Section I - Introduction

The purpose of this survey is to help the Centers for Medicare & Medicaid Services (CMS) identify state best practices related to the incident management system for Home and Community Based Services (HCBS) under the 1915(c) waiver including reporting incidents, responding to reported incidents, collecting information, training individuals involved in incident management, and tactics for preventing incidents. We recognize your system may not match exactly with some questions asked. Please aim to use the response option available as best as possible. In addition, you will find space at the end of each section to explain your state's differences. We ask that respondents are honest and give the best possible answer.

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 0938-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.

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. 10+ years
5. What state do you represent?
   a. Dropdown list of states
6. What type of agency do you represent in relation to the waivers for which you are responding?
   a. State Medicaid Agency (SMA)
   b. Operating Agency
   c. N/A

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 if your incident management operations are the same or unique across all waivers:

    a. Same

    b. Unique

    c. Not sure/No information

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 that has a different 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, how are these differences reconciled?

8. Please provide the program 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."

	Program Name Response	**Waiver Number** Response
Program 1		
Program 2		
Program 3		
Program 4		
Program 5		

9. What population does your waiver serve? (select all that apply)

Populations				
	Aged, Disabled, or Both – General – Aged, Disabled/Physical, Disabled/Other	Aged, Disabled, or Both – Specific Subgroups - Brain Injury, HIV/AIDS, Medically Fragile, Technology Dependent	Intellectual Disability, Developmental Disability, or Both – Autism, Developmental Disability, Intellectual Disability	Mental Illness – Mental Illness, Serious Emotional Disturbance
Waiver Program #1 "entered text"				
Waiver Program #2 "entered text"				
Waiver Program #3 "entered text"				
Waiver Program #4 "entered text"				
Waiver Program #5 "entered text"				

10. Which of your waivers support self-directed services? (select all that apply)

	Yes	No
Waiver Program #1 "entered text"		
Waiver Program #2 "entered text"		
Waiver Program #3 "entered text"		
Waiver Program #4 "entered text"		
Waiver Program #5 "entered text"		

11. Is the HCBS service provided in a managed care format?

    a. Yes

    b. No

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, costs and the interoperability of system. The purpose of the questions in this section is to help us get a sense of how programs/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;" 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 entity operates/manages the system?
    a. State Medicaid Agency
    b. Operating Agency
    c. Contracted party
    d. Other (describe)
    e. No information

2. How are initial reports of incidents filed? (select all that apply)
    a. Electronically
    b. Phone/hotline reports
    c. Written forms (e.g., fax, PDF form, etc.)
    d. Other (describe)
    e. No information

3. (If answer a is selected for #2) Please describe the format/platform as best you can: (select all that apply)

    a. Email in-box system

    b. Microsoft Word or PDF form

    c. Excel-based tool on single user computer

    d. Excel-based tool on shared system

    e. Microsoft Access tool on single user computer

    f. Microsoft Access tool on shared system

    g. Web or cloud-based system with state only use

    h. Web or cloud-based system with external user access and inter-agency use

    i. Other (describe)

    j. No information

4. (If answer a is selected for #2) What type of system is used?

    a. State-operated system

    b. Vendor-based system

    c. Other (describe)

    d. No information

5. (If answer b is selected for #4) Please provide the name of the vendor from whom you purchased the system.

6. (If answer b is selected for #4) Does the vendor provide the state with technical assistance support?

    a. Yes

    b. No

7. How much was the initial cost of your system?

    a. $100,000 – $199,000

    b. $200,000 – $299,000

    c. $300,000 plus

    d. No information

8. How much does it cost annually to maintain your system?

    a. Less than $100,000

    b. $100,000 – $199,000

    c. $200,000 – $299,000

    d. $300,000 plus

    e. No information

9. Did you receive any federal match funding through the Advanced Planning Document for this system?

   a. Yes

   b. No

   c. N/A

10. Are you able to use your system to trend incidents over time?

    a. Yes

    b. No

    c. N/A

11. Please fill out which modes you use for each of the different functionalities to the left:

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

12. Provide a list of all other system or data sources that are linked to the incident management system:

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

13. Who has access to the system to directly report incidents? (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. Protective Agencies (e.g., APS/CPS)
    l. Managed Care Organization
    m. Other (describe)
    n. None of the Above

