

# Adult Family Care Homes

(Agency Training Meeting – November 15, 2018)

Making Vermont the best state in which to grow old  
or to live with a disability

*with dignity, respect & independence*

# AFC Homes Agency Training

- **Welcome /Introductions/Overview - Megan**
- Policy Review
- Process Review
- Lunch Break
- Tier Rate Analysis
- Housing Inspections
- Quality Review
- Wrap-up / What's Next



Tiny Tweaks – Big Changes

# By the end of today you will .....

- Have been refreshed on the CFC program and AFC service policies & procedures.
- Know where to find program information on the [ASD Website](#).
- Know how to submit an AFC Tier Rate request for people with special/complex needs.
- Have learned about the revised DAIL inspection policy and future inspection database.
- Have learned about the new AFC quality plan and timeline.
- Have helped us generate a list of questions for an AFC FAQ.
- Have helped us identify future AFC training needs.

**Please Feel To Ask Questions – This Training Is For You!**

# Vermont Missions and Outcomes

## DAIL Mission

To make Vermont the best place to grow old or to live with a disability – with dignity, respect and independence.

## AHS Mission

To improve the health and well-being of Vermonters today and tomorrow, and to protect those among us who are unable to protect themselves.

# Choices for Care – The Basics

- October 1, 2005.
- “Specialty service” in 1115 Global Commitment (GC) to Health Medicaid Waiver.
- Clinical and financial eligibility criteria.
- Offers choice of where to receive their services.
- Managed by the Department of Disabilities, Aging & Independent Living (DAIL) via an Intra-Governmental Agreement with Dept. of VT Health Access (DVHA)

# 3 Home-Based options:

## Traditional

In own home, supported by a Case Manager, menu of services available.

## Flexible Choices

In own home, self-directed only, manage own budget with support from a consultant.

## Adult Family Care

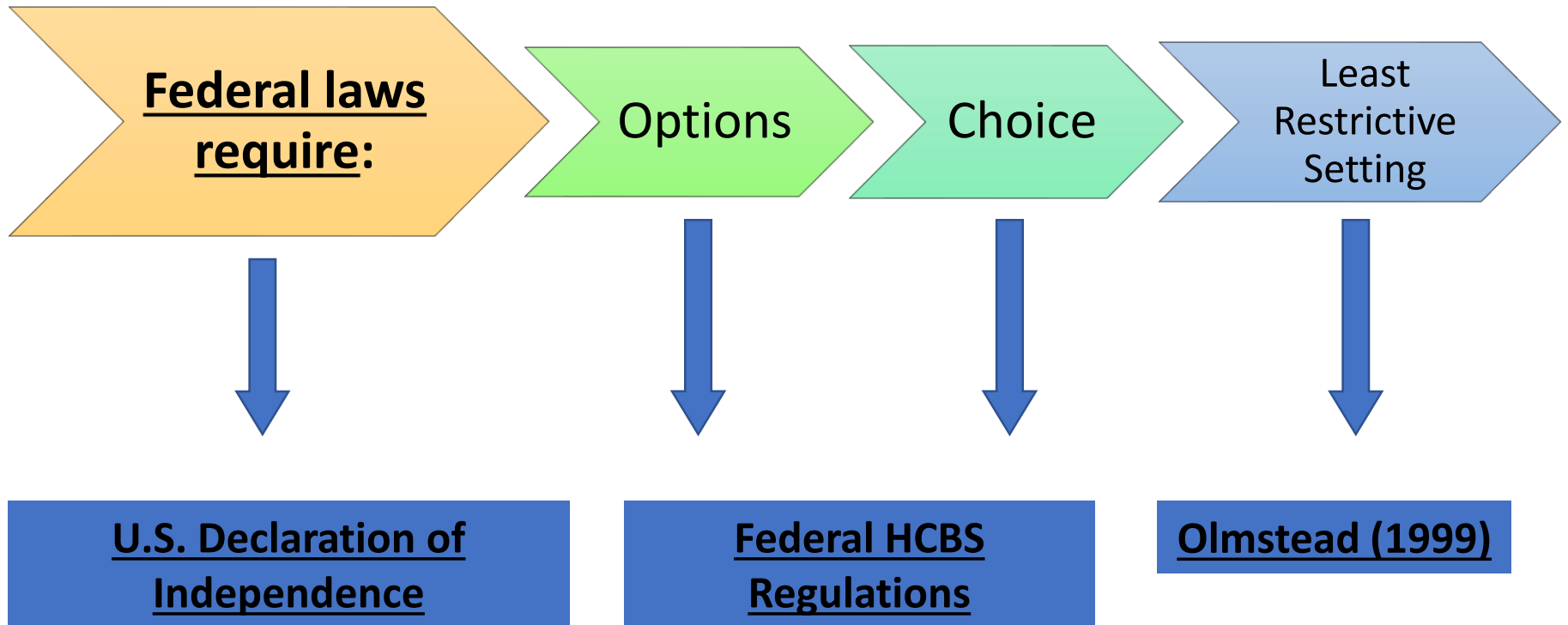
Shared living in an unlicensed private home, 24/7 through an Authorized Agency.

# AFC Authorized Agency Partners



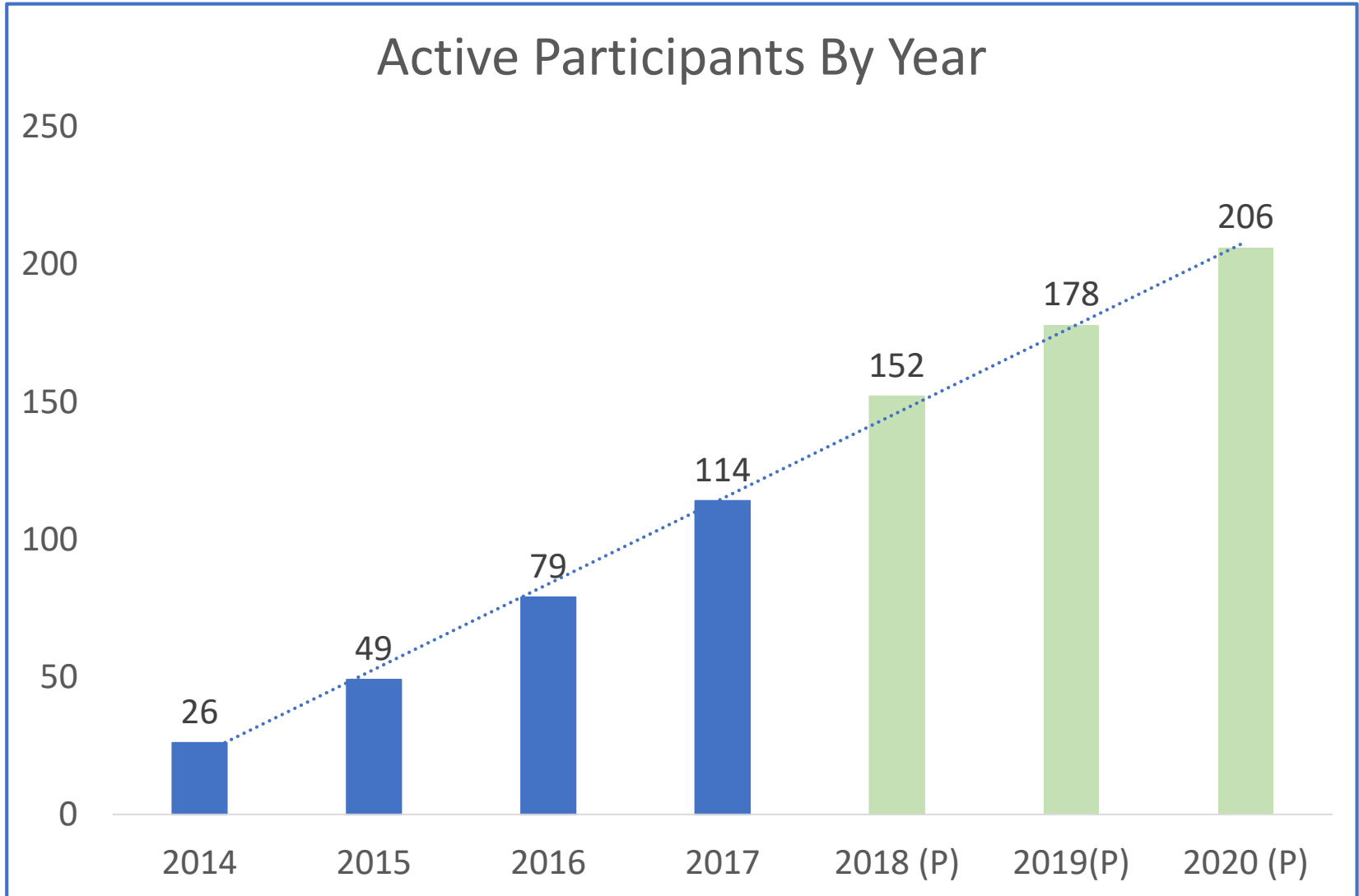
Thank You For Your Passion and Dedication

