

Centers for Medicare & Medicaid Services (CMS)
Division of Long-Term Services and Supports (DLTSS)

Critical Incident Management Survey

Introduction

The purpose of this survey is to help the Centers for Medicare & Medicaid Services (CMS) identify best practices that states have adopted related to their incident management system(s) for home and community-based services (HCBS) under the 1915(c) waiver program, including in identifying and reporting incidents, responding to reported incidents, collecting information, training individuals involved in incident management, and employing tactics to prevent incidents. This Critical Incident Management Survey (CIMS) is similar to a version of the survey CMS requested states complete in July 2019. CMS developed this survey to be shorter and more targeted than the 2019 version.

States should complete a unique survey for each incident management system operated in the state. This may mean a unique survey for each HCBS waiver, unless the underlying incident management processes are aligned across waivers and the same individual completing the survey is responsible for multiple waivers. In these cases, you have an opportunity to indicate such in the survey and complete one survey for multiple waivers.

Respondents will see several types of questions throughout the survey, including questions which ask the respondent to select one or more of multiple choices, questions which ask the respondent to provide open text responses or descriptions, and questions which ask the respondent to select matching row/column pairs in a matrix. We recognize your system may not match exactly with some questions asked. Please aim to use the response options available as best as possible. In addition, you will find space at the end of each section to explain or clarify any ways in which your state's experience differs from available response options. You may request assistance with completing any portion of the survey by emailing HCBSCIMSurvey@guidehouse.com.

State responses will be used for purposes of identifying promising practices and developing technical assistance tools such as webinars and learning collaboratives. Individual state information from this survey will not be disclosed publicly.

Survey Submission

Respondents will complete surveys via a web-based link, available at [CMS-CIMS-H&W-Survey](#). Please note that states may only submit responses via this web-based link. This PDF is included for reference purposes only. Should you have any questions or requests for clarification regarding this survey, please email HCBSCIMSurvey@guidehouse.com.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **TBD (Expires: TBD)**. This information collection is mandatory for states with 1915(c) Home and Community Based Services waivers (42 U.S.C. 1396n(f)(1)). The Secretary shall monitor the implementation of waivers granted under this section to assure that the requirements for such waivers are being met and shall, after notice and opportunity for a hearing, terminate any such waiver determined to be noncompliant. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. The time required to complete the information collection is estimated to average 60-90 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Section I – General Questions

Purpose of This Section:

Questions in this section ask for information about the individual responding to the survey and the 1915(c) waiver program(s) covered by the incident management system described in this survey response. As this survey aims to understand the unique process and supports for incident management by waiver, this section asks respondents to identify each applicable waiver program.

General Identifiers

1. Please provide us with your name:
2. Please provide us with a phone number and an email:
 - a. Phone number
 - b. Email address
3. What is your position?
4. How long have you been acting in this position?
 - a. Less than 1 year
 - b. 1-3 years
 - c. 4-7 years
 - d. 8-10 years
 - e. More than 10 years
5. What state do you represent?
 - a. Dropdown list of states
6. What agency do you represent in relation to the waivers for which you are responding?
 - a. State Medicaid Agency (SMA) (name)
 - b. Operating Agency (name)
 - c. Other (describe)
7. NOTE: This survey aims to understand the unique process and supports for incident management by waiver. We recognize there may be different approaches by waiver. If you are the person responsible for more than one waiver, please indicate whether your incident management operations are the same across all waivers or if they are unique to a subset of waivers.
 - a. Same incident management system across all waivers
 - b. Unique incident management systems for only the waivers identified below

Critical Incident Management Survey – All Questions

7a. (If answer b is selected for #7) Since you selected that the incident management operations are unique across waivers, please fill out a separate survey for each waiver (or group of waivers) that have a system.

- a. (If answer a is selected for #7) If the same, what was the impetus for this decision?
- b. (If answer b is selected for #7) If unique, what was the impetus for developing different incident management systems? How does your state manage differences between the systems?

8. Please provide the name(s) and waiver number(s) of the waiver program(s) you administer that use the *same* incident management system. If you do not know the waiver number, enter “no information.”

	Waiver Name Response	Waiver Number Response
Waiver 1		
Waiver 2		
Waiver 3		
Waiver 4		
Waiver 5		
Waiver 6		
Waiver 7		
Waiver 8		
Waiver 9		
Waiver 10		

9. Does your state have a critical incident management system for any of the below programs/authorities (as applicable)? If so, select which entity is responsible for operating/managing the system.

