

Title	CMS Review Criteria	DD	A&D	Gap
G-1 Response to Critical Incidents				
State Critical Incident and Reporting Requirements	<ul style="list-style-type: none"> • The state provides for the reporting and investigation of major and serious incidents (abuse, neglect, and exploitation at a minimum). • The description includes: Definitions of the types of critical events or incidents that must be reported; • Identification of the individuals/entities that must report critical events and incidents; and, • The timeframes within which critical events or incidents must be reported; and, • The method of reporting (e.g., phone, written form, web-based reporting system) 	<ul style="list-style-type: none"> • Different definition of critical incident than A&D (broader) • All employees are mandatory reporters • APS/CPS hotline for reporting abuse and neglect • Immediately report verbally to service coordinator • Written report (electronic in Therap) to service coordinator, within 24 hours • Formal platform for non-specialized DD provider reporting-reports go to SC and APS • APS intakes are maintained in NFOCUS, access to this system varies • Timelines for investigations vary based on type of incident and investigation needed; BSDC investigations completed in 5 days, community investigations completed in 14 days • External investigations (APS/CPS, licensure, police, etc.) may be conducted simultaneously • DD specialized providers are responsible for notification to guardian; not required to be written • APS will only provide information to the “victim” of the allegation, agency information received is minimal 	<ul style="list-style-type: none"> • Different definition of critical incident than DD (narrow) • All employees are mandatory reporters • APS/CPS hotline for reporting abuse and neglect • Care providers report to service coordination verbally • Written report (electronic in Connect) completed by services coordinator • APS intakes are maintained in NFOCUS, access to this system varies • Difference between terms critical incident and complaint • A&D does not do internal investigations, but will gather information to develop a safe plan in critical incident situations • External investigations (APS/CPS, licensure, police, etc.) may be conducted simultaneously • APS will only provide information to the “victim” of the allegation, agency information received is minimal 	<ul style="list-style-type: none"> • Inconsistent definitions of critical incident between programs • No consistent reporting system between programs that is accessible • Information received from APS/CPS is inconsistent • Responsibility for investigations differs between programs • Timelines for investigations differs between programs

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Participant Training and Education	<ul style="list-style-type: none"> • How training and/or information are furnished to participants or their informal caregivers concerning protections from abuse, neglect and exploitation, including how to notify the appropriate authorities. • The entities responsible for providing training and/or information are specified. • The frequency of providing training and/or information is specified. 	<ul style="list-style-type: none"> • Rights information is completed by SC and provider annually, which includes hotline number for reporting abuse/neglect 	<ul style="list-style-type: none"> • Informs participants of hotline number when they begin services • In assisted living- hotline number is posted on the wall 	<ul style="list-style-type: none"> • Information provided to participants is not consistent between programs

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Responsibility for review of and response to critical incidents	<ul style="list-style-type: none"> The entity (or entities) that receives reports of each type of critical event or incident. The entity that is responsible for evaluating reports and how reports are evaluated. The entity that is responsible for conducting investigations and how investigations are conducted. The timeframes for conducting an investigation and completing an investigation. 	<ul style="list-style-type: none"> APS/CPS is responsible for evaluating reports that meet state criteria Inconsistency for what prompts APS/CPS investigation and how it is handled Gap in outcomes received from APS/CPS following investigations- if information is received it is only the final outcome; no details Public Health/Licensure may review incidents and follow up with reporter Gap in outcomes received from Public Health following review of incidents DD specialized providers are required to complete internal investigations of abuse, neglect and other critical incidents Duplication of entity's conducting investigations can occur frequently Reported incidents or review of incidents may not be directly related to services being provided 	<ul style="list-style-type: none"> APS/CPS is responsible for evaluating reports that meet state criteria Inconsistency for what prompts APS/CPS investigation and how it is handled Gap in outcomes received from APS/CPS following investigations- if information is received it is only the final outcome; no details Public Health/Licensure may review incidents in Assisted Living Gap in outcomes received from Public Health following review of incidents Assisted Living is required to complete internal investigations of abuse, neglect and other critical incidents A&D does not complete internal investigations for other services Duplication of entity's conducting investigations can occur frequently Reported incidents or review of incidents may not be directly related to services being provided Methods for overseeing the operation of the incident management system? Frequency of oversight activities? 	<ul style="list-style-type: none"> Definition of critical incidents varies between programs Inconsistency in investigation process and who is responsible Duplication of entity's conducting investigations is common Timeframes for review and response to critical incidents is inconsistent Gap in information received from investigating agency Gap in notifications to guardians/reporters based on who completes the investigation

