



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 12 No. 56

July 2002

TO: JCAHO Accredited Residential Treatment Centers -- **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Serious Occurrences Reporting Procedures**

EFFECTIVE: Immediately

PURPOSE:

1. To reiterate the reporting requirements for, and the definition of, **serious occurrences** according to the Centers for Medicare & Medicaid Services (CMS); and
2. To furnish providers with a copy of the "Initial Serious Occurrences Incident Report Form" (FD-400)

BACKGROUND: In Medicaid Newsletter Volume 11, Number 64, dated July 2001, the Division of Medical Assistance and Health Services (DMAHS) issued a summary, with interpretive text, of the Federal interim final rule on the use of restraint and seclusion in Psychiatric Residential Treatment Centers (PRTC). Included in this interim final rule were notification requirements for serious occurrences (See 42 C.F.R. 483.374(b)). **Serious occurrences are defined as the death, suicide attempt or serious injury of a resident.** Serious injury is defined as any significant impairment of the physical condition of the resident as determined by qualified medical personnel, including, but not limited to, burns, lacerations, bone fractures, substantial hematoma(s) and injuries to internal organs (See 42 C.F.R. 483.352).

ACTION: According to the federal requirements described above, whenever there is any serious occurrence at a PRTC, the occurrence must be reported to the appropriate authorities.

Below are the guidelines providers should follow to determine **when** to report an occurrence and **to whom** the occurrence must be reported. These guidelines were initially explained in Medicaid Newsletter Vol. 11, No. 64; this newsletter is intended to reiterate the requirements and to sort the specific procedures for the various provider types to avoid any confusion. Please locate which provider type you are below and carefully review the requirements listed.

These reporting requirements apply to all the residents of the facility, not only the NJ Medicaid/NJ FamilyCare or CSOCI-eligible beneficiaries.

****PROVIDERS LOCATED IN NEW JERSEY****

PRTCs under contract with either the Division of Youth and Family Services (DYFS) or Division of Mental Health Services (DMHS)

1. All serious occurrences must be reported to the agency the provider has a contract with, in accordance with the agreed upon reporting procedures between the provider and the agency.
2. In addition to #1 above, all serious occurrences must be reported to the State-designated Protection and Advocacy agency. The report must be filed with the agency listed below as soon as reasonably possible, but no later than the close of business on the next regular business day after the incident. Providers must mail the reports to:

NJ Protection and Advocacy
210 South Broad Street, 3rd floor
Trenton, NJ 08608

3. In addition to #1 and #2, if the resident involved in the occurrence is a minor (under 18) the parent or legal guardian of the resident must be notified. This notification must be done as soon as reasonably possible, but no later than 24 hours after the incident.
4. In addition to #1, 2 and 3, if the resident dies, the provider is required to notify the regional office of the Centers for Medicare & Medicaid Services at the following address:

Lois Suntzenich
New York Regional Office
Centers for Medicare & Medicaid Services
Room 38-100
Federal Building
26 Federal Plaza
New York, New York 10278

5. A list of all parties who were notified of the serious occurrence must be documented in the facility's incident and accident reporting log and the resident's record, and must include the name of the individual making the report, the name of the individual receiving the report and the time and date of the notification.
6. The facility must retain a copy of any and all reports sent to DYFS or DMHS and the State-designated Protection and Advocacy agency in the facility's incident and accident reporting log.

PRTCs that are NOT under contract with either DYFS or DMHS

1. All serious occurrences must be reported to DMAHS via phone call and by completing and filing (Fax and hard copy) an "Initial Serious Occurrences Incident Report Form" (FD-400). An example of this form is attached to this Newsletter. Providers may make copies of the form as needed. Instructions for the completion of the form can be found on the back of the form.

- ✓ The report must be made by telephone and Fax as soon as reasonably possible, but no later than 24 hours after the incident.

Telephone: 609-588-2749

Fax: 609-588-3889

- ✓ The initial telephone message and the Fax must include a contact name and phone number the DMAHS Incident Report Coordinator may contact regarding the incident.
- ✓ The report must be mailed to DMAHS no later than the close of business on the next regular business day. Providers must mail the report to:

DMAHS Incident Report Coordinator
PO Box 712
Mail Code #18
Trenton, NJ 08625-0712

2. In addition to #1 above, all serious occurrences must be reported to the State-designated Protection and Advocacy agency. The report must be filed with the agency listed below as soon as reasonably possible, but no later than the close of business on the next regular business day after the incident. Providers must mail the report to:

NJ Protection and Advocacy
210 South Broad Street, 3rd floor
Trenton, NJ 08608

3. In addition to # 1 and #2, if the resident involved in the occurrence is a *minor* (under 18) the parent or legal guardian of the resident must be notified. This

notification must be done as soon as reasonably possible, and must be done no later than 24 hours after the incident.

