Managing Incident Management:

How Can States Create a System that Best Manages Critical Incidents and Critical State Resources Simultaneously?

Division of Long Term Services and Supports

Disabled and Elderly Health Programs Group

Center for Medicaid and CHIP Services

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Discussion Objectives

In this training we will:

- Review the assurances and subassurances that guide the state's oversight of the health and welfare of individuals;
- Describe the goals and methodologies of our recent pilot survey with seven states;
- Review findings from the pilot survey; and
- Discuss current activities and next steps for the Centers for Medicare & Medicaid Services (CMS).

Background

Federal Assurances Guiding Health and Welfare

Performance Measures
1915(c) Requirements

- There are six separate assurances underneath the state's 1915(c) waiver Quality Improvement Systems (QIS) that are linked directly to appendices in the waiver application.
  - Appendix A: Administrative Authority
  - Appendix B: Level of Care
  - Appendix C: Qualified Providers
  - Appendix D: Service Plan
  - Appendix G: Health and Welfare
  - Appendix I: Financial Accountability
- Each Appendix consists of assurances and sub-assurances to determine the discovery and remediation of potential issues in the operation of the waiver.
- States are to develop performance measures that address sub-assurances.

Performance Measures
Background

What are Performance Measures?

- Per 1915(c) Technical Guide, pages 304-305, a performance measure:
  - Is a gauge used to assess the performance of a process or function of any organization.
  - Can assess other aspects of an individual or organization's performance such as access and availability of care, utilization of care, health plan stability, beneficiary characteristics, and other structural and operational aspects of health care services.
- For additional information regarding performance measures, please see the "HCBS Quality 201: Quality in the HCBS Waiver – Health and Welfare" given at the NASUAD 2017 Conference available online at: http://www.nasuad.org/sites/nasuad/files/Final%20Quality%20201.pdf.[1]

Reporting Requirements for Assurances

- The state must achieve a threshold of 86% or greater for all sub-assurances to be deemed compliant for an assurance.
- States must have a mechanism for measuring its effectiveness in addressing nonperformance.
  - Involves trending compliance rates to determine whether a systemic intervention improves performance.
  - Subject to CMS audit of mechanism and measurement results.

A. Administrative Authority
Assurance/Sub-assurances

Assurance	Assurance Description[2,3]	Sub-assurances
Administrative Authority	The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.	N/A

B. Level of Care
Assurance/Sub-assurances

Assurance	Assurance Description[2,3]	Sub-assurances[2,3]
Level of Care (LOC)	The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's LOC care ***consistent with*** care provided in a hospital, NF, or ICF/ID-DD.	1. An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future. 2. The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine initial participant level of care.

C. Qualified Provider
Assurance/Sub-assurances

Assurance	Assurance Description[2,3]	Sub-assurances[2,3]
Qualified Provider	The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.	1. The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services. 2. The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements. 3. The state implements its policies and procedures for verifying that training is provided in accordance with state requirements and the approved waiver.

D. Service Plan
Assurance/Sub-assurances

Assurance	Assurance Description[2,3]	Sub-assurances[2,3]
Service Plan	The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.	1. Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. 2. Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs. 3. Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan. 4. Participants are afforded choice between/among waiver services and providers.

G. Health and Welfare
Assurance/Sub-assurances

Assurance	Assurance Description[2,3]	Sub-assurances[2,3]
Health and Welfare	The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.	1. The state demonstrates on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death. 2. The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible. 3. The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed. 4. The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

I. Financial Accountability
Assurance/Sub-assurances

Assurance	Assurance Description[2,3]	Sub-assurances[2,3]
Financial Accountability	The state must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.	1. The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered. 2. The state provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle.

Health and Welfare in the Social Security Act § 1915(c)

- Assurances in Appendices A, B, C, D, and I have an indirect impact on the health and welfare of individuals by determining if:
  - The state is operating their waiver program with proper oversight (Appendix A);
  - Care is delivered consistent with the individual's needs (Appendix B);
  - Providers are adequately qualified and trained to address individual's care needs (Appendix C);
  - The state is reviewing the adequacy of individual's service plans (Appendix D); and
  - Providers are properly billing for rendered services, and that appropriate actions have been taken to prevent improper fraudulent billings (Appendix I).
- The Appendix G assurance directly assesses whether the state has implemented the appropriate measures to maintain the integrity of the health and welfare of waiver participants.

Incident Management: Key Takeaways

Incidents will happen…

- Our goal must be to do all that we can to minimize preventable incidents from occurring.
- A robust incident management system allows states to proactively respond to incidents and implement actions that reduce the risk and likelihood of future incidents.
- States have utilized different approaches to developing and implementing their incident management systems.[4]

What is an Incident Management (IM) System?

- According to the 1915(c) Technical Guide, page 225, an incident management system must be able to:
  - Assure that reports of incidents are filed;
  - Track that incidents are investigated in a timely fashion; and
  - Analyze incident data and develop strategies to reduce the risk and likelihood of the occurrence of similar incidents in the future.[3]

Goals of an IM System

A robust incident management system:

- Standardizes what incidents are and how incident reports are collected;
- Provides guidelines for states in prioritizing what incidents need to be investigated and resolved; and
- Allows states to identify, track, trend, and mitigate preventable incidents. [4]

Key Elements of the IM System

The following are six key elements that states should consider when implementing an effective incident management system: [4]

1. Identifying the Incident
2. Reporting the Incident
3. Triaging the Incident
4. Investigating the Incident
5. Resolving the Incident
6. Tracking and Trending Incidents

Incident Management: Pilot Survey Background

Survey Background

- In May 2018, CMS, in partnership with the following Associations, issued a pilot survey to seven states requesting information on their approach to operating an incident management system:
  - National Association of States United for Aging and Disabilities (NASUAD);
  - National Association of State Directors of Developmental Disabilities Services (NASDDDS); and
  - National Association of Medicaid Directors (NAMD).
- The intent of the pilot was to obtain preliminary information regarding incident management systems and feedback on completing the survey instrument.
- The goal of the survey is to obtain a comprehensive understanding of how states organize their incident management system to best respond, resolve, monitor, and prevent critical incidents for their waiver programs.

Survey Background - Continued

- The survey consisted of approximately 140 questions across the following ten sections:

Figure 1: Pilot Survey Questions Table of Contents

No.	Section
1	General Identifiers
2	System
3	Reporting
4	Incident Resolution
5	Quality Improvement
6	Collaboration
7	Training
8	Prevention
9	Mitigation of Fraud, Waste, and Abuse
10	Feedback to CMS

Survey Overview

- This survey was provided through a web-based platform with some survey logic (e.g., skip patterns), therefore based on a state's individual waiver criteria, the respondent may not have answered some of the questions in this survey.
- Survey findings are based on an analysis of survey responses received from seven states between May 17 to June 15, 2018.
  - States self-reported their data.
  - States submitted responses for each unique incident management system for their 1915(c) waivers.
  - CMS followed-up with states requesting clarification for any response that required additional detail or information (e.g., state selected "other" without providing a description for the "other").

Incident Management: Pilot Survey Findings

Survey Findings:
Incident Management System Operations

- Findings are limited to responses from seven states reporting on incident management activities encompassing 38 different waivers.
- More than half of the waivers surveyed serve individuals with Intellectual Disability, Developmental Disability or Both populations:

Figure 2: Distribution of Populations Served

Population	# of Waivers
Aged or Disabled, or Both – General[1]	12
Aged or Disabled, or Both – Specific Recognized Subgroups[2]	4
Intellectual Disability or Developmental Disability, or Both[3]	20
Mental Illness[4]	2

1. This includes: Aged, Disabled (Physical), Disabled (Other)
2. This includes: Brain Injury, HIV/AIDS, Medically Fragile, Technology Dependent
3. This includes: Autism, Developmental Disability, Intellectual Disability
4. This includes: Mental Illness, Serious Emotional Disturbance

Survey Findings:
Incident Management System Operations – Continued

- Many of the surveyed states reported using different incident management systems for the waivers in their state.
  - Survey responses account for 14 unique incident management systems across the seven states.

