

**BLUEPRINT WORKPLAN**  
**Revised January 25, 2008**

Completed Sections/Action Steps	Status (as of January 25, 2008)
<b>I. Immediate Health/Safety Improvement Actions</b>	
<b>I.A. Immediate Assessments of Community Residential Placements</b>	100% of all waiver recipients in residential services were visited by DMRS staff in the later part of 2003. During each visit, DMRS staff completed four assessments to determine if there were issues that jeopardized the individual's health and/or safety. All identified issues were resolved based on urgency of need. As a result of this exercise, specific procedures were developed for the Provider Manual such as individual records, personal funds management, residential site visit checklists and provider management plan requirements.
<b>I.B. Provider Communication</b>	In August and September 2003, DMRS officials held meetings across the state in all regions with providers of all types of services present to discuss the expectations of the Blueprint Work plan and expectations of the Immediate Health/Safety improvement actions. In addition, a series of meetings across the state were held with service recipients, parents, guardians, advocates and other interested stakeholders. As a result of this exercise, the Deputy Commissioner and other key DMRS Staff continue to conduct annual "town hall" type meetings across all three regions. In October and November, the 2005 "town hall" meetings were held in all regions of the state. During these meetings, DMRS Central Office and Regional Office Staff and TennCare Staff accompanied the Deputy Commissioner in order to field questions from families and provider agencies. In addition, on an ongoing basis, Regional Directors conduct quarterly provider meetings in order to disseminate information and answer questions. Regional Directors conduct meetings with families on a regular basis. <b>In October and November, the 2007 "town hall" meetings were held in all regions of the state.</b>
<b>I.C. Sanctions</b>	Graduated sanctions procedures were added to the Provider Agreement and remain as part of the agreement. In addition, the provider agreement includes provision for immediate termination of the contract of inadequately performing providers.
<b>II. Short Term and Medium Term Improvement Strategies (1/04 to 1/06) to Address:</b>	
<b>II.A. Address all CMS Concerns (All Domains)</b>	
II.A.1.2. Continue to implement the CAP with the assistance of CMS consultants.	The workgroups have completed the work of their original charge. The products of the workgroups are represented throughout the Blueprint Workplan and the Provider Manual. The waiver applications were approved 1/1/05 and the moratorium on new enrollments was lifted on 4/14/05. DMRS continues to utilize the consultants from

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	<p>HSRI to continue modifying the system. Most recently, DMRS has approached the HSRI consultants for assistance on data analysis and data management. The consultants are tentatively scheduled to be in Tennessee in September 2005.            11-25-05 – The HRSI consultants met with DMRS and TennCare staff on September 12th &amp; 13th and provided consultative assistance on data analysis and data management.</p>
<p>II.A.3. TennCare to assure effective administration of the waiver programs.</p>	<p>TennCare developed a policy on review and approval of DMRS policies and procedures. In addition, TennCare has now reorganized their organizational structure and added personnel. The interagency agreement between TennCare and DMRS was revised and renewed. The updated contract is effective July 07' through June 09'.</p>
<p><b>II.B. Implement Individual Service Needs Assessments (Domain 1)</b></p>	
<p>II.B.1-5. ICAP</p>	<p>On 2/15/04, DMRS awarded a contract to DDM to score, compile and analyze data from the ICAP assessments. DMRS Regional Office staff, ISC and provider staff were all trained on how to use the ICAP assessment tool. Using the process developed by DMRS, ICAPs were administered and completed by January 31, 2005. From 2005 on, ICAPs will be administered every two years. Individuals who will be assessed for year two of using ICAPs have already been identified. Announced Feb 6, 2007. DMRS issued an RFP to identify the most qualified vendors to conduct the statewide ICAP assessments. TennCare notified of DMRS actions Feb 13, 2007. TennCare later notified that the contract was re-awarded to DDM.</p>
<p><b>II.C. Revise the Interagency Agreement between DMRS and TennCare</b></p>	
	<p>An amended interagency agreement clarifying the responsibilities of DMRS and TennCare involving the annual state assessment and to more clearly delineate roles and responsibilities of DMRS and TennCare was implemented for FY 05. As a result, annual assessments are received more timely by DMRS and TennCare receives more timely responses to the annual assessment from DMRS. Roles have been defined and communication paths have been outlined which improves DMRS response to urgent issues identified by TennCare during their state assessment. State assessment for Self-Determination Waiver 2005 complete, 2006 state assessment for Statewide Waiver and Self-Determination Waiver to be complete Dec, 07.</p>
<p><b>II.D. Implement New Waiver Service Definitions and a Revised Rate System</b></p>	
<p>II.D.1. TennCare and DMRS to revise the waiver service</p>	<p>New service definitions were developed with input from stakeholders and were</p>

