

Children's Health Home of Upstate New York

Policy/Procedure: Incident Reporting Policy

Reviewed and Accepted by: CHHUNY Clinical Quality Committee

Approved by: CHHUNY Board of Directors

Date of Issue: 4/17

Reviewed: 4/17, 4/20, 3/21

Date Revised: 4/20, 12/22, 5/23, 12/24

Policy:

To maintain the health and welfare of all members during the provision of Health Home Care Management Services within the CHHUNY Network by identifying and investigating all incidents reported to the Health Home (HH) by the Care Management Agencies (CMA's) and in turn reporting specified incidents to the New York State Department of Health (DOH). The DOH is charged with an oversight responsibility for the Health Home Program in New York State. The intention of this reporting requirement is to possibly prevent avoidable health and safety events, criminal justice system involvement and to ensure the protection of PHI for the consumers served by the program. CHHUNY will fully cooperate with all necessary reporting and investigations required by the DOH as our commitment to the consumers of health home programs and in compliance with DOH regulations.

Background:

The DOH issued Health Home Monitoring: Reportable Incidents and Procedures and Reporting Timeframes on effective July 14, 2017 and then revised on October 7, 2019 to include additional incident types. The DOH will utilize an Incident Reporting and Management System (IRAMS) to monitor compliance with the Health Home Standards outlined in the State Plan Amendment (SPA).

Definitions:

Reportable Incident: An event involving a member, which has, or may have, an adverse effect. on the life, health, or welfare of the member.

Purpose:

Reporting and tracking these incidents will afford CHHUNY the opportunity to:

1. Identify, document, report and review individual incidents in a timely manner.
2. Evaluate individual incidents against HH and CMA policy to confirm quality care coordination activities were provided.
3. Review individual incidents to identify appropriate preventive and corrective action
4. Identify incident patterns and trends through compilation and analysis of incident data

5. Review incident patterns and trends to identify appropriate preventative and/or corrective action was enacted/provided
6. Implement preventive and corrective actions plans

Reportable Incidents

1. **Abuse:** Any of the following acts committed by an individual service provider
 - a. **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.
 - b. **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 and misuse of authority.
 - c. **Sexual Abuse/Sexual Contact:** includes any sexual contact involving a service provider and a member. Examples include, but are not limited to, rape, sexual assault, inappropriate touching and fondling, indecent exposure, penetration (or attempted) of vagina, anus. 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, voyeurism, or sexual exploitation.
 - d. **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.
 - e. **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.
2. **Crime Level 1:** Crime committed against persons (i.e. murder, rape, assault) or crimes against property (i.e. arson, robbery, burglary); Any gun/weapons related charge or police discovery of guns/weapons. And/or the member is perceived to be a significant danger to community or poses a significant concern to the community.
3. **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.
4. **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, after being reported to the authorities.

5. **Suicide Attempt:** An act committed by a member in an effort to cause his or her own death.
6. **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.
7. **Exploitation:** taking advantage of a participant for personal gain through the use of manipulation, intimidation, threats, or coercion.
8. **Restrictive Interventions:** According to the CMS Final Rule 42 CFR Part 482 (Federal Register/Vol 71, No. 236, pg. 71427):
 - A **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).
 - **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.

Note: Mandated Reporters under the Protection of People with Special Needs Act are required 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 follow this link: <http://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>

For HH members who are also receiving services in a program under the jurisdiction of another state agency (OCFS, OMH, OASAS, OPWDD, etc.), this policy does not relieve the obligation to report in accordance with regulations affiliated to those state agencies. Reporting to other state agencies is not the responsibility of the HH but is of the program within the agency the child is served who is accountable to that state agency.

Responsibilities to Report

Care Management Agency:

It is the responsibility of the **Care Management Agency (CMA)** to inform the **Health Home (HH) of a reportable incident *within 24 hours of notification or discovery*** (or when applicable, by the next business day) by submitting the Incident through the IRAMS portal <https://increp.health.ny.gov/>.

Health Home Care Managers should collaborate with all entities as necessary to ensure safety and well-being of the member and report incidents as necessary to external agencies, I.e., Law Enforcement, and Justice Center and all professionals including HHCM as Mandated Reporters.

The CMA must include the known facts and circumstances of the incident, the member's enrollment date, last date of contact and type of contact and current location (if known). CMAs should have a strong organization structure related to incident reporting. Each CMA is required to have at minimum two designated Incident Reporting contacts who oversee the CMA reporting process, addendums, and timely filing of reports. The CMA can designate additional staff as necessary to support Incident Reporting functions within expected timeframes.

Health Home:

CHHUNY will work with contracted CMAs to gather additional information if needed and respond timely for the protection and support of members and program operations. This includes the required reporting as directed by the Department, conducting a quality review and implementing timely quality and performance improvement for each identified incident based on Health Home Standards, if necessary.

The **HH** must inform the Department within ***24 hours of notification from the CMA*** (or when applicable, next business day) any of the reportable incidents and the initial findings. CHHUNY will review the incidents submitted through IRAMS by the CMA and then submit to DOH. CMAs not meeting the 24 hour notification will receive notices from CHHUNY. The CMA will be subject to a Corrective Action Plan after 3 letters have been issued.

The HH will immediately review the facts and circumstances of the incident. CHHUNY may request the HHCM complete an Incident Report Addendum if more detail is required to determine next steps and ensure quality care is being provided to the member. CHHUNY will provide oversight and direction to the CMA to ensure member safety and well-being.

The Department will review the initial report by the HH and make recommendations if further action is required.

CHHUNY will pull monthly reports from IRAMS and will use this data to trend the incidents and work with CMA's should we see a pattern emerging that requires quality improvement efforts and/or remediation.

Quality Assurance:

CHHUNY requires that Care Management Agency staff be made aware of these requirements to ensure that Incidents are being reported as required above and other mandated reporter requirements are complied with. CHHUNY Care Managers and Supervisors are required to complete an Incident Report and Mandated Reporter training in the learning management system prior to serving children.

CHHUNY will monitor the CMA network Incident Report submissions and track data by CMA, Incident Type, and compliance with timely submission. CHHUNY requires Incident report addendums to be submitted for certain incident types to ensure proper CMA follow up and all necessary actions were taken prior to the incident occurring if applicable. CHHUNY will also require additional CMA training if reports are not submitted timely per policy. CHHUNY will conduct a monthly Incident Review through an internal subcommittee to identify any quality-of-care concerns related to the incidents.

Policy Review:

This policy and its procedures will be reviewed yearly and updated as necessary to ensure that its general purposes are being effectively met.

References:

NYS DOH Policy: Health Home Monitoring: Reportable Incidents Policies and Procedures and Reporting Timeframes: HH0005: October 7, 2019 and Reportable Incident Reporting Guidance for Health Homes

Applicable Guidance Documents and Forms:

[CHHUNY Incident Reporting Requirements](#)

[IRAMS Guidance Document](#)

[IRAMS FAQ FINAL](#)

[IRAMS User Guide FINAL](#)