



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF AGING AND COMMUNITY SERVICES
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JON S. CORZINE
Governor

HEATHER HOWARD, J.D.
Commissioner

DATE: July 2008

NUMBER: 2008-9 VII-1

TYPE: Policy Memorandum

SUPERSEDES: N/A

SUBJECT: Critical Incident Report

DISTRIBUTION CODE: IX, b,c,d,
e,f,g, & i

EFFECTIVE: Immediately

APPLICABILITY: DHSS Medicaid Waiver and JACC (Jersey Assistance for
Community Caregiving) Care Managers

BACKGROUND: The Centers for Medicare and Medicaid Services (CMS) requires safeguards to assure the health and welfare of Waiver participants. A major focus is to identify and follow up critical incidents that bring harm, or create the potential for harm, to a waiver participant.

CMS defines a Critical Incident (Event) as an alleged, suspected, or actual occurrence of: (a) abuse (including physical, sexual, verbal and psychological abuse); (b) mistreatment or neglect; (c) exploitation; (d) serious injury; (e) death other than by natural causes; and (f) other risks to participant health and welfare.

The Adult Protective Services (APS) Statute 52:27D-409 addresses the reporting of abuse, neglect or exploitation when there is reasonable cause to suspect an occurrence and the confidentiality of the records in 52-27D-420.

In response to CMS requirements and input from Care Management and Adult Protective Services Sites, the Division of Aging and Community Services (DACS) has revised its policy, reporting form and instructions for Care Managers to follow when notifying DACS of a reportable/critical incident. This policy and form respect the boundaries of the APS Statute and still provide the vehicle for the Office of Global Options for Long-Term Care and Quality Management to comply with the CMS mandate.

POLICY:

1. Until Aging and Disability Resource Connection (ADRC) Options counseling is available in the counties, all Waiver/JACC participants must be given written APS contact information to report incidents of abuse, neglect or exploitation. This is to be included in the package of information given to the participant at time of the first home visit following enrollment.
 - Care Managers will document on the Monitoring Record the date the APS contact information was given to the participant.
2. A Care Manager will report allegations of abuse, neglect, or exploitation of a Waiver/JACC participant who resides in the community to APS, per normal protocols. The Care Manager will document in the Monitoring Record that a referral was made.
3. A Care Manager will report allegations of abuse, neglect or exploitation of a Waiver participant who resides in an Assisted Living Facility or Adult Family Care home or participates in an Assisted Living Program to the Office of the Ombudsman for the Institutionalized Elderly (OOIE) at 1-877-582-6995 for those participants that are 60 years of age or older and the Division of Health Facilities Evaluation and Licensure (HFEL) Hotline at 1-800-792-9770 for those of any age.
4. The Care Manager will report all incidents of Abuse, Neglect and Exploitation to the DACS Office of Global Options for Long-Term Care and Quality Management after reporting the incident to Adult Protective Services or the Office of the Ombudsman for the Institutionalized Elderly/Health Facilities Evaluation and Licensing.
 - The Care Manager uses the DACS Critical Incident Report form to notify the DACS County Liaison Supervisor of the report, within one business day of the Care Manager's report or knowledge of a report to APS or OOIE/HFEL.
 - The Care Manager provides a summary of the alleged incident to the extent permitted by law and confirms that the complaint was referred to APS or the OOIE/HFEL.
5. All other Critical Incidents as defined by CMS also must be reported to DACS Office of Global Options for Long-Term Care and Quality Management including death other than by natural causes (homicide, suicide, accident), elopement/wandering from home or facility, eviction/loss of home, cancellation of utilities, natural disasters, frequent falls that result in serious injury, medication errors with serious consequences, and repeat hospitalizations for unexplained reasons (not due to known illness or diagnose).
 - Care Manager uses the DACS Critical Incident Report form to notify the DACS County Liaison Supervisor within one business day of the Care Manager's learning of an incident

that poses additional risks to the Waiver/JACC participant's health and safety.

