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Essentials of Critical Incident Management

November 20, 2019

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TODAY'S DISCUSSION

1. Introduction to Speakers
2. Overview of Critical Incidents
3. Recent CMS Activities and OIG Guidance
4. Best Practice Guidance for an Effective Incident Management System

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INTRODUCTION OF SPEAKERS

Dr. Jay Bulot
Vice President for State Markets
WellSky Corporation

Dustin Schmidt
Associate Director
Navigant

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CRITICAL INCIDENT DEFINITION

What is a Critical Incident?

- "Critical incidents" are situations that put the health, safety or welfare of participants at risk. Some states also use the term "adverse", "serious" or "sentinel events".
  - This may include medical (e.g., serious medication error, death, serious injury, etc.) and safety concerns (e.g., missing person, restrictive interventions, etc.).
- There is no standard federally defined term for "critical incident" that outlines the scope of reportable incidents, leading to variation across states [1]

(1) https://www.hhs.gov/sites/default/files/cmcs-informational-bulletin-062818.pdf

Common Critical Incident Types Tracked by State Medicaid Agencies:

- Abuse, Neglect, and Exploitation
- Unexpected Deaths
- Unexpected Hospitalization
- Serious Injury
- Criminal Activity/Legal Involvement
- Loss of Contact/Elopement
- Suicidal Behavior
- Medication Errors
- Use of Restraints/Seclusion

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CMS REQUIREMENTS

- States operating HCBS waivers are required to provide assurances to CMS that necessary safeguards are in place to protect the health, safety, and welfare of participants receiving services. For critical incidents this includes:
  - The state must demonstrate on an ongoing basis that it **identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.**
  - The state must demonstrate that an **incident management system is in place** that effectively resolves those incidents and prevents further similar incidents to the extent possible.

- The state should:
  - Specify the **types of critical events** or incidents
  - **Identify individuals/entities that must report** critical incidents
  - **Define entity responsibilities**
  - Define **timeframes** for reporting and conducting/completing an investigation
  - Define **method(s) of reporting** (e.g., phone, written form, web-based report)
  - Define **notification requirements** (e.g., participants, guardian, etc.)

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PARTIES INVOLVED IN CRITICAL INCIDENTS

Consumers and Other Parties

- Participants / Family Members / Neighbors / Friends / Guardian

Medicaid Waiver Providers

- Direct Service Providers / Case Managers / Support Brokers

State Agencies

- 1915(c) Operating Agency
- Law Enforcement
- State Medicaid Agencies
- Attorney General
- Office of Inspector General
- Adult/Child Protective Services

Federal Agencies

- Centers for Medicare & Medicaid Services (CMS)
- Office of Inspector General

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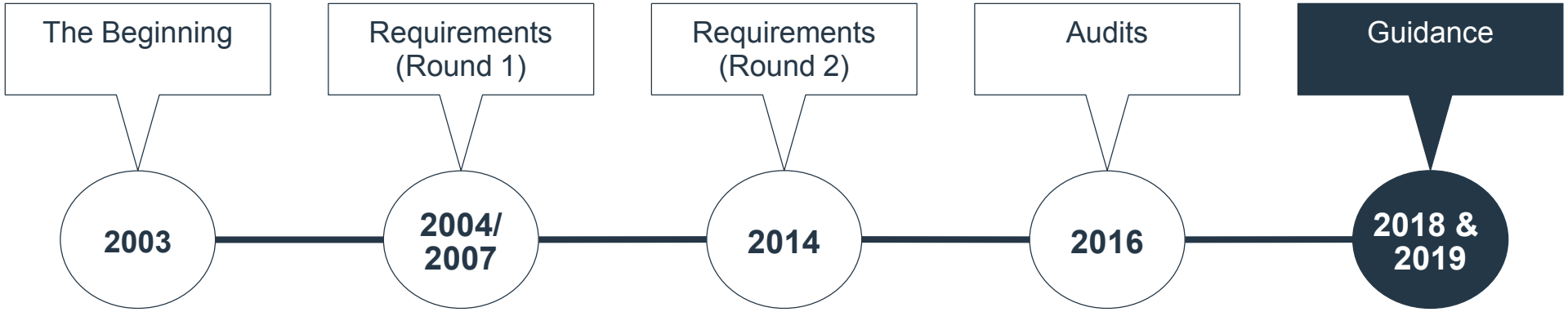
PATH TO NATIONAL REFORMS FOR CRITICAL INCIDENT RESPONSE



GAO issues a critical report about CMS oversight of HCBS waivers.

2004: CMS issues procedural guidance to states regarding site visits and a new waiver quality improvement plan.

2007: CMS updates the process for the Regional Offices to request evidence from states

CMS updates the HCBS regulations and identifies new sub-assurances related to critical incident management.

HHS OIG and CMS audit state critical incident reporting and monitoring processes and find significant gaps.

HHS OIG and CMS provide guidance to states.

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RECENT CMS ACTIVITIES

CMS Surveys

- CMS issued a pilot survey in May 2018 to seven states to better understand how states approach critical incident management.
- CMS issued a statewide survey in July 2019, responses were due on or before August 28, 2019.

CMS Site Visits

- CMS created H&W Special Review Teams (SRTs) that will work with states during the next three years to improve H&W issues and provide technical assistance to states regarding H&W issues, critical incident management, compliance with assurances, and other relevant areas through weeklong site visits.
- In FFY 2019, CMS conducted visits in three states.

