DEVELOPMENTAL DISABILITIES PROGRAM
INCIDENT MANAGEMENT MANUAL

July 1, 2024

Contents

Section 1 - Introduction

Incident Management Principles

This manual is intended to provide guidance for both Developmental Disabilities Program (DDP) staff and providers to support and ensure the health and safety of persons with developmental disabilities while receiving services funded by DDP. People should have a quality of life that is free of abuse, neglect, exploitation, and unnecessary risk of harm or threat to their well-being. A provider's incident management system must include a systemic incident approach that focuses on prevention and staff involvement to provide safe environments for the people they serve. Quality starts with those who work most closely with the people receiving services. Terms used in this manual are defined in Section 10. The incident management procedures for the Montana Department of Public Health and Human Services (DPHHS), DDP must be followed when an incident occurs during the course of delivery of DDP-funded services including Children, Adult, and Self-Directed services. The manual identifies and addresses requirements for staff and functions of DDP's Data Management System (DMS) DDP. Providers and individuals self-directing services are required to use DDP's DMS to report, track, and follow-up on incidents.

DDP requires the implementation of a plan of action to prevent the recurrence of similar incidents. This, along with other required activities, allows providers to be proactive in their responsibilities to reduce the risk of harm to persons receiving DDP-funded services. Incident management reporting includes the ability to identify common or recurring incidents, recurring deficiencies, and outlier incidents for aggregating and analyzing findings and trends.

Data Management System (DMS): Purpose

The purpose of the DDP's DMS is:

- Identify adverse events, potential jeopardy, and factors related to risk;
- Notify the team involved in the planning and support of the person;
- Trigger a response to protect the person and to minimize further risk to the person and others, including notification of any external agencies, such as Adult Protective Services (APS), Child Protective Services (CPS), and/or the DPHHS Office of Inspector General (OIG) Licensure Bureau, if applicable.
- Provide the ability to collect and analyze information about persons, services, providers, and the service delivery system; and
- Provide the capacity to identify patterns and trends in order to guide service improvement efforts. Claims data can also be utilized to ensure incident management reporting is occurring pursuant to policy requirements.

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/or exploitation involving a person with a developmental disability is subject to the confidentiality provisions of 52-3-813, MCA.

Section 2 – Incident Categories

Incident Reports (IRs) are entered into DDP's DMS. All incidents must be reviewed by the provider's Incident Management Committee as described below. "Incident" is defined as follows:

Incident: Significant events, acts or omissions not otherwise permitted which compromise or may compromise the safety and well-being of a person, or which may result in physical or emotional harm to the person, or which intentionally or unintentionally deprive a person of rights, including:

(a) death;
(b) harm or illness requiring hospitalization;
(c) complaints or illness of an extended nature;
(d) harm of a staff member due to actions of a person
(e) suicide attempts;
(f) a change in residential or work placement without approval of the person's planning team;
(g) alleged unlawful activities by or affecting a person;
(h) abuse, exploitation, neglect or sexual abuse;
(i) rights violations;
(j) types of mistreatments, including but not limited to, harassment, intimidation, sexual coercion, verbal aggression;
(k) an unaccounted-for absence;
(l) significant property damage caused by the person; or
(m) any behavior requiring the use of an emergency procedure as provided for in ARM 37.34.1401 et seq. Reference, ARM 37.34.102.

An important component of DDP's DMS is the classification of incidents people may experience when receiving services. Incidents are classified into three (3) categories:

1. Critical;
2. Non-Critical; and
3. Internal.

CRITICAL INCIDENTS:
A critical incident is a significant event, act, or omission, not otherwise permitted, that has compromised the safety and well-being of a person. A critical incident is an event that requires an immediate response to protect the person and minimize risk. All critical incidents must be reported and require an investigation.

NON-CRITICAL INCIDENT:
A non-critical incident is a significant event, act, or omission, not otherwise permitted, that may compromise the safety and well-being of a person. A non-critical incident is an event that requires a timely, but not immediate, response to protect the person and minimize risk.

INTERNAL INCIDENTS:
Other incidents that do not fall into the critical or non-critical categories are considered internal incidents. Internal incidents can be reported, but it is not required.

Critical Incidents that occur outside the delivery of DDP services:

Incidents that would be categorized as critical and occur outside the delivery of DDP services must be reported by the provider agency staff, DDP staff, or targeted case manager (TCM) who learns of the incident.

Incidents that involve alleged "Abuse," "Neglect," and/or "Exploitation" (ANE) must be reported as "critical."

Although it may be challenging to investigate allegations of ANE that occur outside the delivery of DDP services, it is still important to document these incidents. This provides the planning team with information to identify any changes that may be needed to the person's services or Plan of Care (POC).

All other incidents (incidents that do not constitute alleged ANE) that would be categorized as critical and occur outside the delivery of DDP services are reported as non-critical.

Section 3 – Incident Notifications

Notification of all critical and non-critical incidents should be made immediately, but no later than eight (8) hours after the incident occurs. to the person's legal representative, if any. Notifications will be made via phone call, email, text, or written form if the legal representative does not utilize the DDP's DMS.

Notification of all critical incidents, for persons living in a licensed facility, should be made to OIG.

Notification of all critical and non-critical incidents should be made to the planning team, DDP, and any providers serving the same person, and APS or CPS (in the case of suspected abuse, neglect, and exploitation) within twenty-four (24) hours of any incident. Entry of an incident report into DDP's DMS is considered notification for those who have access to the system.

Section 4 – Suspected Abuse, Neglect, or Exploitation

Note: All suspected abuse, neglect, and/or exploitation must be reported to APS, CPS, or law enforcement, as 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. Additionally, upon notification of an APS or CPS investigation to DDP and/or the provider, an Incident Report (IR) shall be created by the provider in DDP's DMS.