	State Medicaid Agency	Operating Agency	Contracted Entity	Managed Care Entity	Other (describe)	Not Applicable
1915(i)						
1915(j)						
1915(k)						
1115(a)						

Section II – System Questions

Purpose of This Section:

Questions in this section are targeted towards understanding the processes or technologies/systems you have implemented for your waiver programs to assist in monitoring, tracking, and reporting incidents. We are interested in identifying the type of system implemented (e.g., electronic vs. paper), staff responsibilities regarding system maintenance and upkeep, and the interoperability of systems. The purpose of the questions in this section is to help us get a sense of how states have implemented their system technologies and processes to best track incidents that impact the health and welfare of individuals. We recognize that states have differing definitions of “critical incidents” or reportable incidents; this survey will use the term “incidents” freely and will ask about how states determine severity in questions following.

Incident Management System Technologies

1. Which state entity/entities are involved in managing incident management processes (e.g., activities such as receiving and reviewing reports, triaging incidents for action, conducting investigations, closing incidents, conducting trend analysis)? Note that a later question asks the name of the vendor who develops and/or manages the incident management system itself. (select all that apply)
 - a. State Medicaid Agency (name)
 - b. Operating Agency (name)
 - c. Local or regional government agency (name)
 - d. Contracted Entity (name)
 - e. Other (name)
 - f. No information
2. Please describe the method(s) of how incidents are filed as best you can: (select all that apply)
 - a. Phone/hotline reports
 - b. Written forms (e.g., fax)
 - c. Email in-box system
 - d. Microsoft Word or PDF form
 - e. Excel-based tool on single user computer
 - f. Excel-based tool on shared system
 - g. Microsoft Access tool on single user computer
 - h. Microsoft Access tool on shared system
 - i. Web or cloud-based system with state-only use
 - j. Web or cloud-based system with external user access and inter-agency use
 - k. Other (describe)
 - l. No information

Critical Incident Management Survey – All Questions

3. What type of system is used?
 - a. State-operated system
 - b. Vendor-based or operated system
 - c. Other (describe)
 - d. No information
4. (If answer b is selected for #3) Please provide the name(s) of the vendor(s) from whom you purchased the system and/or who operates the system.
5. (If answer b is selected for #3) Does the vendor provide the state with technical assistance support?
 - a. Yes
 - b. No
6. Did you receive any federal match funding through the Advanced Planning Document for this system?
 - a. Yes
 - b. No
 - c. N/A
7. Please fill out which modes you use for each of the different functionalities to the left. (select all that apply)

	Electronic	Manual	Phone / Hotline	Other	N/A
Files initial incident reports					
Records initial incident documentation					
Triages incident into critical incident or other incidents					
Assigns incident to a unit/division for investigation and follow-up					
Aggregates incidents for trend reports					
Trends incidents					
Allows interoperability with other systems					
Other (describe)					

Critical Incident Management Survey – All Questions

8. Which other system or data sources are linked to the incident management system? (select all that apply)

If there are no other data sources linked, please select "none."

- a. Claims data (e.g., Medicaid Management Information System (MMIS))
 - b. Eligibility data
 - c. Case management system
 - d. Electronic health records
 - e. Provider licensing and enrollment data
 - f. Electronic visit verification (EVV) system
 - g. Adult Protective Services (APS) Agency
 - h. Child Protective Services (CPS) Agency
 - i. Other (describe)
 - j. None
9. Who has access to view information in the incident management system? (select all that apply)
- a. Case Manager
 - b. Caregiver
 - c. Provider Agency
 - d. State Medicaid Agency
 - e. Operating Agency
 - f. State Program Integrity Staff
 - g. Contracted Entity Staff
 - h. Disability Rights Group
 - i. Ombudsman
 - j. Law Enforcement
 - k. Adult Protective Services (APS) Agency
 - l. Child Protective Services (CPS) Agency
 - m. Managed Care Organization
 - n. Waiver Participant
 - o. Other (describe)
 - p. None of the Above
10. Please identify any aspects of your incident management system which you feel represent "promising practices" which other states may seek to replicate or adapt for their own systems.

Critical Incident Management Survey – All Questions

Incident Management System Processes

11. Which individuals or entities have responsibility for the activities listed in each row?
Please select who is responsible for each activity to the left. (select all that apply)

	Case Mgr.	Caregiver	Provider Agency	SMA Staff	Operating Agency	State Program Integrity Staff	Contracted Entity	Other (describe)
Receive initial incident report								
Triage initial incident report								
Contact participant/ advocate about report								
Refer incident to additional investigative authorities								
Create summary report								
Follow-up with participant								
Collect data from reported incidents								
Produce trend report based on analysis across incidents								

General

12. Please identify the strengths of the functionality of your incident management system.
13. Please identify any opportunities for improvement in the functionality of your incident management system, or any related struggles, issues, or barriers your state has faced in this area.
14. Please provide any clarifying information for any questions you had difficulty answering because your system is different from what the survey is asking.

