

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

- a. **Critical Event or Incident Reporting and Management Process.** Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program. *Select one:*

- Yes. The State operates a Critical Event or Incident Reporting and Management Process** (complete Items b through e)
- No. This Appendix does not apply** (do not complete Items b through e)
- If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.

- b. **State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The State of Montana DDP Program critical event and incident reporting requirements are defined in ARM 37.34.1501-see below. The Developmental Disabilities Program Incident Management Procedures Manual, dated February 1, 2013, sets forth further requirements and criteria that govern the incident management system for the developmental disabilities program of the department. A copy of the DDP Incident Management Procedures Manual is available upon request.

37.34.1501 INCIDENT REPORTING AND HANDLING, PURPOSE

- (1) These rules govern the reporting and handling of incidents which harm or could result in harm to persons with a developmental disability who receive services funded by the developmental disabilities program of the department.
- (a) The Developmental Disabilities Program Incident Management Procedures Manual, dated February 1, 2013, sets forth further requirements and criteria that govern the incident management system for the developmental disabilities program of the department.
- (b) The department adopts and incorporates by reference the Developmental Disabilities Program Incident Management Procedures Manual, dated February 1, 2013.
- (c) A copy of the manual may be obtained through the Department of Public Health and Human Services, Developmental Disabilities Program, 111 N. Sanders, P.O. Box 4210, Helena, MT 59604-4210.
- (d) Incidents constituting abuse and neglect of a child as defined in 41-3-102, MCA or abuse, neglect, and exploitation of a person with a developmental disability as defined in 52-3-803, MCA are subject to the statutory and rule provisions governing the reporting, investigation, and protection of those circumstances.
- The incident management procedures for the State of Montana Developmental Disabilities Program (DDP) are in effect when a defined incident occurs during the course of delivery of DDP funded services including Children's, Adult, and Self Direct services.

It is the policy of the Developmental Disabilities Program that the implementation of a plan of action will be required to prevent the recurrence of similar incidents, along with other activities that allow provider agencies to be proactive in their responsibilities to reduce the risk of harm to persons receiving services.

The Incident Management System procedure manual is intended to provide guidance for both DDP staff and provider agencies to support and ensure persons' health and safety while receiving services. It identifies and addresses requirements for staff and functions of the incident management system (IMS) put forth by the Developmental Disabilities Program.

The Incident Management Policy and the DDP Incident Management Procedures Manual defines in specific detail incident reporting requirements.

Incident Management System: Purpose

The purpose of the Developmental Disabilities Program incident management system is:

- To identify adverse events, potential jeopardy, and factors related to risk;
- To notify key people involved in the planning and support of the person;

To trigger a response to protect the person and minimize further risk to the persons and others;

To have the ability to collect and analyze information about persons, services, providers, and the service delivery system; and

To have the capacity to identify patterns and trends in order to guide service improvement efforts.

Confidentiality

Incident reports and investigations are confidential. An incident of abuse and neglect involving a child is subject to the confidentiality provisions of 41-3-205 , MCA. An incident of abuse, neglect and exploitation involving a person with a developmental disability is subject to the confidentiality provisions of 52-3-813 , MCA.

Section 1: INCIDENT DEFINITIONS/CATEGORIES/NOTIFICATION LEVELS An important component of the Developmental Disabilities Program (DDP) incident management system is the classification of incidents persons may experience while receiving services. For the purpose of the incident management system policy, incidents are classified into three (3) categories: CRITICAL INCIDENTS, REPORTABLE INCIDENTS and INTERNAL INCIDENTS.

All incident reports (IR's) are entered into an electronic web-based data management system (DMS) approved by the Department of Public Health and Human Services of the State of Montana. All critical, reportable, and internal incidents will be reviewed by the incident management committee as described below.

CRITICAL INCIDENTS (data management system notification level "high"):

A critical incident is one that has compromised the safety and well-being of a person as identified in the incident categories. A critical incident is an event that requires an immediate and appropriate response to protect the person and minimize risk, as well as immediate notification to key people. All critical incidents require an investigation.

REPORTABLE INCIDENTS (data management system notification level "medium"):

A reportable incident is one that can compromise the safety and well-being of a person as identified in the incident categories. A reportable incident is an event that requires timely and appropriate response to protect the person and minimize risk, as well as timely notification to key people.

INTERNAL INCIDENTS (data management system notification level "low"):

All other unusual incidents that are not listed under critical or reportable notification level are internal incidents. The discovery of incidents (incidents that occur in the absence of paid staff) can be reported in this category.

****NOTE**** Any incident report can be investigated if warranted.

NOTIFICATIONS

Critical incidents will be reported as soon as possible and within 8 hours. Critical incidents must be entered into the data management system within 48 hours or 2 working days.

Reportable and internal incidents will be entered into data management system within 48 hours or 2 working days.

Notifications are made to legal representatives, other team members, DDP, advocates and other service provider agencies per Appendix C (Notification Reporting Requirements) as needed or per the plan of care.

****NOTE**** All suspected abuse, neglect and exploitation must be reported to Adult Protective Services, Child Protective Services or law enforcement, whichever is applicable. The names of those who report critical incidents of suspected abuse, neglect or exploitation are not to be released, unless required by law or regulation.

MANDATORY REPORTERS UNDER MONTANA LAW INCLUDE:

MCA 41-3-201 (2)

(2) Professionals and officials required to report are:

(a) a physician, resident, intern, or member of a hospital's staff engaged in the admission, examination, care, or treatment of persons;

(b) a nurse, osteopath, chiropractor, podiatrist, medical examiner, coroner, dentist, optometrist, or any other health or mental health professional;

(c) religious healers;

(d) school teachers, other school officials, and employees who work during regular school hours;

(e) a social worker, operator or employee of any registered or licensed day-care or substitute care facility, staff of a resource and referral grant program organized under 52-2-711 or of a child and adult food care program, or an operator or employee of a child-care facility;

(f) a foster care, residential, or institutional worker;

(g) a peace officer or other law enforcement official;

(h) a member of the clergy, as defined in 15-6-201(2)(b);

(i) a guardian ad litem or a court-appointed advocate who is authorized to investigate a report of alleged abuse or neglect; or

(j) an employee of an entity that contracts with the department to provide direct services to children.