Abuse, Neglect, and Exploitation Definitions

Abuse: (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; or (c) the causing of personal degradation of an older person or a person with a developmental disability in a place where the older person or person with a developmental disability has a reasonable expectation of privacy. Reference, Mont. Code Ann., § 52-3-803

Sexual Abuse: The commission of sexual assault, sexual intercourse without consent, indecent exposure, deviate sexual conduct, incest, or sexual abuse of children as described in Title 45, chapter 5, part 5, and Title 45, chapter 8, part 2. Reference, Mont. Code Ann., § 52-3-803

Neglect: 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. Reference, Mont. Code Ann., § 52-3-803

Exploitation: (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. Reference, Mont. Code Ann., § 52-3-803

Mental Injury: An identifiable and substantial impairment of a person's intellectual or psychological functioning or well-being. Reference, Mont. Code Ann., § 52-3-803

Physical Injury: Death, permanent or temporary disfigurement, or impairment of any bodily organ or function. Reference, Mont. Code Ann., § 52-3-803

HCBS Settings Violations (42 CFR §441.301(c)(4))

The HCBS final rule requires that all home and community-based settings meet certain qualifications. Several of these qualifications include ensuring that:

1) the setting integrates and supports full access to the greater community;
2) an individual's privacy interests, dignity and respect, and freedom from coercion and restraint are not compromised to the greatest extent possible;
3) an individual's initiative, autonomy and independence in making life choices is optimized;
4) an individual's choice of services, and who provides them, is facilitated; and

5) the provider owned or controlled setting ensures individuals have privacy in their unit, including but not limited to:

a) lockable doors;
b) choice of roommates;
c) freedom to furnish and decorate their unit;
d) individual control over his/her own schedule (including access to food at any time); and
e) full visitor access (individuals can have visitors at any time).

Any modification to these requirements for provider-owned home and community-based residential settings must be supported by a specifically assessed need and must be justified in the person-centered service plan. For more information please see: Home & Community Based Services Final Regulation | Medicaid

Mandatory Reporter Requirements

Requirements applicable to mandatory reporters under Montana law include the following from Mont. Code Ann., § 52-3-811

(1) When the professionals and other persons listed in subsection (3) know or have reasonable cause to suspect that a vulnerable adult known to them in their professional or official capacities has been subjected to abuse, sexual abuse, neglect, or exploitation, they shall:

(a) if the vulnerable adult is not a resident of a long-term care facility, report the matter to:

(i) the department or its local affiliate; or

(ii) the county attorney of the county in which the vulnerable adult resides or in which the acts that are the subject of the report occurred;

(b) if the vulnerable adult is a resident of 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 the department. The department shall investigate the matter pursuant to its authority in 50-5-204 and 52-3-804 and, if it finds any allegations of abuse, sexual abuse, neglect, or exploitation contained in the report to be substantially true, forward a copy of the report to the county attorney as provided in subsection (1)(a)(ii).

(2) If the report required in subsection (1) involves an act or omission of the department that may be construed as abuse, sexual abuse, neglect, or exploitation, a copy of the report may not be sent to the department but must be sent instead to the county attorney of the county in which the vulnerable adult resides or in which the acts that are the subject of the report occurred.

(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) an employee of the state, a county, or a municipality assisting a vulnerable adult in the application for or receipt of public assistance payments or services;

(e) a person who maintains or is employed by a rooming house, 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 a vulnerable adult 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; and

(j) . a conservator, legal guardian, or representative payee.

(4) Except as provided under 45 CFR 1324.19, a long-term care ombudsman who is a professional or other person listed in subsection (3) shall be exempt from mandatory reporting of abuse, neglect, and exploitation when knowledge of the facts required to be reported are acquired while the long-term care ombudsman is acting in the ombudsman's official capacity as an ombudsman.

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

Mandatory reporters must notify APS or CPS, as applicable, in any of these situations:

- Instances where the provider becomes aware of an allegation of abuse, neglect, or exploitation, but did not make the report to APS or CPS because the report had already been made and the alleged perpetrator is not a provider or DDP staff, should be submitted as a non-critical incident. This includes when a person is receiving targeted case management-only services.
- Instances where a mandatory reporter, who is a provider or DDP staff member, makes a report of suspected abuse, neglect, or exploitation to APS/CPS, but the alleged perpetrator is not a provider or DDP staff, should be submitted as critical incidents. This includes when a person is receiving targeted case management-only services.
- Instances when a provider is notified of an allegation of abuse, neglect, or exploitation and the alleged perpetrator is a provider staff, must be reported as a critical incident and investigated by the provider. To report the incident, the provider needs, at a minimum, the following information:
    - Date of incident;
    - What action occurred;
    - Victim; and
    - Alleged perpetrator.

Any IR can be investigated if warranted.

Section 5 – Incident Types

Allegations of abuse, neglect, or exploitation: All allegations of ANE must be reported as outlined in Section 4.

Accident, No Apparent Injury: If not due to suspected abuse, neglect, or exploitation, is an internal incident. If reporting an injury, use Injury Types.

Absence (Unaccounted for)/Missing Person: If a person's whereabouts are unknown beyond a time normally expected as outlined in the person's POC, it is considered a critical incident.

Alcohol/Drug Abuse: Misuse of alcohol, misuse of medications, use of illicit drugs. This is a non-critical incident.

