

**830 – QUALITY OF CARE AND FEE-FOR-SERVICE PROVIDER REQUIREMENTS**

EFFECTIVE DATES: 01/08/20, 08/01/20, 04/01/22<sup>1</sup>

APPROVAL DATES: 10/17/19, 05/21/20, 11/18/21<sup>2</sup>

**I. PURPOSE**

This Policy applies to Fee-For-Service (FFS) populations and Programs as specified within this Policy<sup>3</sup> including: AIHP, Tribal ALTCS, TRBHA, ~~FFS Temporary, FFS Prior Quarter, Hospital Presumptive Eligibility, including Federal Emergency Services (FES) and DDD Tribal Health Program (DDD THP), excluding Federal Emergency Services Program (FESP).~~ (For FESP, refer to AMPM Chapter 1100). This Policy establishes requirements for FFS Programs and FFS providers<sup>4</sup> regarding reporting of Quality of Care (QOC) Concerns, Incident, Accident, Death (IAD) reports, and Health and Safety conditions, including requirements for FFS providers to comply with state licensure requirements, on-site inspections, and/or requests for information, including documentation; and establishes requirements regarding FFS provider responsibilities during member transitions. Quality of care responsibilities for Tribal ALTCS and the TRBHAs are specified in their respective Intergovernmental Agreements (IGAs).

**II. DEFINITIONS**

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).<sup>5</sup>

<b>ABUSE</b>	<del>For purposes of this Policy, the intentional infliction of physical harm, injury, caused by negligent acts or omissions, unreasonable confinement, and/or sexual Abuse or sexual assault.</del>
<b>DFSM QUALITY MANAGEMENT (QM)</b>	<del>A unit within the AHCCCS Division of Fee-For-Service Management (DFSM) that oversees FFS quality management activities, including but not limited to, Quality of Care investigations and Health and Safety inspections.</del>
<b>EXPLOITATION</b>	<del>For purposed of this Policy, the illegal or improper use of an AHCCCS member or the AHCCCS member’s resources for another’s profit, gain or.</del>
<b>FEE FOR SERVICE (FFS) PROVIDER</b>	<del>Any AHCCCS registered provider who provides services to FFS members.</del>

<sup>1</sup> Policy revised to apply program changes effective 04/01/22.

<sup>2</sup> Date policy approved by APC

<sup>3</sup> Changed to align with Policy standards throughout the Policy.

<sup>4</sup> Adding for clarity that this Policy is only applicable to the FFS Programs.

<sup>5</sup> Removed definitions and adding link to the AHCCCS Contract and Policy Dictionary

<b>HEALTH AND SAFETY CONDITION</b>	A situation in which a member receiving an AHCCCS covered service has suffered or is likely to suffer injury, harm, impairment, or death as a result of an FFS provider's services and/or noncompliance with their AHCCCS Provider Participation Agreement (PPA).
<b>INCIDENT, ACCIDENT OR DEATH (IAD)</b>	An unexpected occurrence that harms or has the potential to harm a person, and/or a death or sentinel event.
<b>NEGLECT</b>	For purposes of this Policy, deprivation of food, water, medication, medical services, shelter, supervision, cooling, heating, or other services necessary to maintain an AHCCCS member's minimum physical or mental health.
<b>QUALITY OF CARE CONCERN (QOC)</b>	An allegation that any aspect of care, or treatment, utilization of behavioral health services or utilization of physical health care services that caused or could have caused an acute medical/psychiatric condition or an exacerbation of a chronic medical/psychiatric condition and may ultimately cause the risk of harm to an AHCCCS member.
<b>VULNERABLE ADULT</b>	An individual who is 18 years of age or older and who is unable to protect himself from Abuse, Neglect or Exploitation by others because of a physical or mental impairment. Vulnerable Adult includes an incapacitated person as defined in section A.R.S. § 14-5101.

### III. POLICY

The AHCCCS/DFSM Quality Management (QM) investigates Quality of Care (QOC) Concerns, Incident, Accident or Deaths<sup>6</sup> (IADs), and Health and Safety Conditions for members enrolled in FFS Programs in accordance with 42 U.S.C. §1396a(a)(30)(A).

The Tribal ALTCS and TRBHA programs shall participate in the investigation of QOC Concerns, IAD reports, and Health and Safety Conditions related to their enrolled members, in accordance with applicable IGAs and in coordination with AHCCCS.

Reports of QOC Concerns and service issues ~~may~~ shall be raised internally by at AHCCCS, or reported to AHCCCS externally internally, or externally by members/Health Care Decision Makers (HCDM) and/or designated representatives (DR)<sup>7</sup>, providers, and stakeholders, from anywhere in the community.

The AHCCCS Provider Participation Agreement (PPA) provides the authority for AHCCCS/DFSM to ensure that FFS providers comply with all applicable state and federal rules and regulations,

<sup>6</sup> Spelling out acronym for first time use throughout policy.

<sup>7</sup> Added acronyms as standard practice.

including alignment with state licensure requirements, as well as AHCCCS rules and policies relating to the audit of provider records and the inspection of the provider’s facilities. FFS providers are responsible for adhering to the requirements specified in all applicable AHCCCS policies, ~~including this Policy~~<sup>8</sup>. For specific requirements applicable to Tribal ALTCS and the TRBHAs, refer to the respective IGA.