Figure 3: IM Systems Reported by the State

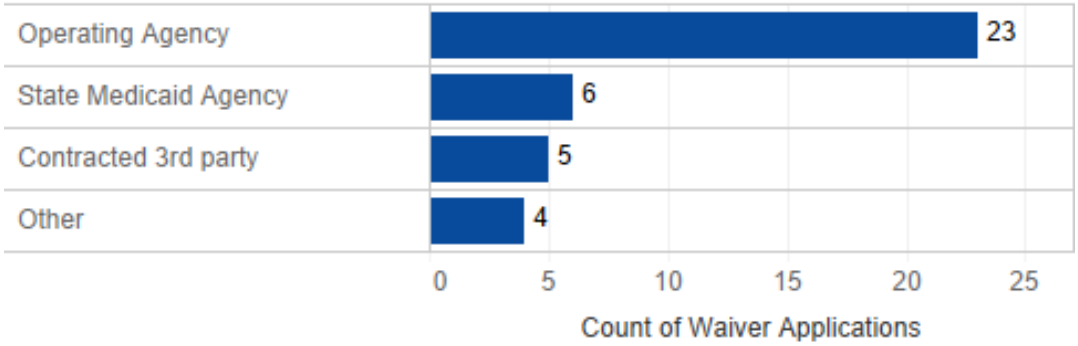
State ID	# of Waivers	# of Unique Systems per State
State 1	10	3
State 2	7	4
State 3	7	3
State 4	1	1
State 5	4	1
State 6*	4	1
State 7*	5	1

* We did not receive responses for all waivers from these states

Survey Findings:
Incident Management System Oversight

- For most waivers, survey responses indicated that the incident management system is managed by the operating agency*.

Figure 4: Entity Operating/Managing IM System



- Four waivers from one state that selected “other” indicated that they have “an array of systems in place…. including State Medicaid Agency, the State Health Department, County, and Tribal Adult Protective Services and Child Protective Services”.

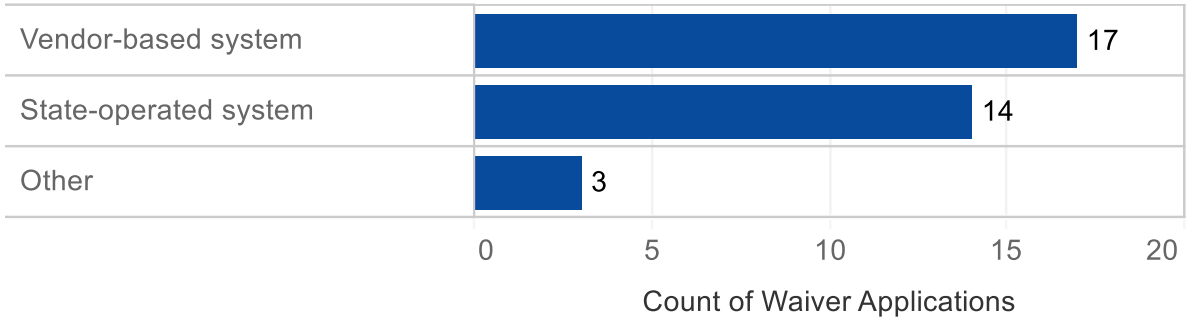
*Operating Agency: If the waiver is not operated by the Medicaid agency, they can delegate these functions through a memorandum of understanding or other document to another agency. This agency is known as the operating agency.

Survey Findings:
Incident Management System Platforms

States were asked to provide responses on questions regarding technologies/systems implemented for their incident management system:

- 34 out of 38 waivers reported using an electronic system. Half of these waivers had a vendor-based system.

Figure 5: Type of IM System Used

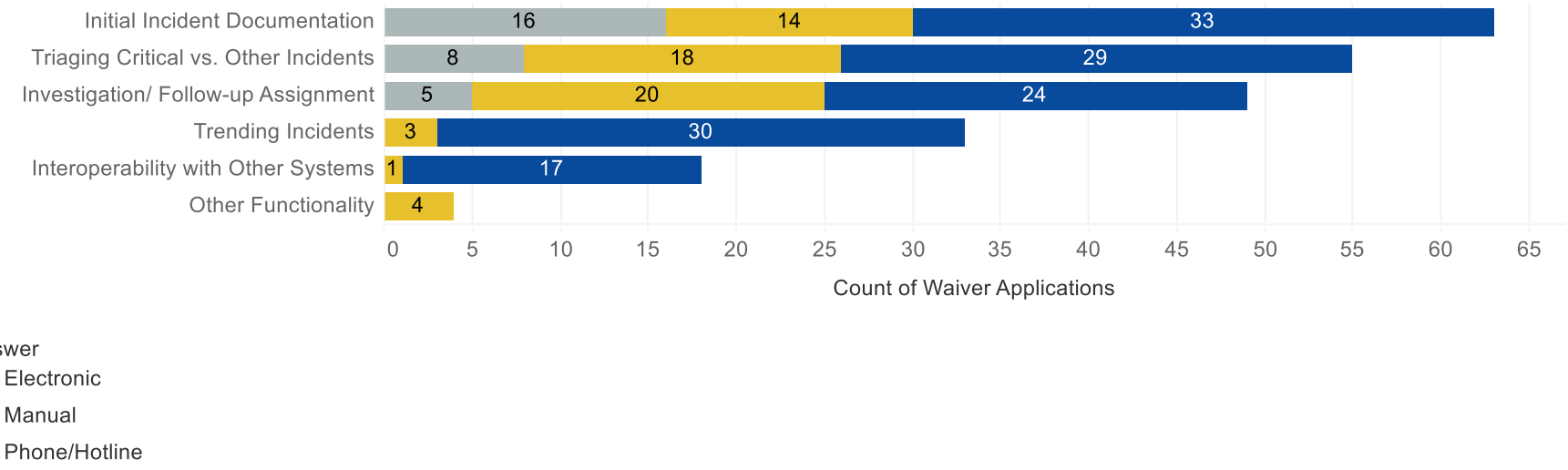


- Other systems include:
  - An Excel-based tool on a single-user computer; and
  - A system managed by the managed care plans.

Survey Findings:
Incident Management System Functionalities

- Most surveyed waivers record, triage, and trend incidents electronically, but interoperability is not a functionality available for most systems.

Figure 6: System Functionalities*



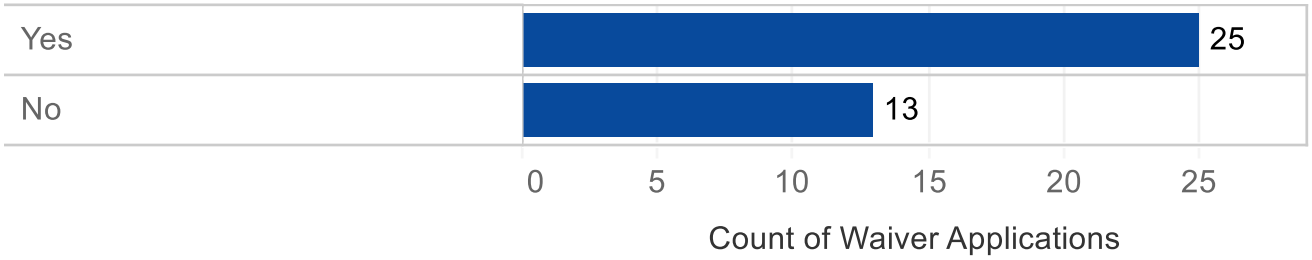
* Responses are not mutually exclusive.

Survey Findings:
Collection of Reported Incident Data

Surveyed states provided responses regarding how states receive and collect data on reported incidents and identified the following:

- All 38 surveyed waivers indicate the use of standardized forms or database interfaces for reporting incidents to the state.
- Most of the surveyed waivers categorized incidents by risk level at the time of reporting the incident.

