

**HEALTH**

**PUBLIC HEALTH SERVICES BRANCH**

**DIVISION OF DISASTER PREPAREDNESS, RESILIENCY, AND EMERGENCY**

**MEDICAL SERVICES**

**OFFICE OF EMERGENCY MEDICAL SERVICES**

**Mobile Integrated Health**

**Specially Adopted New Rules: N.J.A.C. 8:49**

Adopted: January 7, 2026, by Jeffrey A. Brown, Acting Commissioner, Department of Health.

Filed: January 7, 2026, as R.2026 d.038.

Effective Date: January 7, 2026.

Expiration Date: July 7, 2027.

**Take notice** that on October 21, 2022, Governor Murphy approved P.L. 2022, c. 118, an act concerning emergency medical services and mobile integrated health (MIH), and amending and supplementing P.L. 1984, c. 146, Title 26 of the Revised Statutes (Act) (effective October 21, 2022), which amended the law commonly known as the Emergency Medical Services Act (EMS Act), and was codified in part at N.J.S.A. 26:2K-1 through 74.

N.J.S.A. 26:2K-9.1.a directs the Department of Health (Department) to establish a mobile integrated health program; subsection b directs the Department to establish criteria by which an entity may receive Department authorization to participate in the MIH program, and criteria by which an entity may lose that authorization; and subsection c directs the Commissioner of the Department (Commissioner) to adopt

rules to implement the Act, which would be effective immediately upon filing with the Office of Administrative Law and remain effective for 18 months thereafter. N.J.S.A. 26:2K-17 likewise directs the Commissioner to promulgate rules implementing the Act in the ordinary course.

Pursuant to this authority, the Department hereby specially adopts new N.J.A.C. 8:49, Mobile Integrated Health, to establish standards implementing the portions of the Act that are described above, and to provide enforcement penalties and remedies.

### **Federal Standards Statement**

There are no Federal standards applicable to the specially adopted new rules. The Department does not promulgate the rules at N.J.A.C. 8:49 pursuant to the authority of, or to implement, comply with, or participate in a program established pursuant to Federal law, or a State law that incorporates or refers to a Federal law, standard, or requirement. The Department specially adopts the new rules pursuant to the authority at N.J.S.A. 26:2K-7 through 20, specifically 26:2K-9.1 and 17. Therefore, a Federal standards analysis is not required.

**Full text** of the specially adopted new rules follows:

## CHAPTER 49

## MOBILE INTEGRATED HEALTH

## SUBCHAPTER 1. GENERAL PROVISIONS

### 8:49-1.1 Authority, purpose, and scope

(a) The purpose of this chapter is to implement P.L. 2022, c. 118 (approved October 21, 2022), which requires the Commissioner of the Department of Health to establish a mobile integrated health (MIH) program and to establish standards:

1. By which an entity may obtain licensure as, and is to operate, an MIH program pursuant to N.J.S.A. 26:2K-7 through 20, specifically 26:2K-9.1;

2. Identifying the minimum qualifications and functions of MIH program personnel; and

3. For the Department's implementation and enforcement of the Act and this chapter.

(b) This chapter shall not apply to services operated directly by an agency of the government of the United States of America.

1. An entity providing MIH program services operating pursuant to a contract with the United States of America is not exempt from licensure unless the provider provides services within the State in an area of exclusive Federal jurisdiction.

### 8:49-1.2 Definitions

The following words and terms, as used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Advanced life support” means “advanced life support” as N.J.S.A. 26:2K-7 et seq., defines that term.

“Advanced practice nurse” means “advanced practice nurse” as N.J.S.A. 45:11-23 et seq., specifically at 45:11-23, 45:11-47, and 45:11-48, defines that term.

“Agency Licensing Management System” or “ALMS” means an electronic system that is accessible at <https://www.nj.gov/health/ems>, by which the Department administers the licensing of an MIH program, and to which the Department grants access to an entity to apply electronically for initial, and renewal of, licensure as an MIH program.

“Certificate of need” or “CN” means “certificate of need” as N.J.S.A. 26:2H-1 et seq., defines and describes that term.

“Commissioner” means the Commissioner of the New Jersey Department of Health.

“Controlled dangerous substance” or “controlled substance” means a drug that is subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970 (Title 11, Public Law 91-513, 21 U.S.C. §§ 801 et seq.), the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 et seq., and the Controlled Dangerous Substances rules, N.J.A.C. 13:45H.

“Credential” means a professional license or certification to provide health services that an entity with jurisdiction pursuant to Title 26 or 45 of the Revised Statutes of New Jersey issues or recognizes as equivalent thereto.

“Department” means the New Jersey Department of Health.

“Didactic” means the textbook and/or lecture portion of a program curriculum or a refresher curriculum.

“Emergency medical technician” or “EMT” means “emergency medical technician” as N.J.S.A. 26:2K-7 et seq., specifically at 26:2K-39, defines that term.

“EMS ID number” means the number that the Department issues to a person upon the person’s creation of an account through the NJ EMS Provider Credentialing Platform that is accessible at <https://www.nj.gov/health/ems>.

“Encounter” means the rendering of MIH program services to a patient in person, by telephone, or by means of electronic or digital communication technology.

“Encounter note” means the written documentation of an encounter that a member of an MIH program’s personnel makes in a patient’s medical record at the time the member provides MIH program services to the patient, which specifies, at a minimum:

1. The patient’s unique identifier;
2. The date, time, and location of the encounter;
3. The name, signature, and, if applicable, EMS ID number of each MIH technician or MIH clinician who attends the patient;
4. The reason for the encounter and/or referral diagnosis;
5. The history of present illness;
6. The physical examination findings;
7. The assessment and plan;
8. A description of treatment and other services provided, including any specific procedures performed, any medications administered, and the patient’s response thereto; and
9. The disposition of the encounter.

“Health care facility” means “health care facility” as the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., specifically at 26:2H-2, defines and describes that term.

“Hospital” means “hospital” as the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., specifically at 26:2H-2, defines and describes that term.

“Medical record” means any information and/or report that describes a person’s physical condition and/or medical history, the treatment rendered, and the patient’s response to the treatment.

“MIH clinical coordinator” means a person who coordinates clinical activities for an MIH program in accordance with N.J.A.C. 8:49-4.2.

“MIH clinician” means a paramedic, a registered nurse, an advanced practice nurse, a physician assistant, a physician, or another person holding a health professional license pursuant to Title 45 of the Revised Statutes of New Jersey, whom an MIH program identifies as a member of its MIH program personnel pursuant to N.J.A.C. 8:49-4.8.

“MIH medical director” means a physician who oversees the clinical personnel and clinical operations of an MIH program in accordance with N.J.A.C. 8:49-4.1.

“MIH support staff” means a person who provides non-clinical MIH program services and whom an MIH program identifies as a member of its MIH program personnel pursuant to N.J.A.C. 8:49-4.8.

“MIH technician” means an emergency medical technician, a certified nurse aide, or a person who holds a credential in an allied health profession, whom an MIH program identifies as a member of its MIH program personnel pursuant to N.J.A.C. 8:49-4.8.

“Mobile integrated health” or “MIH” means “mobile integrated health” as N.J.S.A. 26:2K-7 et seq., defines that term.

“Mobile intensive care agency” or “MIC agency” means a hospital that the Department licenses to provide advanced life support pre-hospital care using one or more mobile intensive care units.

“Mobile intensive care unit” or “MICU” means “mobile intensive care unit” as N.J.S.A. 26:2K-7 et seq., defines that term.

