NEW JERSEY HUMAN SERVICES

Incident Reporting for DMHAS Providers

Division of Mental Health & Addiction Services
and
Office of Program Integrity & Accountability

October 2026

Department of Human Services Administrative Order 2:05

- Establishes the policy and procedure for reporting, managing and responding to allegations and events affecting the health, safety and well-being of individuals served.
- Establishes a department-wide practice for identifying, defining and documenting reportable incidents.
- Provides a timeframe for reporting incidents.
- Establishes parameters for the timely and appropriate response to reported incidents;
- Identifies standards for investigating and closing incidents.
- Facilitates individual and aggregate data analyses, including identifying patterns and trends that can inform prevention strategies on an individual or at a systemic level.
- Promotes effective and efficient service management and aimed at reducing risk.

Authority

DHS and its community partners operate under:

- N.J.S.A. 30:1-11. Powers of the Commissioner
- N.J.S.A. 30:1-12.1 Investigations by Commissioner

Who is Required to Report?

Agencies contracted to provide services to individuals through the Division of Mental Health and Addiction Services (DMHAS) or licensed by the Department of Health (DOH) to provide mental health or substance use disorder services through DMHAS are required to report critical incidents.

Incident Reporting Policy and Regulation

Providers operated, licensed, or regulated by, or receiving funding directly or indirectly from a Division, Office, or Commission of DHS are required to report critical incidents.

- A.O. 2:05, Attachment A (Incident Reporting Levels & Categories Grid)
- Statutes and Regulations governing the incident reporting process
  - N.J.A.C. 10:37-6.108
  - N.J.A.C. 10:37-9.9(B.3)
  - N.J.A.C 8:43k-1.2(c)
  - N.J.A.C 8:43K-4.13
  - N.J.A.C 8:111-3.8
  - Annex C

Providers are required to establish internal policies for incident reporting to comport with DHS policies and regulations.

Confidentiality

Pursuant to N.J.A.C. 10:41-3.2(b), incident reports and investigations are not public and can only be released upon judicial order.

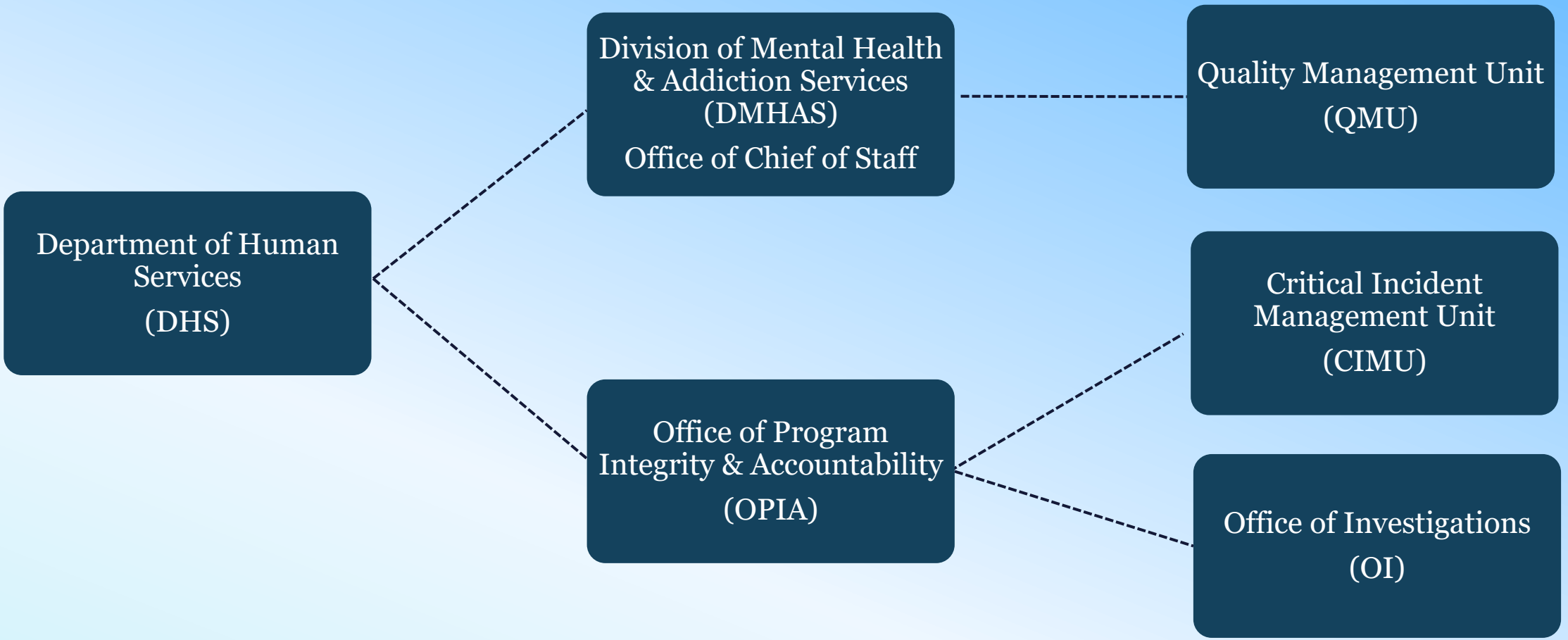
What is an Incident?

- Defined as an allegation or occurrence involving or affecting the care, supervision or actions of a DHS individual receiving services-IRS (AKA service recipient, consumer, client, patient, individual served);
- May or may not have significant impact on the health, safety and welfare of the IRS or others;
- May also involve the conduct of employees while on or off duty, or others who may come in contact with an IRS (i.e. volunteer, intern, or an individual acting as a DHS service provider such as a consultant, counselor intern and/or contractor). These agency representatives will be referred to as "caregiver" in the definitions.

Why Do We Report?

- Shared responsibility to ensure the health, safety and well-being of individuals served;
- Best practice to create a documented record of identified allegations, events and/or concerns;
- Identify and address factors that may have contributed to the incident to prevent future recurrence and minimize risk;
- Creates accountability and follow-up;
- Facilitates protection, prevention and reduction of harm;
- Allows gathered information to be used for data analysis of individual/systemic patterns & trends;
- Data helps inform policies, important decisions, and action steps at individual and systemic levels.

To Whom Do We Report



DMHAS
Office of Chief of Staff

Quality Management Unit (QMU):

- DHS/DMHAS liaison for issues or questions related to incident reporting;
- Receives all initial incident reports from agency providers;
- Screens initial incident reports and ensures assignment of appropriate code(s); interacts with providers if additional information is required;
- Enters all information in the NJIRMS system;
- Provides incident notification to provider, detailing NJIRMS number, incident code(s), date follow up due, and closing entity responsible for review and closure.

