

## Montana On-site Review Summary Report

### I. Executive Summary

The Health and Welfare Special Review Team (H&W SRT) conducted a 4-day on-site focused review of Montana's Medicaid Home and Community-Based Services (HCBS) waiver programs from March 2-5, 2020. For the Montana visit, the team focused on the upcoming renewal of the Behavioral Health Severe and Disabling Mental Illness (SDMI) HCBS waivers and reviewed the recently implemented quality improvement process for the Home and Community-Based Waiver for Individuals with Intellectual and Developmental Disabilities (I/DD).

Montana operates three HCBS waivers. The Montana Department of Public Health and Human Services (DPHHS) is the state Medicaid agency and operates the waiver programs through three divisions within DPHHS. The Big Sky Waiver is operated by the Community Services Bureau of the Senior and Long-Term Care Division (SLTC). The SDMI Waiver is operated by the Addictive and Mental Disorders Division (AMDD). The I/DD Waiver is operated by the Developmental Services Division (DSD).

Each division has its own process for reporting and investigating incidents of abuse, neglect and exploitation and its own investigative body. Additional information is provided in the background section of this report.

The on-site review included multiple meetings with state directors and staff responsible for the administration and operation of Montana's three 1915(c) waiver programs. The H&W SRT also held joint meetings with representatives from Montana's licensing entity, protective services entity, protection and advocacy, case managers, providers, and participants. The focus of these meetings was to obtain a sense of how the process for reporting, investigating, and resolving critical incidents operates in practice and how health and welfare is ensured for HCBS participants in Montana through the lens of these stakeholders.

The H&W SRT was divided into two teams—one team focused on the Big Sky and SDMI waivers, and the second team focused on the I/DD waiver. State staff members were not present during interviews with participants and providers.

During the on-site review, the H&W SRT identified a number of strengths and promising practices along with a few challenges. Those are listed below and described more fully in the detailed section of the summary report. The asterisk indicates the state has provided a recent update and the information is included later in the report.

#### Strengths and Promising Practices for Ensuring Health and Welfare

- A. Improved collaboration in the SDMI waiver;
- B. Review of Emergency Room claims to compare them to serious occurrence reports by SDMI staff\*;
- C. Implementation of Montana's new data system—MedCompass\*;
- D. Adult Protective Services (APS) holistic approach to meeting its charge.
  - APS communication process
  - APS access to Montana's MMIS provider portal
  - APS new online reporting system, which allows detailed tracking of trends
  - APS law enforcement training on abuse, neglect, and exploitation

- E. Review of I/DD waiver incident management by Central Office;
- F. I/DD waiver High Risk Reviews of critical incidents; and
- G. State efforts to raise awareness of health and safety of participants with I/DD.

#### State Challenges

- A. Inconsistent reporting of SDMI/Big Sky waiver critical incidents;
- B. Inconsistent training for participants, providers and case managers related to abuse, neglect, and exploitation for all waivers\*;
- C. Lack of independent incident investigations and gaps in reporting incidents in the SDMI and Big Sky Waivers\*;
- D. Lack of protocol to monitor inappropriate use of restraints, restrictive interventions, and seclusion for all waivers\*;
- E. Inconsistent case management involvement in critical incident investigations in the I/DD waiver\*;

#### Recommendations

- A. The state should consider developing a universal incident reporting form for SDMI and Big Sky providers to use when they report incidents\*.
- B. The state should consider developing and implementing a standardized and recurring training related to participant abuse, neglect, and exploitation for providers in all waivers\*.
- C. The state should consider implementing independent incident investigations for the SDMI and Big Sky Waivers\*.
- D. The state should consider developing a protocol and a standardized training for case managers related to the identification or misuse of restraints, restrictive intervention, and seclusion in all waivers\*.
- E. The state should consider expanding the mortality review process to include all waivers and modify the process to enable all committee members to review all deaths\*.
- F. The state should consider requiring criminal background checks for HCBS providers\*.
- G. The state should consider establishing a list of crimes that prevent HCBS providers having direct contact with HCBS participants, if convicted.
- H. The state should consider implementing a 'High Risk Review' process in the SDMI and Big Sky waivers.

## **II. Background**

Prior to the on-site review, Montana provided the H&W SRT an array of documents that further elaborate on specific elements of the Montana's delivery systems and critical incident processes. Included in the documents were details about the mortality review processes as well as data on critical incidents across all waivers. Information about training, use of social media, and alerts also was shared.