Altercation:

- This incident type covers any incident where the altercation is directed at another person and presents a serious risk of physical or mental harm to the other person.
  - Person to Person Altercation – Alleged Victim/Aggressor: To be used when the person is the alleged victim/aggressor of an altercation by another person. For the purposes of this manual, *Person to Person* refers to when both people involved in the altercation receive DDP-funded services.
  - Person to Staff: To be used when the person is the alleged aggressor of an altercation against a provider staff person.
  - Person to Other: To be used when the person is the alleged aggressor to another person not in services or a staff, such as a family member, neighbor, or stranger.
- Any altercations resulting in harm to another person requiring treatment at a health care facility is a separate critical incident for both the aggressor and the victim. These incidents are classified as *Person-to-Person Altercations* and therefore require critical incident investigations.
- Any altercation where there is physical contact that does not require treatment at a health care facility is a separate non-critical incident for both the aggressor and victim.
- Any altercation where there is no physical contact is an internal incident.

Assault: An attack by a community member, not affiliated with services, on a person receiving services. This must be reported to APS/CPS and law enforcement immediately. This is a critical incident and requires an investigation.

Death: The permanent cessation of all vital bodily functions is a critical incident with critical notification and requires investigation.

Fire: This is a critical incident regardless of cause or extent.

HCBS Settings Violation: An incident that occurs when there is an allegation that the HCBS Settings Rule requirements has been violated and there is not a modification to the requirements identified in the Plan of Care.

- **Critical:** An HCBS violation that meets the definition of "Abuse," "Neglect," "Exploitation" should be categorized as "Abuse," "Neglect," and/or "Exploitation" and will be a "critical incident."
- **Non-Critical:** All other HCBS Settings violations.

Hospice: When a person is placed in a facility or program designed to provide palliative care and emotional support to a person with a terminal illness in a home or homelike setting, it is considered a non-critical incident.

Hospitalization: Any unplanned/unscheduled admission to a hospital or any unplanned/unscheduled psychiatric hospitalization is a critical incident.

Injury Types:

- Damage inflicted on the body. For the purposes of this manual, injuries include:

- Allergic Reaction
- Bedsore
- Bite/Sting
- Bleeding
- Blister
- Burn
- Choking
- Cut
- Dislocation
- Fracture
- Frostbite
- Head Injury
- Infection
- Lesion
- Loss of Consciousness
- Pain
- Poisoning
- Rash/Hives
- Self-Injurious Behavior:
    - Biting Self
    - Cutting Self
    - Head Banging
    - Hitting Self
    - Probing
    - Scratching Self
- Sprain/Strain
- Sunburn
- Swelling/Edema
- Other

In addition to being classified by type of injury, they are also categorized by the level of the severity of the injury.

- Critical: An injury that results in admission to the hospital or there is suspected abuse, neglect, or exploitation that requires a report to APS/CPS.
- Non-critical: Injuries requiring treatment by staff or onsite medical personnel such as first-aid, treatment with a PRN pain medication (not over-the-counter medications) or requiring medical treatment at an off-site location (emergency room, walk in etc.) without admission to a hospital.
- Internal: An incident or injury that is temporary and results in either no injury or minor injury requiring no ~~and/or minimal~~ treatment.

Medication Errors: Medication errors apply when prescribed medications are given in a manner different than prescribed:

- **Charting error:**
    - Medication charted prior to the person taking the medication;
    - Medications given to persons and not charted;
    - Failure to chart refusals;
    - Charting for a co-worker; and/or

- The use of ditto marks, erasing entries on the Medication Administration Record (MAR), and/or using *white-out* on the MAR.

- **Omission:**
  - Medication not given to person;
  - Not obtaining refills on time; and/or
  - Sufficient quantities are not available.

- **Order Expired:**
  - Medication given beyond the *stop order*; and/or
  - Medication given past an expiration date.

- **Transcription error:**
  - Wrong dose or the dose on the MAR does not match the dose on the prescription and/or pharmacy label;
  - Wrong person or the name on the MAR does not match the name on the prescription and/or pharmacy label;
  - Wrong medication or the name of the medication on the MAR does not match the medication listed on the prescription and/or pharmacy label;
  - Omission or new medication that was prescribed was not written on the MAR;
  - MAR entry shows the wrong route of administration or the route for giving the medication does not match the doctor's order written on the prescription and/or pharmacy label; and/or
  - Wrong time of administration or the time(s) for medication administration is not the same as indicated on the prescription and/or pharmacy label.

- **Wrong dose/Wrong person:**
  - Person given the wrong dose of medication; and/or
  - A medication was given to the wrong person.

- **Wrong medication:**
  - Wrong medication was given to the person, or a medication was prescribed or given to a person with an allergy to that medication.

- **Wrong route/Wrong time:**
  - A medication was given by the incorrect route of administration; and/or
  - Medication was actually given at a time that is different than that written on the MAR or outside of the predefined time interval from its scheduled administration time (outside the window for administration).

- **Other:**
  - Physician or pharmacy errors;
  - Medium/texture/consistency or medication not given in proper form;
  - Position:
    - Medication given when person wasn't properly positioned;
  - Storage issues:
    - Administration of a drug that was stored incorrectly or for which the physical or chemical dose (integrity of the drug) has been compromised; and/or
  - Finding medication in an area not specifically indicated for medication storage or handling.

Medication Errors are classified as follows:

- **Critical:** Any Medication Error that results in admission to the hospital or death; or there is suspected abuse, neglect, or exploitation that requires a report to APS/CPS; or involves a controlled substance.
- **Non-critical:** All other Medication Errors, except for those classified as internal.
- **Internal:** Physician or Pharmacy Errors, that are discovered but not administered to the person.

Medication Refusals: People have the right to refuse medication. If possible, try to find out why the medication is being refused. Do not give a second dose of medication that has been refused. Medication Refusals are non-critical incidents.

Possible Criminal Activity: Suspected possible criminal activity of the person receiving services is an internal incident. If law enforcement is contacted, the incident becomes a non-critical incident. If the person is arrested, the incident becomes a critical incident.