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definitions for submission with the waiver renewal applications.	included in all waiver applications. The applications were approved by CMS on 1/1/05. A provider manual has been promulgated which includes the new service definitions. Providers, DMRS staff and other interested stakeholders were all trained regarding the new service definitions. April, 07 Service definitions specific to waiver amendments and other needed clarification are currently being revised. Revisions of waiver definitions will be addressed within the DMRS Provider Manual upon completion. Most recent waiver amendments submitted Feb, 07, approved May, 07 to reflect new service definitions.
II.D.2. DMRS will develop a new rate structure for waiver services and submit to TennCare for review. (Benchmark 4)	DMRS and TennCare developed new rate methodologies based on provider cost reports and the proposed new service definitions. The rate methodology was included as part of the waiver applications approved by CMS 1/1/05. The new rate structure was implemented in January 2005. As a result of this new structure, numbers of possible rates was greatly diminished and simplified making it easier to access services and develop service plans. In addition, the rates included dollars for medical oversight and administrative support where appropriate.
II.D.3. TennCare to develop rules for the revised HCBS-MR waivers.	Public necessity rules have been developed and are being processed for promulgation. Needed changes to Waiver Rules and Definitions to be completed in conjunction.
<b>II.E. DMRS in collaboration with TennCare will develop a less cumbersome and more adequate payment system.</b>	
	A new rate payment structure was developed in collaboration with the development of the new rate structure implemented in January 2005. DMRS Administrative Service Department assures consistency between TennCare reimbursement to DMRS for services and DMRS reimbursement to service providers.
<b>II.F. Improve Regulation and Accountability of Providers</b>	
II.F.1-5	The new DMRS QA Process was implemented on July 1, 2004. Regional Offices were reorganized in the fall of 2004. Compliance Units have been created in each Region. One of the primary functions of the Regional Compliance Units is to develop and maintain Provider Compliance Reports for each Residential, Day and ISC provider agency. Each Provider Compliance Report consists of data from the most current Quality Assurance Report, current Incident Management and Investigation rates, current Court Monitor/QRP reports, Targeted Elements Assessment data and demographic information. These Provider Compliance Reports are utilized by the agency teams and the Regional Quality Management Committees to identify providers who have consistently demonstrated an inability to provide for the health and welfare of consumers. Technical Assistance needs are determined from the

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	data included in each Provider Compliance Report. The Regional Quality Management Committees make decisions regarding technical assistance needs. DMRS has processes in place to ensure services are not interrupted when provider contracts are terminated. The DMRS Provider Agreement includes language regarding progressive sanctions.
II.F.6. Amend Provider Agreements to require uniform annual cost reporting.	Current Provider Agreements require uniform annual cost reporting. DMRS has offered training for providers on how to complete the annual cost reporting requirement. DMRS uses this information to look at rates and budget issues.
<b>II.G. Improve Individual Support Plan (ISP) Management, State Review and Decision-Making</b>	
II.G.1. Revise ISP format	The revised ISP format which serves as the Plan of Care, Service Plan and Cost Plan was implemented in February 2005. All ISPs will be written using the new format as they come due from 2/05 forward. Revisions were made to the ISP based on recommendations from CMS consultants, TennCare, surveys of ISCs and piloting activities. ISP "pilot" program data collection began 3/07 in an effort to improve ISP Quality and Administration. Nov, 2007 ISP "pilot" results currently being analyzed.
II.G.2. Develop mechanisms within the Regional Offices for reviewing Individual Support Plans and to authorize services.	A Plan Reviewer Unit has been developed in each Regional Office Administration Services Unit. Staff in each unit are trained on an ongoing basis regarding ISPs, review of support plans, service authorization and the contents of the Provider Manual. DMRS has developed internal protocols and standardized review tools for review of service authorization and ISPs. Tracking systems have been developed to capture data regarding the number of plans reviewed and the number returned for clarification. As a result of this process, the ISC Provider Compliance Reports contain data specific to that ISC provider regarding the number of plans reviewed for the current month, number of plans that were acceptable, number of plans returned to the ISC agency due to missing information and inadequate content. Regional Office technical assistance efforts can then be built based on this data. In addition, this data is included and aggregated by region in the State Quality Management report for monthly review by the Quality Management Committee. Based on this data, recommendations and decisions are made at the Central Office level. The Provider Manual includes procedures to ensure the system will support the ISC role as a quality monitor. Part of the responsibilities of the ISC is to submit monthly reports which consist of issues of concern to the appropriate regional office. As a result of the issues being reported to DMRS, the Regional Office will trend and track repeat issues and intervene when appropriate.
<b>II.H. Quality Assurance/Quality Improvement</b>	

