

ENCOMPASS FAMILY HEALTH HOME
Care Management
Policy & Procedure Manual

Care Management Policy #17 Complaint and Incident Monitoring /Investigation

Effective Date: 11/03/2014

Revised Date: 11/1/15, 4/15/17, 7/14/17

Policy: Encompass Health Home will identify, investigate and resolve complaints and incidents to ensure Participants satisfaction; ensure protection of Personal Health Information (PHI); prevent re-occurrence as well as avoidable health and safety events; promote the ongoing delivery of quality services and protection of Participant rights; and improve and maintain the health and welfare of Health Home Participants.

Procedure:

A. Participant Rights

1. The Health Home will send each Candidate a Welcome Letter within 3 business days of assignment to the Health Home.
 - i. The Welcome Letter will include Health Home contact information; contact information for the Care Management Agency (CMA) which they have been assigned to; as well the Medicaid Consumer Help Line contact information required for filing concerns or complaints related to the outreach and the enrollment process.
 - ii. The Health Home will also include a copy of the Health Home Participant Rights and Responsibilities. **(See attachment A)**
2. At enrollment, the Care Manager will verify Participant's/Family understanding of their rights and methods of filing a complaint/incident, and will request their signature at the time that they sign the Health Home Consent.
 - i. Participants will be provided a signed copy of the Rights document.
 - ii. Participants will be asked to sign a copy of the Health Home Participant Rights and Responsibilities on an annual basis.
3. Signed copies will be filed in the Participants record, as well as scanned and placed in Netsmart.

B. Complaints/Grievances

1. **Complaints** are defined as any dissatisfaction expressed verbally or in writing by a Participant or Participants designee, related to the provision of Health Home Care Management services or services identified in the Participants plan of care, that do not affect the health and welfare of the Participant.
 - i. Examples include: customer service issues; complaints regarding a Care Manager; dissatisfaction with the Plan of Care.
2. All CMA's will establish formal complaint/grievance policies, and will provide those written procedures, forms and contact information to the Health Home.
 - i. Policies will address progressive methods and personnel responsible for managing complaints received, either verbal or written.
 - ii. Policies will address responding to and beginning an investigation of all complaints, within 3 days of receipt.
 - iii. Policies will include methods for tracking and responding to trends.

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- iv. Policies will reflect resolution of complaints within 30 days after the receipt of all necessary information, and no more than 45 days from receipt of the complaint.
 - v. CMA grievance procedures will be provided to each Health Home Participant through the Rights document. (**See attachment A**)
3. CMA's will be responsible for managing and responding to all complaints from their Participants or designees.
4. Care Managers will assist and advocate for Participants during their complaint or grievance process as appropriate
 - i. Care Managers will refer Participants to necessary advocacy services as needed.
5. The Health Home will notify the CMA of complaints received regarding their services, within 3 days of receipt of the complaint.
6. Documentation will be maintained of all complaints received, separate from the Participants record, including efforts to resolve the complaint, timeframes of the resolution and the Participants satisfaction with the result.
 - i. Individual complaints may be documented on the Health Home Complaint Form. (**See attachment B**)
 - ii. Care Management Programs will document all investigations, resolution efforts and communication with Participant to resolve complaints according to established Grievance Procedures, and will provide copies of related documentation to the Health Home as requested.
 - iii. All complaints will be documented and tracked on the **Complaint Tracking Form**. (**See attachment C**)
7. The CMA will provide written notification of the outcome of the complaint to the Participant within 7 days of resolution.
 - i. Written notification will include additional contact information, should the outcome fail to meet the Participants satisfaction.
 - ii. Immediate resolutions to verbal complaints are considered resolved, and will not require formal written notification to the Participant.
8. Care Managers will be trained to recognize and immediately report complaints that appear as potential abuse situations as appropriate.
 - i. Alleged abuse situations, and other complaints that after investigation by the CMA, are identified as a **Reportable Incident**, will be processed as outlined below.
 - ii. Complaints that potentially pose a risk to the Participants health and safety will be immediately investigated and addressed to assure the protection of the Participant, and documented as a **Reportable Incident**.
9. Any complaint not mutually resolved within 45 days at the CMA level, will be reported to the Health Home and processed/addressed as stated below:
 - i. CMA's will notify the Health Home Policy & Compliance Coordinator (HHPCC) of all complaints made by Health Home Participants, either written or verbal, regarding dissatisfaction with Health Home services or other

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services identified in the Plan of Care, including efforts made by the Care Manager/CMA to resolve the Participants issue(s)