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Responsibility for oversight of critical incidents and events	<ul style="list-style-type: none"> The state entity or entities responsible for overseeing the operation of the incident management system. When oversight is not performed by the Medicaid agency or the operating agency (if applicable), the process for the oversight agency to communicate information and findings to the Medicaid agency and/or operating agency. The methods for overseeing the operation of the incident management system, including how data are collected, compiled, and used to prevent re-occurrence. The frequency of oversight activities. 	<ul style="list-style-type: none"> Division of Developmental Disabilities is responsible for overseeing incident management system Information is received from the services provider Methods for overseeing the operation of the incident management system? Frequency of oversight activities? 	<ul style="list-style-type: none"> Division of Medicaid is responsible for overseeing incident management system Methods for overseeing the operation of the incident management system? Frequency of oversight activities? 	<ul style="list-style-type: none"> Two distinct incident management systems, not coordinated Inconsistency in sample, monitoring and frequency
Safeguards Concerning Restraints and Restrictive Interventions				

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<p>Use of restraints</p>	<ul style="list-style-type: none"> • When the first choice is selected, the response is consistent with the remainder of the waiver application. • When the first choice is selected, the state provides specific methods to detect unauthorized use of restraints, and specifies the state agency (or agencies) responsible for conducting this oversight. • Use of restraints must comport with the home and community-based setting requirements at Section 42 CFR 441.301(c)(4)(iii) and (vi)(F), and person-centered service planning and plan requirements at 42 CFR 44.301(c)(1) and (c)(2). 	<ul style="list-style-type: none"> • Waiver indicates State prohibits restraint • Defines the use of Emergency Safety Intervention (ESI) for immediate risk to participant or others • Information on ESI is located in the Safety Plan; not in behavior support plan • Behavior support plan, safety plan and functional behavior assessment are 3 separate documents • Unauthorized use of restraints are reported by providers, services coordinators or others • Service coordinators review incident reports and complete monitoring forms for detection of unauthorized use of restraint 	<ul style="list-style-type: none"> • Restraint is prohibited • Participants required to have a “safe plan” or may not be eligible for the waiver • Unauthorized use of restraints has not been reported in assisted living; no method for detection • Service Coordinators conduct monitoring to detect the use of unauthorized restraints • Example: child with arm splint to eliminate self-injury 	<ul style="list-style-type: none"> • Use of restraint between programs differs • Confusion in waiver definition of restraint and use of ESI

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<p>Safeguards concerning the use of restraints</p>	<ul style="list-style-type: none"> • For each type of restraint permitted, the State has identified safeguards that address: • The use of alternative methods to avoid the use of restraints; • Methods for detecting the unauthorized use of restraints; • The protocols that must be followed when restraints are employed (including the circumstances when their use is permitted) and how their use is authorized; • The practices that must be employed to ensure the health and safety of individuals; • Required documentation concerning the use of restraints; and • Education and training requirements that personnel who are involved in the administration of restraints must meet. 	<ul style="list-style-type: none"> • Emergency Safety Intervention (ESI) and authorized use is defined • General Event Report must be written and instances of ESI must be reviewed by the IPP team • Positive behavior support plans must be in place • Unauthorized use of restraints are reported by providers, services coordinators or others • Service coordinators review incident reports and complete monitoring forms for detection of unauthorized use of restraint • Providers must have approved crisis intervention training • 	<ul style="list-style-type: none"> • Restraint is prohibited • Service Coordinators conduct monitoring to detect the use of unauthorized restraints • No training is completed by providers 	<ul style="list-style-type: none"> • Use of permitted restraint (ESI) is not consistent between programs • Need for restraint differs between programs • Formal training and habilitation is not in both program • Service Coordination monitoring differs between programs

