



**Pascua Yaqui T/RBHA
CENTERED SPIRIT PROGRAM
Policy and Procedure Manual**

Section 7.4

Reporting of Incidents, Accidents and Deaths

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I. STATEMENT OF PURPOSE

Significant events, such as accidents, injuries, allegations of abuse, human rights violations, and deaths require careful examination and review to ensure the protection of behavioral health recipients. Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) as well as other federal and state agencies, requires the prompt reporting of significant events involving persons receiving services within the public behavioral health system. The reporting of significant events to ADHS/DBHS, such as incidents, accidents, and deaths, serves the following purposes:

- The collection of relevant information facilitates a comprehensive review and investigation when indicated;
- Compliance with notification requirements to the Centers for Medicare and Medicaid Services (CMS), Arizona Health Care Cost Containment System (AHCCCS), the Arizona Center for Disability Law, and ADHS/ as applicable; and
- The trending and analysis of significant events can identify opportunities for behavioral health system improvements.

The intent of this section is to identify reporting requirements for behavioral health providers following an incident, accident, or death involving a behavioral health recipient. In addition, T/RBHAs may require subcontracted providers to also submit a written summary of their review of deaths of adult Non-Seriously Mentally Ill (SMI) behavioral health recipients.

Behavioral health providers must be aware of what constitutes an event that requires reporting (by either the T/RBHA or behavioral health providers) to:



- CMS;
- AHCCCS;
- ADHS/DBHS;
- The Arizona Center for Disability Law;
- ADHS/OBHL;

Behavioral health providers must know what information is to be reported, including any applicable forms and/or reports; and where the requisite information must be sent within the agencies identified above.

II. REFERENCES

The following PY/CSP Provider Manual Sections can serve as additional resources for this content area:

[Section 4.1, Disclosure of Behavioral Health Information](#)

[Section 4.2, Behavioral Health Medical Record Standards](#)

[Section 7.3, Seclusion and Restraint Reporting](#)

[Section 7.6, Duty to Report Abuse, Neglect or Exploitation](#)

The following ADHS/DBHS site also serves as a resource for this content area:

[42 CFR § 483.352](#)

[42 CFR § 483.374](#)

[42 CFR § 51.2](#)

[A.R.S. § 46-454](#)

[A.A.C. R9-6-206 \(A\) and \(B\)](#)

[A.A.C. R9-20-202](#)

[A.A.C. R9-20-203](#)

[A.A.C. R9-21-203](#)

[AHCCCS/ADHS Contract](#)

[ADHS/TRBHA IGAs](#)

[Policy and Procedure GA 3.7, Review of Deaths of All Behavioral Health Recipients](#)

[Policy and Procedure QM 2.5, Reports of Incidents, Accidents and Deaths](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[ADHS/DBHS Performance Improvement Specification Manual, Section XVII](#)

[ADHS/DBHS Framework for Prevention in Behavioral Health](#)

III. DEFINITIONS

Abuse

The infliction of, or allowing another person 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 client receiving behavioral health services or community services. Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a mental health agency, **which may occur under circumstances outside of a licensed sponsored activity.**

Behavioral Health Recipient

Any adult or child that receives services through ADHS/DBHS funded programs (including prevention activities for non-enrolled persons).

Enrolled Person

A Title XIX/XXI or Non-Title XIX/XXI eligible person recorded in the ADHS Information System as specified by ADHS.

Exploitation

The illegal use of a client's resources for another individual's profit or advantage according to A.R.S. Title 46, Chapter 4 or Title 13, Chapter 18, 19, 20, or 21.

Incapacity

An impairment by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication or other cause to the extent that the person lacks sufficient understanding or capacity to make or communicate informed decisions concerning this person.

Incident or Accident

Include the following:

Deaths;

Medication error(s) requiring medical services;

Abuse or neglect allegation made about staff member (s);

Suicide attempt;

Self-inflicted injury;

Injury requiring emergency treatment;

Physical injury that occurs as the result of personal, chemical or mechanical restraint;



Unauthorized absence from a licensed behavioral health facility, group home or HCTC of children or recipients under court order for treatment;

Suspected or alleged criminal activity;

Discovery that a client; staff member, or employee has a communicable disease as listed in R9-6-202 (A) or (B);

Incidents or allegations of violations of the rights as described in A.A.C. R9-20-203 or in A.A.C. R9-21, Article 2;

Discrimination;

Exploitation;

Coercion;

Manipulation;

Retaliation for submitting complaint to authorities;

Threat of discharge/transfer for punishment;

Treatment involving denial of food, opportunity to sleep, opportunity to use toilet;

Use restraint or seclusion as retaliation; and/or

Health Care-Acquired and Provider Preventable Conditions as described in the AHCCCS AMPM Chapter 900

Incidents or allegations of violations of the rights contained in A.A.C. R9-20-203 for all enrolled persons or in 9 A.A.C. 21, Article 2 for persons determined to have a Serious Mental Illness; and

Discovery that a client, staff member, or employee has a communicable disease listed in A.A.C. R9-6-202 (A) or (B).