And

MCA 52-3-811 (3)

(3) Professionals and other persons required to report are:

(a) a physician, resident, intern, professional or practical nurse, physician assistant, or member of a hospital staff

engaged in the admission, examination, care, or treatment of persons;

(b) an osteopath, dentist, denturist, chiropractor, optometrist, podiatrist, medical examiner, coroner, or any other health or mental health professional;

(c) an ambulance attendant;

(d) a social worker or other employee of the state, a county, or a municipality assisting an older person or a person with a developmental disability in the application for or receipt of public assistance payments or services;

(e) a person who maintains or is employed by a roominghouse, retirement home or complex, nursing home, group home, adult foster care home, adult day-care center, or assisted living facility or an agency or individual that provides home health services or personal care in the home;

(f) an attorney, unless the attorney acquired knowledge of the facts required to be reported from a client and the attorney-client privilege applies;

(g) a peace officer or other law enforcement official;

(h) a person providing services to an older person or a person with a developmental disability pursuant to a contract with a state or federal agency; and

(i) an employee of the department while in the conduct of the employee's duties.

(4) Any other persons or entities may, but are not required to, submit a report in accordance with subsection (1).

Professionals and officials required to report are:

(i.) a foster care, residential, or institutional worker; or

(ii) an employee of an entity that contracts with the department to provide direct services to children

(3) Professionals and other persons required to report are:

(h) a person providing services to an older person or a person with a developmental disability pursuant to a contract with a state or federal agency; and

(i) an employee of the department while in the conduct of the employee's duties.

Below are the definitions of ABUSE/NEGLECT/EXPLOITATION/CIVIL RIGHTS VIOLATION. Abuse 52-3-803 (1), MCA "Abuse" means:

(a) the infliction of physical or mental injury, or

(b) the deprivation of food, shelter, clothing, or services necessary to maintain the physical or mental health of an older person or a person with a developmental disability without lawful authority. A declaration made pursuant to 50-9-103 constitutes lawful authority.

"Sexual abuse" means the commission of sexual assault, sexual 52-3-803 (11), MCA inter-course without consent, indecent exposure, deviate sexual conduct, or incest, as described in Title 45, chapter 5, part 5.

"Neglect" means the failure of a person who has assumed legal 52-3-803 (7), MCA responsibility or a contractual obligation for caring for an older person or a person with a developmental disability or who has voluntarily assumed responsibility for the person's care, including an employee of a public or private residential institution, facility, home, or agency, to provide food, shelter, clothing, or services necessary to maintain the physical or mental health of the older person or the person with a developmental disability.

"Self-neglect" means failure of a person to meet their own needs and/or accept offered services.

"Exploitation" means:

52-3-803 (3), MCA (a) The unreasonable use of an older person or a person with a developmental disability or of a power of attorney, conservatorship, or guardianship with regard to an older person or a person with a developmental disability to obtain control of or to divert to the advantage of another the ownership, use, benefit, or possession of or interest in the person's money, assets, property by means of deception, duress, menace, fraud, undue influence, or intimidation with the intent or result of permanently depriving the older person or person with a developmental disability of the ownership, use, benefit, or possession of the person's money, assets, or property;

(b) an act taken by a person who has the trust and confidence of an older person or a person with a developmental disability to obtain control of or to divert to the advantage of another the ownership, use, benefit or possession of or interest in the person's money, assets, or property by means of deception, duress, menace, fraud, undue influence or intimidation with the intent or result of permanently depriving the older person or person with a developmental disability of the ownership, use, or benefit of the person's money, assets or property.

"Mental injury" means an identifiable and substantial impairment 52-3-803 (6), MCA of a person's intellectual or psychological functioning or wellbeing.

"Physical injury" means death, permanent or temporary 52-3-803 (10), MCA disfigurement, or impairment of any

bodily organ or function.

A civil rights violation is defined as any incident that occurs when a person or another person alleges that a civil right of the person has been violated. The incident must be referred to the agency that has jurisdiction to investigate allegations of rights violations. The rights of all persons include the fundamental human, civil, constitutional and statutory rights. This is coded in the ABUSE section in the data management system as a civil rights violation and therefore is a critical incident.

PERSON TO PERSON ABUSE REPORTS Where the reporting staff or supervisor has reasonable cause to suspect that a person receiving DDP funded services has been subjected to abuse, sexual abuse, neglect, or exploitation as defined by the Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act (52-3-801, et. Seq., MCA), and the alleged perpetrator is suspected to be another person receiving services, the incident is required to be reported to the department. These incidents are classified as "Person to Person Altercations" with the cause of abuse. **THESE ARE INCIDENTS OF ABUSE** and require critical investigations.

Incident Categories

Please See Montana DDP Incident Management Manual effective 2/1/13 for more detailed definitions of incident categories listed below : Injury (including self-injurious behavior), Medication Error, Restraints Related to Behavior, Restraint Other (Unauthorized Use of Restricted or Prohibited Procedures), Death, Accident No Apparent Injury, Alcohol/Drug Abuse, Altercation, Assault, Absent without Leave (AWOL)/Missing Person (Unaccounted for Absence), Possible Criminal Criminal Activity/Misconduct, Exploitation, Fire, Hospitalization, Law Enforcement Involvement, Property Damage, Suicide (attempt and/or threat), Potential Incident/Near Miss, PRN Medication, Other Life Events of Potential Significance.

