

Reporting and Monitoring Requirements

General Overview for Clinical Staff

Introduction

The information and dates in this presentation are accurate as of the date of this presentation or delivery of content



Agenda

- **Mandated Reporting**
- **Network Monitoring Requirements**
- **Plan Reporting Requirements**
 - **HCBS Assurances**
 - **Critical Incident**
 - **Foster Care**
 - **Other Reporting**

Mandated Reporting

Review on Mandated Reporting

- › Individuals providing services to children are mandated reporters.
- › Mandated reporters are required to report suspected child abuse or maltreatment when, in their **professional capacity**, they are presented with **reasonable cause** to suspect child abuse or maltreatment.
- › **Professional Capacity** - Anytime that a person is acting within the scope of their employment or carrying out functions as part of the duties and responsibilities of their profession.
- › **Reasonable cause** to suspect child abuse or neglect means that based on your observations of the evidence, professional training and experience you believe that the parent or legal guardian has harmed or placed a child in danger of being harmed.
- › **Legal protections when reporting; legal penalties for not reporting.**

Legal Protections for Mandated Reporters

Source Confidentiality

- › The Social Service Law provides confidentiality for mandated reporters and all sources of child abuse and maltreatment reports. OCFS and local CPS are not permitted to release to the subject of the report any data that would identify the source of a report unless the source has given written permission to do so. Information regarding the source of the report may be shared with court officials, police, and district attorneys but only in certain circumstances.

Immunity from Liability

- › If a mandated reporter makes a report with earnest concern for the welfare of a child, he or she is immune from any criminal or civil liability that might result. This is referred to as making a report in "good faith".

Legal Penalties

Failure to Report Soc. Serv. Law § 420

- › Anyone who is mandated to report suspected child abuse or maltreatment - and fails to do so - could be charged with a Class A misdemeanor and subject to criminal penalties. Further, mandated reporters can be sued in a civil court for monetary damages for any harm caused by the mandated reporter's failure to make the report to the SCR.

Mandated Reporter Designated Professionals

Professions include but are not limited to:

- Physician
- Registered Physician Assistant
- Intern
- Psychologist
- Registered Nurse
- Social Worker
- Licensed Creative Arts Therapist
- Licensed Marriage and Family Therapist
- Licensed Mental Health Counselor
- Licensed Psychoanalyst
- Licensed Behavior Analysts
- School Officials
- Social Services Worker
- Mental Health Professional
- Substance Abuse Counselor
- Alcoholism Counselor
- All persons credentialed by the NYS Office of Alcoholism and Substance Abuse Services

For more information:

<http://nysmandatedreporter.org/MandatedReporter.s.aspx>

What is Reportable?

› Abuse:

- Inflicts or allows to be inflicted serious physical injury
- Creates or allows to be created substantial risk of serious physical injury
- Commits or allows to be committed sexual abuse

› Maltreatment/Neglect

- A child whose physical, mental, or emotional condition has been impaired or is at imminent danger of becoming impaired
- A parent's or custodian's failure to provide a minimum degree of care

Types of Neglect

- › Fails to provide:
 - adequate food, clothing, shelter, education, or medical care
 - proper supervision or guardianship

OR

- › Inflicts/allows to be inflicted harm, including the infliction of excessive corporal punishment
- › Misuses alcohol or other drugs
- › Abandonment

Who Can Be Reported?

› Person Legally Responsible

- Parent
- Guardian
- Custodian
- Day Care Provider
- Residential Care Staff

Important to Know

- › The individual with direct knowledge is responsible for calling the State Central Registry (SCR)
- › No prior approval or conditions may be imposed
- › The caller is responsible for completing the LDSS-2221A form and to obtain a Call ID #
- › The reporter provides the SCR with all known names of household members, and specific details about the incident being reported
- › Section 415 of the SSL requires mandated reporters to provide records regarding a mandated report necessary for a CPS investigation, irrespective of HIPAA proscriptions or any other privilege

Plan Network Monitoring Requirements

Network Monitoring Required by NYS

- Regularly monitor contracted network's adequacy in order to ensure members experience
 - Uninterrupted services
 - Smooth transition to Managed Care
- Must develop a Health Home and provider profiling system

Network Monitoring Required by NYS

- › Develop and update a detailed network plan
 - Must be submitted to State upon request
 - Must include but not limited to:
 - » An analysis of network adequacy derived from data on enrollment, utilization, prevalent diagnoses, member demographics, access and availability survey results for the covered benefits, out-of-network utilization (i.e., SCAs), outcomes (when available), grievances, appeals, member satisfaction, provider issues that were significant or required corrective action during the prior year, and input/priorities communicated through participation in the RPC.
 - » An explanation of how the network meets the needs of the expanded population and provides access to the covered benefits.
 - » Identification of any current material gaps in the BH network and specialty service providers needed to provide access to covered benefits for the expanded population, priorities for network development for the coming year and a work plan with goals, action steps, timelines, and measurement methodologies for addressing the gaps and priorities.

