



Effective Date: January 1, 2024

Category: D. Critical Events and Incidents

Title: 2. Incidents and Complaints

Applies to:

- St. Peter's Health Partners (SPHP)
- All SPHP Component Corporations **OR** Only the following Component Corporations: [\(Click here for a list\)](#)

- All SPHP Affiliates **OR** only the following Affiliates: [\(Click here for a list\)](#)
 All Community Health Connections Care Management Agencies
- St. Peter's Health Partners Medical Associates (SPHPMA)

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PURPOSE

The purpose of this policy is to provide a standard set of expectations regarding the handling of Candidate and Member complaints and the investigation of reportable incidents involving Health Home Members.

POLICY STATEMENTS

It is the policy of Community Health Connections (CHC) that Care Management Agencies (CMAs) report and review incidents involving enrolled Members and address complaints asserted by Members or Candidates against a CMA. CMA's and CHC have the responsibility to investigate reportable incidents thoroughly, to respond respectfully and promptly, and to use such matters as a quality improvement tool.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Community Health Connections Health Home program.

DEFINITIONS

Health Home Candidate: An individual who is in active Client Search (Outreach) status, but who has not yet been enrolled in Health Home services

Health Home Member: An individual who is enrolled in Health Home services

Incident Reporting Form (IRF): The CHC-produced form to be completed when submitting information on a reportable incident to the lead Health Home

NYSDOH: New York State Department of Health; the regulating State entity for Health Homes

Reportable Incident: an event involved a Member which has, or may have, an adverse effect on the life, health or overall welfare of the Member

PROCEDURE

A. Reportable Incidents

1. Reportable Incidents include the following events (See Attachment A: Reportable Incident Definitions for definitions of each type of reportable incident):
 - a. Allegations of abuse by a service provider 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)
2. The reportable incident policy refers only to enrolled Health Home Members. Incidents involving Health Home Candidates are not reportable to CHC or NYSDOH.
 3. Reportable Incidents must be reported to Community Health Connections via the CHC-produced Incident Reporting Form (IRF) (See Attachment B) by the CMA within 24 hours of notification or discovery, or where applicable, the next business day.
 4. Within five (5) business days of the submission of the IRF, the CMA must submit its own investigation of the case leading up to the incident (See Attachment C for guidance on the investigative process). The CMA Investigation Incident Report (See Attachment D) must be completed and returned to the Lead Health Home stating the updates to the case as well as any CMA findings based on the investigation of the case.
 5. The Lead Health Home will review the case and submitted documentation within five (5) business days and will provide any additional corrective actions steps identified as a result of the investigation to the CMA.

B. Member Complaints

1. Care Management Agencies must have policies and procedures in place to handle any Member or Candidate complaints regarding Health Home services.
2. The Community Health Connections Complaint Form may be used to track and report any complaints received by the Care Management Agency, or CMA's may develop their own form to capture relevant information and track resolution of any complaints received (See Attachment E: Health Home Complaint Form).
3. The first priority with any report of a complaint is to ensure the safety of the Member or Candidate. If safety concerns are present, immediate steps must be taken to secure the safety of the Member or Candidate. Once safety is confirmed, the Agency should work to resolve the complaint.
4. If the Care Management Agency is unable to resolve the Member or Candidate complaint within ten (10) business days, the Lead Health Home should be notified in writing by submitting the Health Home Complaint Form or the internal form used by the CMA to capture Member complaints.

5. Upon receipt of a written, unresolved complaint, CHC will contact the Member to let him or her know that the concern was escalated to CHC within 24 hours of notification by the CMA, or where applicable, the next business day.
6. CHC will work to resolve the complaint with the Member and the CMA within five (5) business days of receipt of the complaint.

See Attachment F: Incident and Complaint Workflow for a visual aid on the Incident and Complaint response processes outlined in Sections A and B above.