Figure 7: Incident Identification by Risk Level

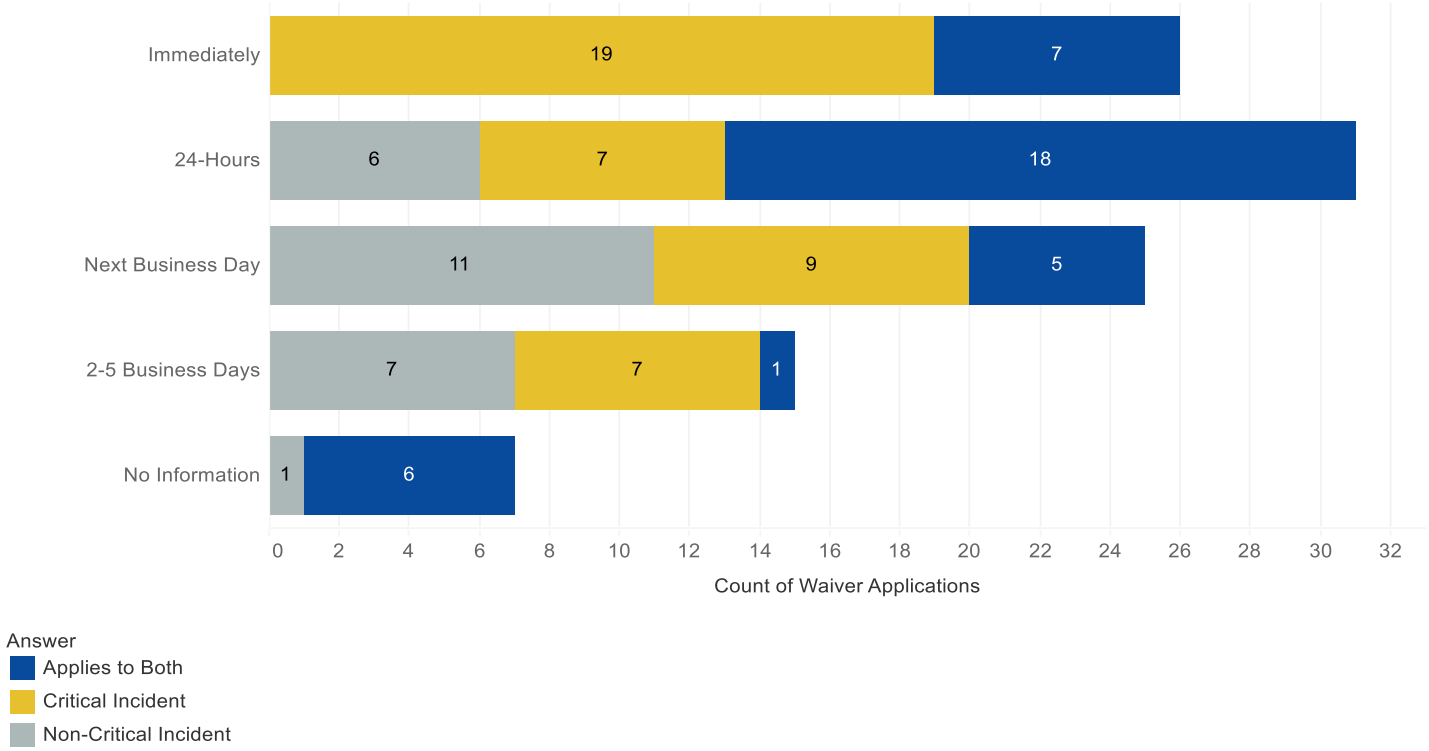


- 29 out of 38 surveyed waivers allow individuals to report instances of abuse, neglect, exploitation, and critical incidents anonymously.

Survey Findings:
Reporting Timelines

- Surveyed states reported a wide range of timelines for reporting incidents.

Figure 8: Required Timelines for Reporting Incidents*



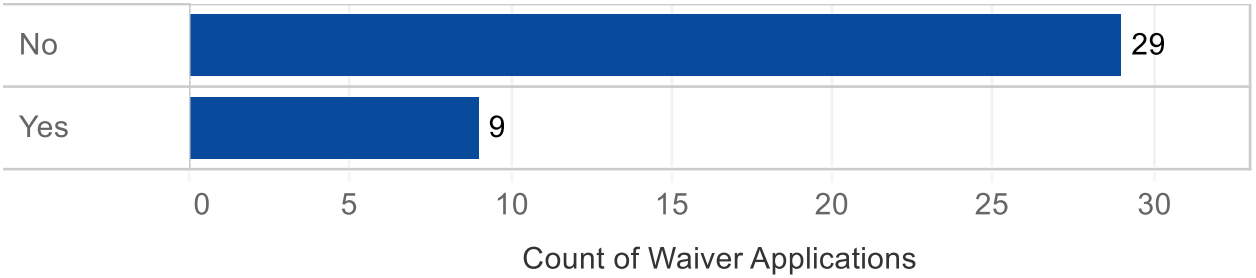
* Responses are not mutually exclusive.

Survey Findings:
Incidents that Trigger an Investigation

Surveyed states provided responses to questions regarding how states investigate and resolve incidents, including the following:

- The majority of all surveyed waivers indicated that investigations are not performed on all reported incidents.

Figure 9: Performing investigations for all reported incidents

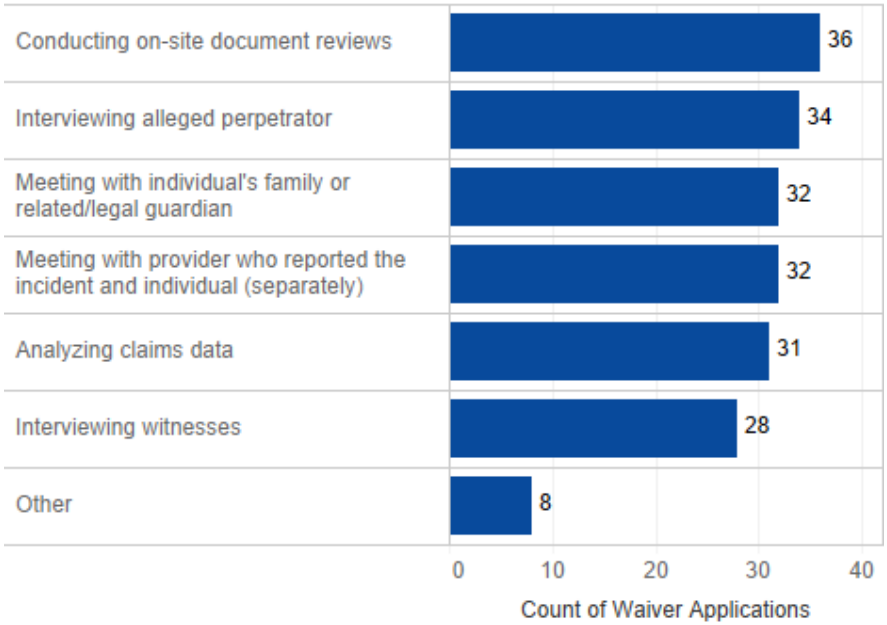


- Surveyed states use the following to determine which incidents to investigate:
  - Nature and severity of the incident;
  - If the incident is abuse, neglect, and/or exploitation;
  - Independent investigative agency's determination;
  - Case manager evaluation of risk to individual; and
  - Secondary review by lead of investigative authority.

Survey Findings:
Common Methods for Investigations

- Investigations are typically performed using one or more of the following methods:

Figure 10: Methods Used to Conduct Investigations*



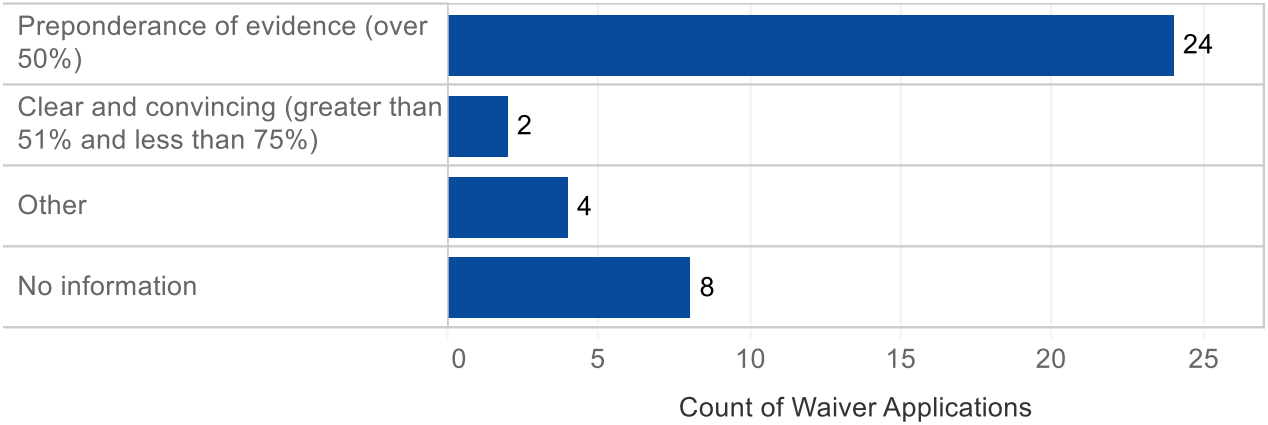
- The 8 surveyed waivers that indicated “other” as one of their choices, conducted investigations using interviews with key parties associated with the incident.