Section III – Reporting Questions

Purpose of this section:

Questions in this section aim to understand which incidents your state requires to be reported. In this section, we would like to understand how states receive and collect data on reported incidents. We ask about who inputs and tracks incident information, what information is collected, when incidents are required to be reported, and what monitoring activities the state completes for reported incidents. Further, we are also hoping to identify if data collected is trended and if there are any reporting differences for self-directed services, as applicable.

Reporting Guidelines

1. Does the state identify reportable incidents by risk level (i.e., does the state differentiate between “critical” and “non-critical” incidents which are both required to be reported to the state)?
 - a. Yes
 - b. No
2. Which of the following incident types does the state define as reportable incidents? This should include any incidents which are required to be reported to the state. (select all that apply)
 - a. Abuse, including verbal, physical, sexual, psychological and emotional abuse
 - b. Neglect
 - c. Exploitation including financial exploitation
 - d. Misuse or unauthorized use of restrictive interventions or seclusion
 - e. A medication error resulting in a telephone call to or a consultation with a poison control center, an emergency department visit, an urgent care visit, a hospitalization, or death
 - f. Unexplained or unanticipated death, including but not limited to a death caused by abuse or neglect
 - g. Any harm to an individual that occurs as a result of the failure to deliver authorized waiver services as specified in the waiver participant's person-centered service plan
 - h. Mental health treatment/psychological injury
 - i. Criminal activity/law enforcement intervention
 - j. Missing person/elopement
 - k. General risk to health and welfare
 - l. Natural disaster/environmental danger
 - m. Suicide or suicide attempt
 - n. Falls
 - o. Homelessness
 - p. Other (describe)
 - q. No information

Critical Incident Management Survey – All Questions

3. What information is required when reporting a critical incident and a non-critical incident? (select all that apply)

If the same type of information is required for both critical and non-critical incidents, select both columns for every applicable row. If the state does not differentiate between critical and non-critical incidents, complete only the column labeled “Critical Incidents” and select “N/A” for the column labeled “Non-Critical Incidents.”

	Critical Incidents	Non-Critical Incidents
Level or severity of incident		
Identifying data		
Location		
Type of setting in which incident occurred (e.g., own home, provider-owned or controlled setting, etc.)		
Estimated time of incident		
Date of incident		
Provider information		
Case Manager information		
Witnesses		
Other (describe)		
N/A		

4. Are there standardized forms or database interfaces for reporting incidents to the state?
- a. Yes
 - b. No
5. Does the state allow a person to report abuse, neglect, and exploitation (ANE) and other incidents anonymously?
- a. Yes
 - b. No

Critical Incident Management Survey – All Questions

Reporting Timelines

6. What is the timeliness standard for reporting incidents? If the timeline is implemented for both critical and non-critical incidents, please check both columns. If the state does not differentiate between critical and non-critical incidents, complete only the column labeled "Critical Incidents" and select "N/A" for the column labeled "Non-Critical Incidents."

	Critical Incidents	Non-Critical Incidents
Immediately		
24 hours after incident is found/recognized		
Next business day		
Within 2-5 business days		
After 6 or more business days		
No Information		
N/A		

Assessing Compliance with Reporting Requirements

7. Are staff at the state agency which receives incident reports trained to analyze data and produce summary reports of individual incidents?
- Yes
 - No
8. How does the state monitor compliance and how often? (select all that apply)

	Monthly	Quarterly	Every 6 months	Annually	Ongoing	Other
Compliance review						
Individual survey						
Automated summary from tracking tool						
Other (describe)						

General

9. Please identify the strengths of the reporting procedures for your incident management system.
10. Please identify any opportunities for improvement in the reporting procedures for your incident management system, or any related struggles, issues, or barriers your state has faced in this area.
11. Please provide any clarifying information for any questions you had difficulty answering because your system is different from what the survey is asking.

Section IV – Incident Resolution Questions

Purpose of this section:

In this section, we are hoping to gain a better sense of how your state resolves incidents once they are identified and reported. The answers to the questions in this section will help us understand the processes and procedures states have implemented to adequately respond to incidents and help highlight any additional safeguards created for participants.

