



## ADVERSE INCIDENT REPORTING FOR MEMBERS WHO USE SPECIALIZED BEHAVIORAL HEALTH SERVICES

### POLICY

For all network providers, it is the policy of AmeriHealth Caritas Louisiana (ACLA) to mirror, as closely as possible, the reporting requirements and categories outlined in the Louisiana Department of Health (LDH) contract. ACLA Behavioral Health providers are required to:

1. Develop written policies and procedures for an incident management process;
2. Take measures to prevent the occurrence of adverse incidents;
3. Investigate and report on adverse incidents that occur; and
4. Take reasonable corrective action to prevent the reoccurrence of adverse incidents.

ACLA Behavioral Health Providers shall be required to report adverse incidents within one business day of discovery of the incident.

ACLA Behavioral Health Providers shall report the following adverse incidents, which occur while a member is in said Behavioral Health Provider's care, to ACLA, in accordance with the Procedure contained herein:

1. Abuse
2. Neglect
3. Extortion
4. Exploitation
5. Death

ACLA's Quality of Clinical Care Committee (QCCC) will review the quarterly 326 Adverse Incident Report on a quarterly basis.

### PURPOSE

To detect, report, and remediate adverse incidents and prevent the future reoccurrence of adverse incidents, when applicable.

### DEFINITIONS

*Abuse (Child/Youth)*— Any one of the following acts that seriously endanger the physical, mental, or emotional health and safety of the child:

- (a) The infliction, attempted infliction, or, because of inadequate supervision
- (b) The allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person.
- (c) The exploitation or overwork of a child by a parent or any other person
- (d) The involvement of a child in any sexual act with a parent or any other person
- (e) The aiding or toleration by the parent of the caretaker of the child's sexual involvement with any other person or of the child's involvement in pornographic displays or any other involvement of a child in sexual activity constituting a crime under the laws of this state (Children's Code Article 603)

*Abuse (Adult)*— The infliction of physical or mental injury, or actions which may reasonably be expected to inflict physical injury, on an adult by other parties, including but not limited to such means as sexual abuse, abandonment, isolation, exploitation, or extortion of funds or other things of value. (Louisiana Revised Statutes 15:403.2).

*Adverse Incidents*—The following events as defined by LA DHH, when occurring during a Member's term of care, will be defined as adverse incidents, and shall be received by ACLA from Behavioral Health Providers:

1. Abuse;
2. Neglect;
3. Extortion;
4. Exploitation;
5. Death.

*Death*—All deaths, regardless of the cause or the location where the death occurred.

*Exploitation (adult)* —The illegal or improper use or management of the funds, assets, or property of a person who is aged or an adult with a disability, or the use of power of attorney or guardianship of a person who is aged or an adult with a disability for one's own profit or advantage (Louisiana Revised Statutes 15:503.7)

*Extortion (adult)* - the acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority. (Louisiana Revised Statutes 15:503.8)

*Incident Date* — Indicate the date the incident occurred as opposed to the date the incident was reported.

*Incident Type* — Indicate if the incident is abuse, neglect, exploitation, or extortion for abuse. Indicate death by natural causes, death by accident, death by unknown causes, suicide, or homicide for death.

*Level of Care* — Community based services (outpatient), Inpatient (distinct part psychiatric unit, free standing hospital or psychiatric residential facility), or Residential (group home).

*Neglect (Child/Youth)*— The refusal or unreasonable failure of a parent or caretaker to supply the child with the necessary food, clothing, shelter, care, treatment, of counseling for any illness, injury, or condition of the child, as a result of which the child's physical, mental or emotional health and safety are substantially threatened or impaired. This includes prenatal illegal drug exposure caused by the parent, resulting in the newborn being affected by the drug exposure and withdrawal symptoms. (Children's Code Article 603)

*Neglect (Adult)*— the failure, by a caregiver responsible for an adult's care or by other parties, to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused. (Louisiana Revised Statutes 15:503.10)

*Provider* — A provider of specialized behavioral health services.