# Why so many options?



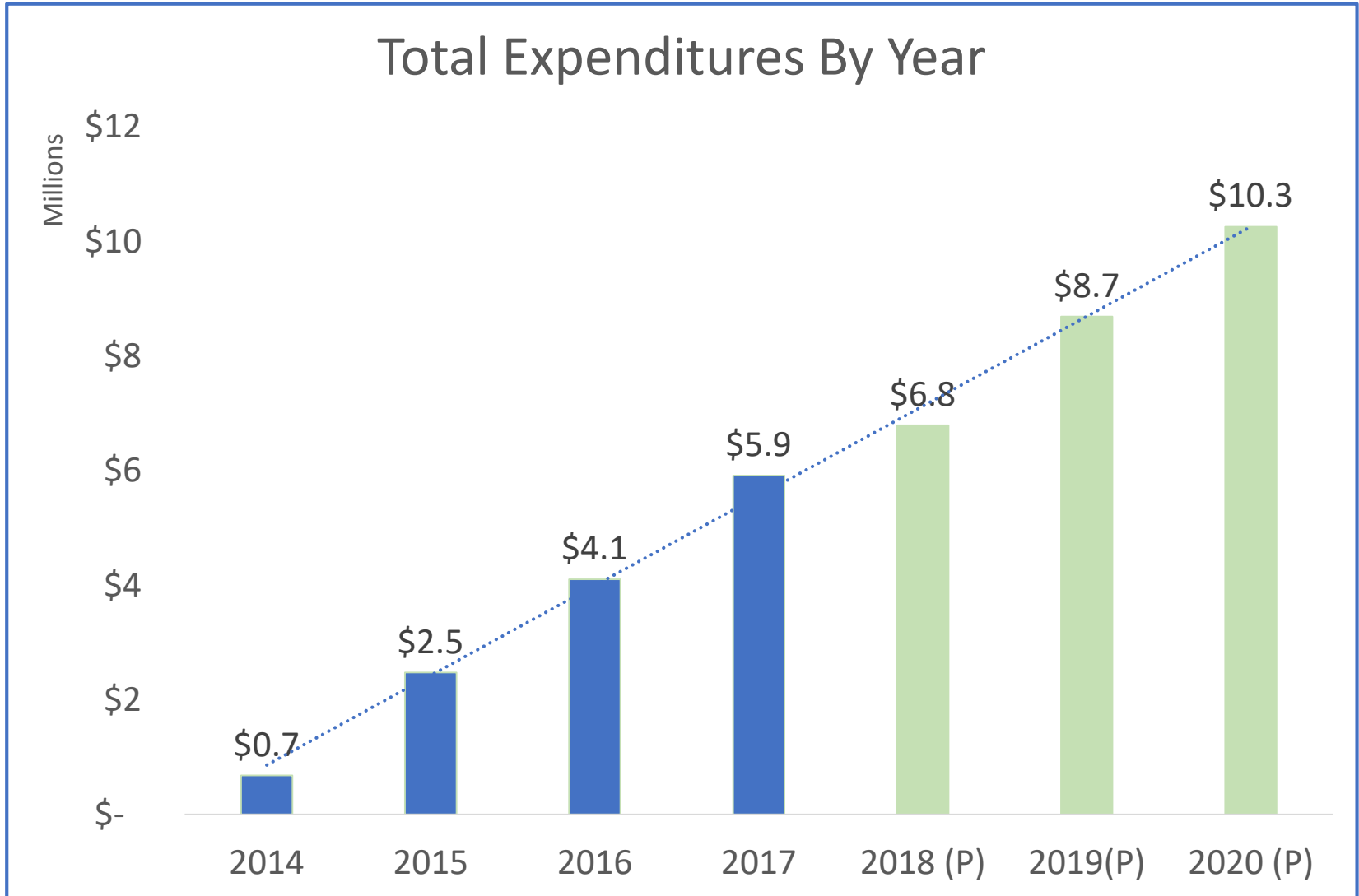


# Adult Family Care Homes



The number of participants have been growing about 25 to 30 people / year.

# Adult Family Care Homes



Total Expenditures have increased an average \$1.6M per year



*206 Total Participants  
With Over \$10 M a year expenditures by 2020*



# State Responsibilities

- To assure the federal [GC Terms and Conditions](#) are being followed through an **Intra-Governmental Agreement (IGA)** with the Department of VT Health Access (DVHA). ([42 CFR § 438](#))
- To assure that applications are managed in a timely, efficient and accurate manner.
- To assure that eligible people have access to services based on state and federal standards.
- To assure qualified providers are following program rules and service standards.
- To assure that Medicaid claims for services provided are accurate and based on approved service authorizations.
- To monitor the health and welfare of participants.
- To assure participant rights are maintained, including grievances and appeals.
- To manage performance measures and program budget.

# Provider Responsibilities

- To comply with the Vermont Medicaid Provider Agreement
- To follow the program regulations and standards
- To inform applicants and participants about their rights and responsibilities.
- To maintain person-centered practices
- To provide services according to the CFC service authorization and person-centered plan.
- To accurately bill for services
- To follow incident reporting standards.
- To follow the [DAIL Background Check Policy](#) .
- To maintain compliance with [regulations and certification standards](#).
- To participate in required trainings, audits and quality reviews.

Click on the photo for a short video.



Click on the photo for a short video.



# AFC Homes Agency Training

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- **Policy Review – Angela & Teresa**
- Process Review
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Tiny Tweaks – Big Changes



# AFC Policy Review

- CFC Manual/AFC Section
- AFC Forms
  - ILAs (Electronic and Paper)
  - Service Plan
  - 804
  - Referral
- AFC Processes
  - Referral
  - Authorized Service Plan



# CFC Manual Overview

- Overview of Policies
  - Universal Provider Standards
  - Adult Family Care Section
  - Monitoring
  - Enrollment & Billing
  - CMS HCBS Rule
  - Home Provider Definition
  - Annual room and Board Memo

# AFC Standards

## SECTION IV.11 Adult Family Care

### A. Definition

**Adult Family Care** is a Choices for Care (CFC) 24-hour home and community-based option in which participants live-in and receive services from an Adult Family Care (AFC) Home Provider who is contracted by an Authorized Agency. Also known as "Shared Living", AFC is provided in the residence of an unlicensed Home Provider who provides the care and support to no more than two individuals unrelated to the Home Provider.

