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APPENDIX A

GLOSSARY OF FREQUENTLY USED TERMS AND ACRONYMS IN WAIVER SERVICES

0208 Waiver – A Medicaid program administered by DDP for any age. May be referred to as the ‘Big Waiver’ or Comprehensive Waiver. Provides skills (habilitation) training, residential, recreational, and vocational supports. It’s likely an eligible person will be placed on a waiting list before getting selected to receive services.

0371 Waiver – A Medicaid program administered by DDP for adults 18 or older. May be referred to as the ‘CS’ or 0371 Waiver. Service levels are limited, but offers skills (habilitation) training, residential, recreational, and vocational supports. It’s likely an eligible person will be placed on a waiting list before getting selected to receive services.

0667 Waiver – A Medicaid program administered by DDP for children 0-7 years old that are diagnosed with Autism Spectrum Disorder and have difficulties with adaptive behavior. May also be referred to as the Children’s Autism Waiver or CAW. Services are intense, specific, and closely monitored. This program is time-limited, and it’s likely the eligible child will be on a waiting list to be selected to receive services.

(ARM) - Administrative Rules of Montana - The ARMs for DD Services ARM 37.34.101 through ARM 37.34.2320 can be found on the State Website at <http://sos.mt.gov/arm/>

(AWACS) - Agency Wide Accounting and Client System.- This system is used by the DDP to enable billing and payments, as well as maintain client demographic information.

Behavior Support Plan - A plan designed to support a person to change his or her behavior. The plan is developed in the context of a person-centered planning process that focuses on helping the person live the life he or she desires.

(CFR) - Code of Federal Regulations – CFRs regulate all federal programs and services. CFRs regulating Public Health services are generally found under 42CFR.

(C&F Providers) - Child and Family Providers - DDP-funded agencies providing services to children in home settings. C&F providers employ Family Support Specialists. The FSS functions as the waiver-funded children's case manager. FSSs may also provide Program Design and Monitoring Services, if the additional qualified provider standards for this service have been met.

CMS - Centers for Medicare/Medicaid Services - The Centers for Medicare & Medicaid Services (CMS) is an agency within the US Department of Health & Human Services responsible for administration of several key federal health care programs. In addition to Medicare (the federal health insurance program for seniors) and Medicaid (the federal needs-based program), CMS oversees the Children's Health Insurance Program (CHIP), the Health Insurance Portability and Accountability Act ([HIPAA](#)) and the Clinical Laboratory Improvement Amendments (CLIA), among other services.

Consumer - A person either enrolled in or seeking waiver-funded services. May also be referred to as a client, participant, or individual.

(CPS) Child Protective Services - Montana State designated program under the Child & Family Services Division of the Department of Public Health and Human Services to provide protection and advocacy for Montana children.

(DD) - Developmental Disability - A disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurologically handicapping condition closely related to mental retardation and requiring treatment similar to that required by individuals with mental retardation if the disability originated before the person attained age 18, has continued or can be expected to continue indefinitely, and constitutes a substantial handicap to the person. **Reference:** Montana Code Annotated, 53-20-202(3)

(DDP) - Developmental Disabilities Program - The Developmental Disabilities Program is a program within the larger DPHHS agency. DDP administers, provides funding, processes payments, and monitors all the different services that are offered through DDP. DDP is separate from services or assistance someone might receive through school, Mental Health, Public Assistance, State Medicaid, etc.

Eligibility - Determination of whether or not a person qualifies for developmental disabilities services.

Employee - The person that is hired to provide supports to an individual receiving Medicaid waiver services. May also be referred to as a support worker or direct care staff.

Employer - A consumer, family member, or authorized representative who employs a support worker. An employer is responsible for selecting,

scheduling, training, supervising, and terminating a worker. An employer determines the wages to be paid and the hours of employment of the support worker.

Fiscal Agent - An organization qualified under IRS rules to pay taxes and provide payroll services on behalf of participants. May also be referred to as an FMS or Fiscal Management Service.

Family member - for the purpose of implementing the self-directed employer option in the payment for developmental disabilities services is inclusive of and limited to 1) natural parents, grandparents, siblings, aunts, and uncles, 2) adoptive parents, stepparents and licensed foster parents, and 3) legal guardians, legal conservators and persons with properly executed powers of attorney whose orders of guardianship and conservatorship and powers of attorney encompass the oversight for the provision of care to the person.

(FSS) - Family Support Specialist – Staff who generally provide services to children and their families. FSS staff may provide Children’s Case Management, Caregiver Training Support (parent education) or BOTH to a child and family receiving waiver services.

Guardianship - This applies to parents of a child who is determined to have a developmental disability and that is turning or is already age 18. Guardianship is establishing a formal or semi-formal arrangement that will allow a parent to legally make life decisions for their ‘adult’ child.

(HCBS) - Home and Community-Based Services - Funding that allows community services to be provided to people eligible for Medicaid who otherwise would be at risk of being in an institution. These services are provided through Medicaid waivers.

(ICP) - Individual Cost Plan - A component of a person’s Support Plan if they are receiving services from one of the Waiver programs. Specific providers, services to carry out the plan, and dollars are managed.

(IEP) - Individual Education Plan - A Support Plan developed through the school system to address educational needs and supports. The IEP is separate from a support plan developed for someone receiving services through DDP, however, they may have similarities.

(IFSP) - Individual Family Service Plan – A Support Plan for a person under age 18 who is receiving services administered through DDP. It is separate from any support plans developed through the school system, however, both plans may have similarities. The support plans lists the assessed needs and what services

will be provided to the both the child and his/her family to meet those needs. May also be referred to as the Plan of Care.

(IR) - Incident Report – Form documenting significant events, including reports of injuries, hospitalizations, suspected abuse/neglect, medication errors, and other events of a reportable or critical nature. Classification of a reportable incident vs. a critical incident depends on the situation. See Appendix B-1 for details on specific incidents.

Medicaid - A federal program that pays for health care and long-term support expenses for people who meet eligibility requirements. Benefits are paid with federal and matching state dollars. CMS manages the Medicaid programs throughout the country.

Needs Assessments - Assessments to determine the participant's level of need. At least annually, before the Plan of Care is updated, the person's needs are reviewed to see if there are any changes. The person, case manager, and members of the planning team take part in this process.

Planning Team – The team responsible for developing and updating the annual Plan of Care. The planning team determines appropriate services and supports to meet the health and safety needs of the participant. The planning team includes, at a minimum, the participant, the parent (if the participant is under the age of 18), the legal guardian (if appropriate) and the Case Manager. The planning team may also include other persons who provide supports and services to the participant, as well as a DDP Quality Improvement Specialist (QIS).

(PSP) Personal Support Plan – A support plan for a person age 16 or older who is eligible to receive services administered through one of the DDP programs. The support plans lists the assessed needs and what services will be provided to the person to meet those needs. May also be referred to as the Plan of Care.

Quality Assurance - A process to evaluate and monitor what happens with the participant at the individual level and at the state level. The process puts together evaluation and monitoring systems designed to improve the quality of services in Montana. This process includes review of the services received by participants, agency review, audit reviews, satisfaction surveys, and review of records to assure that the Medicaid guidelines are followed.

(QIS) - A DDP Quality Improvement Specialist - The QIS is a state employee working in a DDP field office to help monitor the quality of services that are delivered. Primary responsibilities include the implementation of quality assurance activities on the individual and provider level, the development of written quality assurance reports, and level of care activities.

(QP) - Qualified Provider – An agency which meets the criteria to provide services specified in the Medicaid waivers and in DDP policies and administrative rule.

(SDEO) - Self-Direct with Employer Option - An option under Montana Waiver services in which an adult participant, parent of a child in services, or a designated representative chooses to manage some or all waiver services eligible for self-direction as employer. As employer of record, the participant, parent or representative has the responsibility of hiring workers and overseeing the budgeting of the cost plan and other parts of her or his supports and services.

Support Broker: A person to help manage self-directed services. The responsibilities of the Support Broker may include helping the person follow a budget, assisting with employer responsibilities, finding back-up staff coverage or anything else that the individual requests to help make self-directed services happen.

(TCM) Targeted Case Management – May be referred to as just Case Management (CM). TCM is offered to an eligible person age 16 or older. Targeted Case Management is entitled, which means a person meeting eligibility requirements will receive CM services, even if they are not getting any other services administered through the Developmental Disabilities Program. For all who are eligible, the Case Manager will assess an individual to determine needs for medical, educational, social, or other services. For those who are selected to receive other DD services, the CM develops and/or revises support plan; can refer to other resources and activities to support the plan; monitors to ensure the support plan is implemented and is adequately meeting the assessed needs of the individual.

(WCCM) - Waiver-funded Children's Case Management (WCCM). May also be referred to as Case Management (CM). The staff that perform Children's Case Management is usually referred to as an FSS, so this service is associated with an FSS staff, and may even be called FSS. WCCM is offered to a person receiving services through one of the Waiver programs, up to age 22 if desired. A CM is somebody who can assess an individual to determine needs for medical, educational, social, or other services; develops and/or revises support plan; can refer to other resources and activities to support the plan; monitors to ensure the support plan is implemented and is adequately meeting the assessed needs of the individual.