Provider agencies must have policies and procedures to accomplish the following:

1. Protection from harm

Take immediate action to either remove persons from a harmful situation or to otherwise protect persons from harm.

- Provide prompt staff intervention when knowledge of harm, or the potential for harm, occurs.
- Provide immediate medical assessment and/or treatment of a person if needed following an incident.
- Any injury(s) suspected to be caused by abuse or neglect must be classified as an allegation of abuse or neglect for reporting purposes and must be immediately examined by a medical professional, where appropriate.
- Assure all direct care staff (hired by family or agency) and volunteers are trained in Montana's Incident Management Policy and Procedures, the reporting of abuse, neglect or exploitation, and the mandatory reporter requirements. Staff must be trained to respond to, report, and document incidents as required in this manual. On-line training is available in the data management system for submitting Incident Reports (IR's).
- Identify any potential conflict of interest and have alternative personnel available to conduct investigations if a conflict exists.
- Provide an orientation packet describing their incident management process to persons and/or family members and legal representatives in a user friendly and easily understood format.

2. Procedures for reporting incidents when they occur Promptly identify and report incidents, as described herein. Provide the immediate review of the incident for purposes of initially classifying the event and determining the need for a critical incident investigation. Provide timely and accurate notification of the incident to appropriate state, provider and any contracted staff, legal representatives, public officials and representatives from other agencies. (See Appendix C for additional information) Enter Incident Reports (IR) into data management system within 48 hours or 2 business days from the time the incident occurred. Assure any person who, without false intent, reports an incident or makes an allegation of suspected abuse, neglect or exploitation will be free of any form of retaliation. Cooperate with investigators requesting information including making staff available for interviews within the timeframes for investigation. Failure to comply with access requirements will result in corrective actions that may lead up to sanctions. Notify the Developmental Disabilities Program, DPHHS Licensure Bureau, Adult Protective Services, Child Protective Services, and/or law enforcement of the occurrence of a critical incident when incidents fall within their jurisdiction for an investigation.

3. Establish an Incident Management Committee Establish an incident management committee. Provider agencies are required to designate a staff person (preferably an employee with some level of supervisory or management capacity) as the Incident Management Coordinator for the organization. • Identify the role, function, and membership of the committee, including routine review and assessment of all internal, reportable and critical incidents, monitoring trends of incident report information, and developing policies and procedures designed to protect and prevent harm to persons. • Require weekly meetings of the agency's incident management committee if any incidents have occurred. If meetings do not occur the coordinator will send notification to the committee members. • Assure that reports of incidents and any required documentation including incident reports, trend analysis reports and any investigation

reports are kept confidential. The names of those who report critical incidents of suspected abuse, neglect or exploitation are not released, unless required by law or regulation.

4. Review incidents and take action Initiate and conduct a critical incident investigation when a critical incident has been reported. Promptly assign agency staff to conduct critical incident investigations. All critical incidents must be investigated by agency staff who have been trained in investigations through training approved by the Department. Complete the critical incident investigation no later than ten (10) working days from the time the incident occurs. An extension may be granted to the initial 10-working-day period. The extension must be requested of, and approved in writing by, the Developmental Disabilities Regional Manager. Any written request and subsequent regional manager approval must be attached to the completed FIRF (see Appendix F). Review any IR entered in the data management system regardless of the reporting entity. There will be circumstances arising where the critical incident investigation will also be conducted by an entity external to the organization or in tandem with another provider where a person is being served jointly by two or more providers. Disability Rights Montana also may conduct an independent investigation and has access to certain records, pursuant to 42 USC Sec. 15043. Cooperate fully with law enforcement, Adult Protective Services, DPHHS Licensure, or any other outside agency which may have statutory jurisdiction over the investigation of an incident. The agency will conduct their own internal review of the incident regardless of the outcome of any outside investigation. The agency is only to review the facts known at the time without impeding outside agency's investigations. The provider agency must make staff available for interviews within reasonable timelines for the investigation.

****NOTE**** If the victim or a witness recants their testimony the incident must still be investigated.

Document a full investigation using the Final Investigation Report Form (FIRF). A triage review must be documented using the Triage Review Form (TRF). The Administrative Review of an investigation, including a Triage, must be attached to the IR in the data management system for review.

5. Follow up of review and or action taken Conduct reviews of all incidents and implement action plan requirements and recommendations, which may include personnel action when warranted to prevent the recurrence of similar incidents. Establish procedures for data collection through the data management system and conduct trend analysis as a means to develop appropriate support and service plans for the person(s) to prevent more serious incidents from occurring. Assure Incident Report and Administrative Review (AR) information are kept in the person's confidential records. Assure that policies and procedures were followed during the course of investigations and noted in the administrative review section of the investigation, including removing the employee who is an alleged perpetrator from contact with the person during an investigation of suspected abuse, neglect or exploitation. Forward, at the conclusion of the investigation, a copy of the investigation report (FIRF or TRF) to the following:

- o Agency's board of directors;
- o Other executive staff, as appropriate; and
- o Quality improvement specialist.

Make the investigation documentation (FIRF or TRF) available to the parties listed below:

DPHHS/DDP executive staff including: director of the Developmental Disabilities Program, the community services bureau chief, regional manager of the region in which the incident occurred; and

As appropriate, designated legal staff for the department, and other agencies as required by law or regulation.

Assure that the person and/or legal representative and case manager are notified of the outcome of the investigation by providing a redacted copy of the Administrative Review (AR), for any investigation within 5 days of its completion.

* While a report may contain reference to the information concerning the incident received from other residents or persons receiving services, personal information about health status and other personal matters of those other residents or persons receiving services that may appear in a report must be redacted. In addition, employment related actions taken by a provider in relation to an employee who is alleged to be responsible for the harm to the person must also be redacted from a report.