14. Who has access to the information in the incident management system? (select all that apply)
    a. Case Manager
    b. Caregiver
    c. Provider Agency
    d. State Medicaid Agency Staff
    e. Operating Agency
    f. State Program Integrity Staff
    g. Contracted Entity Staff
    h. Disability Rights Group
    i. Ombudsman
    j. Law Enforcement
    k. Protective Agencies (e.g., APS/CPS)
    l. Managed Care Organization
    m. Other (describe)
    n. None of the Above

Incident Management System Processes

15. How does the state define the responsibilities of each staff/provider selected in the previous question? (select all that apply)

	Statement of Protocol	Training	State Regulations	State Law
Case Manager				
Caregiver				
Provider Agency				
State Medicaid Agency				
Operating Agency				
State Program Integrity Staff				
Contracted Entity Staff				
Disability Rights Group				
Ombudsman				
Law Enforcement				
Protective Agencies (e.g., APS/CPS)				
Managed Care Organization				
Other (describe)				
None of the above				

16. Which individuals of the following have responsibility for the following activities? (select all that apply) Please select who is responsible for each activity to the left. View incident terms and conditions.

	Case Manager	Caregiver	Provider Agency	State Medicaid Agency Staff	State Program Integrity Staff	Contracted 3rd Entity	Other (describe)
Receive initial incident report							
Triage initial incident report							
Contact individual/advocate about report							
Refer incident to additional investigative authorities							
Create summary report							
Follow-up with individual							
Collect data from reported incidents							

General

17. Please identify the strengths of the functionality of your incident management system.

18. Please identify the weaknesses of the functionality of your incident management system.

19. Has your state/agency faced any struggles, issues, or barriers with the functionality of your incident management system? If so, please explain.

20. 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:

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 finally if there are any reporting differences for self-directed services participants, as applicable.

Reporting Guidelines

1. Does the state identify incidents by risk level?

    a. Yes

    b. No

    c. N/A

2. (If answer a is selected for #1) How does the state define an incident as a "critical" incident? (select all that apply)

    a. Abuse that results in Emergency Room (ER) Visit

    b. Abuse that results in physical injury (non-ER visit)

    c. Neglect that results in ER visit

    d. Neglect that results in physical injury (non-ER visit)

    e. Exploitation that results in ER visit

    f. Exploitation that results in physical injury (non-ER visit)

    g. Accidental/Unexpected Death

    h. Other (describe)

    i. No information

3. What information is required when reporting a non-critical incident and a critical incident? (select all that apply)
    If the same information is required for both non-critical and critical incidents, please check in the "applies to both" column.

	Non-Critical Incident	Critical Incident	Applies to Both
Level of incident			
Identifying data			
Location			
In own-home or provider-controlled home setting			
Estimated time of incident			
Date of incident			
Provider information			
Case Manager information			
Witnesses			
Other (describe)			

4. Are there standardized forms or database interfaces for reporting incidents to the state?

    a. Yes

    b. No

    c. N/A

5. Which of the following does the state use to require incident reporting? (select all that apply)

    a. State legislative law

    b. State regulations

    c. Contractual agreement with providers

    d. Other (describe)

    e. N/A

Reporting Timelines

6. Are staff trained to produce summary reports?

   a. Yes

   b. No

   c. N/A

7. What is the timeliness standard for reporting incidents? (select one answer for each column)
   If the timeline is implemented for both non-critical and critical incidents, please check in the "applies to both" column.