Potential Incident: Any event that has the potential for severe injury or any other harm to a person that is narrowly avoided and needs to be addressed to ensure protection from harm is an internal incident.

Property Damage: Any property damage exceeding $50.00 in value is a non-critical incident.

PRN (Pro Re Nata) Medication: PRN is an abbreviation for the Latin pro re nata meaning "when needed" or as more commonly stated, "as needed." It is used when a medication is to be given only under certain circumstances rather than on a regular schedule. PRN Medication administered to reduce or eliminate a behavior is strictly prohibited unless prescribed by a physician for a medical reason and an approved protocol signed by the physician is in place, will be categorized as a non-critical incident. If PRNs are used for five days over a seven-day period to treat the same condition, this would then meet the criteria for a high-risk review.

Suicide Threat/Attempt:

- An incident involving an act (attempt) to harm or injure with the perceived intent to end one's own life is considered a critical incident.
- An incident involving a threat to harm or injure oneself with the perceived intent to end one's own life is considered a non-critical incident.

Unplanned Medical Visit: This incident type is selected when a person visits a same day care type facility, including emergency room, and it does not result in admission to a hospital, for either medical or psychological illnesses. Any unplanned medical visit (outside of routine care) is a non-critical incident.

Restraints: All uses of physical and mechanical restraints are reported as critical incidents.
Medically related restraints do not need to be reported.

- **Physical Restraint**
  "Physical restraint" means the restriction of the person's movement by holding or applying physical pressure to bring the person's behavior under control in order to avoid the risk of serious harm to the person or other person(s). The term "physical restraint" does not include the use of physical prompts, graduated guidance or medically related restraints.

  Physical restraint may only be used as an emergency procedure as described in ARM 37.34.1420. Once the threat or emergency has passed, and the person is stable, the physical restraint must end.

- **Mechanical Restraint**
  "Mechanical restraint" means a physical device used to restrict the person's movement or restrict the normal function of the person's body. The term “mechanical restraint” does not include safety devices or medically related restraints. Mechanical restraints are prohibited.

- **Medically related Restraint**
  “Medically-related restraint” means any physical equipment or orthopedic appliances, including devices used to support functional body position or proper balance, surgical dressings or bandages, supportive body bands or other restraints, including manual holds, necessary for the person to receive medical treatment, routine physical examinations, or medical tests. Medically related restraint requires a written order or other authorization from a licensed physician or any medical practitioner who is licensed to practice medicine including physicians, physician assistants, and nurse practitioners.

  Medically related restraints are permitted and do not need to be reported. The need for a medically related restraint as well as its application details must be summarized in the person’s Plan of Care.

- **Safety Device**
  “Safety device” means any device including, but not limited to, an implement, garment, gate, lock or locking apparatus, helmet, mask, glove, strap, bedrails or belt used in accordance with person’s plan of care and reduces or inhibits the person’s movement with the sole purpose of maintaining the safety of the person.

Seclusion

“Seclusion” means requiring the person to remain alone in a room or any area behind a closed door which prevents them from leaving or being observed for a period. The use of Seclusion is prohibited. Seclusion is a critical incident.

Section 6 - Provider Responsibilities

Providers must have policies and procedures to accomplish the following:

1. Protection from harm
   a) Take immediate action to either remove people from a harmful situation or to otherwise protect people from harm when knowledge of harm, or the potential for harm occurs.
   b) Provide prompt staff intervention when knowledge of harm, or the potential for harm, occurs.
   c) Provide immediate medical assessment and/or treatment of a person if needed following an incident.
   d) Ensure all provider staff that fall under mandatory reporting requirements, including direct support professionals, are trained on the requirements contained in this manual, 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. Online training is available in the DMS for submitting IRs.
   e) Conduct Critical Investigation Review for provider critical incident investigations within seven (7) calendar days upon receipt of an investigation report. An extension, up to seven (7) calendar days,

may be granted by the Regional Manager if the request is made prior to the initial seven (7) calendar days period has elapsed.

f) Identify any potential conflict of interest and have alternative personnel available to conduct critical incident investigations if a conflict exists.

g) Upon request, provide this manual to people and/or family members and legal representatives in a user friendly and easily understood format. Additionally, provide the website link to this manual.

h) With the planning team, assess the person's level of risk, the person's ability to manage the risk and the person's ability to acquire skills to help mitigate the risk.

2. Procedures for reporting incidents when they occur
   a) Promptly identify and report incidents, as described herein.
   b) Ensure Incident Reports are entered into the DMS within 24 hours of the incident occurring.
   c) Submit IRs and accurate notifications of the incident according to Section 3 of the DDP Incident Management Manual.
   d) Provide immediate review of the incident for purposes of initially classifying the event and determining the need for a critical incident investigation.
   e) Ensure any person who reports an incident or makes an allegation of suspected abuse, neglect, or exploitation will be free of any form of retaliation.
   f) 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 action that may lead to sanctions.
3. Incident Management Committee Requirements
   a) Provider will establish an incident management committee including leadership, incident management coordinator, and other appropriate staff as assigned.
   b) Providers will designate a staff person as the Incident Management Coordinator for the provider.
   c) The committee will review and assess all incidents through a systemic lens, monitor trends of IR information, develop strategies designed to protect and prevent harm to people, and make recommendations to the planning team.
   d) Conduct independent trend analysis and provide trend analysis to the QIS in written format before the 10th of every month.
   e) Require weekly meetings if any incidents have occurred. If incidents have not occurred, the coordinator will send notification to the committee members canceling the meeting.
   f) Ensure reports of incidents and any required documentation, including IRs, trend analysis reports, and any investigation reports, are kept confidential. The names of those who report critical incidents of suspected abuse, neglect, or exploitation may not be released unless required by law or regulation.
   g) Ensure that all critical incidents are investigated by provider staff who have been trained in investigations through training approved by the DDP, and that such staff are assigned within forty-eight (48) hours of the incident occurring.
   h) Ensure assigned investigators complete the critical incident investigation no later than fourteen (14) calendar days from the time the incident occurs. An extension, up to seven (7) calendar days, may be granted if the request is made prior to the initial due datel. Extension requests are submitted to the Regional Manager via DDP's DMS.