Network Monitoring Required by NYS

- Plans do not have to separately credential the NYS-designated providers they contract with
 - State credentialing as part of provider designation suffices
- For OMH-licensed, OMH-operated and OASAS-certified providers, the OMH and OASAS license/operation/ certificates suffice towards plan credentialing for individual employees
- Plans must still conduct program integrity reviews to ensure provider staff have not been disbarred or suspended

- For more information on NYS Requirements please see the various state released documents (including the Model Contract) as well as any communications between your plan and the state.

Plan Reporting Requirements

HCBS Assurances

- Each plan's Health Home and provider profiling system must include outcomes and compliance with HCBS assurances and sub-assurances.
- Plan shall comply with the federal HCBS quality assurance performance measure reporting requirements for children receiving HCBS as defined by the State.
- At minimum, HCBS assurances are anticipated to include the assurances and sub-assurances as listed in [New York Request for Qualifications for Behavioral Health Benefit Administration: Managed Care Organizations and Health and Recovery Plans](#) (March 21, 2014).
 - State may modify this to be specific to children's system

HCBS Assurances Continued

- › Example Metrics from Attachment B
 - % of grievances that were resolved within 14 days
 - % (and number) of participants' critical incidents that were reported, initiated, reviewed and completed within required timeframes
 - % of participants reviewed with a Plan of Care (POC) that is adequate and appropriate to their needs
- › State and Medicaid Managed Care Plan will each play a role in reporting and monitoring of these requirements.
- › For more specific information about your protocols for HCBS Assurances, please check with your individual plan.

Critical Incident Reporting

- Each Plan will separately track critical incident reporting related to the children's populations and services.
- Critical Incident Reporting is reporting on any “event involving a client, which has, or may have, an adverse effect on the life, health, or welfare of the client and/or another person.”
- Plan must have effective mechanisms/protocols to identify, address and seek to prevent instances of abuse, neglect and exploitation of its Enrollees in receipt of Long Term Services and Supports on a continuous basis.

Critical Incident Reporting Continued

- › Such mechanisms will include, at a minimum:
 - a process to include information in education materials distributed to Enrollees and providers to enable reporting of such instances to the Contractor or providing available community resources for Enrollee assistance;
 - provisions in subcontracts to ensure providers comply with State requirements for worker criminal background checks;
 - identification of critical incidents, including but not limited to: wrongful death, restraints, and medication errors resulting in injury, which are brought to the Contractor's attention, and subsequent investigation or referral of the incidents to oversight agencies; and
 - reporting critical incidents to DOH as per rules in Medicaid Managed Care Model Contract
- › For more specific information about your protocols for Critical Incident Reporting, please check with your department.

Foster Care Reporting/Monitoring

- › Plans shall comply with the health requirements for foster children specified in 18 NYCRR § 441.22 and Part 507 and any subsequent amendments thereto.
- › These requirements include thirty (30) day obligations for a comprehensive physical and behavioral health assessment and assessment of the risk that the child may be HIV+ and should be tested.
- › Plan shall provide comprehensive assessments and coordinate care for these Enrollees with the LDSS.
- › Plan shall establish protocols to monitor that the physical and behavioral health care needs identified through the assessment process are adequately met and treatment recommendations are implemented.
- › For more specific information about your protocols for Foster Care Reporting/Monitoring, please check with your department.

Reporting Requirements to Further Integration

- › The State will work with the Plan Associations and Plans to develop steps, including comprehensive reporting requirements, for BH and social-emotional screens to achieve integration in primary care settings.

Other State Required Plan Reporting

› Plan must

- report to the State any deficiencies in performance and corrective action taken with respect to DOH, OMH, OASAS and OCFS licensed, approved, certified or designated providers
- separately track, trend, and report complaints, grievances, appeals, and denials related to the children's populations and services
- report on required outcome measures, as specified by the State
- continue to submit standard reports to the State as specified in the Quality Assurance Reporting Requirements (QARR) within the timeframes provided by the Medicaid Managed Care Model Contract

For more information on your plan's unique reporting and monitoring requirements and procedures please check in with your department.

Questions?



Resources

- › **OCFS Summary Guide on Mandated Reporting:**
<https://ocfs.ny.gov/main/publications/Pub1159.pdf>
- › **Mandated Reporters Hotline for making child abuse and maltreatment reports: 1-800-635-1522**
- › **Medicaid Managed Care Model Contract:**
https://www.health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hiv-snp_model_contract.pdf