- a. CMA's will notify the HHPCC of these complaints, within 3 days of identification.
 - b. Complaints will be documented on the Health Home Complaint Form, either by the participant or CMA staff, and forwarded to the Health Home, using secure messaging. (**See attachment B**)
 - c. The Health Home will work with the CMA to address the complaint, and provide guidance regarding additional investigative procedures.
 - d. The Health Home and CMA's will work collaboratively to resolve issues and complaints within 30 days of receipt of all information and no more than 45 days from receipt of the complaint.
10. Complaints that identify potential breaches of confidentiality will be forwarded to the CMA Privacy Officer for further investigation of potential HIPAA violations, and documented as a **Reportable Incident**.
- i. Complaints that are determined to involve a breach of PHI, will be reported per HIPAA/HITECH policies, as well as reported to the NYSDOH Privacy Office (see below).
11. The CMA and Health Home will maintain documentation of all Participant complaints, investigations, outcomes and Participant dissatisfaction, for review by regulatory bodies as appropriate.
12. The CMA and Health Home will monitor and analyze Participant complaints to track trends, and Care Management Program performance.
- i. The CMA will track and provide to the Health Home, a quarterly report identifying complaints received and subsequent outcomes
 - ii. The Health Home will work with Care Management Programs to formalize corrective action as needed.
13. The Health Home will provide reports of any complaints as requested to NYS DOH through the Health Home Portal/MAPP.

C. Reportable Incidents

1. **Reportable Incidents** are defined as an event involving a Participant, which has or may have an adverse effect on the life, health or welfare of the Participant.
2. The following are incidents that will be reported to the Health Home and Department of Health (DOH) as outlined in this policy and procedure document:
 - i. **ABUSE:** Any of the following acts by a Care Manager or other Service Provider (e.g. Health Home/CMA Staff; Physician; other Provider)
 - a. **Physical Abuse:** Any non-accidental physical contact with a Participant which causes or has the potential to cause physical harm. Examples include but are not limited to: hitting; kicking; biting; choking; smothering; shoving; dragging; pinching; 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 Participant emotional distress. Examples include but are not limited to: teasing; taunting; name calling; threats;

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- display of a weapon or other object that could reasonably be perceived by the Participant as a means of infliction of pain or injury; insulting or coarse language or gestures directed toward a Participant which subjects them to humiliation or degradation; violation of Participant's rights; or misuse of authority.
- c. **Sexual Abuse/Sexual Contact:** Includes any sexual contact involving a Service Provider (HH Staff; CMA Staff; other Provider) and a Participant. 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. Sexual abuse shall also include sexual activity involving a Participant and a Service Provider; or any sexual activity involving a Participant 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.
 - 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 Participant.
 - e. **Misappropriation of Participant's Funds:** Use, appropriation, or misappropriation by a Service Provider of a Participant's resources, including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the Participant of those resources. Examples include the deliberate misplacement, theft, or wrongful, temporary, or permanent use of a Participant's belongings or money.
- ii. **Crime Level 1:** An arrest of a Participant for a crime committed against persons (e.g. murder, rape, assault) or crimes against property (e.g. arson, robbery, burglary) **AND** is perceived to be a significant danger to the community, or which involves a Participant whose behavior poses an significant concern to the community.
 - iii. **Death:** The death of a Participant resulting from an apparent homicide, suicide, or unexplained or accidental cause; or the death of a Participant which is unrelated to the natural course of illness or disease.
 - iv. **Missing Person:** When a Participant 18 years 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.
 - a. **Missing Assisted Outpatient Treatment (AOT) Individual:** If the Participant with an AOT court order cannot be located, and has had no credibly reported contact within 24 hours of the time the Care Manager received either notice that the individual had an unexplained absence from a scheduled treatment appointment, or other credible evidence

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that the AOT Participant could not be located, they will be deemed Missing.