### B. AFC Standards

AFC providers must be authorized by the Department of Disabilities, Aging and Independent Living (DAIL) and comply with the following:

1. All Applicable [State and/or Federal Rules and Regulations](#)
2. [Federal Home and Community Based Setting \(HCBS\) Requirements](#)
3. [Vermont Housing Safety & Inspection Process Protocol](#)
4. AFC Disclosure of Information Procedures (Section V.15 of this manual.)
5. CFC Universal Provider Qualifications and Standards (Section III. of this manual.)
6. [Internal Revenue Service \(IRS\) code Title 26 Section 131](#) (difficulty of care payment law)
7. [DAIL Critical Incident Policy](#)
8. [Department of Vermont Health Access \(DVHA\) Medicaid General Provider Agreement](#)
9. [DAIL Room and Board Policy](#)
10. [DAIL Background Check Policy](#)

### C. Provider Types

The following provider types are approved to provide and bill for Adult Family Care services when authorized by DAIL and identified on the individuals Service Authorization:

- Authorized Agencies (AA) (Revenue Code 086)

The current AFC Standards are located in the [Choices for Care program manual](#) on the ASD Website. (12 Pages)

## Important Changes:

- New CMS HCBS Rules regarding Person-Centered Planning and Settings Requirements
- New Home Provider Definition
- Home Inspection Protocol
- Updated Shared Living Agreement

# CMS HCBS Setting Rule

## A Little History.....

- Final rule was announced by CMS in January, 2014, with an effective date of March 17, 2014
- CMS' stated intent in promulgating this rule was to maximize opportunities for people to have access to the benefits of community living, including receiving services in the most integrated setting and to ensure that states to meet their obligations under the ADA and the Supreme Court decision in *Olmstead v. L.C.*, 5. U.S. 581 (1999).



# HCBS Setting Rule

## Rule Contents

- Establishes requirements around Home & Community Based settings
- Defines requirements around person-centered planning;
- Outlines transition planning requirements for states to bring their existing waiver programs into compliance. The rule emphasizes personal autonomy, choice, and community integration.
- The focus is on the nature of people's experiences to determine if services are home or community-based, rather than focusing on discrete items such as location, geography, or physical characteristics.



# HCBS Setting Rule

## Requirements for ALL HCBS Settings

- The setting is integrated in and supports full access to the greater community;
- The setting is selected by the individual from among setting options;
- Each individual has a right to privacy, is treated with dignity and respect, and is free from coercion and restraint;
- Provides individuals independence in making life choices;
- The individual is given choice regarding services and who provides them.



# HCBS Setting Rule

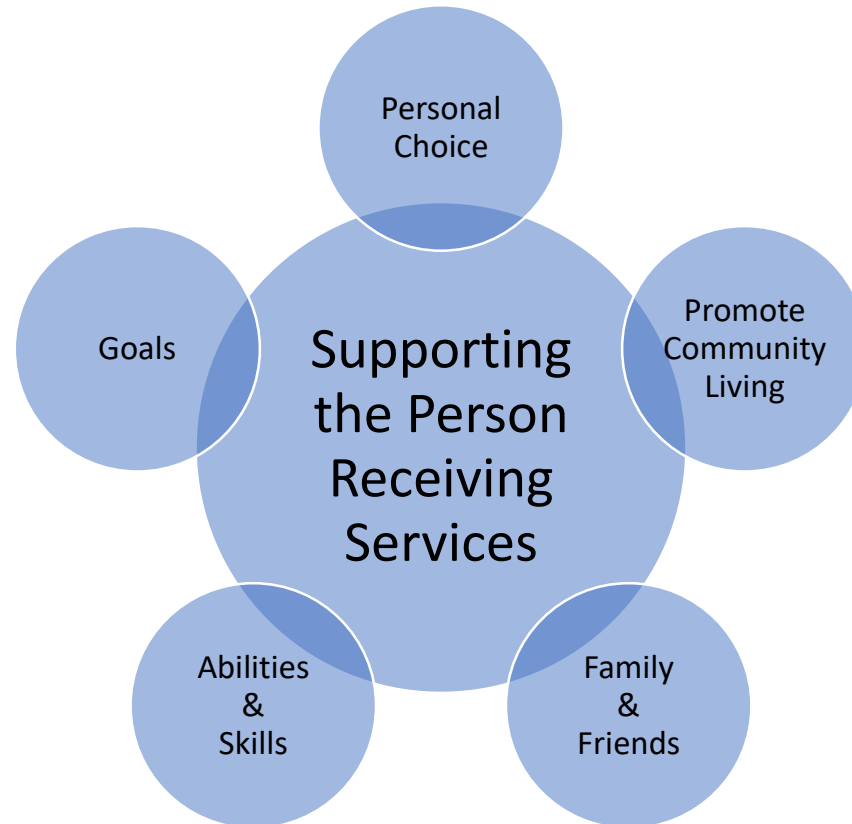
## What Does This Mean?!

- The individual has a lease or other legally enforceable agreement providing similar protections;
- Each individual must have privacy in their living unit including lockable doors;
- The individual has the option of a private room;
- Individuals sharing a living unit must have choice of roommates;
- Individuals must be allowed to furnish or decorate their own sleeping and living areas;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.



# HCBS Setting Rule

## Person Centered Planning





# HCBS Setting Rule

## Person Centered Planning

The person-centered planning process is driven by the individual

- Includes people chosen by the individual
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Is timely and occurs at times/locations of convenience to the individual



# HCBS Setting Rule

## Person Centered Planning

Reflects cultural considerations/uses plain language

- Includes strategies for solving disagreement
- Offers choices to the individual regarding services and supports the individual receives and from whom
- Provides method to request updates



# HCBS Setting Rule

## Person Centered Planning

Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare

- Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the individual



# HCBS Setting Rule

## Person Centered Plan

- May include whether and what services are self-directed
- Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others
- Includes risk factors and plans to minimize them
- Is signed by all individuals and providers responsible for its implementation and a copy of the plan must be provided to the individual and his/her representative



# HCBS Setting Rule

## Person Centered Plan

Written plan reflects -

- Setting is chosen by the individual and is integrated in, and supports full access to the greater community
- Opportunities to seek employment and work in competitive integrated settings
- Opportunity to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS



# HCBS Setting Rule

## Person Centered Plan

- Reflects individual's strengths and preferences
- Reflects clinical and support needs
- Includes goals and desired outcomes
- Providers of services/supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS
- Risk factors and measures in place to minimize risk
- Individualized backup plans and strategies when needed
- Individuals important in supporting individual
- Individuals responsible for monitoring plan



# HCBS Setting Rule

## Person Centered Plan

- Plain language and understandable to the individual
- Who is responsible for monitoring the plan
- Informed consent of the individual in writing
- Signatures of all individuals and providers responsible
- Distributed to the individual and others involved in plan
- Includes purchase/control of self-directed services
- Exclude unnecessary or inappropriate services and supports



# HCBS Setting Rule

## Additional Information

- CMS HCBS Website: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>






# Home Provider Definition



**Home Provider:** Adult family care is provided in the residence of the home provider who provides the care and support to no more than two individuals. *Home providers may not be the parent, step-parent, adoptive parent, spouse, domestic partner or legal guardian of the individual they are paid to support.*

# Annual Room and Board Memo

 VERMONT

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State of Vermont  
Department of Disabilities, Aging and Independent Living  
Adult Services Division  
HC 2 South, 280 State Drive  
Waterbury, VT 05671-2020  
Phone: 802-241-0294  
Fax: 802-241-0385  
www.dail.vermont.gov

Agency of Human Services

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## MEMO

To: Licensed Level III and Assisted Living Providers  
Developmental Disabilities Services Providers  
TBI Service Providers  
Adult Family Care Authorized Agencies

From: Megan Tierney-Ward, ASD Director   
Clare McFadden, DDS Director 

Date: 12/15/2017

Re: Room and Board Memo – 2018 Standards Update

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The Department of Disabilities, Aging and Independent Living(DAIL) has been notified that effective January 1, 2018, SSI benefits were increased by \$15 per month to reflect an increase in the cost of living(COLA). This memo is to communicate the new room & board and minimum personal spending amounts allowed under the DAIL room & board standards.


With the 2018 SSI increase, the room and board standard will increase by \$7 and the personal needs allowance will increase by \$8. Please refer to the accompanying table for exact amount based on the setting.

As a reminder, providers must ensure that individuals retain the required minimum personal spending amount listed in the table. However, providers may choose to charge a person less for room and board payment, so the resident may retain a greater personal needs spending allowance.