What's Next?

- CMS will share survey results.
- CMS expects to visit another 15 states in FFY 2020.
- CMS anticipates providing additional trainings and educational materials (e.g., practice briefs, lessons learned papers, and tool kits etc.) to support critical incident management.

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HHS OIG GUIDEANCE

HHS OIG and ACL Recommendations to Improve Incident Management – January 2018

A Roadmap for States – Compliance Oversight Model Practices

A toolbox for better health and safety outcomes in group homes

Model Practices for State Incident Management and Investigation

- Reporting and notification
- Incident review
- Investigation
- Corrective action and implementation
- Trend analysis

Model Practices for State Incident Management Audits

- Assess incident reporting
- Assess response and review of incidents
- Assess investigations
- Assess corrective actions
- Assess identification and response to incident trends

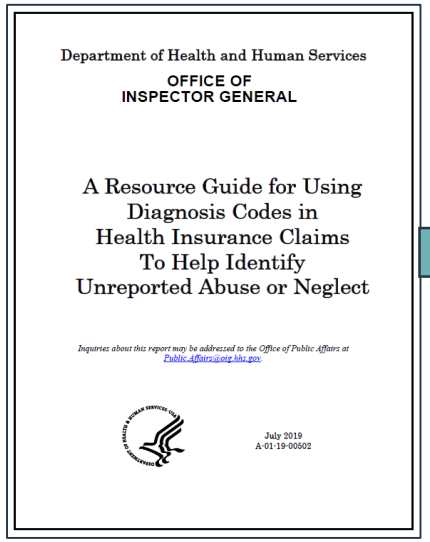
Model Practices for State Mortality Reviews

- Identify cause and circumstances of beneficiary death
- Where warranted, take corrective action
- Identify mortality trends
- Systemic responses and evaluation of their efficacy
- Reporting

Model Practices for State Quality Assurance

- Oversight of service planning and delivery
- Periodic assessment of performance
- Review network capacity and accessibility
- Compliance monitoring of requirements and outcomes

HHS OIG Guide to Identify Unreported Instances of Abuse or Neglect – July 2019



Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

A Resource Guide for Using Diagnosis Codes in Health Insurance Claims To Help Identify Unreported Abuse or Neglect

Inquiries about this report may be addressed to the Office of Public Affairs at Public.Affairs@oig.hhs.gov

July 2019
A-01-19-00502

This guide helps identify:

1. unreported instances of abuse or neglect
2. beneficiaries or patients who may require immediate intervention to ensure their safety
3. providers exhibiting patterns of abuse or neglect, and
4. instances in which providers did not comply with mandatory-reporting requirements.

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SIX RECOMMENDATIONS TO IMPROVE YOUR SYSTEM

1. Select critical incident types that are meaningful

2. Create clear policies regarding critical incident reporting requirements

3. Establish clear responsibilities across state agencies

4. Provide sufficient materials to support incident reporting

5. Track and analyze meaningful data points to minimize preventable incidents

6. Create a single web-based system to track critical incidents

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RECOMMENDATION #1: SELECT CRITICAL INCIDENT TYPES THAT ARE MEANINGFUL

States should consider selecting critical incident types that 1) align with CMS requirements and 2) are important based on historical provider performance.

- Key factors to consider include:
  - Critical incidents types outlined by CMS, OIG, and state regulations
  - Provider history and incident trends across the state
  - Administrative burden on both providers to report on and state staff to manage
  - Critical incident types that the state does not want to collect (e.g., scheduled medical procedures/surgeries)

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CMS AND OIG GUIDANCE REGARDING INCIDENT TYPES

CMS Requirements: 7 Incident Types: (1)

- Abuse (including physical, sexual, verbal and psychological abuse)
- Mistreatment or neglect
- Exploitation
- Serious injury
- Death other than by natural causes
- Other events that cause harm to an individual
- Events that serve as indicators of risk to participant health and welfare (e.g., hospitalizations, medication errors, use of restraints or behavioral interventions)

Additional Incident Types Recommended by OIG: 9 Incident Types: (2)

- Events leading to adverse outcomes for participants due to staff misconduct / error
- Events resulting in injury or illness requiring medical treatment beyond first aid
- Choking incidents
- Hospital emergency room visits where the injury or the medical condition could indicate abuse or neglect
- Elopements whereby the individual is removed from staff supervision or placed at risk of serious harm
- Behavioral incidents that result in employee physical intervention, serious risk of harm, or property damage valued at more than $150
- Emergency situations (e.g., fires, flooding, serious property damage)
- Criminal conduct by participants
- Incidents involving law enforcement

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(1) https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf
(2) https://oig.hhs.gov/reports-and-publications/featured-topics/group-homes/group-homes-joint-report.pdf