“New Jersey Emergency Medical Services Provider Credentialing Platform” or “NJ EMS Provider Credentialing Platform” means an electronic system in which the OEMS maintains records of MIH programs’ identified personnel members.

“Office of Emergency Medical Services” or “OEMS” means the Office of Emergency Medical Services within the New Jersey Department of Health, for which the contact information is OEMS, New Jersey Department of Health, PO Box 360, Trenton, New Jersey, 08625-0360, telephone (609) 633-7777, website: <https://www.nj.gov/health/ems>, electronic mail address: [ems@doh.nj.gov](mailto:ems@doh.nj.gov).

“Paramedic” means a “mobile intensive care paramedic” as N.J.S.A. 26:2K-7 et seq., defines that term.

“Patient” means any person who is referred for MIH program services and/or receives services pursuant to this chapter.

“Photo identification” means a valid identification card that a state or territory, or the Federal government of the United States of America, issues that contains a person’s full legal name and photograph.

“Physician” means “physician and surgeon” or “physician or surgeon” as N.J.S.A. 45:9-1 et seq., specifically at 45:9-5.1, defines those terms.

“Physician assistant” or “PA” means “physician assistant” as the Physician Assistant Licensing Act, N.J.S.A. 45:9-27.10, specifically at 45:9-27.11, defines that term.

“Pre-hospital care” means “pre-hospital care” as N.J.S.A. 26:2K-7 et seq., specifically at 26:2K-39, defines that term.

“Quality assurance” or “QA” means continuous evaluation activities aimed at ensuring compliance with minimum quality standards, the primary aim of which is to demonstrate that a service or product fulfills or meets a set of requirements or criteria, by focusing on outcomes.

“Quality improvement” or “QI” means continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve equity and improve the health of the community.

“Receiving health care facility” means a health care facility to which the care of a patient is transferred following evaluation, treatment, and/or transportation.

“Regional dispatch center” means a facility that provides coordinated dispatching of emergency services for a given area.

“Registered nurse” or “RN” means “registered professional nurse” as N.J.S.A. 45:11-23 et seq., defines and describes that term.

“Reportable event” means:

1. The injury to, or death of, a patient, passenger, or member of MIH program personnel attendant to an MIH program encounter;
  2. Damage to, or theft of, a medical or patient record;
  3. The involvement of a member of MIH program personnel in:
    - i. Theft;
    - ii. Professional or sexual misconduct; or
    - iii. Falsification, alteration, or destruction of MIH program documents, records, or files;
  4. An act by a member of MIH program personnel that exceeds the person's credentialed or applicable scope of practice;
  5. An incident or series of incidents that, upon objective evaluation, lead to a good faith belief that the conduct of a member of MIH program personnel violates or potentially violates applicable law including, but not limited to, an instance of abuse or neglect, domestic violence, or the use of physical behavioral restraints;
  6. The loss of any controlled dangerous substance; provided:
    - i. The reporting of an event as described at paragraph 5 above does not obviate any reporting or other responsibility established pursuant to the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 et seq., and N.J.A.C. 13:45H, Controlled Dangerous Substances;
  7. A medication error and any corrective action taken in response thereto;
- and

8. An accident that is reportable to police, pursuant to N.J.S.A. 39:4-129 et seq., in which one or more vehicles are involved, regardless of whether the accident is reported to police pursuant to N.J.S.A. 39:4-129 et seq.

“Revoke” means the permanent voiding, withdrawal, and/or cancellation of a license.

“Track record review” means the process that the Department uses to evaluate an applicant’s health care provision and licensure and, as applicable, accreditation compliance history, as a prerequisite to MIH program licensure, pursuant to N.J.A.C. 8:49-2.2.

“Vehicle” means an automobile that is owned, leased, or registered to an MIH program, an MIC agency, or a hospital that MIH program personnel use to provide MIH program services.

#### 8:49-1.3 Waiver

(a) The Department may grant, deny, or rescind a waiver of any part of this chapter if the Department determines that the requested waiver would not:

1. Endanger public health, safety, or welfare; or
2. Adversely affect the provision of MIH program services.

(b) An entity seeking a waiver shall apply, in writing, to the OEMS.

(c) An application for a waiver shall include:

1. The nature of the waiver requested;
2. Citation to the specific rules of which the entity seeks waiver;

3. The entity's reasons for requesting a waiver, including a statement of the type and degree of hardship that would occur if the Department were to decline to grant the requested waiver; and

4. The entity's suggested alternative to compliance with the rule that would ensure public health and safety, with supporting documentation.

(d) The Department reserves the right to:

1. Request additional information before processing an application for a waiver; and

2. Establish conditions upon its granting of a waiver to ensure the public health and safety.

i. The Department shall deem an applicant's noncompliance with such conditions to be a forfeiture of the waiver.

## SUBCHAPTER 2. LICENSURE AND INSPECTION

### 8:49-2.1 Application for initial, or renewal of, licensure

(a) A hospital that the Department licenses to operate as a mobile intensive care agency is eligible to apply for licensure to operate an MIH program.

(b) To apply for initial, or renewal of, MIH program licensure, an applicant shall complete and electronically submit to the Department, through the ALMS, the information and materials requested in the Application for MIH Program License at N.J.A.C. 8:49 Appendix A, incorporated herein by reference, and the applicable fee pursuant to N.J.A.C. 8:49-2.4.

(c) An applicant for initial, or renewal of, licensure as an MIH program shall provide the street and mailing address of the principal place of business of its MIC agency, which shall:

1. Be located on real property;
2. Not be a post office box or mail drop;
3. Not be a residence; and
4. Not be shared with an unlicensed entity.

(d) An applicant for initial, or renewal of, licensure as an MIH program shall designate an MIH medical director and an MIH clinical coordinator prior to submission of the application and shall submit documentation of each professional's license in accordance with N.J.A.C. 8:49-4.1 and 4.2 with the application, and board certification of the MIH medical director.

1. An applicant that intends to meet the board certification requirement by the designation of an MIH medical oversight physician pursuant to N.J.A.C. 8:49-4.1(a)2i shall submit documentation of the MIH medical oversight physician's license and board certification with the application.

(e) An applicant for initial or renewal of licensure to operate an MIH program shall submit the training and education program that the applicant will require a member of the MIH program's personnel to successfully complete, for each type of service the MIH program intends to offer, as a condition of its identification of the person as a member of the MIH program's staff pursuant to N.J.A.C. 8:49-4.8, including:

1. Curriculum;
2. Education policies and procedures;

3. Didactic training;
4. Skill-based training;
5. Clinical and field experience;
6. Quizzes and/or examinations; and
7. Educator requirements.

(f) An applicant for initial, or renewal of, licensure as an MIH program shall submit with its application the MIH program communication plan required pursuant to N.J.A.C. 8:49-5.1.

(g) The Department shall review an application for initial or renewal of MIH program licensure, and:

1. Determine whether additional information is needed to complete the application;
2. Notify the applicant within the ALMS of any information needed to complete the application;
3. If additional information is needed to complete the application pursuant to (g)2 above, notify the applicant by returning the application to the applicant in the ALMS, and direct the applicant to submit supplemental information within 90 days of the issuance of the return notice;
4. Perform a track record review in accordance with N.J.A.C. 8:49-2.2; and
5. Determine whether the information submitted in support of the application and upon track record review adequately demonstrates that the applicant's premises, equipment, personnel, finances, bylaws, procedures, and standards of care, are fit and adequate, that the applicant has the ability to provide MIH program services in a

manner that protects patient health, safety, and wellness, and the Department is assured and satisfied that the applicant's prior history of compliance indicates that the applicant will operate the MIH program in accordance with applicable laws and standards.

