

# Incident Reporting for DMHAS Providers

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New Jersey Department of Human Services

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

*August 2022*



# Department of Human Services

## Administrative Order 2:05

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- Establish the policy and procedure for reporting, managing and responding to allegations and events affecting the health safety and well-being of individuals served.
- Establish a department-wide practice for identifying, defining and documenting reportable incidents
- Provide a timeframe for reporting incidents
- Establish parameters for the timely and appropriate response to reported incidents
- Identify standards for investigating and closing incidents
- Aggregate and analyze data, identify patterns and create prevention strategies on an individual or at a systemic level
- Promote effective and efficient service management and aimed at reducing risk

# Authority

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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?

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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

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**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.S.A 10:37-6.108
  - N.J.S.A 10:37-9.9(B.3)
  - N.J.A.C. 10:161A-3.8
  - N.J.A.C 10:161B-3.8
  - Annex C

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

# Confidentiality

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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?

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- 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?

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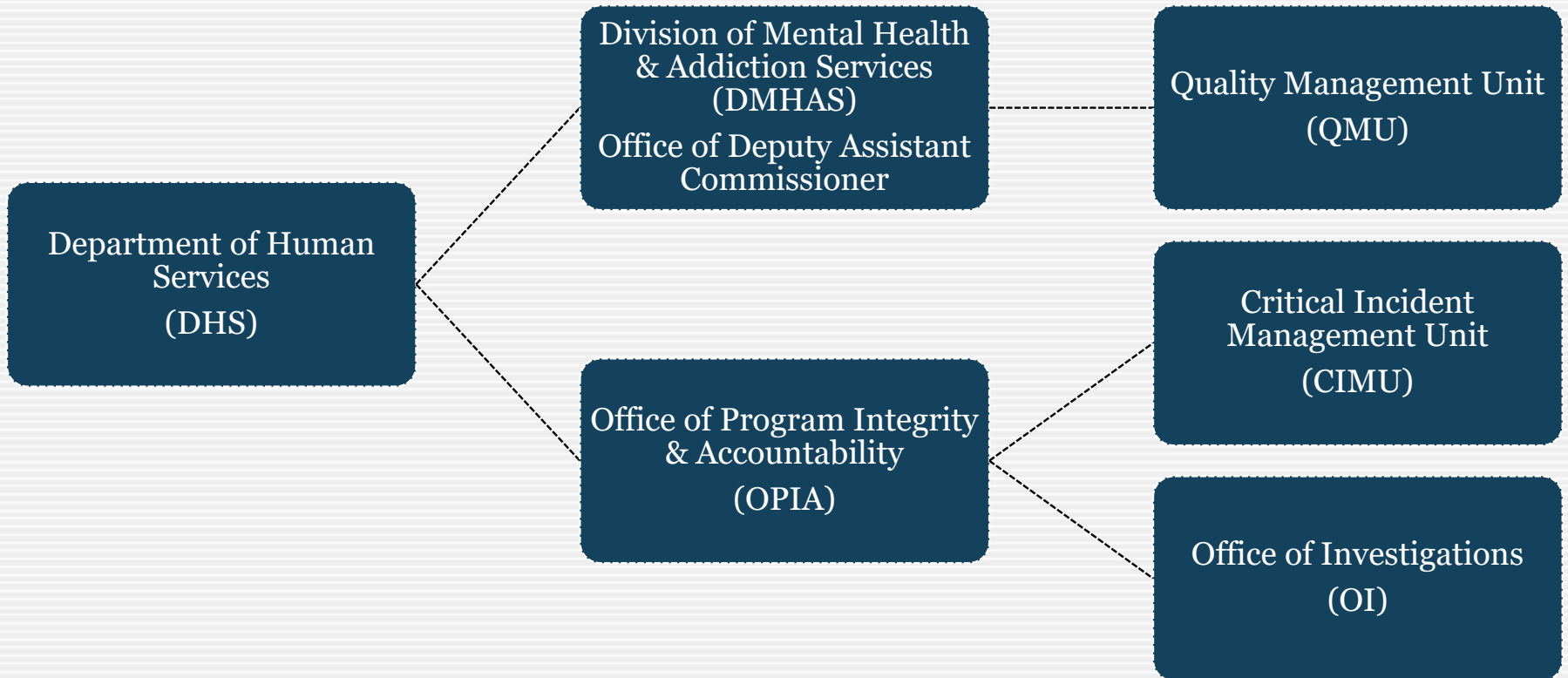
- Shared responsibility to ensure the health, safety and well-being of individuals served;
- Best practice to create a documented record of identified allegations, events and/or concerns;
- Identify and address factors that may have contributed to the incident to prevent future recurrence and minimize 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

