



Department for Aging
and Disability Services

Operational Policy and Procedures

Policy: Adverse Incident Reporting	
Commission: Community Services and Programs	Policy Number: BHS/LICEN 310
Contact: Community Services and Programs Commissioner	
Status: Approved	Date Approved: 10/13/14
Date Reviewed/Revised:	Effective Date: 10/13/14
Division: Behavioral Health Services	Page 1 of 3

POLICY: Behavioral Health providers shall report all adverse incidents and serious occurrences involving individuals receiving services by providers licensed by Kansas Department for Aging and Disability Services/Behavioral Health Services (KDADS/BHS). Mental Health - K.S.A. 39-1430 (b) – (c), Psychiatric Residential Treatment Facilities - 42 CFR 483.374, Substance Use Disorder – Standards for Licensure/Certification of Alcohol And/or Other Drug Abuse Treatment Program R03-401.

PURPOSE: The adverse incident reporting and review process is designed to facilitate ongoing quality improvement to ensure the health and safety of individuals receiving services by providers licensed by KDADS/BHS. It is intended to provide information to improve policies, procedures, and practices.

PROCEDURE:

A) Reporting an Adverse Incident

- 1) An adverse incident is reported if it occurred while the individual was participating in a KDADS/BHS licensed service or on any premises owned or operated by a provider or facility licensed by KDADS/BHS.
- 2) Each incident shall be reported using the appropriate KDADS/BHS Adverse Incident Report (A.I.R) web based tool at www.aging.ks.gov no later than the next business day after an adverse incident or serious incident. If the web based tool is unavailable the report should be submitted via fax or electronic submission.
- 3) Definitions of what constitutes an adverse incident requiring immediate reporting are as follows:
 - a. Death - Death involving a client, who is currently receiving services from the licensee. Any death allegedly occurring from:
 - i. Criminal act (based on a reasonable suspicion of a crime);
 - ii. Suicide;
 - iii. Medication overdose; or
 - iv. Other un-natural cause
 - b. Physical abuse - Any allegation of intentionally or recklessly causing physical harm to a client by any other person, while receiving a KDADS/BHS service.
 - c. Inappropriate sexual contact - Any allegation of intentional touching of a sexual



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nature, of any client, who does not give consent or is incapable of consenting, or declining consent due to mental deficiency, or disease, or fear of retribution.

In addition:

- i. Clients receiving services in any KDADS/BHS licensed or certified program who are under the age of 18 years of age cannot give consent,
- ii. Any allegation of intentional touching of a sexual nature, by a provider's employee or agent, towards a client is inappropriate sexual contact.
- d. Misuse of medications - The incorrect administration or mismanagement of medication, by someone providing a KDADS/BHS service which result in or could result in serious injury or illness to a client.
- e. Psychological abuse - A threat or menacing conduct directed toward an individual that result in or might reasonably be expected to cause emotional distress, mental distress or fear to an individual.
- f. Neglect - The failure or omission by one's self, caretaker or another person with a duty to supply or to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.
- g. Suicide attempt - A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
- h. Serious injury - An unexpected occurrence involving the significant impairment of the physical condition of a client. Serious injury specifically includes loss of limb or function.
- i. Elopement - The unplanned departure from an inpatient unit or facility where a client leaves without prior notification or permission or staff escort.
- j. Natural disaster - Any closure or evacuation of a facility due to fire, storm damage or mechanical system failure that may result in major expenditures or work stoppage or any significant event affecting clients.

B) Review

- 1) Upon submission an email notification is simultaneously sent to the designated KDADS/BHS staff member and the corresponding Managed Care Organization (MCO) staff member, if indicated. Each provider or MCO will only have access to those incident reports involving their clients or members enrolled at the time of the incident.
- 2) A KDADS/BHS designee will review the A.I.R. for follow up and possible investigation.



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- 3) All communications, findings, notes, other supporting documentation, etc. will be entered into the A.I.R. database as it is collected.
- 4) If an investigation is warranted KDADS/BHS staff will contact the provider to request any additional documentation, gather relevant information and develop an investigation plan.
- 5) For community mental health centers, if it is determined an investigation is warranted (including those incidents designated in K.A.R. 30-60-56 as requiring review), the incident will be referred to a Peer Review Committee, members of which are designated and are deemed to be peer review officers and/or peer review committees duly constituted by the mental health center under peer review and risk management laws, including, but not limited to K.S.A. 65-4914 et. seq. and 65-4921 et. seq.
- 6) An MCO may initiate a joint investigation, but must do so within one business day of the A.I.R. being submitted. Communication and collaboration between both the MCO and assigned KDADS/BHS staff will be ongoing until both parties are satisfied and can conclude the investigation.
- 7) If a corrective action is indicated the provider shall submit a corrective action plan in the timeframe designated by the KDADS/BHS staff. KDADS/BHS staff will review the plan, notify provider of approval or disapproval, and follow-up to assure implementation of any approved plan.

KDADS/BHS have written policies and procedures on conducting investigations on adverse incidents. For specific policies or to obtain additional information, please contact the appropriate Community and Services Programs manager.

Approved by: Carla Dieder
 Behavioral Health Director

[Signature]
 Community Services and Programs Commissioner

[Signature]
 KDADS Legal Counsel

4/14/15
 Date

4/15/15
 Date

5-6-15
 Date