	Non-Critical Incident	Critical Incident	Applies to Both
Immediately			
24 hours after incident is found/recognized			
Next business day			
Within 2-5 business days			
No Information			

Assessing Compliance with Reporting Requirements

8. How does the state monitor compliance and how often? (select all that apply)

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

9. Does the state allow the person to report ANE/critical incident anonymously?

   a. Yes

   b. No

   c. N/A

Reporting Self-Direction Services

10. Does the state have a separate reporting system for participants with self-direction?

    a. Yes

    b. No

    c. N/A

11. (If answer a is selected for #10) What data or information is required when reporting a critical incident for individuals with self-directed services? (select all that apply)

    a. Level of incident

    b. Identifying data

    c. Location

    d. Estimated time of incident

    e. Description of incident

    f. Date of incident

    g. Provider information

    h. Case Manager information

    i. Witnesses

    j. Other (describe)

    k. N/A

12. (If answer a is selected for #10) What tools are used to report incidents for self-directed services? (select all that apply)

    a. Paper

    b. Web-based entry

    c. Phone/hotline

    d. Fax

    e. Other (describe)

    f. N/A

General

13. Please identify the strengths of the reporting procedures for your incident management system.

14. Please identify the weaknesses of the reporting procedures for your incident management system.

15. Has your state/agency faced any struggles, issues, or barriers with the reporting procedures for your incident management system? If so, please explain.

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 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 individuals.

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	Contracted 3rd Party	Other
Responds to the report							
Investigates the reported incident							
Closes the report							
Conducts follow-up							

2. How does the state determine whether a closed report needs follow-up?

3. Does the state monitor whether staff are trained in performing follow-up?
    a. Yes
    b. No
    c. N/A

Investigation Process

4. Is an investigation performed on all incidents reported?
    a. Yes
    b. No
    c. N/A

5. (If answer b is selected for #4) How does the state determine which incidents to investigate?

6. How are investigations performed? (select all that apply)

    a. Desk review

    b. On-site review

    c. Phone calls

    d. Other (describe)

    e. No information

7. What methods are used during the investigation? (select all that apply)

    a. Conducting on-site document reviews

    b. Analyzing claims data

    c. Meeting with provider who reported the incident and individual (separately)

    d. Meeting with individual's family or related/legal guardian

    e. Interviewing alleged perpetrator

    f. Interviewing witnesses

    g. Other (describe)

    h. No information

8. How soon after the initial incident report must an investigation be initiated? (select one answer per column) If the timeline for initiating the investigation is the same for both non-critical and critical incidents, record answer in the "applies to both" column.

	Non-Critical Incidents	Critical Incidents	Applies to Both
Immediately			
Within 24 hours			
1-3 business days			
4-5 business days			
1-2 weeks			
Within the month			
Other (describe)			
N/A			

9. Which of the following qualifications satisfy state requirements for those conducting investigations? (select all that apply)

    a. Medical (e.g., nurse, therapist)

    b. Social work (e.g. social worker, clinical psychologist, case manager)

    c. Law enforcement

    d. Has fiscal experience (e.g. actuary)

    e. Other (describe)

    f. N/A

Incident Resolution for ANE

10. If the incident involves the death of an individual, what are the protocols for review or investigation?

11. Does the state conduct mortality/morbidity reviews?

    a. Yes

    b. No

    c. N/A

12. What is the state's burden of proof used to substantiate allegations?

    a. Preponderance of evidence (over 50%)

    b. Clear and convincing (greater than 51% and less than 75%)

    c. Beyond a reasonable doubt (greater than 95%)

    d. Other (describe)

    e. No information

13. Does the state use allocated state Medicaid funds to finance remediation costs related to incidents for ANE victims?

    a. Yes

    b. No

    c. N/A

14. Does the state have a backup plan (i.e. backup provider) for providing alternative providers to an individual when providers are under investigation for ANE?

    a. Yes

    b. No

    c. N/A

15. Does the state respond differently to reports of ANE on self-direction individuals?

    a. Yes

    b. No

    c. N/A

16. (If answer a is selected for #15) How does the state respond differently to reports of ANE on self-direction individuals?