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<p>State oversight responsibility</p>	<ul style="list-style-type: none"> • The state agency (or agencies) responsible for overseeing the use of restraints and ensuring that the state’s safeguards are followed. • When oversight is not performed by the Medicaid agency or the operating agency(if applicable), the process for the oversight agency to communicate information and findings to the Medicaid agency and/or operating agency. • Methods for detecting unauthorized use, over use or inappropriate/ineffective use of restraints and ensuring that all applicable state requirements are followed. • How data are analyzed to identify trends and patterns and support improvement strategies. • The methods for overseeing the operation of the 	<ul style="list-style-type: none"> • Division of Developmental Disabilities is responsible for overseeing the use of restraints and ensuring safeguards are followed • Information on the use of restraint must be documented and verbal notification needs to be made to the SC • Service coordinators review incident reports and complete monitoring forms for detection of unauthorized use of restraint • SC monitoring tool changes frequently; does not apply well to CLDS services • High incident reports are reviewed by Public Health Surveyor? • Incidents are reviewed at IPP meetings at least semi annually • Data is reviewed/analyzed? How frequently? • Method for overseeing the incident management system? 	<ul style="list-style-type: none"> • Do not use restraints • Service Coordinators responsible for client monitoring and detection • Do not have a consistent method of SC monitoring across the state • Public health (licensure) and APS review incidents at nursing facilities • Does not identify/analyze because restraint is not used • Because services are provided in home by contract staff, incidents are difficult to detect 	<ul style="list-style-type: none"> • Service Coordination monitoring differs between programs • Need/Use of restraint/ESI differs between programs • CLDS oversight and review differs from other services • Analysis of data, sample, frequency differs between programs • Different incident management system between programs

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Use of Restrictive Interventions	<ul style="list-style-type: none"> The response is consistent with the remainder of the waiver application. When the first choice is selected, the state specifies methods to detect unauthorized use of restrictive intervention, and the state agency (or agencies) responsible for conducting this oversight. Use of restrictive interventions must comport with the home and community-based setting requirements at Section 42 CFR 441.301(c)(4)(iii) and (vi)(F), and person-centered service planning and plan requirements at 42 CFR 44.301(c)(1) and (c)(2). 	<ul style="list-style-type: none"> Restrictive measures are permitted Reviewed by IPP team and agency human legal right 	<ul style="list-style-type: none"> Restrictive measures are not permitted Difficult to monitor in private homes where service is provided Timeout or other restrictive measures could be used by parents that are being paid to provide service 	<ul style="list-style-type: none"> Need/use of restrictive interventions differs between programs Definition/use of timeout principles is not defined

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<p>Safeguards concerning the use of restrictive interventions</p>	<ul style="list-style-type: none"> • The types of restrictive interventions that are permitted, the circumstances under which they are allowed, and the types of restrictive interventions that are not allowed. • For each type of restrictive intervention that is permitted, the state’s safeguards address: <ul style="list-style-type: none"> • First use of non-aversive methods; • Methods to detect the unauthorized use of restrictive interventions; • Protocols for authorizing the use of restrictive interventions, including treatment planning requirements and review/reauthorization procedures; • Required documentation when restrictive interventions are used; and • Required education and training of personnel involved in authorization and administration of restrictive intervention. 	<ul style="list-style-type: none"> • Type of restriction and circumstances defined for each individual • Less restrictive alternatives must be attempted and found to be ineffective • Restrictions must be approved by IPP team semi annually • Restrictions must be reviewed by human legal rights committee annually • Positive behavior support plan • Service Coordination monitoring and review of incident reports for unauthorized use 	<ul style="list-style-type: none"> • Restrictive interventions are not permitted • Service Coordination monitoring • No training for staff • Service coordination monitoring and review for unauthorized use 	<ul style="list-style-type: none"> • Need/use of restrictive interventions differs between programs • Definition/use of timeout principles is not defined • Training for staff differs across programs • Service coordination monitoring differs among programs