Additionally, the H&W SRT conducted a review of waiver program documents and other material from the public domain related to the health and welfare assurance of individuals receiving HCBS in Montana. Table 1 lists the three Montana waiver programs that were reviewed prior to the visit, along with the waiver's expiration date, operating agency, and target population.

**Table 1. Waiver Programs Reviewed**

<b>Waiver Name and Number</b>	<b>Expiration Date</b>	<b>Operating Agency</b>	<b>Target Population</b>
Behavioral Health Severe and Disabling Mental Illness Home and Community-Based Services Waiver—0455	June 2025	Department of Public Health and Human Services, Addictive and Mental Disorders Division	Individuals with a severe and disabling mental illness aged 18 years and older
Montana Big Sky Waiver—0148	December 2022	Department of Public Health and Human Services, Community Services Bureau of the Senior and Long-Term Care Division	Individuals aged 65+ years and individuals with physical and other disabilities aged 0–64 years
Home and Community-Based Waiver for Individuals with Developmental Disabilities—0208	June 2023	Department of Public Health and Human Services, Developmental Disabilities Program of the Behavioral Health and Developmental Disabilities Division	Individuals with intellectual disabilities and individuals with developmental disabilities—all ages

Based on a review of preliminary information, the H&W SRT decided to focus on the Montana SDMI Waivers ahead of upcoming renewals and to review the Big Sky and I/DD Waiver to provide a comprehensive review of all operating divisions.

The H&W SRT concentrated on the reported improvements made in response to the OIG audit to ensure appropriate reporting and management of critical incidents.

Descriptions of the critical incident process for the three waivers are as follows:

The Big Sky waiver supports approximately 2,600 participants. The Behavioral Health Severe and Disabling Mental Illness (SDMI) waiver supports approximately 360 participants. All waiver providers are mandatory reporters and must submit an incident report (called a serious occurrence report in these waivers) within 5 days of witnessing or discovering any incident into the state’s Quality Assurance Management System (QAMS) database. Regional or Community Program Officers (Regional Program Officers for Big Sky; Community Program Officers for SDMI) must review the report within 10 days. Providers must also document the cause and effect noted in each incident and the action plan that will be used to decrease the likelihood of a similar incident occurring. Provider agencies are responsible for investigation and follow-up for each incident. Incidents involving allegations of abuse, neglect, or exploitation also require a report to APS, Child Protective Services (CPS), and/or law enforcement, for investigation, as appropriate.

The Home and Community-Based Waiver for Individuals with Developmental Disabilities (I/DD) waiver supports approximately 2,700 participants. The state has established three classifications of incidents for this waiver: (1) critical incidents include reports of abuse,

neglect, exploitation, and other incidents that require an immediate response to protect the participant; (2) reportable incidents include falls or other incidents that do not rise to the level of a critical incident but may compromise the health and safety of the participant; and (3) internal incidents are considered to be noteworthy but do not rise to the level of a reportable or critical incident. Critical incidents must be reported within 8 hours of discovery. Notification must be also sent to the regional quality improvement specialists (QIS), case manager, participant's guardian, and licensing entity (if applicable). Any incidents related to abuse, neglect, or exploitation require reports to be made to APS, CPS, and/or law enforcement if needed within 8 hours. A critical incident then needs to be entered into the I/DD Waiver data management system (DMS) within 48 hours. These time frames are monitored by the provider's incident management coordinator and the regional QIS. Reportable and internal incidents are entered into the DMS within 48 hours, and notifications are sent to legal representatives and other service providers. Investigations are conducted by the provider agency and must be completed within 10 days. Depending on the nature of the incident, Disability Rights Montana may also investigate. Case managers are responsible for ensuring the safety of the participant and assisting in efforts to prevent further incidents. Incidents are trended monthly by regional QIS staff.

In all three waivers, information regarding how to report incidents is provided to participants, families and guardians (if indicated), upon entrance to the waiver and at least annually thereafter. A quality assurance survey is administered to ensure understanding of the reporting process. Case managers or providers give additional training to participants or their families as indicated by the survey responses.

### **III. Montana On-site Review**

The H&W SRT conducted the on-site visit over a four-day period and met with various state staff, stakeholders, advocates, providers and participants. The following highlights the topics covered in addition to reviewing a sample of critical incident reports.

