

Serious Reportable Events

Frequently Asked Questions (FAQ)

- **What if elopement is less than 2 hours but client engages in unsafe behaviors while being observed by staff?** Yes, that should be reported if the unsafe behaviors put the member or others at risk of harm. Any elopement that indicates immediate risk of harm or demonstrates that the member was involved in development of a plan to evade supervision should be reported.
- **Would it be within one (1) business day after you find out about an event? For example, if a client passes away from an outpatient facility?** Yes, reporting within one business day of when you became aware of the situation is appropriate.
- **How do we notify Beacon that a non-Beacon member died at our facility without breaching HIPAA?** You can fill out the Reportable Event form but leave the “Member Information” section blank. In the “Incident description” area, please include relevant details without releasing the individual’s PHI. Here are two examples, one for outpatient and one for a residential facility:
 - **Outpatient:** “58 year old male (non-Beacon member) died of suspected heart attack in the bathroom of the clinic. Client had just arrived and checked in and was waiting for appointment with physician. Another client heard a loud sound coming from the bathroom and alerted the front desk staff. 911 was called immediately and client was taken by ambulance to Mercy Hospital. Client was pronounced dead on arrival due to suspected heart attack.”
 - **Residential:** “19 year old male (non-Beacon member) in 3.5 non-hospital rehab treatment found hanging in his room when he was observed to be late for group at facility. 911 contacted immediately. Coroner ruled death by suicide.”
- **For AMA at risk of incarceration, does that include individuals who are on probation?** Not necessarily. That would depend on the status of the individual at the time of treatment and their intentions at the time they leave, and should be looked at on a case-by-case basis.
- **For AMA at risk, we consider anyone leaving a residential SUD level of care to be “at risk” because they are at increased risk of overdose. Should all AMA’s be reported?** Not necessarily. While the member is at increased risk of overdose, this category is more focused on the member’s mental/physical status at the time of leaving. For example, is the member presenting with suicidal ideation or unstable mental or physical health status? You cannot force someone to stay in voluntary treatment, but if the person is at risk of harm to themselves or someone else, you can have them assessed at an Emergency Room.

- **Administrative discharge. What counts as administrative discharge?** We consider this to be a discharge made by a provider’s clinical team to remove someone from the program. Some programs call these a discharge “at staff request,” a member may describe it as being “kicked out” of a program.
 - **Are we going to have to report everyone in D&A who is closed for lack of contact?** No, discharging due to lack of contact is not a reportable event for SUD or MH treatment providers unless another reportable event category (such as member death) is also known.
 - **What if the person disappears...is trying to contact them and their emergency contact good enough, even if we can’t reach them?** For non-residential providers, yes, just be sure that you are following your policy for those attempts (for example, does the policy say make 3 attempts? One phone attempt and a letter?). Residential providers should report members who are out of contact with the facility for more than two (2) hours or anytime the situation includes another Reportable Event category.
 - **How do we conduct a warm handoff for a D&A client who is non-compliant? We would need a SIGNED consent to release information.** Yes, you would need a signed consent. The hope would be that if you are telling them that they can no longer stay in your program, that it is a conversation about what led to that decision and where you think they may be more appropriate (perhaps a higher level of care?). We like to see our providers make every attempt to connect the member to an appropriate service; however, if the member is unwilling to go to another provider or sign a consent, that would need documented and we suggest trying to offer a list of referrals and/or reminding them that they can contact their insurance for a list of referrals in case they change their mind.
 - **If a client is discharged for non-compliance do we have to report that under the administrative discharge?** Yes, that is one example of an administrative discharge. Please include a brief summary of the member’s actions that resulted in discharge and your efforts to provide a warm transfer or aftercare resources.
- **What counts as “sex” when referring to consensual or non-consensual “sex”?** We include sexual activity of any kind when thinking about consensual or non-consensual “sex”. So, any exposure of genitalia and/or sexual contact of any kind or any exposure of or contact with a person’s sexual body parts. Consent information can be found at <https://pcar.org/consent>.
- **How do we know when aggression becomes significant enough that it could be considered “assault”?** Use your clinical judgment and focus on what you perceive as the intent from the actor. If it is reasonable to assume that the person’s actions could have or did lead to injury of the targeted person, it should be reported. Simply making physical contact does not necessarily indicate that an assault occurred.

- **Allegations of abuse: We understand reporting if it happens on a site or involving an employee or two consumers. But, the slides suggested that we have to report any allegations of abuse. We are already reporting to CYS. Is the expectation that every CYS report for a Beacon client involves notifying Beacon? And does that comply with PA 255.5 for D&A clients?** Any suspicion of abuse, neglect, or exploitation must be reported to ChildLine or Adult Protective Services in accordance with the law. Allegations of abuse occurring at the provider site or during the time of services being rendered should be reported. If there is a potentially serious risk to the member's safety in the home (our member alleges that abuse occurred in the home), that should be reported, too.

You do not need to submit a report to Beacon for every Beacon client making an allegation of abuse. If a child alleges that abuse occurred at the library, at a sports practice, etc. and if the alleged abuse did not occur while the child was working with one of your staff members, this does not need to be reported to us.

- **Reporting suicide attempts. What qualifies as an actual "attempt"? Are we expected to report every time a child "attempts"?** Use your clinical judgment and focus on what you perceive as the intent from the actor. If the person who attempted would reasonably believe that their action could kill them, that should be reported. That would look very different depending on the age and cognition of the member. For example, a 6-year-old eating five gummy vitamins may believe that would kill him because of his age. A 27-year-old taking six Tylenol because he had a headache and said that it hurt so bad he "wanted to die" but engaged in no actions that put his life at risk would not be reportable as an attempt.
- **Can we create Beacon's Reportable Events Form in our Electronic Health Record (EHR)?** Yes, Beacon welcomes providers to incorporate our Reportable Events Form into your system. Our requirement is that all areas requested on the form and the structure of the form be reflected in your EHR.
- **What if a consumer is a Beacon member but is not receiving any mental health services from our agency, only Supports Coordination through the ID system? If the consumer is involved in a reportable event, either at our office for an ID appointment or at the group home, is this a reportable event to Beacon?** If the member is not receiving mental health or substance use services (or any services that Beacon covers) then the event does not need to be reported to Beacon.
- **What if EMS Services are summoned to one of our sites that does not provide mental health services and is only licensed for IDD services?** If the site is not contracted to provide any services that Beacon covers, and there are no Beacon-covered services occurring at the time of EMS being summoned, then the event does not need to be reported to Beacon.

- **We have three school-based programs in which the site address is the school's address but as you can imagine we don't always know why emergency responses are initiated or who was involved, nor would it always impact the BHO members we serve. How do we know if we should report it?** Report any time EMS services is summoned to your location and impacts the provision of a service. If an ambulance appears at a school and it does not impact the provision of service (no evacuation, no contact to the counseling room, etc.), it does not need to be reported.
- **What if something serious happened at my facility but the situation was not one of the categories listed on the Reportable Event form?** Remember that the Reportable Events table includes more detail about what needs to be reported. If a member safety situation happens and you aren't sure if it fits the categories on the form, reference the full table. If you still aren't sure if it should be reported, submit a Reportable Event form to us and we will triage it. You can also contact us with any questions you may have.

Contact the Beacon-PA Quality/Risk Management Department as needed

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