(h) Following the Department's issuance of a notice of approval of an application, issuance of an MIH program license is subject to the Department's performance of a pre-licensure on-site inspection of the MIH program premises, personnel, equipment, procedures, and finances.

1. An applicant whose application the Department approves shall have 90 days from the date it receives notice of approval of the application to request a pre-licensure on-site MIH program inspection.

(i) The Department shall consider an applicant to have abandoned its application, and shall so notify the applicant through the ALMS, if the applicant:

1. Fails to submit information within 90 days of the issuance of a return notice pursuant to (g)3 above; or

2. Fails to request a pre-licensure on-site MIH program inspection within 90 days of the issuance of a notice of approval pursuant to (h)1 above.

(j) An entity that has abandoned its application pursuant to (i) above may submit a new application, subject to the submission of application fees pursuant to N.J.A.C. 8:49-2.4.

(k) An applicant shall not knowingly submit any document or statement to the Department that is falsified, fraudulent, or untrue.

1. The filing of a false, fraudulent, or untrue document or statement may be sufficient cause for refusal to issue or renew a license and/or revocation of any existing MIH program license.

(l) The Department shall notify an applicant through the ALMS and in writing whether it determines to approve an application for MIH licensure.

1. An applicant whose application the Department denies may request a hearing in accordance with N.J.A.C. 8:49-6.2.

(m) The Department will accept applications for renewal of MIH program licensure during the period beginning July 1, and ending September 30, of the year the license is to expire.

1. An MIH program that fails to apply for renewal by September 30 of the year its license is to expire shall incur late fees and/or may be subject to license expiration.

#### 8:49-2.2 Track record review

(a) The Department shall conduct a track record review of each applicant to determine whether the applicant has a demonstrated capacity to provide high-quality care and to operate an MIH program, limited to the 20 years preceding the date on which the applicant submits its application, in which the Department shall consider:

1. An applicant's previous licensing track record, both in New Jersey and in any other state in which the applicant currently or previously operated;

2. An evaluation of other health care facilities and/or services that the applicant owns, owned, operates, operated, manages, or managed; and

3. An evaluation of health care facilities and/or services owned, operated, or managed by an entity affiliated with the applicant and/or a subsidiary or parent of the applicant.

(b) The Department shall consider any adverse information it identifies during the track record review in determining whether to issue, renew, or revoke a license, and if an applicant fails to demonstrate the ability to comply with the standards required by this chapter, the Department shall deny the application.

1. In making this determination, the Department may take into consideration the following:

i. Any action taken by Medicare, Medicaid, or insurance fraud (regardless of the amount of the monetary penalty, term of imprisonment, or other penalty imposed) against the applicant;

ii. Suspension and/or revocation of a license to operate a health care facility or service in New Jersey or another state;

iii. Licensure violations representing a serious risk of harm to patients; and

iv. If an applicant participated in an accreditation process, the applicant's history of compliance with the standards of its accrediting body.

8:49-2.3 Procedure for license issuance; expiration; change application;  
nontransferability

(a) Upon finding that an applicant meets the requirements for licensure at N.J.A.C. 8:49-2.1 and 2.2, the Department shall issue an MIH program license to the applicant.

1. An initial MIH program license shall expire on December 31 of the year following the passage of 24 months, from the date of issuance, and then every two years thereafter on December 31.

(b) An MIH program shall display its MIH license in the applicant's principal place of business.

(c) An applicant or MIH program shall notify the Department and seek Department approval through the ALMS prior to the initiation of any change in its operations that would affect the accuracy of the information submitted in support of its license application at N.J.A.C. 8:49 Appendix A, in any respect.

1. An applicant or MIH program shall apply for a change authorization pursuant to this subsection by submitting an Application for MIH Program License in the form at N.J.A.C. 8:49 Appendix A, identifying the sections at N.J.A.C. 8:49 Appendix A that the change would affect and, in support of the change request, providing the information those sections require;

2. An application for authorization to add a new service type or change an existing service type is subject to the service type application fee at N.J.A.C. 8:49-2.4(b)2; and

3. No fee applies to an application for authorization to make a change other than the addition of or change to a service type.

(d) An MIH program shall not display an MIH certificate of licensure that is expired, revoked, or invalidated by the Department.

(e) An MIH program license is not transferable.

#### 8:49-2.4 MIH license fees

(a) An MIH program shall submit applicable fees through the ALMS at the time of submission of an application for initial or renewal of licensure.

(b) An applicant for initial licensure shall submit the following nonrefundable fees:

1. \$10,000 for an application for initial MIH licensure;
2. \$2,500 for an application for initial authorization of each MIH program service type;
3. \$5,000 for an application for renewal of an MIH license;
4. \$1,250 for an application for renewal of authorization of each service type;
5. \$1,000 for an application for renewal of an MIH license that is submitted within the month of October;
6. \$2,000 for an application for renewal of an MIH license that is submitted within the month of November; and
7. \$3,000 for an application for renewal of an MIH license that is submitted within the month of December.

(c) An MIH program that fails to apply for renewal of its certificate of licensure prior to the expiration thereof is ineligible to apply for renewal.

1. The holder of an expired certificate of MIH program licensure may apply for licensure as an applicant for initial licensure and is subject to the fees and substantive review applicable to an applicant for initial MIH program licensure.

2. An MIH program that operates with an expired certificate of MIH program licensure shall be subject to monetary penalties for operating as an unlicensed MIH program, as set forth at N.J.A.C. 8:49-6.

8:49-2.5 Department inquiry, inspection, or investigation; duty to cooperate; misconduct

(a) The Department may inspect an MIH program to evaluate the fitness and adequacy of the premises, equipment, personnel, policies, procedures, and finances, to review the MIH program's compliance with applicable law.

1. A Department representative shall carry and make available a Department-issued identification at all times during an inquiry, inspection, or investigation.

(b) In performing an inquiry, inspection, or investigation as described at (a) above, the Department may evaluate all aspects of patient care and operations of an MIH program, including the inspection of:

1. Patient care records;
2. Patient care, provided the patient consents;
3. All areas of the physical premises within the control or ownership of the MIH program or applicant;
4. Vehicle and personnel records maintained or kept by the MIH program;
5. Education and training programs that the MIH program uses; and/or
6. If applicable, video and audio recording related to a patient encounter and/or care.

(c) In performing an inquiry, inspection, or investigation as described at (a) above, the Department may:

1. Interview a patient, a patient's family, or other individuals with knowledge of the patient or care that the MIH program renders to the patient;

2. Observe a member of MIH program personnel during the provision of MIH-related care, and operations; and/or

3. Join an MIH clinician or MIH technician to observe the impact of the MIH program on the community or population it serves.

(d) The Department may evaluate the quality of patient care that an MIH program renders by analyzing statistical data that an MIH program collects and reports to the Department and/or another entity.

(e) An MIH program and members of MIH program personnel shall cooperate with any inquiry, inspection, or investigation that the Department conducts.

1. The Department shall deem the failure to cooperate with the Department, during the Department's performance of an inquiry, inspection, or investigation pursuant to this section, as misconduct, and may:

i. Impose enforcement actions upon the MIH program and/or a member of MIH program personnel in accordance with N.J.A.C. 8:49-6 and other applicable laws that the Department has jurisdiction to implement; and

ii. Report the misconduct to the noncompliant entity's applicable credentialing or accrediting body with jurisdiction.

(f) The Department shall notify an MIH program electronically of the results of any inquiry, inspection, or investigation, including any deficiencies found.

