The Vermont

Money Follows the Person Rebalancing Demonstration Operational Protocol

Submitted by:

State of Vermont
Agency of Human Services
Department of Disabilities, Aging and Independent Living

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Operational Protocol Abstract

The Money Follows the Person Operational Protocol is documentation that includes the required elements that must be submitted and approved by the Centers for Medicare and Medicaid Services (CMS) in order to enroll individuals into the demonstration or claim Federal dollars for provision of direct services for its participants/members.
The purpose of the Operational Protocol is to provide information for:

- Federal officials and others, so they can understand the operations of the demonstration.
- State and federal monitoring staff planning a visit.
- State Project Directors and staff who use it as a guide to program implementation.
- Regional partners who use it as an operational guide.
- External stakeholders who use it to understand the operation of the demonstration.

Subsequent changes to the MFP Demonstration and the Operational Protocol must be reviewed by the Project Director, Vermont Department of Aging, Disabilities and Independent Living (DAIL), stakeholders and be approved by DAIL and CMS. A request for change must be submitted to CMS 60 days prior to the date of implementing the proposed changes. All aspects of the MFP Demonstration, including any changes to this document, are managed by the Department of Aging and Independent Living.

Project Introduction

The State of Vermont has long demonstrated a commitment to promoting and providing a long-term care system that allows its participants a range of care options appropriate to individual needs and independence by steadily increasing home and community based services. In 2005 DAIL, in collaboration with CMS developed the Choices for Care Section 1115 long-term care waiver program. Since then, Choices for Care has made significant strides in expanding options for long term-care Medicaid beneficiaries. On April 1, 2011 the State of Vermont was awarded and began implementation and participation in the Money Follows the Person (MFP) Rebalancing Demonstration Program as a component of Choices for Care. The Money Follows the Person Program is operated statewide, with a combined budget of $17.9 million dollars for the term of the grant.

Vermont's Money Follows the Person Program addresses the long-term care services and support needs of older adults, persons with physical disabilities. The primary goals of the Money Follows the Person Demonstration are to provide Choices for Care participants with transition coordination services and $2,500 in transition funds to offer equal access to a variety of long-term care options in community based settings. The MFP rebalancing initiatives intend to compliment Choices for Care, and also expand service and placement options for all waiver-eligible persons. The demonstration aims to increase the percentage of home and community base services by helping to alleviate barriers to transition, as a way to rebalance Vermont's long-term service and support systems.

State of Vermont Long-term Services and Supports

Vermont's older adults and persons with physical disabilities populations are served through Choices for Care, which is overseen by the Vermont Department of Disabilities, Aging and

Independent Living (DAIL) within the Vermont Agency of Human Services. Since 2005 the Choices for Care 1115 waiver has offered home and community based services for VT Medicaid recipients. Choices for Care assist Vermont elders and adults with physical disabilities to pay for long-term care services in the setting of their choice. Participants are offered three program options: Home and Community Based Supports, Enhanced Residential Care, and nursing facility care. Choices for Care Home and Community Based Supports offer consumers a choice of multiple services while living in a community based setting. Home and Community Based Services are offered to eligible participants who reside in qualified private homes, apartments, or in an Adult Family Care Home.

Services include:

- Case management
- Personal Care
- Adult Day
- Respite
- Companion Hours
- Personal Emergency Response
- Assistive Device and Home Modification

Care Options

The Home and Community Based Supports program offers consumers four distinct care management options which include: agency directed care, consumer directed care, surrogate directed care, and Flexible Choices. Consumer and surrogate directed care are both employer-authority options. Flexible Choices is a budget authority option which is based on assessed needs.

24 Hour Care

Adult Family Care Homes are a 24-hour care home and community based service option for eligible Choices for Care Long-Term Medicaid program participants. Adult Family Care Homes provide person centered supports in the residence of a home care provider to no more than two people unrelated to the home provider. The AFC Home option was implemented in September 2013, and was a collaborative effort between MFP, DAIL and community partners to offer eligible residents another HCBS option.

Options Counseling

Vermont's Aging and Disability Resource Connection (ADRC) initiative provides people of all ages, disabilities, and incomes with the information and support they need to make informed decisions about long term services and supports. ADRC builds on the infrastructure of ten core partners: the five Area Agencies on Aging (AAAs), the Vermont Center for Independent Living (VCIL), the Brain Injury Association of Vermont (BIAVT), Vermont 211, the Vermont Family Network (VFN) and Green Mountain Self-Advocates (GMSA). Vermont ADRC partners provide Options Counseling, based on national core competencies and job duties. Options Counselors refer individuals interested in transitioning to the community from a nursing facility, ICF or hospital to the MFP Program.

Contribution of the Money Follows the Person Demonstration

The State of Vermont Department of Disabilities, Aging and Independent Living has implemented and participates in many key initiatives that aid in rebalancing the State's resources. Money Follows the Person has collaborated with several state and community partners to enhance the transition process and available home and community based services. Money Follows the Person partnered with the ADRC to streamline the options counseling process, identified barriers to transition, and lead the development of the Adult Family Care Home service option. While MFP has played an essential role in identifying gaps and barriers to transition, there are additional programs and supports needed to improve the successful transition of participants.

Money Follows the Person and Choices for Care are currently collaborating with the Vermont Assistive Technology Program and Healthy Homes LLC for MFP participants to utilize assistive technology services and evaluations through the use of MFP transition funds.

Money Follows the Person has identified barriers in the transition process and recognized the need to develop a new laser like approach to transition care coordination and services. MFP and other partnering agencies are currently working together to streamline the transition process and service delivery through collaboration with Agencies and enhanced Case Management Services in addition to the current 48 hours. In addition, we are working to revamp the Adult Family Care Home model to increase the opportunity for individuals to transition into the community. These services will be covered under Medicaid, and will only be billed during an individual's 12-month transition period as a part of the demonstration projects rebalancing efforts.

Person Centered Planning

Person centered planning is a process directed by the individual or guardian of the individual with long term care needs. It focuses on the individual's strengths, goals, needs and aspirations and puts them in charge of defining the direction of their life. The process includes participants freely chosen by the individual who are able to serve as important contributors. The individual is at the core of all plans and services.

CMS specifies that service planning for participants in Medicaid HCBS programs under section 1915(c) and 1915(i) of the Act must be developed through a person-centered planning process that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals. The rules require that the person-centered planning process is directed by the individual with long-term support needs, and may include a representative whom the individual has freely chosen and others chosen by the individual to contribute to the process. The rule describes the minimum requirements for person-centered plans developed through this process, including that the process results in a person-centered plan with individually identified goals and preferences. This planning process, and the resulting person-centered service plan, will assist the individual in achieving personally defined outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences and choices, and contribute to the assurance of health and welfare. CMS will provide future guidance regarding the process for operationalizing person-centered planning in order for states to bring their programs into compliance.

Money Follows the Person has followed this definition of Person Centered Planning to develop and implement its demonstration services and its policies in working with the individuals that it serves. Keeping in line with the mission of the Division of Disabilities, Aging and Independent Living, Money Follows the Person offers participants choice in the services offered and a voice in the development of new initiatives through stakeholder involvement.

Self-Direction

Choices for Care offers three options to individuals who wish to self-direct their services and supports: consumer directed, surrogate directed and the Flexible Choices Program. In the home-based setting, Choices for Care offers three services that may be directed by the individual or a surrogate employer: personal care, respite care and companion services.

If an individual who is participating in Choices for Care is able and willing to be an employer for their own personal care, respite or companion services, they may apply for the consumer directed option. However, if the individual is not able or willing to be the employer, a trusted friend or family member may apply to be the surrogate-directed employer.

The Flexible Choices option within Choices for Care is based on the belief that consumers and their families know best how to meet the needs of individuals residing at home. Flexible Choices offers consumers an allowance, which is based on their needs and their Choices for Care home-based service plan.

MFP demonstration participants are afforded the same options to self-direct their services as other Choices for Care enrollees. As in the current program, case managers will be responsible for training and assisting individuals to understand the obligations and procedures of self-direction.

Stakeholder Involvement

Vermont involves both private and public stakeholders in oversight and evaluation of the Choices for Care program. The state involves consumers through the Department Aging and Independent Living (DAIL) Advisory Board. The DAIL Advisory Board meets monthly and serves as an active forum for discussion of new state initiatives and existing programs. The MFP Project Director will provide regular updates to the Board during implementation of the demonstration and consult on strategies for addressing and resolving challenges that arise.

Benchmarks

Vermont's MFP Program annually measures its progress based on five benchmarks, two specifically required by CMS, and three that have been selected by the state. The benchmarks are used to assess Vermont's progress in transitioning individuals to the community, and rebalancing its long-term care system.

MFP annually reviews these benchmarks to determine if they are attainable, appropriate and focused on creating lasting improvements and enhancements to the current program.

Benchmark 1 – (Required) Meet the projected number of eligible individuals transitioned in each target group from an inpatient facility to a qualified residence during each calendar year of the demonstration.

This population benchmark projects the number of MFP eligible individuals by target population who will be assisted to transition to qualified residences in each calendar year for the term of the grant.

Calendar Year	Older adults	MR/DD	Physically Disabled	Mental Illness	Dual Diagnosis	Total
CY 2012	23	-	2	-	-	25
CY 2013	60	-	10	-	-	70
CY 2014	44	-	8	-	-	52
CY 2015	45	-	8	-	-	53
CY 2016	46	-	20	-	-	66
CY 2017	46	-	20	-	-	66

Benchmark 2 – (Required) Increase State Medicaid expenditures for HCBS during each calendar year of the demonstration program.

The MFP rebalancing demonstration offers Vermont an opportunity to increase Medicaid support for Home and Community Based long-term services for each calendar year of the demonstration. The expenditure projections are for all State of Vermont long-term care (not only MFP) HCBS benefits and include both state and federal dollars. Expenditures are increased at an annual rate of two percent, based on historical trends and projected program budget growth.

Year	Expenditures
CY 2012	$56,890,315
CY 2013	$58,028,121
CY 2014	$59,188,684
CY 2015	$60,372,457
CY 2016	$62,811,505
CY 2017	$$64,067,735

Vermont proposes the following three additional success benchmarks to measure performance under the demonstration. As described in detail below, the benchmarks will serve to document the state's progress toward rebalancing Vermont's long term care system through reinvestment of enhanced FMAP savings.

Benchmark 3 – Develop and Implement Adult Family Care Homes

Adult Family Care Homes became an HCBS in September of 2013. MFP was a leading partner in the development and implementation of this new model. The State anticipates that AFC will fill an unmet need in the CFC service continuum and play an important role in program rebalancing. MFP will continue to monitor this new service over the course of the demonstration, and expects to transition 10% of the projected MFP Annual Transitions into Adult Family Care Homes each year.

Year	MFP Transition to AFC Homes
CY 2012	-
CY 2013	-
CY 2014	5
CY 2015	7
CY 2016	10
CY 2017	12

Benchmark 4 - Increase in the number of Medicaid-eligible nursing facility residents who are informed of the MFP program.

This benchmark measures the number of Medicaid-eligible nursing facility residents who will be informed of the MFP demonstration each year. Transition Coordinators will play an essential role in generating awareness of the demonstration among nursing facility residents and their families, which is a necessary precursor to identifying and assisting demonstration participants.

Exhibit 6 - Number of MFP-Eligible Residents Educated about the MFP Program

Year	Projected MFP Eligible Residents
CY 2011	100
CY 2012	105
CY 2013	110
CY 2014	115
CY 2015	120
CY 2016	80
CY 2017	50

Benchmark 5 – Percentage of MFP participants will remain in the community for at least 1 year after transition.

To succeed, the MFP demonstration must not only transition participants out of the nursing facility but also provide the necessary supports to keep the majority of these individuals in the community for at least 365 days. The state has set a benchmark of 80 percent of transitions in 2012 to remain in the community for at least one year after transition. By consistently reaching this milestone, the state will maximize the enhanced FMAP available for reinvestment toward further program rebalancing.