APPENDIX B-1

Definitions of Incidents

(The strike-out portions do not apply to Self Directed Services)

APPENDIX A of the Incident Management Policy

For the purpose of this policy, consumer incidents shall be defined as follows:

1. Aspiration/Choking

Definition: ~~The inhaling of food or other object in the lung (aspiration) or choking.~~

Reportable Incident: ~~Any aspiration or choking where the consumer is able, through coughing, to clear their airway without assistance from staff or medical intervention. This includes, any aspiration or choking incident that results in staff assistance, (e.g. “stomach thrusts”) or emergency medical intervention by an emergency medical technician, physician, nurse practitioner, physician’s assistant.~~

2. Death

Definition: All loss of life, regardless of cause.

Critical Incident: All consumer deaths are to be treated as a critical incident and reported no later than eight (8) hours after the death occurred to identified authorities as outlined by this policy.

3. Discovery of Illegal or Hazardous Substances

Reportable Incident: Finding the consumer in possession of goods, merchandise or items that are prohibited or illegal. Examples may include, but are not limited to: any item banned by Personal Support Plan (PSP) team approval*, weapons, drugs, drug paraphernalia or child pornography. This includes, any incident involving the use of or the discovery of illegal or hazardous substances or items, where the service provider has a duty to inform law enforcement due to possible criminal violations of law, e.g. discovery of illegal drugs/drug paraphernalia, weapons, etc.

* **Note:** If a consumer’s rights are restricted as part of a PSP plan or an approved behavior support plan, then the PSP Rights Restriction Form must be approved, signed and in place.

4. Hospitalization

~~**Reportable Incident:** Any unplanned visit to a hospital, emergency room, clinic or medical professional by a consumer for treatment of an illness, a medical or psychiatric condition.~~

Critical Incident: Any unplanned admission to a hospital, clinic or other medical facility as a result of an illness or medical condition for surgery, medical observation, treatment, or testing; and any planned or unplanned psychiatric hospitalization.

5. Medication Error

Reportable Incident: Any medication or treatment error resulting in a situation where a consumer evidences, or could potentially experience, marked adverse side effects. A Medication Error is classified according to severity utilizing guidelines recommended by the *National Coordination Council for Medication Error Reporting and Prevention*.

Reportable Medication errors, as defined below, include circumstances or events that have the capacity to cause harm due to the nature of what occurred, an error that occurred but resulted in no harm to the consumer, or resulted in the need for increased monitoring of the consumer, including:

a. Physician or Pharmacy Error

- Incorrect drug selection, contraindications, known allergies, harmful interaction with existing drug therapy;
- Incorrect dose, dosage form, quantity, route, concentration, rate of administration; and/or
- Illegible prescription(s) or medication order(s) that lead to errors.

b. Incorrect Administration:

- Medication administered in a dose other than prescribed by the physician (greater than or less than);
- Inappropriate procedure or technique for administering the medication, e.g. wrong texture, consistency, position, or other specified procedures;
- An incorrect route of administration, or one which has not been prescribed;
- Administration of a drug that has expired or for which the physical or chemical dose (integrity of the drug) has been compromised; and/or
- Consumer's refusal to take the medication and follow medication regimen after reasonable efforts have been made to encourage the person to take the medication.

c. Omission/Missed Dose:

- Medications not administered because the medication was omitted, sufficient quantities were not available, or not filling prescriptions within a reasonable amount of time; and/or
- The failure to administer a prescribed medication for one or more dosage periods;

d. Wrong Time:

- Medication administered early or late; and/or
- Medication administered outside a predefined time interval from its scheduled administration time.

e. Unauthorized Dose:

- Medication not authorized by a physician for the consumer;
- Medication given to the wrong person;
- Administering medication beyond a “stop order”; and/or
- Administering medication prescribed to treat behaviors without consent from the parent or guardian;

f. Training and Documentation Errors:

- Incorrect documentation of medication orders, e.g. label on bottle does not match information on the Medication Administration Record (MAR);
- Administering medication but failing to document the MAR correctly;
- Failure to follow other agency procedures for medication administration; and/or
- Medication administered by unauthorized and/or improperly trained staff.

g. Other:

- Finding medication in an inappropriate area, e.g. in a person’s clothing, on the floor, packaged with a meal, in non-secure area, in an unmarked/open container or dish, mixed together in a container, etc.;
- Security/storage safeguards are not followed; or
- Failure to notify other service providers involved in supporting the consumer of new/changes in medication orders.

Critical Incident: Medication Errors are classified as Critical Incidents when the following conditions occur in relation to the examples cited above:

- a. Consumer evidences serious adverse side effects;
- b. Consumer's life, health or welfare is in jeopardy due to the above listed actions or inactions; and
- c. Consumer is either treated at a hospital emergency room or medical clinic;
- d. Consumer is admitted to a hospital; or
- e. Medications are discovered missing where there is likelihood that the medications may be sold or used illegally.

Notes: DPHHS/DDP must be notified of all Critical Medication Errors within eight (8) hours. Under no circumstances should the notification level of a medication error be classified as low.

Regardless of whether a consumer has experienced adverse side effects and/or their health/welfare is in jeopardy, certain types and/or patterns of medication errors emerging from regular trend analysis of all medication errors may raise the incidents to a Critical Incident classification. As a result, service providers should respond as such and initiate investigations into those circumstances (e.g. has possible neglect occurred?).

6. Missing Person

Reportable Incident: ~~Any attempt to run away by a consumer whose absence potentially constitutes an immediate danger to that individual or others. This also includes, the unexpected or unauthorized absence of a consumer that meets the following criteria:~~

- a. ~~Missing and formal search procedures are initiated;~~
- b. ~~An unexpected or unauthorized absence of any duration for a consumer whose absence constitutes an immediate danger to that individual or others.~~

7. Injury

Reportable Incident: ~~Any suspected or confirmed physical harm to a consumer caused by an act of that person or another person, whether or not by accident, and whether or not the cause can be identified. Injuries include, but are not limited to physical harm requiring treatment and/or medical care for injuries such as:~~

- a. ~~injuries which have required bandages;~~
- b. ~~first and second degree burns;~~
- c. ~~dislocations;~~
- d. ~~sprains;~~
- e. ~~allergic reactions;~~
- f. ~~concussions;~~
- g. ~~contusions;~~
- h. ~~human or animal bites;~~
- i. ~~sunburn;~~
- j. ~~abrasions;~~
- k. ~~loss of fingernail/toenail due to trauma;~~
- l. ~~loss of teeth due to trauma; and/or~~
- m. ~~puncture wound.~~

Note: ~~“Suspected” physical harm is defined as an incident whereby the individual is assumed to need further examination to determine if an injury occurred as a result of the incident, for example, the individual has a hard fall on the sidewalk and staff suspect that the person has injured their knee.~~

~~Also, illness of a consumer, in and of itself, generally is not to be reported as an injury, but could be reported under hospitalization based on criteria identified in that incident category.~~

Critical Incident: Injuries of unknown origin that require assessment and/or treatment by a physician, physician assistant, nurse practitioner, dentist, or other licensed healthcare practitioner including, but not limited to:

- a. fractures;
- b. lacerations requiring sutures, use of derma bond, or staples;
- c. third degree burns;
- d. electric shock;
- e. loss or tearing of body part;
- f. all eye emergencies;
- g. ingestion of toxic substance; and/or
- h. any injury with loss of consciousness.

Note: If the injury is suspected to have been caused by abuse and/or neglect, the injury should be reported under the appropriate incident category and notifications made to proper oversight authorities including DDP, APS, CPS, law enforcement, etc.

8. Property Damage

Reportable Incident: ~~Any damage exceeding \$50.00 in cost to consumer, agency, or community property by a consumer or employee, regardless of intent that may include, but not be limited to:~~

- a. ~~Broken windows;~~
- b. ~~Damage to furniture; and/or~~
- c. ~~Damage to automobiles (not caused by vehicle accidents).~~

9. Mechanical Restraint

Reportable Incident: ~~The application of a device to any part of a consumer's body that restricts or prevents movement or normal use and functioning of the body or body part to which it is applied.~~

~~The following are not considered mechanical restraints for the purpose of this policy:~~

- a. ~~Devices used to provide support for the achievement of functional body positions and equilibrium that have been prescribed by an appropriate health care professional;~~
- b. ~~Stretcher belts, one piece safety belts, rail safety belts and transportation safety belts intended to prevent a consumer from accidentally falling;~~
- c. ~~Equipment that does not restrict or prevent movement or the normal use/functioning of the body or body parts to which it is applied;~~
- d. ~~Mechanical supports to provide stability necessary for therapeutic measures, such as immobilization of fractures, administration of intravenous or other medically necessary procedures; and/or~~
- e. ~~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.~~

Critical Incident: The following are to be reported as a Critical Incident when they allegedly occur:

- a. Use of restraint vests, camisoles, Posey Vests, body wraps and chairs for behavioral reasons;
- b. Removing a consumer's mobility aids (wheelchairs, walkers, etc.) to prohibit freedom/choice of movement unless otherwise delineated through the consumer's PSP;
- c. Mechanical restraints that impair or inhibit visual or auditory capabilities or prevent, inhibit, or impair speech or other communication modalities; and/or
- d. Any use of a mechanical restraint occurring in a community program where the person is receiving services funded through the Developmental Disabilities Program.