Providers must also give residents proper notice of any change in room & board charges according to applicable licensing regulations and program standards.

Please contact your applicable state government program staff with questions.

C: ASD Staff  
DDS Staff  
DLP Staff

 VERMONT

The Annual Room and Board Memo can be found on the ASD website

Choices for Care – Adult Family Care

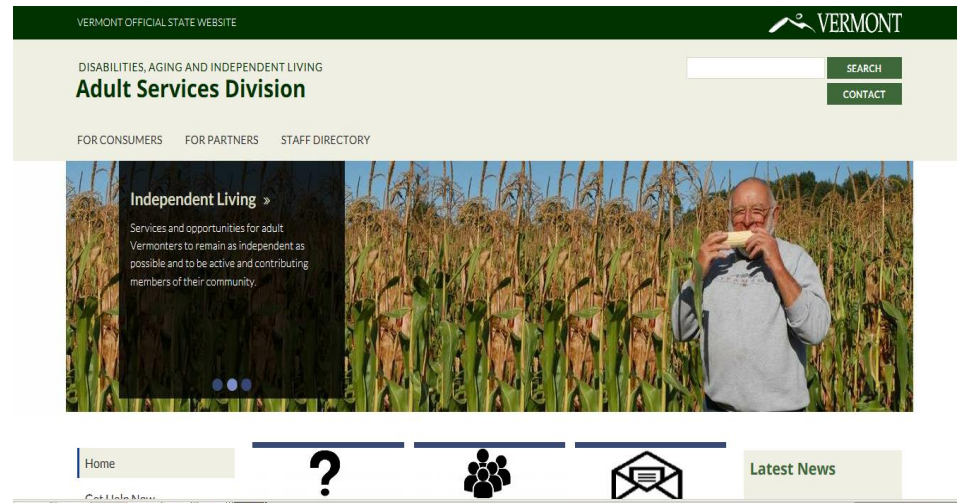
Description	Total SSI 2018	Room & Board	Minimum Personal Spending
Adult Family Care Home	848.69	715.69	133.00

- The table above is found on page 2 of this memo.
- Refer to Megan Tierney-Ward's guidance memo – Nov. 2018

\$715.69 is the maximum Room and Board that an AFC participant should pay.

# AFC Home Related Forms

- [AFC Home Referral Form](#)
- [AFC ILA – Electronic Version \(SAMS Database\)](#)
- [AFC ILA – Paper Version](#)
- [AFC ILA Tier Worksheet – Paper Version](#)
- [AFC Home Service Plan](#)
- [CFC 804 Form](#)



# Authorized Agency Responsibilities

24-Hour on-call Backup	Legal Representatives
Care Planning	Live-In Care Agreement
Modifications	Matching
Conflict of Interest Mitigation	Monitoring
Communication	Payment of Services
Complaints	Quality Reviews
Contract	Respite
Critical Incidents	Service Coordination
Difficulty of Care Payment	Staffing
Documentation	Training
Home Inspection	Transitions



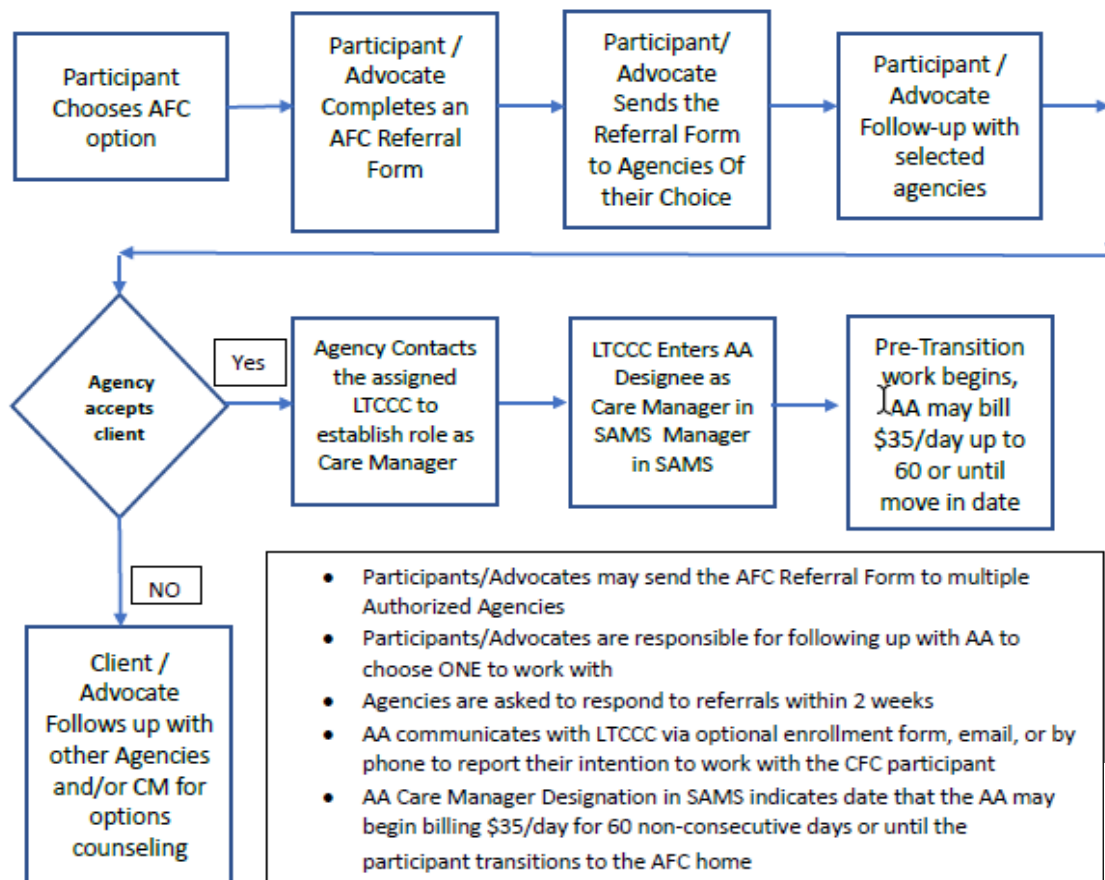
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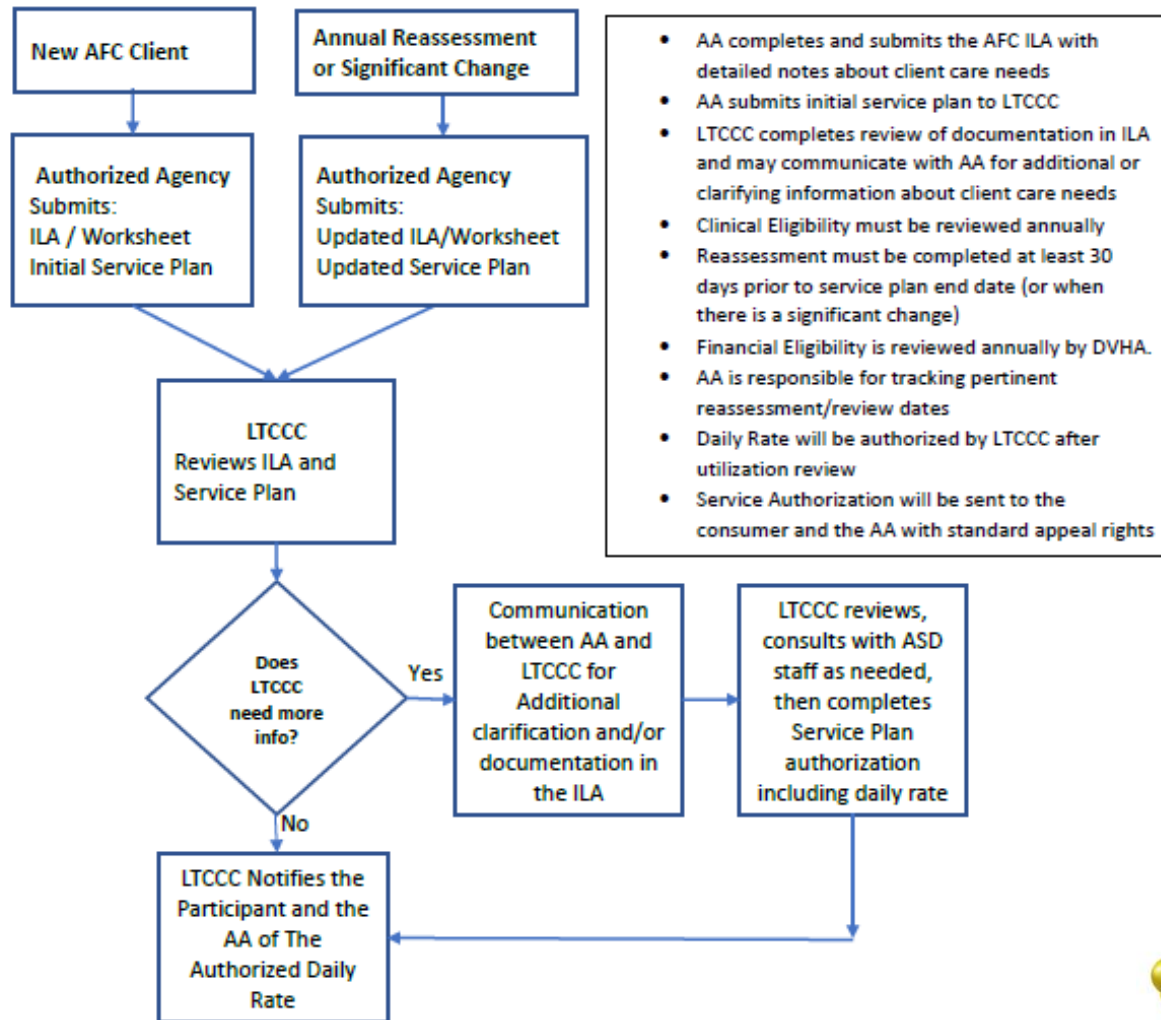


