



**Department  
of Health**

Medicaid  
Redesign Team

# **Health Home Policy Update Monitoring the Reporting of Complaints and Incidents**

**October 14, 2015**

# Monitoring the Reporting of Complaints and Incidents Policy

The original Health Home policy, “Monitoring the Reporting of Complaints and Incidents” was developed through a joint effort between NYSDOH Health Homes staff, AIDS Institute, Office of Mental Health, Office of Alcoholism and Substance Abuse Services, Bureau of Managed Care Certification and Surveillance, and Division of Legal Affairs, and approved by each State agency’s upper management.

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hh\\_monitoring\\_complaint\\_and\\_incident\\_policy\\_09\\_30\\_14.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_monitoring_complaint_and_incident_policy_09_30_14.pdf)

The policy was implemented in September 2014.



# Monitoring the Reporting of Complaints and Incidents Policy Updates

Based on NYSDOH's monitoring of incident investigations, feedback from Health Homes and Care Management Agencies, and the Health Home Coalition, the NYSDOH Health Home team in collaboration once again with State partners have updated this policy to provide clearer guidance on the management of complaints and incidents.

# Monitoring the Reporting of Complaints and Incidents Policy Updates

The overall process hasn't changed. Health Homes and care management agencies should have procedures in place for handling complaints and incidents.

The major updates to this policy are:

1. Clarify the definitions of Complaint and Incident;
2. Clarify the responsibility of Health Homes to manage incident investigations, monitor trends, and work in conjunction with care management and State agencies;

# Monitoring the Reporting of Complaints and Incidents Policy Updates

3. Expand the policy to three levels-the current policy has two levels, Complaints and Incidents. All Incidents have been reportable to DOH.

Updated policy continues to have Complaints, but divides Incidents into two levels:

Level 1: Complaints which will continue to be managed by the CMA,

Level 2: Incidents that are managed jointly by the Health Home and CMA and no longer need to be reported to NYSDOH, and

Level 3: Incidents that are managed jointly by the Health Home and the CMA and must be reported to NYSDOH.

# Monitoring the Reporting of Complaints and Incidents Policy Updates

4. Clarify reporting guidance involving allegations against licensed entities;
5. Change in timelines for reporting Level 2 Incidents to allow more time for Health Homes and Care Management Agencies to obtain details about the allegation before determining the direction of the Incident investigation. (Timelines for Level 3 Incidents, which must be called into DOH, have not changed)

# Monitoring the Reporting of Complaints and Incidents Policy Updates

6. Add a new section on Personal Health Information (PHI) Breaches;
7. Provide clearer guidance for tracking of Complaints and Incidents by Health Homes and Care Management Agencies;
8. Provide clearer guidance on record keeping requirements for Health Homes and CMAs.

# Level 1 Complaints

Level 1 Complaints do not require psychiatric treatment and are resolved with reassurance and support; they do not affect the health and welfare of the member (e.g., do not result in physical or psychological harm).

- Health Homes must have policies and procedures in place for how CMAs handle complaints from/on behalf of members.
- Level 1 Complaint investigations are managed by the CMA.
- Policies must include how CMAs will self-monitor for trends.

# Level 1 Complaints

Examples of Level 1 Complaints may include, but are not limited to:

- Customer service issues or dissatisfaction with CM services;
- CM did not coordinate the member's plan of care to his/her satisfaction;
- CM failed to set up needed transportation resulting in the member's late arrival at an appointment;
- Member informs CM of a long wait time in doctor's office;
- CM repeatedly didn't return phone calls;
- CMA did not respond to member's request to change CMs.

## Level 2 Incidents

- A Level 2 Incident is defined as an urgent issue, event, or action either perceived or an actual threat that could have potential ill effect on the member's health and welfare, and can include an action taken by or against the member or, by another individual(s).
- The member may experience or subject another person to a level of physical and/or psychological harm, sustain or cause injury resulting in medical intervention and treatment, pose serious physical injury or life threatening harm, or require emergency life-saving procedures.

