Policy Title: Health Home Monitoring: Reportable Incidents Policies and Procedures and Reporting Timeframes
Policy number: HH0001
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Purpose

The New York State Department of Health (the Department) is responsible for the oversight of Health Homes (HH), a care management service model which ensures all of the professionals involved in a member's care communicate with one another so that the member's medical, behavioral health (mental health and/or substance use disorders), and social service needs are addressed in a comprehensive manner. Oversight and care coordination will reduce unnecessary emergency department visits and inpatient stays, improve medical and behavioral health outcomes, and improve the overall well-being of HH members.

Policy

The Department will utilize a Reportable Incident Management System and quarterly incident reporting by Health Homes to monitor compliance with the Health Home Standards outlined in the State Plan Amendment. A *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. The Department will work with the Health Home to ensure the HH establishes policies and procedures 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 preventing or corrective action; and
- Implement preventive and corrective action plans.

Health Homes must have a quality assurance process in place to ensure that Care Management Agencies (CMA) comply with their policies and procedures.

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 that party of

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.

For HH members receiving court-ordered assisted outpatient treatment (AOT), Health Homes shall ensure CMAs comply with the requirements of AOT Health Home Plus (HH+), 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. The LGU is responsible for follow-up of significant events involving an AOT individual, and the HH shall cooperate as necessary.

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

Care Management Agency Reporting Responsibilities

Health Home policies and procedures must mandate that the CMA inform the HH of a reportable incident within 24 hours of notification or discovery (or where applicable, by the next business day), including the known facts and circumstances of the incident, the member's enrollment date, last contact date and type, and current location, if known.

The following is a list of reportable incidents. Please see page 5 for definitions of each of these incident types.

1. Allegation of abuse, 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. Other

Health Home Reporting Responsibilities

The HH must inform the Department within 24 hours of notification from the CMA (or where applicable, by the next business day), any reportable incident listed above, along with initial findings.

At a minimum, the HH must immediately review the facts and circumstances of the current incident with the CMA, along with all pertinent information and incident reports. The HH will 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.

The Department will review the incident reported by the HH and make recommendations if further action is required. The HH will then submit written findings to the Department within five business days of the initial notification that include all care management documentation (signed consent, assessments, plan of care, and care management notes leading up to the incident), and a thorough review of the actions taken by the Care Manager or CMA leading up to the reportable incident. The HH will outline their preliminary findings and the next steps they plan to take regarding the findings.

A final summary report is due to the Department within 30 calendar days from the initial written submission regarding the reportable incident which analyzes the incident and identifies any organizational or process deficiencies and/or non-compliance with HH standards of practice. Additionally, the HH should outline what steps they took to address the deficiencies or non-compliance with Health Home Standards and what future course of action will occur, if any.

NYSDOH Review and Follow-up

Upon submission of the final summary report, the Department, in conjunction with relevant State Agency Partners as needed, will conduct a focused review of the incident to ensure that the HH is in compliance with established Health Home Standards. As a result of the review, the Department may provide immediate support, including technical assistance to the HH, and/or issue findings for which a Performance Improvement Plan (PIP) will be required, following PIP submission guidelines. The Department review findings or case closure, if appropriate, will be issued no later than ten business days after receipt of the final summary report.

Additional Health Home Reporting Requirements

The Department will require HHs to submit a Health Home Reportable Incident Form on a quarterly basis, due by the 10th business day after the end of the quarter as outlined below:

- January – March, due April;

- April – June, due July;
- July – September, due October; and
- October – December, due January

This form can be found on the Health Home website.

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/

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.

Other Incident: An event, other than one identified in this section, which has or creates a risk of, a serious adverse effect on the life, health, or safety of a member, or the integrity of the HH program.

Reportable Incident Management System: An internal monitoring and tracking system.

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.