10. Physical or Manual Restraint

~~**Reportable Incident:** Use of any physical or manual intervention used to restrict movement of the consumer including, but not limited to, holding a consumer's body or limb(s) contingent upon behavior, or using an approved manual restraint procedure (e.g. Mandt technique) so that movement is restricted or prevented for any amount of time.~~

~~For the purposes of this policy, the following are not considered restraints:~~

- ~~a. Holding a consumer's limb(s) or body to provide support for the achievement of functional body positions and equilibrium that have been prescribed by an appropriate health care professional;~~
- ~~b. Holding a consumer's limb(s) or body as part of a specific medical, dental or surgical procedure that have been authorized by an appropriate health care professional; and/or~~
- ~~c. Holding a consumer's limb(s) or body to prevent an individual from accidentally falling.~~

Critical Incident: Physical or manual restraint practices prohibited by this policy identified below are to be reported as a Critical Incident when they allegedly occur:

- a. Take Downs;
- b. Physically forcing an individual to a ground or other surface.
- c. Prone Restraints;
- d. Holding an individual face down in a horizontal position;
- e. Using restraints as punishment;
- f. Using restraints for the convenience of staff;
- g. Using restraints as a substitute for treatment or care in conflict with a physician's order;

- h. Using restraints in quantities which inhibit effective care/treatment; and/or
- i. Any use of a physical restraint occurring in a community program where the person is receiving services funded through the Developmental Disabilities Program.

11. Use of PRN Medication for Behavior

Definition: A chemical substance used for the control of a problem behavior which, when administered in a given dosage, results in a decrease or the elimination of the behavior.

Reportable Incident: ~~The following use of a PRN medication is considered reportable: use of a PRN psychotropic medication where the medication has a protocol for its use or is part of a program plan.~~

Critical Incident: The following use of PRN medications is considered a Critical Incident and require reporting to the DDP Regional Office within one (1) business day: emergency or PRN usage of psychotropic medications, when the medication is not a part of a protocol or program plan or if there is reason to suspect that the protocol or program plan was not followed.

12. Use of Exclusionary Time Out

Definition: “Exclusionary Time Out” means a method of decreasing a maladaptive target behavior by requiring a consumer to leave an ongoing reinforcing situation for a period of time, contingent on the occurrence of some previously specified maladaptive target behavior.

Note: While the use of “time out” is a concern in adult services, time out is considered an accepted practice for good parenting and parents with children who exhibit challenging behavior are typically taught methods of appropriately implementing time out procedures as an alternative to the use of punishment. Therefore, the use of time out by a parent receiving child and family services is not considered an incident under this policy unless abuse or neglect of the child is suspected.

Critical Incident: Any use of Exclusionary Time Out occurring in a community program where the person is receiving services funded through the Developmental Disabilities Program.

13. Use of Seclusion Time Out

Definition: "Seclusion Time Out" means a method of decreasing a maladaptive target behavior by requiring a person to leave an ongoing reinforcing activity and go to a closed room for a period of time. Seclusion Time Out is contingent on the occurrence of some previously specified maladaptive target behavior. The room to which the person must go must not be reinforcing in any manner.

Note: While the use of “time out” is a concern in adult services, time out is considered an accepted practice for good parenting and parents with children who exhibit challenging behavior are typically taught methods of appropriately implementing time out procedures as an alternative to the use of punishment. Therefore, the use of time out by a parent receiving child and family services is not considered an incident under this policy unless abuse or neglect of the child is suspected.

Critical Incident: Any use of Seclusion Time Out occurring in a community program where the person is receiving services funded through the Developmental Disabilities Program.

14. Rights Violation

Definition: Incidents that occur when a consumer or other person alleges that a right of the consumer as identified below has been violated:

- a. The right to education and training services;
- b. The right to reside, work and receive treatment in a safe environment;
- c. The right to an individual plan;
- d. The right to prompt medical and dental care;
- e. The right to a nourishing, well-balanced diet;
- f. The right to acquire the assistance of an advocate;
- g. The right to the opportunity for religious worship;
- h. The right to just compensation for work performed; and/or
- i. Any other rights guaranteed by civil or constitutional law.

Reportable Incident: For the purposes of this policy, any restriction of a consumer’s rights must be considered a reportable incident.

15. Seizure

~~**Reportable Incident:** Any seizure activity involving a consumer where the consumer has sustained an injury, or has the potential for injury. This includes, any seizure activity involving a consumer that results in an injury, the potential for injury (as defined in the Physical Injury category of this policy), or requires the intervention of emergency medical staff per the individual’s plan of care. NOTE: While it is not intended that the IR form be the required document used by service providers to track or monitor seizure activity of a consumer(s), *the IR form may be used for this purpose.*~~

16. Self Injurious Behavior (SIB)

~~**Reportable Incident:** A consumer engaging in behavior that results in injury, or may result in harm or injury, to themselves. This includes any self-injurious behavior that results in:~~

- a. ~~Injury requiring assessment and/or treatment by a physician, physician's assistant, nurse practitioner, dentist, or other licensed healthcare professional; and/or~~
- b. ~~Use of emergency behavioral support procedures.~~

17. Suicide Threats or Attempt

Critical Incident: A consumer's verbal, non-verbal or written threat to kill him/herself. An incident involving an act (attempt) to harm, injure or kill oneself, whether or not the person actually injures or causes death to him/herself.

18. Ingestion of a Harmful Substance (PICA)

Reportable Incident: Swallowing and/or ingesting substances that are non-food and potentially threatening to the health of the consumer, e.g., plants, poison, lotions, coins, paper clips, cigarette butts (PICA behavior). This Includes, PICA behavior resulting in medical assessment or treatment by a physician, physician's assistant, nurse practitioner, dentist, or other licensed healthcare professional

19. Law Enforcement Involvement

Reportable Incident: Any incident involving a consumer where law enforcement has been contacted to provide,

- a. Behavioral support or intervention;
- b. Intervention with a consumer who may have been a victim of a possible crime;
- c. Interventions when a consumer has engaged in, is suspected of engaging in, or is alleged to have engaged in, possible criminal acts including, but not limited to: theft; assault; arson; vandalism; trespassing; possession of illegal substances; weapon possession; fraud; consumer calling 911 inappropriately;
- d. Force or restraint interventions including physical or manual restraint, mechanical restraint (e.g. handcuffs), chemical restraint (e.g. pepper spray, mace);
- e. Custody; and/or
- f. Gives the consumer a citation, ticket, or charged them with a civil or criminal offense.

20 – 25 Allegations of Abuse to the Consumer 26 – 30 Allegations BY The Consumer

Definition: "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 (MCA 52-3-803).

Note: Any individual who comes in contact with a consumer, including an employee, contractor, intern, volunteer, visitor, family member, another consumer or legal representative whether or not the involved consumer is, or appears to be, injured or harmed, may be alleged to have abused a consumer. However, it must be remembered that while the intent of this policy is to protect consumers from harm, it is not intended to be a mechanism to substitute for the proper recording of behavioral problems of consumers, including behaviors of consumers who are aggressive or assault others. Incidents involving consumer-to-consumer interactions that result in injury and constitute abuse, as defined by this policy are to be coded as appropriate as listed in 26-30. If an incident is an allegation of abuse to the consumer code 20-25. If it is an allegation of abuse BY the consumer code 26 – 30.

Critical Incident: All incidents involving allegations of abuse are automatically elevated and treated as Critical Incidents. This includes consumer to consumer incidents of abuse which includes: sexual abuse, mental injury, exploitation, neglect and mistreatment. Please refer to page 68 of this policy for processes and procedures for client to client review and investigations. The Service Provider is expected to implement protocols defined by this policy in response to the allegations including reporting the incident to identified authorities external to the Service Provider organization, including DDP, APS, CPS, and/or law enforcement within required timeframes. DDP will initiate a parallel Critical Incident Investigation to review rules, policies, contractual obligations and programmatic procedures, regardless of whether or not a victim or a witness recants their testimony and any other organization is conducting an investigation of the alleged incident of abuse.

20. Abuse Allegation Involving Physical Injury to the Consumer

Definition: "Physical Injury" means death, permanent or temporary disfigurement, or impairment of any bodily organ or function. (MCA 52-3-803) "Temporary disfigurement" means bruises, lacerations or any visible skin injuries.

Critical Incident: Any incident involving an allegation of Physical Injury, as defined above, is automatically elevated and treated as a Critical Incident. Code 20 thru 25 if it is an allegation of abuse to the consumer or 26-30 if it is an allegation of abuse BY the consumer.

21. Abuse Allegation Involving Mental Injury to the Consumer

Definition: "Mental Injury" means an identifiable and substantial impairment of a person's intellectual or psychological functioning or well-being. (MCA 52-3-803)

Critical Incident: Any incident involving an allegation of Mental Injury, as defined above, is automatically elevated and treated as a Critical Incident. Code 20 -25 if it is an allegation of abuse to the consumer. Code 26-30 if it is an allegation of abuse BY the consumer.