1. The Department will proceed in accordance with N.J.A.C. 8:49-6 upon identifying any deficiencies.

(g) The following is a nonexclusive list of conduct of an MIH program and/or member of MIH program personnel, during the Department's performance of an inquiry, inspection,

or investigation pursuant to this section, which the Department may deem to be a failure to cooperate, and, therefore, misconduct or grounds for enforcement action pursuant to (e) above and N.J.A.C. 8:49-6:

1. Failure to provide records, information, statements, or reports within the time the Department specifies in a request, in response to a Department request and/or to provide access to electronic records the MIH program maintains;

2. Failure to attend a proceeding that the Department schedules upon written notice to the MIH program or member of MIH program personnel, in which the Department directs the MIH program or member of MIH program personnel to attend;

3. Failure to provide access to any premises; and

4. Failure to permit examination of, or access to, any equipment, property, records, books, or other documents.

#### 8:49-2.6 MIH program cessation of operations

An MIH program that elects to discontinue operations shall notify the Department in the ALMS at least 14 days prior to its cessation of operations.

### SUBCHAPTER 3. MIH PROGRAM ADMINISTRATION AND OPERATION

#### 8:49-3.1 Standard operating procedures manual

(a) An MIH program shall establish and implement a written standard operating procedures (SOP) manual that specifies the methods by which the MIH program will conduct daily operations.

(b) An MIH program shall ensure that its SOP manual:

1. Is consistent with the provisions of this chapter;
2. Is readily accessible to all members of MIH program personnel; and
3. Is available for Department inspection upon request.

(c) An MIH program shall review and revise, as necessary, its SOP manual, at least annually and more frequently, as needed.

(d) An MIH program shall retain on file at least one copy of each edition of its SOP manual for at least seven years from the last review of the edition pursuant to (c) above.

#### 8:49-3.2 Personnel identification; personnel files

(a) An MIH program shall issue an identification card to each person who provides clinical and nonclinical services for an MIH program that contains, as applicable, the person's:

1. Photograph;
2. Name;
3. Type of credential or, if non-clinical staff, MIH program role; and
4. Identification of the person as either an MIH clinician, MIH support staff, or

MIH technician.

(b) An MIH program shall maintain electronically a personnel file for each person identified at (a) above that contains, at a minimum, the following, as applicable:

1. The person's name, current home address, telephone number, and electronic mail address;

2. A copy of the person's New Jersey Motor Vehicle Commission-issued driver license or non-driver identification card, or an equivalent photo identification card issued by another state or territory of the United States of America;

3. A copy of the identification card that the MIH program issues to the person pursuant to (a) above;

4. If applicable, a copy of the certificate of each credential that the person holds relevant to the MIH program service the person is to perform;

5. A record of the person's successful completion of the MIH program-specific education and training to obtain the MIH program's identification of the person as a member of the MIH program's personnel pursuant to N.J.A.C. 8:49-4.8;

6. A record of the MIH program's competency verification of the person pursuant to N.J.A.C. 8:49-4.5, as applicable; and

7. The date of the person's commencement of service with the MIH program and, as applicable, the date of the person's separation from service with the MIH program.

(c) An MIH program shall:

1. Maintain an up-to-date MIH program personnel roster that contains the name, license or certification, if applicable, start date for each approved type of service, end date for each type of service previously approved for, and EMS ID number of each member of the MIH program's personnel;

2. Continually update the roster to reflect any change in the information required pursuant to N.J.A.C. 8:49-3.2(b), as necessary, to ensure the accuracy of the roster; and

3. Make the roster available to the Department upon request.

### 8:49-3.3 Biomedical equipment testing and maintenance

(a) An MIH program shall:

1. Establish policies and procedures by which it shall conduct testing and maintenance of biomedical equipment on a regular schedule in accordance with the manufacturer's recommendations or in compliance with applicable Federal standards, whichever is more frequent;

2. Use biomedical equipment and devices in accordance with applicable manufacturer's recommendations and/or in compliance with applicable Federal standards;

3. Maintain the results of biomedical equipment tests and maintenance on file at the MIH program's principal place of business and make them available for inspection to the Department upon request.

i. The results of biomedical equipment tests and maintenance shall be maintained until the biomedical equipment has been tested or has received maintenance at the next regularly scheduled interval as defined at (a)1 above; and

4. Refrain from using equipment that requires biomedical testing for direct patient care until the MIH program has completed the required biomedical testing and maintenance.

### 8:49-3.4 Quality assurance and improvement

(a) An MIH program shall establish and implement a written QA and QI plan and program by which the MIH program will:

1. Identify indicators of quality care specific to each MIH program service; and
2. Monitor the quality of patient care, transportation, and outcomes.

(b) An MIH program's MIH clinical coordinator, MIH medical director, and, if applicable, MIH medical oversight physician shall review and update, at least annually, and more frequently as needed, the MIH program's QA and QI plan and program.

(c) An MIH program shall review and disseminate internally the result of the MIH program's continuous QA and QI activities.

(d) An MIH program shall perform a QA review of a random sampling of at least 25 percent of encounters occurring during each 60-calendar-day period.

(e) The MIH medical director or, if applicable, MIH oversight physician shall perform a QA review of a random sampling of at least 10 percent of encounters occurring during each 60-calendar-day period.

(f) An MIH program shall maintain records of its QA and QI plan and program and the QA and QI reviews it performs pursuant to (e) and (d) above for at least seven years and make them available for inspection to the Department upon request.

#### 8:49-3.5 Reportable events

(a) An MIH program shall make an initial report of a reportable event to the OEMS by telephone during regular business hours, or to the New Jersey After Hours Line, as soon as possible, but no later than by the close of business on the next day following the date of the incident.

(b) In addition to providing telephone notice of a reportable event pursuant to (a) above, an MIH program shall electronically report the event through the ALMS by submitting a

written reportable event containing the information requested in the Reportable Event form at N.J.A.C. 8:49 Appendix B, incorporated herein by reference, which is available within the ALMS, within seven calendar days of the date on which the reportable event occurs.

(c) The Department may complete an internal investigation upon receipt of a notice of the occurrence of a reportable event.

#### 8:49-3.6 Patient records

(a) An MIH program shall use an electronic system by which the MIH program will maintain each patient's medical record, which shall be either:

1. The electronic patient care reporting (EPCR) system that the OEMS specifies through designation of a vendor or Department-maintained system; or

2. An electronic system:

i. By which the MIH program shall enter an encounter note;

ii. To which the MIH program shall make patient medical records available for inspection by the Department upon request; and

iii. From which the MIH program shall make available to the Department data, derived from patient medical records in a common format, upon Department request.

(b) A member of MIH program personnel shall enter an encounter note for each patient encounter in the patient's medical record.

(c) An MIH program shall establish and implement policies and procedures for:

1. Responding to a failure of the electronic system it maintains pursuant to (a) above; and

2. Entering medical records generated during the system failure into the MIH program's electronic system in accordance with a designated timeline upon the return of the system to operating status.

(d) An MIH program shall establish and implement policies and procedures to ensure that its patients have access to their medical records in accordance with N.J.A.C. 8:43G-15.3.

(e) Subject to (e)1 below, an MIH program shall safely store all patient medical records for at least 10 years from the date of the last patient encounter and ensure the safety, physical integrity, legibility, and accessibility of stored medical records.

1. If a patient is under 18 years of age at the time of treatment, the MIH program shall retain and store the patient's medical records until the patient's 23rd birthday, or for 10 years from the date of the last patient encounter, whichever is greater.

(f) An MIH program that issues notice pursuant to N.J.A.C. 8:49-2.6 shall specify, in the notice, the procedure by which patients can obtain copies of their medical records consistent with (d) above and the location at which the MIH program plans to store and retain records for the retention period specified at (e) above.