* Responses are not mutually exclusive.

Survey Findings:
Burden of Proof

- When conducting investigations, respondents indicated one or more of the following burden of proof guidelines are used to substantiate allegations:

Figure 11: Burden of Proof Used to Substantiate Allegations*



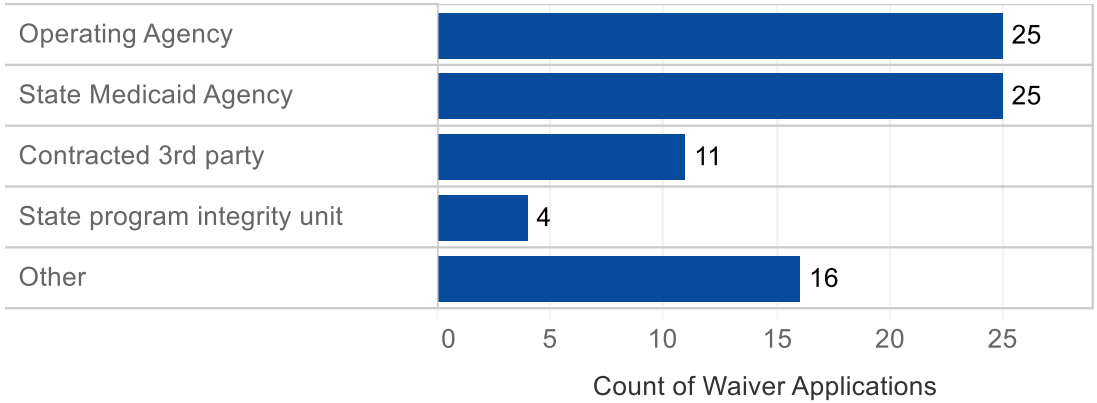
- One state, with four waivers, indicated “other” since they do not possess the regulatory authority internal to the state to substantiate incidents.

* Responses are not mutually exclusive.

Survey Findings:
Investigation Audits

- After completion of the investigation, survey results indicated that one or more of the following entities were responsible for auditing the investigation results and/or incident resolution process:

Figure 12: Individual Responsible for Auditing Investigations/Incident Resolution*



- Others responsible for audits include supervisors, shared service staff (e.g., services shared with other agencies, such as investigative staff), and individuals responsible for the annual quality review. Audits can also be included in licensing site reviews.

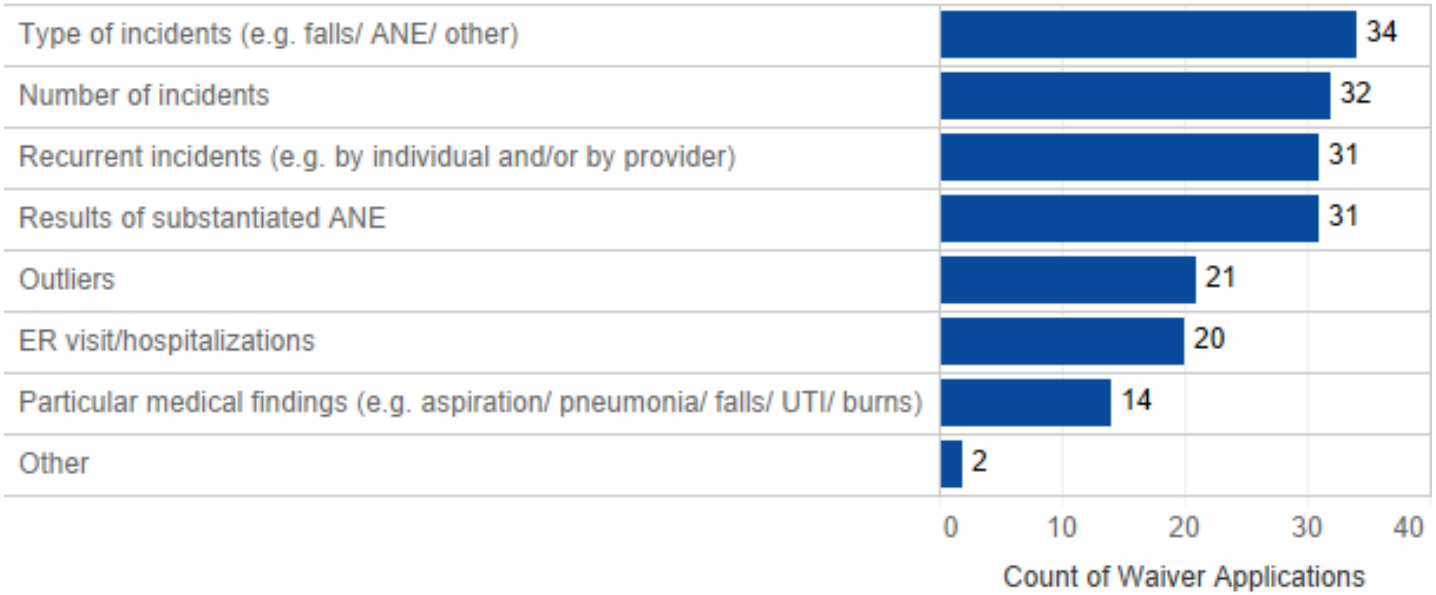
* Responses are not mutually exclusive.

Survey Findings:
Trend Reports for Quality Improvement

Questions regarding how states trend and track incidents to inform quality improvement strategies indicated the following:

- Survey results show that states create one or more of the following trend reports from incident data:

Figure 13: Types of Trend Reports Created*

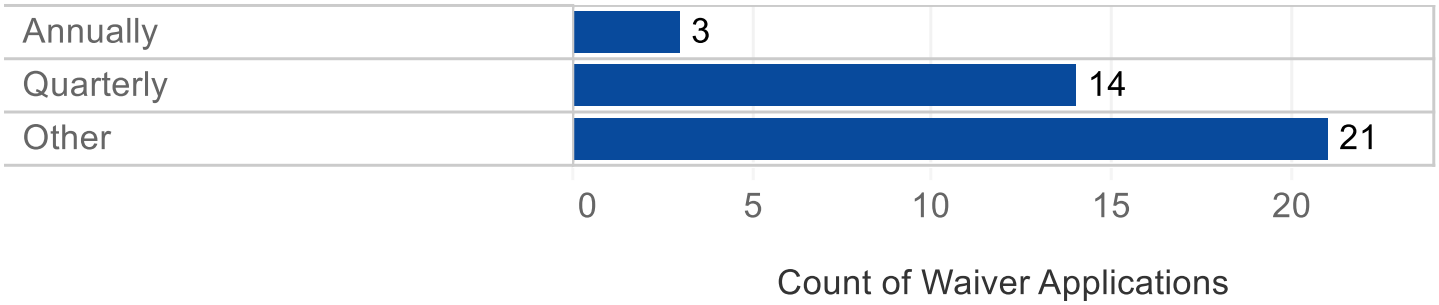


* Responses are not mutually exclusive.

Survey Findings:
Frequency of Trend Report Development

- Reports are produced at the following frequencies:

Figure 14: Frequency of Produced Reports

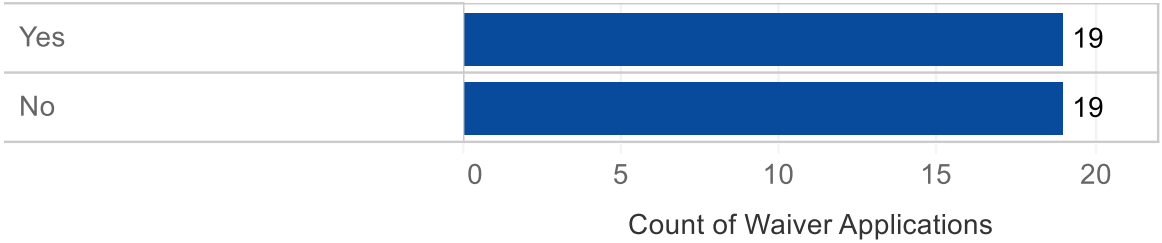


- Surveyed states that selected “Other” identified the following frequencies:
  - Monthly;
  - Ad-Hoc or as requested; and
  - Semi-Annual.