- State's handling of allegations of abuse, neglect, exploitation, and unexplained death
- State's mortality review process
- Critical incident reporting process (from both the provider and participant perspectives)

During the on-site review, the state provided additional helpful documentation, such as organizational charts, slide presentations providing division overviews, mortality review documentation, summaries of incident management activities and relevant user manuals.

#### **State Strengths and Promising Practices for Ensuring Health and Welfare**

The following is an overview of the state's strengths and promising practices identified by the H&W SRT both through the preliminary review and on-site review regarding the design or practice of ensuring the health and welfare of HCBS waiver participants in Montana.

##### **A. Improved collaboration in SDMI Waiver**

Before the arrival of the H&W SRT, AMDD staff were already discussing needed improvements with CMS to assure the health and welfare of participants. Staff members who were new to the SDMI Waiver had been working closely with CMS to review the waiver evidence report, the waiver application, and the 372 reports to better understand

the links between those documents and to protect participants' health and welfare. During the discussion with advocates, the H&W SRT heard comments that the new SDMI waiver leadership was allowing more collaboration and input from advocates.

**B. SDMI waiver staff reviewing Emergency Room claims and comparing them to serious occurrence reports**

As part of quality oversight, the SDMI waiver staff are reviewing Emergency Room (ER) claims to identify un-reported serious occurrences. Staff pull MMIS claims in ER settings each month and review for SDMI members. When reviewing the reports, staff look for diagnostic codes that are considered risk areas. The diagnostics codes used in their review were gathered from the OIG report. Any claims that are flagged during the review are compared to the incidents entered in QAMS. The claims that are flagged are then discussed during the quality oversight committee to talk about the individual's service plan, services they are receiving and any changes that can be made to better support the individual.

*Updated 2/10/23: The Review of Emergency Room claims has been expanded to include the DDP staff.*

**C. Montana's new data system—MedCompass**

Montana was in the process of adopting a new case management system called MedCompass for all three waiver programs. This new system will collect assessment, service plan, and critical incident information in one streamlined system. The H&W SRT heard in numerous meetings how this new system will provide better access, integrate case management and incident management systems, and allow for improved reporting and follow-up. MedCompass will be rolled out in the I/DD Waiver in July 2020, followed by the other waivers soon after this phase.

*Update 09/28/2022: The state has implemented some of its proposed changes since the on-site visit. The MedCompass care management module was implemented for Montana's DD waiver in February 2021, with ongoing updates and modifications; the BSW and SDMI waivers are currently in design phase. The DD Waiver Incident Management in MedCompass is tentatively scheduled to be implemented in Spring 2023; the BSW and SDMI waivers are currently in design phase.*

**D. APS holistic approach to meeting its charge**

- 1. APS communication process.** Montana has developed a communication process to ensure that state staff and providers are informed of the status of a referral to APS. APS provides written notifications to the state and providers if an allegation of abuse, neglect, or exploitation has been reported. Once the APS investigation has been completed, APS will also provide a written notification to report the outcome of the investigation, along with any recommendations to the state and provider related to ensuring the health and safety of the participant.
- 2. APS access to Montana's MMIS provider portal.** When an APS report is submitted, APS can check the individual's medical claims and waiver status which helps with its investigation and communication with the various providers involved in the service plan for that participant.

**APS' new online reporting system, which allows detailed tracking of trends.** In 2018, Montana began using LEAPS, a commercially available APS database. Montana APS indicated that 40 quarterly reports are available via LEAPS. Through LEAPS, investigators can look at trends in types of allegations by region, ZIP Code, APS investigator, and other variables of interest. The ability to track trends can help identify best practices. The LEAPS system may help APS identify areas that need improvements, such as staff training.

**APS law enforcement training on abuse, neglect, and exploitation.** In the Montana Law Enforcement Training Curriculum, APS staff train police cadets on abuse, neglect, and exploitation and the role of law enforcement officers when they are involved in an APS investigation.

**E. I/DD Waiver Central Office incident management review**

DSD has established an incident oversight and management team to review all critical incident reports affecting participants enrolled in the I/DD Waiver. The team reviews critical incidents that occurred during the past week. The discussion is focused on ensuring that the investigative process is working as planned, ensuring the health and safety of participants, requesting additional information if needed, following up or verifying provider recommendations, and determining next steps if needed. The team reviews provider performance, tracks trends in critical incidents across the five regions of the state and determines whether there are any safety issues or policies that need to be addressed. The information is then communicated back through the incident review spreadsheet to the QIS who communicates with the provider agency and team.