Incident Resolution Process

1. After initial incident reports, who is responsible for each of the following activities to the left? (select all that apply)

	SMA Staff	Operating Agency Staff	Provider Agency Staff	Quality Assurance Unit Staff	Program Integrity Staff	Protective Agencies (e.g., APS, CPS)	Contracted Entity	Other
Triages report to determine need for investigation								
Investigates the reported incident								
Closes the report								
Conducts follow-up								
Audits the investigation / incident resolution process								

Investigation Process

2. How does the state determine which incidents to investigate?
 - a. An investigation is performed on all reported incidents.
 - b. An investigation is performed on all reported incidents of a certain classification (e.g., critical incidents).
 - c. An investigation is performed depending on the risk level or severity of the individual reported incident.
 - d. Other (describe)

Critical Incident Management Survey – All Questions

3. Does the State Medicaid Agency have a staff person dedicated to conducting or overseeing investigations of incident reports which do not rise to the level of investigation by Protective Services?
 - a. Yes
 - b. No
4. How are investigations performed? (select all that apply)
 - a. Conducting off-site (desk) reviews
 - b. Conducting on-site document reviews
 - c. Analyzing claims data
 - d. Meeting with provider or other entity who reported the incident
 - e. Meeting with participant affected by incident
 - f. Meeting with participant's family or related/legal guardian
 - g. Interviewing alleged perpetrator
 - h. Interviewing witnesses
 - i. Other (describe)
5. How soon after the initial incident report must an investigation be initiated for critical and non-critical incidents? If the state does not differentiate between critical and non-critical incidents, complete only the column labeled "Critical Incidents" and select "N/A" for the column labeled "Non-Critical Incidents." If the timeline for initiating the investigation is the same for both critical and non-critical incidents, please check in both columns.

	Critical Incidents	Non-Critical Incidents
Immediately		
Within 24 hours		
1-3 business days		
4-7 business days		
Within 2 weeks		
Within the month		
Other (describe)		
N/A		

6. Does the state conduct mortality/morbidity reviews?
 - a. Yes
 - b. No
7. Do protocols for review or investigation differ for an incident involving the death of a participant?
 - a. Yes
 - b. No

Critical Incident Management Survey – All Questions

8. (If answer a is selected for #7) Describe how protocols for review or investigation of incidents involving the death of a participant differ from other incidents. Specify whether protocols for review of unexplained/unexpected death differ from review of expected death.

Incident Resolution for ANE

9. Does the state offer a new or different service provider and/or location to a participant if it determines that the current location is unsafe or the participant wants to leave the provider when providers are under investigation for ANE?
- a. Yes
 - b. No
 - c. N/A
10. Does the state share substantiated reports of abuse, neglect, and exploitation (ANE) with the following state entities? (select all that apply)
- a. State provider licensing and/or credentialing department (name)
 - b. State Medicaid organization responsible for provider screening, enrollment, suspension, and termination activities (name)
 - c. State agency who manages the state's abuse registry (name)
 - d. Neighboring states
 - e. Adult Protective Services (APS) Agency
 - f. Child Protective Services (CPS) Agency
 - g. Other (describe)
 - h. The state does not share credible allegations or confirmed reports of ANE with other state entities.
11. What type of investigation results are communicated with other state entities? (select all that apply)
- a. Only substantiated results
 - b. Both substantiated and unsubstantiated results
 - c. Other (describe)

Sharing Results After Incident Resolution

12. How are the results of the investigation communicated? (select all that apply)
- a. Investigation results are sent to operating agency staff
 - b. Available on state intranet
 - c. Shared with program investigation staff
 - d. Shared with individual, guardian and/or family member
 - e. Shared with other branches of the state Medicaid agency (e.g., persons in charge of staffing)
 - f. Shared with provider agencies
 - g. Shared with the individual who reported the incident
 - h. Other (describe)
 - i. N/A
13. What additional safeguards does the state have for individuals self-directing services? (select all that apply)
- a. Program/state helps individual find a new provider
 - b. Program/state allows anonymous reporting
 - c. Program/state provides specialized training
 - d. Other (describe)
 - e. N/A
14. Does the state respond differently to reports of ANE for individuals self-directing services?
- a. Yes
 - b. No
 - c. N/A
15. (If answer a is selected for #14) How does the state respond differently to reports of ANE on individuals self-directing services?

Conducting Audits on Reported Incidents

16. How often are audits on investigation/incident resolution processes conducted? (select all that apply)
- a. Monthly
 - b. Quarterly
 - c. Annually
 - d. Every 2 years
 - e. Ongoing
 - f. Prior to closure of investigation
 - g. Other (describe)
 - h. No information

Critical Incident Management Survey – All Questions

17. How does the state determine whether a closed report needs follow-up? (select all that apply)

- a. Related incidents have occurred involving the same participant
- b. Related incidents have occurred involving the same caregiver
- c. Related incidents have occurred involving the same provider agency
- d. Quality monitoring or audits identify a reason to re-open a closed report
- e. Additional information is presented to the state/agency about the case
- f. Other (describe)

18. Does the state monitor whether designated staff are trained in performing follow-up of closed reports?

- a. Yes
- b. No

19. (If answer a is selected for #18) How does the state monitor whether designated staff are trained in performing follow-up of closed reports?