a. There will be circumstances when the critical incident investigation will also be conducted by an entity external to the provider or in conjunction 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 may have access to certain records, pursuant to 42 USC §15043.

i) Cooperate fully with law enforcement, APS, CPS, OIG licensing, or any other outside agency that may have statutory jurisdiction over the investigation of an incident. The provider will conduct their own investigation of the incident regardless of the outcome of any outside investigation. The provider is only to review the facts known at the time without impeding outside agency's investigations. The provider must make staff available for interviews within reasonable timelines for the investigation.

j) If the victim or a witness recants their testimony, any critical incident must still be investigated.

4. Follow-up of Review and/or Action Taken
5. DDP's DMS has a specific section to submit incident management committee minutes within a person's IR and can be reported on by date of meeting.

Section 7 - Non-Provider Responsibilities

Targeted Case Manager (TCM) Responsibilities

The TCM has a core responsibility to monitor that a person receives quality services as identified through the POC. When incidents occur, the TCM has the responsibility to monitor that the issues and needs of the person are addressed and ultimately to reduce the risk of harm to the person. This is accomplished through the planning team process. The TCM is responsible for completing the following in DDP's DMS:

a) Submit an IR if an incident is observed or discovered;
b) Ensure Incident Reports are entered into the DMS within 24 hours of the incident occurring;
c) Review and sign off on IRs for their caseloads and revise POC with the planning team if necessary;
    a. The TCM will ensure any significant incident information is documented in the social history for permanency.
d) Receive and review the incident management weekly minutes and analyze for possible revisions to the POC regarding people on their caseload;
e) Based on data trends, and where a high-risk review level (as described below under High-risk Review) has been identified, the TCM will review the POC with the planning team to address the incidents and determine if a revision to the POC is necessary;
f) With the planning team, assess the person's level of risk, the person's ability to manage the risk and the person's ability to acquire skills to help mitigate the risk;
g) Attend weekly incident management committee meetings as assigned; and
h) Upon request, provide this manual to people and/or family members and legal representatives in a user friendly and easily understood format. Additionally, provide website link to this manual.

Quality Improvement Specialist (QIS) Responsibilities

The QIS has core responsibilities in the receiving, reviewing, and evaluating the IRs submitted by providers in DDP's DMS. In addition, the QIS will investigate certain critical incidents. All critical incidents must be investigated by provider staff who have been trained in investigations through training approved by DDP. The QIS responsibilities are as follows:

a) Attend all assigned providers' weekly incident management committee meetings;
b) Submit IRs in DDP's DMS when incidents are observed or discovered;
c) Ensure Incident Reports are entered into the DMS within 24 hours of the incident occurring;
d) Review and sign off on all IRs;
e) Review all assigned providers' incident management committee weekly minutes and participate in high-risk reviews;
f) Conduct Regional Office Investigation Review for provider critical incident investigations within seven (7) calendar days of a completed investigation. An extension, up to seven (7) calendar days, may be granted by the Regional Manager if the request is made prior to the initial seven (7) calendar days period has elapsed;
g) Assess the provider's efforts to ensure the health and safety of the person and make recommendations;
h) When APS or CPS has investigated and the investigation findings are different from the provider's findings, the QIS will facilitate a meeting among DDP, provider leadership, and APS or CPS. The meeting will be to discuss the discrepancy and ensure health and safety of the person has been addressed. Outcomes from this meeting will be added to the notes section of the incident report;
i) Conduct critical incident investigations within fourteen (14) calendar days within the date of the incident, when circumstances lead DDP to determine further investigation is necessary, for example a conflict of interest, or a pattern of incidents emerges;
j) An extension, up to seven (7) calendar days, may be granted if the request is made within the initial fourteen (14) calendar days;
k) Complete the *Death Investigation Report and Checklist* in the DDP's DMS within thirty (30) days of death for the mortality review workgroup;
l) Conduct independent trend analysis using a systemic lens. The QIS may also utilize claims data to ensure incident management reporting occurs pursuant to policy requirements. The QIS will collect trend information and complete trend analysis by the 10th of the month;
m) Ensure trend data is available to the Regional Manager and Community Services Supervisor no later than the 20th of the following month;
n) Identify trends and report on them during the Regional Trend Report monthly meeting. The QIS will send provider trend data monthly, but no later than the last calendar day of the month and review at provider incident management committee meeting; and
o) Issue Quality Assurance Observation Sheet (QAOS) to providers when corrective action measures are needed. The QIS will issue a QAOS to also address systemic remediation when identified through trend reports.

Regional Manager Responsibilities

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

a) Assign the QIS to complete independent critical incident investigations or request other DDP staff or another QIS to complete an investigation when there are circumstances that lead DDP to determine further investigation is necessary, such as a conflict of interest or a pattern of incidents emerges.
b) Review and respond to extension requests for investigations and investigation reviews in writing, within three (3) calendar days.
c) Request further follow-up or investigation of an incident as appropriate.
d) Conduct Critical Incident Investigation Review for critical incident investigations within seven (7) calendar days upon receipt of investigation report.
e) The Regional Manager may grant an extension of up to seven (7) calendar days if the request is made within the initial seven (7) calendar days.
f) Participate in Central Office incident management review or assign a designee, as warranted.
g) Conduct monthly trend analysis meetings with the QISs and determine appropriate follow-up on trends.