17. Are results from investigations or confirmed reports of ANE shared with the state licensing department?

    a. Yes

    b. No

    c. N/A

18. Do you communicate with neighboring states regarding providers found guilty of ANE?

    a. Yes

    b. No

    c. N/A

19. Are costs recouped if provider is found guilty of ANE?

    a. Yes

    b. No

    c. N/A

Sharing Results After Incident Resolution

20. 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. Other (describe)

    f. N/A

21. Are results shared with other branches of the state Medicaid agency (e.g. persons in charge of staffing)?

    a. Yes

    b. No

    c. N/A

22. Are results shared with provider agencies?

    a. Yes

    b. No

    c. N/A

23. What safeguards does the state have for self-direction individuals? (select all that apply)

    a. Program/state helps individual find a new provider

    b. Program/state allows anonymous reporting

    c. Provides specialized training

    d. Other (describe)

    e. N/A

Conducting Audits on Reported Incidents

24. Who audits the investigation/incident resolution process? (select all that apply)

    a. State Medicaid Agency

    b. Operating Agency

    c. State Program Integrity Unit

    d. Contracted 3rd party

    e. Other (describe)

    f. No information

25. 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

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

	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			
No information			

27. 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. N/A

General

28. Please identify the strengths of the incident resolution process of your incident management system.
29. Please identify the weaknesses of the incident resolution process of your incident management system.
30. Has your state/agency faced any struggles, issues, or barriers with the incident resolution process of your incident management system? If so, please explain.
31. 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 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. If trends are analyzed, how are incidents aggregated and analyzed for a trend report?
    a. Manually
    b. Electronically
    c. Other (describe)

3. How often are reports produced? (select all that apply)
    a. Monthly
    b. Quarterly
    c. Annually (e.g., 372 reports)
    d. Every 2 years
    e. Every 3 years (e.g., Evidentiary Reports)
    f. Ad hoc or as necessary
    g. Other (describe)

4. If you have a link or a file of the most recent trend report, please share the link/upload below:

    File upload:

5. 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

6. Who is responsible for producing the trend report? (select all that apply)
   a. Case Manager
   b. Caregiver
   c. Provider Agency
   d. SMA Staff
   e. Operating Agency Staff
   f. State Program Integrity Staff
   g. Contracted Entity Staff
   h. Other (describe)
   i. N/A

7. Does the state publish (release to the public) a report on all incidents?
   a. Yes
   b. No
   c. No Information

8. (If answer a is selected for #7) How often are these reports issued? (select all that apply)
   a. Monthly
   b. Quarterly
   c. Annually (e.g., 372 reports)
   d. Every 2 years
   e. Every 3 years (e.g., Evidentiary Reports)
   f. Other (describe)

9. To whom are these reports issued? (select all that apply)
   a. CMS
   b. Operating Agency
   c. State Medicaid Agency
   d. General Public
   e. Other (describe)

Use of Data and Trend Reports

10. 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

    c. No information

11. (If answer a is selected for #10) After implementation of the intervention, did the number of incidents decrease?

    a. Yes

    b. No

    c. No information

12. Has the state created new trainings based on findings from trend reports?

    a. Yes

    b. No

    c. No information

13. Have you implemented performance metrics in response to findings in trend reports?

    a. Yes

    b. No

    c. No information

14. (If answer a is selected for #13) What performance metrics have you added?

15. How often are performance metrics 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

16. Have you developed multi-department or multi-agency solutions intended to reduce the number of incidents?

    a. Yes

    b. No

    c. No information

17. From the trend reports, do you see a higher prevalence of incidents among individuals who are receiving their services in their own home?

    a. Yes

    b. No

    c. No information

General

18. Please identify the strengths of your quality improvement strategies for your incident management system.

19. Please identify the weaknesses of your quality improvement strategies for your incident management system.

20. Has your state/agency faced any struggles, issues, or barriers with quality improvement strategies for your incident management system? If so, please explain.