#### **A. REQUIREMENTS FOR REPORTING**

FFS providers shall submit QOC Concerns and IAD reports to AHCCCS through the AHCCCS Quality Management System Portal (AHCCCS QM Portal) as specified in -AMPM Policy 961<sup>9</sup>. FFS providers shall report as soon as the FFS provider is aware of the QOC Concern and/or IAD, but no later than 24 hours after discovering the QOC Concern and/or IAD. FFS Providers shall maintain current correspondence, and site contact information in the Pre-Paid Medical Management Information Systems (PMMIS). Non-compliance with these reporting requirements shall be considered a violation of the PPA.<sup>10</sup>

For provider information on registering for the AHCCCS QM Portal, visit the AHCCCS website. If the AHCCCS QM Portal is unavailable, the QOC Concern ~~may~~ shall be reported via the Access to Covered Medicaid Services web form via email, or telephone. This information can be found on the AHCCCS Contacts webpage.

Suspected cases of ~~a~~Abuse, ~~n~~Neglect, and ~~e~~Exploitation of a member shall also be reported by the FFS provider to Adult Protective Services (APS), Arizona Department of Child Safety (DCS), and other authorities, as appropriate.

For members enrolled in a TRBHA, FFS providers shall coordinate and report information to the TRBHA of enrollment. For members enrolled in Tribal ALTCS, FFS providers shall coordinate and report information to the member’s Tribal ALTCS case manager. The TRBHAs and Tribal ALTCS Programs shall review all cases of IAD or QOC with the ability to close the case at their level. If these programs decide to elevate a case to AHCCCS/DFSM QM, they shall provide all relevant documentation including complete clinical records which support the allegation.<sup>11</sup>

~~For members enrolled in Tribal ALTCS, FFS providers shall coordinate and report information to the member’s Tribal ALTCS Case Manager.~~

For Tribal members residing on Tribal lands, Tribal ~~c~~Case managers shall determine which Tribal program is responsible for handling these issues in their area. The ~~State of Arizona~~ APS may have jurisdiction to investigate reports that occurred on tribal land involving non-tribal ~~v~~vulnerable ~~a~~Adults with the written invitation of the tribal council, in accordance with A.A.C. R6-8-204. The ~~State of Arizona~~ DCS program ~~does not have jurisdiction on reservation land to~~

<sup>8</sup> Removed not needed

<sup>9</sup> Adding policy for clarity

<sup>10</sup> Sentences added to inform providers to keep contact info updated in PMMIS.

<sup>11</sup> Added paragraph to inform the Fee for Service Program clinical staff that DFSM Quality Management requires relevant clinical documentation with reporting.

may intervene in cases of aAbuse, nNeglect, or eExploitation when located on reservation land, in some circumstances.

Documentation related to the suspected aAbuse, nNeglect or eExploitation, including the reporting of such, shall be kept in a file, separate from the member's case file, that is designated as confidential. The confidentiality of this information is protected under A.R.S. § 36-2917, and A.A.C. R9-22-512.

The resolution of member QOC concerns shall be coordinated with AHCCCS/DFSM QM. AHCCCS/DFSM QM may provide corrective action<sup>12</sup> upon closing an IAD or QOC case. This corrective action shall be regarded by FFS Providers as actionable findings related to the IAD or QOC case. Failure of FFS Providers to review and act upon the AHCCCS/DFSM QM's corrective action shall be considered by AHCCCS in future cases.<sup>13</sup>

## **B. REQUIREMENTS FOR HEALTH AND SAFETY CONDITIONS**

FFS pProviders shall identify a member's health plan of enrollment and coordinate care with any health plans, agencies, providers, or other entities involved in the member's care.

FFS pProviders shall make every effort to resolve a hHealth and sSafety cCondition with minimal exposure of the FFS member to the adverse situation or environment.

FFS pProviders retain responsibility for member safety, care coordination, a safe discharge, and/or transition of care, and shall work with AHCCCS/DFSM QM and TRBHAs and/or Tribal ALTCS Programs to ensure that if warranted, FFS members are re-located to a safe environment.

All QOC cConcern information shall be entered into the AHCCCSQM Portal. FFS pProviders shall cooperate with requests for FFS member information from AHCCCS and/or TRBHAs/Tribal ALTCS Programs and any potential requests for AHCCCS/DFSM QM and/or TRBHAs/Tribal ALTCS Programs to interview a m FFS member.

## **C. REQUIREMENTS dDURING MEMBER TRANSITIONS AND/OR DISCONTINUATION OF SERVICES**

In addition to FFS pProvider responsibilities regarding a hHealth and sSafety cCondition, FFS members may shall require movement to a safe environment due to discontinuation of services or during other transitions of care. FFS pProviders shall identify and facilitate movement and coordinate care for FFS mMembers transitioning to other pProviders. This includes changes in service areas or any special circumstances, which can require additional assistance, including but not limited to those specified in AMPM Policy 520.

<sup>12</sup> Clarified language changed feedback to corrective action to notify the request warrants an action, throughout paragraph.

<sup>13</sup> Added a paragraph to inform Fee for Service providers that DFSM Quality Management review of the case could result in corrective actions.

FFS Providers shall coordinate with ~~Health Care Decision Makers~~ CDM and/or Representatives, Tribal ALTCS, and/or TRBHA case managers and other entities serving FFS members as required.

FFS providers shall retain the responsibility to coordinate with any additional agencies that could have impact implications on FFS member movement including, but not limited to:

1. APS.
2. DCS.
3. Probation/parole offices.
4. Tribal Social Services.

FFS providers shall be aware and comply with the Arizona Department of Health Services (ADHS), Division of Licensing who can conduct separate health and safety actions under their guidelines, which could also warrant FFS member movement. Adverse actions taken by ADHS shall cause AHCCCS to take corresponding action against an FFS provider.<sup>14</sup>

The AHCCCS/Office of the Inspector General (OIG) pursuant to State and Federal Law is required under certain circumstances to act to suspend, terminate, or exclude any person (individual or entity) from participation in the AHCCCS program.

<sup>14</sup> Added language to clarify Department of Health Services (DHS) aligning with the policy.