DDP Central Office Responsibilities

DDP Central Office staff responsibilities are as follows:

a) Offer training to all persons who may conduct critical incident investigations.
b) Meet weekly to review ANE critical incidents and all critical incident investigations and reviews.
c) Meet monthly to review trending data
d) The Medical Director reviews medication errors, injury trends and other medical related concerns as needed.
e) The Medical Director reviews all death investigations, the death investigations summary checklist, and participates on the mortality review workgroup. Findings from the committee will be shared with the appropriate field staff.
f) Ensure all critical incidents involving deaths remain open until after both the morality review workgroup has met and until recommended closure is received from the central office.

Self-Directed Service Delivery Employers Responsibilities

All self-directed employers and their staff providing self-directed DDP-funded services are mandatory reporters. They are required to follow this manual. Self-directed employers' responsibilities are as follows:

1. Take immediate action to move the person from a harmful situation or to otherwise protect from harm.
2. Provide prompt staff intervention when knowledge of harm, or the potential for harm, occurs.
3. Provide immediate medical assessment and/or treatment for a person receiving self-directed services if needed following an incident.
4. 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 and reported to APS.
5. The person, family, legal representative, and staff must participate and cooperate with the person conducting the investigation.
6. Ensure that all self-direct staff are trained on DDP's DMS for recognizing incidents, notification procedures, and the completion of an IR.
7. Ensure Incident Reports are entered into the DMS within 24 hours of the incident occurring

8. Submit IRs on all incidents where required by this manual. The TCM will assist the self-direct employer with submitting IRs when requested.
9. Investigate all critical incidents. The QIS will investigate all critical incidents in conjunction with the employer and will be available through the regional office to provide technical assistance if requested by the person, legal representative, or the family who are self-directing their services.

Section 8 - Incident Management Coordinator, High-risk Review and Incident Management Committees

All incidents identified as critical, non-critical and internal will be reviewed weekly by the provider's incident management committee. Providers are required to designate a staff person as their incident management coordinator.

Incident Management Coordinator Responsibilities

The Incident Management Coordinator responsibilities are as follows:

1. Provide technical assistance to staff regarding DDP's DMS.
2. Ensure IRs are filled out completely, accurately, and coded correctly in DDP's DMS.
3. Ensure providers/authorities external to the provider receive required notifications.
4. Coordinate training regarding DDP incident management requirements.
5. Approve IRs in the DDP's DMS within fourteen (14) calendar days after the incident management committee meeting and include the committee's recommendations. Any additional information or corrections will be noted in the comment section of the IR.
6. Follow-up to ensure all recommendations were followed and completed.
7. Contact the person's TCM to discuss the need to hold a team meeting to discuss the pattern or trend of incidents to ensure health and safety. This will be noted in the incident management committee minutes.
8. DDP's DMS has a specific section to submit incident management committee minutes within a person's IR and can be reported on by date. Additionally, the incident management coordinator can submit a provider case note to capture any additional committee minutes that are not specific to a person's IR.
9. Ensure incident management committee minutes are available for review. The minutes will include:
    a. Names and titles of those in attendance;
    b. List of all incidents since the previous meeting;
    c. Documentation of the incident management committee's findings, recommendations, implementation of recommendations, and results/effects of actions implemented; and
    d. Any outstanding follow-up from previous incidents not already discussed.
10. Prepare monthly trend reports and analyses of incident data through a systemic lens that includes high-risk review data and submit to the provider's incident management committee no later than the last day of the following month.
11. Review trend reports with the QIS and incident management committee. This report must include the following information:
    a. Total number of incidents per category (critical, non-critical, internal);
    b. Types of incidents;

c. Types of incidents by person name;
d. Incidents by total number of injuries;
e. Severity of injuries;
f. Location where injuries and other incidents occur (for example, bathroom, van etc.);
g. Times, if applicable, in which injuries and other incidents occur;
h. Specific employees involved in the incident;
i. Specific people involved in the incident; and
j. Other trends deemed as being appropriate, based on the needs of person and the mission of the provider.

High-risk Review – Definition, Participation, and Process

Definition:

A high-risk review refers to a risk assessment, which is a focused effort to:

a) identify and analyze potential events and hazards (including their causes) that may negatively impact a person's or group's health or safety,
b) make informed and objective conclusions about the likelihood of recurrence, the severity of consequences, and the tolerability of the risk,
c) make recommendations, and communicate such recommendations, regarding effective mitigation of the risk,
d) follow-up to ensure the recommendations were implemented, and
e) ensure the recommendations are effective in mitigating the identified risk.

Participants:

The participants in a high-risk review may include:

- the person (if he/she so choose)
- the legal representative (if applicable)
- the Incident Management Coordinator
- the assigned TCM
- the assigned QIS
- other stakeholders or knowledgeable parties who can contribute.

When identifying the participants in the high-risk review, care must be exercised regarding confidentiality and privacy.

The basic steps of the high-risk review to be completed within 14 calendar days of the identification of the need for the review are:

a) Gather relevant data following the identification of a pattern or trend of similar incidents, or sudden appearance of new concern(s), including a significant change in the person's physical or mental well-being or condition. Note that events outside the required incident management reporting criteria may warrant a high-risk review. The participants exercise professional judgment in identifying the need for a high-risk review.

A high-risk review is conducted at a minimum when:

- A person experiences three (3) or more critical incidents in the previous month, or five (5) or more critical incidents in the preceding three (3) months.