21. 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. Does your agency work with other departments or agencies to collect information regarding incidents?

    a. Yes

    b. No

    c. N/A

2. (If answer a is selected for #1) Which of the following agencies or departments? (select all that apply)

    a. State Health and Human Services

    b. State Medicaid Agency

    c. Aging Department

    d. Disabilities Department

    e. Aging and Disabled 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. Other (describe)

3. Does the agency collecting incident information share that information with other agencies in your state?
   a. Yes
   b. No
   c. N/A

4. (If answer a is selected for #3) What type of information is shared?
   a. Issue reports
   b. Investigation findings
   c. Both issue reports and investigation findings
   d. Other (describe)

5. Is the agency collecting incident information required by law or regulation to share this information with other agencies or departments?
   a. Yes
   b. No
   c. N/A

6. Please select how often information is shared for the different modes of sharing information:

	Weekly	Monthly	Quarterly	Every 6 months	Annually	As necessary	Never
Using incident management system							
Email							
Reports							
Meetings							
Other (describe)							

7. If the investigation staff collaborate with other agencies, how do they communicate? (select all that apply)
   a. Combined and/or accessible Database
   b. Email
   c. Phone
   d. Reports
   e. Meetings
   f. Other (describe)
   g. Investigation staff does not collaborate with other agencies
   h. No information

8. (If answer a is selected for #1) 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 3rd Party

    e. Other (describe)

    f. N/A

9. 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?

10. Is there a combined report for all the information found from different investigative entities?

    a. Yes

    b. No

    c. N/A

11. Do you share information regarding incidents with providers?

    a. Yes

    b. No

    c. N/A

12. (If answer a is selected for #11) Describe the method used to share information regarding incidents with providers:

General

13. Please identify the strengths of your system's communication with other agencies and providers.

14. Please identify the weaknesses of your system's communication with other agencies and providers.

15. Has your state/agency faced any struggles, issues, or barriers in your system's communication with other agencies and providers? If so, please explain.

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 VII - Training Questions

Purpose of this section:

The purpose of this section is to understand how the state/waiver program 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 providers 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)
   e. N/A

2. (If answer b 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. Other (describe)
   f. N/A

4. Please select the answer to each question pertaining to training for providers, state staff, waiver participants and family or unpaid caregivers for questions 4a through f. (select all that apply)
   a. Does the state provide initial and/or ongoing training, including any informal trainings such as public awareness campaigns or state/regional conferences?

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

b. How often is training updated? (select all that apply)

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

c. What are the topics covered in training: (select all that apply)
    If your training topics are the same across all populations listed on the
    columns, please use "applies to all".

	Providers	State Staff	Waiver Participants	Family/Unpaid Caregivers	Investigative Staff	Individuals w/Self-Directed Services	Applies to All
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						
How to perform an investigation						
Safeguards for individuals and those who report						
Communicating with other agencies or law enforcement						
Other (describe)						
Training not provided						

d. How is training administered? (select all that apply)

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

e. 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	Applies to All
Web-based system							
Training records/sign-in sheets							
Other (describe)							
N/A							

f. Are training materials readily available? If training materials are available, where can they be found? (please provide a link or description of where materials can be accessed)

	Yes	No
Providers		
State Staff		
Waiver Participants		
Family/Unpaid Caregivers		
Investigative Staff		
Individuals w/Self-Directed Services		
Applies to All		

Delivery and Monitoring of Trainings

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

	Who is responsible?				
	SMA	Operating Agency	State Integrity Division/Agency	Contracted 3rd Party	N/A
Providers					
Caregivers					
State Staff					
Waiver Participants					
Individuals with Self-Directed Services					

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

	SMA	Operating Agency	State Integrity Division/Agency	Contracted 3rd Party	No Information
Providers					
Caregivers					
State Staff					
Waiver Participants					
Individuals with Self-Directed Services					

Training for Investigative Staff

7. What strategies does the state implement to train and/or retain skilled investigative staff? Insert "N/A" if this does not pertain to you.