Separately, each provider agency conducts its own incident management committee meeting. The meeting includes the QIS staff and TCM. Montana also collects and analyzes feedback from participants via an annual critical incident questionnaire to inform this oversight process.

**F. I/DD Waiver High Risk Reviews of critical incidents**

Montana's incident management team reviews all critical incident reports affecting participants enrolled in the I/DD Waiver. The state has instituted a process called High Risk Reviews; these reviews are conducted if a participant has (1) three or more critical incidents in the previous month or five or more critical incidents in the past 3 months; (2) experienced a serious injury due to a substantiated allegation of staff abuse, neglect, or exploitation; or (3) experienced a pattern or trend of reportable incidents over a 3-month period. The incident management committee also has the discretion to recommend a High-Risk Review for a person who does not meet the minimum criteria. The focus of this review is to ensure that appropriate steps have been taken to protect participants and to minimize further risk.

**G. Raising awareness of health and safety of participants with I/DD**

A local flower shop joined forces with a day program to establish a joint venture for creating employment opportunities for individuals with I/DD. It appears that the community has embraced this concept; the flower shop won "Best Flower Shop in Helena" in 2019. In addition to providing steady employment opportunities for participants, the flower shop also provides complimentary flower arrangements to

individuals in nursing homes and hospice programs. Programs like this help integrate individuals with I/DD into the community. Greater connections in the community can give these individuals more choices and control over their lives, more friendships, and more engagement, all of which can lead to raising awareness of the need to report suspected instances of abuse, neglect, and exploitation in an effort to ensure the health and safety of participants.

### **State Challenges**

The following is an overview of the challenges identified by the H&W SRT through both the preliminary review and the on-site review.

#### **A. Inconsistencies in reporting for SDMI/Big Sky Waiver critical incidents**

The Big Sky Quality Assurance Management System user manual and waiver application indicated that providers are required to enter serious occurrence reports directly into the system. However, during the on-site review, the H&W SRT learned that some providers had to reach out to case managers to enter the serious occurrence reports. In these cases, sometimes providers unknowingly omit relevant information or delay in informing case managers, thus slowing the response to the incident.

#### **B. Training related to abuse, neglect, and exploitation for all waivers**

There appeared to be a need for better and consistent training for participants, providers, and case managers in abuse, neglect, and exploitation. During the Big Sky Waiver participant visits, the H&W SRT learned that some participants lacked basic knowledge about how to report abuse, neglect, and exploitation. The H&W SRT also identified a need for better training of SDMI Waiver providers in how to handle behavioral health challenges. The state planned to address these concerns in the renewal application. During the I/DD Waiver meetings, providers and case managers noted that although their agencies have internal training, there was no standardized statewide training. In addition, they mentioned that despite the critical incident categorizations, some agencies are interpreting and triaging the three incident categories differently.

*Updated 2/10/23: DDP currently requires training for DDP Contracted Providers that consist of 7 lessons pertaining to abuse, neglect and exploitation. DDP plans to implement standardized Incident Management training as part of implementing the revised incident management policy, planned to occur in the fall of 2023. Additionally, Big Sky Waiver and APS have developed an annual training related to participant abuse, neglect, and exploitation.*

#### **C. Lack of independent incident investigations and gaps in reporting incidents in the SDMI and Big Sky Waivers**

Two Big Sky Waiver participants told the H&W SRT their HCBS staff stole from them. The participants said that they called the provider to report the theft and these workers were immediately removed from providing services to these participants, but no one called these participants to investigate. According to the participants, the case managers did not ask about the incidents nor did anyone tell them to notify the police or APS. One of these participants stated that the theft was \$3,000. Additionally, a

participant in the SDMI Waiver and a participant in the Big Sky Waiver mentioned fear of retribution, if they reported anything.

One participant handed CMS a note that stated she was not comfortable speaking with us at the provider, but that we could call her on her cell phone for more information. In addition, she showed the H&W SRT several pictures of issues she had with her services. These included medication errors, soiled adult diapers being left in the restroom, equipment blocking the toilet and bathtub, etc. SDMI waiver staff are reviewing ER claims against serious occurrence reports, which will assist the state to identify serious occurrences that result in ER contact, but the process is unlikely to identify other serious incidents such as provider theft, exploitation, neglect and/or abuse that does not result in an injury requiring ER attention. All these examples point to the need for access to unbiased resources to report and investigate concerns.