C. Identification of Trends

1. The CHC Quality Sub-committee will be responsible for reviewing aggregate data on Reportable Incidents to identify trends that need to be addressed Health Home-wide. The sub-committee will be responsible for proposing solutions to trends related to deficiencies or violations of Health Home Policies and Procedures.
2. As part of the ongoing Quality Management Program (See Policy H1. Quality Improvement: Quality Management Program) each Care Management Agency will receive a report of their aggregate Reportable Incidents so that trends can be identified by agency as well as Health Home-wide. The Lead Health Home Quality staff will review the quarterly reports with the agencies to determine if corrective action is needed to address trends related to deficiencies or violations of Health Home Policies and Procedures.

D. Exchange of Information and Additional Reporting Requirements

1. All correspondences regarding complaints or incidents must be shared in a secure manner, such as secure email or HCS secure file transfer.
2. Incident Reporting Forms, CMA Incident Investigation Forms, Health Home Investigation Feedback Forms and Health Home Complaint Forms must be kept separate from the Member's or Candidate's Health Home record in CareManager.
3. For Members receiving court-ordered Assisted Outpatient Treatment (AOT), the CMA must still comply with all reporting requirements for the AOT program as established by the Local Government Unit (LGU). This includes the reporting of significant events (See Policy F2. Special Programs: Health Home Plus / AOT).
4. If a Health Home Member is also receiving services from a program under the jurisdiction of another State agency (Office of Mental Health, OMH; Office of Alcoholism and Substance Abuse Services, OASAS; Office for People with Developmental Disabilities, OPWDD; Office of Children and Family Services, OCFS)

which has stated incident reporting requirements, this policy does not relieve the party of the obligation to report in accordance with such regulations.

5. 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>.

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/

REFERENCES

New York State Department of Health (April 15, 2017). [Health Home Monitoring: Reportable Incidents Policies and Procedures and Reporting Timeframes.](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/reportable_incidents.pdf) (https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/reportable_incidents.pdf)

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ATTACHMENT A: Reportable Incident 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:** 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:** 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.
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 the 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 patient's belongings or money.

Crime Level 1: An event which is, or appears to be, a crime under New York State or Federal law, **AND** is perceived to be a significant danger to the community or which involves a member whose behavior poses an imminent concern to the community. Examples include armed robbery or stabbing.

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.

Missing Assisted Outpatient Treatment (AOT) Individual: If the individual with an AOT court order cannot be located, and has had no credibly reported contact within 24 hours of the time the Care Coordinator received either notice that the individual had an unexplained absence from a scheduled treatment

appointment, or other credible evidence that the AOT individual could not be located, the individual will be deemed Missing.

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.

ATTACHMENT B: Incident Reporting Form (IRF)

April 2021 – v.2

Please complete and submit this form within 24 hours of learning of a Reportable Incident to Lauren.Cramer@sphp.com

Care Management Agency Information			
Care Management Agency:			
Person Completing Form:			
Phone:		Email:	
Date Incident Discovered:		How was Incident Discovered?	Choose an item

Communication with Member			
Date of Last Contact:		Date of Last Face-to-face Contact:	
Last contact Type:	Choose an item		
Complainant: <i>Person who reported the incident</i>	Category: Choose an item.	First Name:	Last Name:

Member Information			
Member Name:		Member CIN:	
Member's Location at time of this report:	Select Location	Member DOB:	
Date of HH Enrollment:			

Incident Information	
Incident Type:	Select Incident Type
Date Incident Occurred:	
Incident Description:	
Summary of Actions Taken to Date:	
Date of first Action Taken:	

Categories of Action Taken: <i>(select all that apply)</i>	<input type="checkbox"/> Documentation of Incident / Complaint	<input type="checkbox"/> Follow-up with Authorities / Obtain Outcome	<input type="checkbox"/> Follow-up with Providers / Collaterals	<input type="checkbox"/> Mandated Reported Compliance
	<input type="checkbox"/> Network / Organization Training	<input type="checkbox"/> New Policy / Procedure Needed	<input type="checkbox"/> Other – See Action Summary	<input type="checkbox"/> Care Coordinator Training
	<input type="checkbox"/> Record Review / Audit	<input type="checkbox"/> Referral to Another Service	<input type="checkbox"/> Report to Authorities Concern	<input type="checkbox"/> Review and Update Plan of Care
	<input type="checkbox"/> Safety of Member Follow-up	<input type="checkbox"/> Timely Notification Issue	<input type="checkbox"/> Update Services Already in Place	<input type="checkbox"/> Updated Policy / Procedure
Negative Impact to Member:				
Media Coverage: <i>If coverage, please provide links if possible</i>				

