



<b>Policy/Procedure:</b>	Health Home Reportable Incidents
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**Policy:**

As part of maintaining our commitment to the health and welfare of all Members during the provision of Health Home Care Management Services, Bassett Community Health Navigation and Partnering Care Management Agencies will identify, document, report, and investigate any reportable incident which has, or may have, an adverse effect on the life, health, or welfare of a Health Home Member. This policy is meant to enhance, and not supersede, the NYSDOH’s Health Home Monitoring: Reportable Incidents Policies and Procedures and Reporting Timeframes, effective October 7, 2019. If the agency has a duty to report this incident to any other organization including, but not limited to the Justice Center, this *POLICY AND PROCEDURE* 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. Bassett CHN Health Home must also be notified if the incident meets the threshold for reporting as defined below.

**Quality Management and Performance Improvement**

All Health Home Incident Reports will be submitted for review to Bassett CHN Quality Analyst. Bassett CHN will record and submit to NY State DOH (IRAMS-Incident Reporting & Management System), within 24 hours of receipt of the Incident. In addition, Bassett CHN will report quarterly, to NY State DOH, through its tracking function, all identified incident reports by CMA. Trend analysis of incident reporting will be done within the Quality Management and Performance Improvement Committee.

**Definitions:**

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

- **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.
- **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.
- **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 custodian; or any sexual activity involving a member that is encouraged by a custodian, including but not limited to, sending sexually explicit materials through



electronic means (including mobile phones, electronic mail, etc.), voyeurism, or sexual exploitation.

- **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.
- **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 patient'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.

**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 investigate to determine whether the incident is a breach of security vs. a breach of privacy.

#### **Procedures:**

#### **A. Care Management Agency Incident Reporting Responsibilities**

1. Partnering Care Management Agencies of the Bassett CHN Network must report the following incidents to the Bassett CHN Operations Manager within 24 hours of notification or discovery, or where applicable, by the next business day:
  - a. Allegation of abuse, including:
    - i. Physical abuse
    - ii. Psychological abuse
    - iii. Sexual abuse/sexual contact
    - iv. Neglect
    - v. Misappropriation of member funds
  - b. Suicide attempt
  - c. Death
  - d. Crime Level 1
  - e. Missing person
  - f. Violation of Protected Health Information (PHI) - In cases of breaches of PHI, 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/>



2. CMA's should utilize their own Agency Incident Report Forms to document and notify Bassett CHN of a Reportable Incident, ensuring the following information is included:
  - a. Known facts and circumstances of the current incident
  - b. The Member's enrollment date
  - c. Date and type of last contact with the Member (phone, face-to-face, etc.)
  - d. The Member's current location, if known.
  - e. The CMA must also ensure the following information is included in the Member's Care Management Record or included as an attachment with the submitted incident report:
    - i. Current DOH-5055 Consent Form
    - ii. Most recent Comprehensive Assessment
    - iii. Current Plan of Care
    - iv. Care Management Notes leading up to the current incident
    - v. Care Management Notes documenting the immediate action(s) taken by the Care Manager/Care Management Agency to ensure the safety and well-being of the Member

\*For Members 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 reporting requirements, the Care Management Agency is obligated to report in accordance with the requirements of the involved Agency. The Protection of People with Special Needs Act also 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>

Other incidents may fall within other settings, and require additional reporting as follows:

- NYS Adult Home Hotline: 866-893-6772
- NYS Nursing Home Complaint Hotline: 888-201-4563
- Statewide Central Register of Child Abuse & Maltreatment: 800-342-3720

## **B. Lead Health Home Incident Reporting Responsibilities**

1. Bassett CHN Operations Manager and Quality Analyst must immediately review the facts and circumstances of the current incident (as outlined above) with the Partnering Care Management Agency, along with all pertinent information and incident reports.
  - a. Bassett CHN will provide oversight and direction to the Care Management Agency to ensure member safety and well-being, as well as program integrity, overall programmatic expectations, and compliance with Health Home Standards.
2. Bassett CHN must notify the Department of Health of any Reportable Incident (using the DOH Health Home Incident Reporting Form) within 24 hours of notification, or where applicable, by the next business day.
  - a. The DOH Health Home Reportable Incident Form is to be submitted via the NYS HCS System

\*Based on an initial review, the Department may connect with the HH to discuss immediate concerns.



3. The Department of Health, in conjunction with relevant State Agency Partners, will conduct a focused survey of the incident to ensure that the Health Home is in compliance with established Health Home Standards.
  - a. In the event that the analysis reveals a lack of compliance with the Standards, the Department will provide immediate support, including technical assistance, to the Health Home, and/or issue findings for which a Performance Improvement Plan (PIP) will be required, following PIP submission guidelines.

**C. Lead Health Home Incident Quarterly Reporting Requirements**

1. Bassett Community Health Navigation Operations Manager or Quality Analyst will 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 10th business day after the end of each quarter:
  - a. January – March: due by 10<sup>th</sup> business day of April
  - b. April – June: due by 10<sup>th</sup> business day of July
  - c. July – September: due by 10<sup>th</sup> business day of October
  - d. October – December: due by 10<sup>th</sup> business day of January

**D. Incident/QMP Committee**

1. Bassett CHN Quality Analyst (or designee) will monitor and analyze member incidents to track trends, issues with network providers and Care Management Program performance.
  - a. All incidents will be reviewed monthly by the Bassett CHN Administrative Team to provide CMA's with immediate feedback regarding performance issues.
2. Bassett CHN will submit reports of all incidents to the Quality Management Performance Committee (QMPC).
  - a. The Committee will consist of Health Home Administration, CMA/Network representatives, and specialty providers as needed.
  - b. The QI Committee will meet quarterly, and provide feedback and recommendations as needed to the Health Home.
3. The Quality Management Performance Committee (QMPC) will review past Incidents and/or complaints to determine trends and needed follow-up not already identified.
4. The Quality Management Performance Committee (QMPC) will convene to discuss serious events as needed.
5. The QI Committee will discuss additional preventive measures to prevent reoccurrence of Incidents/Complaints.
6. QI Committee feedback will be provided to CMAs as required.
7. See Policy -Quality Assurance & Performance Improvement for additional information regarding the Quality Management Performance Committee (QMPC).

**E. Lead Health Home Reportable Incident Training Requirements**

1. Upon employment training (Person Centered Training) and annually thereafter, Bassett CHN shall make its policies and procedures on Reportable Incidents known to all employees and CMA partners.



**Related Forms & Documents:**

- ◇ **Quality Assurance & Performance Improvement Policy**
- ◇ **DOH Health Home Reportable Incident Form**
- ◇ **DOH Health Home Quarterly Incident Review Log**