RECOMMENDATION #2: CREATE CLEAR POLICIES REGARDING CRITICAL INCIDENT REPORTING REQUIREMENTS

Key Decision Points	Considerations
1. Does critical incident reporting apply to all incident events or only those that involve a paid Medicaid provider?	State examples: • Pennsylvania: A Critical Incident is an unexpected and undesirable event that has an adverse impact on the outcome of care that **occurs during a Member's term of care funded through PerformCare.** CIR submission should occur to PerformCare only if PerformCare is funding the service. • Kentucky: Critical incidents are serious in nature and pose immediate risk to the health, safety, or welfare of waiver participants or others.
2. Who should be notified when a critical incident occurs?	Kentucky's incident reporting instructional guide describes notification requirements for the following parties: • **Law Enforcement** (For incidents involving criminal activities) • **Family Member**: For adults, a family member is only notified if the waiver participant has provided consent via their PCSP. For children, a family member is always notified. • **Medical Provider**: The medical provider is notified for incidents involving medication errors or hospitalization. • **Direct Service Provider** • **Case Manager or Support Broker** • **State or Private Guardian** (If applicable and if specified in the PCSP)

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RECOMMENDATION #2: CREATE CLEAR POLICIES REGARDING CRITICAL INCIDENT REPORTING REQUIREMENTS *(CONTINUED)*

Key Decision Points	Considerations
3. Who is responsible for investigating an incident?	HHS OIG recommends: • The **State should ensure independent State investigations of allegations of specified incidents** (e.g., abuse and neglect that results in serious or repeated harm to participants; sexual abuse; unexpected deaths; incidents that result in life-threatening or serious injury or illness that appear to be due to provider misconduct/ANE or due to environmental hazards; etc.). • The **State may delegate investigation for other incident situations to provider agencies or other entities.**
4. Should the 1915(c) operating agency or APS investigate incidents involving abuse, neglect, or exploitation?	CMS HCBS Technical Guidance: "…if the state's adult protective services (APS) agency has primary oversight responsibility for incident management, there should be processes whereby the **APS agency regularly furnishes the Medicaid agency and/or operating agency with information about critical incidents that involve waiver participants and that the agencies work together to identify strategies to reduce the occurrence of critical incidents**." (1)

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(1) https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf

RECOMMENDATION #2: CREATE CLEAR POLICIES REGARDING CRITICAL INCIDENT REPORTING REQUIREMENTS *(CONTINUED)*

Key Decision Points	Considerations

5. What critical incident information should be shared with the impacted participant?	• Navigant reviewed critical incident policies from 21 states. **Of the 21 state policies, only 6 mention either notification to the participant for the incident and/or notification to the participant of the investigation/participant** involvement in the investigation.
	
	• The ACL/OIG Joint Report includes the following statements:
	  ○ The State should ensure **the dissemination of appropriate summaries of investigation findings, conclusions, and recommendations for corrective action** to:
	  ▪ relevant service provider personnel including employees directly associated with the incident,
	  ▪ the service recipient's support coordinator and support coordination agency, and
	  ▪ the **service recipient and his or her family or friends** (with consent of the individual service recipient or their legal guardian or legal representative if the service recipient is unable to provide consent).

If you need additional guidance on how to approach policy decisions, ask CMS!

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RECOMMENDATION #3: ESTABLISH CLEAR RESPONSIBLITIES ACROSS STATE AGENCIES

- We recommend that the single state Medicaid agency create or update its agreements (often referred to as Memorandum of Understanding) with other state agencies to outline roles and responsibilities related to critical incidents.

- Other state agencies involved in critical incidents typically includes:
  - Adult/Child Protective Services
  - Agency responsible for provider licensure
  - Law Enforcement
  - Attorney General
  - 1915(c) Operating Agency

Key Components to Address in an Inter-Agency Agreement:

- Critical incident intake and investigation responsibilities and authority
- Approach to identifying Medicaid participants and providers
- Approach to sharing information (e.g., intake forms, investigation reports, etc.)
- Liaisons / points of contact
- Interagency training

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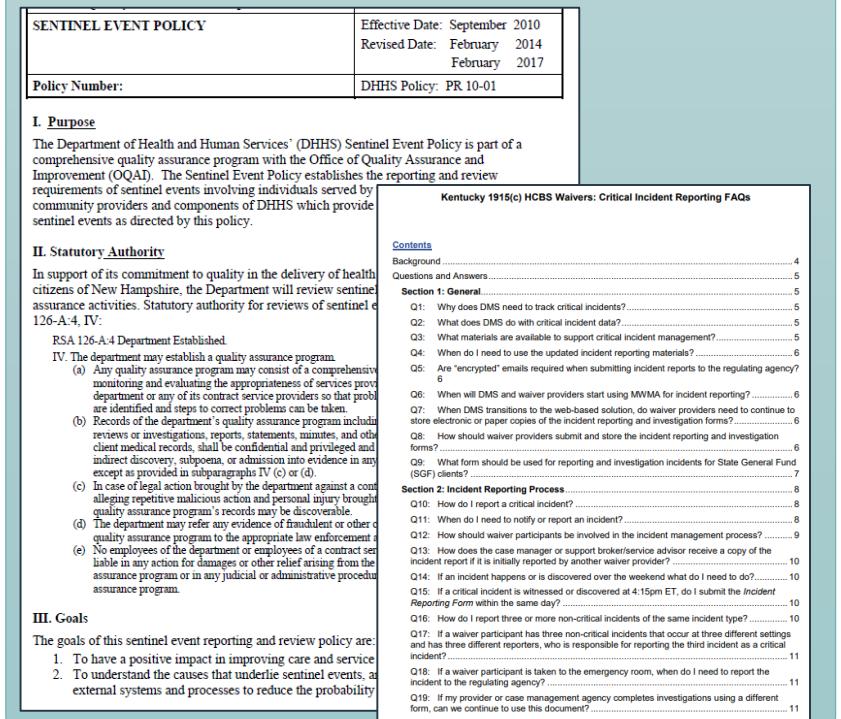
RECOMMENDATION #4: PROVIDE SUFFICIENT MATERIALS TO SUPPORT INCIDENT REPORTING