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State oversight responsibility	<ul style="list-style-type: none"> The state agency (or agencies) responsible for overseeing the use of restraints and ensuring that the state's safeguards are followed. When oversight is not performed by the Medicaid agency or the operating agency (if applicable), the process for the oversight agency to communicate information and findings to the Medicaid agency and/or operating agency. Methods for detecting unauthorized use, over use or inappropriate/ineffective use of restraints and ensuring that all applicable state requirements are followed. How data are analyzed to identify trends and patterns and support improvement strategies. The methods for overseeing the operation of the incident management system including how data are collected, compiled, and used to prevent re-occurrence. 	<ul style="list-style-type: none"> DDD is responsible for overseeing Service Coordination monitoring to review for unauthorized use Methods for detecting over use? Data review for identifying trends? Oversight activities frequency? 	<ul style="list-style-type: none"> DOM is responsible for overseeing No data analysis exists- restraints/restrictive measures not permitted Service coordination monitors for use of unauthorized restraints Overseeing incident management system? Frequency? 	<ul style="list-style-type: none"> Need/use differs between programs Incident management systems differ between programs Review of incidents, sample and frequency differs between programs Methods for detecting over use, identifying trends is inconsistent

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<p>Use of restrictive interventions</p>	<ul style="list-style-type: none"> • The response is consistent with the remainder of the waiver application. • When the first choice is selected, the state specifies methods to detect unauthorized use of restrictive intervention, and the state agency (or agencies) responsible for conducting this oversight. • Use of restrictive interventions must comport with the home and community-based setting requirements at Section 42 CFR 441.301(c)(4)(iii) and (vi)(F), and person-centered service planning and plan requirements at 42 CFR 44.301(c)(1) and (c)(2). 	<ul style="list-style-type: none"> • Type of restriction and circumstances defined for each individual • Less restrictive alternatives must be attempted and found to be ineffective • Restrictions must be approved by IPP team semi annually • Restrictions must be reviewed by human legal rights committee annually • Positive behavior support plan • Service Coordination monitoring and review of incident reports for unauthorized use 	<ul style="list-style-type: none"> • Restrictive interventions are not permitted • Service Coordination monitoring • No training for staff • Service coordination monitoring and review for unauthorized use 	<ul style="list-style-type: none"> • Use/need for restrictive measures differs between programs • Service Coordination monitoring for detection of unauthorized use differs between program

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Safeguards concerning the use of restrictive interventions	<ul style="list-style-type: none"> • The types of restrictive interventions that are permitted, the circumstances under which they are allowed, and the types of restrictive interventions that are not allowed. • For each type of restrictive intervention that is permitted, the state’s safeguards address: <ul style="list-style-type: none"> • First use of non-aversive methods; • Methods to detect the unauthorized use of restrictive interventions; • Protocols for authorizing the use of restrictive interventions, including treatment planning requirements and review/reauthorization procedures; • Required documentation when restrictive interventions are used; and • Required education and training of personnel involved in authorization and administration of restrictive intervention. 	<ul style="list-style-type: none"> • Type of restriction and circumstances defined for each individual • Less restrictive alternatives must be attempted and found to be ineffective • Restrictions must be approved by IPP team semi annually • Restrictions must be reviewed by human legal rights committee annually • Positive behavior support plan • Service Coordination monitoring and review of incident reports for unauthorized use 	<ul style="list-style-type: none"> • Restrictive interventions are not permitted • Service Coordination monitoring • No training for staff • Service coordination monitoring and review for unauthorized use 	<ul style="list-style-type: none"> • Use/need for restrictive measures differs between programs • Service Coordination monitoring for detection of unauthorized use differs between program