Survey Findings:
Interventions in Response to Trends

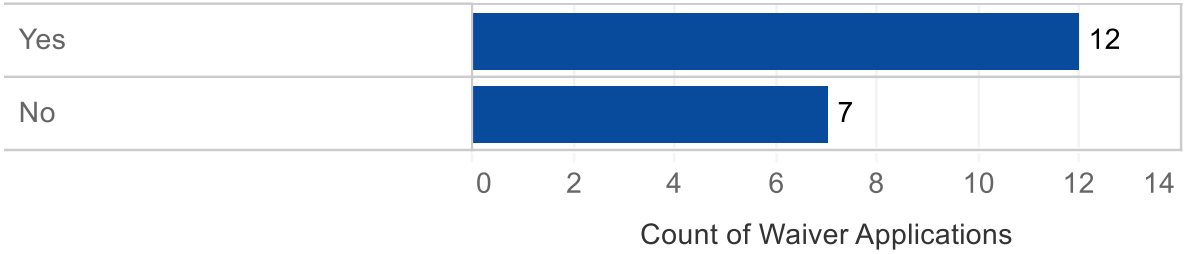
- Surveyed waivers reported that systemic or operational interventions were implemented in response to trend reports for half of the reported waivers within the last five full waiver years.

Figure 15: Implementation of Systemic or Operational Interventions



- Over half of the surveyed waivers that reported the implementation of a systemic or operational intervention, reported that the number of incidents decreased due to the intervention.

Figure 16: Decrease in Number of Incidents Due to Interventions

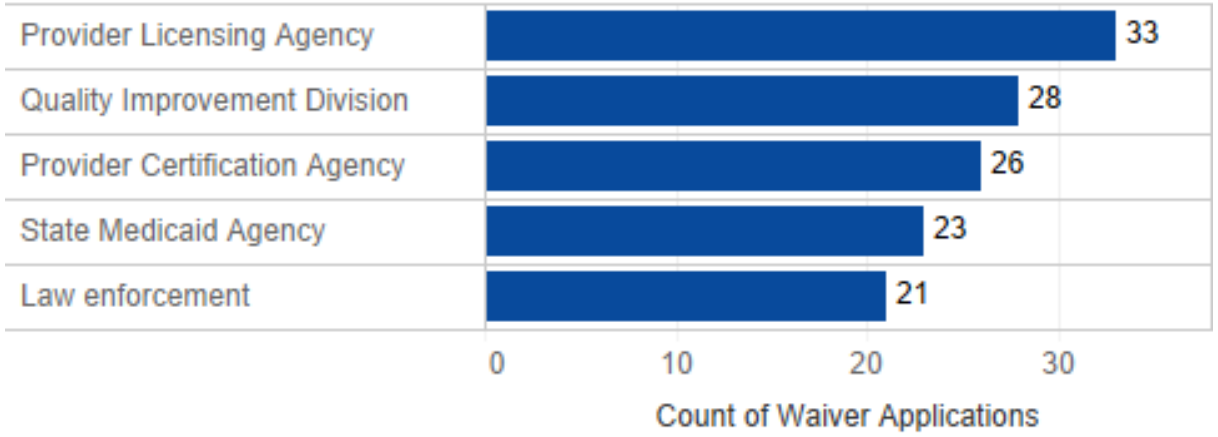


Survey Findings:
Collaboration with Other Agencies

Responses to questions aimed to better understand how states communicate with other agencies showed:

- Almost all surveyed waivers (36 out of 38) reported that their agency worked with other departments or agencies to collect information regarding incidents.
- Findings from the survey indicated partnerships with one or more of the following agencies or departments to collect incident data:

Figure 17: Top 5 Agency or Department Partnerships for Collecting Incident Information*



* Responses are not mutually exclusive.

Survey Findings:
Frequency of Collaboration

- The majority of surveyed waivers share information with other entities on an “as necessary” basis:

Figure 18: Frequency of Sharing Information Via Different Modes of Communication

Figure 18a: Using the IM System*

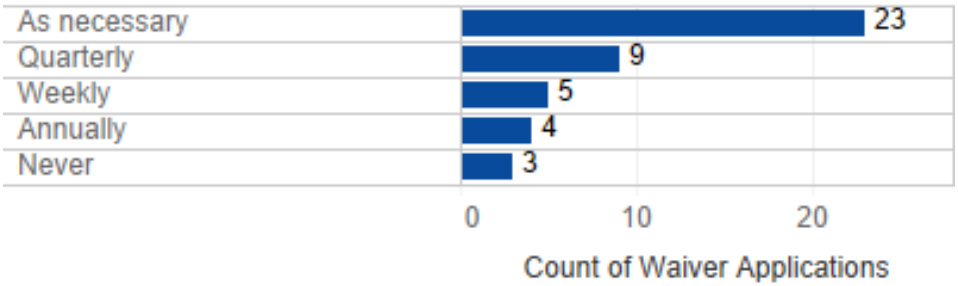


Figure 18b: Using Trend Reports*

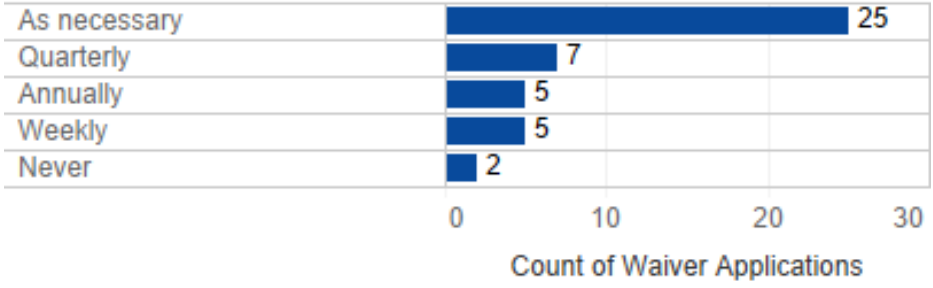


Figure 18c: Using E-Mail*

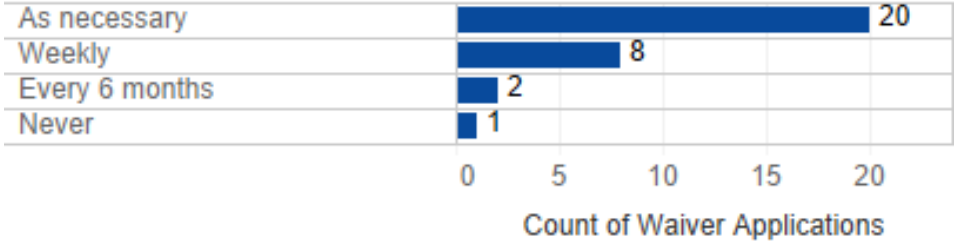
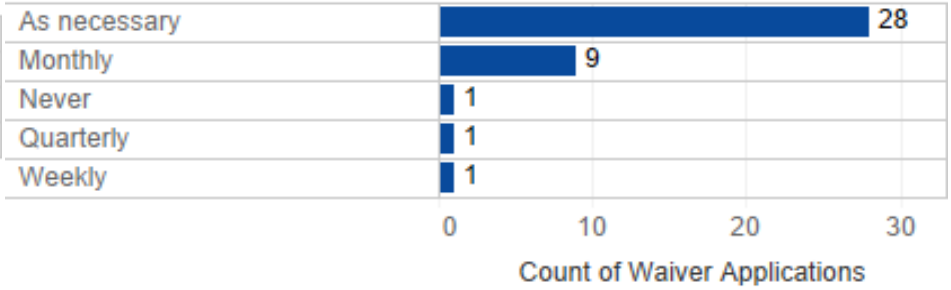


Figure 18d: Using Meetings*



* Responses are not mutually exclusive.

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Survey Findings:
New Provider Training Requirements

States provided responses to questions targeting how incident reporting training is provided, which highlighted the following:

- States indicated incident reporting training is provided to new providers prior to rendering services.
  - 29 out of 38 waiver respondents indicated that training was expected prior to the delivery of service.
  - However, responses from the remaining nine waivers indicated that new providers are expected to receive incident reporting training during:
    - Quarterly provider forums;
    - Periodically as part of system-wide training; and
    - Annually.