22. Abuse Allegation Involving Exploitation of the Consumer

Definition: "Exploitation" means:

(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 in order 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, benefit, or possession of or interest in 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, benefit, or possession of or interest in the person's money, assets, or property;

(c) 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 done in the course of an offer or sale of insurance or securities in order to obtain control of or to divert to the advantage of another the ownership, use, benefit, or possession of 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, benefit, or possession of the person's money, assets, or property. (52-3-803, MCA)

Critical Incident: Any incident as defined above involving an allegation of Exploitation is automatically elevated and treated as a Critical Incident. Code 20-25 if it is an allegation of abuse to the consumer or 26-30 if it is an allegation of abuse BY the consumer.

23. Allegation of Neglect of the Consumer

Definition: "Neglect" means the failure of a person who has assumed legal 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. (MCA 52-3-803)

Critical Incident: Any incident as defined above involving the suspicion of or allegation of neglect is automatically elevated and reported as a Critical Incident. Code 20 -25 if it is an allegation of abuse to the consumer. Code 26-30 if it is an allegation of abuse BY the consumer.

24. Allegation of Sexual Abuse of the Consumer

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

SEXUAL ASSAULT: Knowingly subjecting another person to any sexual contact without consent.

SEXUAL INTERCOURSE WITHOUT CONSENT: Knowingly having sexual intercourse without consent with another person

INDECENT EXPOSURE: Knowingly or purposely exposing the person's genitals under circumstances in which the person knows the conduct is likely to cause affront or alarm in order to:

- (a) abuse, humiliate, harass, or degrade another; or
- (b) arouse or gratify the person's own sexual response or desire or the sexual response or desire of any person.

DEVIATE SEXUAL CONDUCT: Knowingly engaging in deviate sexual relations or causing another to engage in deviate sexual relations.

INCEST: (1) Knowingly marrying, cohabiting with, having sexual intercourse with, or having sexual contact with an ancestor, a descendant, a brother or sister of the whole or half blood, or any stepson or stepdaughter. The relationships referred to in this subsection include blood relationships without regard to legitimacy, relationships of parent and child by adoption, and relationships involving a stepson or stepdaughter.

(2) Consent is a defense under this section to incest with a stepson or stepdaughter, but consent is ineffective if the victim is less than 18 years old.

Critical Incident: Any incident as defined above involving an allegation of Sexual Abuse is automatically elevated and reported as a Critical Incident. Code 20 – 25 if it is an allegation of abuse to the consumer. Code 26-30 if it is an allegation of abuse BY the consumer.

25. Allegation of Mistreatment of the Consumer

Definition: The use of practices which are:

- a. Contra-indicated by a consumer's Individual Plan/Individualized Treatment Plan;
- b. Which do not follow accepted treatment practices and standards of care in the field of developmental disabilities; and/or
- c. Are not allowed as described within the laws or regulations of the State of Montana. This includes, but is not limited to the following:
 1. Use of any aversive procedure including use of:
 - stimuli, activities, or sprays/inhalants that are, or may be considered noxious, intrusive, or painful;
 - Use of electric shock;

- Water sprayed into the face;
 - Pinches and deep muscle squeezes;
 - Shouting, screaming or using a loud, sharp or harsh voice to frighten or threaten;
 - Use of obscene language;
 - Withholding of adequate sleep;
 - Withholding of adequate shelter or bedding;
 - Withholding bathroom facilities;
 - Withholding of warm clothes;
 - Withholding meals, essential nutrition or hydration; and/or
 - Use of facial or auditory screening devices;
2. Use of psychotropic medication, or behavioral intervention used to decrease inappropriate behavior which has not been approved by the Developmental Disabilities Program Review Committee and/or the provider agency's Human Rights Committee in compliance with laws or regulations of the State of Montana prior to implementation;
 3. Removal of a consumer's personal property as punishment;
 4. Unobserved time-out room or area used solely for time-out; and/or
 5. Use of chemical restraint instead of positive programs or medical treatment.

Critical Incident: Any incident as defined above involving an Allegation of Mistreatment is automatically elevated and reported as a Critical Incident.

**APPENDIX C of the Incident Management Policy
External Reporting Requirements for Critical Incidents**

Appendix B-2

<u>Type of Critical Incident</u>	<u>DDP (per ARM 37.34.15 02)</u>	<u>Case Manager (per ARM 37.34.1502)</u>	<u>Guardian or Next of Kin</u>	<u>Adult Protective Service* (per MCA 52-3-811) Client is age 18 or older.</u>	<u>Child Protective Service (per MCA 41-3-201) Client under age 18.</u>	<u>County Attorney (per MCA 52-3-811) Client is age 18 or older.</u>	<u>Long Term Care Ombudsman (per MCA 52-3-811) Client is age 18 or older.</u>	<u>DPHHS Licensure Bureau</u> <u>Clients in Licensed DD Group Home or Licensed Foster Home</u>
Allegation of Abuse causing Physical Injury	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.	Report to the Centralized Intake Bureau Hotline (1-866-820-5437) as soon as possible.	If the report involves a suspected act or omission of the Department, report to the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred.	If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Allegation of Client to Client Abuse causing Physical Injury	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident		If neglect by a caretaker, report to APS or local affiliate, as soon as possible.		If neglect by a State employee, report to County Attorney.		Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Allegation of Abuse causing Mental Injury	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.	Report to the Centralized Intake Bureau Hotline (1-866-820-5437) as soon as possible.	If the report involves a suspected act or omission of the Department, report to the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred.	If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Allegation of Client to Client Abuse causing Mental Injury	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident		If neglect by a caretaker, report to APS or local affiliate, as soon as possible.		If neglect by a State employee, report to County Attorney.		Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Allegation of Sexual Abuse	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.	Report to the Centralized Intake Bureau Hotline (1-866-820-5437) as soon as possible.	If the report involves a suspected act or omission of the Department, report to the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred.	If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.

<u>Type of Critical Incident</u>	<u>DDP (per ARM 37.34.15 02)</u>	<u>Case Manager (per ARM 37.34.1502)</u>	<u>Guardian or Next of Kin</u>	<u>Adult Protective Service* (per MCA 52-3-811)</u> Client is age 18 or older.	<u>Child Protective Service (per MCA 41-3-201)</u> Client under age 18.	<u>County Attorney (per MCA 52-3-811)</u> Client is age 18 or older.	<u>Long Term Care Ombudsman (per MCA 52-3-811)</u> Client is age 18 or older.	<u>DPHHS Licensure Bureau</u> Clients in Licensed DD Group Home or Licensed Foster Home
Allegation of Client to Client Sexual Abuse	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident.		If neglect by a caretaker, report to APS or local affiliate, as soon as possible.		If neglect by a State employee, report to County Attorney.		Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Allegation of Neglect	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.	Report to the Centralized Intake Bureau Hotline (1-866-820-5437) as soon as possible.	If the report involves a suspected act or omission of the Department, report to the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred.	If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Exploitation	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.		If the report involves a suspected act or omission of the Department, report to the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred.	If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Mistreatment	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident	If person is not a resident in a long term care facility, report to APS or local affiliate, as soon as possible.	Report to the Centralized Intake Bureau Hotline (1-866-820-5437) as soon as possible.		If the person is a resident in a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027(a)(12) and to APS.	Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Death	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident					Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.

<u>Type of Critical Incident</u>	<u>DDP (per ARM 37.34.1502)</u>	<u>Case Manager (per ARM 37.34.1502)</u>	<u>Guardian or Next of Kin</u>	<u>Adult Protective Service* (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Child Protective Service (per MCA 41-3-201)</u> <u>Client under age 18.</u>	<u>County Attorney (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Long Term Care Ombudsman (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>DPHHS Licensure Bureau</u> <u>Clients in Licensed DD Group Home or Licensed Foster Home</u>
Suicide Attempt	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident					
Emergency Hospitalization	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident					
Unaccounted for Absence	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident.					Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Substantial Changes in Residential or Vocational Placements w/out PSP Team Approval	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident					
Law Enforcement Involvement	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice no later than 2 hours after incident					Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.
Critical Medication Errors	QIS w/in 8 hours	Verbal notice no later than 8 hours after incident	Verbal notice ASAP and no later than 8 hours after incident					Must be reported to the local DPHHS Licensing Office within twenty-four (24) hours of the incident's occurrence.

<u>Type of Critical Incident</u>	<u>DDP (per ARM 37.34.15 02)</u>	<u>Case Manager (per ARM 37.34.1502)</u>	<u>Guardian or Next of Kin</u>	<u>Adult Protective Service* (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Child Protective Service (per MCA 41-3-201)</u> <u>Client under age 18.</u>	<u>County Attorney (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>Long Term Care Ombudsman (per MCA 52-3-811)</u> <u>Client is age 18 or older.</u>	<u>DPHHS Licensure Bureau</u> <u>Clients in Licensed DD Group Home or Licensed Foster Home</u>
All Other Incidents	In writing within 2 days, if reportable. W/in 8 hours, if critical	Verbal notice no later than 8 hours after incident	Verbal notice no later than 8 hours after incident					

***APS MCA 41-3-201 and 52-3-811) applies to the following:** “When the professionals and other persons listed in subsection (3) **know or have reasonable cause to suspect** that an older person or person with a developmental disability known to them in their profession or official capacities has been subjected to abuse, sexual abuse, neglect, or exploitation they shall (a) if the person is not a resident of a long-term facility, report the matter to: (i) the department or its local affiliate; or (ii) the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred;... (3)...(e) professionals and other persons required to report are: a person who maintains or is employed by a rooming house, retirement home or complex, nursing home, group home, adult day-care center, or personal care facility or an agency or individual that provides home health services or personal care in the home;...(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. (i) an employee of the department while in the conduct of the employee’s duties.