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State Responsibility Oversight	<ul style="list-style-type: none"> The state agency (or agencies) responsible for overseeing the use of restrictive procedures and ensuring that the state's safeguards are followed. When oversight is not performed by the Medicaid agency or the operating agency(if applicable), the process for the oversight agency to communicate information and findings to the Medicaid agency and/or operating agency. Methods for detecting unauthorized use, over use or inappropriate/ineffective use of restrictive procedures and ensuring that all applicable state requirements are followed. How data are analyzed to identify trends and patterns and support improvement strategies. The methods for overseeing the 	<ul style="list-style-type: none"> DDD is responsible for overseeing Service Coordination monitoring to review for unauthorized use Methods for detecting over use? Data review for identifying trends? Oversight activities frequency? 	<ul style="list-style-type: none"> DOM is responsible for overseeing No data analysis exists- restraints/restrictive measures not permitted Service coordination monitors for use of unauthorized restraints Overseeing incident management system? Frequency? 	<ul style="list-style-type: none"> Use/need for restrictive measures differs between programs Service Coordination monitoring for detection of unauthorized use differs between program Incident management oversight differs between programs Analysis may not exist in A&D No methods for detecting overuse

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<p>Use of Seclusion</p>	<ul style="list-style-type: none"> • When the first choice is selected, the response is consistent with the remainder of the waiver application. • When the first choice is selected, the state provides specific methods to detect unauthorized use of seclusion, and specifies the state agency (or agencies) responsible for conducting this oversight. • Use of restrictive interventions must comport with the home and community-based setting requirements at Section 42 CFR 441.301(c)(4)(iii) and (vi)(F), and person-centered service planning and plan requirements at 42 CFR 44.301(c)(1) and (c)(2). 	<ul style="list-style-type: none"> • Seclusion is not allowed • Time out practices where individuals are separated from others is not defined • Service Coordination monitoring and review of incident reports is conducted to detect unauthorized use of seclusion 	<ul style="list-style-type: none"> • Seclusion is not allowed • Time out practices are not defined and may be used by family members • Difficult to monitor in home services • Service Coordination monitoring is conducted to detect unauthorized use of seclusion 	<ul style="list-style-type: none"> • Time out practices are not defined in either program • Service coordination monitoring differs between programs • Ineffective monitoring of in home services in both programs

Title	CMS Review Criteria	DD	A&D	Gap
<p>Safeguards concerning the use of seclusion</p>	<ul style="list-style-type: none"> • The use of alternative methods to avoid the use of seclusion; • Methods for detecting the unauthorized use of seclusion; • The protocols that must be followed when seclusion is employed (including the circumstances when its use is permitted)and how its use is authorized; • The practices that must be employed to ensure the health and safety of individuals; • Required documentation concerning the use of seclusion; and • Education and training requirements that personnel who are involved in the administration of seclusion must meet. 	<ul style="list-style-type: none"> • Time out practices where individuals are separated from others is not defined, but likely occurs • Positive behavior support plans are used • Providers are required to provide training on crisis prevention 	<ul style="list-style-type: none"> • Time out practices are not defined and may be used by family members • Difficult to monitor in home services • No formal training occurs for participants • No formal training occurs for staff on crisis prevention • Participants must have a safe plan • If unable to develop a safe plan, may not qualify for waiver services 	<ul style="list-style-type: none"> • Seclusion is not allowed in either program • Use/need for alternative methods to avoid seclusion differs by program • Time out practices are not defined in either program • Practices employed to ensure health and safety differ by program • Habilitation and training for participants in DD services only • Training for staff on crisis prevention only in DD services • Service coordination monitoring differs between programs