Exhibit 7 - Projected Number of MFP Participants Who Remain in the Community after One Year

Year	Total Transitioning Residents	Number Remaining in HCBS 1 CY after Transition
CY 2012	25	20
CY 2013	70	56
CY 2014	52	42
CY 2015	53	42
CY 2016	66	44
CY 2017	66	46

Demonstration Policies and Procedures

Education and Marketing

The target populations for the Money Follows the Person Demonstration are Medicaid eligible Vermont residents currently residing in Medicaid participating nursing facilities, hospitals and Intermediate Care Facilities. There are approximately 1700 Medicaid eligible residents in these facilities across the state.

Money Follows the Person educated 1331 Medicaid eligible Nursing Facility Residents in 2012 and 2013. Money Follows the Person has developed targeted educational systems to identify and assist demonstration participants.

MFP Recruiting Tools

Persons interested in the Money Follows the Person Demonstration can receive information about the program through the following mechanisms:

- Marketing literature; available upon request in alternative formats. APPENDIX A
- MFP website: http://www.ddas.vermont.gov/ddas-projects/mfp/mfp-default
- Vermont's 211 hotline
- Community outreach and presentations
- Videos
- Consumer success stories

Targeted Education

The MFP Data Analyst generates a monthly report from paid claims data identifying residents who may have become eligible for MFP in the past 30 days based on length-of-stay in a qualified facility. The report is provided to the Transition Coordinators, who will make monthly visits to all nursing facilities in their regions. Residents receive a brochure and are educated about the MFP Program. Their response is recorded by the Transition Coordinator in the SAMs database and the Transition Coordinators follow-up on the information and consults with facility discharge planners.

MDS 3.0 Section Q

The Aging and Disability Resource Connection is comprised of the Vermont Center for Independent Living (VCIL) the Area Agencies on Aging, and the Home Health Agencies. The ADRC plays an important role in supporting care transitions, and serves as the Local Area Contact Agencies for the MDS 3.0 Section Q discharge process.

The Vermont ADRC/MFP and Section Q Implementation Strategy process is similar to other states whereby nursing facility discharge planners and nursing staff review the MDS 3.0 Section Q information to determine whether a referral to a Local Contact Agency (LCA) can be made. If individuals wish to speak with someone about returning to the community, the nursing facility will complete the MDS 3.0 Section Q Referral Form (Process found in APPENDIX B and referral form in APPENDIX C) for the Local Contact Agency. The LCA will then conduct options counseling and determine if an individual may be eligible for MFP and generate a referral to MFP.

Resident Self-Referrals

Upon determination of an expressed interest to return to the community by a resident or his/her legal guardian, an MFP Transition Coordinator will be contacted. This initial contact may come from the Long Term Care Ombudsman, Office of Public Guardian, a community agency, family members, guardians, facility residents, nursing facility patient liaisons, social workers, or others who may have met with the resident.

Eligibility and Enrollment - **See policy APPENDIX D**

Individuals who meet the criteria below are eligible to enroll in the Money Follows the Person (MFP) Demonstration Project.

- Vermont resident.
- Meet requirements for 90 consecutive days in a qualified inpatient facility, excluding nursing facility Medicare-rehabilitation days.
- Receiving Vermont Long-Term Care Medicaid for at least one day prior to transition from the qualifying inpatient stay.
- Express a desire to live in a community setting.

Eligibility is verified at time of enrollment and at transition by the Transition Coordinator and quarterly by the Data Analyst.

Informed Consent

All participants (or as appropriate, family members or guardians) will be required to sign an informed consent form to enroll in Vermont's MFP demonstration. By signing the consent form, participants acknowledge that they have freely chosen to participate, are aware of all aspects of the transition process, have full knowledge of the services and supports that will be provided both during the demonstration year and thereafter, are aware of the waiver requirements and are informed of their rights and responsibilities as a participant in the demonstration.

A Transition Coordinator will thoroughly review the Money Follows the Person Brochure during the onsite transition meeting he/she has with a potential applicant and/or guardian and prior to asking applicants or guardians to sign the consent form. The meeting with the Transition Coordinator will provide an opportunity for specific dialogue focused on all aspects of the MFP process, including pre- and post-transition activities. The participant and/or guardian will also receive a clear explanation about their rights and responsibilities as well as procedures for incident reporting and complaints. The Transition Coordinator will address any questions or concerns about the project during this time.

Nursing facility residents who are interested in moving to the community and who do not require a guardian or representative will then sign the MFP Consent Form and participate in the MFP intake process. The MFP Consent Form is located in APPENDIX E

In the event the participant requires a representative to provide informed consent for the MFP demonstration, the consent for participation may be provided by the participant's family member, caregiver, a health care agent named in a health care power of attorney, an attorney-in-fact named in a durable power of attorney, or the legal representative or surrogate decision-maker who has responsibility for the individual's living arrangement. In situations where there is a legal representative or surrogate decision maker, the Transition Coordinator will review legal documentation to ensure the individual possesses the authority to make decisions dealing specifically with a participant's living arrangement and receipt of services/treatment.

A candidate/facility resident is assumed to be competent and able to consent to participation in the MFP Demonstration, unless the candidate/facility resident has been deemed incapacitated by a court and a legal guardian has been appointed. If the candidate/facility resident does not have a court-appointed guardian, he/she has the right to make decisions regarding their participation.

Private Guardianship

In Vermont, a court may enter a judgment pursuant to subsection 3068(f) of *Title 14, Chapter11 of the Vermont Statutes and appoint a guardian if it determines that the respondent is unable to manage, without the supervision of a guardian, any or all aspects of his or her personal care and financial affairs. The court must grant powers to the guardian in the least restrictive manner appropriate to the circumstances of the respondent and consistent with any advance directive. Guardianship powers may be ordered only to the extent required by the respondent's actual mental and adaptive limitations. The court must specify the powers the guardian shall have and may further restrict each power so as to preserve the respondent's authority to make decisions commensurate with respondent's ability to do so.

The guardian must maintain close contact with the person under guardianship and encourage maximum self-reliance on the part of the person under guardianship. The guardian must always serve the interests of the person under guardianship and must bring any potential conflicts of interest to the attention of the court.

In addition to the powers vested in the guardian by the court pursuant to section 3069 of Title 14, the court may order the guardian to assure that the person under guardianship receives those benefits and services to which he or she is lawfully entitled and needs to maximize his or her opportunity for social and financial independence. Those benefits and services include, but are not limited to:

- Residential services for a person under guardianship who lacks adequate housing;
- Nutrition services;
- Medical and dental services, including home health care; and
- Therapeutic and habilitating services, adult education, vocational rehabilitation or other appropriate services.

Competent individuals of at least 18 years of age may serve as guardians. In appointing an individual to serve as guardian, the court shall take into consideration:

- The nomination of a guardian in an advance directive or in a will;
- Any current or past expressed preferences of the respondent;
- The geographic location of the proposed guardian;
- The relationship of the proposed guardian and the respondent;
- The ability of the proposed guardian to carry out the powers and duties of the guardianship;
- The willingness and ability of the proposed guardian to communicate with the respondent and to respect the respondent's choices and preferences;
- Potential financial conflicts of interest between the respondent and the proposed guardian, and any conflicts that may arise if the proposed guardian is an employee of a boarding home, residential care home, assisted living residence, nursing home, group home, developmental home, correctional facility, psychiatric unit at a designated hospital, or other similar facility in which the respondent resides or is receiving care; and
- Results of any background checks.

Public Guardianship

An Office of Public Guardian is established within DAIL for the purpose of making guardianship services available to mentally disabled persons 60 years of age or older for whom the probate court is unable to appoint a guardian from the private sector. In addition to the powers and duties of guardians set forth in the statute, the Office of Public Guardian through its designees must:

- Be considered a person interested in the welfare of the ward for purposes of filing a motion for termination or modification of guardianship.
- Visit the facility in which the ward is to be placed if it is proposed that the ward

be placed outside his or her home.

- Monitor the ward and the ward's care and progress on a continuing basis. Monitoring must, at a minimum, consist of quarterly personal contact with the ward. The Office of public Guardian must maintain a written record of each visit with a ward. A copy of this record must be filed with the probate division of the superior court as part of the required annual report. The office, through its designees, must maintain periodic contact with all individuals and agencies, public or private, providing care or related services to the ward.

When an MFP participant has a guardian, the Transition Coordinator will verify the guardian's appointment by either viewing the guardianship papers or by contacting the probate court directly. As is the case today for Choices for Care, the Transition Coordinator will require a guardian's signature on the all forms and documents pertaining to the program.
Guardians will be invited to all transition meetings and other relevant encounters with the participant. Their maximum participation will be encouraged throughout the process.

It will be the Transition Coordinator's responsibility to educate the guardian about Vermont's MFP demonstration and the transition and post transition processes. The guardian must report recent visits or interactions to the Transition Coordinator at the time the consent is signed and on a quarterly basis. To the extent documentation of such contacts are available through the Area Agencies on Aging or other public surrogate organizations, the Transition Coordinator will request information on recent visits and file this in the participant's case record.

Private guardians will be encouraged to visit individuals for whom they have been awarded guardianship and to provide information on the frequency of their visits to the Transition Coordinator. A minimum of one visit between the guardian and the participant must be documented within the six-month period prior to transition and then every six months thereafter.

The Transition Coordinator will review and document as to whether or not guardians have recent knowledge of a participant's welfare if they are making decisions on behalf of the participant. Such documentation will be in the form of case notes, care planning meetings, social services notes, and telephone records reflecting active participation in decision making. If the Transition Coordinator has reason to believe that a private guardian is not acting in the best interests of the participant, he/she will report such information to Adult Protective Services within DAIL's Division of Licensing and Protection.

Qualified Residence

To participate in MFP, the person must transition to a qualified MFP residence on the date of transition. See APPENDIX D

1. A home owned or leased by the individual or the individual's family member; this option is not regulated by the state and the lease is maintained with the landlord or owner.
2. An apartment with an individual lease is a residential type that can be in an apartment building, assisted living facility, and/or public housing unit. The apartment will have lockable access and egress, and which includes living, sleeping, bathing, and cooking areas

over which the individual or the individual's family has domain and control. Apartments are regulated. An apartment building is regulated by the lease and held by the landlord. An assisted living facility is regulated by the state, and public housing units are regulated through Section 8 by the Vermont State Housing Authority.

3. A residence, in a community-based residential setting, in which no more than four unrelated individuals reside. These types of community based settings can include: group homes (not applicable to MFP), Licensed Level III Residential Care (including enhanced residential care), and Assisted Living Residences. These three types of community based alternative residential settings are regulated by DAIL, Division of Licensing and Protection.
4. A residence, in a community based residential setting, in which one or two individuals unrelated to the caregiver reside. These will all fall under the category of Adult Family Care homes. They will be required to meet health and safety standards established by DAIL and will be monitored regularly by Transition Coordinators and case managers. They will not be formally licensed by DAIL's Division of Licensing and Protection.

Participation in Money Follows the Person

The person's MFP participation will continue through the enrollment period post-transition. Any days spent in an inpatient setting do not count towards the MFP post-transition participation days. Please see APPENDIX D for policy regarding participation suspension, de-enrollment, and re-enrollments.

Retro-Active Participation

Money Follows the Person's education and referral systems aim to reach all Choices for Care Participants that are eligible for Money Follows the Person. When Money Follows the Person does not reach the Choices for Care Participant prior to discharge to HCBS, the person may choose to become a Retroactive Participant in the Money Follows the Person demonstration. Retroactive enrollment and participation begin on the day the individual transitioned from the qualifying inpatient setting to the qualified MFP home and community based residence. See APPENDIX D.

Benefits and Services

Money Follows the Person Participants must be enrolled in the State's Section 1115 Choices for Care Waiver. In addition to the services received through the 1115 waiver's fee for service model, Money Follows the Person participants may receive additional benefits and services through the demonstration.