Materials Outlining State Requirements



SENTINEL EVENT POLICY	Effective Date: September 2010 Revised Date: February 2014 February 2017
Policy Number:	DHHS Policy: PR 10-01

I. Purpose

The Department of Health and Human Services' (DHHS) Sentinel Event Policy is part of a comprehensive quality assurance program with the Office of Quality Assurance and Improvement (OQAI). The Sentinel Event Policy establishes the reporting and review requirements of sentinel events involving individuals served by community providers and components of DHHS which provide sentinel events as directed by this policy.

II. Statutory Authority

In support of its commitment to quality in the delivery of health citizens of New Hampshire, the Department will review sentinel assurance activities. Statutory authority for reviews of sentinel e 126-A:4, IV:

RSA 126-A:4 Department Established.

IV. The department may establish a quality assurance program.

(a) Any quality assurance program may consist of a comprehensiv monitoring and evaluating the appropriateness of services prov department or any of its contract service providers so that probl are identified and steps to correct problems can be taken.

(b) Records of the department's quality assurance program includi reviews or investigations, reports, statements, minutes, and oth client medical records, shall be confidential and privileged and indirect discovery, subpoena, or admission into evidence in any except as provided in subparagraphs IV (c) or (d).

(c) In case of legal action brought by the department against a cont alleging repetitive malicious action and personal injury brought quality assurance program's records may be discoverable.

(d) The department may refer any evidence of fraudulent or other c quality assurance program to the appropriate law enforcement a

(e) No employees of the department or employees of a contract ser liable in any action for damages or other relief arising from the assurance program or in any judicial or administrative procedu assurance program.

III. Goals

The goals of this sentinel event reporting and review policy are:

1. To have a positive impact in improving care and service
2. To understand the causes that underlie sentinel events, a external systems and processes to reduce the probability

Kentucky 1915(c) HCBS Waivers: Critical Incident Reporting FAQs

Contents

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Q2: What does DMS do with critical incident data? 5
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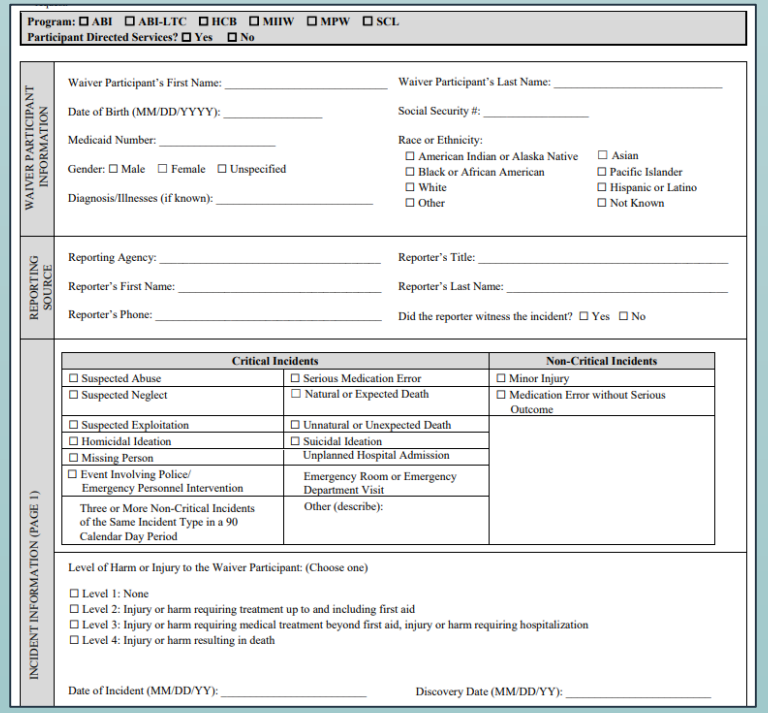
Q16: How do I report three or more non-critical incidents of the same incident type? 10
Q17: If a waiver participant has three non-critical incidents that occur at three different settings and has three different reporters, who is responsible for reporting the third incident as a critical incident? 11
Q18: If a waiver participant is taken to the emergency room, when do I need to report the incident to the regulating agency? 11
Q19: If my provider or case management agency completes investigations using a different form, can we continue to use this document? 11
Q20: As a parent and representative of a waiver participant, what do I do if I suspect someone I hired is abusing my child? 11

Forms / Reports for Reporting Purposes



Program: ☐ ABI ☐ ABI-LTC ☐ HCB ☐ MIIW ☐ MPW ☐ SCL
Participant Directed Services? ☐ Yes ☐ No

WAIVER PARTICIPANT INFORMATION

Waiver Participant's First Name: _____ Waiver Participant's Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Social Security #: _____

Medicaid Number: _____

Gender: ☐ Male ☐ Female ☐ Unspecified

Race or Ethnicity:
☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Pacific Islander
☐ White ☐ Hispanic or Latino
☐ Other ☐ Not Known

Diagnosis/Illnesses (if known): _____

REPORTING SOURCE

Reporting Agency: _____ Reporter's Title: _____

Reporter's First Name: _____ Reporter's Last Name: _____

Reporter's Phone: _____ Did the reporter witness the incident? ☐ Yes ☐ No

INCIDENT INFORMATION (PAGE 1)

