



## **S Oection 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. The Arizona Health Care Cost Containment System (AHCCCS), 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 AHCCCS, such as incidents, accidents, and deaths, serves the following purposes:

1. The collection of relevant information facilitates a comprehensive review and investigation when indicated;
2. Compliance with notification requirements to the Centers for Medicare and Medicaid Services (CMS), AHCCCS, the Arizona Center for Disability Law, and BMFL as applicable; and
3. 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, Tribal Regional Behavioral Health Authorities (TRBHAs) may require subcontracted providers to also submit a written summary of their review of deaths of adult Non-Serious Mental Illness (non-SMI) behavioral health recipients.

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

1. CMS;
2. AHCCCS;



3. The Arizona Center for Disability Law; and
4. BMFL.

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 Pascua Yaqui (PY) Centered Spirit Program (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 citations and AHCCCS document also serve as resources 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/TRBHA Intergovernmental Agreement (IGA) 2021

## 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 AHCCCS 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 AHCCCS Information System.



**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:** Includes the following:

1. Deaths;
2. Medication error(s) requiring medical services;
3. Adverse reaction to medications requiring medical services;
4. Suicide attempt requiring medical services;
5. Self-inflicted injury requiring medical services;
6. Suspected or alleged abuse;
7. Suspected or alleged neglect;
8. Suspected or alleged exploitation of client;
9. Physical injury occurring on premises or during a licensee-sponsored activity requiring medical services;
10. Food poisoning requiring medical services;
11. Unauthorized absence from a residential agency, inpatient treatment program, Level IV transitional agency providing services to clients under the age of 18, or an adult in a therapeutic foster home;
12. Physical injury that occurs as the result of a personal or mechanical restraint;
13. Suspected or alleged criminal activity that occurs on the premises or during a licensee-sponsored activity off the premises;
14. 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 an SMI; and



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

Per Commission on Accreditation for Rehabilitation Facilities (CARF) standards, the any incidents involving the following must also be reported using the appropriate forms:

1. Use of seclusion or restraint;
2. Infection control;
3. Violence or aggression;
4. Vehicular accidents;
5. Use or possession of weapons;
6. Biohazard accidents; and
7. 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 AHCCCS 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:

1. An incident, accident, or death of any behavioral health recipient; and
2. An allegation of abuse of any behavioral health recipient determined to have an SMI.
  - a. All deaths of enrolled children and persons determined to have an SMI involving suicide, homicide, drug overdose, exposure, accident, or unexpected or unusual medical cause are reviewed by the AHCCCS Mortality and Morbidity Committee.
  - b. 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*.
  - c. 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 incident, accidents, and deaths to the TRBHA:

Behavioral health providers must report any incident or accident as defined by this section (including a behavioral health recipient's death) to the TRBHA within 48 hours. *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 CSP 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 TRBHA any incident, accident or death of a behavioral health recipient participating in a TRBHA or provider sponsored prevention activity, as defined in this section, regardless of his or her enrollment status with the TRBHA, within 48 hours.



*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 TRBHA:

As 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 AHCCCS Mortality Review Form.

D. Reporting rules of BMFL for outpatient treatment centers:

Behavioral health providers licensed by BMFL, including the CSP Guadalupe and St. Mary's Outpatient Treatment Centers, must provide notification to BMFL under the following circumstances:

1. 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;
2. 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:
  - a. Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;
  - b. Description of any injury to the patient and any change to the patient's physical, cognitive, functional, or emotional condition;
  - c. Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and



- d. 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 BMFL that occur during a TRBHA or provider sponsored prevention activity.

E. Reporting allegations of abuse towards persons determined to have an SMI:

Allegations of abuse concerning persons determined to have an SMI must be reported within 48 hours to the TRBHA. *Form 7.4.1 Incident/Accident/Deaths Report Form* must be used to report occurrences of abuse to the TRBHA.

Behavioral health providers are to report any incidents or accidents involving a CSP 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 involving a behavioral health recipient to:

1. AHCCCS;
2. The Arizona Center for Disability Law; and
3. 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: 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 and Certification Coordinator

Other considerations:

Specific documentation requirements apply for BMFL licensed behavioral health provider records (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.