4. In addition to # 1, 2 and 3, if the resident dies, the provider is required to notify the regional office of the Centers for Medicare & Medicaid Services at the following address:

Lois Suntzenich
New York Regional Office
Centers for Medicare & Medicaid Services
Room 38-100
Federal Building
26 Federal Plaza
New York, New York 10278

5. In addition to #1, 2, 3 and 4, the provider must conduct an internal review of the incident and submit a complete report of the incident **no later than 45 working days** following the incident to DMAHS at the following address:

DMAHS Incident Report Coordinator
PO Box 712
Mail Code #18
Trenton, NJ 08625-0712

The complete follow-up report must include:

- ✓ A description of methods used to gather information during the agency's internal review;
- ✓ A more extensive description of the incident, including the date and any and all additional information obtained during the internal review process;
- ✓ Copies of any and all reports prepared by outside agencies regarding the incident, such as police reports and emergency room reports;
- ✓ A summary of the review of the incident and actions taken by staff during and immediately after the incident, including, but not limited to, any actions that could have been taken to avoid the incident;
- ✓ A description of any and all actions taken by the agency, including staff education, review and any revision of policies and procedures, staff debriefing, and quality improvement initiative; and
- ✓ Pertinent findings/conclusions.

6. A list of all parties who were notified of the serious occurrence must be documented in the facility's incident and accident reporting log and the resident's record, and must include the name of the individual making the report, the name of the individual receiving the report and the time and date of the notification.
7. The facility must retain a copy of any and all reports sent to the NJ Medicaid agency and the State-designated Protection and Advocacy agency in the facility's incident and accident reporting log.

****PROVIDERS NOT LOCATED IN NEW JERSEY****

In addition to any and all reporting procedures required by the state in which the facility is located, and all federal reporting requirements, when a serious occurrence involves a Medicaid/NJ FamilyCare or CSOCI child from New Jersey the following procedures must be followed:

PRTCs that are under contract with either the New Jersey Division of Youth and Family Services (DYFS) or the New Jersey Division of Mental Health Services (DMHS)

1. All serious occurrences must be reported to the agency the provider has a contract with in New Jersey, in accordance with the agreed upon reporting procedures between the provider and the agency.
2. In addition to #1, all serious occurrences must be reported to the designated Protection and Advocacy agency in the state in which the provider is located.
3. In addition to #1 and 2, if the resident involved in the occurrence is a minor (under 18), the parent or legal guardian of the resident must be notified. This notification must be done as soon as reasonably possible, but must be done no later than 24 hours after the incident.
4. In addition to #1, 2 and 3, if the resident dies, the provider is required to notify the regional office of the Centers for Medicare & Medicaid Services for the state in which the provider is located.
5. A list of all parties who were notified of the serious occurrence must be documented in the facility's incident and accident reporting log and the resident's record, and must include the name of the individual making the report, the name of the individual receiving the report and the time and date of the notification.
6. The facility must retain a copy of any and all reports sent to DYFS or DMHS and the State-designated Protection and Advocacy agency in the facility's incident and accident reporting log.

PRTCs that are NOT under contract with New Jersey DYFS or DMHS

1. In addition to any other procedures required by the state in which the provider is located, all serious occurrences must be reported to the New Jersey Division of Medical Assistance and Health Services (DMAHS) via phone call as soon as reasonably possible, but not later than 24 hours after the incident. The initial telephone message must include a contact name and phone number the DMAHS Incident Report Coordinator may contact regarding the incident.

✓ The phone number of the DMAHS Incident Report Coordinator is:
609-588-2749

2. In addition to #1, a written initial report must also be faxed to the NJ DMAHS as soon as reasonably possible, but no later than 24 hours after the incident. The Fax must include a contact name and phone number the DMAHS Incident Report Coordinator may contact regarding the incident.

✓ The written initial report may be either the written report provided to the state agency in the state in which the facility is located or the NJ DMAHS "Initial Serious Occurrences Incident Report Form" (FD-400). An example of the FD-400 form is attached to this Newsletter. Providers may make copies of the form as needed. Instructions for the completion of the form can be found on the back of the form.