DMHAS QMU Contacts

Contact the Quality Assurance Specialist assigned to the county for incident reporting questions:

QMU Supervisor: Debra Rabatie - Debra.Rabatie@dhs.nj.gov

Diana DiMaggio - Diana.DiMaggio@dhs.nj.gov
Middlesex, Ocean

Christine Deyo - Christine.Deyo@dhs.nj.gov
Atlantic, Gloucester, Hudson, Somerset, Sussex, Union

Kimberly Cremer - Kimberly.Cremer@dhs.nj.gov
Cape May, Hunterdon, Monmouth, Passaic, Salem, Warren

Taniesha Wilson - Taniesha.Wilson@dhs.nj.gov
Bergen, Cumberland, Essex, Morris

Josezetta Manning – Josezetta.Manning@dhs.nj.gov
Burlington, Camden, Mercer

Submit incident reports via email or fax:
E-Mail: dmhas.incidentrept@dhs.nj.gov Fax: (609) 341-2324

DHS Office of Program Integrity & Accountability (OPIA)

Critical Incident Management Unit (CIMU):

- Facilitates and oversees the appropriate tracking, management and organizational response to all incidents reported by agencies and programs licensed, regulated, or receiving funding from DHS;
- Manages a web based application, New Jersey Incident Reporting and Management System (NJ-IRMS) for entering and documenting incident information and follow-up actions taken in response to reported incidents;
- Administratively reviews agency investigation reports involving certain allegations of Abuse, Neglect, Exploitation, and Professional Misconduct for closure;
- Reviews and closes other incidents (i.e. contraband).

DHS Office of Program Integrity & Accountability (OPIA)

Under N.J.S.A. 30:1-12 et seq., OI is charged by the DHS Commissioner to conduct civil investigations

Office of Investigations (OI):

- Assigned investigator conducts a thorough, independent, objective and timely investigation of higher level of abuse, neglect and exploitation allegations involving individuals served by DHS;
- Conducts face to face and/or phone interviews of identified: alleged victims, alleged perpetrators, witnesses, and other collateral contacts as needed;
- Gathers physical & documentary evidence;
- Reviews the evidence and information to determine if there is a preponderance of evidence to substantiate allegation/ incident;
- Issues an official DHS finding/notification to agency and alleged victim/perpetrator;
- Identifies systemic concerns to help ensure the continued health, safety and well-being of all individuals served.

DHS OPIA Contacts

Critical Incident Management Unit (CIMU)

For incidents that route to CIMU for closure, submit follow-up/investigation reports to dhs.mhscimadmin@dhs.nj.gov or fax it to 609-341-2260.

CIMU Contacts:

Christine Solieri-Noble (Supervisor) - Christine.Noble@dhs.nj.gov
Diana Falquez - Diana.Falquez@dhs.nj.gov
Kathryn Sheldon-Smith - Kathryn.Sheldon-Smith@dhs.nj.gov
Lauren D'Andrea - Lauren.D'Andrea@dhs.nj.gov

Office of Investigations (OI)

The assigned investigator will contact the provider with specific contact information and fax number for communication purposes.

Agency Incident Reporting Process: Five Core Areas

- ✓ Identifying/addressing incidents/allegations;
- ✓ Recording information;
- ✓ Reporting information;
- ✓ Investigation/analysis;
- ✓ Follow-up/actions/closure/plan of correction.

Policy Note

- DHS operates an allegation-based system – anyone can express/report concerns regarding suspected Abuse, Neglect, Exploitation, and Professional Misconduct involving an individual served;
- Allegations are also received through the DMHAS Substance Use Treatment Complaint Line 1-877-712-1868;
- Mental Health complaints are received at 1-800-382-6717;
- Complaints from the public shall be reviewed and processed for response and follow-up as identified in the A.O. 2:05.

Attachment A-
Incident Reporting Levels and Categories Grid

- Attachment A identifies components within the incident reporting process, such as Incident Type, Code, Level, Category, Sub-Category, Notifications, description/definition, and Closing Entity.

- Submit follow-up/investigation reports to the respective DHS entity responsible for closure as indicated in Attachment A.

Attachment A (continued)

- **Incident Type**: Identifies the incident as an allegation or an event
- **Code**: An alphanumeric code assigned to allegations and events
- **Level**: Incident level defines the timeliness of reporting, Level A should be reported the same day and Level B should be reported within one business day
- **Category**: Incidents are defined and grouped by categories such as abuse, neglect, exploitation
- **Sub-Category**: Some incident codes are broken down by a sub-category to further describe the code by sub-types

Attachment A (continued)

- **Two-Hour Guardian Notification**: Required for DDD providers
- **Verification Required**: Applies to DDD providers
- **Law Enforcement Notification**: Some incidents may require law enforcement notification. Reporting entities may be directed to contact law enforcement by DHS in certain circumstances.
- **Description/Definition**: Describes the incident category
- **Closing Entity**: Identifies the unit responsible for closing the incident. Incidents that occur in the community will be assigned to OI, CIMU or the Division for closure based on the code identified on the incident.

Reportable Categories

A+ Residential Services must report on all reportable categories

All other program types should report incidents according to the categories below

Incident categories **always** reportable to DHS regardless of where the incident occurred

- Physical Abuse
- Sexual Abuse
- Verbal/Psychological Abuse
- Neglect
- Exploitation
- Professional Misconduct
- Rights Violation
- Death
- Suicide Attempt
- Overdose
- Unapproved Restraint
- Media Interest (Operational)

Incident categories reportable to DHS when incidents occur on agency premises or in presence of agency staff

- Physical Assault (Major/Moderate)
- Sexual Assault
- Criminal Activity
- Medical
- Elopement/Walkaway
- Injury (Major/Moderate)
- Operational
- Contraband

❖ DHS may also require providers to report incidents that may not be normally reportable, if there is a potential for some media inquiry/attention or any inquiry from a regulatory or an accreditation entity.

Abuse

Any form of abuse directed at an individual receiving services by an employee, volunteer, intern, or an individual acting as a DHS service provider such as a consultant, counselor intern and/or contractor =

ABUSE

Physical Abuse- a physical act directed at an individual by a caregiver that has the potential to cause one or more of the following: pain, injury, anguish, or suffering. Such acts include, but are not limited to, the individual being kicked, pinched, bitten, punched, slapped, hit, pushed or dragged that results in no injury, minor injury, moderate injury or major injury to the individual.

Physical Abuse with Object- a physical act directed at an individual by a caregiver in which the individual is struck with a thrown or held object that results in no injury, minor injury, moderate injury or major injury to the individual.

Abuse (continued)

Any form of abuse directed at an individual receiving services by an employee, volunteer, intern, or an individual acting as a DHS service provider such as a consultant, counselor intern and/or contractor =

ABUSE

Sexual Abuse- an act or attempted act such as lewdness, sexual contact, or sexual penetration between a caregiver and an individual served by DHS. Any form of sexual contact or activity between a caregiver and an individual, absent of marriage, domestic partnership, or civil union, is sexual abuse, regardless of whether the individual gives consent or the caregiver is on or off duty.