*Status of Incident* - Indicate if the incident has been referred to the protective service agency, if the incident is currently being investigated, if the incident was substantiated or not substantiated, and if the incident has been resolved. Include how the incident is resolved for a substantiated incident.

## **PROCEDURE**

ACLA and Behavioral Health Providers shall comply with the following adverse event procedure(s):

- I. ACLA's Behavioral Health Department will receive the LDH Adverse Incident Form from providers within one business day of the occurrence or discovery of the incident occurrence by the provider. Providers may submit state, parish, or internal Adverse Incident Report forms that provide substantially the same information required by ACLA.
- II. Due to the sensitive nature of the information and identification of the Member, providers will submit the forms to ACLA by fax at 844-341-7641.
- III. The Behavioral Health Department designee will enter details from the Adverse Incident Report Form in the member's record in JIVA. The Behavioral Health Department's designee(s), will maintain a copy of all Adverse Incident Reports in a secure location in the Behavioral Health Department.
- IV. The Director of Behavioral Health, or designee(s), will review all Adverse Incident Reports within one (1) business day. Adverse Incident Reports indicating Fraud, Waste, or Abuse issues by a Provider will be referred on the same day to the SIU department for follow-up.
- V. Reports indicating imminent patient safety issues, which escalate the report to a potential Quality of Care Concern, will be referred on the same day to the Medical Director/Physician Reviewer and Behavioral Health Medical Director to determine necessary follow-up and action to assure the Member's safety.
- VI. If an Adverse Incident Report is escalated to a potential Quality of Care Concern or indicates imminent patient safety concerns, the nurse reviewer will be notified and the incident will then be investigated.
- VII. ACLA's Behavioral Health Department will review follow-up reports submitted from the provider regarding the disposition of any adverse incidents, which are not considered final when the original is submitted and require subsequent analysis.
- VIII. Adverse Incident Reports will be compiled and reported quarterly and as requested in the LDH reporting template.
- IX. ACLA's QCCC will review the quarterly 326 Adverse Incident Report on a quarterly basis.



**SOURCE DOCUMENTS AND REFERENCES:**

Louisiana Children's Code Article 603  
Louisiana Revised Statutes 15:403.2  
Louisiana Revised Statutes 15:503.7  
Louisiana Revised Statutes 15:503.8  
Louisiana Revised Statutes 15:503.10

**ATTACHMENTS:**

Attachment A - Healthy Louisiana Adverse Incident Reporting Form



Attachment A - Healthy Louisiana Adverse Incident Reporting Form

**Healthy Louisiana  
Adverse Incident Reporting Form**

The provider **must** fax this form or any form with the necessary information to the appropriate health plan of the member addressed below **within 1 business day** of discovery of the incident.

**ABH: 860-262-9174**      **ACLA: 844-341-7641**      **Healthy Blue: 855-859-5044**  
**Humana: 888-305-7974**      **LHCC: 866-704-3063**      **UHC: 877-554-3362**

Member Name:	Diagnosis:
Member Number:	Provider Level of care:
Member Date of Birth:	Incident Location:
Legal Status:	Date and Time of Incident:
Date Form Completed:	Date Incident Discovered:

Select any of the following categories that were involved.

<input type="checkbox"/> Abuse	<input type="checkbox"/> Exploitation
<input type="checkbox"/> Neglect	<input type="checkbox"/> Death
<input type="checkbox"/> Extortion	<input type="checkbox"/>

Description of Event: (including specifics on incident, using as many pages as necessary, numbering, dating, and signing each)

Action taken to ensure safety of all involved: (including debriefing efforts and steps to avoid similar future events)

Select the appropriate boxes that apply.

<input type="checkbox"/> Parent/Guardian notified	Date/Person notified:
<input type="checkbox"/> Law enforcement/Protective services notified (if applicable)	If yes, agency and contact information:
<input type="checkbox"/> Member seen by psychiatrist, physician or nurse after incident	If yes, treatment:



Signature:

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Print Name:

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Phone number:

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Email Address:

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Provider Name:

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Date:

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