✓ The Fax number of the DMAHS Incident Report Coordinator is:

609-588-3889

✓ In addition to being faxed, the report must be mailed to the NJ DMAHS no later than the close of business on the next regular business day. Reports must be mailed to:

DMAHS Incident Report Coordinator
PO Box 712
Mail Code #18
Trenton, NJ 08625-0712

3. In addition to #1 and 2, all serious occurrences must be reported to the designated Protection and Advocacy agency in the state in which the provider is located.

4. In addition to #1, 2 and 3, if the resident involved in the occurrence is a minor (under 18), the parent or legal guardian of the resident must be notified. This

notification must be done as soon as reasonable possible, but must be done no later than 24 hours after the incident.

5. In addition to #1, 2, 3 and 4, if the resident dies, the provider is required to notify the regional office of the Centers for Medicare & Medicaid Services.
6. In addition to #1, 2, 3, 4, and 5, the provider must conduct an internal review of the incident and submit a complete report of the incident **no later than 45 working days** following the incident to:

DMAHS Incident Report Coordinator
PO Box 712
Mail Code #18
Trenton, NJ 08625-0712

The complete follow-up report must include:

- ✓ A description of methods used to gather information during the agency's internal review;
 - ✓ A more extensive description of the incident, including the date and any and all additional information obtained during the internal review process;
 - ✓ Copies of any and all reports prepared by outside agencies regarding the incident, such as police reports and emergency room reports;
 - ✓ A summary of the review of the incident and actions taken by staff during and immediately after the incident, including, but not limited to, any actions that could have been taken to avoid the incident;
 - ✓ A description of any and all actions taken by the agency, including staff education, review and any revision of policies and procedures, staff debriefing, and quality improvement initiatives; and
 - ✓ Pertinent findings/conclusions.
7. A list of all parties who were notified of the serious occurrence must be documented in the facility's incident and accident reporting log and the resident's record and must include the name of the individual making the report, the name of the individual receiving the report and the time and date of the notification.
 8. A copy of any and all reports sent to the NJ Medicaid agency and the State-designated Protection and Advocacy agency must be retained by the facility.

If you have any questions concerning this Newsletter, please contact the Office of Utilization Management, Mental Health Services Unit, at (609) 588-2749.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

COMPLETION INSTRUCTIONS

1. Enter beneficiary's name exactly as it appears on their Medicaid/NJ FamilyCare or CSOCI identification card. If more than one beneficiary was involved in the incident, a separate report must be filed for each beneficiary.
2. Enter the beneficiary's identification number exactly as it appears on their Medicaid/NJ FamilyCare or CSOCI identification card.
3. Enter the person number as indicated on the beneficiary's Medicaid/NJ FamilyCare or CSOCI identification card.
4. Enter the beneficiary's date of birth using 6 digits (e.g. 02/05/92).
5. Indicate the gender of the beneficiary the report is about.
6. Enter the name, Medicaid provider number, address and phone number for the facility in which the beneficiary is residing.
7. Enter the name of the parent/guardian of the beneficiary and the date and time that the parent/guardian was notified of the incident. If the parent/guardian was not notified, indicate why in the space provided.
8. Enter the date the report is completed. This must be done within 24 hours of the incident.
9. Enter the date and time the incident occurred.
10. Name and title of the facility staff person completing the form.
11. Enter the phone number at the facility that the staff person completing the form can be contacted at by DMAHS.
12. Supervisor on duty when the incident occurred.
13. Enter the phone number at the facility that the supervisor can be contacted at by DMAHS.
14. Enter all names and titles of the staff in the facility to whom the incident was reported, either by a resident or another staff person. Attach additional pages as necessary.
15. List the phone numbers of the staff members listed in number 14. Attach additional pages as necessary.
16. Indicate the type of serious occurrence that you are reporting.
17. Enter the exact location where the incident occurred. (e.g. facility, movie theatre, school, park etc.)
18. Provide a brief description of the incident. Be sure to include the use of any restraint or seclusion techniques used immediately prior to or during the incident
19. Attach a list of all individuals involved in the incident and their relationship to the facility and the incident (e.g. John Jones, staff, counseled beneficiary; Mary Smith, visitor, witness)
20. List any and all outside sources that were contacted or notified of the incident (law enforcement, medical personnel etc.) Attach copies of any written reports filed with, or received from, these agencies with this report if they are available.
21. Enter the diagnosis of the beneficiary and any medications that they receive or were administered as a result of the occurrence. (e.g. beneficiary was given prescribed dosage of birth control pills in the morning and was administered pain killers by medical personnel contacted as a result of the injury)
22. The administrator of the facility or his/her designee at the time the report is completed must sign the form confirming the form has been properly completed.