(g) Within 14 days of the date on which a Department determination, to revoke or refuse to renew an MIH program's license, becomes a final agency decision, the entity whose MIH program license the Department has revoked or refused to renew shall notify the Department as to the procedure by which patients can obtain copies of their medical

records consistent with (d) above and the location at which the entity plans to store and retain records for the retention period specified at (e) above.

#### SUBCHAPTER 4. PERSONNEL STANDARDS

##### 8:49-4.1 MIH medical director

(a) An applicant for MIH program licensure and/or a licensed MIH program shall designate or retain an MIH medical director who:

1. Is a physician;
2. Holds board certification in a specialty relevant to the MIH program services that the applicant or MIH program seeks, or has Department licensure and authorization, to provide.
  - i. If the MIH medical director does not hold board certification in a specialty relevant to the MIH program services the applicant or MIH program seeks, or has Department licensure and authorization, to provide, the applicant or MIH program shall designate an MIH medical oversight physician who holds board certification in a specialty relevant to the MIH program services that the applicant or MIH program seeks, or has Department licensure and authorization, to provide;
3. Is identified by the MIH program within the NJ EMS Provider Credentialing Platform as a member of the MIH program's personnel pursuant to N.J.A.C. 8:49-4.8;
4. Oversees the orders that each MIH oversight physician issues to MIH clinicians and MIH technicians;
5. Oversees the QA and QI activities of the MIH program in accordance with N.J.A.C. 8:49-3.4; and

6. Determines the competency of each MIH clinician and MIH technician that provides clinical services for the MIH program.

(b) An MIH medical director, in issuing orders to an MIH clinician and an MIH technician performing MIH program services, shall ensure that the orders are within the authorized scope of practice of the MIH clinician or MIH technician, and the authorized MIH program service type.

#### 8:49-4.2 MIH clinical coordinator

(a) An applicant for MIH program licensure and/or a licensed MIH program shall designate or retain an MIH clinical coordinator who:

1. Is a paramedic, a registered nurse, an advanced practice nurse, a physician assistant, or a physician;

2. Is identified by the MIH program within the NJ EMS Provider Credentialing Platform as a member of the MIH program's personnel pursuant to N.J.A.C. 8:49-4.8;

3. Ensures that each MIH clinician, MIH support staff, or MIH technician is identified by the MIH program within the NJ EMS Provider Credentialing Platform as a member of the MIH program's personnel pursuant to N.J.A.C. 8:49-4.8; and

4. With the approval of the MIH medical director:

i. Establishes and implements the MIH program's policies and procedures, and coordinates the MIH program's operations;

ii. Establishes and coordinates the provision of initial and annual training and education programs for the identification and competency of MIH program personnel; and

iii. Coordinates an MIH program's QA and QI activities in accordance with N.J.A.C. 8:49-3.4.

#### 8:49-4.3 MIH medical oversight physician

(a) An MIH program may designate or retain an MIH medical oversight physician to provide MIH program medical direction, with the approval of the MIH medical director.

(b) An MIH program that elects to designate an MIH medical oversight physician shall ensure that the MIH medical oversight physician:

1. Is identified by the MIH program within the NJ EMS Provider Credentialing Platform as a member of the MIH program's personnel pursuant to N.J.A.C. 8:49-4.8; and

2. Adheres to and complies with the MIH program's policies and procedures, this chapter, and applicable law.

(c) An MIH medical oversight physician, in issuing orders to an MIH clinician or MIH technician providing MIH program services, shall ensure that the orders are within the authorized scope of practice of the MIH clinician or MIH technician, and the scope of the MIH program service type that the Department licenses and authorizes the MIH program to provide.

#### 8:49-4.4 Personnel minimum requirements

(a) An MIH program shall ensure that:

1. Each person providing MIH program services is identified within the NJ EMS Provider Credentialing Platform pursuant to N.J.A.C. 8:49-4.8;

2. Each person who is a member of the MIH program's personnel provides MIH program services that are within:

- i. The person's authorized scope of practice, as applicable; and
- ii. The scope of MIH program services that the Department has licensed and authorized the MIH program to provide; and

3. Each person who is a member of the MIH program's personnel and actively providing MIH program services, possesses and makes available to Department staff upon demand:

- i. If applicable, a State-issued document showing the person's credential;
- ii. A copy of the person's New Jersey Motor Vehicle Commission-issued driver license or non-driver identification card, or an equivalent photo identification card issued by another state or territory of the United States of America MVC identification card; and
- iii. The personnel identification card that the MIH program issues pursuant to N.J.A.C. 8:49-3.2.

(b) Nothing in this chapter shall be construed to alter the scope of practice of any person who obtains a credential or the scope or authority of any government agency, board, department, or other entity in this State that is responsible for issuing credentials.

(c) An MIH program shall notify the OEMS by telephone and electronic mail within 48 hours of becoming aware of, or receiving notice of, an adverse action, such as a notice of proposed suspension or revocation, being taken against the credential of a member of the MIH program's personnel.

#### 8:49-4.5 Personnel competency

(a) An MIH program shall establish and implement a policy and procedure:

1. To determine and confirm the knowledge, skills, and competency of each person who is a member of the MIH program's personnel and provides MIH program services, in accordance with the type of services that the Department licenses and authorizes the MIH program to provide, and in accordance with (b) below; and

2. For the maintenance of a written record of each evaluation conducted in accordance with (a)1 above in each person's personnel file.

(b) An MIH program shall ensure that each person who provides MIH program services has knowledge of:

1. The MIH program's policies and procedures, as applicable to the person's functions;

2. The person's credentialed scope of practice, as applicable; and

3. The scope of the MIH program service types that the Department licenses and authorizes the MIH program to provide.

#### 8:49-4.6 MIH program personnel responsibilities

(a) An MIH program shall ensure that each member of the MIH program's personnel:

1. Has all required and necessary equipment and supplies to provide care;

2. Provides each patient with care that is:

i. Within the scope of the MIH program's licensed and authorized MIH program service type and, if applicable, the personnel member's authorized scope of practice; and

ii. Prompt, effective, appropriate, and clinically managed, in accordance with orders of the MIH oversight physician and/or MIH medical director, and/or applicable written protocols of the MIH program;

3. Adheres to:

i. Applicable occupational health and safety procedures; and

ii. Standard precautions addressing the avoidance of exposure to bloodborne pathogens;

4. Monitors the well-being and condition of each patient and ensures patient privacy, safety, and comfort; and

5. Wears the photo identification that the MIH program issues pursuant to N.J.A.C. 8:49-3.2, in a readily observable location on the MIH program personnel member's person, when providing MIH program services.

8:49-4.7 Resource allocation; emergency department avoidance services staffing requirements

(a) An MIC agency shall refrain from reallocating resources needed, or otherwise compromising its ability, to maintain advanced life support coverage in the service area designated in the MIC agency's certificate of need, to instead implement an MIH program or provide MIH program services.

1. An MIC agency shall not place an MICU in out-of-service status to instead provide MIH program services without Department authorization.

(b) An MIH program that provides emergency department avoidance services shall ensure that an MIH clinician who is also a paramedic, a registered nurse, an advanced

practice nurse, a physician assistant, or a physician, attends each emergency department avoidance patient encounter.

#### 8:49-4.8 Procedure for identification of MIH program personnel within NJ EMS Provider Credentialing Platform

(a) An MIH program shall implement its MIH program-required education and training, for each type of service the MIH program intends to offer, as a condition of its identification of a person as a member of its MIH program personnel, as applicable to the services the proposed personnel member is to provide.