Per CARF Accreditation Standards the any incidents involving the following must also be reported using the appropriate forms:

Use of Seclusion or Restraint;

Infection Control;

Violence or Aggression;

Vehicular Accidents;

Use or possession of Weapons;

Biohazardous Accidents; and



Unauthorized use or possession of licit or illicit substances.

Level I Facility

A facility licensed per 9 A.A.C. 20 and includes a psychiatric acute hospital (including a psychiatric unit in a general hospital), a residential treatment center for persons under the age of 21, or a sub-acute facility.

Neglect

With respect to an adult, “neglect” is a pattern of conduct without the person’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. With respect to a child, “neglect” is 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 if that inability or unwillingness causes substantial risk of harm to the child’s health or welfare.

Prevention Activity

Any activity provided in accordance with ADHS/DBHS Framework for Prevention in Behavioral Health.

Serious Injury

Any significant impairment of the physical condition of the person as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma and injuries to internal organs, whether self-inflicted or inflicted by someone else.

Serious Occurrence or Sentinel Event

A behavioral health recipient’s death, a serious injury to a behavioral health recipient or a suicide attempt by a behavioral health recipient. Sentinel events could also include a serious incident involving staff, or the facility in which services are being provided.

IV. STANDARDS

To identify reporting requirements for behavioral health providers following:

- An incident, accident, or death of any behavioral health recipient; and
- An allegation of abuse of any behavioral health recipient determined to have a Serious Mentally Illness.



All deaths of enrolled children and persons determined to have a serious mental illness involving suicide, homicide, drug overdose, exposure, accident, or unexpected or unusual medical cause are reviewed by the ADHS/DBHS Mortality and Morbidity Committee.

Bureau of Medical Facilities Licensure (BMFL) licensed Level I behavioral health facilities are required to report any serious occurrence that occurs as a result of a seclusion and restraint event, in accordance with [Section 7.3, Seclusion and Restraint Reporting](#).

Upon recognition of abuse, neglect or exploitation of an incapacitated person, behavioral health providers must immediately report the allegation to the appropriate authorities (i.e., police or protective services worker) in accordance with [A.R.S. § 46-454](#), or A.R.S. § 13-The oral report must be followed up by a written report within 48 hours. [See Section 7.6, Duty to Report Abuse, Neglect or Exploitation](#).

Each state has a designated protection and advocacy system. In Arizona, the Arizona Center for Disability Law serves as the designated protection and advocacy agency.

V. PROCEDURES

A. Reporting incidents and accidents to the T/RBHA

Behavioral health providers must report any incident or accident as defined by this section (including a behavioral health recipient's death) to the T/RBHA within 48 hours. [PM Form 7.4.1, Incident/Accident/Death Report Form](#) must be used for reporting incidents and accidents.

Behavioral health providers are to report any incidents or accidents involving a Centered Spirit TRBHA enrolled member to the TRBHA Utilization Review Specialist / Quality Manager.

B. Reporting incidents, accidents and deaths during prevention activities

Behavioral health providers are required to report to the T/RBHA any incident, accident or death of a behavioral health recipient participating in a T/RBHA or provider sponsored prevention activity, as defined in this section, regardless of his or her enrollment status with the T/RBHA, within 48 hours.

[PM Form 7.4.1, Incident/Accident/Death Report Form](#) must be used for reporting incidents, accidents and deaths of enrolled behavioral health recipients; and incidents, accidents and deaths occurring during prevention activities.



C. Review of Deaths to the T/RBHA

T/RBHAs may require behavioral health providers prepare and submit a written summary of their review of deaths only for adult, Non-SMI behavioral health recipients using the [ADHS/DBHS Mortality Review Form](#), contained in the [Performance Improvement Specification Manual No. 10](#).

D. Reporting rules for ADHS BQ&I and the Bureau of Medical Facilities Licensure for Outpatient Treatment Centers

T/RBHA shall submit IAD reports regarding “sentinel events” to the BQ&I within 12 hours of the IAD occurrence. A sentinel event is defined as any of the following:

- Suicide or significant suicide attempt by a member;
- Homicide committed by a member;
- Unauthorized absence of a member from a locked behavioral health inpatient facility;
- Sexual assault while a member is a resident of a locked behavioral health inpatient facility;
- Death while a member is a resident of a Behavioral Health Inpatient Facility or other psychiatric hospital or other inpatient institution.