20. What type of data is used to conduct the following? (select all that apply)

	Triage	Investigation	Follow-up	Audit
Incident report				
Claims				
ER or Medicaid/medical claims other than ER				
Medical/ER records				
Self-reported data				
Survey/interview				
Desk audit				
Onsite audit				
Licensing report				
Case managing reports				
EVV data				
Other (describe)				
No information				

General

21. Please identify the strengths of the incident resolution process of your incident management system.

Critical Incident Management Survey – All Questions

22. Please identify any opportunities for improvement in the incident resolution process of your incident management system, or any related struggles, issues, or barriers your state has faced in this area.
23. Please provide any clarifying information for any questions you had difficulty answering because your system is different from what the survey is asking.

Section V – Quality Improvement Questions

Purpose of this section:

In this section, we will be seeking to understand if your state trends and tracks incidents and whether the collected data regarding incidents from all reporters helps to inform quality improvement strategies to improve procedures, data collection processes, or training. We are also interested in seeing how the state is using the information collected from incidents to improve care and prevent further incidents.

Creation of Data Reports and Trends

1. Do you create trend reports (this is a report that aggregates data from multiple incident reports to identify trends) for any of the following? (select all that apply)
 - a. Recurrent incidents (e.g., by individual and/or by provider)
 - b. Outliers
 - c. Number of incidents
 - d. Type of incidents (e.g., falls, ANE, other)
 - e. Results of substantiated ANE
 - f. ER visit/hospitalizations
 - g. Particular medical findings (e.g., aspiration, pneumonia, falls, urinary tract infection (UTI), burns)
 - h. Other (describe)
 - i. N/A
2. How often are trend reports produced? (select all that apply)
 - a. Monthly
 - b. Quarterly
 - c. Annually
 - d. Every 2 years
 - e. Every 3 years
 - f. Ad hoc or as necessary
 - g. Other (describe)
3. Please choose the top three trends you have discovered.
 - a. Recurrent incidents (e.g., by individual and/or by provider)
 - b. Results of substantiated ANE
 - c. ER visit/hospitalizations
 - d. Particular medical findings (e.g., aspiration, pneumonia, falls, UTI, burns)
 - e. Deaths (natural and unexpected)
 - f. Other (describe)
 - g. N/A

Critical Incident Management Survey – All Questions

4. Does the state publish (release to the public) a report on incidents?
 - a. Yes, on all incidents
 - b. Yes, on a subset of incidents (describe)
 - c. No
 - d. No information

Use of Data and Trend Reports

5. Has your state implemented a systemic or operational intervention in response to any trend report within the last five full waiver years?
 - a. Yes
 - b. No
6. (If answer a is selected for #5) Describe the intervention(s) and any associated impacts, including whether the number of incidents decreased.
7. Have you implemented or updated performance measures in response to findings in trend reports?
 - a. Yes
 - b. No
 - c. No information
8. (If answer a is selected for #7) What performance measures have you added or updated?
9. How often are performance measures reviewed and revised? (select all that apply)
 - a. Monthly
 - b. Quarterly
 - c. Every 6 months
 - d. Annually
 - e. Ad hoc or as necessary
 - f. Other (describe)
 - g. No information
10. Does the state have a process to follow-up on all corrective actions identified when conducting oversight of providers in your state?
 - a. Yes
 - b. No
 - c. No information
11. (if answer a is selected for #10) Describe common types of corrective actions your state issues to providers, and your state's process for follow-up on corrective actions.

Critical Incident Management Survey – All Questions

12. Have you developed multi-department or multi-agency solutions intended to reduce the number of incidents?
 - a. Yes
 - b. No
 - c. No information
13. (If answer a is selected for #12) Describe the multi-department or multi-agency solution(s) and any associated impact.

Compliance with Settings Requirements

14. How has your state's ongoing monitoring of compliance with home and community-based settings requirements impacted incident definitions and broader incident management processes (and vice versa), if at all?

Financing Remediation of Systemic Issues

15. Describe how the state finances costs of remediating systemic issues in incident management, including whether and how the state uses allocated state Medicaid funds.

General

16. Please identify the strengths of your quality improvement strategies for your incident management system.
17. Please identify any opportunities for improvement in your quality improvement strategies for your incident management system, or any related struggles, issues, or barriers your state has faced in this area.
18. Please provide any clarifying information for any questions you had difficulty answering because your system is different from what the survey is asking.

Section VI – Collaboration Questions

Purpose of this section:

Questions in this section are aimed to better understand how your state communicates and collaborates with other departments or units within the operating agency or other responsible agencies. We are also interested in how your state communicates and works with providers to collect information about incidents.