Confidential and anonymous reports can be made to Disability Rights Montana without breaching any confidentiality requirements. Reports to Disability Rights Montana do not relieve you of your mandatory reporting obligations.

APPENDIX B-3

INCIDENT MANAGEMENT POLICY FOR SELF DIRECTED SERVICES

Effective January 22, 2010

Appendix G of the Montana Developmental Disabilities Program Incident Management System Policy

I. Policy

It is the policy of the Department of Public Health and Human Services, Developmental Disabilities Program (DPHHS/DDP), that the identification of any Critical Incident(s) as defined in Appendix A of the Developmental Disabilities Incident Management policy, or reportable incidents involving Law Enforcement in which the reporting person has reasonable cause to suspect that the individual in services has been subjected to abuse, sexual abuse, neglect, exploitation or mistreatment through observation or discovery, must be immediately reported, be properly reviewed and/or investigated, and have proper actions implemented that strive to prevent and reduce future risk of harm to the individual in Self-directed Services.

The Developmental Disabilities Regional Manager will assign a Quality Improvement Specialist to investigate incidents of emergency hospitalization, allegations of abuse, neglect, mistreatment, exploitation and death.

Other agencies, such as Law Enforcement, Adult Protective Services (APS) and Child Protective Services, which are required by statute or regulation will be notified by the Regional Office Quality Improvement Specialist and will determine if their staff will conduct an investigation into the incident.

A core value of the Incident Management System policy is to encourage Individuals, families and the Department of Public Health and Human Services Developmental Disabilities Program to focus on proactive, preventative incident management supports to reduce the risk of harm to individuals in Self-directed Services.

This protocol identifies and addresses the Incident Management Policy requirements issued by the state of Montana Developmental Disabilities Program for individuals and families self-directing their Developmental Disabilities Services. It is intended to provide direction and guidance towards ensuring state and federal guidelines are met.

A state Quality Improvement Specialist is available through the regional office to provide technical assistance if requested by the individual or the family self-directing their services.

II. AUTHORITY

The authority of this policy is established in 42 USC Sec. 1396n(c); 42 CFR Sec. 441.302; 53-20-205, MCA; 52-3-801 through 52-3-825, MCA; 53-20-163, MCA; and in contract with the Department.

III. RESPONSIBILITIES

Under the scope of this policy the Department of Public Health and Human Services Developmental Disabilities Program and every employee of an individual and family self-directing their services is required to write or enter on line an incident Report on Critical Incidents as outlined in Appendix A, or reportable incidents involving law enforcement, rights restrictions or the ingestion of harmful substances. Incident Reports entered on line must be entered in the secure, electronic web-based application within 72 hours. A Hand written Incident Report on the state Incident Management Report Form must be submitted to the Developmental Disabilities Program Central Office. The written incident Report Form must be received by the Central Office within seven calendar days from the date of the discovery of the incident where it will be entered into the state, electronic, internet Incident Management System data-base within two working days. The individual or family choosing to self direct services must participate and cooperate with the individual conducting the investigation.

Any person who is found to have committed abuse, neglect, mistreatment or exploitation as defined by this policy, must be removed from contact with the individual in Self-directed Services and be subject to corrective action, discipline or termination.

IV. NOTIFICATIONS

Once an incident has been discovered the individual or the person who has observed or discovered the incident must follow the timelines for notification of the appropriate state or contracted staff as outlined in Appendix C of the Developmental Disabilities Program Incident Management Policy.

V. PROCESSES

The individual and/or the family self-directing services must have the following processes in place:

1. Procedures for promptly identifying and reporting critical incidents as defined in Appendix A: numbers 2,4,5,7,9,10,11,12,13, 17, 20 through 25;
2. Procedures for reporting "Reportable" Law Enforcement incidents (#19), as defined in Appendix A;

3. Procedures for reporting “Reportable” Rights Restriction incidents (#14), as defined in Appendix A;
4. Procedures for reporting “Reportable” Ingestion of Harmful Substances incidents (#18), as defined in Appendix A;
5. A requirement for prompt intervention when knowledge of harm, or the potential for harm is present;
6. Procedures for prompt medical assessment and/or treatment;
7. A requirement that any injury(s) suspected to be caused by abuse, neglect or mistreatment be immediately examined by a medical professional and classified as an allegation of abuse, neglect, or mistreatment and reported as required in Appendix A of the Incident Management Policy;
8. A requirement that any employee of the individual or their family, who is responsible for direct care services to the individual with Developmental Disabilities, receive in-service training in the elements of the Developmental Disabilities Program, Incident Management Policy. Training may be provided by the family, or the Support Broker.

INCIDENT REPORT

NAME OF PERSON _____	DATE OF INCIDENT _____
LAST FIRST	TIME OF INCIDENT AM PM
REGION 1 2 3 4 5	REPORTING PROVIDER: _____

SECTION 1 – DESCRIPTION OF INCIDENT

DESCRIBE WHAT HAPPENED: (who was involved, what happened before, during and after the incident, how long did it last, where did it happen)

ACTIONS TAKEN: _____

THIS INCIDENT WAS Witnessed or Discovered

NAME/TITLE OF REPORTER: _____ **SIGNATURE OF REPORTER** _____

(Circle Correct Number)

DATE: _____ **REPORTER CODE:** 1 Employee 2 Consumer 3 Family 4 TCM 5 DDP 6 Other _____