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# DMHAS

## Office of Deputy Assistant Commissioner

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### 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

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

**QMU Supervisor: Debra Rabatie - [Debra.Rabatie@dhs.nj.gov](mailto:Debra.Rabatie@dhs.nj.gov)**  
Camden, Mercer, Sussex

**Jacqueline Candia - [Jacqueline.Candia@dhs.nj.gov](mailto:Jacqueline.Candia@dhs.nj.gov)**  
Cumberland, Gloucester, Hudson, Hunterdon, Monmouth, Passaic, Warren

**Diana DiMaggio - [Diana.DiMaggio@dhs.nj.gov](mailto:Diana.DiMaggio@dhs.nj.gov)**  
Burlington, Middlesex, Ocean, Union

**Alexis Flores-Whyte - [Alexis.Flores-Whyte@dhs.nj.gov](mailto:Alexis.Flores-Whyte@dhs.nj.gov)**  
Atlantic, Bergen, Cape May, Essex, Morris, Salem, Somerset

**Submit incident reports via email or fax:**

**E-Mail:** [dmhas.incidentrept@dhs.nj.gov](mailto:dmhas.incidentrept@dhs.nj.gov) **Fax:** (609) 341-2324



# DHS Office of Program Integrity & Accountability (OPIA)

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## **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)

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**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

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## Critical Incident Management Unit (CIMU)

For incidents that route to CIMU for closure, submit follow-up/investigation reports to [DHS.MHSCIMADMIN@dhs.nj.gov](mailto:DHS.MHSCIMADMIN@dhs.nj.gov) or fax it to 609-341-2260.

### CIMU contacts

Christine Noble- [Christine.Noble@dhs.nj.gov](mailto:Christine.Noble@dhs.nj.gov)

Diana Falquez- [Diana.Falquez@dhs.nj.gov](mailto:Diana.Falquez@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

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



# Policy Note

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- DHS operates an allegation-based system – anyone can express/report concerns regarding suspected abuse, neglect, exploitation 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

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- 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)

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- 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**

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

- Physical Abuse
- Sexual Abuse
- Verbal/Psychological Abuse
- Neglect
- Exploitation
- Death
- Suicide Attempt
- Overdose
- Professional Misconduct
- Rights Violation
- Unapproved Restraint

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.

# Code and Category list

Incident Code	Incident Category	Incident Description	Incident Type	Incident Level	DMHAS Community Licensed/Contracted Providers
AB110	Abuse	Physical Abuse No injury	Allegation	A	CIMU
AB210	Abuse	Physical Abuse w/object No Injury	Allegation	A	OI
AB112	Abuse	Physical Abuse Minor injury	Allegation	A	CIMU
AB212	Abuse	Physical Abuse w/object Minor Injury	Allegation	A	OI
AB114	Abuse	Physical Abuse Moderate injury	Allegation	A	OI
AB214	Abuse	Physical Abuse w/object Moderate injury	Allegation	A	OI
AB116	Abuse	Physical Abuse Major injury	Allegation	A	OI
AB216	Abuse	Physical Abuse w/object Major injury	Allegation	A	OI
AB310	Abuse	Verbal / Psychological Abuse	Allegation	A	CIMU
AB415	Abuse	Sexual Abuse	Allegation	A	OI
AS114	Assault	Physical Assault Moderate injury	Event	A	CIMU
AS116	Assault	Physical Assault Major injury	Event	A	CIMU
CN320	Contraband*	Contraband	Event	B	CIMU
CR101	Criminal Activity	SR Victim	Event	B	Division
CR110	Criminal Activity	SR Perpetrator	Event	B	Division
DT101	Death*	Death	Event	A	Division
EL101	Elopement	Elopement	Event	A	Division
EX101	Exploitation	Financial Exploitation under \$100	Allegation	A	CIMU
EX102	Exploitation	Financial Exploitation over \$100	Allegation	A	OI
EX110	Exploitation	Personal Exploitation	Allegation	A	CIMU
FR101	Failure to Report	Failure to Report (Must always accompany an allegation)	Event	B	
IN114	Injury*	Injury Moderate	Event	A	CIMU
IN116	Injury*	Injury Major	Event	A	CIMU
IN216	Injury*	Injury Major	Event	A	OI
MD101	Medical*	Medical Event	Event	A	Division
MD102	Medical*	Medical Event	Event	A	Division
MD103	Medical*	Medical Event	Event	A	CIMU
NE211	Neglect	Neglect No injury	Allegation	A	CIMU
NE212	Neglect	Neglect Minor injury	Allegation	A	CIMU
NE214	Neglect	Neglect Moderate injury	Allegation	A	OI
NE216	Neglect	Neglect Major injury	Allegation	A	OI
OD101	Overdose	Overdose	Event	B	Division
OP510	Operational*	Operational Event	Event	A	Division
PR101	Professional Misconduct	Professional Misconduct	Allegation	A	CIMU
RE101	Restraint Use	Unapproved Restraint without Injury	Event	B	Division
RE102	Restraint Use	Unapproved Restraint with Injury	Event	A	CIMU
RG210	Rights Violation	Rights Violation	Allegation	B	Division
SA200	Sexual Assault	Sexual Assault	Allegation	A	Division
SU111	Suicide Attempt*	Suicide Attempt	Event	A	Division
WK101	Walkaway	Walkaway	Event	A	Division