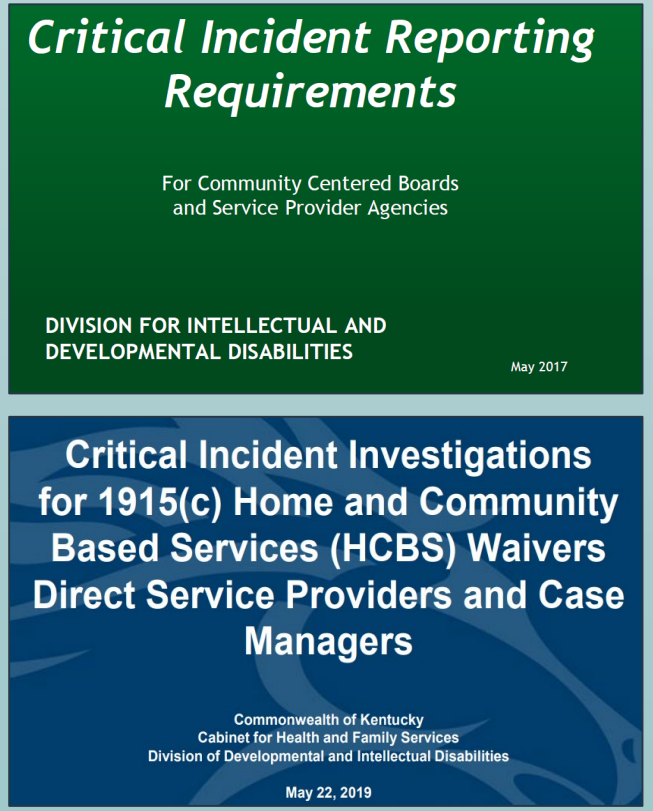
Critical Incidents		Non-Critical Incidents
☐ Suspected Abuse	☐ Serious Medication Error	☐ Minor Injury
☐ Suspected Neglect	☐ Natural or Expected Death	☐ Medication Error without Serious Outcome
☐ Suspected Exploitation	☐ Unnatural or Unexpected Death	
☐ Homicidal Ideation	☐ Suicidal Ideation	
☐ Missing Person	Unplanned Hospital Admission	
☐ Event Involving Police/ Emergency Personnel Intervention	Emergency Room or Emergency Department Visit	
Three or More Non-Critical Incidents of the Same Incident Type in a 90 Calendar Day Period	Other (describe):	

Level of Harm or Injury to the Waiver Participant: (Choose one)

☐ Level 1: None
☐ Level 2: Injury or harm requiring treatment up to and including first aid
☐ Level 3: Injury or harm requiring medical treatment beyond first aid, injury or harm requiring hospitalization
☐ Level 4: Injury or harm resulting in death

Date of Incident (MM/DD/YY): _____ Discovery Date (MM/DD/YY): _____

Training Materials



Critical Incident Reporting Requirements

For Community Centered Boards and Service Provider Agencies

DIVISION FOR INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

May 2017

Critical Incident Investigations for 1915(c) Home and Community Based Services (HCBS) Waivers Direct Service Providers and Case Managers

Commonwealth of Kentucky
Cabinet for Health and Family Services
Division of Developmental and Intellectual Disabilities

May 22, 2019

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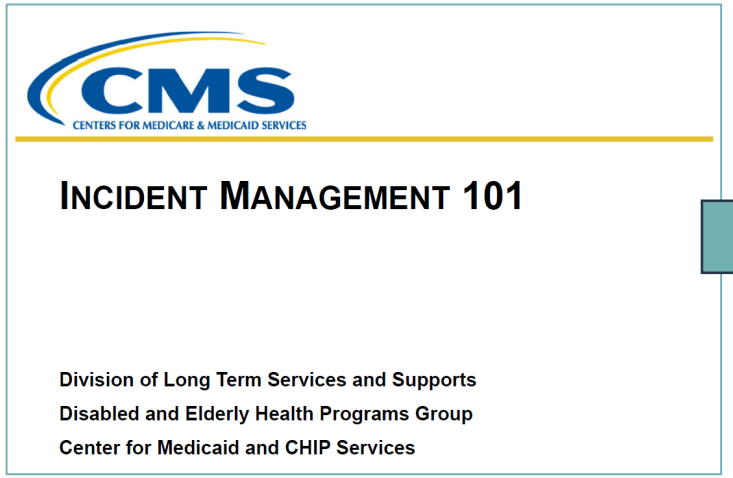
RECOMMENDATION #5: TRACK AND ANALYZE MEANINGFUL DATA POINTS TO MINIMIZE PREVENTABLE INCIDENTS

States should consider tracking at least the following data points:

- **Waiver Measures**: Performance measures that are described in the state's 1915(c) waivers (e.g., # of critical incidents resolved within 30 days of the date of the critical incident report date)
- **Reporting Timeframes**: Number of critical incidents reported within required timeframes
- **Severe Cases**: Status/outcome of reported abuse, neglect or exploitation (ANE) cases
- **Member Specific Dashboard**: Number and type of incident reports for a member during a specified timeframe
- **Provider Specific Dashboard**: Number and type of incident reports for a provider during a specified timeframe
- **Emergency Room (High Cost Claims)**: Usage of ER visits.