- v. **Suicide Attempt:** An act committed by a member in an effort to cause his or her own death.
- vi. **Violation of Protected Health Information:** Any violation of a Participant'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 NYS Article 27F (HIV Confidentiality). The CMA has a responsibility to investigate to determine whether the incident is a breach of security vs. a breach of privacy.
 - a. Incidents that identify potential breaches of PHI will be forwarded to the CMA Privacy Officer for further investigation.
 - b. Incidents that are determined to involve a breach of PHI, will be reported per HIPAA/HITECH policies, as well as reported by the Health Home to the NYSDOH Privacy Office at:
caryl.shakshober@health.ny.gov
- vii. **Other Incident:** An event, other than one identified in this section, which has or potentially creates a risk of, a serious adverse effect on the life, health, or safety of a Participant, or the integrity of the Health Home program. (*These incidents are reportable only to the Health Home.*)

D. Care Management Agency Reporting

- 1. The Health Home/Care Management program will notify each other of any allegations or alleged incidents **within 24 hours** of notification or discovery, or where applicable, by the next business day.
 - i. The CMA will assure immediate steps will be taken and documented at notification to assess and secure the Participants safety and security.
 - ii. If the alleged incident occurs in or involves a licensed program, the licensed program will be notified within 24 hours and will assume the responsibility for reporting and investigation, per Justice Center or related regulations.
 - a. The CMA will request information from the appropriate licensed Agency as needed to fulfill reporting requirements for the Health Home.
 - b. If the alleged incident occurs in or involves a licensed program, the CMA will report the incident to the Vulnerable Person's Central Register (VPCR) at 855-373-2122 if needed.
- 2. The CMA will immediately report to the Health Home known facts and circumstances of the incident, including enrollment date; last contact type and date, and current address or location, if known, by forwarding the **Incident Report Form (See attachment D)**, using secure messaging through the Health Home Help Desk application (Giva).
 - i. The CMA may phone the Health Home prior to sending the report, to verify reporting requirements and/or to ask needed questions.
 - ii. The CMA will assure that the following documentation is current and attached to the participants record in Netsmart for Health Home review:

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- a. Participant's signed and updated consent form (DOH-5055; DOH-5200 & 5201);
 - b. The most current Comprehensive Assessment;
 - c. Up to date Plan of Care;
 - d. All Care Management notes leading to the date of the incident;
 - e. Documentation of contacts and immediate steps taken to ensure the safety and well-being of the Participant following the incident.
 - f. All incident report forms will be maintained separately from the Participants record, to protect confidentiality of others that may be involved.
 - iii. The Care Management Agency will make all necessary initial notifications regarding the incident to appropriate Agencies, and will document all notifications on the Incident Report Form.
3. Upon receipt of the information from the CMA, the Health Home will immediately review the incident, and confirm that the required information is available in Netsmart.
 - i. The Health Home Policy & Compliance Coordinator or designee will offer immediate feedback on the immediate action taken to protect the Participant following the CMAs notification of the incident.
 - ii. The Health Home Policy & Compliance Coordinator or designee will provide feedback and assist the CMA with acquiring needed information/documentation for reporting the incident to the Department of Health (DOH), as needed.
 - iii. The Health Home Policy & Compliance Coordinator or designee will inform the CMA of additional information needed to assure a thorough investigation of the incident.
 - a. The Health Home will guide the CMA in conducting an investigation, that includes, but is not limited to the following:
 - 1) A thorough review of what led up to the incident, including actions taken by Care Manager and/or CMA;
 - 2) A review of past incidents involving the Participant that are related to current situation;
 - 3) Assuring that the incident was reported in a timely manner, and that all necessary notifications were done appropriately;
 - 4) Evaluating the incident against policies and procedures to assure appropriate care coordination activities were provided before and after the incident;
 - 5) Evaluating current Plans of Care and assessment against Health Home standards, and that updates to the Plan of Care were completed if needed;
 - 6) Assuring immediate action taken was appropriate to the situation, and met the Participant's needs;
 - 7) Assuring appropriate Transitional Care Management occurred as required, including linkage to new or existing providers if needed;

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- 8) Assuring that appropriate preventive or corrective action was implemented.
 - 9) The Health Home will participate in the investigation as needed, will track and follow up on all investigations, assuring they are completed correctly, and in a timely manner
 - b. The CMA will forward any missing information and results of preliminary investigations to the Health Home **no later than 5 business days** after notification to the Health Home, on the ***Incident Follow-up Form (See attachment E)***.
4. The Health Home will review all information and determine if additional investigation and/or information is needed.
 - i. If warranted, the CMA will continue to conduct an investigation to acquire all relevant information needed to thoroughly assess the incident.
 - ii. **No later than 30 days after notification**, the CMA will forward a final Incident Follow-up Form to include a final investigation summary, findings and identifying any information requested by the Health Home to close out the incident.
 - iii. The Health Home will work with Care Management Programs to formalize corrective action as needed, to prevent reoccurrence of incidents, and to improve Care Management performance.