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<p>State Oversight Responsibility</p>	<ul style="list-style-type: none"> • The state agency (or agencies) responsible for overseeing the use of seclusion and ensuring that the state’s safeguards are followed. • When oversight is not performed by the Medicaid agency or the operating agency (if applicable), the process for the oversight agency to communicate information and findings to the Medicaid agency and/or operating agency. • Methods for detecting unauthorized use, over use or inappropriate/ineffective use of seclusion and ensuring that all applicable state requirements are followed. • How data are analyzed to identify trends and patterns and support improvement strategies. • The methods for overseeing the operation of the 	<ul style="list-style-type: none"> • Division of Developmental Disabilities is responsible for overseeing unauthorized use of seclusion • Service Coordination reviews incident reports • Service Coordination monitoring is conducted Frequency? • How is data analyzed to identify trends and patterns and support improvement strategies? • Methods for overseeing incident management system, data collection, prevention? • Frequency? 	<ul style="list-style-type: none"> • Division of Medicaid is responsible for overseeing unauthorized use of seclusion • Service Coordination monitoring is used to detect unauthorized use of segregation • Methods for overseeing incident management system, data collection, prevention? • Frequency? • 	<ul style="list-style-type: none"> • No single agency, or coordination between agencies, monitoring for use of seclusion • Service coordination monitoring differs between programs • Incident management systems differ between programs • Detection methods in incident management systems differ between programs • Data collection, sample size differs between programs • Frequency of oversight activities not coordinated between programs

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Medication Management and Administration				
<p>Medication management and follow up Responsibility</p>	<ul style="list-style-type: none"> • The entity or entities responsible for ongoing monitoring of participant medication regimens. • The scope of monitoring (i.e., whether monitoring is designed to focus on certain types of medications or medication usage patterns). • Methods for conducting monitoring. • Frequency of monitoring. • How monitoring has been designed to detect potentially harmful practices and follow-up to address such practices. • How second-line monitoring is conducted on the use of behavior modifying medications. 	<ul style="list-style-type: none"> • Physician prescribing medication and pharmacy filling medication are listed as responsible parties for overall medication management • Beyond this level specialized service providers have differing monitoring practices • At minimum, guardian must approve all psychotropic medications, and must be reviewed by human legal rights committee • Review occurs yearly at minimum, or when medications are increased • Specialized provider staff can be trained as medication aides, must be on medication aide registry to pass medication • Public Health/Licensure determines who receives medication aide certification based on information provided with application • Specialized providers have nurse consultant to oversee medication aides • Follows state mediation aide regulations/nurse practice act • Do CLDS providers administer medications? 	<ul style="list-style-type: none"> • Assisted living staff pass medication as 40 hour medication aide- monitored by public health- follows state mediation aide regulations/nurse practice act • Public Health/Licensure determines who receives medication aide certification based on information provided with application • Independent providers are not registered medication aides and do not pass medications • Participants may have medication aide come in to set up medications for them • Need to clarify what support is provided for medication administration • Participants are self-directing medication administration – if assistance is needed often set up by pharmacy • No monitoring or tracking of medications 	<ul style="list-style-type: none"> • Entity responsible varies by participant • No secondary monitoring system is not well defined • Scope, frequency and practices for monitoring are not well identified • No expectations for health outcome indicators are identified • Unclear how CLDS and A&D providers handle medication administration and oversight