Service Options	Qualified HCBS	HCBS Demonstration
Personal Care Services (including homemaker tasks)	X	
Respite Care	X	
Companion Services	X	
Adult Day Services	X	
Personal Emergency Response Systems	X	
Assistive Devices	X	
Home Modifications	X	
Enhanced Residential Care	X	
Case Management Services	X	
Other living arrangements	X	
One-time transition payment		X
Case Management	X	

Transition Funds

At the termination of the demonstration period, individuals will continue to receive qualified HCBS through Choices for Care as long as they meet the eligibility requirements of the program. Pursuant to terms and conditions of the grant, MFP demonstration services will not be available after the 365-day demonstration period. Vermont is not proposing to offer any supplemental services as part of the MFP demonstration. Vermont offers a one-time transition assistance payment of $2,500 as a demonstration service. MFP enrollees are eligible to receive Transition Funds to help remove identified barriers to transitioning and remaining on Home and Community Based Services. The funds can be accessed from the date of MFP enrollment and transition to a qualified home and community based setting.

Retroactive participants are eligible for financial assistance, up to $2500, for items or services intended to help the Retroactive participant successfully remain in a home and community based setting. Approved MFP funds can be accessed from the date the MFP Informed Consent is signed until the participant MFP enrollment end date.

Expenses must be deemed modest and reasonable. APPENDIX D identifies the policy for the use of Transition Funds, APPENDIX F is the Transition Funds Process and APPENDIX G describes the Transition Funds billing policy and procedures.

Consumer Supports

Money Follows the Person demonstration participants utilize Vermont's existing waiver program, Choices for Care, for the delivery of Home and Community Based Services and

supports. The current systems for consumer supports that are approved and in place for Choices for Care will be used by MFP demonstration participants, both during the MFP demonstration and thereafter.

Provider Network

Providers in Vermont's MFP demonstration include medical directors, administrators, discharge planners and social workers employed in nursing facilities as well as the array of home and community based service providers.

- Home Health Agencies: Provides a wide range of high-quality care for people of all ages, with acute and long term illnesses. In addition to skilled nursing services, specialty nurses coordinate high-quality individualized care. Licensed Nursing Assistants assist with personal care and activities of daily living.
- Area Agencies on Aging: These agencies coordinate and support a wide range of home- and community-based services, including information and referral, home-delivered and congregate meals, transportation, employment services, senior centers, adult day care and a long-term care ombudsman program. They also provide assistance for adults in need of protection or supportive services.
- Vermont Center for Independent Living: The Vermont Center for Independent Living (VCIL) is a non-profit organization directed and staffed by individuals with disabilities, works to promote the dignity, independence and civil rights of Vermonters with disabilities. Like other independent living centers across the country, VCIL is committed to cross-disability services, the promotion of active citizenship and working with others to create services that support self-determination and full participation in community life.
- Authorized Agencies: Agencies Authorized by DAIL to provide Adult Family Care to eligible participants. This includes oversight and management of AFC services and payment to AFC Homes.
- Adult Day Providers: Adult Day Centers provide an array of services to help older adults and adults with disabilities to remain as independent as possible in their own homes. Adult day services provide programs during the daytime. Programs include activities, social interaction, nutritious meals, health screening and monitoring, personal care, and transportation. Respite for family caregivers is also available.

Quality Programs

Vermont has integrated the MFP demonstration into its existing 1115 waiver program to serve individuals during and after the MFP transition year. MFP works with the existing infrastructure to ensure that the MFP demonstration is operated in compliance with federal waiver assurances. DAIL provides additional oversight to assure the demonstration complies with federal assurances and other federal requirements.

Participants in the MFP demonstration are served within the same case management, provider and oversight system as other Choices for Care enrollees. Vermont therefore can assure that the MFP demonstration will incorporate the same level of quality assurance and improvement activities required under the waiver program during the individual's transition and for the first year the individual is in the community.

In addition to the quality oversight that DAIL provides, Money Follows the Person has designed and implemented quality systems to oversee the specific needs of the demonstration. These systems include developing policies, procedures and reporting systems for Demonstration Services, Quality of Life Surveys and CMS Reporting.

Complaints

MFP Participants have several options for registering complaints about services or any other aspect of their care. MFP participants will be informed about grievance procedures upon enrollment by their Transition Coordinator. Participants will be encouraged to work initially with their agency providers around areas where care has not been satisfactory. Whether or not participants choose to do that, complaints may be registered directly with DAIL, the participant's case manager, the Division of Licensing and Protection or Vermont's Long Term Care Ombudsman Office.

The Division of Licensing and Protection (DLP) enforces federal and state statutes and regulations for providers of health care and investigates cases of alleged abuse, neglect and exploitation of vulnerable adults. To report abuse, neglect or exploitation of a vulnerable adult or to enter a complaint against a facility or agency that provides health care, MFP participants can call DLP's toll-free hotline or use the online reporting form.

Vermont Legal Aid is a non-profit law firm established in 1968 to provide free civil legal services to Vermonters who are low-income, older adults and those with disabilities. Vermont Legal Aid established Vermont's Long Term Care Ombudsman Program, which was created to protect the health, welfare and rights of people who live in long term care facilities, including nursing homes, residential care homes and assisted living residences. It also helps people who receive long term care services in their own homes or Adult Family Care Homes through Choices for Care.

The Ombudsman Program improves Vermont's long term care system through individual complaint resolution, education, administrative and legislative advocacy. Ombudsmen are available to receive and investigate complaints that consumers or their guardians have regarding services rendered under the Demonstration, providing third party oversight of the program. They also serve as consumer advocates.

MFP QM staff will be responsible for investigating and resolving complaints received by DAIL. Complaints will be logged on the day received and assigned to a QM Specialist for disposition.

The QM Specialist will acknowledge all complaints in writing within one business day. Written complaints will receive a response within seven days.

The QM Specialist will prioritize complaints based on severity and work for their expeditious resolution. If a proposed resolution is not satisfactory to the participant, he or she will be referred to the MFP Project Director for further remediation. The final resolution will be

provided to the participant in writing and will include a recitation of their right to file a request for a fair hearing before the Commissioner of DAIL.

All steps in the complaint resolution process will be recorded on the log. The logs will be reviewed as part of the demonstration's quality assurance activities.

A description of the complaint process will be drafted and included in the Choices for Care Participant Handbook provided to MFP participants. DAIL will use the complaint process as a training tool for all MFP staff to ensure all members of the Unit understand the importance of timely complaint resolution and the steps in place to ensure this occurs.

Critical Incident Reporting

Vermont will ensure appropriate action is taken to address or remediate critical incidents. A "Critical Incident" is any actual or alleged event, incident or course of action involving the perceived or actual threat to an MFP participant's health and welfare or his/her ability to remain in the community. Please see the DAIL reporting policy and procedures for investigation and remediation. APPENDIX H.

Any CFC service provider that becomes aware of a critical incident described in the policy is required to complete a critical incident report form APPENDIX H and submit it to Adult Services Division, as soon as possible, and no later than **48 hours of discovery of the incident**.

DAIL will be the responsible state agency for overseeing the training, reporting of and response to critical incidents for MFP participants. DAIL has developed a Quality Improvement Committee to:

- Analyze the type and number of complaints from a systemic level
- Look for trends by area and service provider
- Identify statewide issues
- Develop and implement plans for improvement

Critical Incident Reporting is done through the Social Assistance and Medicaid System (SAMS) and was designed to track incidents, monitor technical assistance and dispositions (including requests for additional information regarding incidents and status of Critical Incidents) and conduct tracking, reporting, and analysis of critical incident trends. The Critical Incident Reporting Database SAMS has been designed to report data elements that are reviewed by the Quality Improvement Committee to ensure appropriate action was taken at the time of the incident, whether further investigation is needed, or if further action or training may be required to ameliorate and/or prevent any recurrence of the incident.

Financial Accountability

AHS will ensure through its Medicaid Management Information System (MMIS) and its claims processing contractor (Hewlett Packard) that there is no duplication of payments for services rendered through the various Medicaid waivers and programs. The MMIS contains logic to identify duplicate claims, regardless of the funding source/program, thereby preventing duplication of payment.

The MMIS maintains a "Demographic Modifier" table that is used to match Medicaid enrollees to specific programs, including the Choices for Care 1115 Waiver. The Demographic Modifier

table includes the recipient ID and the start/end dates for enrollment in these specific programs.

The Demographic Modifier logic enables the system to assign payment responsibility to a specific funding source, as well as maintain other edits. For non-MMIS services, the state relies on a number of other reporting and monitoring tools to prevent duplicative payments. The Medicaid program and DAIL also have policies and procedures to ensure that financial reporting and monitoring for non-Medicaid funded programs, such as the Older Americans Act, are coordinated with Medicaid funded programs.

The Medicaid Provider Participation Agreement prohibits providers from billing Medicaid (as the payer of last resort) for any service that has been reimbursed or funded by another source. The state's Medicaid Program Integrity Unit monitors compliance with this requirement through periodic claims reviews and provider audit activities.

Oversight and monitoring of the Intermediary Service Organization (ISO) for employer support services within the consumer and surrogate-directed services program is conducted via monthly meetings and through data submission and claims review.