- c. **Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

In children's services, parents are the primary caregivers. Providers will provide each new member served, their families, and legal representatives an orientation packet describing their incident management process to persons and/or family members and legal representatives in a user friendly and easily understood format. In addition, each provider of waiver services are to annually provide a written summary of the incident management policy to the primary caregiver. Care givers will be given information recognize the signs and symptoms of abuse, neglect, and exploitation and how to report abuse and other critical incidents concerns in accordance with the DDP Incident

Management Policy requirements .

Waiver Case Managers will provide information and if necessary clarification to families in a manner that is easily understood explaining the purpose of the DDP Incident Management system with its member safeguards and protections, and how to report any concerns if a member may have experienced or have concerns about abuse, neglect, or exploitation.

- d. **Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

Provider agencies must have policies and procedures to accomplish the following closely following the detailed comprehensive requirements found in the DDP Incident Management Manual:

1. Protection from harm
2. Procedures for reporting incidents when they occur
3. Establish an Incident Management Committee
4. Review incidents and take action

INCIDENT MANAGEMENT COORDINATORS and COMMITTEES

All incidents identified as critical, reportable and internal will be reviewed weekly through the provider agency's incident management committee. Provider agencies are required to designate a staff person (preferably an employee with some level of supervisory or management capacity) as the incident management coordinator for the organization with responsibilities detailed in the DDP IM manual.

High Risk Review

The high risk review for any person who meets one (1) or more of the criteria listed below is required within 10 working days (the incident management committee may also determine that more frequent high risk reviews are indicated):

- Three (3) or more critical incidents during the preceding month or five (5) or more critical incidents during the preceding three (3) months; A serious or severe injury due to substantiated allegations of staff abuse, neglect, or exploitation; or A pattern or trend of reportable incidents involving a person over a three (3) month period that requires a more thorough review and assessment of the person's needs.

The incident management committee also has the discretion to recommend a high risk review for a person who does not meet the minimum criteria as defined above.

Membership and Functions of the Incident Management Committee

- The incident management committee membership must include:
 - o The executive director/CEO or the executive director/CEO's designee;
 - o Incident management coordinator;
 - o Representatives of each of the service provider's operational program units;
 - o A case management representative; and
 - o The quality improvement specialist assigned to work with the agency is an optional member and will attend meetings, as warranted.
- The incident management committee must meet at least weekly. If there are no incidents to review, then the committee does not need to meet as scheduled and the IM coordinator will send notifications to other committee members and document the reason why.
- At each meeting, the committee is required to review all IR's that have been reported since the last scheduled meeting. • The review is focused on the following and IM committee meeting minutes must include:
 - o Provider name, date of meeting, members in attendance, date of incidents and level of incidents;
 - o Review of what occurred and the staff response and follow-up actions;
 - o Determination of whether already recommended corrective/preventive actions were implemented;
 - o Consideration of what (if any) additional corrective and/or preventive actions are warranted that would provide additional positive supports to the service recipient and staff;
 - o Consideration of whether the person's plan of care should be amended based on information developed as a result of this process or through a high risk review. If so, the planning team is to be convened;
 - o The minutes must reflect that trends have been reviewed and analyzed and;
 - o The committee will review past incidents to ensure completion and remediation of unresolved concerns have been addressed and documented in the weekly minutes.

NOTE

For all incidents (critical, reportable, internal) the recommendations from the incident management committee must go into data management system on the IR.

NON-PROVIDER AGENCY RESPONSIBILITIES**Targeted Case Management Responsibilities**

The case manager (CM) has a core responsibility to assure that a person receives quality services as identified through the plan of care. When incidents occur, the CM has the responsibility to assure that the issues/needs of the person are addressed promptly and correctly, and ultimately to reduce the risk of harm to the person. This can be accomplished through the team process. The CM is responsible for the following in the incident management system.

- Submit an IR in data management system if an incident is observed or discovered; • Review and sign off on Incident Reports for their caseloads and comment/follow-up if necessary; • CM will ensure any significant incident information is documented in the social history for permanency;
- Provide information and if necessary clarification to persons and/or legal representative explaining the purpose of incident management in a manner that is easily understood;
- Receive and review Incident Management weekly minutes & monthly trend data and analyze for possible revision to the plan of care; • When a high risk review level (as described below under “High Risk Review”) has been identified, the CM will review the plan of care with the team to address the incidents and determine if a revision to the plan is necessary; • Assess the person’s level of risk and then address person’s ability to manage the risk with the team; • Attend weekly incident management committee meetings as assigned; • Participate in Triage Review initiated by DDP staff; and • Receive Administrative Review information from the provider following an investigation and follow-up if necessary with the team.

Waiver Children’s Case Management (WCCM) Responsibilities

The case manager (CM) has a core responsibility to assure that a child receives quality services as identified through the plan of care. When incidents occur, the CM has the responsibility to assure that the issues/needs of the child are addressed promptly and correctly, and ultimately to reduce the risk of harm to them. This can be accomplished through the team process. The CM is responsible for the following in the incident management system.

- Submit an IR in data management system if an incident is observed or discovered. • Review and sign off on Incident Reports for their caseloads and comment/follow-up if necessary. • Provide information and if necessary clarification to families explaining the purpose of incident management in a manner that is easily understood.
 - When a high risk review level (as described below under “High Risk Review”) has been identified, the CM will review the plan of care with the team to address the incidents and determine if a revision to the plan is necessary. • Participate in Triage Review initiated by DDP staff. • Receive Administrative Review information from the provider following an investigation and follow-up if necessary with the team.
- e. **Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

The Montana DDP Program is responsible for overseeing the reporting and response to critical incidents or events that affect waiver members.