Verbal/Psychological Mistreatment- any verbal or non-verbal act or omission by a caregiver that inflicts one or more of the following: emotional harm, mental distresses, invocation of fear, humiliation, intimidation, or degradation to an individual. Examples include, but are not limited to, bullying; ignoring need; verbal assault; use of racial or ethnic slurs; or intimidating gestures, such as shaking a fist.

Neglect

Neglect - Failure of a caregiver to do or permit to be done any act necessary for the well-being of an individual receiving services; or willfully failing to provide proper and sufficient food, clothing, maintenance, medical care, or a clean and proper home that results in no injury, minor injury, moderate injury or major injury to the individual.

Examples, including but not limited to:

- Withholding an IRS' ordered medications for failure to comply with facility rules or procedures.
- Inappropriately discharging an IRS or terminating treatment without referring the IRS for appropriate services.
- Failing to provide treatment services as clinically indicated by level-of-care assessment.

Exploitation

Financial Exploitation - Any willful, unjust or improper use of the property or funds of an individual, for the benefit or advantage of staff/caregiver.

Personal Exploitation - Any willful, unjust or improper use of an individual for the benefit or advantage of another; condoning and/or encouraging the exploitation of an individual by a caregiver.

Examples, including but not limited to:

- Inappropriate borrowing.
- Taking an IRS's personal property or funds, without authorization.
- Requiring an IRS to perform functions and/or activities that are normally conducted by staff or are solely for the staff's convenience.

Professional Misconduct

Professional Misconduct - Behavior of a credentialed professional that implies an intentional compromise of ethical standards, or a direct service professional that implies an intentional compromise of standard policy; is professionally unsuitable, potentially dangerous to patients/individuals receiving services, incompetent, disruptive, or illegal.

Examples, including but not limited to:

- Inappropriate relationships with patients.
- Falsifying medical/treatment records.
- Delay in communicating critical information/events.
- Working under the influence.

Rights Violation

Rights Violation - Any act or omission that deprives an individual of human or civil rights, including those rights which are specifically mandated under applicable regulations.

Examples, including but not limited to:

- Unauthorized removal of personal property.
- Refusal of access to the telephone.
- Privacy violations, breach of confidentiality.
- Any failure to inform, respect, or assist an individual receiving services in exercising his or her rights.

Unapproved Restraint With/Without Injury

Unapproved Restraint - Restraints and/or restrictive intervention that was implemented without prior approval/order, or not in accordance with the administrative regulations of the appropriate division, or without the existence of an approved behavior treatment plan.

Examples, including but not limited to:

- Personal Control Techniques
- Mechanical Restraints
- Chemical Restraints

Death

- Incidents regarding unexpected deaths or expected deaths of individuals enrolled in services are always reportable.
- All death reports are reviewed and analyzed by the Division.
- The Mortality Review Committee (MRC) reviews all suicide deaths, onsite deaths, and deaths of minors.
- Deaths of a suspicious or unusual nature may be screened by CIMU at the request of the Division/Facility for routing to OI for investigation.

Suicide Attempt & Overdose

Incidents regarding suicide attempts and overdose involving individuals served are <u>always reportable</u> regardless of where the incident occurred.

<u>Suicide Attempt:</u> Refers to an attempt to intentionally take one's life regardless if the act resulted in injury.

<u>Overdose:</u> Any unintentional or deliberate consumption of prescribed or illegal substances of a dose much larger than that either habitually used by the individual or ordinarily used for treatment which is likely to result in a serious toxic reaction, but not with the intention of suicide.

For Psychiatric Emergency Services (PES) and Affiliated Emergency Services (AES), suicide attempts should only be reported in the presence of agency staff and/or on agency premises.

Injury
Moderate and Major Only

Injury Types

Approved Restraint, Fall, Self Injurious Behavior (SIB), Accidental, Behavioral, Unknown Origin, Seizure-related, Decubitus

- **Moderate Injury:** an injury that requires treatment beyond basic first aid, but does not require treatment that can only be performed at a hospital. Includes but is not limited to all fractures, tooth avulsion/fracture, injuries that require devices (crutches/brace/splint/boot), invasive diagnostic treatment with or without anesthesia/sedatives, head injuries, prescription medications.

- **Major Injury:** Refers to an injury that requires treatment that can only be performed at a hospital facility and may or may not include admission to the hospital for additional treatment or observation.

Medical

Types of Medical Incidents

- Communicable Diseases
- Medication error potentially serious effect
- Medication error serious effect
- Missing Controlled Substance
- Unplanned Hospitalization- Medical
- Unplanned Hospitalization-Behavioral/Psychiatric
- Choking
- PICA
- *Hospital Treatment- Medical
- *Hospital Treatment- Behavioral/Psychiatric

* Reportable when accompanied with another code.

Medical Definitions

- **Medication Error** - Refers to any deviation from prescribed orders that that has the potential to result in serious effects **OR** results in serious effects that require medical intervention as determined by a qualified medical professional (physician, pharmacist). These incidents may involve errors in medical treatment or errors in the administration of medication.

- **Missing Controlled Substance -** Refers to any unexplained loss or accounting discrepancy of controlled dangerous substances. May require law enforcement notification; May require notification to the Drug Enforcement Administration.

Elopement & Walkaway

Elopement : Refers to the act of an individual with criminal status, leaving the premises without authorization. (KROL, IST, NGRI, Detainer, Megan's Law)

Walkaway: Refers to the act of an individual who leaves the premises without authorization who may be considered dangerous to self or others or is otherwise at risk.

May require law enforcement notification when the individual cannot be located on site or after an initial search of the premises

Contraband & Criminal Activity

Contraband: Possession or use of an item(s) by an individual or an employee that has been designated by the service provider as having the potential to pose danger or harm to others. Examples include, but are not limited to, weapons, controlled dangerous substances, fireworks, alcohol; or other items identified by the service provider or service plan, including, but not limited to, coffee, matches, and aerosol sprays.

Criminal Activity:

SR Victim- Individual served by DHS is the victim of a crime in accordance with NJ criminal statutes and police file charges.

SR Perpetrator- Criminal Conduct by an individual served by DHS is reportable when the activity constitutes a crime in accordance with NJ criminal statutes and police file charges.