CMS GUIDANCE IN ANALYZING CRITICAL INCIDENT DATA



https://www.medicaid.gov/medicaid/hcbs/downloads/training/incident-management-101.pdf

- Commit to a **regular schedule** for aggregating and **analyzing findings and trends (no less than annual basis)**
- Identify areas of **improvement**, **interventions** to address adverse trends and patterns, and **training opportunities** for stakeholders to help prevent and mitigate incidents
- Gathering information for system-wide oversight, including:
  - Participant and provider characteristics
  - How quickly reports are reviewed, investigated, and followed-up
  - Results of investigations
- Determine the **types of analysis** to conduct, which may include:
  - Recurring deficiencies;
  - Types of incidents;
  - Types of providers/provider analysis;
  - Location of incidents;
  - Alleged perpetrators;
  - Investigation findings of: Outlier incidents; Abuse, neglect or exploitation; ER visits/hospitalizations;
  - Incident resolution timelines; and
  - Other medical findings

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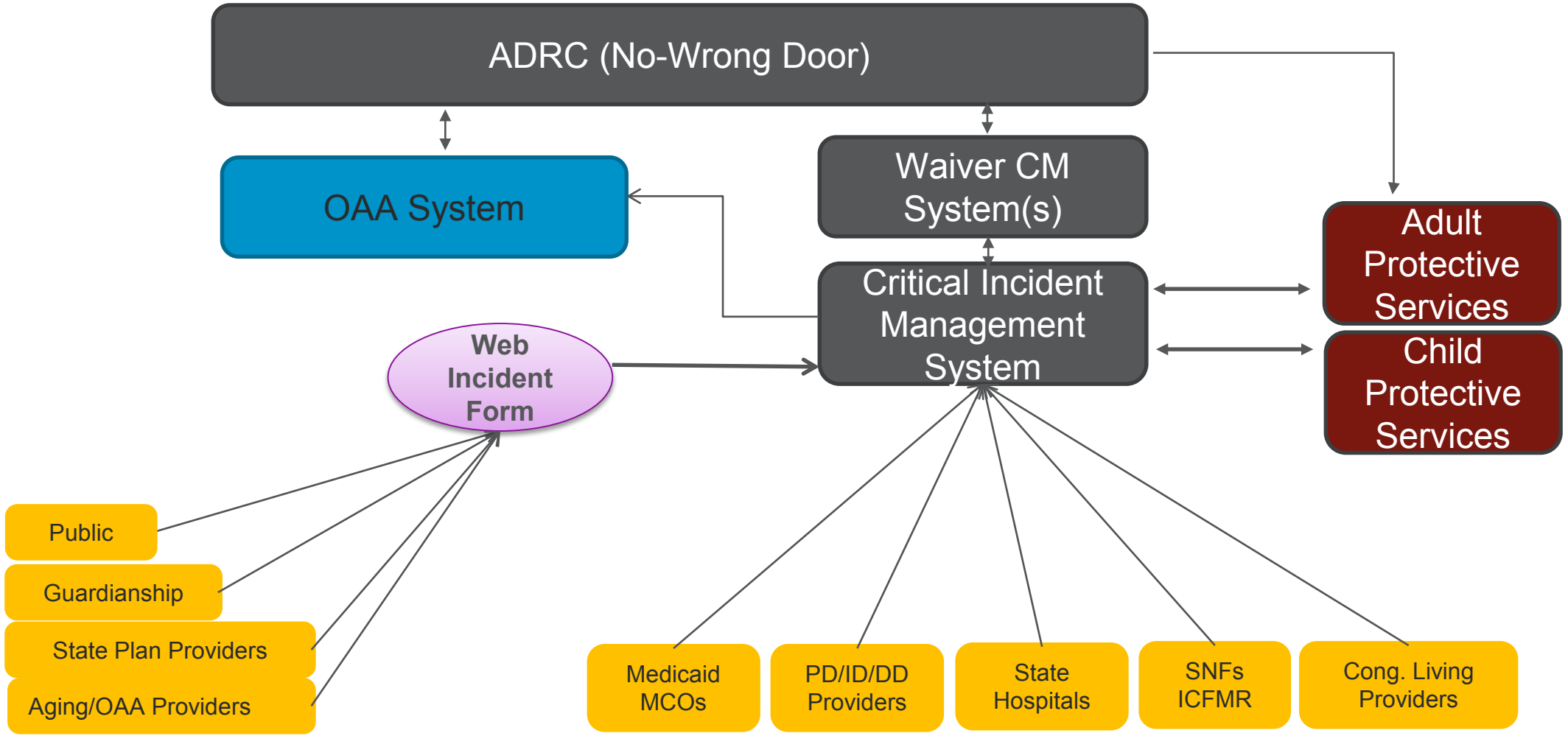
RECOMMENDATION #6: CREATE A SINGLE WEB-BASED SYSTEM TO TRACK CRITICAL INCIDENTS