ATTACHMENT C: Incident Investigation Guidance

Care Management Agencies (CMA's) may consider the following questions during the investigation of Member incidents to establish the facts of the incident or event, review of care management activities related to established HH standards, and review of immediate actions to protect and minimize reoccurrence.

Questions to Consider for all Incident Types

Member-specific Questions

1. Does the Member have a cognitive impairment or mental health diagnosis that should be considered? Identify any limitations with relation to the current incident.
2. Were there service needs identified in the Member's Assessment and Plan of Care relative to the prevention or protection of the current incident that were being addressed through specific care management activities?
3. If service needs were identified and there is a lack of evidence of care management activities related to the need, where there identified barriers to care or services?
4. Were interventions in place to address barriers?
5. If no barriers were identified but there is a lack of care management activities, what is the identified root cause of the lack of care management services?

Incident-specific Questions

6. Who reported the incident / how was the incident discovered?
7. What action did the Care Coordinator take upon notification of the incident?
8. What actions (referral, linkage, and/or coordination to care and services) has the CMA taken, or will take, to minimize reoccurrence?
9. If the Member has consented to the sharing of information with service providers or a legal guardian, family member or friend, has that person been notified of the incident?
10. Was a report made to law enforcement? By Whom? Is there a case # or contact information?
11. Was a report made to the Statewide Central Register of Child Abuse and Maltreatment or Adult Protective Services, if applicable?
12. Did the incident take place in a licensed or certified setting of OPWDD, OMH, OCFS, OASAS, DOH or SED involved? Was the incident reported, by the appropriate care team member in the licensed or certified setting, to the Justice Center? By whom? Is there a case number assigned?
13. Was another regulated setting involved? For example, a nursing home, an adult home, assisted living facility, home care or managed care organization, or an OCFS or DOH program not covered by the Justice Center? If so, was the incident reported to an associated hotline? By Whom? Is there a case number assigned.

Alleged Perpetrator Questions

14. If an alleged perpetrator has been identified, provide all relevant information regarding that person's association to the Member or the role of the individual in the delivery of care and services to the Member.
15. Does the individual currently have access to the Member?
16. If a Health Home or CMA employee is the alleged perpetrator, was routine or specific Human Resource screening conducted on the alleged perpetrator?
17. Is the alleged perpetrator a licensed professional or employed by a licensed or certified setting of OPWDD, OMH, OCFS, OASAS, or DOH? If so, has the professional licensing authority or the Justice Center been notified of the allegation? By whom? Is there a case number assigned?
18. Is the identified individual still employed within the network, on suspension or removed from access to this specific member?

Incident-specific Questions to Consider

Suicide Attempt or Suicide

1. Has the member previously attempted suicide? How many attempts? When were the previous suicide attempts? Is there an identified trigger or pattern related to the suicide attempt?

Death: Accidental/Undetermined

1. Is there any indication of media attention, for example news personnel contact with the HH, report on the news or in printed or digital media?

Death: Homicide

1. If the perpetrator is a service provider, provide all relevant information regarding that person's role in the delivery of care and services to the member.
2. Did the incident occur during the course of business or outside of routine appropriate contact with the member?
3. If the perpetrator is known, identify the name(s) and was there a relationship or connection to the member prior to the incident?
4. Is the perpetrator in custody?
5. Is there any indication of media attention, for example news personnel contact with the HH, report on the news or in printed or digital media?