TIME: _____ AM PM **WITNESS NAMES:** _____ / _____ / _____

SECTION 2 – SUPERVISOR REVIEW

<p>TYPE OF INCIDENT</p> <p>PRIMARY CODE <input type="checkbox"/></p> <p>SECONDARY CODE <input type="checkbox"/></p> <ol style="list-style-type: none"> 1. Aspiration/Choking 2. Death 3. Discovery of Contraband 4. Hospitalization 5. Medication Error 6. Missing Person 7. Injury 8. Property Damage 9. Use of Mechanical Restraint 10. Use of Physical Restraint 11. Use of PRN Medication 12. Use of Exclusion Time Out 13. Use of Seclusion Time Out 14. Rights Violation 15. Seizure 16. Self Injurious Behavior (SIB) 17. Suicide Threat/Attempt 18. Ingestion of Harmful Substance 19. Law Enforcement Involvement <p>ALLEGATIONS OF ABUSE:</p> <p>Abuse to Consumer</p> <ol style="list-style-type: none"> 20. Abuse: Physical Injury 21. Abuse: Mental Injury 22. Abuse: Exploitation 23. Abuse: Neglect 24. Abuse: Sexual Abuse 25. Mistreatment <p>Abuse by Consumer Codes:</p> <ol style="list-style-type: none"> 26 Physical Abuse by the Consumer 27 Mental abuse by the Consumer 28 Exploitation by the Consumer 29 Neglect by the Consumer 30 Sexual abuse by the Consumer 	<p>CAUSE OF INCIDENT 0. Does Not Apply</p> <p>PRIMARY CODE <input type="checkbox"/> SECONDARY CODE <input type="checkbox"/></p> <table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> <p>CONSUMER ACTION:</p> <ol style="list-style-type: none"> 1. Fall 2. Ingested 3. Medical Condition 4. Accident 5. Physical Aggression 6. Provoked 7. Seizure 8. Self-Injurious Behavior 9. Other </td> <td style="width:33%; vertical-align: top;"> <p>EMPLOYEE ACTION:</p> <p>Name: _____</p> <ol style="list-style-type: none"> 10. Accident 11. Suspected A/N/M 12. Other Employee Action <p>OTHER CONSUMER ACTION:</p> <p>Initials: _____</p> <ol style="list-style-type: none"> 13. Accident 14. Physical Aggression 15. Provoked 16. Other </td> <td style="width:33%; vertical-align: top;"> <p>OTHER PERSON ACTION:</p> <p>NAME: _____</p> <ol style="list-style-type: none"> 17. Family Member 18. Individual in the Community 19. Visitor <p>HAZARDOUS CONDITION OF ACTION PROPERTY</p> <ol style="list-style-type: none"> 20. Equipment 21. Physical Environment 22. Unknown/Undetermined </td> </tr> </table> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>PRIMARY LOCATION</p> <p>ADDRESS (Incident Location) <i>(Include City)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; vertical-align: top;"> <p>SECONDARY LOCATION</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <ol style="list-style-type: none"> 1. Home – Inside – Bathroom 2. Home – Inside – Bedroom 3. Home – Inside – Hallway 4. Home – Inside – Kitchen/Dining 5. Home – Inside – Living Room 6. Home – Inside – Other 7. Home – Outside 8. Vehicle </td> <td style="width:50%;"> <ol style="list-style-type: none"> 9. Natural Home (Residence) 10. Natural Home (visit) 11. Day Program 12. Work 13. School 14. Community – Supervised 15. Community – Unsupervised 16. Unknown </td> </tr> </table> <p style="text-align: right;">CODE <input type="checkbox"/></p> </td> </tr> </table> <p>Incident Category: <input type="checkbox"/> Internal <input type="checkbox"/> Reportable <input type="checkbox"/> Critical <input type="checkbox"/> Elder Abuse Act – Attach IR Addendum</p> <p>ACTIONS TAKEN: _____</p> <p>_____</p>	<p>CONSUMER ACTION:</p> <ol style="list-style-type: none"> 1. Fall 2. Ingested 3. Medical Condition 4. Accident 5. Physical Aggression 6. Provoked 7. Seizure 8. Self-Injurious Behavior 9. Other 	<p>EMPLOYEE ACTION:</p> <p>Name: _____</p> <ol style="list-style-type: none"> 10. Accident 11. Suspected A/N/M 12. Other Employee Action <p>OTHER CONSUMER ACTION:</p> <p>Initials: _____</p> <ol style="list-style-type: none"> 13. 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Community – Unsupervised 16. Unknown </td> </tr> </table> <p style="text-align: right;">CODE <input type="checkbox"/></p>	<ol style="list-style-type: none"> 1. Home – Inside – Bathroom 2. Home – Inside – Bedroom 3. Home – Inside – Hallway 4. Home – Inside – Kitchen/Dining 5. Home – Inside – Living Room 6. Home – Inside – Other 7. Home – Outside 8. Vehicle 	<ol style="list-style-type: none"> 9. Natural Home (Residence) 10. Natural Home (visit) 11. Day Program 12. Work 13. School 14. Community – Supervised 15. Community – Unsupervised 16. Unknown
<p>CONSUMER ACTION:</p> <ol style="list-style-type: none"> 1. Fall 2. Ingested 3. Medical Condition 4. Accident 5. Physical Aggression 6. Provoked 7. Seizure 8. Self-Injurious Behavior 9. Other 	<p>EMPLOYEE ACTION:</p> <p>Name: _____</p> <ol style="list-style-type: none"> 10. Accident 11. Suspected A/N/M 12. Other Employee Action <p>OTHER CONSUMER ACTION:</p> <p>Initials: _____</p> <ol style="list-style-type: none"> 13. Accident 14. Physical Aggression 15. Provoked 16. Other 	<p>OTHER PERSON ACTION:</p> <p>NAME: _____</p> <ol style="list-style-type: none"> 17. Family Member 18. Individual in the Community 19. Visitor <p>HAZARDOUS CONDITION OF ACTION PROPERTY</p> <ol style="list-style-type: none"> 20. Equipment 21. Physical Environment 22. Unknown/Undetermined 						
<p>PRIMARY LOCATION</p> <p>ADDRESS (Incident Location) <i>(Include City)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>SECONDARY LOCATION</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <ol style="list-style-type: none"> 1. Home – Inside – Bathroom 2. Home – Inside – Bedroom 3. Home – Inside – Hallway 4. Home – Inside – Kitchen/Dining 5. Home – Inside – Living Room 6. Home – Inside – Other 7. Home – Outside 8. Vehicle </td> <td style="width:50%;"> <ol style="list-style-type: none"> 9. Natural Home (Residence) 10. Natural Home (visit) 11. Day Program 12. Work 13. School 14. Community – Supervised 15. Community – Unsupervised 16. Unknown </td> </tr> </table> <p style="text-align: right;">CODE <input type="checkbox"/></p>	<ol style="list-style-type: none"> 1. Home – Inside – Bathroom 2. Home – Inside – Bedroom 3. Home – Inside – Hallway 4. Home – Inside – Kitchen/Dining 5. Home – Inside – Living Room 6. Home – Inside – Other 7. Home – Outside 8. Vehicle 	<ol style="list-style-type: none"> 9. Natural Home (Residence) 10. Natural Home (visit) 11. Day Program 12. Work 13. School 14. Community – Supervised 15. Community – Unsupervised 16. Unknown 					
<ol style="list-style-type: none"> 1. Home – Inside – Bathroom 2. Home – Inside – Bedroom 3. Home – Inside – Hallway 4. Home – Inside – Kitchen/Dining 5. Home – Inside – Living Room 6. Home – Inside – Other 7. Home – Outside 8. Vehicle 	<ol style="list-style-type: none"> 9. Natural Home (Residence) 10. Natural Home (visit) 11. Day Program 12. Work 13. School 14. Community – Supervised 15. Community – Unsupervised 16. Unknown 							
SIGNATURE: _____	PRINT NAME: _____	DATE: _____	TIME: _____	AM PM				

SECTION 3 – INCIDENT MANAGEMENT COORDINATOR REVIEW

ACTIONS TAKEN: _____

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____ **TIME:** _____ **AM PM**

SECTION 4 – MEDICAL/INJURY ASSESSMENT/TREATMENT

DESCRIBE ASSESSMENT/TX GIVEN: _____

X-ray Abdominal Thrust CPR Hospital Emergency Room Hospitalization-Medical Hospitalization – Psychiatric

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____ **TIME:** _____ **AM PM**

(Circle Correct Number)

INJURY SEVERITY CODE 1. No Apparent Injury 2. Minor Injury (1st aid) 3. Serious Injury (suture/fracture) 4. Severe Injury (hosp. admission)

TYPE OF INJURY PRIMARY CODE <input type="checkbox"/>	0. No Apparent Injury SECONDARY CODE <input type="checkbox"/>	CAUSE OF INJURY PRIMARY CODE <input type="checkbox"/>	SECONDARY CODE <input type="checkbox"/>
1. Abrasion/Scrape/Scratch	13. Infection	1. Animal	14. Heat/Cold
2. Airway Obstruction	14. Lesion	2. Bumped/Stubbed	15. Hit/Slap
3. Allergic Reaction	15. Loss of Consciousness	3. Chemical Burn	16. Human Bite/Scratch
4. Bite/Sting	16. Puncture	4. Choke on Food Object	17. Ingestion
5. Burn/Blister		5. Drug/Alcohol Use	18. Insect
6. Bruise/Contusion	18. Reddened Area	6. Environmental Hazard	19. Kick
7. Concussion	19. Soft Tissue Swelling	7. Equipment Problem	20. Medication Error
8. Cut/Laceration	20. Sprain	8. Escort	21. Medication Use
9. Cut/Laceration w/sutures	21. Strain	9. Fall/Slip/Trip	22. Pinched
10. Dislocation	22. STD	10. Food/Drink	23. Provoked
11. Fracture	23. Sunburn	11. Grab/Hold	24. Push/Shove
12. Hematoma	24. Frostbite	12. Hair Pull	25. Restraint, Chemical
	25. Other	13. Head Bang	26. Restraint, Manual
			27. Restraint, Mechanical
			28. Rub/Friction
			29. Self-Injurious Behavior
			30. Sexual Trauma/Injury
			31. Sharp Object
			32. Thrown Object
			33. Twisting
			34. Vehicle Accident
			35. Undetermined
			36. Other

PRIMARY INJURY LOCATION PRIMARY CODE <input type="checkbox"/>	SECONDARY CODE <input type="checkbox"/>	SIDE OF BODY PRIMARY CODE <input type="checkbox"/>	SECONDARY CODE <input type="checkbox"/>
1. Scalp	6. Cheek	11. Chin	16. Elbow
2. Face	7. Mouth	12. Neck	17. Forearm
3. Eye	8. Teeth	13. Collarbone	18. Wrist
4. Nose	9. Tongue	14. Shoulder	19. Hand
5. Lips	10. Throat	15. Upper Arm	20. Finger
			21. Thumb
			22. Chest
			23. Breast
			24. Back
			25. Ribs
			26. Abdomen
			27. Buttocks
			28. Anus
			29. Genitalia
			30. Thigh
			31. Knee
			32. Shin
			33. Calf
			34. Ankle
			35. Heel
			36. Instep
			37. Toes
			38. Ear
			39. Hip
			40. Foot
		1. Front	4. Center
		2. Back	5. Left
		3. Both Sides	6. Right
			7. Lower
			8. Upper
			9. Internal

SECTION 5 – NOTIFICATION

Notification Codes: 1 Phone 2 Fax 3 E-mail 4 Mail 5 Personal Contact

	Date	Time	Contacted By	N. Code
<input type="checkbox"/> Case Manager _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> QIS _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> Family/Legal Guardian _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> APS/CPS _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> Other _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> Other _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> Other _____	_____	____ AM PM	_____	_____
<input type="checkbox"/> Other _____	_____	____ AM PM	_____	_____

SECTION 6 – INCIDENT REVIEW COMMITTEE

ACTIONS TAKEN: _____

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____ **TIME:** _____ **AM PM**

SECTION 7 – INVESTIGATION

Investigator: _____ **Print Name:** _____ **Case Number:** _____
Date Opened: _____ **Time:** _____ **AM PM**
Date Closed: _____

APPENDIX C

Developmental Disabilities Program Contact List

**Central Office
Self-Directed Services Specialist**

Kathy Zeeck
kzeeck@mt.gov
406-444-5482

Training & Development Specialist

Bill Heinecke
wheinecke@mt.gov
406-444-6952

Region I

(Glasgow, Miles City, Glendive, Westby, Colstrip, Lame Deer, Malta,
Plentywood, Sidney, Wolf Point)