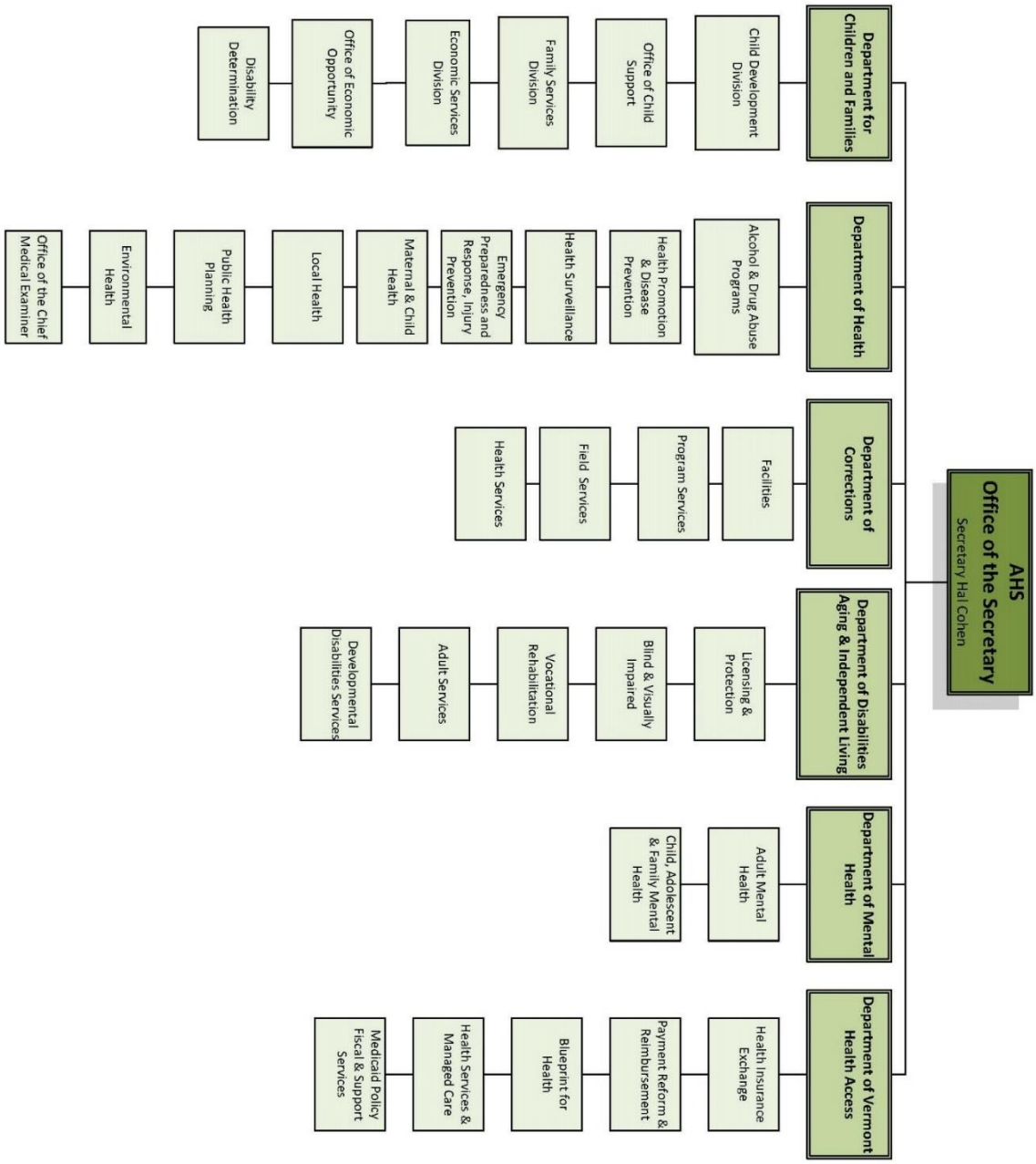
Administration

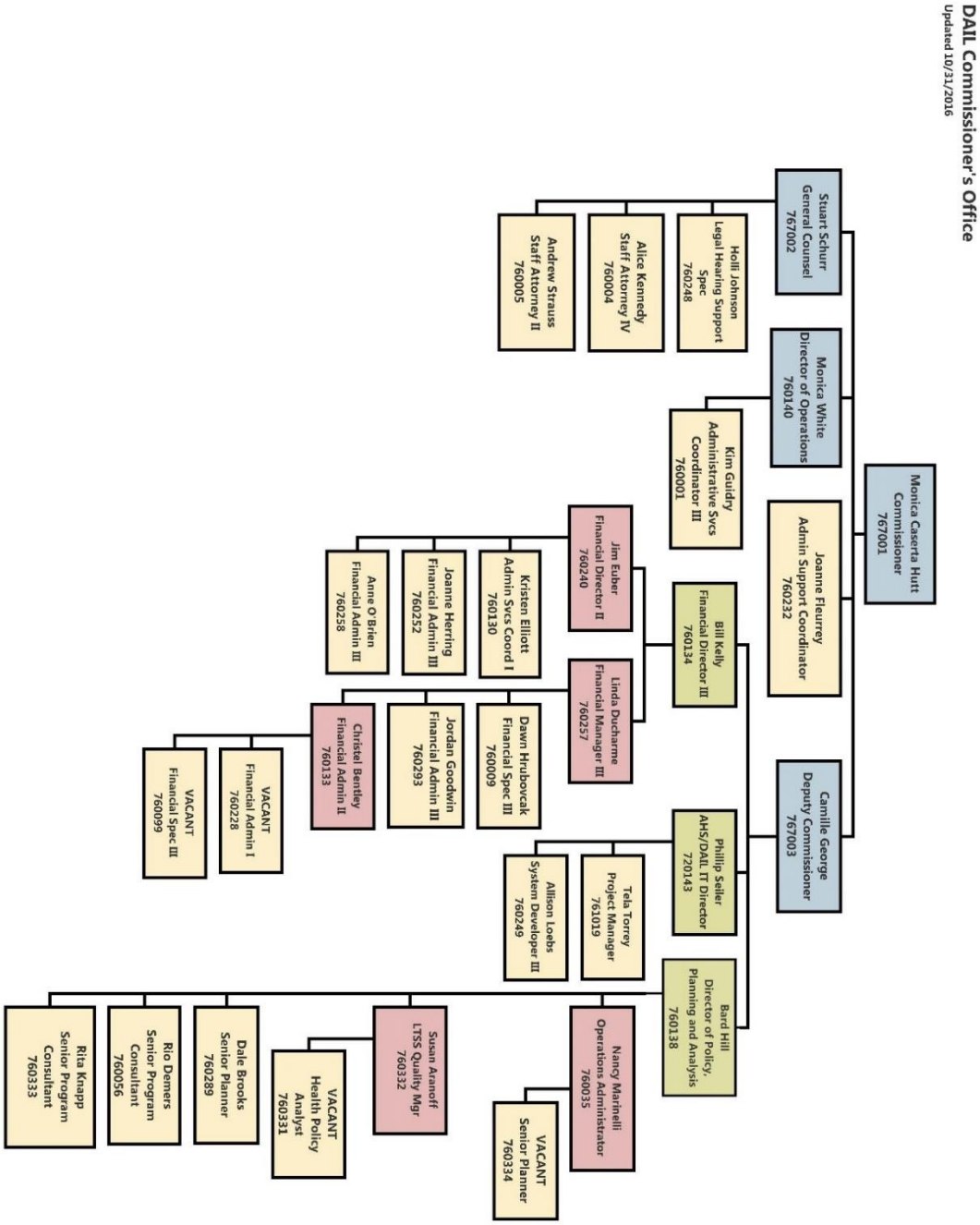
The Agency of Human Services (AHS) is the single state agency for Medicaid in Vermont, and has the overall responsibility for the MFP Demonstration Grant Program. The Department of Vermont Health Access (DVHA) within AHS is responsible for administration of the Medicaid program.

Money Follows the Person is a fully integrated component of Choices for Care. The Department of Disabilities, Aging and Independent Living (DAIL) is the lead agency for the MFP Demonstration and Choices for Care within AHS. DAIL is responsible for the day to day management of the grant and coordinates its activities.

DAIL will coordinate activities between the state's Medicaid agencies, the Department of Vermont Health Access (DVHA), which is also located within AHS. DAIL and DVHA work closely together on administration and reporting activities for Choices for Care and MFP Demonstration. Other partnering agencies that reside within AHS include the Department for Children and Families/Economic Services Division (DCF/ESD) which is responsible for financial eligibility determination and the Department of Mental Health (DMH).

The following diagrams below show the administrative structure for the MFP Demonstration.




DAIL Commissioner's Office
Updated 10/31/2016
Monica Caserta Hutt
Commissioner
767001
Stuart Schurr
General Counsel
767002
Holli Johnson
Legal Hearing Support Spec
760248
Alice Kennedy
Staff Attorney IV
760004
Andrew Strauss
Staff Attorney II
760005
Monica White
Director of Operations
760140
Kim Guidry
Administrative Svcs Coordinator III
760001
Joanne Fleurrey
Admin Support Coordinator
760232
Jim Euber
Financial Director II
760240
Kristen Elliott
Admin Svcs Coord I
760130
Joanne Herring
Financial Admin III
760252
Anne O'Brien
Financial Admin III
760258
Bill Kelly
Financial Director III
760134
Linda Ducharme
Financial Manager III
760257
Dawn Hrubovcak
Financial Spec III
760009
Jordan Goodwin
Financial Admin III
760293
Christel Bentley
Financial Admin II
760133
VACANT
Financial Admin I
760228
VACANT
Financial Spec III
760099
Camille George
Deputy Commissioner
767003
Phillip Seiler
AHS/DAIL IT Director
720143
Tela Torrey
Project Manager
761019
Allison Loebs
System Developer III
760249
Bard Hill
Director of Policy, Planning and Analysis
760138
Nancy Marinelli
Operations Administrator
760035
VACANT
Senior Planner
760334
Susan Aranoff
LTSS Quality Mgr
760332
VACANT
Health Policy Analyst
760331
Dale Brooks
Senior Planner
760289
Rio Demers
Senior Program Consultant
760056
Rita Knapp
Senior Program Consultant
760333

Staffing

FTE	Title	Role
1	**Project Director**	The Project Director is responsible for leading the design, development, implementation, and plans for sustaining the CMS MFP demonstration.
.5	**Administrative Assistant**	The Administrative Assistant provides administrative support to the Money Follows the Person (MFP) Project Director and workgroups.
1	**Data Analyst**	The Senior Planner directs the management information systems plan, data analysis and other reporting needs for the Money Follows the Person (MFP) demonstration grant.
1	**Quality and Program Specialist**	The Quality and Program Specialist assists in the development, implementation and oversight of all quality management activities for the Money Follows the Person (MFP) demonstration grant.
1	**Quality and Program Specialist/Transition Coordinator**	Transition Coordinators provides MFP education and screening to people who are in nursing facilities and interested in transitioning to the community. They work closely with the discharge planning team during pre-transition coordination of services and follow the person into the community to provide monitoring and technical assistance for up to 365 days.
2	**Transition Coordinator**	Transition Coordinators provides MFP education and screening to people who are in nursing facilities and interested in transitioning to the community. They work closely with the discharge planning team during pre-transition coordination of services and follow the person into the community to provide monitoring and technical assistance for up to 365 days.

Budget

The Budget is submitted annually to CMS using the electronic submittal form provided.

Appendix A

Choices For Care

MFP

Money Follows the Person

Your Choice.....Your Voice

Phone: (802)871-3067
Email: ahs.mfp@state.vt.us
http://ddas.vt.gov/ddas-projects/mfp

VERMONT
AGENCY OF HUMAN SERVICES
DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING

VISION
Hear their voice.....support their choice.

MISSION STATEMENT
To maximize autonomy, choice and dignity by providing access to a wide range of high quality long term care options, that allow individuals to live in their chosen community.

What are the Goals of MFP?

- To encourage freedom of choice through person centered planning.
- To eliminate barriers and increase home and community based services to eligible people who choose to transition from an institution to a community setting.

What is Money Follows the Person?

If you have lived in a hospital, or nursing home for at least 90 consecutive days and would rather live in your own home, apartment or group setting you may be eligible for home and community based services (HCBS) through Choices for Care Long-Term Medicaid Program. MFP helps people return to the community of their choice with the supports they need. MFP transition funds provide one-time financial assistance up to $2,500 to assist with items and services not typically covered by Medicaid.

Transition Funds cover barriers such as:

- Security Deposits
- Household items
- Home Modifications
- Durable Medical Equipment
- Appliances
- Medication Management

Money Follows the Person provides services and supports based on the individual needs of the participant.

Eligibility

Individuals who meet the following criteria are eligible to enroll in Money Follows the Person (MFP) Program benefits.

- Express a desire to live in a community based setting.
- Are a Vermont resident.
- Have been in a qualified inpatient facility, excluding nursing facility Medicare rehabilitation for 90 days or more.
- Are receiving Vermont Long-Term Care Medicaid for at least one day prior to transition from the qualifying in patient stay.

Person Centered Planning

Person centered planning is a process directed by the individual or guardian of the individual with long term care needs. It focuses on the individual's strengths, goals, needs and aspirations and puts them in charge of defining the direction of their life. The process includes participants freely chosen by the individual who are able to serve as important contributors. The individual is at the core of all plans and services.

Home and Community Based Services

MFP participants enter the Choices for Care Medicaid waiver program immediately upon discharge from the nursing facility or institution. Choices for Care Long-term Care Medicaid waiver program provides individuals with long-term care services.

- Personal Care Services (including homemaker tasks)
- Respite Care (temporary break for unpaid care givers)
- Companion and adult day services
- Personal Emergency Response Systems
- Assistive devices and home modifications

Where can I Live?

To participate in MFP you must transition into one of the following qualified housing options:

- A Home Owned or Leased
- An Apartment
- Community Based Residential Setting
- Adult Family Care Home - A housing option that provides continuous individualized supports in a family oriented environment.

Appendix A

Who Will Help Me?

Your transition team is made up of friends, family members, providers and anyone who contributes to your physical, mental, and emotional well-being. The Team will include your MFP Transition Coordinator and Waiver Case Manager, your family and friends and others you choose for assistance and support.

MFP Transition Coordinators
provide case management services to help guide your transition back into the community. They will help you identify and overcome barriers and work with your health care team to get you the resources you need to be successful and remain in the community of your choice.

For more information and to get started on your way home:

Phone: (802) 871-3067

E-mail: ahs.mfp@state.vt.us

Website: http://ddas.vt.gov/ddas-projects/mfp

Additional Assistance

Aging & Disability Resource Connection

VCIL Vermont Center for Independent Living

Vermont's Center for Independent Living
I-Line offers specialized assistance to help you achieve your independence.
1-800-639-1522

VT Area Agencies on Aging
1-800-642-5119

Vermont Area Agencies on Aging Senior Help Line
provides information and assistance to Vermont seniors and their families.

