NJ Department of Human Services
Office of Program Integrity and Accountability

COVID-19 Response
Date: 11-17-2020

Topic: Incident Reporting

The Department of Human Services (DHS) continues to implement and update efforts to safeguard the health, safety and well-being of individuals receiving services during the current health emergency. In furtherance of these efforts, **the reporting requirements for incident reporting, including those pertaining to COVID-19-related events involving individuals and/or programs has been adjusted**.

Effectively immediately, agencies providing services to individuals through the Divisions of Developmental Disabilities (DDD) and providers contracted with DMHAS or licensed by DOH to provide mental health or substance use disorder services through DMHAS are required to only report individual/employee positive COVID testing results to their respective Division.

Effective immediately, the following as a **Medical event (communicable disease):**

- An individual receiving DHS services is <u>**confirmed positive**</u> for COVID-19.
- An agency employee is newly confirmed positive for COVID-19 and was in direct contact with an individual receiving services from DHS in the past 14 days.
- In the event of any reportable event listed above, agencies are required to ensure the following:
    - If a staff member or resident tests positive for COVID-19, all residents living in that setting and all staff assigned to that setting in the last 14 days shall be tested for COVID-19 within 7 days of the agency becoming aware of the positive test result. If a resident, the guardian of a resident, or an employee refuses testing this should be noted in the incident report follow-up as well as a remediation strategy as to how other residents/staff will be kept safe.
    - All identified guardians are appropriately notified, in keeping with DHS policies for ensuring notification and confidentiality.

Additionally, for all individuals or staff who tested positive for Coronavirus Disease (COVID-19), the following information must be included in the incident report:

Actions taken to prevent further spread of Coronavirus, including, but not limited to:
- Cleaning disinfecting protocols,
- Specific plans for quarantine of the individual or staff,
- Change in visitor policy including suspension of indoor visits for 28 days and outdoor visits for 14 days,
- Monitoring/supervision of individuals,

- Medical follow up provided/planned,
- Temporary relocation, use of respite bed,
- Training of staff and individuals (PPE, COVID-19), and
- Notification to guardian and others who may have visited the home or come in contact with the infected person in the preceding 14 days.

Instructions/ format for the reporting of universal/precautionary testing of residents and employees living and working in congregate settings and group homes can be found on pages 3-6.

Effective immediately, DMHAS must report the following as an Operational event:
- A Continuity of Operations Plan (COOP) has been activated as a preemptive measure or because of a suspected/confirmed case of COVID-19.

Additionally, DHS is temporarily modifying the required reporting timeframes for incidents that are reportable to DHS. The following incident reporting criteria are in effect until further notice:

1. The following must be reported within the same business day of the occurrence:
   a. Medical - Communicable disease - especially in the event of a confirmed COVID-19 diagnosis. Follow up information should be provided as soon as new information is obtained.
   b. Unplanned Hospitalizations-Medical- related to COVID- 19 should be reported as soon as practicable; discharge date and diagnosis should be submitted as soon as possible.
   c. All allegations/incidents involving Abuse and Neglect.
   d. Operational incidents- related to COVID-19 involving program closure, emergency relocation, shelter in place, or COOP (DMHAS)
2. All other incidents currently required to be reported should be reported as soon as practical.
3. All guardians must be notified for all involved individuals when an incident impacts the health, safety or well-being of those individuals.

Universal Testing: Streamlined Reporting of COVID-19 Results

The NJ Department of Human Services (DHS) **Universal Testing: Streamlined Reporting of COVID-19 Results** was developed in response to Governor Murphy's expanded coronavirus testing plan committing resources to test vulnerable populations, including residents and staff at group homes. DHS is offering providers an efficient, streamlined mechanism for reporting test results to the department in lieu of completing traditional incident reports. (Please see the NJ Department of Health's **STANDING ORDER FOR COVID-19 TESTING**).

PLEASE NOTE: If an individual receiving services is symptomatic and requires medical treatment at a hospital, a traditional incident report must be completed. Other reportable incidents, including but not limited to abuse, neglect and exploitation, must be submitted per the incident reporting requirements.

Instructions:

The **Streamlined Reporting of COVID-19 Universal Testing Results** form for residents and employees is attached.
Reports may be submitted to your assigned reporting authority.

- Providers may submit as many sheets as needed to accurately capture testing activity.
- Information submitted must be separated by Site.
- Only submit positive test results – do not submit pending test dates.

Individuals Receiving Services

Provider Name:	Enter agency/provider name.
Provider FID:	Enter agency/provider Federal Identification number (FID).
Date Submitted:	Enter date report is being submitted.
Service Type:	Enter service provided: Group Home, Supervised Apartment, Supportive Housing, Skilled Nursing Facility, Specialized Hospital, etc.
Site VID:	Enter specific site location VID number.
List individuals receiving services at the site who received results the preceding week.	
DDD ID:	Enter six-digit DDD ID number, if applicable, for individuals receiving services.
For DMHAS:	Enter Date of Birth.
Last Name:	Enter last name of the individual receiving services.
First Name:	Enter first name of the individual receiving services.
Date Tested:	Enter test date.
Result:	
Comment:	Add a brief comment if necessary.

Employees: List the employees who received results. Due to HIPAA concerns, employee names may be substituted with an employee ID or first and last initials.

Last Name:	Enter the last name of the employee.
First Name:	Enter the first name of the employee.
Date Tested:	Enter the test date.
Result:	Enter P when test result is positive.
Comment:	Add a brief comment if necessary.

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Provider Name:		Provider FID:		Date Submitted:	
Service Type:					

INDIVIDUALS RECEIVING SERVICES

Site VID#:					
DDD ID	Last Name	First Name	Date Tested	Result	Comment

Site VID#:					
DDD ID	Last Name	First Name	Date Tested	Result	Comment

Site VID#:					
DDD ID	Last Name	First Name	Date Tested	Result	Comment

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Provider Name:		Provider FID:		Date Submitted:	
Service Type:					

EMPLOYEES

Last Name	First Name	Date Tested	Result	Comment