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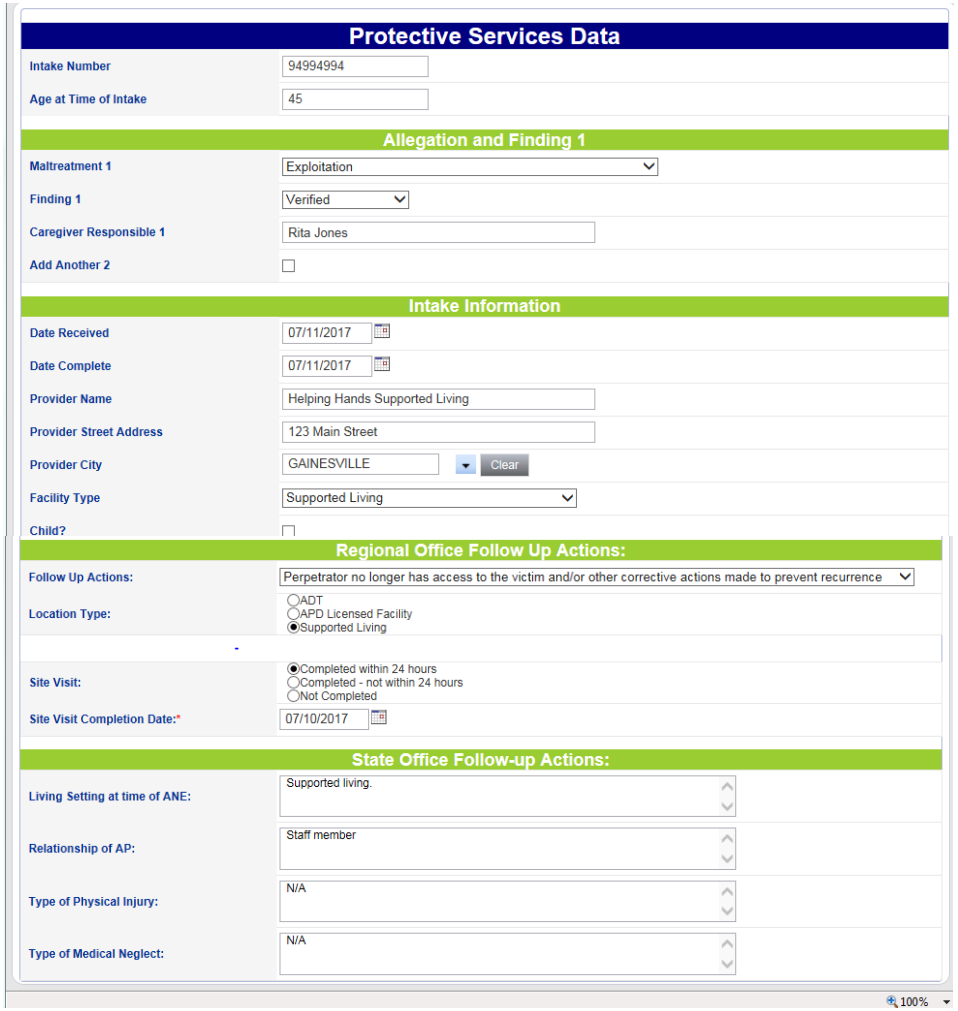
PROTECTIVE SERVICES DATA TO FACILITATE INTERDEPARTMENTAL COMMUNICATION

- **Determine when to contact protective services.**
  - Severe Incidents may require immediate referral to protective services.
  - Early identification helps set expectations for the investigation
- **Data sharing may happen:**
  - Through creation of reports and triggers
  - Posted in centralized system
  - Weekly meetings
- **All protective service calls are critical incidents, but not all critical incidents will rise to the level of a protective services investigation.**



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CRITICAL FUNCTIONALITY FOR ELECTRONIC REPORTING/MANAGEMENT OF CRITICAL INCIDENTS

- Multiple mechanisms for submitting incident reports
- Ability to compare incident occurrence date/time to incident submission date/time as a performance indicator
- Workflow automation to allow for different workflow for different incident types
- Mechanisms to ensure that incident reports flow through often complex, multi-tiered review/approval process
- Tracking of incident review, follow-up and when necessary, investigation
- Ability to report on critical incidents to detect providers in need of additional training and/or sanction, detect trends, etc.