Collaboration with Other Agencies

1. With which of the following agencies or departments does your agency work to collect information regarding incidents? (select all that apply)
 - a. State Health and Human Services
 - b. State Medicaid Agency
 - c. Aging Department
 - d. Disabilities Department
 - e. Aging and Disabilities Department
 - f. Mental Health Department
 - g. Law Enforcement
 - h. Public Advocate for Disability Rights
 - i. Provider Licensing Agency
 - j. Provider Certification Agency
 - k. Quality Improvement Division (internal to the State Medicaid Agency)
 - l. Quality Improvement Division (outside of the State Medicaid Agency)
 - m. Adult Protective Services (APS) Agency
 - n. Child Protective Services (APS) Agency
 - o. Other (describe)
 - p. None
2. Through what modes does the state share information and/or collaborate with other state agencies? (select all that apply)
 - a. Using incident management system
 - b. Combined and/or accessible database
 - c. Email
 - d. Phone
 - e. Reports
 - f. Meetings
 - g. Other (describe)
 - h. Investigation staff does not share information and/or collaborate with other agencies
 - i. None

Critical Incident Management Survey – All Questions

3. Which agency/department holds the responsibility for sending the information to the enforcement agency?
 - a. State Medicaid Agency
 - b. Operating Agency
 - c. State Program Integrity Unit
 - d. Contracted Entity
 - e. Other (describe)
 - f. N/A
4. With which of the following entities has the state created informal partnerships (e.g., workgroup meetings) or formal partnerships (e.g., memoranda of understanding, data sharing agreements)? (select all that apply)

	Informal Partnerships	Formal Partnerships
Adult Protective Services (APS) Agency		
Child Protective Services (CPS) Agency		
Law enforcement		
Licensing entities		
Medicaid Fraud Control Unit		
Ombudsman / Protection & Advocacy		
Other agencies		

5. If there are differences in findings between various investigative entities (e.g. state investigator v. Ombudsman, state investigator v. law enforcement, etc.), does the state have a policy/procedure for reconciling those findings? If yes, describe the state's policy/procedure for reconciling differences in findings between various investigative entities. If there are no policies/procedures for reconciliation, please write "N/A."
6. Is there a combined report for all the information found from different investigative entities?
 - a. Yes
 - b. No
 - c. N/A
7. Does the state share information regarding incidents with providers?
 - a. Yes
 - b. No
8. (If answer a is selected for #7) Describe the type(s) of information shared and method(s) used to share information regarding incidents with providers.
9. Does the state share information regarding incidents with waiver participants?
 - a. Yes
 - b. No

Critical Incident Management Survey – All Questions

10. (If answer a is selected for #9) Describe the type(s) of information shared and method(s) used to share information regarding incidents with waiver participants.

General

11. Please identify the strengths of your system's communication with other agencies and providers.
12. Please identify any opportunities for improvement in your system's communication with other agencies and providers, or any related struggles, issues, or barriers your state has faced in this area.
13. Please provide any clarifying information for any questions you had difficulty answering because your system is different from what the survey is asking.

Section VII – Training Questions

Purpose of this section:

The purpose of this section is to understand how the state trains its staff, providers, waiver participants and family/unpaid caregivers on incident reporting. This section will go into detail on how the training is administered, how often it is administered, what is covered during the training, and who monitors for training compliance.

Training

1. When are new paid providers/caregivers required to receive training on incident reporting?
 - a. Before rendering services
 - b. After rendering services
 - c. Only in cases where the provider is found to be out of compliance
 - d. Other (describe)
2. (If answer b-d is selected for #1) What is the amount of time that a provider may render a service before completing the training?
3. Are trainings updated based on: (select all that apply)
 - a. Stakeholder feedback
 - b. Investigative findings
 - c. Systemic interventions
 - d. Regulatory changes (e.g., state law changes)
 - e. Findings from trend reports
 - f. Other (describe)

Please select the answer to each question pertaining to training for providers, state staff, waiver participants and family or unpaid caregivers for questions 4 through 8. If the state does not have self-direction, select "N/A" for the corresponding column.