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<p>State oversight and follow up</p>	<ul style="list-style-type: none"> • The state agency (or agencies) responsible for oversight • When oversight is not conducted by the Medicaid agency or the operating agency (if applicable), the process to communicate information and findings from monitoring are regularly communicated to the Medicaid agency and the operating agency (if applicable). • How state monitoring is performed and how frequently • How the state monitoring program gathers information concerning potentially harmful practices and employs such information to improve quality. 	<ul style="list-style-type: none"> • DDD has ultimate responsibility for oversight • Public Health oversees medication aide certification • Information comes from provider agencies, documented in the IPP • How is state monitoring performed? Frequency? • How is information gathered? 	<ul style="list-style-type: none"> • DOM has ultimate responsibility for oversight for assisted living • Public Health oversees medication aide certification • No state monitoring is occurring 	<ul style="list-style-type: none"> • No coordination of oversight , monitoring between programs • Information and review by public health is unclear • Effectiveness of monitoring within programs is unclear

Title	CMS Review Criteria	DD	A&D	Gap
<p>Per state policy</p>	<ul style="list-style-type: none"> • Policies concerning the administration of medications to individuals who are unable to self-administer and the responsibilities of providers for overseeing self-administration. • If applicable, the training/education that non-medical waiver providers must have in order to administer medications to participants who cannot self-administer and the extent of the oversight of these personnel by licensed medical professionals. 	<ul style="list-style-type: none"> • Nurse practice act and practices for unlicensed medical professionals • Specialized providers have nurse oversight of medication aides- training is provided and may vary across the state • Non-specialized providers do not have oversight- administer medication? • Definition of self-administration criteria in nurse practice act is followed 	<ul style="list-style-type: none"> • Nurse practice act and licensed medication aides in Assisted Living • Other service providers are not licensed and do not administer medication • Definition of self-administration criteria in nurse practice act is followed 	<ul style="list-style-type: none"> • Clarification of CLDS and A&D provider supports for self administration of medications

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Medication Error Reporting	<ul style="list-style-type: none"> The types of medication errors that providers must record and/or report. When reporting is required; the agency to which errors must be reported is specified. 	<ul style="list-style-type: none"> Definition of what needs to be reported is in state policy- nurse practice act Violation of 5 rights (person, drug, dose, time, route) must be reported Electronic incident report is completed/verbal report to service coordination APS/CPS notification is made Provider policies vary on reporting of other medication errors Provider policy on medication errors and ability to maintain medication aide varies across the state 	<ul style="list-style-type: none"> Definition of what needs to be reported is in state policy- nurse practice act Violation of 5 rights (person, drug, dose, time, route) must be reported Incident report is completed by services coordinator? Only assisted living is providing medication administration Need to clarify support provided by A&D providers for medication administration 	<ul style="list-style-type: none"> Incident reporting system differs between agencies Coordination between APS/CPS, and public health/licensure is unclear Point in which someone loses a mediation aide license is unclear Policy on medication errors varies across agencies Assistance provided by CLDS and A&D providers, and reporting requirements is unclear

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<p>State oversight responsibility</p>	<ul style="list-style-type: none"> • The state agency (or agencies) responsible for the on-going monitoring of waiver provider agencies' performance in administering participant medications. • When oversight is not conducted by the Medicaid agency or the operating agency (if applicable), the process to communicate information and findings to the Medicaid agency or the operating agency. • Monitoring methods include the identification of problems in provider performance and support follow-up remediation actions and quality improvement activities. • How data are acquired to identify trends and patterns and support improvement strategies. 	<ul style="list-style-type: none"> • Public Health/Licensure determines who receives medication aide certification based on information provided with application • Public Health Surveyor reviews incident reports on medication errors • APS/CPS reviews reports of medication errors • No consistent method for identification of problems, identification of trends and patterns 	<ul style="list-style-type: none"> • Public Health/Licensure determines who receives medication aide certification based on information provided with application • Public Health/Licensure reviews incident reports on medication errors in assisted living • APS/CPS reviews reports of medication errors • No consistent method for identification of problems, identification of trends and patterns 	<ul style="list-style-type: none"> • Confusion over responsible state agency to oversee performance within and between programs

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