(b) A proposed MIH clinician, MIH support staff, or MIH technician shall submit a request for identification as a member of an MIH program's personnel in the NJ EMS Provider Credentialing Platform, which transmits the request to the applicable MIH program.

(c) To identify a person as a member of an MIH program's personnel, an MIH program shall approve a request that a person submits pursuant to (b) above in the NJ EMS Provider Credentialing Platform by:

1. Confirming that the proposed MIH clinician, MIH support staff, or MIH technician:
  - i. Is affiliated with the MIH program; and
  - ii. Has completed the MIH program-required education and training applicable to the MIH program service that the MIH program is licensed to provide, and that the person will provide; and
2. Signing the form.

(d) Upon the MIH program's approval of a request pursuant to this section, the person will appear within the NJ EMS Provider Credentialing Platform as an identified member of that MIH program's personnel.

(e) An MIH program's identification of a person as a member of the MIH program's personnel within the NJ EMS Provider Credentialing Platform is effective only with respect to that MIH program and is not transferable to another MIH program.

(f) Within five business days of the separation from the MIH program's service of an identified member of the MIH program's personnel, the MIH program shall enter the date of the person's separation from the MIH program's services within the NJ EMS Provider Credentialing Platform.

## SUBCHAPTER 5. PATIENT TRANSPORTATION

### 8:49-5.1 Communications

(a) An MIH program shall establish, implement, review, and update, at least annually and more frequently as needed, a communication plan that is specific to the MIH program.

(b) An MIH program shall implement its communication plan in compliance with applicable State and Federal law, including laws implemented by the Federal Communications Commission (FCC).

1. An MIH program that holds an FCC license shall upload a copy of the license into the ALMS.

(c) An MIH program shall provide each MIH clinician and MIH technician access to a system of two-way communication with:

1. The dispatch center of the hospital, MIC agency, or MIH program; and
2. The MIH medical director or an MIH medical oversight physician to obtain orders associated with an encounter, as applicable.

(d) An MIH program shall:

1. Ensure that communications occurring in accordance with (c) above are recorded;
2. Retain each recording associated with an encounter as a patient medical record in accordance with N.J.A.C. 8:49-3.6; and
3. Provide the Department unrestricted access to all original recordings made in accordance with (c) above in a reviewable and downloadable format.

#### 8:49-5.2 Patient transportation policies and procedures; vehicle standard

(a) An MIH program that elects to provide transportation services to a patient, for non-emergency purposes, during which an MIH clinician or MIH technician is to accompany the patient, shall:

1. Transport the patient using a vehicle with an existing OEMS-issued license that is operated in compliance with the licensure requirements applicable to its license;  
or
2. If clinically appropriate, arrange non-clinical transportation through an entity that is not affiliated with the MIH program, MIC agency, or hospital, such as a common carrier, private car service, taxi service, or other fee-based service.

(b) An MIH program shall establish and implement policies and procedures for the transfer of a patient's care to a receiving transportation service, a health care facility, and/or a credentialed health services professional.

#### 8:49-5.3 Emergency events

(a) An MIH program shall establish and implement policies and procedures to address an emergency arising during or in connection with an encounter, which, at a minimum, shall address the procedure by which an MIH clinician or MIH technician is to:

1. Contact the regional dispatch center, such as directly or through the dispatch center of the hospital, MIC agency, or MIH program; and

2. Defer to the regional dispatch center with respect to coordination of the response to the emergency and, if applicable, determination of the appropriate patient transportation to a hospital emergency department; provided:

- i. If the MIH clinician or MIH technician arrives at an MIH program encounter in an OEMS-licensed vehicle that is operated in compliance with the licensure requirements applicable to its license, and the regional dispatch center designates the vehicle as the transportation resource, the MIH program encounter will end, and a distinct patient emergency call shall begin in accordance with N.J.A.C. 8:40 and 8:41.

## SUBCHAPTER 6. ENFORCEMENT ACTIONS AND HEARINGS

### 8:49-6.1 Enforcement actions

(a) The Department may summarily suspend an MIH program's license when the continued licensure of that MIH program poses an immediate or serious threat to the public health, safety, or welfare.

1. An MIH program of which the Department summarily suspends the license shall have the right to apply for an expedited hearing, in accordance with N.J.A.C. 8:49-6.2.

2. A summary suspension shall take effect immediately upon issuance.

(b) The Department may impose enforcement action against an MIH program that violates any portion of this chapter, including, but not limited to, the issuance of a formal written warning, a monetary penalty, a license suspension or revocation, the imposition of conditions upon the MIH program's operation, a refusal to issue or renew a license, and/or any combination thereof.

1. An action the Department takes pursuant to this section shall be separate from any civil, criminal, or other judicial proceeding, including actions against the license of a health care professional by other agencies with jurisdiction.

2. The Department shall refer for disposition all matters of professional misconduct to the applicable credentialing entity, and all matters of a criminal nature to the appropriate law enforcement authorities.

3. An action that the Department takes against an MIH program does not preclude any action that a credentialing or law enforcement authority with jurisdiction may take against MIH program personnel for the same infraction.

(c) The Department shall suspend or revoke, as applicable, the MIH program license of an MIH program if the Department suspends or revokes the license of the entity holding the MIH program license:

1. Pursuant to N.J.A.C. 8:41, with respect to a hospital; and/or
2. Pursuant to N.J.A.C. 8:43G, with respect to an MIC agency.

(d) The Department may impose a monetary penalty against an MIH program in the amount of up to \$2,500 for a first violation, and up to \$5,000 per occurrence for each subsequent violation, of the provisions of this chapter.

(e) For the purposes of assessment of a monetary penalty, each violation is a single, separate occurrence on each calendar day on which the violation occurs or remains uncorrected.

(f) The Department may decrease the penalty assessed in accordance with (a) above, based on the compliance history of the MIH program; the number, frequency, and/or severity of violations by the MIH program; the measures taken by the MIH program to mitigate the effects of the current violation, or to prevent future violations; the deterrent effect of the penalty; and/or other circumstances that are specific to the MIH program or the violation.

(g) If an MIH program is longer than 60 calendar days late in the payment of a monetary penalty, the Department may:

1. Refuse to issue or renew the MIH program license;
2. Institute a summary civil proceeding pursuant to the Penalty Enforcement Law, N.J.S.A. 2A:58-1 et seq.; and/or
3. Take such other action as authorized by law.

## 8:49-6.2 Hearings

(a) If the Department summarily suspends the license of an MIH program, then the MIH program may request an expedited hearing by submitting a request to the Department, in writing, within 30 days of the date of the summary suspension notice.

1. The request shall contain a response to the charges in the summary suspension notice; and

2. Failure to submit a request for a hearing within 30 days of the date of the summary suspension notice shall render the summary suspension a final agency decision.

(b) An MIH program shall have the right to apply to the Commissioner for an expedited hearing at the Office of Administrative Law to appeal a summary suspension, which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

1. If the Office of Administrative Law determines to uphold the summary suspension, the MIH program shall have the right to apply the Superior Court of New Jersey for injunctive relief.

(c) Nothing in this chapter shall be construed to prevent the Department from concurrently, or thereafter, moving to suspend or revoke an MIH program's license, issuing a directed plan of correction, and/or imposing a monetary penalty.

(d) If the Department proposes to issue a monetary penalty, and/or to suspend, revoke, or refuse to issue or renew an MIH program license, the Department shall afford the MIH program or applicant an opportunity for a hearing to contest the proposed action.