Sexual Assault & Physical Assault

Sexual Assault: Incidents in which a DHS individual receiving services is a victim or perpetrator of nonconsensual sexual activity involving penetration, such as vaginal and anal intercourse; the insertion of a hand, finger, or object into the anus or vagina; or cunnilingus and fellatio. Also refers to the intentional, nonconsensual touching of the victim's breast, genital, or anal area, over or under clothing, with the purpose of sexual arousal and/or gratification of the perpetrator. Reference: NJ Criminal Code - NJSA 2C:14-2

Physical Assault: Act of touching or striking an individual, or causing an individual to be struck with a held or thrown object, to cause physical harm, by anyone other than staff, which results in injury. (Moderate/Major)

Operational

Operational Definition

This category consists of a wide variety of incidents that significantly impact the general health, safety, and welfare of an individual or the daily operation of the facility or program.

May also include a breakdown or failure regarding administrative or operational policies or processes that may impact the health, safety or welfare of individuals receiving services.

Operational Categories

- Fire
- Utility/Equipment Breakdown
- Environmental Issues
- Theft/Loss/Damage to Property
- Staff Shortage
- Emergency/Unplanned Relocation
- Shelter in Place
- Bed Bugs
- COOP
- Operations/Administrative
- Media Interest

Media Interest: Refers to media or journalistic attention that was or is likely to be generated or intensified regarding any incident involving an IRS or staff.

Reportable regardless of where the incident occurred.

Incident Report Forms

Incident Reporting forms, training documents and other resource materials are available at:
https://nj.gov/humanservices/dmhas/resources/providers/incident-reporting

- **A.O. 2:05**
- **Attachment A- Incident Reporting Levels and Categories Grid**
- **Incident Reporting Training Power point**
- **Initial Incident Reporting form**
- **Follow-up/Investigation Report forms**
- **Initial/Follow-up form instructions**
- **Training request form**
- **QMU contact**

Note on Confidentiality

Incident reports, investigation reports, and other related records are not public and can only be released under certain circumstances upon consultation with DHS legal staff or a court order.

Incident Reporting Time Frames

Initial Incident Report Form:

- A detailed description of the incident being reported: Who, What, Where, When, Why and How.
- Includes immediate actions. If safety concerns are identified, address immediately by providing protective actions to ensure individual's safety. Secure evidence (photographs, documents, videotape) and collect written statements.
- Due the same business day or next business day depending upon incident category.
- Any delay in reporting of any incident must be explained in the initial report.

Incidents are identified by priority level, using the Incident Reporting Levels and Categories Grid (Attachment A):

- **A Incidents:** Submit a written incident report as soon as possible using the designated incident reporting form but no later than the end of the business day.
- **B Incidents:** Submit a written incident report using the designated incident reporting form within one business day.

Do not delay submission if information is missing.
E-Mail to dmhas.incidentrept@dhs.nj.gov or Fax to (609) 341-2324

Notifications

May Include:

- Local Law Enforcement
- New Jersey Department of Health
- Department of Children & Family Services
- Adult Protective Services
- Professional Licensing Boards
- New Jersey Department of Environmental Protection
- CDC
- Reporting entities may be directed to contact law enforcement by DHS in certain circumstances.

NOTE: Refer to your agency's internal policy to identify if additional notifications are necessary.

Policy Note (DDD)

Agencies providing mental health services to consumers also receiving services from the DHS Division of Developmental Disabilities (DDD):

- Follow Division of Developmental Disabilities' policies related to the types of incidents/allegations reportable involving DMHAS consumers served by DDD.
- Incidents involving consumers served by both DDD and DMHAS should be reported to the DMHAS IR Coordinator.
- The DDD Hotline is available by calling 1-800-832-9173 (then press 1) 24 hours a day, 7 days a week to report suspected abuse, neglect or exploitation of an individual with an intellectual or developmental disability.

Policy Note (Children and Youth)

- Agencies operating programs for children and youth should follow DHS reporting guidelines if the program is licensed/contracted by DHS.

- The Department of Children and Families (DCF) may have additional reporting requirements for agencies licensed/contracted by DHS and serving children/youth through funding and/or a contract with DCF. Agencies who have programs in this category should adhere to reporting requirements for both Departments.

- "In New Jersey, any person having reasonable cause to believe that a child has been subjected to abuse or acts of abuse should immediately report this information to the Department of Children and Families, State Central Registry (SCR). If the child is in immediate danger, call 911 as well as 1-877 NJ ABUSE (1-877-652-2873). A concerned caller does not need proof to report an allegation of child abuse and can make the report anonymously."

DMHAS Reporting Process

Incident Occurs

Agency sends Initial Incident Report to DMHAS QMU Quality Assurance Specialist for all reportable incidents via email/fax as per Incident Reporting time frames.

QAS requests additional information from agency, if needed.

QAS enters report into NJIRMS and provides agency with IR#, codes, and closing entity via NJIRMS email.

DMHAS QMU
Responsible for review and closure of rights violation, sexual assault, medical, suicide attempt, overdose, death, operational, walkaway, elopement, & criminal activity incidents.

Critical Incident Management Unit (CIMU)
Reviews agency investigations on lower level of abuse, neglect & exploitation, professional misconduct, injuries, physical assault, and contraband incidents.

Office of Investigations (OI)
Conducts civil investigations and issues findings based on a preponderance of evidence standard.

Follow-Up Report

- Due within 30 days to the closing entity.
- A summary of the agency's analysis/evaluation/internal investigation are required for all allegations.
- Reports are not to be completed by a person directly involved in the incident.
- Investigation is completed by an unbiased, impartial, objective party.

Your analysis/evaluation/internal investigation must include:

- Facts (not opinions, feelings and beliefs).
- Full name and title of all involved parties.
- Interviews and summary of interviews of all alleged perpetrators (AP), alleged victims (AV), Witnesses, and/or collateral contacts.
- A summary of all physical and documentary evidence obtained.
- Enough information and facts for the closing entity to reach your conclusion.
- A finding for each code, alleged victim, and alleged perpetrator, including a justification for each finding.
- Actions planned and/or taken (Corrective, Preventative).

Incident Findings

All incidents require one of the following findings prior to closure:

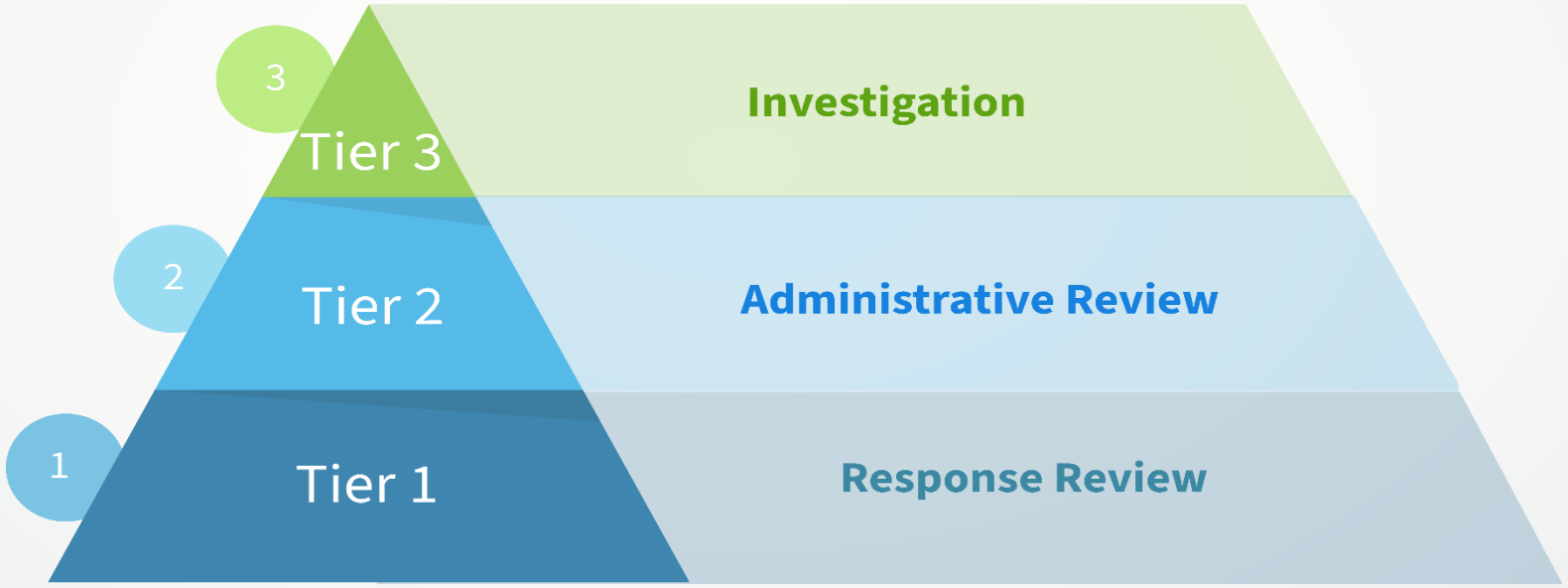
- **Substantiated:** There is a preponderance of credible evidence that an allegation or a situation is true and/or occurred.
- **Unsubstantiated:** There is less than preponderance of credible evidence, facts, or information to support that the allegation or situation is true and/or occurred.

Preponderance of evidence means that there is evidence sufficient to generate a belief that the conclusion is likely and more probable than not. It is the greater weight of credible evidence, the tipping of the scales.

A preponderance of evidence does not necessarily mean the largest amount of data or the largest number of witnesses. The focus is on the quality of the evidence.

Levels of Review

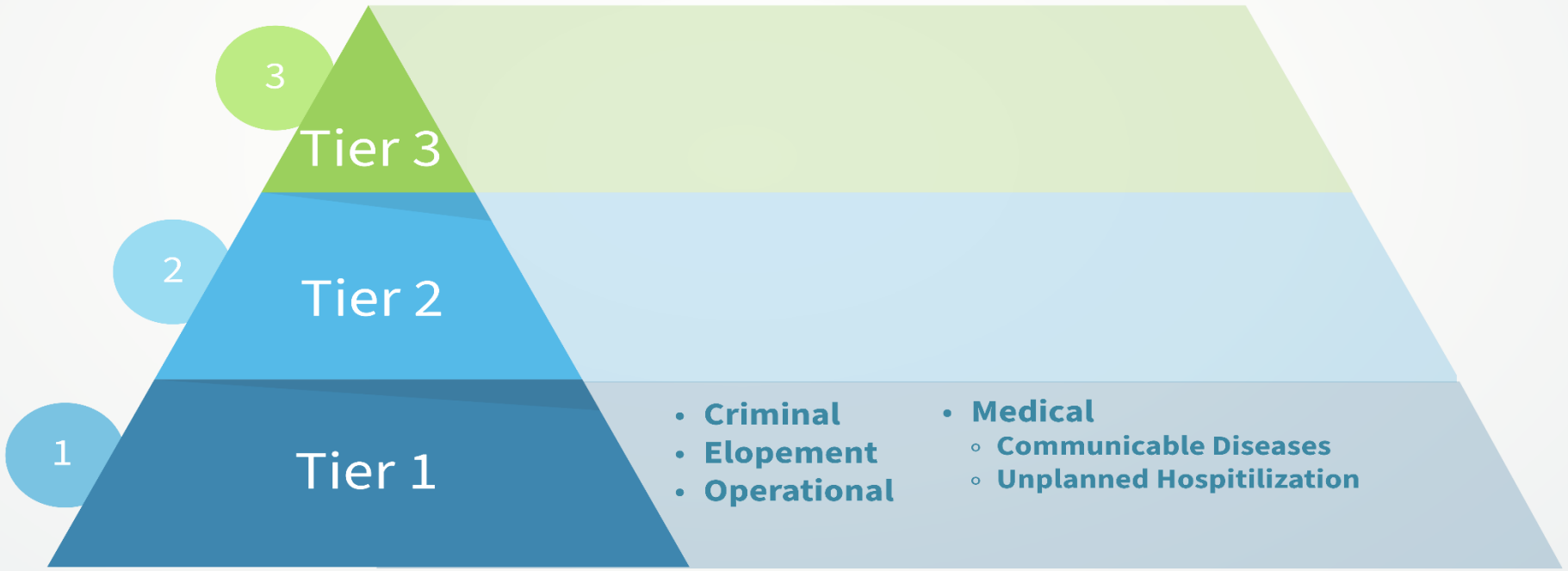
- Based upon the coding of the incident, one of three levels of review is required by the Provider
- The level of review required is commensurate with the seriousness of the incident