DDP Quality Improvement Specialist Responsibilities:

The quality improvement specialists (QIS) of DDP have core responsibilities in the receiving, reviewing and evaluating the IR’s submitted by provider agencies in the data management system. In addition, the QIS will investigate certain critical incidents. The following are the QIS responsibilities:

Submit IRs in data management system when incidents are observed or discovered.

Receive, review, and sign off on all IRs.

Receive and review all investigations.

Participate, when assigned by the regional manager, in the provider agency’s incident management committee meetings.

Participate in Triage Review, as assigned.

Receive and review Incident Management weekly minutes, monthly trend data and high risk reviews.

Assess the person’s level of risk and the person’s ability to manage the risk with the team.

Assess the service provider’s efforts to ensure the health and safety of the person, and make recommendations or take action as appropriate.

Conduct critical incident investigations for incidents involving emergency/unplanned hospitalization and a person’s death, or when assigned by the regional manager due to a conflict of interest or a pattern of incidents requiring further review.

Conduct a procedural review for critical incident investigations involving abuse, neglect or exploitation when the incident is referred to the appropriate agency for their statutory investigation.

Complete assigned investigations within ten (10) working days. In cases where the ten days cannot be met, an extension to the timeline can be granted by the regional manager. This request must be in writing. Upon completion the QIS will submit the investigation to the regional manager for review.

Complete an Investigation Review Form (IRF) of all provider agency critical investigations submitted via the FIRF. Any investigatory procedure issues noted in the IRF will be addressed with the provider agency.

The QIS has the authority to issue Quality Assurance Observation Sheet (QAOS) to providers as corrective action measures as needed.

Following the completion of a full investigation, the QIS will forward the Investigation Review Form and any Quality Assurance Observation Sheets (QAOS) to Central Office for outcome tracking.

For self-directed services, the QIS will:

- o Triage/investigate incidents classified as critical.

- o QIS will be available through the regional office to provide technical assistance if requested by the person or the family self-directing their services.

DDP Regional Manager Responsibilities:

The Regional Manager's (RM) responsibilities for incident management are as follows:

- Assign the QIS to complete critical incident investigations or request other Developmental Disabilities Program (DDP) staff or an additional QIS to complete an investigation due to conflicts of interest or other necessary circumstances.

- Participate in a Triage Review or assign a designee, as warranted.
- Grant extensions on investigations as requested in writing on a case by case basis.
- Request further follow-up or investigation of an incident.
- Complete the Administrative Review when the critical incident investigation is

conducted by the QIS. The Administrative Review Form (AR) will be made available to the bureau chief along with the supporting documents.

- Based upon this review, DDP may request further follow-up or investigation of the incident.

- Conduct monthly trend analysis meetings with the QIS's of regional reports generated from data management system or reports from the DDP central office and determine appropriate follow-up on trends.

DDP Central Office Responsibilities:

The DDP central office staff persons, in their various capacities, are responsible for the following activities:

- The DDP is responsible for developing, disseminating, and revising the Investigator's Training Manual to all persons who will be trained to conduct critical incident investigations.

- The central office staff will enter IR's for self-directed services in the data management system.

- The central office staff including but not limited to DDP director, community supports bureau chief, program support bureau chief, crisis prevention specialist, and state medical director, will meet monthly to review trending data and report back to the regional office of any concerns.

- Central office staff will present incident management trend summaries to the quality council.
- The medical director will review medication errors, injury trends and other medical related concerns as needed.

- The medical director will review all death investigations, including the TRF or FIRF and QIS Death Investigation Review Checklist (QDIRC), and participate on the mortality review committee. Findings from the committee will be shared with the appropriate field staff.

- Assure that all critical incidents involving deaths remain open until after the morality review committee has met and until recommended closure is received from the central office. (Note: this may require granting extension(s) to staff until all information is 18

received and until after the Morality review committee has met or if mortality review committee requests additional information based upon their findings.)

Responsibilities for Self-Directed Services with a Fiscal Intermediary • All staff working for a person receiving self-directed DDP funded services is required to report critical incidents by submitting an incident report (paper copy) to central office following the timelines in this manual.

****NOTE**** Staff who are hired by the family and being paid by DDP funds are mandatory reporters. They are required to make timely and accurate notification of incidents to DDP, APS/CPS or law enforcement, as needed.

- Take immediate action to move the person from a harmful situation or to otherwise protect persons from harm.

- Provide prompt staff intervention when knowledge of harm, or the potential for harm, occurs;
- Provide immediate medical assessment and/or treatment for a person receiving self-directed services if needed following an incident.

- Any injury(s) suspected to be caused by abuse or neglect must be immediately examined by a medical professional and classified as an allegation of abuse or neglect for reporting purposes.

- The person or family choosing to self-direct services must participate and cooperate with the person conducting the investigation.
- All self-direct staff is to be trained on the DDP incident management system on recognizing incidents, notification procedures and the completion of an incident report.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

- a. **Use of Restraints.** *(Select one): (For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

The State does not permit or prohibits the use of restraints

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

The use of restraints is permitted during the course of the delivery of waiver services. Complete Items G-2-a-i and G-2-a-ii.

- i. **Safeguards Concerning the Use of Restraints.** Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Use of emergency procedures employing restraints are strictly limited to emergency situations subject to the requirements of ARM 37.34.1420. Otherwise, MT DDP prohibits the use of restraints.

37.34.1420 POSITIVE BEHAVIOR SUPPORT: EMERGENCY PROCEDURES

(1) Emergencies are situations in which the person, other person(s), or the environment is at imminent risk of serious harm or damage due to the person's challenging behavior.

(2) If an emergency occurs the following procedures may be used if necessary to prevent the imminent risk of serious harm or damage to the person, other person(s), or the environment:

(a) physical restraint; or

(b) mechanical restraint, upon written order by a licensed physician for medical reasons.