T/RBHA shall submit IAD reports to BQ&I on a weekly basis. The TRBHA must submit copies of the IAD reports no later than three working days after its receipt, or as otherwise specified, to the appropriate regional Human Rights Committee for reports concerning all enrolled persons. The T/RBHA must redact personally identifying information concerning the enrolled person from the report prior to forwarding to the Human Rights Committee.

T/RBHA will ensure subcontracted providers follow procedures for reporting incidents, accidents, and deaths, including the use of the Incident/Accident/Death Report Form located in the BQ&I Specifications Manual.

Upon receipt of an IAD Report from providers, the T/RBHA must:

- a. Take action necessary to ensure the safety of the persons involved in the incident.
- b. Ensure that the information required on the IAD Form is fully and accurately completed as required and is legible. If the IAD Form is returned to the subcontracted provider for addition or legibility problems, the subcontracted provider must return the corrected version of the report to the T/RBHA within 24 hours of receipt.

Behavioral health providers licensed by BMFL, including the CSP Guadalupe Outpatient Treatment Center, must provide notification to BMFL under the following circumstances:



If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred on the premises or while the patient receiving services from an outpatient treatment center's employee or personnel member, an administrator shall:

- a. Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;
- b. Immediately report the alleged or suspected abuse, neglect, or exploitation of the patient:
 - (i) For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - (ii) For a patient 18 years of age, according to A.R.S. § 13-3620;

CSP must document the action in a report and maintain the documentation for 12 months after the date of the report; investigate the suspected or alleged abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required that includes:

- (i). Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
- (ii) Description of any injury to the patient and any change to the patient's physical, cognitive, functional, or emotional condition;
- (iii). Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and
- (iv). Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future.

CSP submits a copy of the investigation report to BMFL within 10 working days after submitting the report and maintains a copy of the investigation report required for 12 months after the date of the report.

Community Service Agencies (CSAs) which are not licensed with BMFL, are not required to report any incidents, accidents or deaths to ADHS/BMFL that occur during a T/RBHA or provider sponsored prevention activity.

E. Reporting allegations of abuse towards persons determined to have a Serious Mental Illness

Allegations of abuse concerning persons determined to have a Serious Mental Illness must be reported within 48 hours to the T/RBHA. [PM Form 7.4.1 Incident/Accident/Deaths Report Form](#) must be used to report occurrences of abuse to the T/RBHA.

Behavioral health providers are to report any incidents or accidents involving a Centered Spirit TRBHA enrolled member to the CSP TRBHA Utilization Review Specialist / Quality Manager.

F. Reporting deaths and serious occurrences in BMFL Level I Facilities

This subsection is applicable to Title XIX certified/BMFL licensed Level I behavioral health facilities that provide inpatient psychiatric services to persons under the age of 21.



Reporting serious occurrences of behavioral health recipients:

Title XIX certified/BMFL licensed Level I behavioral health facilities that provide inpatient psychiatric services to persons under the age of 21 are required to report any serious occurrences (see definition) involving a behavioral health recipient to:

AHCCCS;
The Arizona Center for Disability Law; and
CMS Regional Office (for deaths only).

What are the timeframes?

Any serious occurrence involving a behavioral health recipient in a Level I facility must be reported to AHCCCS, the Arizona Center for Disability Law, and the CMS Regional Office (for deaths only) no later than close of business of the next business day following the serious occurrence.

Where must the report be sent?

For serious occurrence reporting, send information to:

AHCCCS
FAX Number (602) 417-4855-Attention DHCM Behavioral Health Clinical
Coordinator
The Arizona Center for Disability Law
FAX Number (602) 274-6779-Attention Investigator
CMS Regional Office (to report a death only)
FAX Number (415) 744-2692-Attention Survey & Certification Coordinator

Other considerations

Specific documentation requirements apply for ADHS/BMFL licensed behavioral health provider records. Please see [Section 4.2, Behavioral Health Medical Record Standards](#).

In the case of a minor (person under the age of 18), the Level I facility must also notify the person's parent(s) or legal guardian(s) as soon as possible, but no later than 24 hours from the serious occurrence.

Note that these reporting requirements pertain only to serious occurrences (see definition). Reports of non-serious occurrences and other events must not be made to AHCCCS, the Arizona Center for Disability Law, or CMS.