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II.H.1. Develop and implement a new comprehensive and integrated quality management, quality assurance and quality improvement process.	The new DMRS Quality Assurance Process was implemented on July 1, 2004. The new Provider Manual details the QA process. The process was developed in collaboration with provider agencies, families, advocates, and CMS consultants.
II.H.2. Continue to work with and support the ten QA/QI implementation workgroups to accomplish the following:	Ongoing as needed.
II.H.2.a. Develop consumer and family satisfaction survey tools and processes, including an implementation schedule.	DMRS was awarded a Real Systems Change grant for the administration and analysis of a Consumer Satisfaction survey. An Office of Family and Consumer Services was created in the DMRS Central Office for the purpose of managing, among other things, the family and consumer survey process. A survey tool was adopted for the consumer satisfaction surveys and has become part of the process. DMRS contracts with the ARC of Tennessee to perform the consumer survey project on the schedule outlined in the Real Systems Change grant. Year one of the project has been completed and a report issued.
II.H.2.b. Develop a direct support staff satisfaction survey tool process.	DMRS mailed a total of 14,318 surveys to Direct Support Professionals during the summer of 2004. The final report was completed and presented on 11/3/04. As a result of this survey, DMRS is making efforts to improve Direct Support Professionals salaries by working with contracted agencies.
II.H.2.c. Develop a support coordination survey tool and process to address satisfaction as well as other factors relating to service provision.	DMRS began distributing the ISC satisfaction tool to ISCs statewide on May 1, 2004. In July 2004, a final report was issued.
II.H.2.d. Develop a monitoring system to assure that quality licensed and/or certified professional services are provided in accordance with DMRS requirements based on acceptable community standards.	The monitoring tool is a subset of the QA/QI survey tool specifically developed for clinical providers and includes an individual survey tool and an organizational survey tool. The monitoring system for clinical providers has been integrated into the overall QA/QI process. The system was implemented on July 1, 2004. The results of the QA surveys for clinical providers are included in the Quality Management Report which is reviewed and discussed by DMRS Central and Regional Offices on a monthly basis. Nov, 2007 TennCare continues to provide monthly oversight to ensure provider subcontracts are current.
II.H.2.e. Refine the ISCs role in monitoring the implementation of the support plan.	The ISCs role in monitoring the implementation of the support plan has been revised and a tool for ISC use in monitoring the ISP is included in the Provider Manual.
II.H.2.f. Develop QA/QI survey tools and processes to measure provider performance as well as effectiveness of the service delivery system as a whole.	Chapter 19 of the Provider Manual addresses the Quality Assurance System including the QA survey process.
II.H.2.g. Develop systemic measures of success in	The DMRS Compliance Units were developed in 2004. These units found both in