Vermont 2-1-1 Get Connected. Get Answers. United Ways of Vermont

Dial 2-1-1 for health and human services information.

This document was developed under CFDA 93.791 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Money Follows the Person is a demonstration grant funded by CMS in partnership with the State of Vermont Agency of Human Services. However, the contents do not necessarily represent the policy of the U.S Department of Health and Human Services, and you should not assume endorsement from the federal government.

AIL85 Division of Disability and Aging Services
Money Follows the Person, 103 **S. Main St. Weeks Bldg.,**
Waterbury, VT 05671

For more information:

Phone: 802-871-3067

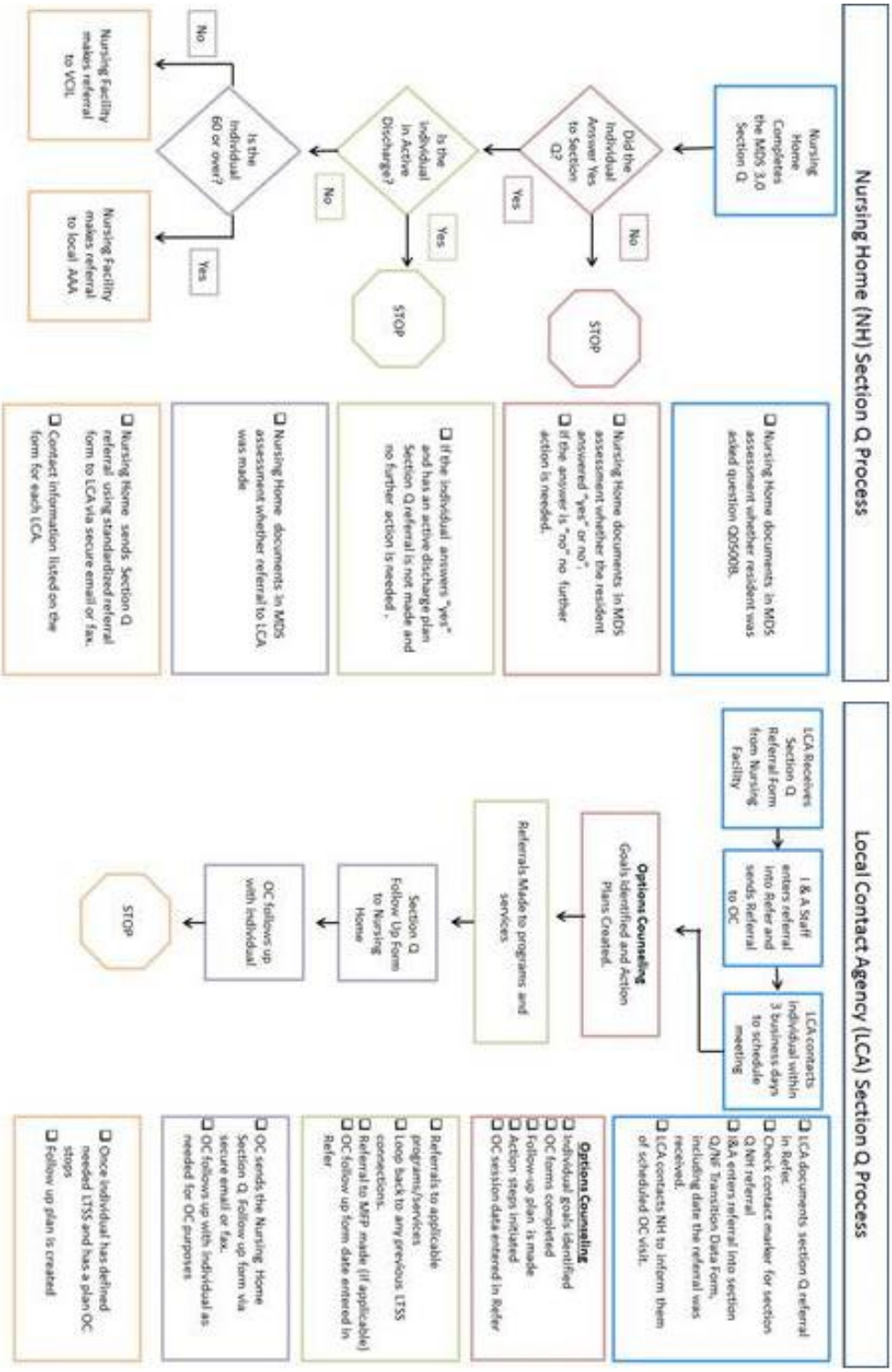
E-mail: ahs.mfp@state.vt.us

Website:
http://ddas.vt.gov/ddas-projects/mfp

Alternative formats and translations available upon request

Choices For Care MFP MONEY FOLLOWS THE PERSON

Appendix B


Nursing Home (NH) Section Q Process
Nursing Home Completes the MDS 3.0 Section Q
Nursing Home documents in MDS assessment whether resident was asked question Q0500B.
Did the Individual Answer Yes to Section Q?
No
STOP
Yes
Nursing Home documents in MDS assessment whether the resident answered "yes" or no".
If the answer is "no" no further action is needed.
Is the individual in Active Discharge?
Yes
STOP
No
If the individual answers "yes" and has an active discharge plan Section Q referral is not made and no further action is needed.
Is the individual 60 or over?
Yes
Nursing Facility makes referral to local AAA.
No
Nursing Facility makes referral to VCIL
Nursing Home documents in MDS assessment whether referral to LCA was made
Nursing Home sends Section Q referral using standardized referral form to LCA via secure email or fax.
Contact information listed on the form for each LCA.
Local Contact Agency (LCA) Section Q Process
LCA Receives Section Q Referral Form from Nursing Facility
I & A Staff enters referral into Refer and sends Referral to OC
LCA contacts individual within 3 business days to schedule meeting
LCA documents section Q referral in Refer.
Check contact marker for section Q NH referral
I&A enters referral into section Q/NF Transition Data Form, including date the referral was received.
LCA contacts NH to inform them of scheduled OC visit.
Options Counseling
Goals identified and Action Plans Created.
Options Counseling
Individual goals identified
OC forms completed
Follow-up plan is made
Action steps initiated
OC session data entered in Refer
Referrals Made to programs and services.
Referrals to applicable programs/services
Loop back to any previous LTSS connections.
Referral to MFP made (if applicable)
OC follow up form date entered in Refer
Section Q Follow Up Form to Nursing Home
OC sends the Nursing Home Section Q Follow up form via secure email or fax.
OC follows up with individual as needed for OC purposes
OC follows up with individual
Once individual has defined needed LTSS and has a plan OC stops
Follow up plan is created
STOP

Appendix C

Vermont Department of Disabilities, Aging and Independent Living

VERMONT

Section Q and Nursing Home Transition Referral Form: Final October 2013

Instructions: Please complete this form for **ALL INDIVIDUALS** who answer "yes" to the MDS 3.0 Question Q0500B and for all individuals who express a desire to transition out of a nursing home, **regardless of whether this request was part of the MDS 3.0 assessment**. Such a request may be made outside of a formal MDS assessment and should be referred to the Local Contact Agency for Options Counseling.

All referrals must be e-mailed via SECURE email or if not secure, via fax, to the contact e-mail and fax numbers listed below. For individuals age 60 and over, please refer to your local Area Agency on Aging by selecting from the list below. For individuals under age 60, please refer to the Vermont Center for Independent Living from the list below.

Area Agency on Aging for age 60 and over:

Vermont Center for Independent Living for under age 60:

Consumer Referral Information (All fields are required.)

Date of Referral:

Nursing Home Making Referral: Please select from the list below.

First Name of Staff Making Referral:

Last Name of Staff Making Referral:

Email Address of Staff Making Referral:

Phone Number of Staff Making Referral:

Fax Number for Staff Making Referral:

Other Referral Source if not the Nursing Home: Please select from the list below.

Individual's/Resident's First Name:

Individual's/Resident's Last Name:

Individual's/Resident's Date of Birth:

Individual's/Resident's Town of Residence: Please select from the list below.

Medicaid Number: Please insert 14-digit number below.

Nursing Home Date of Admission:

Appendix D

Money Follows the Person Eligibility and Enrollment and Transition Funds Guidelines

Eligibility Criteria

Individuals who meet the criteria below are eligible to enroll in the Money Follows the Person (MFP) Demonstration Project.

Vermont resident.

Meet requirements for 90 consecutive days in a qualified inpatient facility, excluding nursing facility Medicare-rehabilitation days.

Receiving Vermont Long-Term Care Medicaid for at least one day prior to transition from the qualifying inpatient stay.

Express a desire to live in a community setting.

Qualified Inpatient Facility

A qualified inpatient facility includes the following institutions.

Nursing facility

Hospital

The qualified inpatient stay must be immediately before beginning participation in the MFP demonstration project.

Nursing Facility Medicare Rehabilitation Exclusion

When a person is admitted to a skilled nursing facility solely for the purposes of skilled rehabilitation services covered under Medicare hospital insurance Part A, these days are not considered toward the 90-day qualified stay.

Enrollment

To enroll in the Money Follows the Person Program an eligible individual must sign the MFP Informed Consent form and an Application Referral form.

Participation

To become a participant, the individual must be enrolled and Transition into a Qualified Residence.

Appendix D

Qualified Residence

To participate in MFP, the person must transition to a qualified MFP residence on the date of transition.

1. A home owned or leased by the individual or the individual's family member; this option is not regulated by the state and the lease is maintained with the landlord or owner.

2. An apartment with an individual lease is a residential type that can be in an apartment building, assisted living facility, and/or public housing unit. The apartment will have lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control. Apartments are regulated. An apartment building is regulated by the lease and held by the landlord. An assisted living facility is regulated by the state, and public housing units are regulated through Section 8 by the Vermont State Housing Authority.

3. A residence, in a community-based residential setting, in which no more than four unrelated individuals reside. These types of community based settings can include: group homes (not applicable to MFP), Licensed Level III Residential Care (including enhanced residential care), and Assisted Living Residences. These three types of community based alternative residential settings are regulated by DAIL, Division of Licensing and Protection.

4. A residence, in a community based residential setting, in which one or two individuals unrelated to the caregiver reside. These will all fall under the category of Adult Family Care homes. They will be required to meet health and safety standards established by DAIL and will be monitored regularly by Community Development staff and case managers. They will not be formally licensed by DAIL's Division of Licensing and Protection.

Period of Participation

The person's MFP participation will continue through the post-transition enrollment period. Any days spent in an inpatient setting do not count towards the MFP post-transition participation days.

Temporary Suspension of Participation

If an MFP participant spends 30 days or fewer in an inpatient setting for any reason during a person's participation period, the person remains a participant in MFP.

If an inpatient stay occurs within the enrollment for a period of less than 90 days, MFP will extend the date for accessing the unused MFP Transition Funds by the number of days spent in an inpatient setting.

Appendix D

If an MFP participant spends 31 days or more in an inpatient setting the individual's MFP participation is suspended. The individual may continue to be enrolled in the MFP program.

The use of MFP funds is prohibited beyond the 31-day suspension date unless a new discharge date has been confirmed that is prior to the 90-day de-enrollment date from initial facility admission.

Reinstatement of MFP Active Participation Status

If an individual is deemed eligible for MFP after an inpatient stay of more than 31 days and less than 90 days the individual may be re-activated as a participant without re-establishing the 90-day inpatient requirement.

Prior to transitioning back to home and community based services a thorough review of the previous transition's care plan will be conducted to mitigate any obstacles for another transition.

If an inpatient stay occurs less than 90 days of leaving the qualifying inpatient stay, MFP will extend the date for accessing the unused MFP Transition Funds by the number of days spent in an inpatient setting.

When re-activated into MFP, the participant continues their initial MFP enrollment through the 365 days of participation (excluding days in an inpatient setting).