General

8. Please identify the strengths of your system's training and education efforts.

9. Please identify the weaknesses of your system's training and education efforts.

10. Has your state/agency faced any struggles, issues, or barriers with your system's training and education efforts? If so, please explain.

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 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. (If answer a/b/c is selected for #1) What is the basis for your response to Question 1?
    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, clinics, hospitals, etc.)
    d. Case management visit records
    e. Other (describe)
    f. No information

3. What measure are you taking to improve the reporting of incidents?
    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, clinics, hospitals, etc.)
    d. Case management visit records
    e. Other (describe)
    f. N/A

4. a) 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 other waiver participants

   f. Other (describe)

   g. N/A

4. b) Which of these activities selected have you found effective in identifying incidents that have not reported?

   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 other waiver participants

   f. Other (describe)

   g. N/A

5. Have you provided training to providers and case managers highlighting risk factors that help identify potential occurrence of incidents?

   a. Yes

   b. No

   c. N/A

6. 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. N/A

7. Please choose the top two locations where you see incidents are most prevalent.
    a. Own home
    b. Provider-controlled setting
    c. Residential settings
    d. Day program settings
    e. Within community
    f. Family member home
    g. Other (describe)
    h. N/A

Implementation of Safeguards to Prevent Incidents

8. Do providers or case managers routinely assess the potential for incidents?
    a. Yes
    b. No
    c. No information

9. (If answer a is selected for #8) 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)
    a. Additional home visits by provider/case manager
    b. Additional check-ins with the individual by provider/case manager (via phone, email, etc.)
    c. Additional training sessions
    d. Alerts or any incident reported elevated for faster response
    e. Other (describe)
    f. No information

10. Other than direct reporting of an incident, have you identified other methods to identify potential instances of incidents?
    a. Yes
    b. No
    c. N/A

11. Have you implemented policies and processes to assist in identifying unreported incidents?

    a. Yes

    b. No

    c. N/A

12. Do you conduct additional analysis upon the occurrence of the following incidents?

Additional Analysis		
	Yes	No
Increase in provider visits		
Missed appointments		
Missed phone calls		
Visit to the ER		
Increase in prescription drug use		
Other (describe)		

13. Do you increase the frequency of visits to the home if you identify additional risk factors?

    a. Yes

    b. No

    c. N/A

14. Does the state revisit or address unresolved reports or incidents?

    a. Yes

    b. No

    c. N/A

General

15. Please identify the strengths of your system's prevention efforts.

16. Please identify the weaknesses of your system's prevention efforts.

17. Has your state/agency faced any struggles, issues, or barriers with your system's prevention efforts? If so, please explain.

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 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 will communicate with other data systems in your state and what safeguards are available for victims of FWA and/or ANE.

Any answers provided in this section are solely used for academic reasons and will not be held against you. No information provided in this section can be used against you. Therefore, please answer as truthfully as possible.

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 post payment reviews, are there any triggers or cross checks with ANE reports and FWA?
    a. Yes
    b. No
    c. N/A

3. How do you recuperate the payments provided to the provider found guilty of ANE?

4. Is there a cross check between ER admission 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. Are FWA provider lists integrated with ANE providers?
    a. Yes
    b. No
    c. N/A

6. Are waiver participants notified of FWA providers?
    a. Yes
    b. No
    c. N/A

7. Are waiver participants notified of ANE providers?

   a. Yes

   b. No

   c. N/A

8. Is there additional training when cases of ANE/FWA arise? (i.e. when the state deems necessary)

   a. Yes

   b. No

   c. N/A

9. What topics are covered in the additional training?

General

10. Please identify the strengths of your system's efforts to reduce FWA.

11. Please identify the weaknesses of your system's efforts to reduce FWA.

12. Has your state/agency faced any struggles, issues, or barriers with your system's efforts to reduce FWA? If so, please explain.

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 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.

Thank you for participating in this survey. The information you provided will be essential in helping CMS understand the current landscape, develop future trainings to improve incident management systems, and assist the states in responding to external audits.