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meeting defined outcomes, including mechanisms for collecting and reporting data.	Regional and Central offices have developed tracking and reporting systems to trend and analyze progress in meeting defined outcomes. The DMRS IT Department is in the process of developing an information management system to aid in this effort. DMRS produced an annual report in 2004 and the FY 05 report was produced in October 2005.
II.H.2.g. Develop mechanisms to systematically analyze service needs and gaps in the service delivery system, as well as analysis of provider enrollment procedures.	Chapter 5 of the Provider Manual addresses provider enrollment procedures. Each Regional Office collects information regarding service needs. GAPs forums are conducted annually by Central Office Operations Department.
II.H.2.i. Development of a streamlined incident management system for identifying, collecting and analyzing information about incidents involving harm, to persons receiving services and supports.	See section II.I.
II.H.2.j. Develop appropriate mechanisms and tools for assessing individual risk.	Chapter 3 of the Provider Manual describes the required risk assessment process.
II.H.2.k. Develop mechanisms to assure that issues identified through monitoring components are actually corrected in specified timeframes.	Refer to section II.M.4. technical assistance
II.H.3. Develop mechanisms to ensure a standard systemic review and analysis of all complaints, incidents, investigations, survey results, monitoring results and all other data gathering bodies to include: development of procedures designed to ensure that information derived as a result of data analysis is used to prompt program and policy changes that lead to improvement of the service delivery system; development of mechanisms to ensure data analysis results are directly linked to prompting technical assistance, as needed for provider agencies.	Regional Office Agency Teams were developed to work with individual agencies, providing technical assistance, when appropriate. The Compliance Units produce for each provider a Provider Compliance Report which reports data from Protection From Harm, survey results and monitoring results. These reports are used by each Regional Office Quality Management team to determine priorities for Agency Teams in terms of providing technical assistance to provider agencies.
II.H.4-9. TennCare to complete annual state assessments and issue reports to DMRS in a timely manner.	As of 6/30/2004, all outstanding annual state assessments and corresponding reports have been completed and submitted. The number of quality monitoring staff (quality review plus utilization review) was increased to a total of 10 positions in Quality Review and 4 positions in Utilization Review. As of 8/15/05, staff have been hired for all vacant positions in the Quality Review, Utilization Review and PreAdmission Evaluation Units. 10-25-05 The Quality Review Unit now has 2 vacant positions. TennCare is actively attempting to fill the vacancies.

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	<p>1-25-06 The Quality Review Unit has filled all vacant positions.            9-25-06 The annual state assessment has been completed and submitted, status pending. The Quality Review Unit has three vacant positions and is actively attempting to fill the vacancies. The Programs and Policy Unit has two vacant positions and is actively attempting to fill these positions. 3-31-07 TennCare received DMRS' response to the 2005 state assessments, assessment complete. 2006 annual state assessments are in process, and will be completed within approved timeframes.</p>
<b>II.I. Protection From Harm (Domain 3)</b>	
<p>II.I.1. Clarify definitions of reportable incidents and allegations of Abuse and Neglect in the Incident and Investigations Community Policy #1998-60 (revised)</p>	<p>Definitions of reportable injuries, neglect, mistreatment and sexual abuse were revised to ensure greater clarity regarding the events and staff conduct that are reportable. A new category called exploitation was added and definitions have been developed. Chapter 18 of the Provider Manual outlines all requirements for providers related to these revisions and additions. All providers received training regarding the Provider Manual in January 2005. In addition, the DMRS Incident Management Coordinators meet on a monthly basis to review incidents, protocols and procedures for consistency and compliance.</p>
<p>II.I.2. Enhance the incident and high-risk review process used by HCBS waiver service providers.</p>	<p>Definitions of reportable injuries, neglect, mistreatment and sexual abuse were revised to ensure greater clarity regarding the events and staff conduct that are reportable. A new category called exploitation was added and definitions have been developed. Chapter 18 of the Provider Manual outlines all requirements for providers related to these revisions and additions. All providers received training regarding the Provider Manual in January 2005. In addition, the DMRS Incident Management Coordinators meet on a monthly basis to review incident, protocols and procedures for consistency and compliance.</p>
<p>II.I.3. Improve oversight and technical assistance by DMRS to ensure that investigation of abuse, neglect, mistreatment and exploitation uniformly meet acceptable standards.</p>	<p>As of April 1, 2005, agency investigators only investigate incidents of staff misconduct. DMRS conducts all other investigations. Upon completion of a staff misconduct review investigation, DMRS Office of Investigations reviews each report and provides Technical Assistance and feedback to agency investigator when warranted. The Quality Management Report tracks the number of staff misconduct review investigations and the number validated. Each Regional Quality Management Committee and the State Quality Management Committee reviews this data and makes recommendations based on the analysis.</p>
<p>II.I.4. Enhance the capacity to identify trends involving reported incidents and substantiated reports of abuse,</p>	<p>A report was produced on 8/15/04 which included trended analysis and strategies for improvement. In addition, the Quality Management Report tracks and trends</p>

