



Policy Title: Health Home Reportable Incident Policy	DOH Policy Name: Health Home Monitoring: Reportable Incidents Policies and Procedures DOH Reference Number: HH0005 Effective Date: October 7, 2019
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POLICY STATEMENT

Bassett Community Health Navigation Health Home (BCHNHH) is providing policy and procedure and implementing systems to effectively manage Reportable Incidents for their members. This policy and procedure will 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.

SCOPE

BCHNHH will require that CMAs have policies in place to handle any reportable incidents in compliance with the Health Home Standard. The BCHNHH will work with the CMAs to ensure policies and procedures are in place to address the following:

1. Identify, document, report, and review individual incidents within timelines specified in this policy;
2. Enter Reportable Incidents within the Incident Reporting and Management System (IRAMS);
3. Evaluate individual incidents against HH and Care Management Agency (CMA) policies and procedures to confirm quality care coordination activities were provided;
4. Review individual incidents to identify appropriate preventive or corrective action was taken to ensure health and safety of the member;
5. Identify incident patterns and trends through the compilation and analysis of incident data;
6. Review incident patterns and trends to identify appropriate preventive or corrective action, technical assistance, or training;
7. Implement preventive and corrective action plans; and,
8. Identify policy and or procedure changes.

OBJECTIVES

This policy defines the requirements for BCHNHH and its partnering CMAs to identify, report, receive, review, 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.

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>

Resource Name	Phone	Website
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	https://ocfs.ny.gov/main/cps/

If a 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 or CMA, although the organization should cooperate as necessary.

DEFINITIONS

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.

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, and 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):

1. **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).
2. **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.

ROLES AND RESPONSIBILITIES

Health Home Administration

1. Must have quality assurance process in place to ensure that CMAs comply with their policies and procedures.
2. Must review the facts and circumstances of the current incident with the CMA, along with all pertinent information and incident reports.
3. Responsible to ensure that the CMA followed all policies, standards, and reporting requirements (Mandated Reporting).
4. 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.
5. Provide instruction, directions, training, technical assistance, and or require additional gathering of information as needed.

Care Management Agency

1. Must maintain at minimum one Supervisor to enter Reportable Incidents into the IRAMS within 24 hours of discovery.
2. Maintain policy and procedure for completion of reportable incidents that follow guidelines set by BCHNHH.

PROCEDURES

BCHNHH requires that:

1. CMA will inform the HH of a reportable incident within 24 hours of notification or discovery (or where applicable, by the next business day):
 - a. CMA Supervisor will enter the notification into the IRAMS system.
 - b. CMA will ensure BCHNHH Quality Analyst and Operations Manager are notified of the reported incident.
2. CMA will enter all known facts and circumstances of the incident, the member's enrollment date, last contact date and type, and current location, if known.
3. CMA's will ensure that the following list of reportable incidents are reported upon discovery. (See definitions section for each of these incident types.)
 - 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)



BCHNHH must ensure:

1. Notification to the DOH via the IRAMS system within 24 hours of notification from the CMA.
2. BCHNHH must immediately review the facts and circumstances of the current incident with the CMA, along with all pertinent information and incident reports.

COMMUNICATION/TRAINING/IMPLEMENTATION

1. The Lead Health Home must assure that policies and procedures related to training for staff on the subject of reportable incidents and reporting criteria are implemented.
 - a. All Health Home and CMA employees upon hire will attest to reading and understanding policy and procedure.
 - b. All Health Home and CMA employees upon hire will re-attest to reading and understanding policy and procedure with each update.

QUALITY MANAGEMENT & PERFORMANCE IMPROVEMENT

BCHNHH must have a quality assurance process in place to ensure that CMAs comply with their policies and procedures.

1. Quality Analyst will review reportable incidents each month and track types of incidents for reporting and review with QMP.
2. Quality Analyst will develop a report quarterly to share at the QMP meeting.
3. Incident reports will be redacted and reviewed at QMP meeting as training opportunities and to ensure procedural consistency among all partnering CMAs.

RELATED FORMS

- DOH Reportable Incident Form