Crime Level 1

1. Is there any indication of media attention, for example news personnel contact with the HH, report on the news or in printed or digital media?
2. If there is a victim(s), are the name(s) known and is/was there a relationship or connection to the member prior to the incident? What is the status of the victim?
3. When was the Member arrested? By what law enforcement agency?
4. Is the member currently in a correctional setting? When is the next court appearance? Is there a planned release date?
5. What action(s) has the CMA taken, or will take, to re-engage the Member?

Missing Person

1. Has the Member been located?
2. Have any consented contacts been notified of the Member's status and asked if they have seen or spoken with the Member?

Violation of Protected Health Information

1. Was the incident reported to the DOH Privacy Officer? If not, immediate notification is required.
2. Is there any indication of media attention, for example news personnel contact with the HH or CMA, report on the news or in printed or digital media?
3. If a person responsible has been identified, provide all relevant information regarding that person's role in the delivery of care and services to the Member.
4. Is the person a licensed professional?
5. Was there a business system in place to prevent the incident? If so, identify the systemic gap that allowed for the incident to occur.

ATTACHMENT D: Care Management Agency Incident Investigation Report

Please complete and submit this form within five (5) business days of the initial Health Home Reporting Form to Lauren.Cramer@sphp.com

Care Management Agency Information

Care Management Agency:	Click here to enter text.
Person Completing Form, Name and Title:	Click here to enter text.

Member Information

Member Name:	Click here to enter text.		
Member Chart Number:	Click here to enter text.	Member Location, if known:	Click here to enter text.

Updates Since Initial Report

Please note any activities that have occurred since the initial report to the Lead Health Home

Click here to enter text.

Quality Assurance Findings

Please note any areas in which standards were not met, or opportunities to prevent the incident were overlooked or missed.

Click here to enter text.

Next Steps to Ensure Safety and Well-being

Please note any current or future actions to be taken with the Member to prevent future incidents and ensure safety and well-being.

Click here to enter text.

ATTACHMENT E: Health Home Complaint Form



Health Home Complaint Form

Care Management Agency Information	
Agency:	Click here to enter text.
Person Completing Form, Name and Title:	Click here to enter text.

Member Information	
Member Name:	Click here to enter text.
Member CIN:	Click here to enter text.
Member DOB:	Click here to enter text.

Complaint Information	
Date Complaint Received by CMA:	Click here to enter text.
Date Resolution Due: <i>(Within ten business days of Complaint)</i>	Click here to enter text.

Description of Complaint
<i>Include names of individuals involved, their role, affiliation, etc.</i>
Click here to enter text.

Resolution of Complaint

Include a summary of all resolutions proposed to the Member, including those that were not satisfactory to the Member

Click here to enter text.

Resolution Information

Date Member Notified of Resolution:

Click here to enter text.

Method of Contact:

Phone Mail In-person
 Other, specify: Click here to enter text.

Member agreed with the proposed resolution: Yes No, Explain: Click here to enter text.

If resolution not met within ten business days of complaint, was the Lead Health Home notified?

Yes No, Explain: Click here to enter text.

ATTACHMENT F: Incidents and Complaints Workflow



Incidents Workflow

CMA is informed of Member's Reportable Incident.

CMA completes *Incident Reporting Form (IRF)* and submits to Lead Health Home within 24 hours, or the next business day.

CMA conducts investigation of the case and incident, completes and submits the *CMA Incident Investigation Report* to the Lead Health Home within five (5) business days of the submission of the IRF.

Lead Health Home reviews and provides feedback to CMA on the case and the *CMA Incident Investigation Report* within five (5) business days.

Complaints Workflow

CMA is informed of Member or Candidate Complaint.

CMA works to resolve Complaint within ten (10) business days. CMA may use the *Health Home Complaint Form*, if desired.

Lead Health Home is notified via written submission of the Complaint if the Complaint is unable to be resolved within ten (10) business days.

Lead Health Home notifies the Member or Candidate of escalation of complaint within 24 hours of receipt from CMA (or the following business day).

Lead Health Home works with CMA and Member/Candidate to resolve the complaint within five (5) business days of receipt.