NEW JERSEY HUMAN SERVICES

Tier 1 Incident Codes

- The following incident codes require Tier 1 level of review



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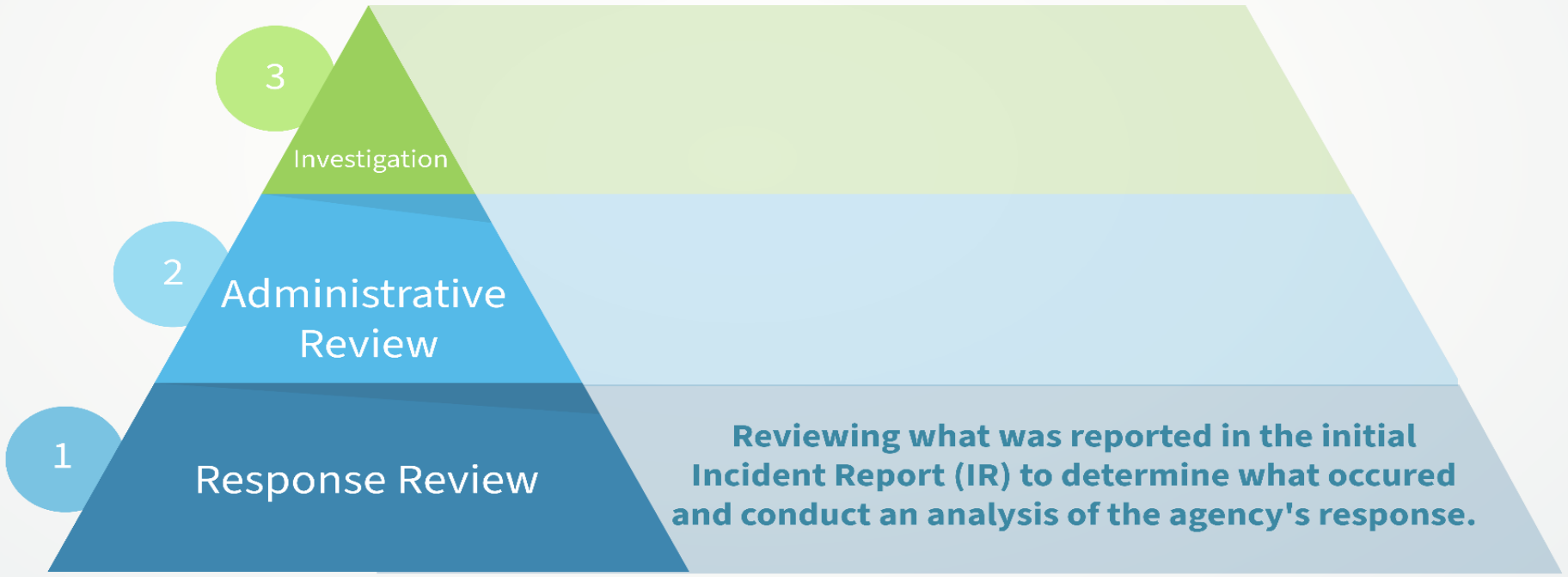
Tier 1-Response Review

- A Response Review involves:



Tier 1-Response Review (cont.)

- A Response Review generally includes:
  - Review the IR and identify the response/actions taken by the agency/staff
  - Information may be gathered through the following:
    - Chart review
    - Policy review
    - Individual's treatment plan review
    - May involve talking to staff, but it is more to gather information, rather than a formal investigative interview
  - Were the actions taken appropriate per policy?
    - Identify in the Initial IR, Actions Taken/Planned section.
  - If you do not have all of this information, do not delay in reporting. QMU will follow up if more information is needed.

Tier 1-Response Review (cont.)

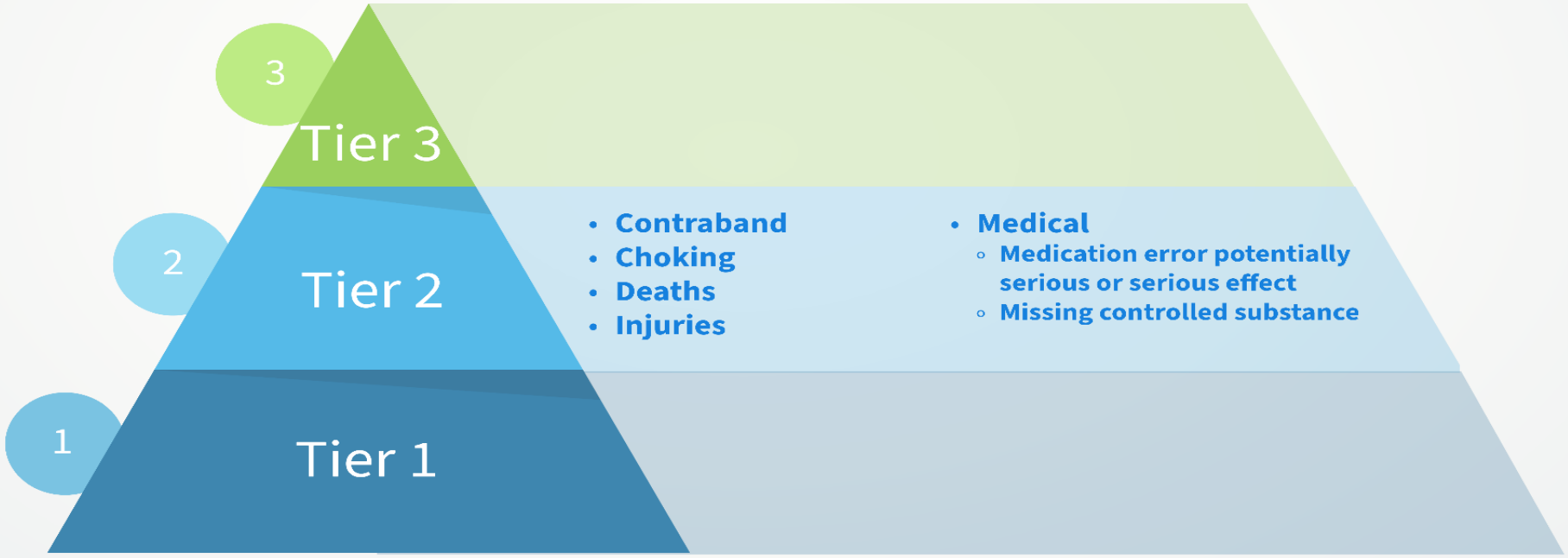
- Some incidents are closed upon receipt of the initial incident report if all of the necessary information is listed.
- If additional information is needed the provider is notified by the closing entity.
- The additional information is submitted via email. A follow up incident report is usually not required.

Tier 1-Response Review-Findings

- Example of findings for a Response Review (medical incident):
  - Clinical Director reviewed client's chart, treatment plan and notes. Per the records, client was seen as scheduled. Client began expressing auditory hallucinations and symptoms of anxiety two days prior to the unplanned psychiatric hospitalization. Client's Counselor had additional counseling sessions and arranged for Client to see the psychiatrist. When symptoms did not improve Client's Counselor arranged for Client to be seen at the Crisis Screening center. All agency policy and procedures were following during this incident.

Tier 2 Incident Codes

- The following incident codes require Tier 2 level of review



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Tier 2 Incident Codes (cont.)

- The following incident codes require Tier 2 level of review

NEW JERSEY HUMAN SERVICES

Tier 2-Administrative Review

- An Administrative Review involves:

Tier 2-Administrative Review (cont.)

- The agency conducts an administrative review of the course of treatment leading up to an incident (and actions taken during and after, if applicable), to determine if all agency policies, procedures, best practices, and regulatory requirements were followed.
- An Administrative Review generally includes:
- A mini root cause analysis:
  - Description of event
  - Gather the data/information
  - Analyze/determine contributing factors
    - Course of treatment
    - Adherence to and/or concerns with standards
  - Develop actions to mitigate risk of recurrence

Tier 2-Administrative Review (cont.)