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CONTACTS

Dr. Jay Bulot

Vice President for State Markets

WellSky Corporation

Jay.Bulot@WellSky.com

Dustin Schmidt

Associate Director

Navigant

Dustin.Schmidt@Navigant.com

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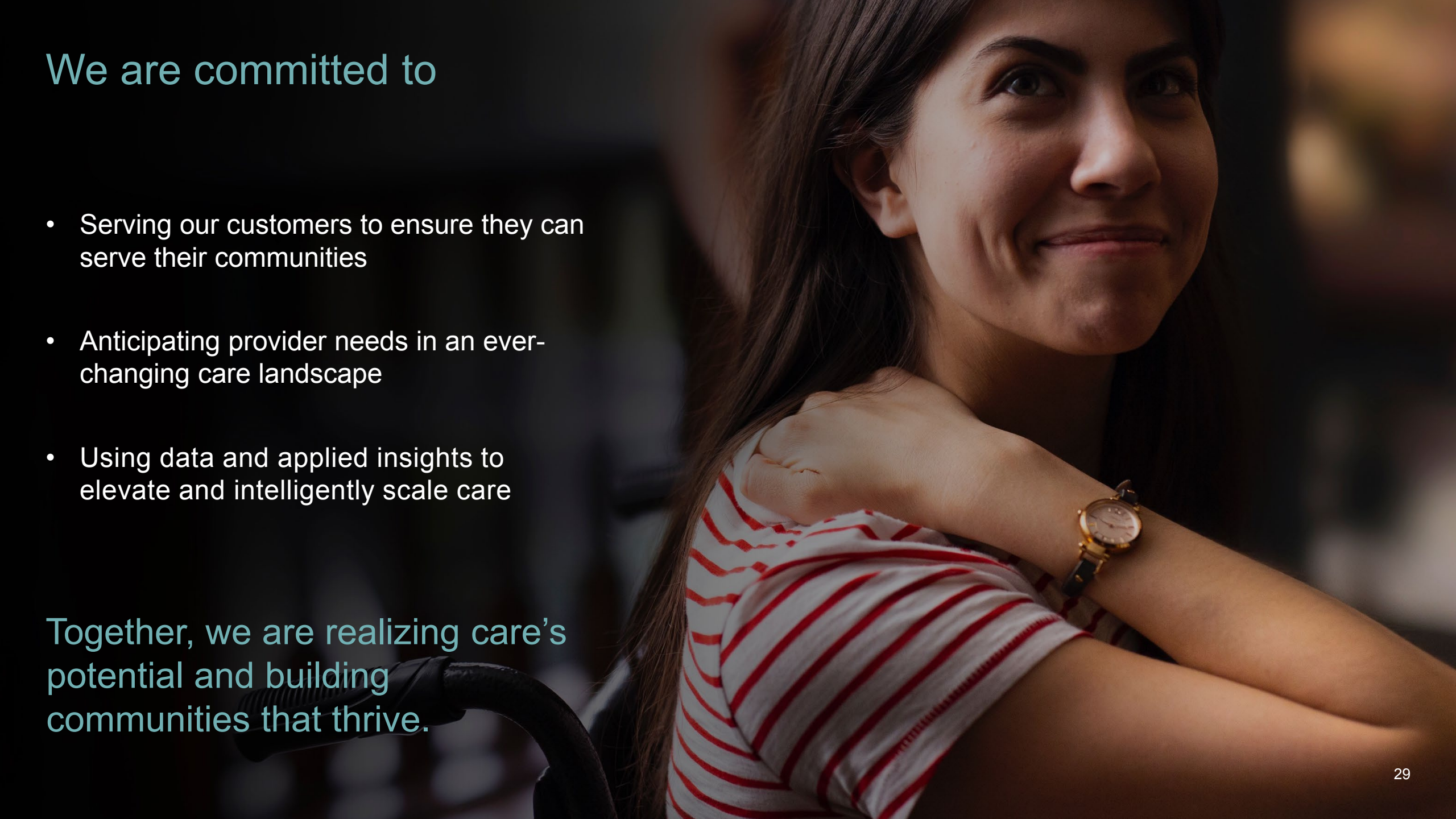
About WellSky

WellSky is a technology company advancing human wellness worldwide. Our software and professional services address the continuum of health and social care — helping businesses, organizations, and communities solve tough challenges, improve collaboration for growth, and achieve better outcomes through predictive insights that only WellSky solutions can provide.

We are committed to

- Serving our customers to ensure they can serve their communities
- Anticipating provider needs in an ever-changing care landscape
- Using data and applied insights to elevate and intelligently scale care

Together, we are realizing care's potential and building communities that thrive.



We partner with organizations across the care spectrum

Hospital:
Ensuring hospitals can focus on delivering superior patient care safely and efficiently

Practices & Facilities:
Enhancing providers' abilities to streamline operations and focus on the delivery of care

Home:
Empowering providers to deliver exceptional care while focusing on improving outcomes

Community:
Supporting dynamic communities of care with our diverse set of human services solutions

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Hospital

- Blood Transfusion
- Hospital Donor Program
- Biotherapy Clinics
- Inpatient Rehabilitation
- Outpatient Rehabilitation
- Acute Respiratory & Rehabilitation
- Enterprise Scheduling
- Medication Management
- International Medication Management

Home

- Home Health
- Hospice
- Home Infusion
- Specialty Pharmacy
- Home Medical Equipment
- Private Duty
- Home Health Therapy
- OASIS Review & Coding
- Billing & Revenue Cycle Services
- DDE & Payer Connection

Practices & Facilities

- Behavioral Health & IDD Providers
- Donor Testing Services
- Biotherapy Labs
- Private Practice Rehabilitation
- Scheduling
- Long-Term Care
- Correctional Medication Management

Community

- Payers
- IDD Payers
- Aging & Disability
- Protective Services
- Incident Management
- Information & Referral
- Community-Based Organizations
- Housing & Homelessness
- Blood Centers

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Hospital

- FDA 510(k) cleared system for blood banks
- The blood compliance solution for U.S. Department of Defense facilities worldwide
- + 450 transfusion sites worldwide
- + 20,000 cord blood and tissue donors registered

Home

- +4,500 home health and hospice agencies
- +34 million billable visits in 12 months
- +$11 billion Medicare claims processed
- +200,000 care tasks every day

Practices and Facilities

- +50 million blood donor tests annually
- +22 million rehab treatments in 12 months
- +2.3 million rehab patients served in 12 months
- +135 medication management facilities (including 34 correctional health facilities)

Community

- +35,000 daily users
- + 3,000 agencies providing services
- Used by majority of Area Agencies on Aging
- Used by majority of HUD Continuums of Care
- Customer organizations in 50 US states, Washington D.C., and Canada