Survey Findings:
Investigative Staff Training

States also provided an overview of strategies employed to help train and retain skilled investigative staff. These include:

Figure 19: Training Strategies to Retain Skilled Investigative Staff

Type of Strategy	Descriptions Provided by States
Continued Trainings *(Identified by 3 states)*	• Create and provide ongoing trainings based on trends or issues identified at a system level; • Provide refresher trainings for staff; • Provide specialized training curriculums for investigative agents; and • Create and support web-based training modules.
Communication/Meetings *(Identified by 2 states)*	• Conduct monthly/quarterly staff meetings that include training on specific investigative topics; and • Provide updated information on an ongoing basis via conferences/meetings.
Other *(Identified by 3 states)*	• Hire third-party investigative entity and meet monthly to identify issues and needs; and • Provide technical assistance (TA) to providers addressing incidents that do not involve suspected maltreatment and for “difficult cases”.

Survey Findings:
Delivery and Oversight of Training

- The individual responsible for providing training is often different than the individual monitoring training.

Figure 20: Individuals Responsible for Providing Trainings*

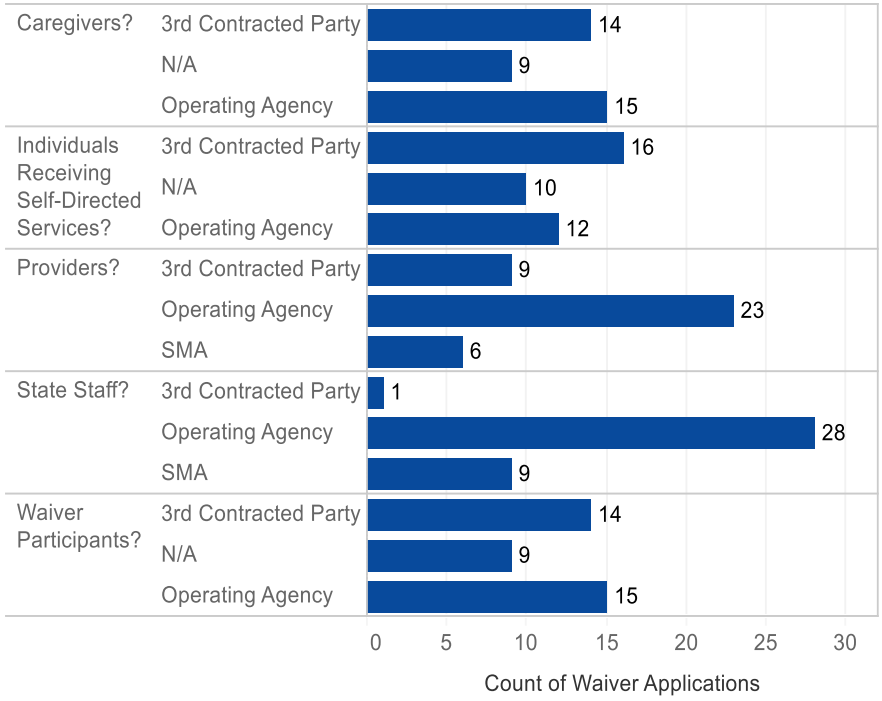
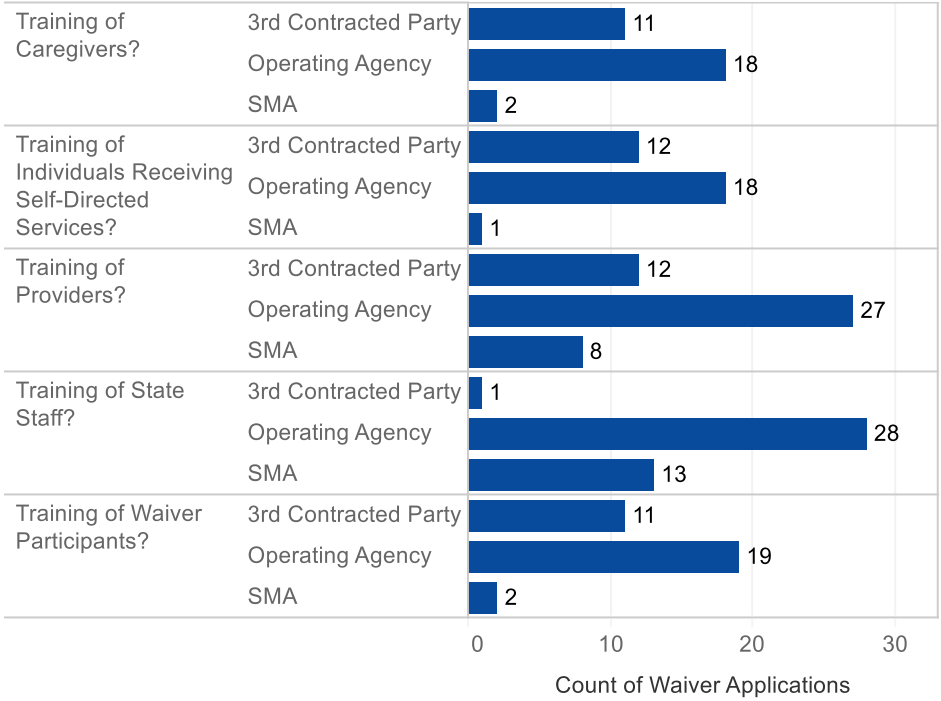


Figure 21: Individuals Responsible for Monitoring Trainings*



* Responses are not mutually exclusive.

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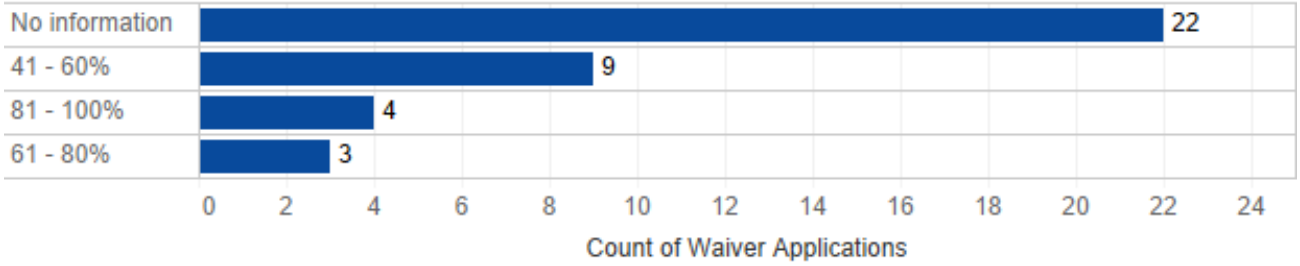
Survey Findings:
Unreported Incidents

States were asked questions regarding the detection of unreported incidents, which found that:

- States indicated that for the majority of their waivers, they had no information on the percentage of incidents that go unreported in their incident management system.

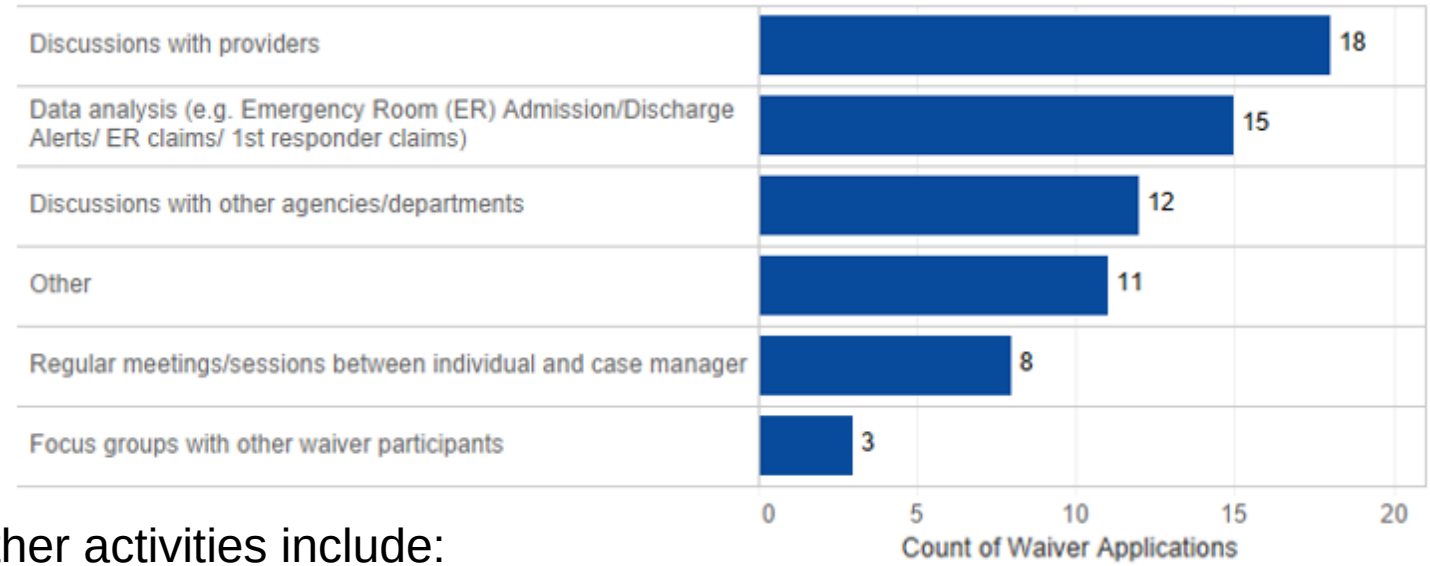
Figure 22: Percent of Incidents Reported in the IM System