Regional Office

226 6th St. So.
Box 472
Glasgow, MT 59230
406-232-2595
FAX: 232-0885

Satellite Office

114 N. 7th
Miles City, MT 59301
406-228-8264
FAX: 228-8263

Region II

(Great Falls, Havre, Conrad, Browning, Big Sandy, Choteau, Shelby, Harlem)

Regional Office

201 1st St. So., Suite 3
Great Falls, MT 59275
406-454-6085
FAX: 454-6082

Region III

(Billings, Red Lodge, Lewistown, Hardin)

Regional Office

2121 Rosebud Dr., Suite C-1
Billings, MT 59102
406-655-7602
FAX: 652-1895

Region IV

(Helena, Bozeman, Butte, Anaconda, Boulder, Dillon, Livingston)

Regional Office

3075 N. Montana, Rm 110
PO Box 202995
Helena, MT 59601
406-444-1304
FAX: 444-0826

Satellite Offices

300 N Wilson Ave, Suite 3001
Bozeman, MT 59715
406-587-6066
FAX: 586-8924

700 Casey, Suite A
Butte, MT 59701
496-4922
FAX: 782-8728

Region V

(Missoula, Kalispell, Polson, Hamilton, Plains, Libby, Ronan)

Regional Office

2675 Palmer St., Suite B
Missoula, MT 59808
406-329-5415
FAX: 320-5490

Satellite Office

121 Financial Drive, Suite B
Kalispell, MT 59901
406-751-5930
FAX: 751-5944

APPENDIX D

RESOURCES FOR FIRST AID AND CPR TRAINING IN MONTANA

First Aid Certification Website: (first aid is mandatory for all employees)

American Red Cross

www.redcross.org

***other websites that offer first aid training are acceptable as long as a certificate of completion can be obtained from that organization.

CPR Training Resources (optional training for employees)

American Heart Association

www.heart.org

Billings Clinic

Training Center ID: MT05589

2800 10th Ave N Attn: Training Center

Billings, Montana 59191-0703

406-657-4228

kdeckard@billingsclinic.org

<http://billingsclinic.com/ctc>

Montana Health Network Training Center

Training Center ID: MT05591

928 10th Ave N

Glasgow, MT 59230-1538

406-228-8408

eschuchard@montanahealthnetwork.com

<http://www.montanahealthnetwork.com>

Community Medical Center

Training Center ID: MT04031

2827 Fort Missoula Rd

Missoula, MT 59804-7408

406-327-4173

Chouteau County EMS Council
Training Center ID: MT04028
1308 Franklin Chouteau Count Courthouse
Fort Benton, MT 59442-1204
406-622-3751

Kalispell Regional Medical Center
Training Center ID: MT04034
Sunnyview Ln
Kalispell, MT 59901-3129
406-752-5111

Heartbeat, Great Falls
Training Center ID MT04029
1919 17th Ave S Great Falls, MT 59405-4870
406-761-3458

Bozeman Deaconess Hospital
Training Center ID: MT20474
915 Highland Blvd
Bozeman, MT 59715-6902
406-522-1644
<http://www.bozemandeaconess.org>

St. Peter's Hospital
Training Center ID: MT15571
2475 E Broadway St
Helena, MT 59601-4928
406-444-2130
tterry@stpetes.org
<http://www.stpetes.org>

Crow Agency PHS Hospital
Training Center ID: 10689
Crow Agency, MT

Glendive Medical Center
Training Center ID: 10687
Glendive, MT

Jolt CPR!
Training Center ID: 10056
The Commons at Baxter & Love lane
Bozeman, MT 59718
Julie Evans 579-3703
Cherry Eustace 581-4738
joltcpr@gmail.com

APPENDIX E

SAMPLE EMLOYER FORMS –

(These forms are not mandatory. The forms can be printed and used as they are if the employer likes them, or can be altered to adapt to specifics of the individual and/or employer)

- E-1 Sample Job Application
- E-2 Sample Job Description
- E-3 Sample Performance Evaluation
- E-4 Sample Reference Check Form
- E-5 Sample of Service Documentation

Job Application

Name _____

Address _____

Phone Numbers: Home _____ Work _____
Other _____

Social Security Number _____

Date available to start work _____

Hours willing to work (please check all that apply):

_____ Full Time _____ Days
_____ Part Time _____ Nights
_____ Weekends

Are you willing to do emergency work and be "On Call", if needed?

Do you have a reliable means of transportation? _____

Do you have a valid driver's license? _____

Have you been convicted of a felony or misdemeanor or other offense? _____ If so, please explain _____

List your past three employers, job responsibilities, and beginning and end dates of employment:

Employer	Job Responsibilities	Dates

What experience do you have that may relate to and be helpful in this job? _____

Why do you feel that you would be good for this job? _____

Expected Wages: _____

References: (List at least two)

1. Name: _____

Address: _____

How does this person know you? _____

How long has this person known you? _____

2. Name: _____

Address: _____

How does this person know you? _____

How long has this person known you? _____

3. Name: _____

Address: _____

How does this person know you? _____

How long has this person known you? _____

Signature Date _____

Personal Supports Worker Job Description

CRITICAL JOB ELEMENTS:

Provide services as assigned, including bathing, dressing, bowel and bladder management, transferring from bed to wheelchair, meal preparation, light housekeeping, and other tasks as requested.

Job involves lifting and bending.

Limited amount of travel.

HOURS:

Monday – Friday: hours are from 8:00 A.M. to 2:00 P.M.

Saturday and Sunday: hours are from 10:00 A.M. to 6:00 P.M.

KNOWLEDGE, SKILLS, ABILITIES:

Must be reliable, punctual, neat, and organized, willing to perform tasks as requested, willing to learn job requirements, able to follow instructions. I am looking for someone who wants job on a long-term basis and who agrees to follow health and safety precautions.

No prior experience is required; must be willing to learn.

Be certified in CPR/First Aid and maintain certification during employment.

OTHER REQUIREMENTS/CONSIDERATIONS:

1. If assistant decides to discontinue employment, he/she must be willing to continue working until a replacement is found.
2. Prefer non-smoker, no pets, no children brought into my home and no personal visitors while on the job; not to use any of my personal possessions to include food and use of my telephone.

COMPENSATION:

Salary Range: \$ _____.

Performance Evaluation

Employee's Name: _____ Date of Hire: _____

Each area is coded as follows:

1 (poor), 2 (below expectations), 3 (mostly meets expectations),
4 (meets expectations), 5 (exceeds expectations)

Area evaluated	1	2	3	4	5
Punctuality Comments:					
Reliability Comments:					
Ability to do required tasks Comments:					
Respectful Comments:					
Shows initiative Comments:					
Organized Comments:					
Other: Comments:					

Goals for next 6 months / year:

Employee comments:

Signature of Employer: _____ Date: _____

Signature of Employee: _____ Date: _____

Employee Performance Evaluation

(completed by individual in services)

This is how I feel when _____ ... Name			
Comes to visit			
Helps me with my chores			
Makes me do my home work			
Takes me to her house			
Fixes my favorite foods			
Helps me in the bathroom			
Uses my communication book			
Plays outdoors with me			
Helps me at bedtime			
Makes me eat healthy meals			

	Going really well	We could make some changes	We need to fix this
Meals			
Baths			
Schedule			
Transportation			
Communication			
Transfers			
Choice and control			
Helping out			

Employee Reference Check Form

Support Worker Name: _____

Date: _____ Person Called: _____

How do you know _____ (name of the applicant)?

Dates Employed: _____

Attendance Record: _____

How would you rate this person's work: Excellent: _____ Good: _____
Below Average: _____?

What were the best things about this person? _____

What are the weak points of this person? _____

Would you recommend this person? Yes: _____ Yes, with some
concerns: _____ No: _____

Would you hire this person again? Yes: _____ Yes, with some
concerns: _____ No: _____

Reference check done by: _____

E-5 (Sample) PROGRESS NOTES FOR Charlie

Date	Service provided (Ex. Respite, Personal Supports)	Employee Time in and Time out	What activity did the person do? (What, where, when, etc.)	Who was there? (Names of staff, friends, others)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work well? What did the person not like about the activity? What needs to be different?
3/1/11	Respite	1:00-3:00	health club for hot tubbing	Charlie, Aaron, John, Trina	He liked the long warm soak part. He especially liked floating on his back w/ Aaron's support. Saw lots of smiles.	He did not like getting rain on his face getting into the van. Take umbrella next time it looks like rain.
3/4/11	Personal Supports	4:00-5:30	Shopping downtown w/a walk	Charlie + Aaron	Charlie got very excited + yelled out a few times when we were looking at video games.	Construction downtown made over time not as fun. The smell of fumes made Charlie's eyes water.
3/5/11	Personal Supports	4:00-5:30	dinner + reading w/new glasses	Charlie + Tina	Had dinner w/Charlie. He liked stinging the corn. After dinner we read a fishing magazine. Glasses helped	Charlie didn't like the car magazine.
3/6/11	Respite	10:00-12:00	fishing at Spring Meadow Lake	Charlie + Aaron	Charlie liked catching fish + got so excited he didn't want to leave. Make sure to have hat + sunscreen.	Need to figure out a way for Charlie to hold his pole more on his own.