Tiny Tweaks – Big Changes

## AFC Home Referral Process



## Service Authorization Process





# AFC ILA Documentation Review



# Lunch Break



LUNCH



BREAK



See You Back @ 12:30

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Tiny Tweaks – Big Changes

# AFC Tier Rate Analysis Workgroup

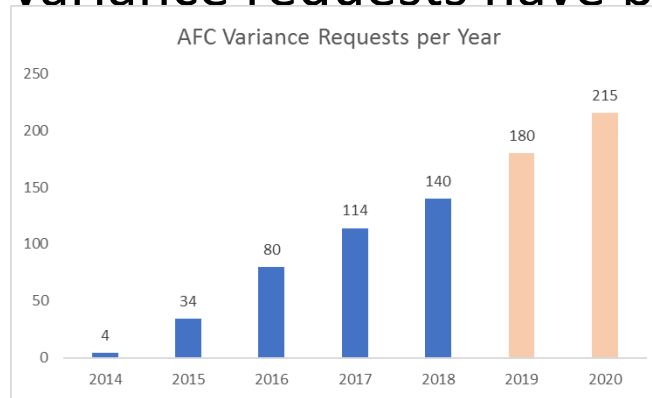
In January of 2017, ASD formed a workgroup in an effort to analyze the current AFC daily rates and determination process. The primary goals of this workgroup were:

- Reduce / Eliminate the administrative burden for both agency and state staff
- Create a standardized method of calculating a daily rate for participants with complex care needs (Behavioral, Memory/Cognition & 2-person assist)
- Create a sustainable AFC daily rate schedule for all stakeholders

# Reasons for Workgroup Formation

The analysis was needed because:

- Number of variance requests have been increasing.



- Large administrative burden on agencies and state staff [write variance – review – reconcile – approve]
- Sustainable Growth
  - ✓ How will the state fund the expected growth?
  - ✓ How will agencies recruit enough qualified home providers / caregivers?

**In one word, how would you describe the current tier/daily rate and variance process?**

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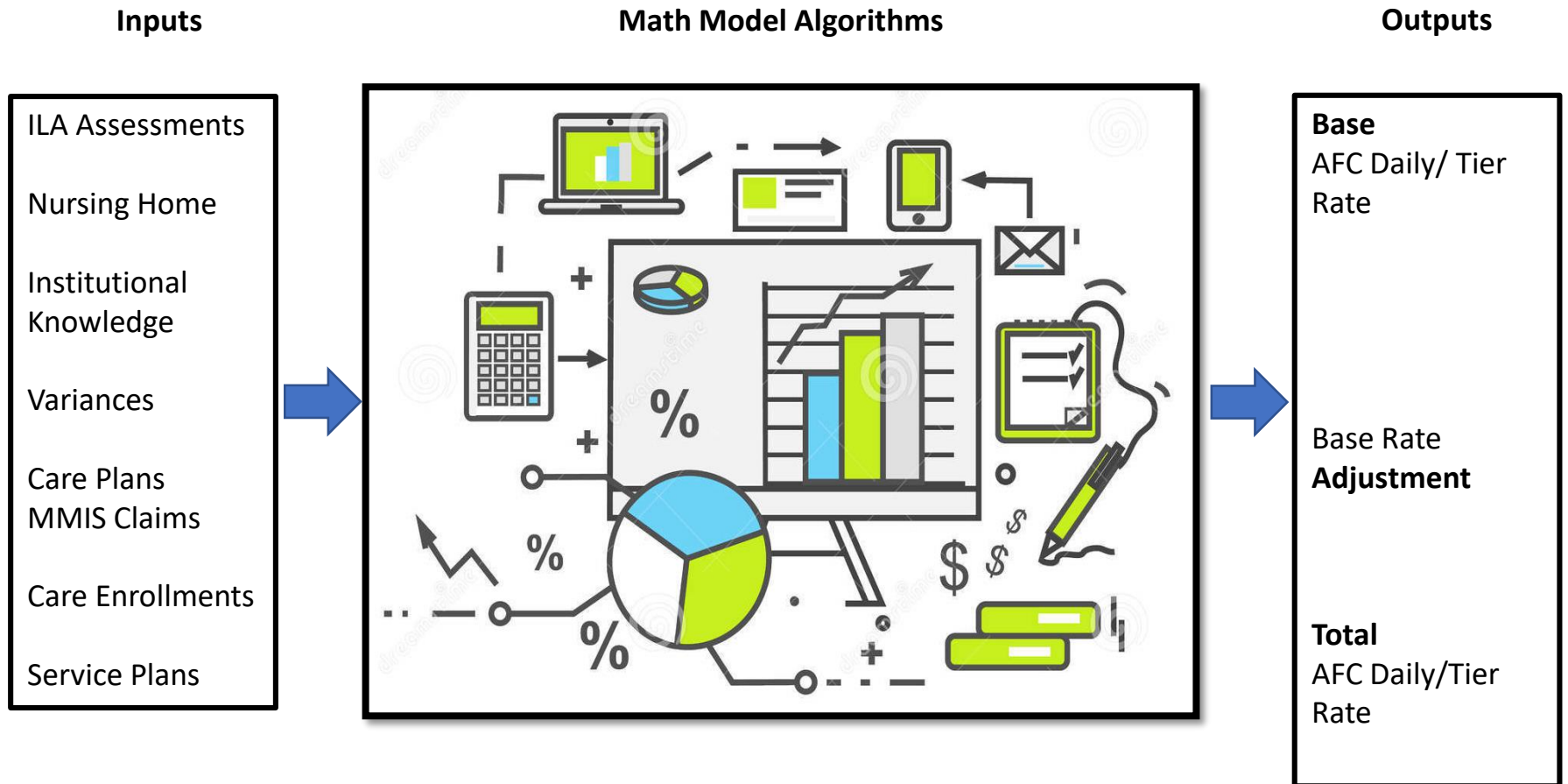
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# What is a Mathematical Model?