- A person experiences a planned or unplanned change in condition or well-being, or a new and significant concern arises or has the potential to arise, or the person experiences a serious or severe injury, or a person is administered PRN Medications for five days over a seven-day period to treat the same condition with the fifth incident triggering a high-risk review.
- A person experiences a pattern or trend of incidents over a three (3) month period which are categorized as internal or non-critical, that warrant a more thorough review and assessment of the person's needs.
- A trend, potential incident, or concern is identified by a member of the team or Incident Management Committee that warrants further scrutiny.
  b) Analyze the risk, the causes, potential consequences, and contributing factors. Evaluate the impact of the person's choice regarding the risk and consequences.
  c) Evaluate controls that are already in place. (Was a preventive protocol not followed? Was a protocol followed but now proves to be incomplete or ineffective? Are there issues of staff training? What other preventive or corrective measures should have been in place or should now be put into place?)
  d) Agree on and communicate a course of action, a timeline for implementation, and responsibilities for follow-up. Refer the high-risk review results back to the person's planning team as appropriate; all situations involving risk presented or exacerbated by person choice are referred to the person's planning team.
  e) High-risk review documentation is captured in the High-risk Review form.

Section 9: Types of Review and Investigations

Investigations of Critical Incidents

An investigation is conducted for all critical incidents and an investigation can also be conducted for incidents elevated to "critical." The staff person completing the critical incident investigation must be a trained investigator. The investigation will generally follow the process described in the *Investigator's Manual received in investigator training*. Investigations completed by the provider or DDP are to be documented using the *Critical Incident Investigation Form*.

Reviews of Critical Incident Investigations

The *Critical Incident Investigation Review Form* must be completed by a designee when the provider completes the investigation or by a Regional Manager when a QIS completes the investigation. The person who completes the critical incident investigation review must be different than the person completing the critical incident investigation and must also be a trained investigator. The review is a comprehensive, systemic analysis which includes review of practices, policies, procedures, and other factors within the system that may impact outcomes. This review also looks to ensure all policies and procedures were followed, appropriate recommendations were made, and actions were taken to ensure health and safety. This review must be conducted for all critical incident investigations. The Incident Management Coordinator will monitor and follow up on the recommendations from the Critical Incident Investigation Review during incident management committee meetings to ensure they are implemented. The investigation may not be closed until the recommended actions are completed and documented.

QIS Death Investigation Summary and Checklist
If the critical incident is a person's death, in addition to the investigation done by the provider or the QIS, the *Death Investigation Summary and Checklist*, completed by the QIS, is forwarded to the mortality review workgroup.

DDP Regional Office Investigation Review
The QIS will conduct a DDP Regional Office investigation review of any critical incident investigation to determine if rules, policies, and programmatic procedures are in place and being followed to protect people from harm. This will be done regardless of whether outside entity investigations are being conducted. This includes law enforcement, APS, CPS, Bureau of Indian Affairs (BIA), OIG, etc., that are required by statute or regulation to investigate the incident. The QIS will cooperate with law enforcement and APS/CPS, Bureau of Indian Affairs (BIA), and/or OIG, when investigating or completing a Regional Office investigation review.

Section 10 – Definitions

ANE: Abuse, Neglect, or Exploitation. Please see definitions below for definitions of the individual terms.

Abuse: (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; or (c) the causing of personal degradation of an older person or a person with a developmental disability in a place where the older person or person with a developmental disability has a reasonable expectation of privacy. Reference, Mont. Code Ann. § 52-3-803.

Adult Protective Services (APS): Adult Protective Services is part of the Montana Department of Public Health and Human Services (DPHHS) Senior and Long Term Care Division.

Advocate: A person who: (a) represents the interests and rights of a person receiving services consistent with the person's interests; (b) is not an employee of any agency directly providing services to the person receiving services; and (c) who is acknowledged by the person receiving services to be the person's advocate currently. Reference, ARM 37.34.102.

Central Office: DDP office that provides state-wide oversight and guidance for the delivery of the 0208 Waiver services.

Child Protective Services (CPS): Child Protective Services is part of Montana DPHHS Child and Family Services Division (CFSD).

Critical Incident: A critical incident is a significant event, act, or omission, not otherwise permitted, that has compromised the safety and well-being of a person. A critical incident is an event that requires an immediate response to protect the person and minimize risk. All critical incidents must be reported and require an investigation.

Controlled Substances: A controlled substance is any drug or other substance that is tightly controlled by the federal government, through the Drug Enforcement Administration, because it may be abused or cause addiction. Controlled substances include the five classes of drugs: narcotics, depressants, stimulants, hallucinogens, and anabolic steroids.

Data Management System (DMS): Montana's DMS is called MedCompass.

Developmental Disabilities Program (DDP): A Montana DPHHS program that coordinates resources and supports and provides services for persons with disabilities to live in their communities.

Direct Support Professional (DSP): A person who assists a person with a disability to lead a self-directed life in accordance with their plan of care (POC) and contribute to the community. The DSP also assists with activities of daily living, if needed, and encourages attitudes and behaviors that enhance community inclusion. A DSP may provide supports to a person with a disability at home, work, school, and/or other community places. A DSP also champions the person's needs, self-expression, and goals. Reference, ARM 37.34.102.

Exploitation: (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. Reference, Mont. Code Ann., § 52-3-803

Family: Natural parents, adoptive parents, foster parents, grandparents, legal representatives, stepparents, siblings, or relatives.

Guardian: *See Legal Representative.*

Health Care Provider: A provider of medical or health services, as defined in 42 USC 1395x(s), and any other person or provider who furnishes, bills, or is paid for health care in the normal course of business.