PROGRESS NOTES FOR _____

Date	Service provided (Ex. Respite, Personal Supports)	Employee Time in and Time out	What activity did the person do? (What, where, when, etc.)	Who was there? (Names of staff, friends, others)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work well? What did the person not like about the activity? What needs to be different?
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APPENDIX F

TRAINING PLAN CHECKLIST
(mandatory at the planning meeting)

**Developmental Disabilities Program
Self Directed Services
Training Plan Checklist**

Training Plan For:

Name	Date
-------------	-------------

Instructions: Record below *who* will provide the training and how (Example: parents, therapist, youth, *when* they will train (timeline), and *how* they will train (Example: write out directions, make videotape, show/practice)

People who support me need certifications. Put an "X" next to the ones that apply:			
<i>Training</i>	<i>Who will train</i>	<i>When</i>	<i>How</i>
CPR			
Medication administration			
MANDT			
Massage therapy			
Orientation and mobility training			
Certified nursing assistant			
Other			

People who support me need general information. Put an "X" next to the ones that apply:			
<i>Training</i>	<i>Who will train</i>	<i>When</i>	<i>How</i>
Behavior intervention			
Age – appropriate intervention			
Managing specific disabilities (Example: autism)			
Become familiar with my home and neighborhood			
Locate and be familiar with my emergency back-up plan			
Other (Specify):			

People who support me need specific instruction in/to:			
<i>Training</i>	<i>Who will train</i>	<i>When</i>	<i>How</i>
HEALTH Put an "X" next to the ones that apply:			
Assist with medications			
Manage symptoms of illness			

	Follow special health procedures			
	Use special health equipment			
	Seizure Management			
	Other (Specify):			
MOBILITY Put an "X" next to the ones that apply:				
	Lifting and transferring			
	Help with moving about (use walker, cane etc)			
	Transporting in a vehicle			
	Orientation and mobility training for visually impaired			
	Other (Specify):			
ROUTINES Put an "X" next to the ones that apply:				
	Assist with daily routine			
	Assist to wake up or get to sleep			
	Assist with feeding, diet or meals			
	Assist with hygiene: dress/bath/ shave/care for menses			
	Assist in play/recreation activities			
	Other (Specify):			
INTERACTING Put an "X" next to the ones that apply:				
	Communicate with			
	Gain trust and cooperation			
	Understand likes and dislikes			
	Other (Specify):			
BEHAVIOR Put an "X" next to the ones that apply:				
	Help to contact others/make friends			
	Respond to refusals/frustration behavior			

	Carry out behavior intervention plan			
	Respond to fearfulness or sensitivity			
	Respond to repeated behaviors			
	Assist in relaxing after a stressful episode			
	Other (Specify):			

SAFETY	Put an "X" next to the ones that apply:			
---------------	--	--	--	--

	Prevent from wandering			
	Help to avoid high risk behavior			
	Assist in use of special equipment			
	Other (Specify):			

--	--	--	--	--

APPENDIX G

OTHER IMPORTANT RESOURCES

Addictive & Mental Disorders Division

Phone: (406) 444-3964

The mission of the Addictive and Mental Disorders Division (AMDD) of the Montana Department of Public Health and Human Services is to implement and improve an appropriate statewide system of prevention, treatment, care, and rehabilitation for Montanans with mental disorders or addictions to drugs or alcohol.

Website - <http://www.dphhs.mt.gov/amdd/>

Adult Protective Services (APS)

Toll Free: 800-551-3191 (Information Line)

APS is an agency given authority by the Montana legislature to investigate reports of abuse, neglect, and exploitation of individuals over 60 years of age or developmentally disabled and over 18 years of age. In instances of imminent danger to the individual, APS may remove the individual from danger and arrange for a safe, temporary living situation.

Website -

<http://www.dphhs.mt.gov/sltc/services/APS/index.shtml>

Children's Mental Health Division

Phone: (406) 444-2995

State funded mental health services for children under age 18 are administered through the Children's Mental Health Bureau of the Health Resources Division of the Montana Department of Public Health and Human Services.

Website -

<http://www.dphhs.mt.gov/mentalhealth/children>

Child Protective Services (CPS)

Hotline: 866-820-5437 (toll free, 24 hours)

Hotline: 866-341-8811 (TTY-hearing-impaired)

To protect children who have been or are at substantial risk of abuse, neglect or abandonment. We strive to assure that all children have a family who will protect them from harm. We recognize the protective capacities of families and incorporate them in assessments, decision making and actions with the goal of improving safety, permanency and well being for children.

Website - <http://www.dphhs.mt.gov/cfsd/index.shtml>

Children's Special Health Services (CSHS)

Phone: (406) 444-3622 (local)

Toll Free: 800-762-9891 (in the state of MT)

CSHS supports the development and implementation of comprehensive, culturally competent, coordinated systems of care for children and youth who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

Website - <http://www.cshs.mt.gov>

• **Email** - cshs@mt.gov

Developmental Disabilities Program

Phone: (406) 444-2995

DDP supports choices and opportunities for people with developmental disabilities in their communities.

Website -

<http://www.dphhs.mt.gov/dsd/ddp/index.shtml>

Disability Rights Montana (DRM)

Phone: (406) 449-2344 | Toll Free: 800-245-4743

DRM protects and advocates for the human, legal, and civil rights of Montanans with disabilities while advancing dignity, quality, and self determination.

Website - <http://www.disabilityrightsmt.org>

• **Email** - advocate@disabilityrightsmt.org

Family Support Services Advisory Council (FSSAC)

The mission of the Family Support Services Advisory Council is to provide consumer and professional guidance to local and State agencies who plan and provide services that support families in raising their children with developmental disabilities at home within Montana's communities.

Website - <http://www.dphhs.mt.gov/fssac/>

Medicaid Fraud Control Unit (MFCU)

Medicaid Fraud Hotline (800) 376-1115

Phone: 406-444-4606

The Medicaid Fraud Control Section is responsible for investigating any crime that occurs in a health care facility, including theft, drug diversion, sexual assault and homicide. The section also investigates elder exploitation, elder abuse and fraud by providers within the Medicaid system. This may include investigations into doctors, dentists, durable medical equipment companies, mental health providers and other Medicaid providers.

Website -

<http://www.doj.mt.gov/enforcement/criminalinvestigation/>

Montana Council on Developmental Disabilities (MCDD)

Phone: (406) 443-4332 | Toll Free: 866-443-4332

The Montana Council on Developmental Disabilities is a citizen based advocacy group. Its members, appointed by the Governor, work to provide increased independence, integration and productivity for persons with developmental disabilities

Website - <http://www.mtcdd.org>

• **Email** - deborah@mtcdd.org / dee@mtcdd.org

MCDD Service Directory: *The purpose of this directory is to provide a telephone and address list of the organizations and agencies that provide services and/or support to people in Montana with developmental disabilities.* **Website -** http://www.mtcdd.org/pdf_files/Directory-2010-04-21.pdf

Montana Developmental Center (MDC)

Phone: (406) 225-4411

MDC is a residential facility for adults with a developmental disability that provides 24-hour care for those with the most severe behaviors or severe self-help deficits.

Website -

<http://www.dphhs.mt.gov/dsd/institutions.shtml>

Montana Home Choice Coalition

Phone: (406) 449-3120

MHCC aims to create better community housing choices for all people with disabilities by working through a coalition of Montana citizens, advocates, providers, federal, state, and local agencies, the housing finance community, realtors, and the home-building industry.

Website - <http://www3.aware-inc.org/awareinc/montanahomechoice/main.asp>

• **Email -** montanahomechoice@awareinc.org

Parents, Let's Unite for Kids (PLUK)

Phone: (406) 255-0540 | Toll Free: 800-222-7585

Provides information, training and support to insure that families of children with disabilities have access to high quality services.

Website - <http://www.pluk.org>

• **Email -** info@pluk.org

PEER - Montana Peer Network

Montanans with unique brain chemistries including mental illness and substance use issues, who are on the path to recovery and wellness. A consumer run organization providing opportunities for individuals and communities. fostering hope, encouraging personal responsibility, providing peer support and education and engaging in advocacy.

Website - <http://www.montanapeernetwork.org/>

People First

People First Of Montana started in 1994 with the formation of local chapters across the state. In 2000, representatives of local chapters came together to form a statewide organization, the People First of Montana Senate. People First works corroboratively with other organizations as issues arise on a local or state level that negatively impact people with disabilities.

Website - <http://peoplefirstmt.org/>

Supplemental Security Income (SSI)

Toll Free: 800-772-1213 | TTY: 800-325-0778

The SSI Program pays benefits to disabled adults who have limited income and resources.

Website - <http://www.ssa.gov/ssi>

The University of Montana Rural Institute

Phone: (406) 243-5467 | Toll Free: 800-732-0323

A Center for Excellence in Disability Education, Research, and Service, is part of the national network of programs funded by the Federal Administration on Developmental Disabilities (ADD) committed to increasing and supporting the independence, productivity, and inclusion of persons with disabilities into the community.

Website - <http://ruralinstitute.umt.edu/>

• **Email -** rural@ruralinstitute.umt.edu

Vocational Rehabilitation Services

Phone: (406) 444-2590 | Toll Free: 877-296-1197

To promote work independence for Montanans with disabilities.

Website - <http://www.dphhs.gov/dsd/mvr.shtml>