(3) Incident reporting must meet the requirements described in ARM Title 37, chapter 34, subchapter 15.

(4) A behavior support plan, as described in ARM 37.34.1412, must be developed for the person if physical restraint is used three times in a three-month period.

The following are not considered restraints when used in accordance with the person's plan of care:

Devices used to provide support for the achievement of functional body positions and equilibrium that have been prescribed by an appropriate health care professional;

Stretcher belts or gait belts intended to prevent a person from accidentally falling;

Equipment that does not restrict or prevent movement or the normal use/functioning of the body or body parts to which it is applied; Helmets as a protective device;

Mechanical supports to provide stability necessary for therapeutic measures, such as immobilization of fractures, administration of intravenous or other medically necessary procedures;

Holding a person's limb(s) or body to provide support for the achievement of functional body positions and equilibrium;

Any specific medical, dental or surgical procedure that has been prescribed by an appropriate health care professional; or

Car seats, high chairs, playpens or items generally used by parents and considered to be used for a child's general health and safety do not fall into this category, unless abuse, neglect or exploitation are suspected.

In addition to the applicable rules, the Incident Management Policy and DDP Incident Management System outlines the provider and State staff reporting and investigation responsibilities when mechanical, physical or manual restraints are used.

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of restraints and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

MT DDP prohibits the use of restraints except under very limited emergency conditions as defined in ARM 37.34.1420

The Montana DDP Program is responsible for overseeing the reporting and response to critical incidents or events that affect waiver members including the use of restraints.

Physical restraint may only be used as an emergency procedure as described in ARM Title 37.34.1420. Positive Behavior Support and all instances of the use of physical restraint must be reported as a critical incident.

37.34.1420 POSITIVE BEHAVIOR SUPPORT: EMERGENCY PROCEDURES

(1) Emergencies are situations in which the person, other person(s), or the environment is at imminent risk of serious harm or damage due to the person's challenging behavior.

(2) If an emergency occurs the following procedures may be used if necessary to prevent the imminent risk of serious harm or damage to the person, other person(s), or the environment:

(a) physical restraint; or

(b) mechanical restraint, upon written order by a licensed physician for medical reasons.

(3) Incident reporting must meet the requirements described in ARM Title 37, chapter 34, subchapter 15.

(4) A behavior support plan, as described in ARM 37.34.1412, must be developed for the person if physical restraint is used three times in a three-month period.

Mechanical restraint as described in ARM Title 37, chapter 34, subchapter 14, Positive Behavior Support may only be used upon written order by a licensed physician for medical reasons. It is not necessary to report the use of mechanical restraint ordered by a licensed physician for medical reasons but all other uses of mechanical restraint must be reported as a critical incident. The unauthorized use of restricted or any other prohibited procedures as described in ARM Title 37, chapter 34, subchapter 14, Positive Behavior Support must be reported as a critical incident.

Providers are responsible for reporting the incidents as outlined in the Incident Management Policy and in the ARMs governing the use of these procedures. The DDP QIS, case managers, DDP regional and central staff, and the provider all have responsibilities responsible for tracking the frequency of emergency procedures and complying with the requirements set forth in ARM 37.34.1420 (see previous section).

The incident management procedures for the State of Montana Developmental Disabilities Program (DDP) are in effect when a defined incident occurs during the course of delivery of DDP funded services including Children's, Adult, and Self Direct services.

It is the policy of the Developmental Disabilities Program that the implementation of a plan of action will be required to prevent the recurrence of similar incidents, along with other activities that allow provider agencies to be proactive in their responsibilities to reduce the risk of harm to persons receiving services. The Incident Management System procedure manual is intended to provide guidance for both DDP staff and provider agencies to support and ensure persons' health and safety while receiving services. It identifies and addresses requirements for staff and functions of the incident management system (IMS) put forth by the Developmental Disabilities Program.

The Incident Management Policy and the DDP Incident Management Procedures Manual defines in specific detail incident reporting requirements.

ARM Subchapter 37.34.1401 through 37.34.1422 requires the use of positive behavior supports intended to encourage individual growth, improve quality of life, and reduce the use of unnecessary intrusive measures for persons funded through the department.

37.34.1418 further defines prohibitions on restrictions that may not be used in a positive behavior support program.

37.34.1418 POSITIVE BEHAVIOR SUPPORT: PROHIBITIONS

(1) The following may not be restricted for the purposes of a positive behavior support program:

(a) education and training services;

(b) a safe environment to live, work, and receive treatment;

(c) an individual plan of care;

(d) prompt medical and dental care;

(e) a nourishing, well-balanced diet;

(f) assistance of an advocate;

(g) opportunity for religious worship; and

(h) just compensation for work performed.

(2) Corporal punishment and verbal and physical abuse are prohibited in the delivery of services to a person.

Compliance with the incident reporting policy is assessed as part of the QA annual review onsite interviews with staff. Specifically, staff will be asked questions designed to assess knowledge of the Administrative Rules of Montana governing the use of physical and mechanical restraint, and other prohibited procedures.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3)

b. Use of Restrictive Interventions. (Select one):

- The State does not permit or prohibits the use of restrictive interventions**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

- The use of restrictive interventions is permitted during the course of the delivery of waiver services**

Complete Items G-2-b-i and G-2-b-ii.

- i. Safeguards Concerning the Use of Restrictive Interventions.** Specify the safeguards that the State has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

Montana ARM 37.34.1422 lists restricted restrictive procedures and the conditions under which they may be used. These restrictive procedures are otherwise not to be used.