❖ Refer to Attachment A for descriptions/definitions within the incident categories and sub-categories



# Abuse

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**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)

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**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

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**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

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**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

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- **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

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**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

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**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

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- 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 and onsite overdose deaths.
- 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

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**Incidents regarding suicide attempts and overdose involving individuals served are always reportable regardless of where the incident occurred.**

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

**Overdose:** 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

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### 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.

The impact that the injury has to the person should always be considered and decisions should be made using practical judgement and a person-centered perspective.



# Medical

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## 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

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**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

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**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

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**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

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## Operational Definition

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

## Operational Categories

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

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Incident Reporting forms, training documents and other resource materials are available at: <https://www.state.nj.us/humanservices/dmhas/forms/#4>

- **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

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- **Initial Incident Report Form:**
- A detailed description of the incident being reported: Who, What, Where, When , Why and How.
- Due the same business day or next business day depending upon incident category.

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](mailto:dmhas.incidentrept@dhs.nj.gov) or Fax to (609) 341-2324



# Notifications

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## 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)

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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.





# Policy Note (Children and Youth)

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- 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

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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/Closure Process

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Agency sends Follow Up Report to the closing entity within 30 business days.

DMHAS reviews the follow-up summary report and contacts agency for additional information if needed.

CIMU reviews the agency investigation report and contacts agency for additional information if needed.

OI findings sent to agency, DMHAS and CNL upon completion of the OI investigation.

If agency investigation is not received by 45 days, a Failure to Comply letter is mailed out as a reminder.

If agency investigation is not received by 45 days, a Failure to Comply letter is mailed out as a reminder.

Agency sends corrective action plan to DMHAS within 30 business days.

Deaths reviewed by the DMHAS Mortality Review Committee as needed.

Upon agency submission of investigation report, CIMU reviews and contacts agency if additional information is needed.

DMHAS receives, reviews and approves agency corrective action as needed.

DMHAS contacts agency if additional information is needed.

Incident is closed with findings by DHS closing entity.

# Follow-up Report

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- Due within 30 days to the closing entity.
- A summary of the agency's analysis/evaluation/internal investigation are required for all allegations.

Your analysis/evaluation/internal investigation must include:

- Facts (not opinions, feelings and beliefs).
- Full name and title of all involved parties.
- Interviews or a summary of interviews of all AP(s), AV(s), and Witnesses.
- A summary of evidence review.
- Enough information and facts for the closing entity to reach your conclusion.
- A finding for all codes.
- Actions planned and/or taken.

# Investigative Points

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- Document and report steps taken in accordance with DHS policy.
- Reports should not be completed by a person directly involved in the incident.
- Ensure all investigations are conducted by an administrative person not directly involved in the incident under investigation/related to the alleged perpetrator or victim.
- Begin an investigation of the incident within 24 hours of the incident unless otherwise instructed by an OI or another entity empowered by statute to investigate (local law enforcement/state police).
- If immediate safety concerns are identified, address immediately by providing protective actions to ensure individual's safety.
- Secure evidence (photographs, documents, videotape) and collect written statements.



# Incident Findings

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**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.

# Plan of Correction

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

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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.
- Include 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 Deputy Assistant Commissioner, DMHAS

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