4. Does the state provide initial and/or ongoing training for each group? (select all that apply)

	Providers	State Staff	Waiver Participants	Family/ Unpaid Caregivers	Investigative Staff	Individuals with Self-Directed Services
Initial						
Ongoing						
Other (describe)						
N/A						

Critical Incident Management Survey – All Questions

5. How often is training updated for each group? (select all that apply)

	Providers	State Staff	Waiver Participants	Family/ Unpaid Caregivers	Investigative Staff	Individuals w/Self-Directed Services
Monthly						
Quarterly						
Annually						
As requested						
Other (describe)						
N/A						

6. What are the topics covered in training? If your training topics are the same across all populations listed on the columns, please mark across all columns. (select all that apply)

	Providers	State Staff	Waiver Participants	Family/ Unpaid Caregivers	Investigative Staff	Individuals w/Self-Directed Services
Definitions of incidents						
Definitions of ANE						
Types of incidents to report						
Reporting deadlines						
Responsibilities						
Identification of/recognition of ANE						
Process of reporting incidents						
Tracking incidents						
Trending incidents						
How to use the incident system						

Critical Incident Management Survey – All Questions

How to perform an investigation						
Safeguards for individuals and those who report						
Communicating with other agencies or law enforcement						
Other (describe)						
Training not provided						

7. How is training administered to each group? (select all that apply)

	Providers	State Staff	Waiver Participants	Family/ Unpaid Caregivers	Investigative Staff	Individuals w/Self-Directed Services
Web-based live training						
In-person training						
Self-paced web training						
Train the trainer						
Other (describe)						
N/A						

8. How does the state keep track of all providers/staff/caregivers/participants that have received training? (select all that apply)

	Providers	State Staff	Waiver Participants	Family/ Unpaid Caregivers	Investigative Staff	Individuals w/Self-Directed Services
Web-based system						
Training records/sign-in sheets						
Other (describe)						
N/A						

Critical Incident Management Survey – All Questions

9. For whom are training materials readily available? (select all that apply)
- a. Providers
 - b. State staff
 - c. Waiver participants
 - d. Family/unpaid caregivers
 - e. Investigative staff
 - f. Individuals with self-directed services
 - g. Other (describe)

Delivery and Monitoring of Trainings

10. Who is responsible for developing and delivering the training to each of these population groups (on the left)? (select all that apply)

	SMA	Operating Agency	State Integrity Division/ Agency	Contracted Entity	N/A
Providers					
State Staff					
Waiver Participants					
Family/unpaid caregivers					
Investigative staff					
Individuals with Self-Directed Services					
Other					

Critical Incident Management Survey – All Questions

11. Who monitors the training of providers, caregivers, staff, and waiver participants?
(select all that apply)

	SMA	Operating Agency	State Integrity Division/ Agency	Contracted Entity	No Information
Providers					
Caregivers					
State Staff					
Waiver Participants					
Individuals with Self-Directed Services					

General

12. Please identify the strengths of your system's training and education efforts.
13. Please identify any opportunities for improvement in your system's training and education efforts, or any related struggles, issues, or barriers your state has faced in this area.
14. Please provide any clarifying information for any questions you had difficulty answering because your system is different from what the survey is asking.

Section VIII – Prevention Questions

Purpose of this section:

In this section, we are seeking to identify current practices your state has implemented to prevent future incidents. We are also interested in how your state identifies incidents that have not been reported.

Identification of all Reportable Incidents

1. Of all incidents that occur in your waiver(s), what percent do you think are reported in the Incident Management System?
 - a. 0 – 20%
 - b. 21 – 40%
 - c. 41 – 60%
 - d. 61 – 80%
 - e. 81 – 100%
 - f. No information
2. What is the basis for your response to question 1? (select all that apply)
 - a. Review of provider documents (e.g., group home records, day training records, etc.)
 - b. Review of hospital records (e.g., medical records, emergency room (ER) visit diagnoses, etc.)
 - c. Review of service recipient billing (e.g., payments made to doctors, clinic, hospitals, etc.)
 - d. Case management visit records
 - e. Other (describe)
 - f. No information
3. What measure(s) are you taking to improve the reporting of incidents? (select all that apply)
 - a. Review of provider documents (e.g., group home records, day training records, etc.)
 - b. Review of hospital records (e.g., medical records, ER visit diagnoses, etc.)
 - c. Review of service recipients billing (e.g., payments made to doctors, clinic, hospitals, etc.)
 - d. Case management visit records
 - e. Other (describe)
 - f. N/A

Critical Incident Management Survey – All Questions

4. Which activities has your state conducted in identifying incidents that have not been reported? (select all that apply)
 - a. Data analysis (e.g., ER admission/discharge alerts, ER claims, 1st responder claims)
 - b. Discussions with other agencies/departments
 - c. Discussions with providers
 - d. Regular meetings/sessions between individual and case manager
 - e. Focus groups with waiver participants
 - f. Other (describe)
 - g. N/A
5. Have state audits resulted in identifying incidents that have not been reported but should have been? (e.g., has the audit found ER utilization for falls or other incidents where there was no documentation of an incident?)
 - a. Yes
 - b. No
 - c. No information
6. Have you provided training to providers and case managers highlighting risk factors that help identify potential occurrence of incidents?
 - a. Yes
 - b. No
 - c. No information
7. Have you provided training to providers and case managers highlighting signs/symptoms that indicate potential occurrence of incidents (e.g. radial fractures, long sleeve shirts in the summer time, visits to multiple primary care providers, and/or ERs)?
 - a. Yes
 - b. No
 - c. No information

Critical Incident Management Survey – All Questions

8. Please select up to two locations in each column where data indicates incidents are most prevalent and least prevalent. (E.g., if incidents are most prevalent in provider-controlled day program settings and residential settings, select those two locations in the column labeled “Most prevalent.”)