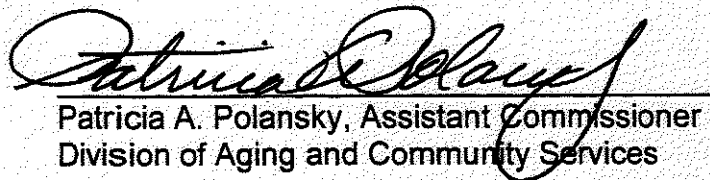
6. Until an Internet database is available, the Care Manager or designated Office staff will e-mail or fax the form to the DACS County Liaison Supervisor at 609-943-4981. If the form is sent as an e-mail attachment, the County Liaison should be copied.

- The Care Manager will document in the Monitoring Record the fact that a Critical Incident Report form was generated and sent to DACS

7. The County Liaison/DACS Supervisor is responsible to respond to the Care Manager within two working days of reception of the incident report to collect additional information as necessary and remain involved to offer technical advice.

8. The Care Manager creates a follow-up report, if necessary, to advise DACS of the final resolution of the situation.

9. The generic report data will be aggregated and analyzed to identify trends that impact on the health and welfare of Waiver participants.



Patricia A. Polansky, Assistant Commissioner
Division of Aging and Community Services

Enclosures
c DMAHS Quality Management Unit

Instructions to Complete the Critical Incident Report Form

1) Participant	The only identifying information needed for the report is the participant's age, sex, and the DHSS program in which the participant is presently enrolled.
2) Agency Information	Enter the name of at least one [two] agency representative[s] that DACS liaison/supervisor can contact for more information. This could be the Care Manager, supervisor, coordinator or back up Care Manager. Enter title of Contact Person(s), Telephone number of Contact Person (s), Agency and County in which the Agency is located.
3) Today's Date	"Today's Date" is the date the form is completed and sent to DHSS.
4) Date of Incident	"Date of Incident" is the date the event occurred. If the date is unknown, leave blank and enter time frame information in #8 Critical Incident Summary.
5) Date Care Manager/Agency was notified of Incident	Enter the date that the Care Manager or Agency became aware of the Incident.
6) Location of Incident	Check the correct box to identify where the incident occurred.
7). Outside Agencies Contacted	Identify Agencies Contacted: APS, Ombudsman, Law Enforcement, DHSS Facility Hotline, Accrediting Agency, or Other. State the date that each referral was made.
8) Provide Details of the Incident	<ul style="list-style-type: none"> • If the case is referred to APS or OOIE, provide as many details as permitted by law. • If the report identifies a critical incident that is not reported to APS or OOIE, write a detailed description that includes present status/location of participant; type of incident, injuries sustained if applicable; perpetrator type (family/friend/agency/facility staff/other); brief history of the individual if relevant, prior indicators, summary of contacts made; and pending legal actions/hearings. Summarize actions taken and by whom.

New Jersey Department of Health and Senior Services
 Division of Aging and Community Services

Critical Incident Report

Participant

ID

1. Age: Sex: Program: [REDACTED]

Agency Information

2. Contact Person: (a) [REDACTED] Title: [REDACTED] Phone: [REDACTED]
 (b) [REDACTED] Title: [REDACTED] Phone: [REDACTED]

County: [REDACTED] Agency: [REDACTED]

Reporting Information

3. Today's Date: [REDACTED]
 4. Date of Incident: [REDACTED]
 5. Date Care Manager/Agency Was Notified of Incident: [REDACTED]
 6. Location of Incident: Home Community Facility – Facility Name [REDACTED]
 Other [REDACTED]

7. Outside Agencies Contacted Date of referral/notification

<input type="checkbox"/> APS	[REDACTED]
<input type="checkbox"/> Ombudsman	[REDACTED]
<input type="checkbox"/> Law Enforcement Agency	[REDACTED]
<input type="checkbox"/> DHSS Facility Hotline	[REDACTED]
<input type="checkbox"/> Accrediting Agency	[REDACTED]
<input type="checkbox"/> Other:	[REDACTED]

Critical Incident Summary

8. Provide details of the incident: