

Division of Behavioral Health Services

Bureau of Compliance

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TO: T/RBHA CEOs and Medical Directors

FROM: Dan Wendt
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SUBJECT: **POLICY CLARIFICATION: Provider Manual Form 7.4.1, Incident/Accident/Death Report Form**

DATE: February 16, 2006

This memorandum is intended to clarify the responsibilities of Tribal and Regional Behavioral Health Authorities (T/RBHAs) in meeting the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) policy requirements regarding Provider Manual Form 7.4.1, Incident/Accident/Death Report Form.

Provider Manual Section 7.4, Reporting of Incidents, Accidents and Deaths, was recently revised with an effective date of November 1, 2005. Since that time, providers and T/RBHAs have expressed concerns over whether the member rights violation/allegation categories are to be reported only if the violation/allegation occurs on the premises or during a licensee sponsored activity off the premises. The revised form clarifies that violation/allegation of member rights are to be reported regardless of where the violation/allegation takes place.

The revised form also has the ADHS Office of Behavioral Health Licensure's correct fax number, which is 602-364-4801. In addition, on the first page of the form, the word "classification" is now changed to "subclass" to conform with the Arizona Administrative Code R9-20-101.

ADHS apologizes for any confusion this may have caused.