*Updated: SDMI waiver implemented the Critical Incident Review Committee (CIRC) in the 7/1/2020 renewal.*

*Definition of CIRC from the approved SDMI Waiver application:*

*“The AMDD Critical Incident Review Committee completes an internal Investigation of all Serious Occurrences entered into the Quality Assurance Management System bi-weekly. The Critical Incident Review Committee investigates if policies were followed and whether notifications were made within appropriate timeframes. Internal investigation of Serious Occurrences includes determining if the incident is a result of a failure to follow federal regulation, Montana statute, the Administrative Rules of Montana, and/or the provider agencies’ policy, if there was adequate staff present to ensure health and safety and was the staff adequately trained in the components of the person’s plan of care to ensure health and safety. Results of the internal investigation may be shared with the case management team, providers, or proper authorities.”*

*APS and Big Sky Waiver have developed a collaborative desk level procedure which requires APS workers to submit all letters of intent to investigate allegations of abuse, neglect, and exploitation for waiver members and/or members on Community First Choice. At the conclusion of the investigation, APS sends an APS closure letter verifying substantiated cases of abuse, neglect, or exploitation. After receiving letters of intent to investigate and closure letters, the Big Sky Waiver Quality Assurance Program Manager Verifies which program the member is on, and forwards the notice on to the appropriate program lead in order to collaborate on appropriate corrective action items to provide appropriate interventions.*

*Big Sky Waiver has been tracking the number of critical incidents per provider, per critical incident type, in hopes of identifying trends throughout different populations, providers, and/or critical incident type.*

**D. Lack of protocol to monitor inappropriate use of restraints, restrictive interventions, and seclusion for all waivers**

During the H&W SRT meetings, staff and providers responded that use of restraints, restrictive interventions, and seclusion were prohibited, except as approved in the I/DD waiver. However, there were inconsistent responses from I/DD Waiver staff regarding the use of mechanical restraints and how they should be authorized. Additionally, there appeared to be a lack of knowledge from Big Sky and SDMI Waiver staff regarding

how the state was monitoring to be sure that restraints, restrictive interventions, and seclusion were not being used.

*Updated 2/10/23: DDP has conducted a training on the use of restrictive and prohibited interventions and has developed a process for reviewing Plans of Care in addition to incident data to monitor inappropriate uses of restraints, restrictive measures and seclusion.*

**E. Inconsistent case management involvement in critical incident investigations in the I/DD Waiver**

Participants enrolled in the I/DD Waiver receive case management services from either DDP state staff or from the state's contracted case management agency, Aware. At the state's request, the H&W SRT held separate meetings with each group. Case managers from both groups indicated that they received inconsistent follow-up information related to critical incident investigations conducted by APS. Additionally, levels of participation from case managers in critical incident investigations varied. Many case managers approached follow-up activities on closed critical incident investigations based on their relationship with their QIS or at their own discretion.

*Update 2/10/23: When the incident management module is live in MedCompass, TCMs will have access to review critical incident investigations.*

**H&W SRT Recommendations and Next Steps for Montana, including Potential Technical Assistance**

CMS appreciates the state's participation in the H&W SRT, as well as its work to provide CMS updated information regarding its waiver oversight actions that have been activated after the March 2020 site visit. CMS would like to provide recommendations that would enhance the state's ability to safeguard health and welfare.

**A. The state should consider developing a universal incident reporting form for SDMI and Big Sky providers to use when they report incidents.** These could be faxed or scanned to improve consistent reporting, until the new case management system is implemented.

*Updated 2/10/23: SDMI and BSW both use QAMS to report incidents. The forms used to report in QAMS are the same. This is addressing the differences between SDMI/BSW and I/DD since the state uses different systems to report, and the forms would be different. The incident management in MedCompass will address this once implemented.*

*Big Sky Waiver has drafted a critical incident policy that includes definitions for unexplained and unexpected deaths. Which would require providers to submit critical incident reports on any death that meets the definition of unexplained or unexpected death.*

**B. The state should consider developing and implementing a standardized and recurring training related to participant abuse, neglect, and exploitation for providers in all waivers.** Although each waiver has a training process, the training was not uniform across waiver populations or providers. There appeared to be a need for standardized training of providers and case managers related to abuse, neglect, and

exploitation for all three waivers. Developing and implementing standardized training content across all three waivers could help ensure that all staff members are knowledgeable about how to report incidents and their responsibilities related to ensuring the health and safety of all participants. Also, a process to assure that health and welfare training is conducted will help assure that this training is provided prior to the provision of services.