## Level 2 Incidents

- Health Homes must have policies in place for how Level 2 incidents are investigated.
- All Level 2 incidents must be reported to the Health Home. The Health Home and CMA work jointly to assure the Incident is investigated.
- Policy must include specific timelines for reporting allegations of Level 2 incidents to the Health Home by the CMA.
- Policy must include the Health Home involvement in the investigation process including discussion of the focus of the investigation with the CMA, documentation review, determining outcomes, etc.

## Level 2 Incidents

Examples of Level 2 Complaints may include, but are not limited to:

- Abuse (physical, verbal, etc.) or neglect;
- Suicide attempt
- Violation of civil rights
- Missing person
- Sexual assault (rape or attempted rape) or domestic violence;
- Any voluntary or involuntary sexual contact involving a member and CMA staff;
- Crime (e.g., illegal sale or possession of narcotics; possession of a deadly weapon, robbery, DWI/DUI)
- Motor vehicle accident;
- Verbal or physical aggression toward the member, or by the member toward another person without life threatening injury;
- Death of a Health Home member.

## Level 2 Incidents

- Note that death of a Health Home member may be categorized as either a Level 2 Incident (not reportable to NYSDOH) or a level 3 Incident (reportable to NYSDOH) depending on the circumstances.
- While it is understood that some causes of death may be anticipated (e.g., someone who is terminally ill and receiving end-of-life care), it is important to evaluate all deaths of Health Home members to determine whether there was a lapse or failure in care management that negatively impacted the member and potentially contributed to the death. In cases where this has been determined, an investigation must be conducted, but the death is not reportable to NYSDOH unless it is determined to be a Level 3 Incident.

## Level 3 Incidents

An Incident is considered Level 3 and is reportable to NYSDOH when any of the following occurs:

- A homicide is committed against or by the member;
- The Health Home identifies trends in its network that has impacted or has the potential to impact members;
- The Health Home cannot reach a conclusion from its investigation, or member satisfaction cannot be reached, during Level 2 investigations and guidance is needed from NYSDOH;
- The Health Home determines that the actions/inactivity of the CMA or Health Home negatively impacted the member and contributed to the incident;
- Any Level 1 complaint or Level 2 incident investigation that is determined upon further investigation to be a Level 3.

# Reporting Requirements

Expectations for timeframes for investigation and reporting to the Health Home and to NYSDOH, if required, are described in the policy update.

- Health Homes must establish timeframes for CMAs to investigate Level 1 Complaints and for the reporting of Level 2 Incidents.
- Health Homes must have policies and procedures in place for notifying NYSDOH once an event has been investigated and it is determined that a Level 3 Incident has occurred.
  - The Health Home and CMA should communicate within 24 hours of the event to put together information on the incident.
  - The Health Home must in turn contact NYSDOH within 24 hours of being notified by the CMA.

# Reporting Requirements

- Level 3 Incidents are reported to the Health Home via the Health Home Provider Line: (518) 473-5569. After hours a message should be left.
- A trained member of the NYSDOH Health Home team will be assigned to the incident and will contact the Health Home. The Health Home should have already initiated an investigation and be prepared to provide details of the incident.
- A timeline for completion of the investigation will be provided to the Health Home by the NYSDOH (generally this is **10 business days** but is subject to change depending on the nature and severity of the Level 3 Incident).
- Additional documentation may be requested and must be submitted to NYSDOH in a secure manner. Other State agency partners may be asked to assist in the review of the incident.

# Policy Implementation

- The date for implementation of this updated policy is November 1, 2015.
- An event occurring on or after that date is subject to the requirements of the new policy, which will be available on the Health Home website at the following link:

[http://www.health.ny.gov/health\\_care/medicaid//program/medicaid\\_health\\_homes/health\\_home\\_policy.htm](http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_home_policy.htm)

- Questions can be directed by phone to (518) 473-5569 or to the email webform address on the following slide-select the “Health Home Policy” subject line from the drop-down menu.

# Useful Contact Information

- Visit the Health Home website:  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/)
- Get updates from the Health Homes listserv. To subscribe send an email to: listserv@listserv.health.state.ny.us (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)
- To email Health Homes, visit the Health Home Website and click on the tab “Email Health Homes”  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/)
- Call the Health Home Provider Support Line: 518-473-5569.