The use of various mathematical techniques to represent a real world situation>

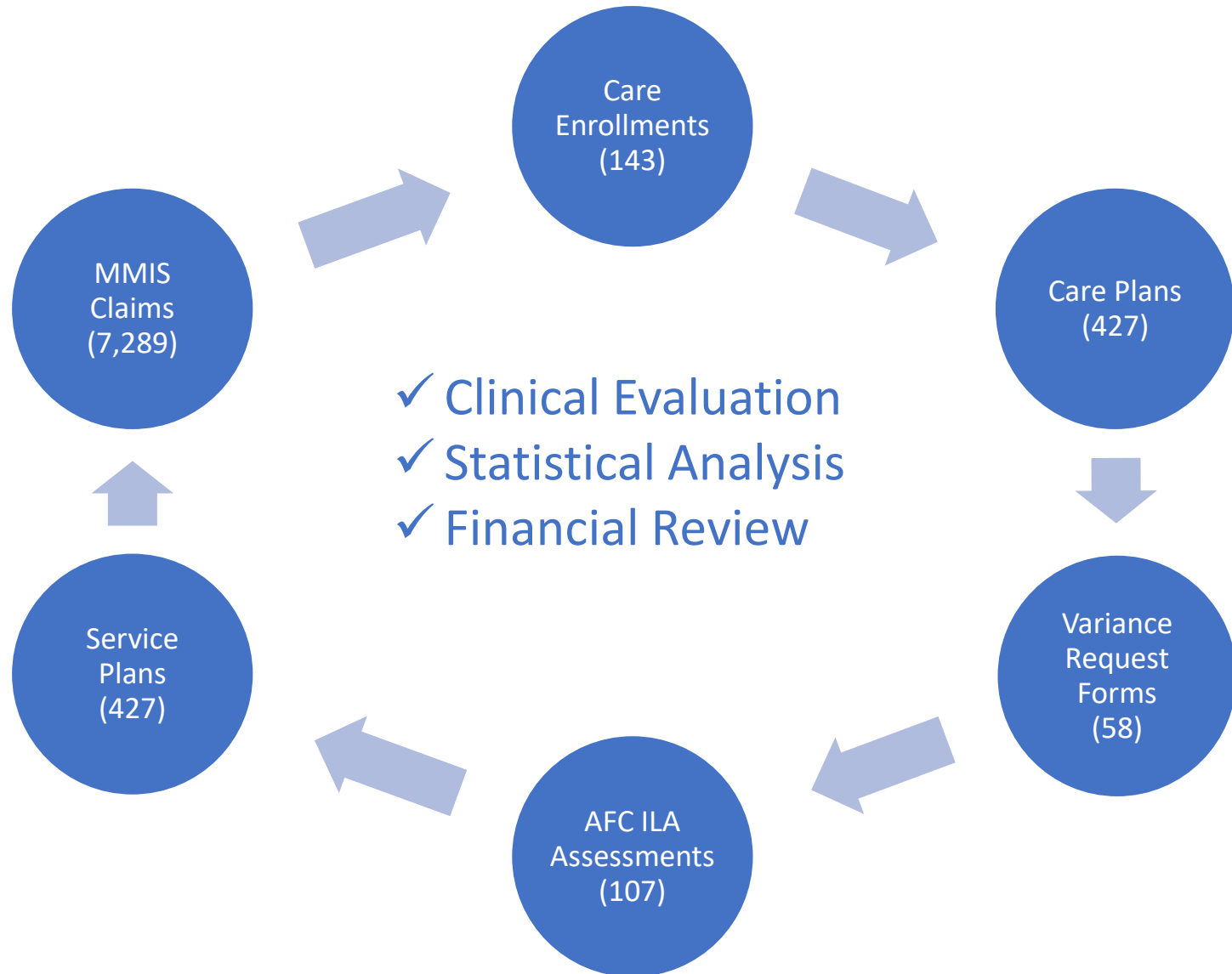
# Creating A Sustainable AFC Home Model



Balancing the needs of all stakeholders



# Initial Tier Rate Analysis Data Research



# Initial Tier Rate Analysis

(Phase I - Q1 2018)

## Key Findings:

- The initial study contained everyone who ever had an AFC care plan.
- The team decided that the data wasn't consistent enough overtime. [the process evolved over the years]
- Next phase used people with an active care plan and a variance. Team performed a deeper analysis of these variances
- Created and modeled many versions of a variance tool. These were only used as references. The initial models were unsuccessful when it came to duplicating the "human" process.

# Initial Tier Rate Analysis

(Phase II – Q2 2018)

## Goals of Project Refocused:

- We can't change the base tier rate schedule
- The final method must be Budget Neutral when applied to all active AFC participants.
- \$300 per day limit maximum allowed by tool – No Prior Authorization or paper billing required.
- Continue to reduce all administrative burdens

# Initial Tier Rate Analysis

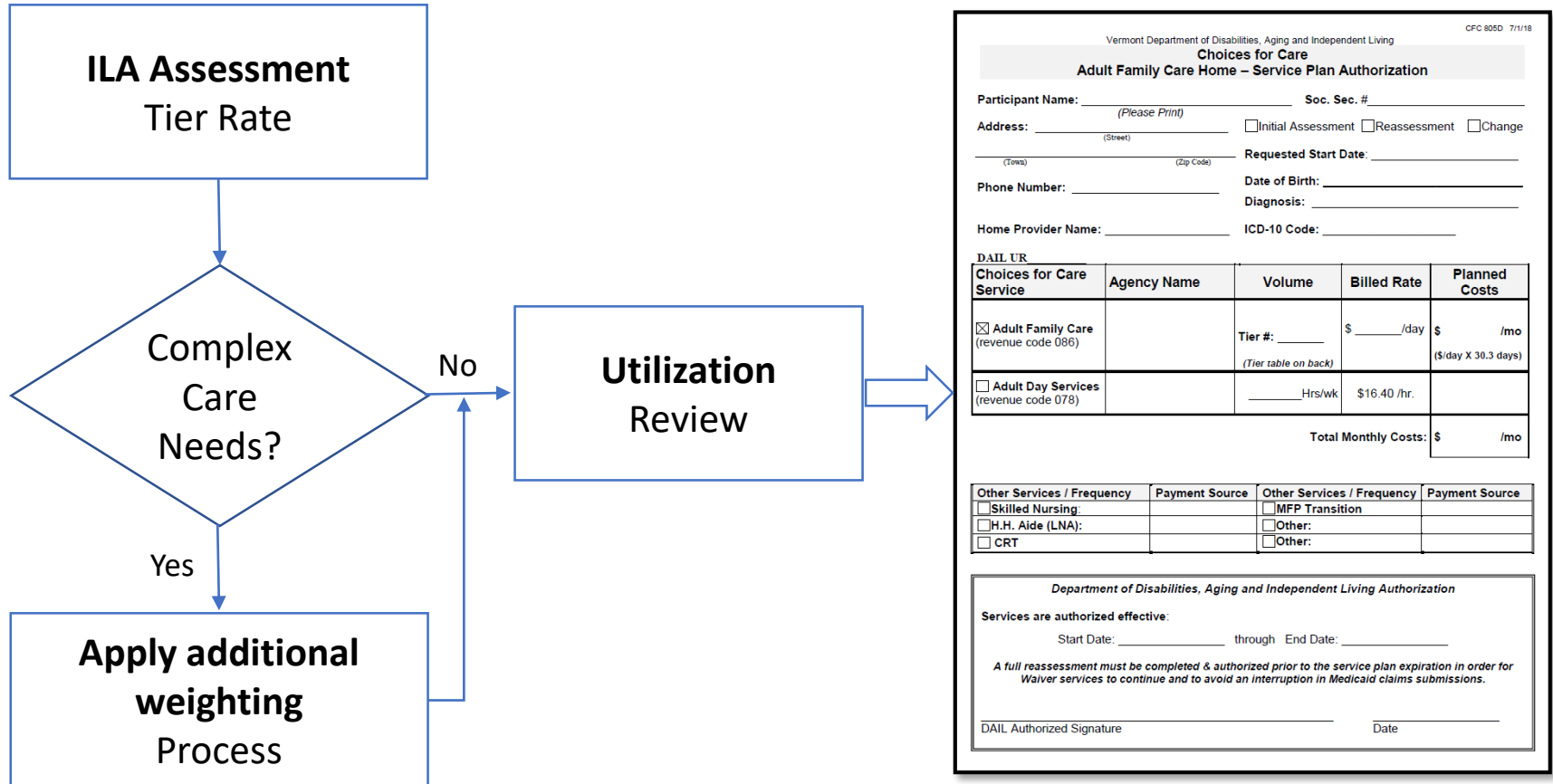
(Phase III – Q3 2018)

## Final Design Direction:

- Update current mathematical model data to include active participants as of September 2018.
- Include the financial impact of participants using Adult Day Services along with AFC Homes.
- Validate the \$134 per day behavioral / cognition / 2-person assist maximum in an alternate mathematical way
- Evaluate the final two mathematical models – make final recommendation.