*Updated 2/10/23: DDP requires training for DDP Contracted Provider agency staff that consist of 7 lessons pertaining to abuse, neglect and exploitation. DDP plans to implement standardized Incident Management training as part of implementing the revised incident management policy, planned to occur in the fall of 2023.*

*Big Sky Waiver has developed a recurring training related to participant abuse, neglect, and exploitation which is delivered on an annual basis.*

- C. The state should consider implementing independent incident investigations for the SDMI and Big Sky Waivers.** The SDMI and Big Sky Waivers do not have their own investigators. Although APS in Montana demonstrates strong communication and promising practices in its approach, Montana could consider other entities to conduct investigations for these waivers. Involving additional agencies may increase the number of independent investigations that can be completed for participants on the SDMI and Big Sky Waivers and offer a more complete picture as to the health and welfare trends experienced statewide.

*Updated 2/10/23: SDMI's implementation of CIRC (definition above) addresses this recommendation.*

- D. The state should consider developing a protocol and a standardized training for case managers related to the identification or misuse of restraints, restrictive intervention, and seclusion in all waivers.** A standard protocol and state monitoring of adherence to this protocol will help to ensure that the use of restraints, restrictive interventions, and seclusion are only authorized and used based on the approved I/DD waiver. Also, standardized training for all waivers will help ensure that staff are knowledgeable about the misuse of restraints, restrictive interventions, and seclusion.

*Updated 2/10/23: DDP did conduct training during the fall of 2022 to case managers, provider agencies and DDP staff on restrictive interventions.*

- E. The state should consider expanding the mortality review process to include all waivers and modifying the process to enable all committee members to review all deaths.** Montana has established a mortality review process and conducts a review of deaths of individuals who were enrolled in the I/DD Waiver. Members of their mortality review committee include the medical director, physician, APS director, provider director, representative from Disability Rights of Montana, and a family member. The committee identifies trends and causes of deaths that could be prevented through education and training. One committee member noted that Montana is looking to expand the scope of this review process to include older adults who were enrolled in the Big Sky and SDMI Waivers. Also, a member of the committee noted that not all members have

an opportunity to review all deaths. The committee's process includes an initial screening by the medical director to identify cases that do not rise to the level of a review needed by all committee members, limiting the amount of cases seen by the entire committee. This limited scope could affect the committee's ability to identify trends and areas for improvement. Expanding the mortality review process to include all waiver participants and modifying the process to enable all committee members to review all deaths could help Montana identify causes of potentially preventable deaths and address them through additional education and training.

*Updated 2/10/23: DDP has a Mortality Review Process.*

*Big Sky Waiver Conducts a Mortality Review on an annual basis utilizing termination notices due to death to track and trend any deaths that are considered to be unexpected, and/or unexplained*

- F. The state should consider requiring criminal background checks for HCBS providers.** Montana had previously tried to require criminal background checks for HCBS providers but advocates successfully stopped this effort. While not required, individuals can choose to have a background check conducted. The state could revisit this proposed policy to require criminal background checks in an effort to ensure the health and welfare of participants.

*Updated 2/10/23: DDP does require criminal background checks.*

- G. The state should consider establishing a list of crimes that prevent HCBS providers from having direct contact with HCBS participants, if convicted.** Convicted providers could be added to a statewide database, creating a list for reference before the state makes hiring decisions. This central registry could be used to prevent convicted HCBS providers from working with HCBS participants.

- H. The state should consider implementing a 'High Risk Review' process in the SDMI and Big Sky waivers.** Similar to the I/DD Waiver, the state should consider implementing a 'High Risk' review process to ensure that appropriate steps have been taken to protect participants enrolled in the SDMI and Big Sy Waivers and to minimize further risk.

**VI. Areas for Further Inquiry or CMS Follow-up**

The state and several case managers and providers requested additional information about balancing client rights, risks and choices. Please see the HCBS training provided to states about balancing risk and choice at: [https://www.medicaid.gov/sites/default/files/2019-12/balancing-risk-choice\\_0.pdf](https://www.medicaid.gov/sites/default/files/2019-12/balancing-risk-choice_0.pdf)