>Summary of actions taken to assist or protect the member</i>
Actions Taken (choose all that apply):
First Action Date:

Media Coverage
<i>Provide link(s) to media coverage. Do not include obituaries.</i>

Provider Involvement
Was the Care Manager directly involved in the incident?