1. A monetary penalty assessment, suspension (excluding a summary suspension), or revocation of an MIH program license, or a refusal to issue or renew an MIH program license, shall become effective 30 calendar days after the date of the notice of the proposed action.

i. If the affected applicant or MIH program wishes to contest the action, within such 30-day period, then it shall submit a written notice requesting a hearing to the Department, to the attention of the Office of Legal and Regulatory Compliance, New Jersey Department of Health, PO Box 360, Trenton, NJ 08652-0360.

ii. Upon the submission of a written notice requesting a hearing pursuant to (d)1i above, a monetary penalty assessment, suspension (excluding a summary suspension), or revocation shall be held in abeyance until the hearing has been concluded and a final decision has been rendered.

iii. Failure to submit a written notice pursuant to (d)1i above shall constitute the forfeiture by the applicant or MIH program of all rights to a hearing pursuant to (d) above.

2. If an applicant or MIH program wishes to contest the Department's refusal to issue or renew an MIH program license, the applicant or MIH program shall submit, within 30 days of the date of the refusal, a written request for a hearing on the matter to the Department at the address at (d)1i above.

i. Upon the submission of a written notice requesting a hearing to contest the refusal to renew the MIH program license of an MIH program, the refusal shall be held in abeyance until the hearing has been concluded and a final decision is rendered.

ii. A refusal to issue an MIH program is effective immediately.

iii. Failure to submit a written request for a hearing to contest a refusal to issue or renew an MIH program license shall result in the applicant or MIH program forfeiting all rights to such a hearing.

(e) All hearings shall be conducted in accordance with the New Jersey Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and 52:14F-1 et seq., and the New Jersey Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(f) The OEMS shall post all MIH program enforcement actions on the Department's website at <https://www.nj.gov/health/ems/reg-enforcement/legal-action>.

#### 8:49-6.3 Enforcement against operation without Department licensure

(a) No entity shall operate an MIH program within the State of New Jersey without a Department-issued MIH program license.

(b) Upon notice or discovery that an entity is operating an MIH program or providing MIH program services within the State of New Jersey without an MIH program license, the Department may issue an order directing that person or entity to immediately cease and desist the performance of MIH program services.

1. Failure to comply with an order to cease and desist may result in an action by the Department for injunctive relief in the Superior Court of New Jersey.

2. The Department shall post orders to cease and desist on the Department's and the OEMS's website as a public notice.

## APPENDIX A

### Application for MIH Program License

(a) An applicant for licensure as an MIH program shall submit the following in support of its application:

1. The mailing address of the principal place of business of the proposed MIH program in accordance with N.J.A.C. 8:49-2.1(c);

2. The identification and validation of one or more gaps in service delivery upon review of available data and a corresponding community health needs assessment;

3. A description of how the proposed MIH program service type would address identified gaps in service delivery and improve quality, access, and cost-effectiveness, increase patient satisfaction, improve patient quality of life, and increase interventions that promote health equity, in a designated service area, through one or more of the following:

i. A decrease in avoidable emergency department visits or hospital readmissions;

ii. A decrease in total medical expenditures;

iii. A decrease in cost to patient(s);

iv. A decrease in time to appropriate patient care in an appropriate health care setting;

v. An increase in access to medical or follow-up care; or

vi. Improvement in clinical care coordination, including, but not limited to, patient medication adherence;

4. A description of proposed partnerships with existing health care entities, and the identification of all partnerships, contracts, agreements, and affiliation agreements between the applicant and other health care entities;

5. A description of the applicant's ability to demonstrate sufficient capacity to develop and operate the proposed MIH program, including financial viability and sustainability;

6. The identification of the applicant's MIH medical director and MIH clinical coordinator;

7. The identification of the patient record platform(s) to be used by the MIH program, and the plan by which the applicant will provide the Department access to the platform in accordance with N.J.A.C. 8:49-3.6(a);

8. A complete description of the proposed MIH program including, but not limited to:

i. An electronic version of the standard operating procedure manual in accordance with N.J.A.C. 8:49-3.1;

ii. The plan for medical direction under the MIH medical director and/or MIH oversight physician(s) in accordance with N.J.A.C. 8:49-5.1;

iii. The procedure for development and proposed review of clinical protocols;

iv. The training and education requirements in accordance with N.J.A.C. 8:49-2.1(e);

v. The quality assurance and improvement plan in accordance with N.J.A.C. 8:49-3.4; and

vi. The communication policy and procedure in accordance with N.J.A.C. 8:49-5.1;

9. A description of the proposed plan of coordination and interaction with applicable 9-1-1 EMS systems in accordance with N.J.A.C. 8:40 and 8:41; and

10. The following information for each person who will serve as a member of the MIH program's personnel:

i. Full legal name;

ii. New Jersey-issued EMS ID number (if applicable);

iii. Credential (if applicable);

iv. Date of hire;

v. MIH-approved type of service, including start and, if applicable, end dates; and

vi. Additional elements as determined by the Department, specific to the MIH program and service for which the applicant seeks approval to provide.

(b) An applicant for authorization to provide emergency department (ED) avoidance services shall:

1. Identify each primary ambulance service in the applicable local jurisdiction for which the ED avoidance service will operate, and the applicant's plan for coordination with each primary ambulance service.

2. Identify the training the applicant will require each MIH clinician, who will operate under the proposed ED avoidance service, to receive;

3. Describe the transition of any 9-1-1 EMS patient who the responding MIH clinician finds, after assessment and consultation with MIH medical director or MIH

oversight physician, may be more appropriately managed as an MIH patient, in accordance with N.J.A.C. 8:49;

4. Identify the clinical and triage protocols, policies, and procedures the applicant will implement to determine whether, and to what destination, to transport an MIH patient, if applicable; and

5. Identify the applicant's policy and procedure by which the applicant will obtain the informed patient consent of a patient who is to enter an ED avoidance program.

**APPENDIX B**  
Reportable Events

**General Question**

1. What type of Incident are you reporting? (Choose all that are applicable to the event):
  - a. Injury or death to patient, passenger, or employee
  - b. Potential criminal or regulatory issue
  - c. Potential clinical issue
  - d. Loss of controlled dangerous substance
  - e. Use of physical behavioral restraints
  - f. Motor vehicle accident
  - g. Other
2. Was this incident reported to an individual from the Office of Emergency Medical Services of the New Jersey Department of Health? (Yes/No)
  - a. If yes, to whom?

**Patient Care Issue / Patient or Employee Injury or Death**

1. Is this a notification of possible abuse, neglect, and/or exploitation of an individual who is under 18 years of age? (Yes/No)
  - a. If yes, was the Department of Children and Families (DCF) notified? (Yes/No)
    - i. If yes, specify:
      1. Date and time of the notification to DCF;
      2. Name of the DCF agent who took the notification; and
      3. Name of the employee who made the notification.
2. Is this a notification of possible abuse, neglect, and/or exploitation of an individual who is 18 years of age or older? (Yes/No)
  - a. If yes, was the county's adult protective services (APS) notified? (Yes/No)
    - i. If yes, specify:
      1. Date and time of the notification to APS;
      2. Name of the APS agent who took the information;
      3. Name of the employee who made the notification.
3. Date incident started:
4. Date incident ended:
5. For each care provider involved, specify:
  - a. First name;
  - b. Last name;
  - c. License, certification, or other credential; and
    - i. EMS ID Number.