Survey Findings:
Strategies to Identify Unreported Incidents

- However, states identified the following activities as effective in helping identify unreported incidents:

Figure 23: Activities Effective for Identifying Unreported Incidents*



- Other activities include:
  - Trainings;
  - Corrective Action Plans/Sanctions;
  - Record Reviews/Annual Reviews; and
  - Public Awareness Outreach.

* Responses are not mutually exclusive.

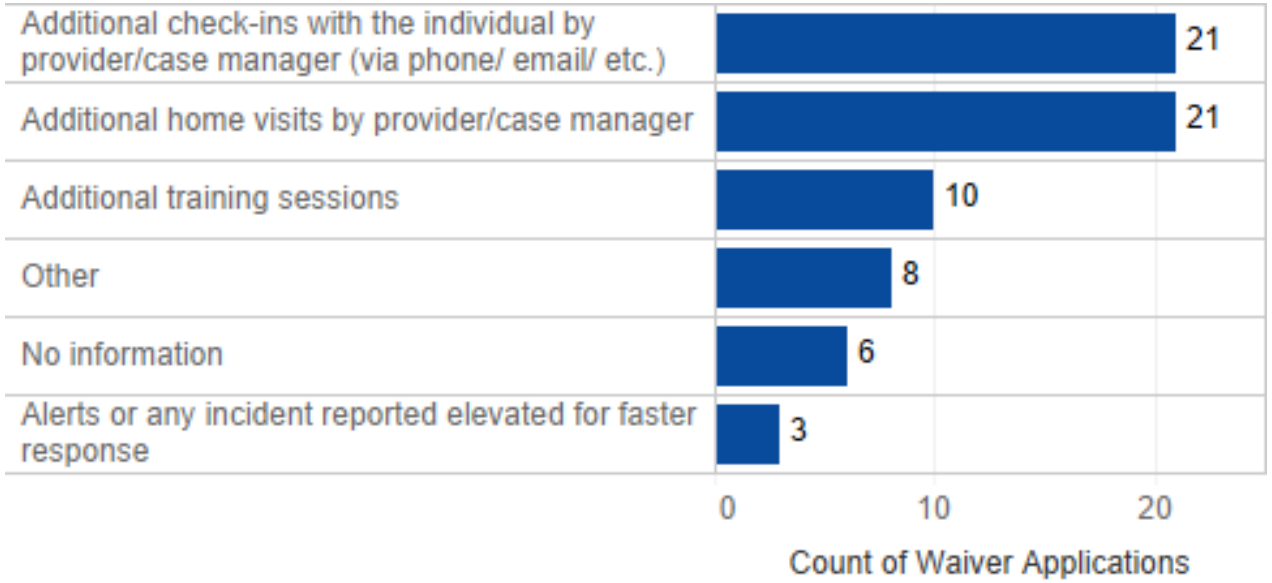
Survey Findings:
Train Stakeholders to Prevent Future Incidents

- The majority of surveyed waivers (30 out of 38 waivers) train providers and case managers on individuals' risk factors to assist in the identification of potential occurrences of incidents. Providers or case managers for most waivers (29 out of 38 waivers) also routinely assess for the potential for future incidents.

Survey Findings:
Prevent Incidents for High-Risk Individuals

- Surveyed states also indicated the adoption of the following safeguards to help monitor and prevent incidents, particularly for high-risk individuals:

Figure 24: Implemented Safeguards for High Risk Incidents*



- Other safeguards include approval for additional direct services or identification of risk and mitigation strategies in the care plan.

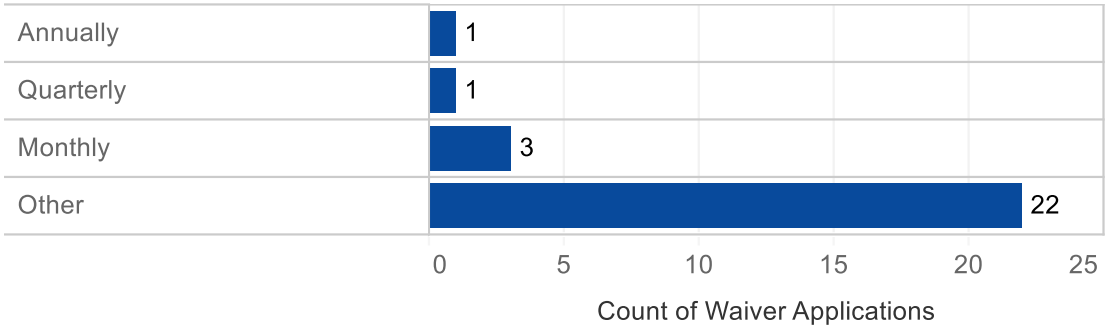
* Responses are not mutually exclusive.

Survey Findings:
Prevent FWA with Incident and Claims Data

The survey requested information from the states regarding how fraud, waste, and abuse (FWA) is mitigated, which found:

- Most waivers do not routinely verify incidents with claims data to identify any fraud, waste, and abuse regarding providers.

Figure 25: Use of Claims Data to Identify FWA

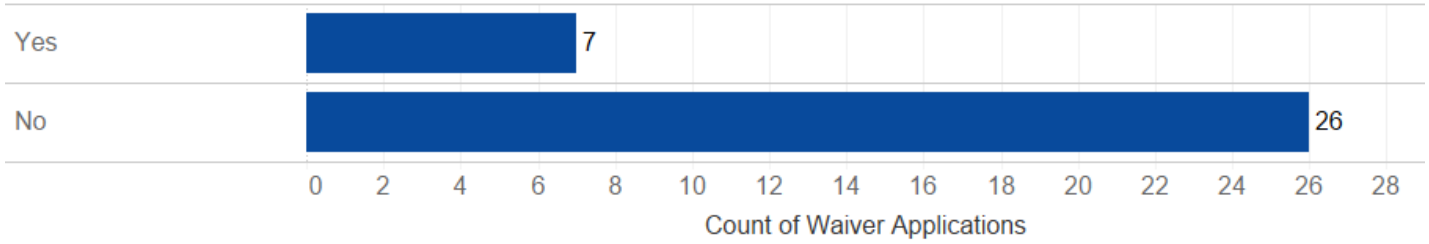


- States that selected "other" for their waivers indicated that verification with claims data occurred:
  - As needed or based on the course of the investigation; and
  - As part of post-payment reviews, conducted by a separate agency.

Survey Findings:
Integration of Incident and FWA Data

- Responses indicated that FWA provider lists are not integrated with abuse, neglect, exploitation (ANE) providers.

Figure 26: Integration of FWA Provider Lists with ANE Providers



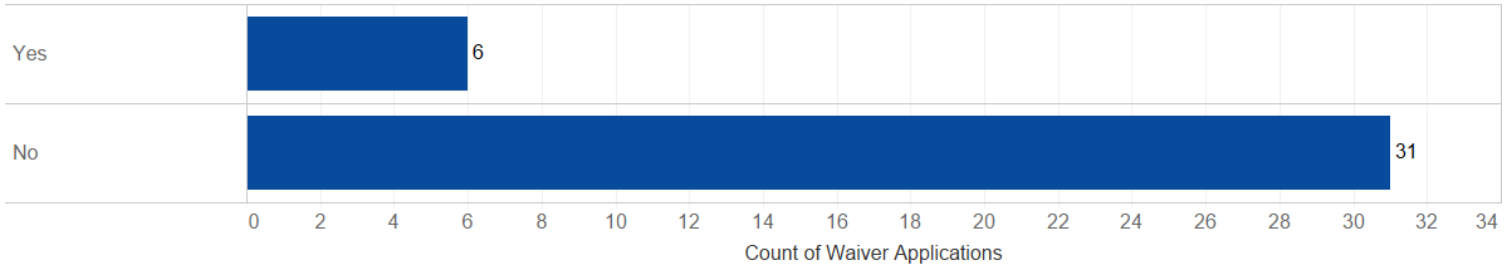
- In most cases, waiver participants are often not notified of providers associated with FWA (18 out of 38 waivers) or providers associated with ANE (19 out of 38 waivers).

