



Over the past few months, the Massachusetts Rehabilitation Commission and the Department of Developmental Services have been working together to prepare for the case management transition for the Acquired Brain Injury (ABI) and Money Follows the Person (MFP) waiver participants in accordance with the Hutchinson Settlement Agreement. As a part of this effort, MRC will be adopting the DDS incident reporting practices and policies. The table below depicts new prompts to the current DDS incident report, which will be used by both MRC and DDS from April 14, 2014 onwards.

Individual Information Section		
Prompt	On the DDS Incident Report?	On the ABI/MFP Incident Report?
Level of Intellectual Disability	✓	
Does the individual have an acquired brain injury?		✓
Class Status	✓	
Is the individual subject to a Day Level 2 or 3 Behavior Plan?	✓	✓
Is the individual subject to a Res. Level 2 or 3 Behavior Plan?	✓	✓
Incident Classification Section		
Prompt	On the DDS Incident Report?	On the ABI/MFP Incident Report?
Did the incident involve unauthorized use of drugs/alcohol?	✓	✓
Did the incident involve suicidal threat/ideation?	✓	✓
Did the incident involve non-compliance with a medical directive?	✓	✓
Did the incident involve a medication refusal?	✓	✓
Language Change	On the DDS Incident Report?	On the ABI/MFP Incident Report?
After selecting the primary and secondary incident categories in the incident report the automatically generated text should be changed to "Based on the selected categories, this incident requires a Major/Minor level of review"	✓	✓
Notification Section		
Prompt	On the DDS Incident Report?	On the ABI/MFP Incident Report?
Was the On-Call person notified?	✓	✓
Name of On-Call person notified	✓	✓
Has Executive Office of Elder Affairs been notified of the incident? <i>(Only applies to individuals greater than 59 years old. Choose 'N/A' for all other individuals)</i>	✓	✓
Verification of Time and Categorization Section		
Prompt	On the DDS Incident Report?	On the ABI/MFP Incident Report?
Was the On-Call person notified?	✓	✓
Name of On-Call person notified	✓	✓
Has Executive Office of Elder Affairs been notified of the incident? <i>(Only applies to individuals greater than 59 years old. Choose 'N/A' for all other individuals)</i>	✓	✓
Did the incident involve unauthorized use of drugs/alcohol?	✓	✓
Did the incident involve suicidal threat/ideation?	✓	✓
Did the incident involve non-compliance with a medical directive?	✓	✓
Did the incident involve a medication refusal?	✓	✓