- An administrative review generally involves reviewing the following and filling out the DMHAS Follow Up Report:
  - Review the Initial IR
  - Analyze circumstances leading up to and during the incident
  - Chart review
  - Policy review
    - Did practitioner performance adhere to agency policies and practices as well as DMHAS standards, regulations and related statutes?
    - Are the policies adequate, do they need to be updated?
    - Were staff trained on the policies?

Tier 2-Administrative Review (cont.)

- Individual's treatment plan review
  - Was the treatment plan followed?
  - Was there a break down in treatment?
  - Was individual lost to contact?
    - If yes, why?
    - Who was responsible to attempt to reach the individual? Was outreach completed per policy?
- Gathering information/interviewing
  - Requires talking to staff and/or obtaining written statements to gather information
  - May require interviewing staff

Tier 2-Administrative Review (cont.)

- Identify actions taken/planned
  - Refer to the Follow-up Report for complete list
  - Was there follow up that was needed, but did not occur?
- Complete Consumer Specific Information section of Follow-up Report
  - Utilize this information to assist in determining if appropriate course of treatment was followed
  - Identify areas in need of improvement:
    - Best practices not being followed
    - Need for revision of policies or additional training
    - Identify need for increased administrative oversight/quality assurance measures
- The review is aimed at improving the quality of care and mitigating risk

Tier 2-Administrative Review (cont.)

- Rule in or rule out neglect, abuse, professional misconduct. If any are ruled in, it elevates the review to a Tier 3-Investigation.
- Document administrative review summary and actions
- Submit DMHAS Follow Up Report to closing entity (QMU or CIMU) per the Incident Notification

Tier 2-Findings-Event

- Example of findings for an administrative review of an event where all agency policies, procedures and regulatory requirements were not followed:
- Based upon the information obtained, it is [confirmed or not confirmed] that [Mr./Ms. First Last Name] experienced an [insert event]. All polices, procedures, and regulatory requirements [were/were not] adhered to in the care of this client before, during and after this incident.

  - Based upon the information obtained, it is confirmed that Mr. John Smith experienced an overdose. All policies, procedures, and regulatory requirements were not adhered to in the care of this client.

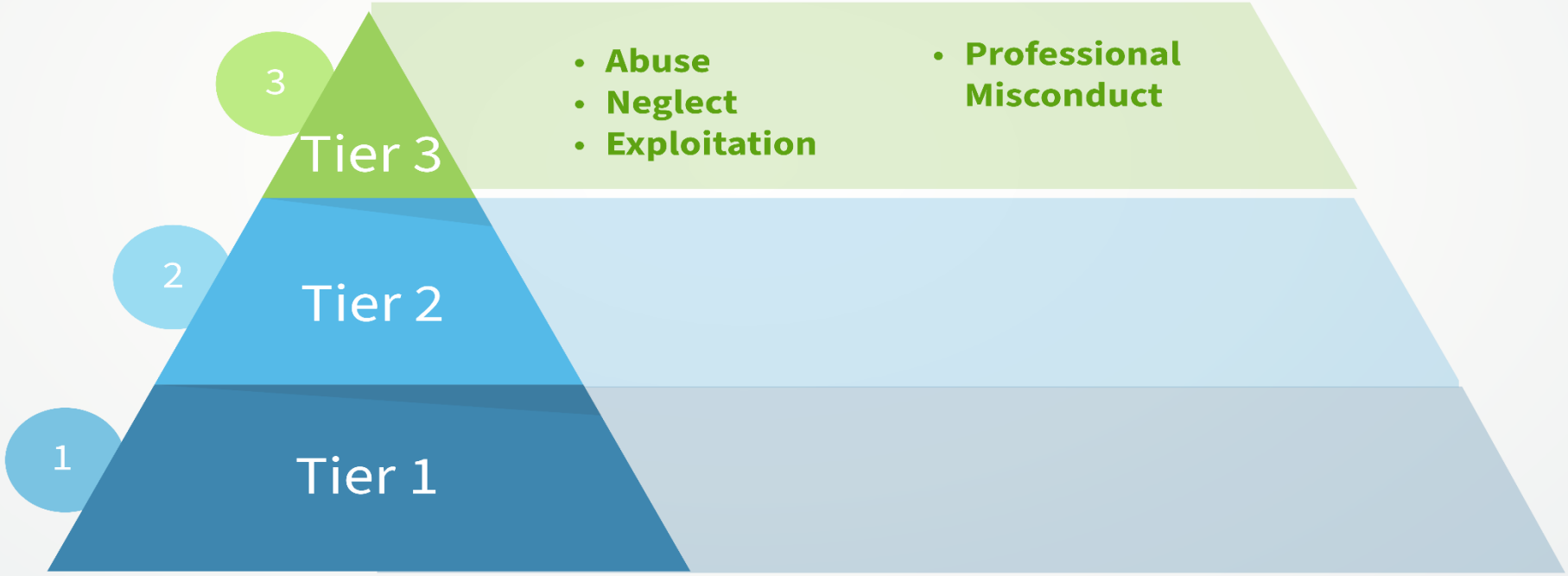
Tier 2-Findings-Event (cont.)

The findings are based upon the following:

- A review of Mr. Smith's Urine Drug Screen (UDS) results indicated that Mr. Smith had three positive UDS in the two weeks prior to his overdose that occurred on 09/30/24.
- Per the agency policy, if a client has a positive UDS, they are to be assessed and referred to a higher level of care. Mr. Smith was not assessed and referred for a higher level of care.
- Mr. Smith's treatment notes were reviewed, there was no indication that the positive UDS results were discussed with Mr. Smith to address his relapse.
- Mr. Smith was lost to contact on 09/20/24, when he did not attend program and continued to not attend program from 09/20/24 through 09/30/24 when he overdosed.
- Per the agency policy on outreach following a loss of contact, agency staff are supposed make multiple attempts to reach the client.
- Mr. Smith's treatment notes were reviewed, there was no indication that any attempts to reach Mr. Smith were made.
- Mr. Smith's Counselor and the Outreach Coordinator failed to follow the agencies policies on addressing positive UDS tests and outreach following Mr. Smith being lost to contact. Mr. Smith subsequently experienced an overdose on 09/30/24.