E. Health Home Reporting

1. The Health Home will inform DOH of reportable incidents **within 24 hours** of Health Home discovery/notification, or next business day. The Health Home will notify DOH through submission of the *DOH-Health Home Incident Reporting Form* through the HCS. DOH will assign a Report Number, to be included on all subsequent documentation, if requested.
2. The Health Home will inform DOH of incident details, immediate actions taken, Health Home recommendations made to CMA and any initial findings of the Health Home review.
 - i. The Health Home will inform the CMA of any DOH feedback regarding the immediate concerns, scope of the investigation, and additional information required.
3. **If requested**, the Health Home will submit additional information to DOH, including findings of the review conducted by the Health Home, and any additional follow-up/corrective action that the Health Home has determined to be required.
4. The Health Home will document final outcome for all incidents, including negative findings and needed corrective action.
5. Participants will be notified of investigation results per their request, with the approval of DOH.
 - i. Participants will be informed of the procedure for expressing dissatisfaction of the outcome.

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- ii. The Health Home will inform DOH within 24 hours of a Participants continued dissatisfaction, who will provide direction to the Health Home for further investigation or additional follow-up.
- 6. The Health Home will submit total numbers of all incidents per category to DOH on a quarterly basis through the Health Home Portal/MAPP, on the ***Health Home Reportable Incident Form***.
 - i. The form will be submitted by the 10th business day of the month, after the end of each quarter as follows:
 - a. January-March due in April;
 - b. April-June due in July;
 - c. July-September due in October;
 - d. October-December due in January.

F. Incident/QI Committee

- 1. The Health Home Policy & Compliance Coordinator or designee will monitor and analyze Participant incidents to track trends, issues with network providers and Care Management Program performance.
 - i. All incidents will be reviewed weekly by the Health Home Administrative Team to provide CMAs with immediate feedback regarding performance issues.
- 2. The Health Home will submit reports of all incidents to the Health Home Quality Improvement (QI) Committee.
 - i. The Committee will consist of Health Home Administration, CMA/Network representatives, and specialty providers as needed.
 - ii. The QI Committee will meet quarterly, and provide feedback and recommendations as needed to the Health Home.
- 3. The QI Committee will review past Incidents and/or complaints to determine trends and needed follow-up not already identified.
- 4. The QI Committee will convene to discuss serious events as needed.
- 5. The QI Committee will discuss additional preventive measures to prevent reoccurrence of Incidents/Complaints.
- 6. QI Committee feedback will be provided to CMA's as required.
- 7. See **Policy #24-Quality Assurance & Improvement** for additional information regarding the QI/QA Committee.

G. Incidents During Outreach & Engagement

- 1. The Health Home will be notified of all Reportable Incidents that occur while a prospective Participant is engaged in Outreach, and not yet enrolled.
 - i. The HH will document all notifications.
- 2. The Health Home will determine the need for further investigation, based on the seriousness of the Incident, and/or to determine if the actions or inaction of the HH/CMA contributed to the occurrence of the Incident.
- 3. If investigation is warranted, the Incident will be documented and monitored per the above procedures.

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H. Justice Center Reporting & Multiple Agency Involvement

1. Incidents and subsequent investigations may include the involvement of multiple Community and State Agencies, as well as MCO's.
 - i. This includes:
 - a. Office of Mental Health (OMH)
 - b. Office of Alcoholism and Substance Abuse Services (OASAS)
 - c. Office for People with Developmental Disabilities (OPWDD)
 - d. Office of Children and Family Services (OCFS)
 - 1) Participants involved in in AOT or Health Home Plus will comply with the requirements of the Local Government Unit.
2. The Health Home will coordinate investigations, and provide necessary information/documentation to facilitate the timely resolution of investigations that may be assigned to other entities.
3. Incidents that occur or involve licensed programs/Agencies, may fall under the jurisdiction of the Justice Center, and will be reported and investigated per NYS regulations, by the licensed program.
 - i. The CMA will promptly report such allegations, including those that involve fraud and abuse to the Justice Center Vulnerable Persons Central Register (VPCR) and the licensed program, and will document per above procedures.
4. The Health Home/CMA will cooperate with all external investigations, and will advocate for and support the Participant during the process as needed.
5. Other incidents may fall within other settings, and require additional reporting as follows:
 - i. NYS Adult Home Hotline: 866-893-6772
 - ii. NYS Nursing Home Complaint Hotline: 888-201-4563
 - iii. Statewide Central Register of Child Abuse & Maltreatment: 800-342-3720