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Division of Disability and Aging Services
Money Follows the Person
Critical Incident Reporting Policy

Division of Disability and Aging Services (DAIL) Quality Improvement Program includes a critical incident reporting and management system. Critical incident reporting provides DAIL timely notification of a threat to a Money Follows the Person (MFP) participant's welfare, information to address problems experienced by provider agencies and data to identify systemic problems.

DAIL will ensure appropriate action is taken to address or remediate critical incidents involving participants enrolled in MFP. A c*ritical incident* reportable under MFP is defined as:

a. any actual or alleged event, incident or course of action involving the perceived or actual threat to an MFP participant's health and welfare; or

b. any actual or alleged event, incident or course of action involving the perceived or actual threat to his/her ability to remain in the community.

Examples of critical incidents include but are not limited to: untimely or unexpected death; unexpected occurrence resulting in death; suspicious or unexplained cause of death; suspected abuse, neglect or exploitation; serious injury or medical condition; criminal act by person receiving services; criminal act by staff or worker; use of restraint; medication error; unexpected hospitalization; events or incidents that cause harm to MFP participants; events that serve as indicators of risk to participants health and welfare; fire; theft; destruction of property; other criminal acts and unusual events.

Within 24 hours of a critical incident, service providers, MFP transition coordinators, case managers and any person who becomes aware of a critical incident is required to complete the *Division of Disability and Aging Services Vermont Money Follows the Person Critical Incident Form* (Appendix A). The reporter must fax the report to DAIL MFP

AIL85 Division of Disability and Aging Services, Money Follows the Person,
103 S. Main St. Weeks Bldg., Waterbury, VT 05671
802-871-3067 • Fax 802-871-3052 • AHS.MFP@state.vt.us

Quality Specialists (802.871.3052 fax). While an initial verbal report is allowable (802.871.3067 office), a written report is required within 48 hours of the incident.

The reporter must separately report suspected abuse, neglect and exploitation to Adult Protective Services (800.564.1612) per the reporter's regulation/policy/statute. MFP will also report all complaints of abuse, neglect and exploitation to Adult Protective Services.

If the reporter is mandated to notify additional organizations, the reporter must complete the separate critical incident forms required for each program.

When suspected Medicaid fraud or abuse occurs, MFP staff will report the activities to The Department of Vermont Health Access (DVHA) Program Integrity (PI) Unit (802.879.5900). Medicaid Fraud is intentional deception or misrepresentation that an individual makes knowing it to be false, and may result in unauthorized benefit payments either to that individual or to some other person. Fraud includes any act that constitutes fraud under any applicable federal or state law. Abuse includes incidents or practices that are not consistent within accepted Medicaid or business standards, and may result in unnecessary costs to Medicaid. Abuse may evolve into fraud.

When MFP receives a critical incident report, MFP Quality Specialists will respond to each incident based on individual need and significance. If the incident involves an agency/business, MFP will request an internal investigation report from the provider. The MFP Project Director may contact the provider to discuss areas in which the response was found to be inadequate. The Project Director may request a Critical Incident Improvement Plan from the provider which addresses:

a. the actions to be taken to prevent reoccurrences or improve response in the event of similar incidents;
b. a date by which the actions will be taken;
c. the provider agency staff responsible for taking the actions.

All other critical incident reports will be evaluated by MFP Quality Specialists. MFP may conduct an investigation incorporating the following information:

a. circumstances leading up to and culminating in the critical incident;
b. any current practice, procedure or factor involved in providing the service that contributed to the occurrence of the critical incident;
c. actions considered, developed or required as follow up to the critical incident;
d. implementation of any recommendations resulting from the critical incident review.

The Quality Specialist will work in collaboration with the involved entities to ensure completion of a Critical Incident Improvement Plan.

DAIL Quality Improvement Committee and MFP representatives will conduct oversight of staff and providers to ensure critical incident reporting policies are being followed. Corrective action will be taken as needed to ensure these entities comply with critical incident reporting requirements. Critical incidents will be monitored on a case-by-case basis to assure timely, adequate and complete resolution.

On the first day of transition, each MFP participant will have a risk mitigation plan, a 24 hour backup plan in place and a system to report critical incidents. DAIL contracts with Vermont Legal Aid for Long Term Care Ombudsman services for all participants served through the program. If a critical incident occurs, all program participants may access an independent entity responsible for representing their interests.

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