37.34.1422 POSITIVE BEHAVIOR SUPPORT: RESTRICTED PROCEDURES

(1) The following restricted procedures may be used for up to 90 calendar days as part of a behavior support plan that is developed in accordance with ARM 37.34.1412 and approved in accordance with (2):

- (a) physically enforced contingent observation;
- (b) contingent access to personal possessions;
- (c) contingent access to personal funds;
- (d) educational fines;
- (e) physically enforced exclusion time out;
- (f) physically enforced overcorrection;
- (g) physically enforced positive practice overcorrection;
- (h) physically enforced restitutional overcorrection;
- (i) contingent access to social activities;
- (j) response cost; and
- (k) physically enforced required relaxation.

(2) A behavior support plan that includes the use of restrictive procedures must be approved by:

- (a) a board-certified behavior analyst (BCBA);
- (b) a family support specialist with an autism endorsement (FSS-AE);
- (c) a person with an Institute for Applied Behavior Analysis (IABA) consultant certification; or
- (d) a person with a degree in applied behavior analysis, psychology, or special education who has provided documentation of training and experience in the use of the principles of applied behavior analysis in the habilitation of person(s) with developmental disabilities and the development of behavior support plans to the developmental disabilities program director.

(3) A copy of the behavior support plan incorporating restricted procedures as listed in (1) must be sent to the developmental disabilities program director within three working days after approval as required in (2).

(4) The developmental disabilities program director or their designee must provide prior written

authorization for the continued use of the restricted procedures after 90 calendar days and the department designee is responsible for reviewing and monitoring the continued implementation and effectiveness of the behavior support plan.

(5) The restricted procedures in (1) may only be used in the delivery of services to a person as authorized by these rules.

37.34.1418 further defines prohibitions on restrictions that may not be used in a positive behavior support program.

37.34.1418 POSITIVE BEHAVIOR SUPPORT: PROHIBITIONS

(1) The following may not be restricted for the purposes of a positive behavior support program:

- (a) education and training services;
- (b) a safe environment to live, work, and receive treatment;
- (c) an individual plan of care;
- (d) prompt medical and dental care;
- (e) a nourishing, well-balanced diet;
- (f) assistance of an advocate;
- (g) opportunity for religious worship; and
- (h) just compensation for work performed.

(2) Corporal punishment and verbal and physical abuse are prohibited in the delivery of services to a person.

ARM Subchapter 37.34.1401 through 37.34.1422 : The purpose of the rules under this subchapter, as contained in ARM 37.34.1401, is to require the use of positive behavior supports intended to encourage individual growth, improve quality of life, and reduce the use of unnecessary intrusive measures for persons funded through the department. Positive behavior support focuses on what is important to the person as well as what is important for the person when encouraging growth and change. These rules prohibits the use of seclusion or the use of abusive or demeaning procedures, or procedures that cause pain or discomfort except as provided for in the emergency procedures allowed for in ARM 37.34.1420. The rules of this subchapter, applies to persons receiving services from community-based providers that are funded entirely or in part by the department.

37.34.1402 POSITIVE BEHAVIOR SUPPORT: APPLICABILITY (1) All children and adults receiving services from community-based providers that are funded entirely or in part by the department must be afforded the protections imposed by these rules. Any provider contracting with the department to provide services to persons with developmental disabilities must conduct its activities in accordance with these rules.

ARM 37.34.1412 defines a behavior support plan in the following way: (1) The behavior support plan is a formal written plan to address needs identified in a person's plan of care and must be developed for all persons engaging in challenging behavior. A behavior support plan must be developed as required by ARM 37.34.1420(4). The behavior support plan must be based on a functional behavior assessment as described in ARM 37.34.1411.

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

The Montana DDP Program is responsible for overseeing the reporting and response to all critical incidents or events that affect waiver members including the use of restrictive interventions.

ARM 37.34.1422 (4) POSITIVE BEHAVIOR SUPPORT: RESTRICTED PROCEDURES defines the responsibilities of the Montana DDP Program : (4) The developmental disabilities program director or their designee must provide prior written authorization for the continued use of the restricted procedures after 90 calendar days and the department designee is responsible for reviewing and monitoring the continued implementation and effectiveness of the behavior support plan.

The unauthorized use of restricted or prohibited procedures as described in ARM Title 37, chapter 34, subchapter 14, Positive Behavior Support must be reported as a critical incident in the Incident Management System as detailed in the Developmental Disabilities Program Incident Management Procedures Manual.

The member protections and safeguard procedures contained in the Incident Management System as detailed in the Developmental Disabilities Program Incident Management Procedures Manual apply to the use of restrictive interventions.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions

(3 of 3)

- c. **Use of Seclusion.** *(Select one): (This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

The State does not permit or prohibits the use of seclusion

Specify the State agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

The state of Montana does not allow the use of seclusion. The prohibition against the use of seclusion is clearly stated in MT ARM 37.34.1401 (1): "This rule prohibits the use of seclusion ...".

MT ARM 37.34.1401 POSITIVE BEHAVIOR SUPPORT: PURPOSE

(1) The purpose of the rules under this subchapter is to require the use of positive behavior supports intended to encourage individual growth, improve quality of life, and reduce the use of unnecessary intrusive measures for persons funded through the department. Positive behavior support focuses on what is important to the person as well as what is important for the person when encouraging growth and change. This rule prohibits the use of seclusion or the use of abusive or demeaning procedures, or procedures that cause pain or discomfort except as provided for in the emergency procedures allowed for in ARM 37.34.1420. This subchapter applies to persons receiving services from community-based providers that are funded entirely or in part by the department.

The Montana DDP Program is responsible for overseeing the reporting and response to all critical incidents or events that affect waiver members including the prohibited use of seclusion.

The unauthorized use of prohibited procedures including seclusion as described in ARM Title 37, chapter 34, subchapter 14, Positive Behavior Support must be reported and investigated as a critical incident in the Incident Management System as detailed in the Developmental Disabilities Program Incident Management Procedures Manual (February 2013).