Tier 3 Incident Codes

- The following incident codes require Tier 3 level of review



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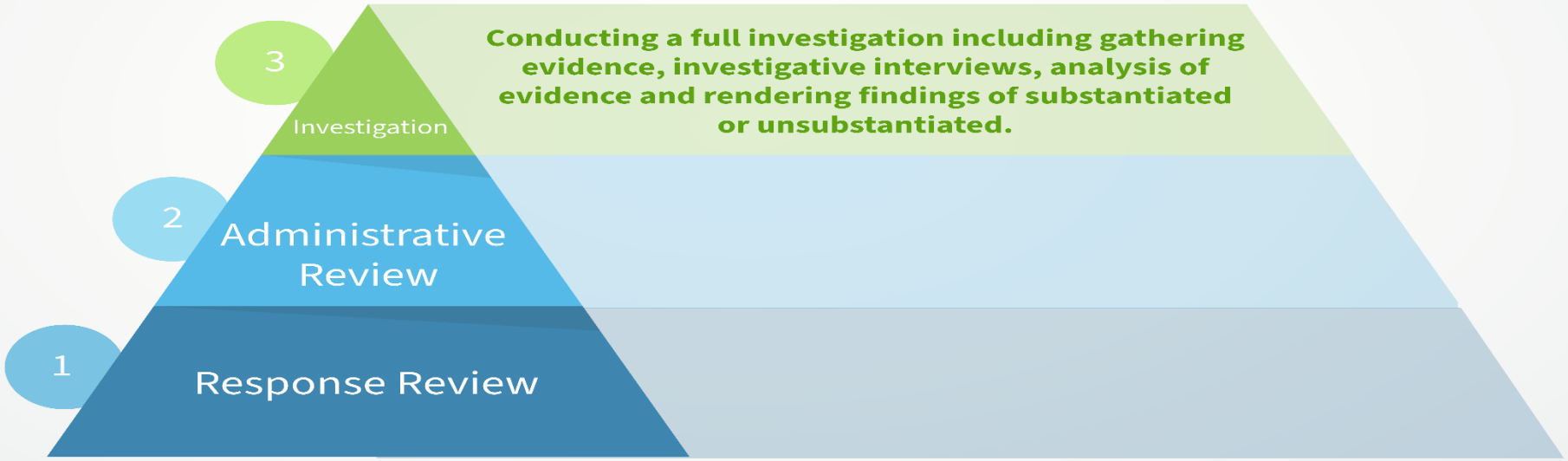
Tier 3-Investigation

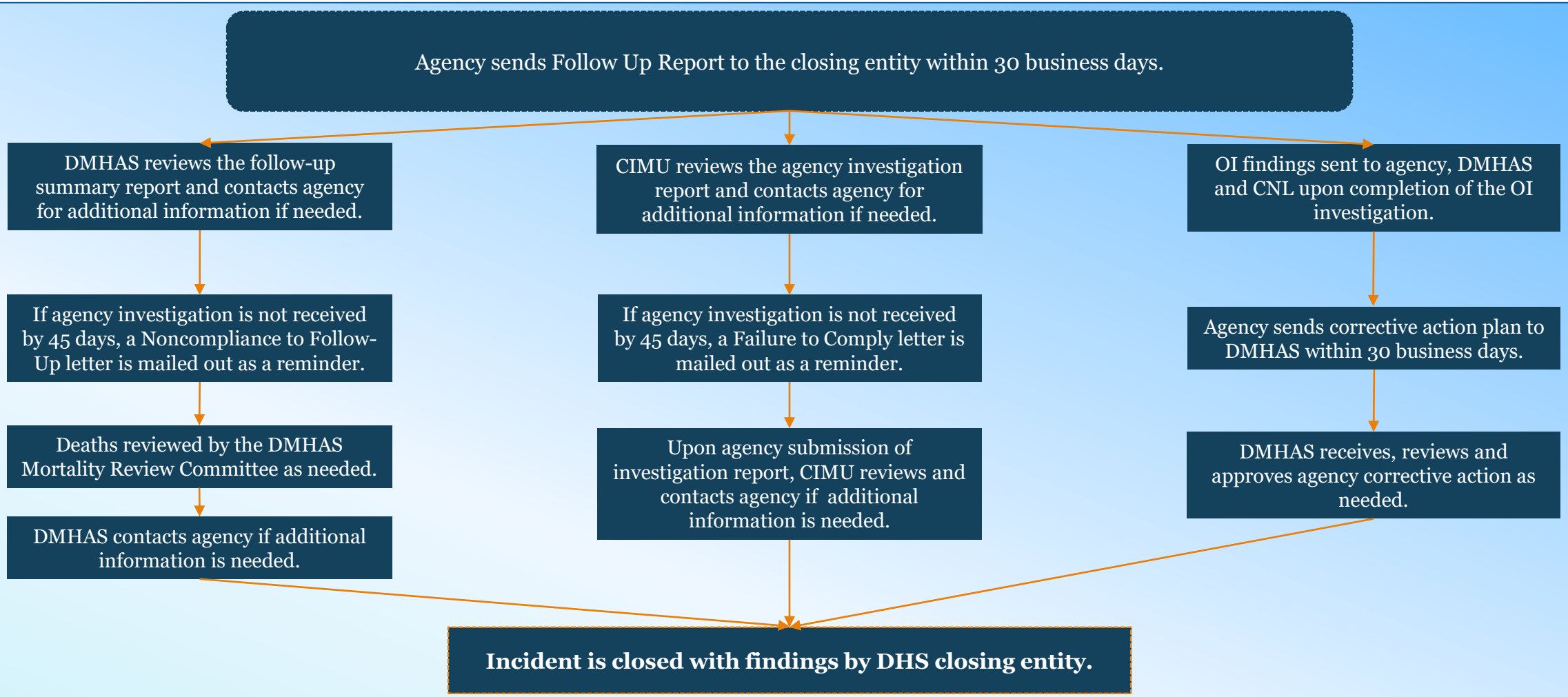
- An Investigation is the most in-depth level of review
- The steps to conduct a thorough investigation will be reviewed in the next part of the training



Closing Criteria

- A thorough investigation and/or evaluation of the incident has been completed by an impartial, objective party in accordance with applicable statutory, regulatory, and/or policy-related timeframes;
- The investigation or evaluation has arrived at an objective conclusion based upon the evidence and facts;
- The investigation or evaluation has identified concern(s)/made recommendation(s) that delineate the scope of required corrective plans and designate targeted timeframes for implementation to prevent recurrences of the incident;
- All relevant facts and conclusions regarding the incident have been presented to the facility administration, Division, and Department management.

Follow-up/Closure Process



Plan of Correction

(Required for OI Substantiated & OI Unsubstantiated Incidents with Related Concerns)

An acceptable Plan of Correction must contain the following elements:

- Underlying reason/cause identified for the deficiency cited.
- Plan for improving the processes that led to the deficiency cited. Addresses systems improvements to prevent the likelihood of recurrence and notes completion date.
- Monitoring/tracking procedures to ensure the plan of correction is effective and specific findings cited remain corrected and in compliance with the agency's policies and procedures and reflective of best practice.
- Length of time to monitor and title of person responsible for implementing the plan of correction.
- Plan of Correction must be submitted to Office of the Chief of Staff, DMHAS

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Thank you for your cooperation and ongoing efforts in this important process.