

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
*Magellan Health Services of Arizona Edition***

Section 7.4 Reporting of Incidents, Accidents and Deaths

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7.4.1 Introduction

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. Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), 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 ADHS/DBHS, such as incidents, accidents, and deaths, serves the following purposes:

- The collection of relevant information facilitates a comprehensive review and investigation when indicated;
- Compliance with notification requirements to the Centers for Medicare and Medicaid Services (CMS), Arizona Health Care Cost Containment System (AHCCCS), the Arizona Center for Disability Law, and ADHS/Office of Behavioral Health Licensure (OBHL) as applicable; and
- 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, T/RBHAs may require subcontracted providers to submit a written summary of their review of deaths of adult Non-Seriously Mentally Ill (SMI) behavioral health recipients.

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

- CMS;
- AHCCCS;
- ADHS/DBHS;
- The Arizona Center for Disability Law.

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- ADHS/OBHL;

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.

7.4.2 References

The following citations can serve as additional 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/ADHS Contract](#)

[ADHS/RBHA Contract](#)

[ADHS/TRBHA IGAs](#)

[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](#)

[Policy and Procedure GA 3.7, Review of Deaths of All Behavioral Health Recipients](#)

[Policy and Procedure QM 2.5, Reports of Incidents, Accidents and Deaths](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[ADHS/DBHS Performance Improvement Specification Manual, Section XVII](#)

[ADHS/DBHS Framework for Prevention in Behavioral Health](#)

7.4.3 Scope

To whom does this apply?

All persons receiving behavioral health services.

7.4.4 Did you know...?

- All deaths, regardless of whether the enrolled recipient is a child, adult with Serious Mental Illness or adult without a Serious Mental Illness, are reviewed by ADHS/DBHS' Medical Director or designee, and selected cases are referred to the ADHS/DBHS Mortality and Morbidity Committee for further review and potential action, in accordance with ADHS/DBHS' established quality assurance process.
- OBHL 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](#).

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- 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](#). 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.

7.4.5 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 ADHS/DBHS 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 ADHS Information System as specified by ADHS.

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

Include the following:

- a) Deaths;
- b) Medication error(s) requiring medical services;
- c) Adverse reaction to medications requiring medical services;

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- d) Suicide attempt requiring medical services;
- e) Self-inflicted injury requiring medical services;
- f) Suspected or alleged abuse;
- g) Suspected or alleged neglect;
- h) Suspected or alleged exploitation of client;
- i) Physical injury occurring on premises or during a licensee-sponsored activity requiring medical services;
- j) Food poisoning requiring medical services;
- k) 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;
- l) Physical injury that occurs as the result of a personal or mechanical restraint;
- m) Suspected or alleged criminal activity that occurs on the premises or during a licensee-sponsored activity off the premises;
- n) 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 a Serious Mental Illness; and
- o) Discovery that a client, staff member, or employee has a communicable disease listed in A.A.C. R9-6-202 (A) or (B).

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 ADHS/DBHS 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.

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Serious Occurrence

(A.A.C. R9-20-601 and R9-20-202) Any of the following that occurred on the premises or during a licensee sponsored activity off the premises that required medical services or immediate intervention by an emergency response team or a medical practitioner:

- a. A serious injury, or any significant impairment of the physical condition of the behavioral health recipient 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;
- b. A medication error or an adverse reaction to a medication;
- c. Suspected or alleged abuse, neglect, or exploitation of the behavioral health recipient or a violation of the behavioral health recipient's rights under R9-20-203(B) or (C);
- d. Food poisoning possibly resulting from food provided at the agency or during a licensee-sponsored activity off the premises;
- e. An unauthorized absence from a residential agency or an inpatient treatment program;
- f. A physical injury that occurred as the result of a personal or mechanical restraint;
- g. A behavioral health recipient's death; or
- h. A behavioral health recipient's suicide attempt.

7.4.6 Objectives

To identify reporting requirements for behavioral health providers following:

- An incident, accident, or death of an enrolled behavioral health recipient;
- An incident, accident or death of any behavioral health recipient during a prevention activity, regardless of his or her enrollment status; and
- An allegation of abuse of any behavioral health recipient determined to have a Serious Mental Illness.
- To identify procedures for behavioral health providers in submitting a summary of their review of deaths of adult, Non-SMI behavioral health recipients.

7.4.7 Procedures

7.4.7-A. Reporting incidents, accidents and deaths to the T/RBHA

Behavioral health providers must report any incident, accident or death as defined by this section, of an *enrolled* behavioral health recipient to the T/RBHA within 48 hours.

7.4.7-B Reporting incidents, accidents and deaths during prevention activities

Behavioral health providers are required to report to the T/RBHA any incident, accident or death of a behavioral health recipient participating in a T/RBHA or provider sponsored prevention activity, as defined in this section, regardless of his or her enrollment status with the T/RBHA, within 48 hours.

PM 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.

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- You may fax the form to Magellan at 800-424-4259, Attention: QI Dept. Or you may mail the form to:

Magellan Health Services of Arizona
Attention: QI
P.O. Box 68110
Phoenix, AZ 85082-8110

7.4.7-C Review of Deaths to the T/RBHA

T/RBHAs 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 [ADHS/DBHS Mortality Review Form](#), contained in the [Performance Improvement Specification Manual No. 10](#).

7.4.7-D. Reporting allegations of abuse towards persons determined to have a Serious Mental Illness

Allegations of abuse concerning persons determined to have a Serious Mental Illness must be reported within 48 hours to the T/RBHA. [PM Form 7.4.1 Incident/Accident/Deaths Report Form](#) must be used to report occurrences of abuse to the T/RBHA.

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Attention: QI Dept.
P.O. Box 68110
Phoenix, AZ 85082-8110
800-564-5464
602-914-5809 (TTY/TDD)

If the serious occurrence is an allegation of abuse of an SMI recipient, you must submit [PM Form 7.4.1](#) to Magellan within 48 hours of the time that Magellan became aware of the allegation of abuse.

7.4.7-E. Reporting incidents, accidents and deaths to the Office of Behavioral Health Licensure

- Behavioral health providers licensed by OBHL must provide notification to OBHL involving any incident or accident as defined on [PM Form 7.4.1](#).

Behavioral health providers must orally report the above referenced events to ADHS/OBHL within one working day of knowledge of the event (contact OBHL at 602-364-2595). The oral report must be followed up with a written incident report within 5 working days. Behavioral health providers must maintain a copy of the written incident report on the premises or at the administrative office for at least 12 months after the date of the written incident report.

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Community Service Agencies (CSAs) which are not licensed with OBHL, are not required to report any incidents, accidents or deaths to ADHS/OBHL that occur during a T/RBHA or provider sponsored prevention activity.

7.4.7-F. Reporting deaths and serious occurrences in OBHL Level I Facilities

This subsection is applicable to Title XIX certified/OBHL 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/OBHL 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 (see definition) involving a behavioral health recipient to:

- AHCCCS;
- The Arizona Center for Disability Law; and
- 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) 417-4162-Attention DHCM Behavioral Health Administrator
- 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 & Certification Coordinator

Other considerations

Specific documentation requirements apply to ADHS/OBHL licensed behavioral health provider records. Please 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 are not made to AHCCCS, the Arizona Center for Disability Law, or CMS.