Termination of Participation

If the participant does not continually meet the initial eligibility requirements they will be de-enrolled from the MFP Program.

This includes facility readmissions after 90 continuous days in the inpatient facility the individual's enrollment in MFP will be terminated.

Re-Enrollment

An individual can be enrolled in the MFP program three times.

Prior to transitioning back to home and community based services a thorough review of the previous transition's care plan will be conducted to mitigate any obstacles for another transition.

Re-enrollments are approved through the authority of CMS.

Appendix D

Retroactive Eligibility

People receiving Vermont Long-Term Care Medicaid Choices for Care Home and Community Based Services are retroactively eligible to enroll in MFP when they meet MFP Eligibility as of 4/1/2011.

Effective Enrollment

The effective enrollment is the date the individual signs the Informed Consent form and the Application Referral form.

Retroactive Enrollment and Participation

Retroactive enrollment and participation begin on the day the individual transitioned from the qualifying inpatient setting to the qualified MFP home and community based residence.

Retroactive Participation Guidance

The guidance for participation period, participant's temporary suspension, suspension, re-admittance, and re-enrollment apply to retroactive participants.

Note: If the participation period is completed before the effective enrollment, the retroactive enrollment will not count as one of the three enrollments available to the participant. Transition Funds are not available for individuals whose participation period has ended.

Transition Funds

MFP enrollees are eligible for financial assistance, up to $2500, to help remove identified barriers to transitioning and remaining on Home and Community Based Services. The funds can be accessed from the date of MFP enrollment (date of signed informed consent form) through the end of their enrollment, so as long as the individual remains qualified and active in the MFP program

Retroactive participants are eligible for financial assistance, up to $2500, for items or services intended to help the Retroactive participant successfully remain in a home and community based setting. Approved MFP funds can be accessed from the date the MFP Informed Consent is signed until the end of the enrollment period.

Expenses must be deemed modest and reasonable and fall within the MFP pre-approved categories. A variance request for any items that do not conform to the MFP pre-approved categories may be submitted to the MFP Project Director for approval. Approved Items list can be found in Appendix F.

Appendix E

Print Form

Choices For Care / Money Follows the Person	**CFC601** Informed Consent

I, _____, freely choose to participate in the Vermont Money Follows the Person (MFP) program. I understand that this program allows me to receive a limited amount of flexible funds for expenses related to my transition from the nursing facility where I currently live to a new home in the community.

I have received information about the MFP program and am aware of all aspects of the transition process. I have also received information about the services and supports that will be provided to me both during the MFP demonstration and thereafter, which are all part of the Choices For Care Program.

I understand that participation in MFP is voluntary and that I can withdraw from participation in the MFP project at any time. I understand that I will participate in developing a plan of care that outlines my services, a backup plan and my emergency contact list.

I understand that agreeing to participate in the MFP program has no impact on my eligibility for any other program, meaning that I will continue to receive other services for which I am eligible regardless of my MFP program eligibility. I understand that there are no additional risks anticipated based on my participation in the MFP program beyond the risks related to receiving services in a community setting, for which I have already provided my consent. I have also been provided with a copy of the Choices For Care Participant Handbook that outlines my rights and responsibilities.

In order to participate in the MFP program, I have been informed that I must meet all of the eligibility requirements specific to the MFP program, which include residing in an inpatient facility for at least ninety (90) consecutive days; receiving Medicaid benefits for inpatient services; and that I must choose to live in a qualified residence, defined as:

1) **A home** owned or leased by the individual or the individual's family member; this option is not regulated by the state and the lease is maintained with the landlord or owner.

2) **An apartment** with an individual lease is a residential type that can be in an apartment building, assisted living facility, and/or public housing unit. The apartment will have lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control. Apartments are regulated. An apartment building is regulated by the lease and held by the landlord. An assisted living facility is regulated by the state, and public housing units are regulated through Section 8 by the Vermont State Housing Authority.

Appendix E

Print Form

Choices For Care / Money Follows the Person	CFC601 Informed Consent

3) **A residence, in a community-based residential setting,** in which no more than four unrelated individuals reside. These types of community based settings can include: group homes (not applicable to MFP), Licensed Level III Residential Care (including enhanced residential care), and Assisted Living Residences. These three types of community based alternative residential settings are regulated by DAIL, Division of Licensing and Protection.

4) **A residence, in a community-based residential setting,** in which one or two individuals unrelated to the caregiver reside. These will all fall under the category of Adult Family Care homes. They will be required to meet health and safety standards established by DAIL and will be monitored regularly by Community Development staff and case managers. They will not be formally licensed by DAIL's Division Licensing and Protection, however.

As an MFP participant, I will be asked to complete three short surveys about my quality of life. I will still be eligible to receive flexible funds for transition even if I do not complete the surveys. I understand that any information collected about me will be kept confidential and only be used for evaluating the project.

If I am re-institutionalized for more than thirty (30) consecutive days, I will be reevaluated for continued MFP eligibility and have an updated plan of care developed. If after three incidences/occurrences of re-institutionalization of thirty (30) consecutive days or longer I may no longer be considered for reentry into the MFP Project.

My signature below indicates that I agree to participate in the MFP program, if I am determined eligible, and that any questions that I may have about the program have been answered.

Money Follows the Person Client Consent

_____ _____
Client or Legal Guardian / Print Name Date of Birth

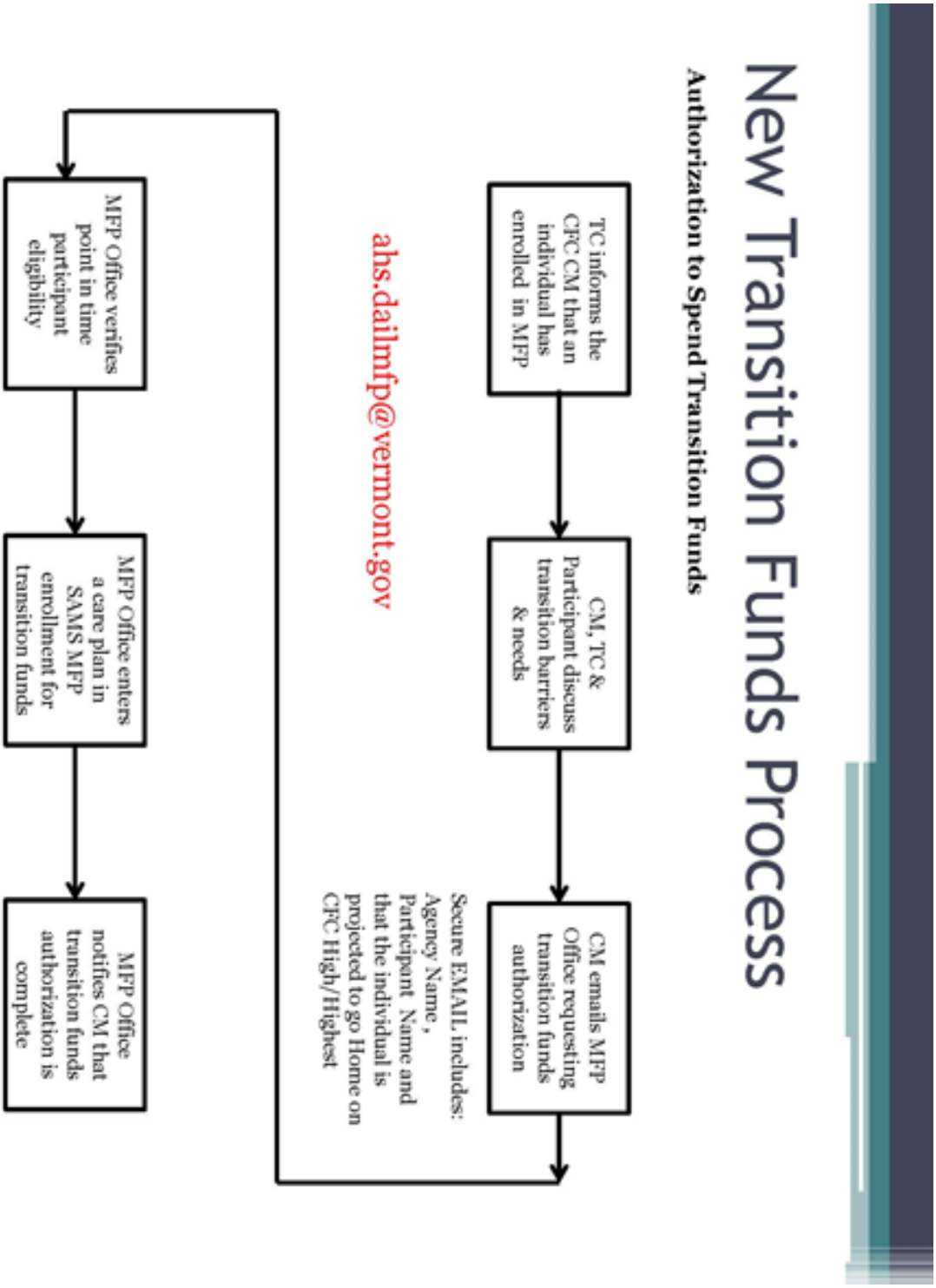
_____ _____
Client or Legal Guardian / Signature Date of Signature

_____
MFP Representative / Print Name

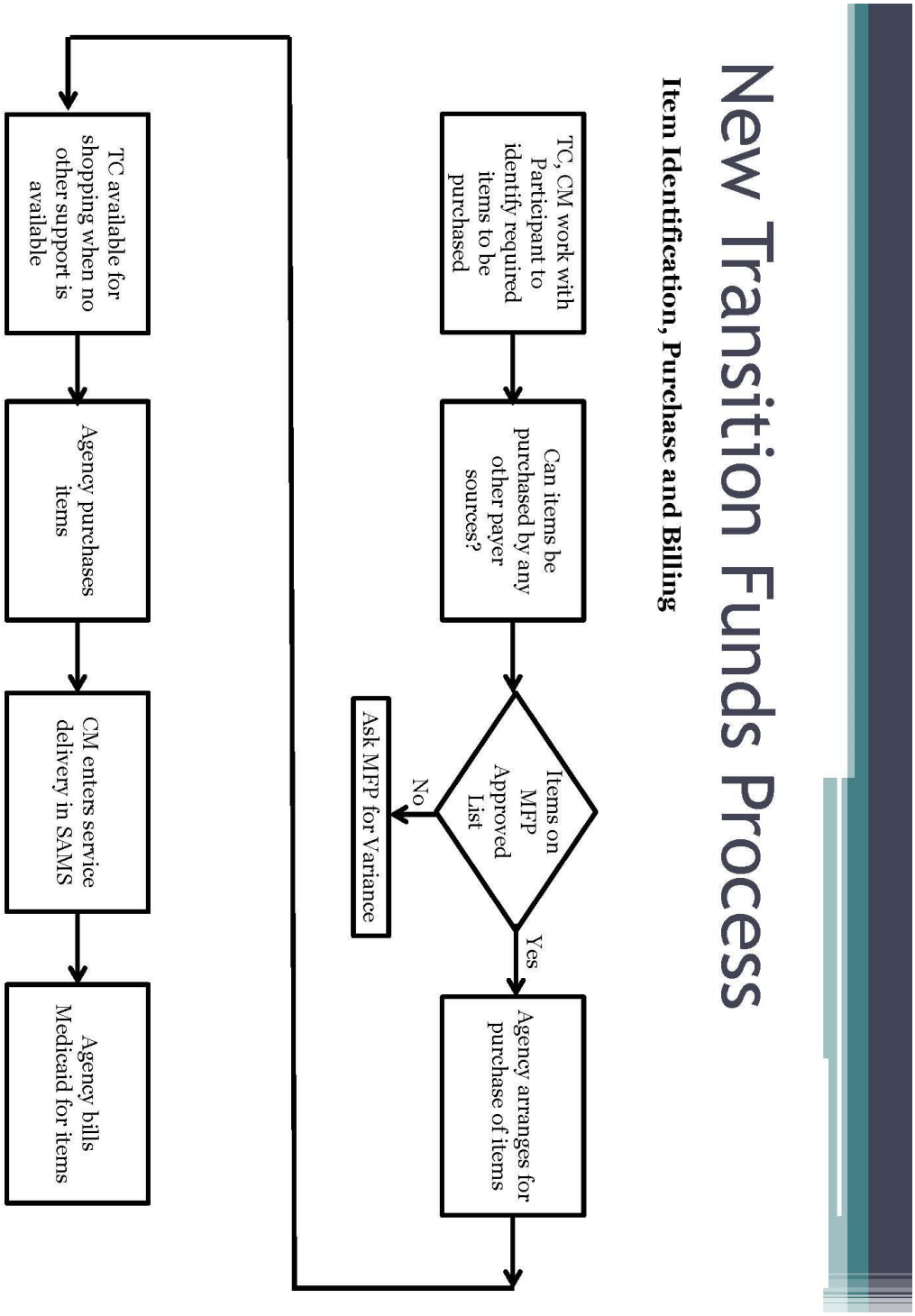
_____ _____
MFP Representative / Signature Date of Signature