The unauthorized use of seclusion is classified as a critical incident in the DDP Incident Management system requiring reporting to the MT DDP quality improvement specialists (QIS) within 8 hours, and the entry Incident Report (IR) written in the in the Incident data management system within 48 hours or two working days. Additional reporting is to be made as soon as possible but no later than 8 hours to the member's family/guardian, or legal representative and to the Child Protective services Centralized Intake Bureau. The member's waiver case manager is to be notified within 8 hours as well.

- The use of seclusion is permitted during the course of the delivery of waiver services.** Complete Items G-2-c-i and G-2-c-ii.

- i. **Safeguards Concerning the Use of Seclusion.** Specify the safeguards that the State has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (1 of 2)

This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix

does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.

a. **Applicability.** Select one:

- No. This Appendix is not applicable** (do not complete the remaining items)
 Yes. This Appendix applies (complete the remaining items)

b. **Medication Management and Follow-Up**

- i. **Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

- ii. **Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (2 of 2)

c. **Medication Administration by Waiver Providers**

Answers provided in G-3-a indicate you do not need to complete this section

- i. **Provider Administration of Medications.** *Select one:*

- Not applicable.** (do not complete the remaining items)
 Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications. (complete the remaining items)
 ii. **State Policy.** Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- iii. **Medication Error Reporting.** *Select one of the following:*

- Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies).**
 Complete the following three items:

- (a) Specify State agency (or agencies) to which errors are reported:

(b) Specify the types of medication errors that providers are required to *record*:

(c) Specify the types of medication errors that providers must *report* to the State:

- Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State.**

Specify the types of medication errors that providers are required to record:

- iv. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Health and Welfare

The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. (For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")

i. Sub-Assurances:

- a. **Sub-assurance:** *The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. (Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Number and percent of providers whose CAT staff are able to identify and report suspected abuse, neglect, exploitation and other critical incidents in accordance with the DDP incident management policy. The numerator is the number of providers whose autism training staff answered oral IMP questions correctly. The denominator is the number of providers reviewed during the reporting period.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Children's Autism Trainer staff interview survey results conducted by the DDP QIS.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly

<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:
 Number and percent of providers that annually provide a written summary of the incident management policy to the primary caregiver. The numerator is the number of providers who provided a written summary of the IMP to the primary caregiver. The denominator is the number of providers reviewed during the time period.

Data Source (Select one):
 Record reviews, on-site
 If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>		

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

Number and percent of investigations requiring the use of the critical incident investigation final report form completed within required timelines. The numerator is the number of critical incidents investigated meeting the above criteria. The denominator is the number of reported critical incidents requiring investigations using the final report form during the review period.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

Number and percent of providers that have a comprehensive incident management system to guide the behavior of staff inclusive of the DDP Incident Management Policy. The numerator is the number of reviewed providers with a compliant incident management policy. The denominator is the number of providers reviewed during the time period.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Review of provider Incident Management Policies by the DDP QIS

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative

		Sample Confidence Interval =
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

Number and percent of critical incidents that were reported within required timelines. The numerator is the number of critical incidents reported within the required timelines. The denominator is the number of critical incidents reported.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Review of critical incident reports and Incident Management Committee documentation

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Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = []
<input type="checkbox"/> Other Specify: []	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: []
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: []
	<input type="checkbox"/> Other Specify: []	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: []	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: []

Number and percent of critical incident investigations requiring corrective action that meet DDP policy requirements. The numerator is the number of critical incident investigations resulting in corrective action that meet policy requirements. The denominator is the number of critical investigations requiring corrective action.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually

	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:
 Number and percent of critical incident restraints use reports in compliance with the ARM's governing the use of physical and mechanical restraints. The numerator is the number of critical incident reports documenting restraints usage in compliance. The denominator is the number of critical incident reports documenting restraint usage reviewed during the reporting period.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify: 	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify: 	

Data Aggregation and Analysis:

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Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

Number and percent of persons whose behavior support plans were developed in compliance with the Administrative Rules of Montana governing the use of restrictive procedures. The numerator is the number of individuals whose behavior support plans meet the requirements specified in the restrictive procedures rule. The denominator is the number of individuals reviewed with behavior support plans .

Data Source (Select one):

Other

If 'Other' is selected, specify:

Review of POCs and training protocols for procedures used by the Children's Autism Trainer specifying the use of restrictive behaviors. Related DDP ARMs

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>

<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- b. **Sub-assurance:** The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- c. **Sub-assurance:** The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- d. **Sub-assurance:** *The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The QA Review Process is the primary mechanism designed to ensure compliance with the performance measures previously outlined. In addition, the review of incident reports, and the review of reports generated by provider incident management committees may result in followup activities by the provider and the assigned the DDP QIS to improve services and to reduce the potential for future incidents.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

In general, many follow up activities are taken by the provider directly when incident reports are circulated in the agency. Incidents that may be considered systemic in nature are often addressed by the agency incident management committees. The DDP QA Review process is ongoing throughout the year for the purpose of addressing systemic or ongoing incident management issues, particularly if those issues have a direct bearing on client health/safety. The Quality Assurance Observation Sheet may be used by the DDP QIS to resolve issues in accordance with agreed upon strategies and timeframes with the provider.

Given the specific nature and purpose of the Children's Autism Waiver, it is expected that the critical and reportable incidents will be less frequent than would be expected in 24/7 paid care giving settings.

- ii. **Remediation Data Aggregation**

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> Annually

<input checked="" type="checkbox"/> Continuously and Ongoing
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

DDP's effort to develop an electronic reporting system under contract with THERAP is ongoing at this time. In the meantime, the DDP is manually entering all critical incident reports in an electronic database. The current database allows DDP staff to review incident information based on a data queries by provider, region, type of incident and other parameters. The DDP produces reports form this database for review and decision making by the DD Quality Council and DDP management.