Survey Findings:
Incident Reporting for Self-Direction

Most states do not have a separate system for individuals receiving self-directed services but have implemented additional safeguards.

- Most waivers use the same system to report incidents for participants receiving self-directed services.

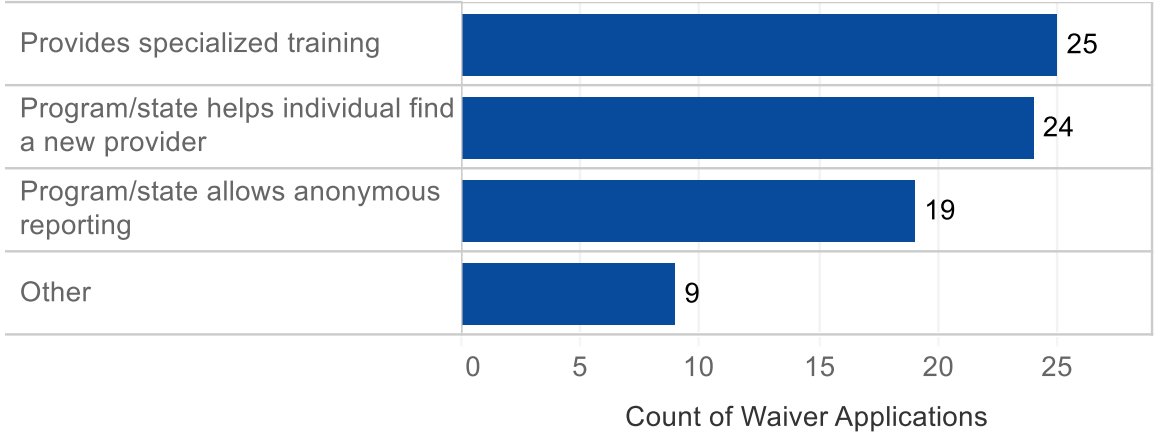
Figure 27: Separate Reporting Systems for Self-Direction



Survey Findings:
Incident Resolution for Self-Direction

- 31 out of 38 waivers indicated that states do not respond differently to reports of ANE on self-directing individuals. The remaining seven waivers reported that it did not apply.
- However, survey results showed that states adopted the following safeguards for individuals self-directing services.

Figure 28: Safeguards Implemented for Self-Directed Individuals*



* Responses are not mutually exclusive.

Current Challenges Identified by States – Part 1

States highlighted the following challenges they face with their incident management system:

- The incident management system platforms often have limited functionalities and do not easily allow for interoperability with other systems.
  - Multiple surveyed states reported limitations in reporting functionality.
  - Four states indicated that the system does not allow for data aggregation, which would support the creation of overall trend reports.
  - Three states indicated that the system limits:
    - The ability to support real-time reporting for multiple stakeholders (i.e., providers, individuals, family members); and
    - Reporting to specific individuals (e.g., case managers), which may lead to incidents being unreported or missed.

Current Challenges Identified by States – Part 2

- States identified the need for a more comprehensive tracking process to assist with incident resolution.
  - Three states identified the need for more robust tracking in their system (e.g., following up on required actions).
  - Two states indicated the need to implement a centralized system that allows access to track incidents and see investigation results.
- Two states indicated the need for additional staff support to help focus attention on quality improvement activities.

Current Challenges Identified by States – Part 3

- State responses highlighted the need for revised policies and procedures to help improve program monitoring based on incident data:
  - Five states reported the need for improved communications and information sharing between stakeholders; and
  - Three states reported that updates to performance measures or data aggregation for trending will improve program monitoring.
- Many states reported that collaboration between agencies or with external parties was not an initial goal when building the incident management system. Therefore, states are experiencing limitations regarding the sharing of data or allowing central accessibility to key stakeholders.

Current Challenges Identified by States – Part 4

- All states identified the need for improvements in training:
  - Four states indicated the need for additional platforms to accommodate various audiences;
  - Four states identified the lack of tailored trainings for individuals, individuals with disabilities, and family members; and
  - Two states reported the difficulties in monitoring the effectiveness of trainings.
- One state relied on a system that still required manual reporting, tracking, and trending of incident data, which made quality improvement and prevention activities difficult.
- One state reported that incident management activities were conducted by managed care organizations, making it difficult to centralize information, processes, and procedures.

Best Practices Identified by States

States have identified the following as strengths to their incident management systems:

- Most states reported the use of an electronic system, which:
  - Supports the timely reporting of incidents;
  - Promotes accurate and timely capturing of data; and
  - Is easily accessible for use by responsible staff.
- One state required the creation of a prevention plan upon completion of the investigation for all substantiated incidents.
- Multiple states reported that analytical tools and reports were being developed to help identify trends of high-priority data points.
- Many states hold regular meetings and committee reviews to share incident information with other agencies, law enforcement, and licensing bodies.

Best Practices Identified by States – Continued

- Almost all states indicated that initial and ongoing trainings were made available to key stakeholders, such as family/caregivers, investigative staff, providers, state staff, and waiver participants.
  - States also indicated that trainings are primarily updated due to the need for or implementation of systemic interventions.
- One state reported the use of public education materials to assist with the identification and reporting of maltreatment.
  - HCBS providers in this state are required to give service recipients information regarding their right to be free of maltreatment.
- One state reported the use of a data analyst to analyze all critical incident data for the previous years in order to position the state to conduct more predictive analytics.

Summary

- Preliminary data from the pilot survey indicates that though incident management systems are organized differently across states, many of the states are using electronic systems, which help with the trending and tracking of incident data.
- Several states participating in the pilot indicated the use of their incident management system to implement systemic interventions or to identify unreported incidents.
- Data from the pilot survey also indicated the need for additional resources to support the interoperability between different systems and to better crosswalk incident management data with fraud, waste, and abuse or claims data.

Next Steps

- We will be modifying the survey questions to reflect the preliminary findings and feedback received from the pilot survey.
- We are targeting a nationwide release of the survey in order to conduct additional analysis and better understand the various differences between incident management systems among states.
- A survey released nationwide will also help identify needed policies and technical assistance to prevent future incidents.

References

1. Center for Medicare and Medicaid Services. “HCBS Quality 201: Quality in the HCBS Waiver – Health and Welfare” NASUAD Conference 2017. Available Online: http://www.nasuad.org/sites/nasuad/files/Final%20Quality%20201.pdf

2. Department of Health & Human Services CMS. “Modifications to quality measures and reporting in 1915(c) home and community-based waivers.” March 12, 2014. Available online: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/3-cmcs-quality-memo-narrative.pdf

3. CMS Disabled and Elderly Health Programs Group. “Application for a 1915(c) home and community-based waiver – instructions, technical guide and review criteria.” January 2015. Available online: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf

4. CMS Disabled and Elderly Health Programs Group. “Incident Management 101.” May 2018. Available online: https://www.medicaid.gov/medicaid/hcbs/downloads/training/incident-management-101.pdf

Additional Resources

- Copies of the HCBS Training Series – Webinars presented during SOTA calls are located in below link: https://www.medicaid.gov/medicaid/hcbs/training/index.html
- 42 CFR § 441.302 is located here: https://www.gpo.gov/fdsys/pkg/CFR-2002-title42-vol3/pdf/CFR-2002-title42-vol3-part441.pdf
- Social Security Act § 1915(c) is located here: https://www.ssa.gov/OP_Home/ssact/title19/1915.htm
- The 1915(c) Technical Guide is located here: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf
- Incident Management Oversight Informational Bulletin is located here: https://www.medicaid.gov/federal-policy-guidance/downloads/cib062818.pdf

For Further Information

For questions contact:

HCBS@cms.hhs.gov

Questions & Answers