Page **2** of **2** V4_11/2015

Appendix F


New Transition Funds Process
Authorization to Spend Transition Funds
TC informs the CFC CM that an individual has enrolled in MFP
CM, TC & Participant discuss transition barriers & needs
CM emails MFP Office requesting transition funds authorization
Secure EMAIL includes: Agency Name , Participant Name and that the individual is projected to go Home on CFC High/Highest
ahs.dailmfp@vermont.gov
MFP Office verifies point in time participant eligibility
MFP Office enters a care plan in SAMS MFP enrollment for transition funds
MFP Office notifies CM that transition funds authorization is complete

Appendix F


New Transition Funds Process
Item Identification, Purchase and Billing
TC, CM work with Participant to identify required items to be purchased
Can items be purchased by any other payer sources?
Items on MFP Approved List
Yes
No
Ask MFP for Variance
Agency arranges for purchase of items
TC available for shopping when no other support is available
Agency purchases items
CM enters service delivery in SAMS
Agency bills Medicaid for items

Appendix F

Print Form

Choices For Care / Money Follows the Person	CFC604 Approved Funds List

Furnishings	
Apron / Pot Holders	Recliner
Bed (Frame, Headboard)	Rocker
Bed in a Bag	Room Divider
Blankets	Rugs and carpets
Clothes hamper	Safe / Lock Box
Curtains / Blinds	Scale
Desk	Sheets/Pillow Cases / Pads
Dining Set	Shelving
Dishes and Cookware	Shower Curtain
Dresser	Sofa
File cabinet	Storage Containers
Futon	Tables
Lighting Fixtures	Towels
Love Seat	Transit Cart
Mail Box	Trash Can
Mattress	TV Stands / Centers
Mirror	Utensils
Over bed table	Utility Cabinet
Pillows	Whiteboard
Charges for delivery, installation and old item removal allowed.	

Adaptive Equipment	
Bath Bench	Oxygen Concentrator
Bed Alarm	Physical Therapy Aids
Bed Pan	Pill Crusher
Commode	Portable Lift (Hoyer etc.)
Dressing Aids	Raised Toilet Seat
Fall Guard Device	Range of Motion Devices
Feeding Pumps	Scooter
Gait Belts	Shower Safety Items
Grab Bars	Stair Lift
Hosp. Bed Accessories	Support Devices / Tape
Hospital Bed	Therapy Step
Hoyer Sling	Toilet Safety Frame
Inflatable Shampoo Kit	Transfer Bench
Lifeline	Walkers & Accessories
Lift Chair	Wheel Chair
Medication Boxes / Dispensers	Wheel Chair Accessories
Monitoring Systems	Wide Base Cane
Orthopedic Shoes	

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Appendix F

Print Form

Choices For Care / Money Follows the Person	CFC604 Approved Funds List

Food	
No Alcohol	No Cigarettes

Care Aids/Supplies	
Blood Pressure Kit	Oximeter
Chux Pads (Paper or Cloth)	Sanitary Products
Clothing Protectors	Thermometer
Creams	Urinary / Incontinence
Gloves	

Home Modifications	
Decks	Roof
Doors	Safety Railings
Driveways	Septic Systems
Electrical	Showers / Bath Replacement
Flooring	Snow Removal
Furnace / Chimney work	Stairways
Heaters	Toilet
Home Inspections	Trash Removal
Oil Tank	Water Systems
Plumbing	Windows
Ramp	

Appliances	
Air Conditioner / Fans	Humidifier / De-humidifier
Air Purifier	Microwave
Blender	Radio
Coffee Maker	Refrigerator
Cooktop	Steam Cleaner
Crock Pot	Stove
Dish Washer	Telephone
Dryer	Television
DVD Player	Toaster Oven
Electric Skillet	Vacuum
Freezer	Washer
Charges for delivery, installation, power cords, and vents are allowed.	

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Demonstration services must be allowable services and recreational items are not currently allowed. If an item on this could be considered “recreational”, the item can be purchased as long the need / use for this item is documented in the participant’s person-centered or a variance has been authorized.

Appendix F

Print Form

Choices For Care / Money Follows the Person	CFC604 Approved Funds List

Personal Items	
Cleaning Supplies	Glasses
Clothes	Hearing Aids
Coats, Hats & Gloves	OTC Medications
Dentures	Sanitizers
Footwear	Toiletries

Housing	
Credit Check Fee	Placement Newspaper Ad
Deposit	Rent Payment
Extra Key Fee	Room & Board
Hotel (Temp. Housing)	Taxes
Lot Lease for Trailer	Trailer

Adaptive / Assistive Technology	
Computer & Accessories	Software
Exercise Devices	Tablet & Accessories
IPAD & Accessories	Therapeutic Devices
Luminosity Website	Utensils
MP3 Player	Wireless Intercom
Printer	

Utilities	
Cable	Gas / Propane
Deposits for Utilities	Oil / Fuel
Electric	Phone

Respite / Personal Care	
Alternative Therapies	Personal Care
Case Management	Respite

Moving Expenses	
House Cleaning	Pick-up / Delivery
Moving Van	Trailer Tow / Setup

Personal Vehicle	
Gasoline	Purchase a vehicle
Maintenance	Tires

Transportation	
Adaptive Evaluations	Housing Selection
Transportation Vouchers	

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Choices For Care / Money Follows the Person	MFP Provider Billing Procedures

A. Provider Enrollment

To provide Money Follows the Person (MFP) Transition Funds services, providers must be currently enrolled as a Choices for Care (CFC) Case Management provider or Transitions II/Statewide Intermediary Service Organization in the Medicaid claims processing system via Hewlett Packard Enterprise Services (HPE). CFC provider enrollment requirements are described in Section V.10 of the Vermont Department of Disabilities, Aging and Independent Living Choices for Care, Long-term Care Medicaid Program Manual.

B. Claims

1. MFP Transition Funds service providers shall only submit claims for Medicaid reimbursement for services that have been provided to MFP eligible individuals in compliance with applicable service definitions, provider qualifications, and standards.

2. MFP Transition Funds service providers shall submit claims for Transition Funds services (revenue code 0087) through Vermont's Medicaid Management Information System (MMIS), managed by Vermont's Medicaid fiscal intermediary, Hewlett Packard Enterprise Services (HPE), in accordance with HPE procedures. Questions about claims, payments, and claims procedures should be addressed to HPE (802-879-4450) or (800)-925-1706.

3. MFP Transition Funds service providers shall have mechanisms or procedures in place to assure that claims which are submitted are accurate and in compliance with all applicable CFC/MFP procedures and regulations.

4. The Agency sends a secure e-mail request that includes the participant's name, agency name, CFC provider number and case manager name to the MFP e-mail address: ahs.dailmfp@vermont.gov. This secure e-mail will request initial authorization of transition funds.

   Once received, MFP will verify participant eligibility and enter a care plan and service plan in SAMS authorizing up to but not to exceed the amount of $2,500.00 in MFP Transition Funds. The case manager will receive an e-mail notification from MFP Office of this authorization.

5. MFP Transition Funds service providers are responsible for all aspects of preparing and submitting claims for authorized MFP Transition Funds services.

6. Once authorized, MFP Transition Funds service providers shall immediately submit claims for MFP transition expenditures using revenue code 0087, for dates specified in the Care Plan and Service Plan.
   Reminder: Providers billing electronically via Provider Electronic Solutions (PES) must add an extra zero to the revenue code (0087).

7. In the event the MFP participant is unable to transition or becomes ineligible the Case Manger will notify the MFP Office. The Agency will attempt to return any unused items and issue a credit to Medicaid for returned/unused items. The Agency will also notify the MFP Office via secure e-mail the exact final amount of transition funds utilized by the participant.

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8. The following dates-of-service are to be used.
   - All Items (including Assistive Devices):
     The date-of-service will always be the date the item was received by the individual.
   - Services such as home modifications:
     The date-of-service will always be the date the service work was completed.
   - Payments such as a rent deposit:
     The date-of-service will always be the date the payment is made to the service.

9. Claims submitted for MFP Transition Funds shall bill only revenue code 0087. Providers billing revenue code 0087 in addition to other codes on a single Medicaid claim shall be required to re-bill MFP Transition Funds services separately.

10. Providers shall bill one detail per date-of-service reflecting the total revenue code 0087 services per date-of-service.

11. Multiple dates-of-service are accepted on a single claim.

12. MFP Transition Funds service providers must obtain and retain copies of receipts for every MFP enrollee receiving transition services. The receipts specify the service, the cost and the date of service. Only claims for services that comply with the details and limitations of the Money Follows the Person Transition Funds approved item list may be submitted to the Medicaid claims processing system.

13. Approved list of items can be found at this website
    http://ddas.vermont.gov/ddas-programs/programs-cfc/programs-cfc-default-page#forms OR
    http://ddas.vermont.gov/ddas-projects/mfp/forms/forms
    Items on this list are pre-authorized, and in accordance with MFP Policy standards should be deemed modest and reasonable. Any appropriate item not listed, agencies are encouraged to request a variance from the MFP grant, by sending a secure e-mail request to ahs.dailmfp@vermont.gov

14. MFP Quality Process:
    - Quarterly MFP will verify individual claims vs. care plan allocations. The Quality Improvement Specialist will reconcile any differences.
    - The Adult Services Quality Team will perform spot audits on items purchased as part of the receiving of MFP transition funds.
    - The MFP Grant/CMS reserves the right to audit all items purchased by the agencies.

Appendix H

STATE OF VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Developmental Disabilities Services Division
and
Adult Services Division

CRITICAL INCIDENT REPORTING REQUIREMENTS

Update Effective February 1, 2016

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For additional information contact:

Developmental Disabilities Services Division
280 State Drive, HC2 South
Waterbury, VT 05671-2030
Phone: 802-241-0305
Fax: 802-241-0410
www.ddas.vermont.gov

Adult Services Division
280 State Drive, HC2 South
Waterbury, VT 05671-2030
Phone: 802-241-0294
Fax: 802-241-0385
www.ddas.vermont.gov

The plan was originally developed as part of a combined **CRITICAL INCIDENT REPORTING REQUIREMENTS** with the Department of Mental Health Effective Date: November 1, 2011

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Summary: The 2016 Critical Incident Report Guidelines are provided to the Designated Agencies and Specialized Services Agencies (hereafter referred to as *Agency*) and supersedes all pre-existing reporting guidance provided by the Department of Disabilities, Aging & Independent Living; Developmental Disabilities Services Division (DDSD) and Adult Services Division (ASD) (hereafter referred to as *DAIL*). Critical Incident Reports (hereafter referred to as CIR) are essential methods of documenting, evaluating and monitoring certain serious occurrences, and ensuring that the necessary people receive the information. These guidelines describe the information that DAIL needs to carry out their monitoring and oversight responsibilities. Content reflects standard definitions, applicable populations for required reporting, timelines, and methods for reporting incidents. Questions or request for clarifications should be made to DAIL.