# AFC Home Tier Rate Analysis

(It All Starts With The ILA Assessment)



An Appropriate Daily Rate Starts With a Current and Accurate AFC ILA Assessment

# AFC Home Tier Rate Analysis

(AFC Base Tier Rate)

ILA Tier Rate	Daily Rate	Annually
1	\$ 80	\$ 29,200
2	\$ 92	\$ 33,580
3	\$ 98	\$ 35,770
4	\$ 103	\$ 37,595
5	\$ 108	\$ 39,420
6	\$ 114	\$ 41,610
7	\$ 121	\$ 44,165
8	\$ 128	\$ 46,720
9	\$ 140	\$ 51,100
10	\$ 162	\$ 59,130

Base Rate Calculated From ILA

## Incontinence Frequency

- Section 5D.3 Bladder
- Section 5D.6 Bowel

## ADL Assessment

- Section 6A.1a Dressing
- Section 6A.2a Bathing
- Section 6A.3a Hygiene
- Section 6A.4a Bed Mobility
- Section 6A.5a Toilet
- Section 6A.6a Adaptive Devices
- Section 6A.7a Transfer
- Section 6A.8a Mobility
- Section 6A.9a Eating


## IADL Assessment

- Section 6B.2a Meal Prep
- Section 6B.3a Medication Management

AFC Home Base Tier Rates Range from \$29,200 to \$59,130 Annually  
Adult Day (50 hrs X 52 weeks X \$16.40 - \$42,600)

# AFC Home Tier Rate Analysis

(Community Supports / Respite)



AFC Participants Can  
Attend Adult Day

Funding Billed  
Separately From  
Daily Rate Billing

Are all AFC Participants Given  
the Option to Attend Adult Day?

Adult Day (50 hrs X 52 weeks X \$16.40 - \$42,600)

# AFC Home Tier Rate Analysis

(Community Supports / Respite)

Why Participants **Choose**  
to Attend adult Day

- 
- 
- 
- 
- 

Why Participants **Choose Not**  
to Attend adult Day

- 
- 
- 
- 
-



# AFC Home Tier Rate Analysis

(Active Participants Used for the AFC Model)

Category	Participants	% of Total	Variance
Tier Rate Only	11	32%	Not Required
Tier Rate & Adult Day	24		
Tier Rate & Variance	56	68%	Required
Tier Rate & Adult Day & Variance	17		
Total in Sample	108		

Five active participants were removed from the sample because their rates differed significantly from the group's normal range of daily rates.

# AFC Home Tier Rate Analysis

(New weighted method for Complex Care needs)

Adult Family Care Home Variance Tool	
(October 8, 2018 - Version 2)	
<b>Note: Locate the current AFC ILA in order to populate the data for this variance tool.</b>	
<b>4B. Emotional / Behavior / Cognitive Status: Cognitive Status</b>	
Question 4. Select the choice that most accurately describes the clients memory and use of information	
Question 7. What is the client's ability to make decisions regarding tasks of daily life	
<b>4C. Emotional / Behavior / Cognitive Status: Behavioral Status</b>	
Question 1.a. How often does the client get lost or wander?	
Question 2.a. How often is the client verbally abusive?	
Question 3.a. How often is the client physically abusive?	
Question 4.a. How often does the client exhibit socially inappropriate / disruptive behavior? (e.g. disruptive sounds, noisiness, screaming, self-abusive acts, etc.)	
<b>6A. Functional Assessment: Activities of Daily Living (ADLs)</b>	
Question 5.B. Select the item for the most support provided during the last 7 days, for Toilet Use.	
Question 7.B. Select the item for the most support provided during the last 7 days, for Transfer.	
Question 8.B. Select the item for the most support provide for mobility in last 7 days.	
<b>4. Adult Family Care Tiers Determination</b>	
Enter AFC Tier Score	
Base AFC Tier	
Base AFC Tier Daily Rate	
Base Tier Adjustment for Behavioral/Cognitive/Two-Person Assist (Max \$134.00)	
Authorized AFC Daily Rate -->	
Client Name	
Date	
Agency	
Agency Contact Name	

## Guide

### Cognitive

- Section 4B.4 Memory
- Section 4B.7 Decisions

### Behavioral

- Section 4C.1a Lost or Wandering
- Section 4C.2a Verbally Abusive
- Section 4C.3a Physically Abusive
- Section 4C.4a Socially Inappropriate

### 2-person Assist

- Section 6A.5b Toilet
- Section 6A.7b Transfer
- Section 6A.8b Mobility

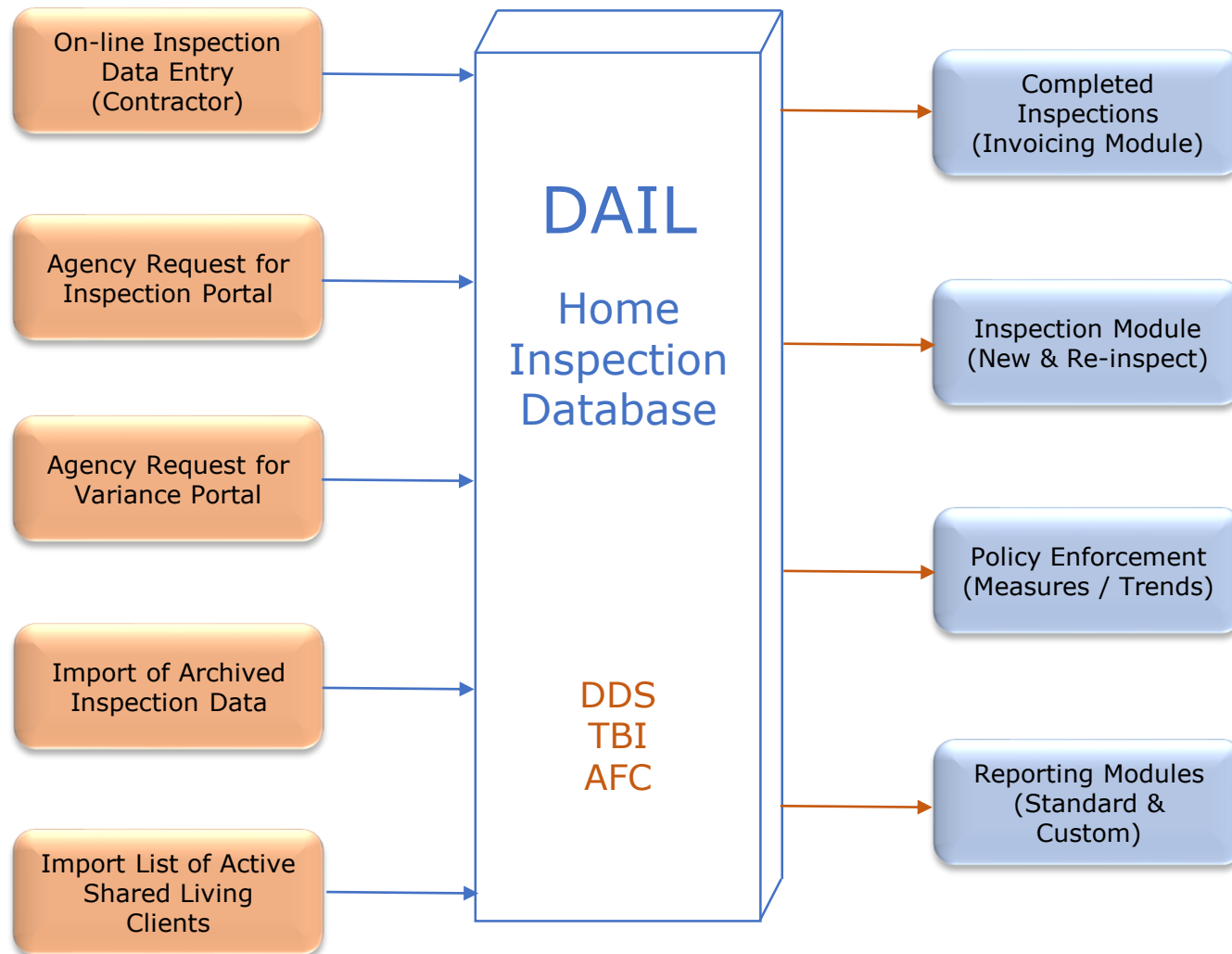
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Tiny Tweaks – Big Changes