	Most prevalent	Least prevalent
Own home		
Family member home		
Provider-owned or controlled residential setting		
Provider-owned or controlled non-residential setting		
Within community		
Other (describe)		
No information		

Implementation of Safeguards to Prevent Incidents

9. Do providers or case managers routinely assess individuals for potential risk for incidents?
- Yes
 - No
 - No information
10. (If answer a is selected for #9) If an individual is categorized as high risk for a critical incident, what safeguards does the state implement to monitor and prevent these incidents? (select all that apply)
- Additional in-person visits by provider/case manager
 - Additional check-ins with the individual by provider/case manager (via phone, email, etc.)
 - Additional training sessions
 - Alerts or any incident reported elevated for faster response
 - Other (describe)
 - No information
11. Do case managers update person-centered service plans in response to incident reports and/or findings?
- Yes
 - No
 - No information

Critical Incident Management Survey – All Questions

12. Which of the following would trigger additional analysis, for example by a case manager, to determine incident risk? (select all that apply)
- a. Unexpected change in service utilization
 - b. Missed case management appointments
 - c. Missed appointments for other services (e.g., physician services)
 - d. Missed phone calls
 - e. Visit to the ER
 - f. Increase in prescription drug use
 - g. Other (describe)
13. Does the state revisit or address unresolved reports or incidents?
- a. Yes
 - b. No

General

14. Please identify the strengths of your system's prevention efforts.
15. Please identify any opportunities for improvement in your system's prevention efforts, or any related struggles, issues, or barriers your state has faced in this area.
16. Please provide any clarifying information for any questions you had difficulty answering because your system is different from what the survey is asking.

Section IX – Mitigation of Fraud, Waste and Abuse Questions

Purpose of this section:

In this section, we are hoping to understand how your state uses its incident management system to mitigate and prevent fraud, waste, and abuse (FWA). We will also be asking about how your incident management system communicates with other data systems in your state and what safeguards are available for victims of FWA and/or ANE.

1. How often does the state verify incidents with claims to identify any FWA regarding those providers? (select all that apply)
 - a. Monthly
 - b. Quarterly
 - c. Annually
 - d. Ad hoc or as necessary
 - e. Other (describe)
 - f. N/A
2. When performing pre-payment or post-payment reviews, are there any comparisons with the following sources? (select all that apply)
 - a. Reports of ANE or other incidents
 - b. FWA records
 - c. EVV data
 - d. Audit findings
 - e. State abuse registry
 - f. Other (describe)
 - g. None
3. How do you recoup the payments provided to the provider found guilty of ANE? If the state does not recoup costs if a provider is found guilty of ANE, please enter "N/A."
4. Is there a cross check between ER admission or hospitalization data and HCBS data? (i.e., when participants are in the ER, caregivers/providers know why they are there, alerts to caregivers)
 - a. Yes
 - b. No
 - c. N/A
5. Does the state's list or registry of providers who are excluded or disqualified from the program for committing ANE also include individuals found to have committed FWA?
 - a. Yes
 - b. No
 - c. N/A

Critical Incident Management Survey – All Questions

6. When a provider has been found to have committed FWA, does the state do any of the following? (select all that apply)
 - a. Add the provider to a state abuse registry
 - b. Prohibit the provider from delivering services in the future
 - c. Notify the waiver participant(s) under the care of that provider
 - d. Other (describe)
 - e. N/A
7. When a provider has been found to have committed ANE, does the state do any of the following? (select all that apply)
 - a. Add the provider to a state abuse registry
 - b. Prohibit the provider from delivering services in the future
 - c. Notify the waiver participant(s) under the care of that provider
 - d. Other (describe)
 - e. N/A

General

8. Please identify the strengths of your system's efforts to reduce FWA.
9. Please identify any opportunities for improvement in your system's efforts to reduce FWA, or any related struggles, issues, or barriers your state has faced in this area.
10. Please provide any clarifying information for any questions you had difficulty answering because your system is different from what the survey is asking.

Section X – Closing Comments

What can CMS do further to help you improve your incident management system? (If no comments please enter N/A)

(If answer b is selected for #7 in Introduction) Since you selected that the incident management operations are unique across waivers, please fill out a separate survey for each waiver that has a different system.