Who requires Critical Incident Reports?

Critical Incident Reports are required for any individual served by an Agency who is receiving developmental disabilities services, including services contracted by the Agency, people who self/family-manage or share-manage their services, people who participate in the Money Follows the Person program, and the Adult Family Care program.

Exceptions: For Developmental Disabilities Services reporting is not required for

- Bridge, Family Managed Respite or Flexible Family Funding recipients, except in the event of a death (any cause).
- TCM, PASRR/Specialized Services except in the event of a death (any cause), Potential Media Involvement or APS/DCF Reports,

What is the timeframe and process for reporting incidents?

Type of Incident All incidents are reported to DAIL	Phone Report immediately upon the Agency's knowledge of incident directly to DDSD Director/ASD Quality & Provider Relations Director and CIR reporting line.	Phone Report within 24 hours from the Agency's knowledge of incident **(802) 241-2678**	Written Report within two business days from the agency's knowledge of incident
Potential Media Involvement	☑	☐	☑
Missing Person	☐	☑	☑
Death (Untimely or Suspicious)	☐	☑	☑
Death (Natural/Expected)	☐	☐	☑
Reports of Abuse, Neglect, Exploitation/Prohibited Practices	☐	☐	☑
Criminal Act/ Incarceration	☐	☐	☑
Medical Emergency	☐	☐	☑
Restraint	☐	☐	☑
Suicide Attempt	☐	☐	☑
Action Taken by Worker paid with DAIL funds/Other	☐	☐	☑

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When calling in a CIR report either immediately or within 24 hours of the agency's knowledge of the incident the caller needs to provide the following information:

- Caller's name and contact number, the name and contact number of a second person in case the original caller is unavailable.
- Name of Agency
- Name of individual involved in incident
- Type of incident as described above

Note: for after business hours calls at night and on the weekends a return call for all but Potential Media Involvement may not happen until the next business day, Public Media Involvement calls will be returned as soon as possible.

Notification of Individual's Guardian

All Guardians, public or private, shall be notified directly and immediately of any critical incident report. *Exception:* ***APS/DCF Reports where the Guardian is subject of the report.***

Use of the electronic reporting form

The electronic report form (**See Attachment A**) will be used when the technology for electronic data submission is operative for the sending and receiving entities.

A fillable copy of the electronic form has been created as a Word document which is required for use in reporting by staff at the Agency. This form will preferably be filled out by the reporting person using a computer or if completed by hand scanned into the agency's network and submitted to DAIL using the methods outlined below.

Where are completed reports sent?

Reports must be submitted via GlobalSCAPE, DAIL's secure FTP site. If GlobalSCAPE is not available, reports can be submitted via secure fax to: **DDSD *802-241-0410, ASD 802-241-0385***

For ASD, CIRs may also be sent electronically via SAMS.

What types of incidents must be reported to DAIL for Persons Served?

- **Potential Media Involvement**
  Is defined as any serious incident that is likely to result in attracting negative public attention, or that may lead to claims or legal action against the State and/or Agency.

- **Missing Person**
  A person in services who is identified as missing by law enforcement, the media, staff, family, caregivers, or other natural supports or lives in a residential program and has an unexplained absence.

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A person served is considered "missing" if the person's housemate or support staff cannot locate him or her and there is reason to think that the person may be lost or in danger. The person is not considered missing if s/he is functioning within the supervision requirements of his/her ISA. A CIR is not required for people who live with unpaid caregivers or housemates (such as natural family), unless the caregiver or family requests assistance in locating the person or the person has been identified as missing by law enforcement, or the person is missing while receiving DAIL services.

- **Death of Individual Receiving Services**
  - **Untimely or Suspicious death** Unknown or suspicious cause (includes completed suicide). CIR reporting is required by all programs.
  - **Natural/Expected Death**

- **Reports of Abuse, Neglect, Exploitation or Prohibited Practices**
  All reports of abuse, neglect or exploitation of or by a person enrolled in services must be submitted by the Agency as mandated by statute. Reports must be sent to either:
  - Adult Protective Services (APS) – 1-800-564-1612 – for adults; or
  - Department for Children and Families (DCF) – 1-800-649-5285 – for children under the age of 18; and
  - Suspected misuse of Medicaid funds must be reported to:
    Medicaid Fraud Unit/Program Integrity (MFU) – 802-879-5900 – or email ReportMedicaidFraud@state.vt.us.

  The Agency must also send a CIR documenting these reports to DAIL within the required timeframe.
  If the Agency becomes aware of a third party including contractors of the Agency or family reporting to APS/DCF/MFU then a report to DAIL also needs to be made.

  Prohibited practices as defined in the DDSD Behavior Support Guidelines as potential abuse need to be reported as a CIR. They include:
  - Corporal punishment
  - Seclusion (Including when seclusion is part of a documented behavior support plan developed in accordance with the behavior support guidelines)
  - Psychological/verbal abuse
  - Unauthorized restriction of contact with family or significant others
  - Denial of basic needs, including effective communication
  - Limiting a person's mobility
  - Unauthorized withholding funds
  - Forced administration of psychiatric medications
  - Unauthorized use of physical, chemical or mechanical restraints

- **Restraint**
  Any restraint even if the action is part of a documented service plan on file and developed in accordance with the behavior support guidelines for the person served, requires a CIR. Please see Exceptions listed below.

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"Restraint" includes:

- **Mechanical restraint**: Any items worn by or placed on the person to limit behavior or movement and which cannot be removed by the person. Mechanical restraints include devices such as mittens, straps, arm splints, harnesses, restraint chairs, bed rails and bed netting. Helmets used for the purpose of preventing self-injury are considered mechanical restraints.
- **Physical restraint**: Any method of restricting a person's movements by holding of body parts to keep the person from endangering self or others (including seclusion or physical escort to lead the person to a place he or she does not want to go).
- **Chemical restraint**: The administration of a prescribed or over-the-counter medicine when all the following conditions exist: the primary purpose of the medication is a response to problematic behavior rather than a physical health condition; and, the prescribed medicine is a drug or dosage which would not otherwise be administered to the person as part of a regular medication regimen; and, the prescribed medicine impairs the individual's ability to do or accomplish his or her activities of daily living (as compared to the individual's usual performance when the medicine is not administered) by causing disorientation, confusion, or an impairment of physical or mental functioning.

Restraints that occur fewer than 8 hours apart may be reported in a single report. Restraints that occur more than 8 hours apart must be reported in separate reports.

If two types of restraint are used together (e.g., physically restraining a person to administer a chemical restraint), both types of restraint shall be noted on the report.

Guardians must be notified verbally immediately of any restraint, unless the restraint is done according to a written support plan that the guardian has approved and the guardian has stated that he/she does not wish to receive immediate notification of restraints.

Exceptions:
Time-limited restraints for medical purposes **do not** need to be reported as long as they are done in a manner consistent with the DS *Behavior Support Guidelines* and the proper documentation is on file. If restraint is done without the required authorization and documentation, a CIR must be filed.

PRN medication does not need to be reported unless it meets the definition of a chemical restraint (see DS *Behavior Support Guidelines*).

For detailed information and additional exceptions for persons supported with DAIL funds, see the DS *Behavior Support Guidelines* posted on the DAIL website: www.dail.vermont.gov

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- **Criminal Act/Incarceration of Person in Services**
  Any illegal act, alleged or suspected, committed by a person enrolled in services must be reported, including any act that warrants incarceration. Any circumstance indicating a duty to warn (when a clinician contacts a victim under established duty to warn and its known by the agency) must be reported.

- **Medical Emergency**
  A serious medical event, for a person served, that requires immediate emergency evaluation by medical professional/s; to include all unplanned hospitalizations, a "cluster" of similar medical events in a short period of time and emergency psychiatric/crisis evaluations. For children in parental custody report only if incident occurs during active engagement with agency workers.

- **Suicide Attempt (or lethal gesture)**
  Death would likely result from the suicide attempt or gesture and the person requires immediate medical/psychiatric attention.

- **Action by Paid Staff/Provider or Worker (All workers paid with DAIL funds)**
  Any of the incidents listed below by a paid staff/provider or worker must be reported when the action is toward a person receiving services or in the presence of a person receiving services. Worker means a person who volunteers (including those paid a stipend or expense reimbursement) or a person employed or contracted by an organization that operates programs or administers services paid with state funding (including shared living providers and foster care providers) or by a surrogate, family member or person who receives services.
  - Potential Media Involvement
  - Criminal Act
  - Reports or knowledge of Medicaid Fraud or Investigations by State Program Integrity Unit

- **Other:** Actions or events that have a significant, often negative effect on the person receiving services such as:
  - Fire damaging the home the person lives in requiring a move and extra supports
  - Death of a caregiver, natural family or paid caregiver/Shared Living Provider
  - A staff or caregiver medical emergency that has significant effect on the person receiving services

Supervising QDDP, Case Manager (MFP) or Service Coordinator (AFC) Review and Signature on Completed CIR Form

For DDSD, the supervising Qualified Developmental Disabilities Professional (QDDP), for ASD, the Case Manager (CM) or Service Coordinator (SC) for the individual and his/her support team (or designee if QDDP not available) must review the critical incident, make comments and recommendations to identify and deal with possible preventable aspects of the incident with the goal of preventing the incident from re-occurring. The review requires the QDDP's, CM or SC's (for MFP/AFC) name legibly filled out, signature and date as part of this process. If the review and signature cannot

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be obtained within the two business day time line from knowledge of the incident, then an initial copy of the form needs to be sent in with a completed version following once the review and signature have been obtained.

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ATTACHMENT A- Critical Incident Reporting Form
Designated Agency or Specialized Services Agency Report
Vermont Department of Disabilities, Aging & Independent Living

The Department of Disabilities Aging & Independent Living is to be notified of a significant event that occurs in a Designated/Specialized Services Agency. A verbal report will be made within 24 hours from the agency's knowledge of incident to the DAIL 24-hour CIR Line at **802-241-2678** for incidents of Untimely or Suspicious Death or Missing Person. Reports of Potential Media Involvement need to be made directly to the DDSD Director/ASD Quality & Provider Relations Director upon the Agency becoming aware of the incident. This reporting form must be completed for all types of critical incidents, and submitted by scanning/electronic upload via GlobalSCAPE, DAIL's secure FTP site:
https://gs-sftp.ahs.state.vt.us/EFTClient/Account/Login.htm .
or faxed to DAIL within 2 business days from the agency's knowledge of the incident to **DDSD at 802 241-0410/ASD at 802-241-0385**

Name of Individual involved:	**Date of Incident:**
Date of Birth	**Time:**
Agency Name:	**Location:**
Program (check all that apply): ☐ DS ☐TBI ☐MFP ☐AFC	

Type of incident:

☐ Death: ☐ Untimely/Suspicious ☐ Natural	☐ Missing Person
☐ Potential Media Involvement	☐ Report of Abuse, Neglect, Exploitation/ Use of a Prohibited Practice
☐ Criminal Activity/Incarceration	☐ Medical Emergency
☐ Seclusion Restraint: ☐ Mechanical ☐ Physical ☐ Chemical	☐ Other (Includes Action by Paid Staff/Provider/Worker paid by DAIL funds:
☐ Suicide Attempt	

Persons who witnessed or were involved in the incident:

Description of incident (What happened before, during and after the incident; identify precipitants, interventions used by staff to attempt to prevent/manage the incident, and description of behaviors observed during the incident):

Action(s) taken as a result of the incident. :

Describe any planned follow up in response to the incident:

Persons and agencies notified (include when and how notified; if an agency, name of staff to whom report given)

Person reporting, Name/signature: **Date:**
Phone number: (REQUIRED)
Supervisor/QDDP (DDSD)/CM/SC (MFP/AFC) review of Incident/comments:
Supervisor/QDDP (DDSD)/CM/SC (MFP/AFC) Name/Signature: **Date:**

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