# New Inspection Database



We are creating an automated system to track all aspects of the Home Inspection Process

# Home Inspections

VERMONT  
**Housing  
Safety and Accessibility Inspection  
Process**

Protocol



Department of Disabilities, Aging and Independent Living  
Developmental Disabilities Services Division  
Adult Services Division  
280 State Drive  
Waterbury, VT 05671-2030  
<http://www.dail.vermont.gov>

## Highlighted Changes:

- Home Provider Definition
- Agency Pre-inspection of potential home
- All deficiencies must be corrected within 30 days
- Crisis Situations  
emergency placements  
require prior approval

# Home Inspections Audit

Agency	Verify Address	Safety	Accessibility	Fire Plan
PRIDE Inc	X			
Green Mountain Support Services, Inc.				
Choice TBI Support services	X			
Northeast Kingdom Human Services				
Upper Valley Services	X			
Champlain Community Services				
Families First				
Counseling Service of Addison County		X		
Eagle Eye Farm				
Lincoln Street Incorporated	X			
HCRS of SE VT				
United Counseling Services	X	X	X	X
Howard Center				
Northwestern Counseling and Support Services	X	X	X	

We are currently auditing all Active AFC & TBI Homes for Completed Inspections

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Tiny Tweaks – Big Changes

# Quality Services Review Process

- Quality Services Review Process Draft (QSR)
- QSR Stakeholder Feedback until December 15, 2018
- QSR Final Process
- QSR's Starting after January 1, 2019



# QSR Process is based on the following

- Participant Outcomes
- Visit Participant
- Visit Staff & Shared Living Provider Guardian/Family
- Review Agency Policy Standards
- Review Participant Record
- AFC Program Standards
- Technical Assistance

# Participant Outcomes

- **Respect:** Individuals feel that they are treated with dignity and respect.
- **Self-Determination:** Individuals direct their own lives.
- **Person-Centered:** Individuals needs are met, and their strengths and preferences are honored.
- **Independent Living:** Individuals live as independently and interdependently as they choose.
- **Relationships:** Individuals experience satisfying relationships, including connections with family and other natural supports.
- **Participation:** Individuals participate in their local communities.
- **Well-being:** Individuals experience optimal health and well-being.
- **Communication:** Individuals communicate effectively with others.

# Health and Wellness Guidelines

- The Guidelines will not address all possible health conditions and individual circumstances vary. Therefore, the role of the individual and those that support him/her to advocate for good health care is important. It is also important that those who help the individual be knowledgeable about health issues and receive the necessary training to gain this knowledge.
- Health and wellness services and the roles of various individuals must be specifically noted within the individual's Person Centered Plan.
- Establish processes for ensuring participants medical needs are being met; variance, emergency fact sheet, medication administration, incident reports, etc.

Sara will begin to work with agency nurse to establish HWG

# Behavioral Support Guidelines

- DDSD Behavior Support Guidelines as Best Practices
- AFC is supporting more complex individuals with cognitive and behavioral issues
- ASD will be adapting and adopting Behavior Support Guidelines
- A structured way to document supports that may restrict an individuals rights.
- Provide a blueprint for support staff to provide consistent positive behavior supports

# Critical Incident Reporting



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

**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**

<b>Name of individual involved:</b>	<b>Date of Incident:</b>
<b>Date of Birth</b>	<b>Time:</b>
<b>Agency Name:</b>	<b>Location:</b>
<b>Program (check all that apply):</b>	
<input type="checkbox"/> DS <input type="checkbox"/> TBI <input type="checkbox"/> MFP <input type="checkbox"/> AFC	

<b>Type of incident:</b>	
<input type="checkbox"/> Death: <input type="checkbox"/> Untimely/Suspicious <input type="checkbox"/> Natural	<input type="checkbox"/> Missing Person
<input type="checkbox"/> Potential Media Involvement	<input type="checkbox"/> Report of Abuse, Neglect, Exploitation/ Use of a Prohibited Practice
<input type="checkbox"/> Criminal Activity/Incarceration	<input type="checkbox"/> Medical Emergency
<input type="checkbox"/> Seclusion    Restraint: <input type="checkbox"/> Mechanical <input type="checkbox"/> Physical <input type="checkbox"/> Chemical	<input type="checkbox"/> Other (Includes Action by Paid Staff/Provider/Worker paid by DAIL funds:
<input type="checkbox"/> 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:** \_\_\_\_\_

Authorized Agencies are required to submit all Critical Incidents.

# Critical Incident Reporting

Since 2016 there have been 387 CIRs reported for MFP, AFC, TBI programs to ASD

Type CIR	Count
Medical Emergency	241
Other: (includes Action by Paid Staff/Provider/Worker paid by DDSD funds )	58
Natural Death	24
Chemical Restraint	15
Report of Abuse Neglect, Exploitation/Use of a Prohibited Practice	12
Criminal Activity/Incarceration	12
Missing Person	11
Mental Health	5
Suicide Attempt	5
Untimely/Suspicious Death	2
Physical Restraint	1
Potential Media Involvement	1
Grand Total	387

Summary of Critical Incidents for AFC Homes

# AFC Homes Agency Training

- Welcome Agencies / Introductions / Review Agenda
- Policy Review
- Process Review
- Lunch Break
- Tier Rate Analysis
- Housing Inspections
- Quality Review
- **Additional AFC Training - Megan**
- Wrap-up / What's Next



Tiny Tweaks – Big Changes

# AFC Homes Agency Training - CFC

## Currently Available Training:

- [Choices for Care 101](#) (ASD Website)
- [Information At-A-Glance](#) (ASD Website)
- [APS Reporting Training](#) (DLP Website)
- [V4A Training](#)
- [National Alzheimer's Association Online Education](#)
- [VT Alzheimer's Association Online Education](#)
- [DXC Medicaid Claims - Provider Portal](#)
- [CMS HCBS Case Management Training](#)
- [Red Cross Training](#)

## Future Training?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



# AFC Homes Agency Training

- Welcome Agencies / Introductions / Review Agenda
- Policy Review
- Process Review
- Lunch Break
- Tier Rate Analysis
- Housing Inspections
- Quality Review
- Additional AFC Training
- **Wrap-up / What's Next - Megan**



Tiny Tweaks – Big Changes

# Wrap-up

- We value your Feedback!
- Your Future Training Needs - Survey Monkey
- New Quality Review Process – You will receive an email with request for feedback.
- Please use it! Website: <https://asd.vermont.gov/>
- ASD Main Line: 802 241-0294