High-risk Review: A risk assessment that is a focused effort to: (a) identify and analyze potential events and hazards (including their causes) that may negatively impact a person's or group's health or safety, (b) make informed and objective conclusions about the likelihood of recurrence, the severity of consequences, and the tolerability of the risk, (c) make recommendations, and communicate recommendations, regarding effective mitigation of the risk, (d) follow-up to ensure the recommendations were implemented, and (e) ensure the recommendations are effective in mitigating the identified risk.

Incident: Significant events, acts or omissions not otherwise permitted which compromise or may compromise the safety and well-being of a person, or which may result in physical or emotional harm to the person, or which intentionally or unintentionally deprive a person of rights, including:
(a) death;
(b) harm or illness requiring hospitalization;
(c) complaints or illness of an extended nature;
(d) harm of a staff member due to actions of a person
(e) suicide attempts;
(f) a change in residential or work placement without approval of the person's planning team;
(g) alleged unlawful activities by or affecting a person;
(h) abuse, exploitation, neglect or sexual abuse;
(i) rights violations;
(j) types of mistreatments, including but not limited to, harassment, intimidation, sexual coercion, verbal aggression;
(k) an unaccounted-for absence;
(l) significant property damage caused by the person; or
(m) any behavior requiring the use of an emergency procedure as provided for in ARM 37.34.1401 et seq. Reference, ARM 37.34.102.

Incident Management Committee: A group including provider staff, Targeted Case Managers, and Quality Improvement Specialists who are responsible for the weekly review of all incidents and investigations of incidents for a provider.

Incident Management Coordinator: The staff person designated by the provider to oversee the timely and complete performance of the provider's responsibilities regarding reporting, monitoring, tracking, trending, reviewing, and following up on incidents and their resolution.

Internal Incident: Other incidents that do not fall into the critical or non-critical categories are considered internal incidents. Internal incidents can be reported, but it is not required.

Legal Representative: A person who has legal standing to make relevant decisions according to a court order or a power of attorney form on behalf of another person (e.g., a guardian who has been appointed by the court or an individual who has power of attorney granted by the person).

MAR: Medication Administration Record

MedCompass: *See Data Management System.*

Medical Director: A person licensed to practice medicine in the State of Montana contracted by the Developmental Disabilities Program. In addition to providing medical care to residents and other duties at the Intensive Behavior Center, the Medical Director is mainly involved in quality improvement issues across the state which encompass working with providers, Targeted Case Managers, and DDP staff on protocols, policies, death investigations, and medication administration certification.

Mental Injury: An identifiable and substantial impairment of a person's intellectual or psychological functioning or well-being. Reference, Mont. Code Ann., § 52-3-803

Neglect: 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. Reference, Mont. Code Ann., § 52-3-803.

Non-Critical Incident: A non-critical incident is a significant event, act, or omission, not otherwise permitted, that may compromise the safety and well-being of a person. A non-critical incident is an event that requires a timely, but not immediate, response to protect the person and minimize risk.

Office of Inspector General (OIG): The DPHHS division that is responsible for comprehensive and coordinated quality assurance programs, including detecting and investigating abusive or fraudulent practices within benefit programs, reducing Medicaid costs by identifying other responsible parties, conducting internal and independent audits, and providing state health care licensing and health care certification for Medicare and Medicaid.

Physical Injury: Death, permanent or temporary disfigurement, or impairment of any bodily organ or function. Reference, Mont. Code Ann., § 52-3-803.

Plan of Care (POC): A person-driven and person-centered plan that identifies the supports and services for a person receiving state-administered developmental disabilities services to achieve independence, dignity, personal fulfillment, quality of life, and to meet health and safety needs. Montana's Plan of Care is referred to as the Personal Support Plan (PSP).

Planning Team: An interdisciplinary team composed of those persons specified in ARM 37.34.1107 that identifies and evaluates the needs of a person receiving services, develops a plan of care to meet those needs, periodically reviews the person's response to the plan and revises the plan accordingly. Reference, ARM 37.34.102.

Planning Team Member(s): (a) the person with a developmental disability, if able to participate; (b) the advocate of the person, if applicable; (c) the legal representative of the person, if applicable; (d) the POC certified Targeted Case Manager of the person; (e) a staff person from each service program; (f) other person(s) who are approved by the person; and (g) other professional representatives that have relevant information to servicing the person's needs, if applicable. Reference, ARM 37.34.1107.

Positive Behavior Support: A set of evidence-based strategies used to reduce problem behavior by teaching new skills and making changes in the person's environment to improve quality of life. Reference, ARM 37.34.1405.

Provider: Any person or entity providing developmental disabilities services to persons with developmental disabilities through a contract with the department. Reference, ARM 37.34.102.

Quality Improvement Specialist (QIS): A state employee of the DPHHS Developmental Disabilities Program (DDP) who is responsible for monitoring Developmental Disabilities Program providers for contractual compliance and quality of care.

Regional Manager: The DPHHS DDP regional staff supervisor who oversees the Quality Improvement Specialists and State Targeted Case Managers (TCM). Montana DDP is divided into five regions across the state and each region has a designated Regional Manager.

Self-Directed Services: Services overseen and managed by the person receiving services or their legal representative rather than by a traditional contractor. Self-directed services give persons more flexibility and responsibility in managing their services and waiver budgets than do traditional services managed by a contractor.

Sexual Abuse: The commission of sexual assault, sexual intercourse without consent, indecent exposure, deviate sexual conduct, incest, or sexual abuse of children as described in Title 45, chapter 5, part 5, and Title 45, chapter 8, part 2. Reference, Mont. Code Ann., § 52-3-803.

Targeted Case Manager (TCM): The employee of either a contractor or DDP, who assesses individual service needs, assists individuals to access services, coordinates the planning process, monitors services delivered, and provides crisis management. Reference, ARM 37.34.102.