



## State of New Jersey

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DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES  
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### **ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM**

**DATE ISSUED:** October 1, 2014

**EFFECTIVE DATE:** October 1, 2014

**SUBJECT: Administrative Bulletin 4:27  
Patient Identification Documents**

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this order is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.

  
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Lynn A. Kovich  
Assistant Commissioner

LAK:pjt

# **DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

## **ADMINISTRATIVE BULLETIN 4:27**

Effective Date: October 1, 2014

**SUBJECT: Patient Identification Documents**

### **I. PURPOSE**

The purpose of this policy is to establish uniform guidelines and procedures for state psychiatric hospitals to gather and/or verify access to patient identification documents.

### **II. SCOPE**

This Bulletin applies to all Division of Mental Health and Addiction Services (DMHAS) state hospitals.

### **III. DEFINITION**

Identification – A document produced by a governmental or other official source that verifies demographic, citizenship, benefits eligibility and/or other information about an individual. Such documents include, but are not limited to, valid driver's licenses, valid county identification cards, birth certificates and Social Security cards.

### **IV. POLICY**

DMHAS shall require that all state psychiatric hospitals gather and/or verify access to patient identification documents to assure the documents are available when needed for discharge planning purposes. The policy requires the following:

- Upon admission to the hospital, all individuals will be asked about their available forms of identification;
- Upon obtaining patient consent the hospital will contact family members and/or significant others to confirm the existence of the original documents and retain copies of the documents;
- When it is determined that an individual does not possess the forms of identification that are required for discharge planning, the hospital will take the necessary steps to ensure that the documents are obtained in a timely manner; and
- The hospital will monitor compliance with this policy.

### **IV. PROCEDURES**

- A. For each newly admitted individual, the applicable Admission or Readmission Psychosocial Assessment is to be completed by the assigned social worker in

accordance with hospital policy. The social worker is to document in a standard and easily identifiable section of the assessment who has possession of the birth certificate, Social security card and/or other required identification documents (e.g. patient, family member, significant other, community provider).

- B. If the patient is unable or unwilling to provide information regarding the existence and/or location of their identification documents, the assigned social worker will document the same during their completion of the Admission or Readmission Psychosocial Assessment in a standard and easily identifiable section of the document. The assigned social worker will additionally take necessary steps to obtain information in this regard from the family or significant others in accordance with hospital policy and applicable privacy laws.
- C. If the patient/family/significant other possesses the documents, the assigned social worker will request to have them stored in a secure location in the hospital as established by hospital policy. When the patient/family/significant other wish to retain the original documents, the assigned social worker will ask to see the original documents for verification purposes. The assigned social worker will additionally obtain a copy of the documents. If the requested documents are not viewed and copies are not received from the identified individual(s) who reportedly have possession of them within 5 business days, the assigned social worker will reach out to the identified individual(s) a second time in an effort to view them and obtain copies. The assigned social worker will record the outcome of the efforts to contact the identified individual(s) after both attempts in a Social Service progress note. Upon receipt, the documents will be stored in a secure location as established by hospital policy. Additionally, the documents will be scanned and stored electronically in the hospital's electronic data management system in a secure and HIPAA compliant manner. The assigned social worker will record the receipt of the documents in a Social Service progress note. If it is determined that the consumer left the documents stored in the community at a facility where they were residing, the assigned social worker will request a copy of the documents from the community provider and follow the procedure outlined above. If the identified individual(s) who reportedly possess the documents do not provide them within 15 business days or by the patient's designation of Conditional Extension Pending Placement commitment status (whichever comes first), the assigned social worker or other hospital employee as designated by hospital policy will initiate applications for those documents. The assigned social worker will document in a Social Service progress note the date that the application(s) was submitted.
- D. If it is determined the patient/family/significant other or community provider do not possess the required identification documents, the assigned social worker or other hospital employee as designated by hospital policy will initiate applications for those documents within 5 business days of determining the need. The assigned social worker will document in a Social Service progress note the date that the application(s) was submitted.

- E. If the patient is transferred to another unit, it is the responsibility of the sending social worker to ensure communication to the receiving social worker via documentation in a Social Service progress note.
- F. Upon receipt of the requested document(s) from the governmental or other official entity, the document(s) will be stored in a secure location as established by hospital policy. Additionally, the documents will be scanned and stored electronically in the hospital's electronic data management system in a secure and HIPAA compliant manner. The assigned social worker will record the receipt of the documents in a Social Service progress note.
- G. The hospital shall provide funds for the purchase of replacement documents to any patient who is indigent or does not have immediate access to her/his funds. The hospital shall take appropriate and necessary action to obtain reimbursement of funds expended on behalf of the patient for this purpose.
- H. Upon discharge from the hospital, the patient or guardian will be provided with the original birth certificate, Social Security card and/or other obtained identification documents by the assigned social worker or other hospital employee as designated by hospital policy.
- I. Upon discharge from the hospital, the involved Integrated Case Management Service (ICMS), Program for Assertive Community Treatment (PACT) or Supportive Housing provider will encourage individuals to safely and securely store their identification documents. Such storage is encouraged to help mitigate the loss of the documents so they can be readily available for future use as the need arises. Recommended storage options are placing the documents in a safe deposit box, with trusted family/significant others and with the involved ICMS, PACT or Supportive Housing provider for secure and HIPAA compliant storage in the agency offices.
- J. The hospital will monitor compliance with this Administrative Bulletin in accordance with hospital policy.

  
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Lynn A. Kovick, Assistant Commissioner

10/1/14  
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Date