6. Was an employee injured or killed? (choose one):
  - a. Injured;
  - b. Killed; or
  - c. Neither.
7. Describe the incident you are reporting (open text field).
8. List the Patient Care Report ID Number and Incident Number for all Patient Care Reports involved in this incident (open text field).
9. Was a patient injured or killed?
  - a. Injured;
  - b. Killed; or
  - c. Neither.
10. Was this incident reported to any law enforcement agency, or was law enforcement on location? (Yes/No)
  - a. If yes, specify:
    - i. Name of the law enforcement agency that attended the incident;
    - ii. Name of the person to whom the incident was reported and contact phone number; and
    - iii. Law enforcement agency case number or incident number.
11. Describe what corrective action, if any, was taken to avoid a repeat of the incident (open text field).
12. Attach any supporting documentation.

**Issue Involving Potential Violation of Civil or Criminal Law**

1. Is this a notification of possible abuse, neglect, and/or exploitation of an individual who is under 18 years of age? (Yes/No)
  - a. If yes, was the Department of Children and Families (DCF) notified? (Yes/No)
    - i. If yes, specify:
      1. Date and time of the notification to DCF;
      2. Name of the DCF agent who took the notification; and
      3. Name of the employee who made the notification.
2. Is this a notification of possible abuse, neglect, and/or exploitation of an individual who is 18 years of age or older? (Yes/No)
  - a. If yes, was the county's APS notified? (Yes/No)
    - i. If yes:
      1. Date and time of the notification
      2. Name of the agent who took the information
      3. Name of the employee who made the notification

3. Date incident started:
4. Date incident ended:
5. For each care provider involved, specify:
  - a. First name;
  - b. Last name;
  - c. License, certification, or other credential; and
    - i. EMS ID Number.
  - d. Was the employee injured or killed? (choose one)
    - i. Injured;
    - ii. Killed; or
    - iii. Neither.
6. Describe the incident you are reporting (open text field).
7. List the Patient Care Report ID Number and Incident Number for all Patient Care Reports involved in this incident.
8. Was the patient injured or killed? (choose one)
  - a. Injured;
  - b. Killed; or
  - c. Neither.
9. Was this incident reported to any law enforcement agency, or was law enforcement on location? (Yes/No)
  - a. If yes
    - i. Name of law enforcement agency;
    - ii. Name of the person to whom the incident was reported;
    - iii. Contact phone number of the person to whom the incident was reported and
    - iv. Law enforcement agency case number or incident number.
10. Was this incident reported to another regulatory enforcement or oversight agency? (Yes/No)
  - a. If yes, specify:
    - i. Name of agency;
    - ii. Name of the person to whom the incident was reported
    - iii. Contact phone number of the person to whom the incident was reported; and
    - iv. Agency case number or incident number.
11. Describe what corrective action, if any, was taken to avoid a repeat of the incident. (open text field)

**Behavioral Restraints**

1. Were behavioral restraints used? (Yes/No)
2. If yes, specify:
  - a. The Patient Care Report ID Number and Incident Number for each Patient Care Report issued in connection with the use of the behavioral restraints; and
  - b. The type of behavioral restraint used (open text field).

**Loss of Controlled Dangerous Substance (CDS)**

1. If CDS were lost, specify:
  - a. The date and time the loss was identified; and
2. For each care provider involved, specify:
  - a. First name;
  - b. Last name;
  - c. License, certification, or other credential; and
    - i. EMS ID Number.
3. For each CDS lost, specify:
4. The generic name of the medication;
  - a. The volume in milliliters that was lost; and
  - b. The dosage in milligrams that was lost.
5. Describe the incident you are reporting (open text file).
6. Was this incident reported to any law enforcement agency? (Yes/No)
  - a. If yes
    - i. Name of Law Enforcement Agency.
    - ii. The individual's name to whom the incident was reported.
      1. Contact Phone Number
    - iii. Case Number or Incident Number
7. Was this incident reported to any other regulatory enforcement/oversight agency? (Yes/No)
  - a. If yes
    - i. Name of Law Enforcement Agency.
    - ii. The individual's name to whom the incident was reported.
      1. Contact Phone Number
    - iii. Case Number or Incident Number
8. Describe what corrective action, if any, was taken to avoid a repeat of the incident. (open text field)

**Motor Vehicle Collision (MVC)**

1. If an MVC occurred involving an OEMS-licensed vehicle, specify:

- a. Date of MVC;
  - b. Vehicle Identification Number (VIN); and
  - c. OEMS vehicle seven-digit permit number.
2. If an MVC occurred involving an OEMS-licensed vehicle, is the vehicle's PIOOS status greater than six hours? (Yes/No)
3. For each care provider involved, specify:
  - a. First name;
  - b. Last name;
  - c. License, certification, or other credential; and
    - i. EMS ID Number.
  - d. Was an employee injured or killed? (choose one):
    - i. Injured;
    - ii. Killed; or
    - iii. Neither.
4. What was the status of the vehicle at the time of the crash? (choose one)
  - a. En-route to an encounter;
  - b. On scene of an encounter;
  - c. Transporting a patient;
  - d. Not on an encounter;
  - e. Other:
    - i. Describe.
5. Was the vehicle traveling through an intersection? (Yes/No)
  - a. If yes, was the intersection controlled by a traffic light?
6. Was the vehicle stationary at the time of the crash? (Yes/No)
  - a. If yes, where was the vehicle at the time of the crash?
    - i. In a lane of traffic of a roadway
    - ii. In a shoulder of a roadway
    - iii. Along a curbside of the roadway
    - iv. In a designated parking area
    - v. Other
      1. Please explain.
7. Was the roadway being controlled by law enforcement or other emergency signage? (Yes/No)
8. Were emergency warning devices active? (Yes/No)
  - a. If yes, specify:

- i. Emergency lights; and/or
  - ii. Siren.
- 9. Is the vehicle equipped with an onboard dash camera? (Yes/No)
- 10. Are you aware of any other video or still footage of the MVC? (Yes/No)
- 11. Write a detailed description of the MVC. (open text field)
- 12. Where was the location of the MVC?
  - a. Address or closest intersection;
  - b. City;
  - c. County; and
  - d. Zip code
- 13. Which individuals were secured with a seat belt? (Select all that apply)
  - a. Driver;
  - b. Employee(s);
  - c. Patient;
  - d. None; and/or
  - e. Other
    - i. Specify
- 14. Which individuals were not secured with a seat belt? (Select all that apply)
  - a. Driver;
  - b. Employee(s);
  - c. Patient;
  - d. None; and/or
  - e. Other
    - i. Specify
- 15. Was a patient on board at the time of the MVC? (Yes/No)
  - a. If yes, where was the patient located? (choose one)
    - i. Wheelchair
      - 1. Was the wheelchair secured as required in N.J.A.C. 8:40? (Yes/No)
    - ii. Stretcher
      - 1. Was the stretcher secured as required in N.J.A.C. 8:40? (Yes/No)
    - iii. Car seat
      - 1. Was the car seat a Federally approved child restraint system provided for at N.J.S.A. 39:3-76.2a? (Yes/No)

- a. If yes, was the car seat secured per the Federally approved child restraint system manufacturer recommendation? (Yes/No)

iv. Other

1. Specify

16. Was a patient injured or killed? (Choose one)
- a. Injured;
  - b. Killed; or
  - c. Neither.
17. Was another party injured as a result of the MVC? (Yes/No)
- a. If yes, specify.
18. Was another party killed as a result of the MVC? (Yes/No)
- a. If yes, specify.
19. Was a MVC Report completed by Law Enforcement? (Yes/No)
- a. If no, explain why
  - b. If yes, is the MVC Report be attached to this notification? (Yes/No)
    - i. If no, the MVC Report must be submitted within 30 calendar days.
20. Was a summons issued to anyone involved in the crash?
- a. Yes;
  - b. No; or
  - c. Unknown
21. Was corrective action taken as a result of the MVC? (Yes/No)
- a. If yes, specify (open text field)