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neglect, mistreatment, exploitation and deaths.	incidents and substantiated allegations on a monthly and annual basis.
II.I.5. Develop a single uniform protocol to be used by DMRS for investigations.	The new Protection From Harm System began April 1, 2005. Chapter 18 of the Provider Manual outlines provider requirements in terms of Protection From Harm Systems. All reportable incidents of alleged or suspected abuse, neglect, mistreatment, exploitation of \$100.00 or more, serious injuries of unknown cause and other suspicious injuries shall be investigated by the Office of Investigation of DMRS. DMRS provider agency investigators will conduct administrative investigations of all Reportable Incidents of Staff Misconduct.
II.I.6. Improve provider personnel policies and practices	Background screening requirements have been strengthened to assure provider employment applications screen for applicants who have been substantiated in an Investigation. Chapter 6 of the Provider Manual outlines personnel policies and practices required of providers.
<b>II.J. Monitor Appropriate Use of Personal Funds Based on Federal and State Requirements (Domain 4) (Benchmark 7)</b>	
II.J.1. Finalize and implement the draft Personal Funds Policy	Chapter 6 of the Provider Manual outlines the Personal Funds Policy. QA and Agency teams monitor on a regular basis to assure provider compliance with the personal funds policy.
<b>II.K. Stakeholder Communication Networks and Processes (Domain 4)</b>	
II.K.2. Implement Individual and Family Survey Process	The DMRS Consumer and Family Services unit manages the individual and family survey process. The ARC of Tennessee was awarded a contract with DMRS to conduct and report the findings of Consumer Surveys.
II.K.3. Continue to meet with an advisory committee composed of stakeholders including consumers, family members, and advocates.	DMRS has scheduled a series of public meetings inviting families, consumers, DMRS staff, advocates, providers, etc. to discuss DMRS updates. Beginning October 17, 2005, the "town hall" meetings will begin in each Region of the state. 12-25-05 Town Hall Meetings were held in all Regions of the State in October and November 2005. 9-25-06: Beginning October 18, 2006, the "town hall" meetings will begin in each Region of the state. 10-25-06: To date, five Town Hall meetings have been held in all regions of the state. 11-25-06: To date, all eight Town Hall meetings have been held in all regions of the state. 11-25-07: All eight Town Hall meetings have been held in all regions of the state commencing Tuesday, October 16, 2007 – Wednesday, November 14, 2007.
II.K.3.b. TennCare to hold regular meetings with an	The Quality Advisory Task Force (QATF) meets monthly with TennCare and DMRS

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advisory committee composed of stakeholders including consumers, family members and advocates.	officials. In addition, the Commissioner has developed an Advisory Committee which also meets on a monthly basis with TennCare and DMRS officials. 11-25-05 Based on discussion at the July QATF meeting, it was determined that monthly meetings would not occur until after the scheduling of the CMS visit. 9-25-06 TennCare and QATF members discussed developing a Quality Advisory Panel (QAP) helping to initiate the restructure of the existing group. 10-25-06 TennCare will continue to provide QAP support as needed. DMRS added Statewide Family/Conservator Trainings 2007.
<b>II.L. Intensive Behavior/Mental Health Consultation Teams (Regional Crisis Teams) (Domain 5)</b>	
	Intensive Consultation Teams have been hired and are in place in each Regional Office of the state. The Middle and West ICT Directors have a system in place to track individuals moving from mental health institutes to provide consultation as needed to reduce crisis and prevent readmission to the mental health centers. The West Tennessee Regional ICT Director continues to provide consultation to the step-down group home receiving individuals from the mental health institute.
<b>II.M. Provider Improvement Strategies</b>	
II.M.1. Provider Capacity/Development Incentives	A funding formula for agencies providing services to people transitioning from developmental centers, mental health institutes, and the waiting list or from other community providers has been developed.
II.M.2. Develop and issue a streamlined, consolidated provider manual that will contain process and procedures that are clear and concise.	A Provider Manual was developed and Providers were instructed to begin implementation on March 17, 2005. Providers were trained in January 2005 and again in February 2005 regarding the contents of the Provider Manual. QA Survey Teams and agency teams monitor for compliance on a regular basis.
<b>II.M Training</b>	
	DMRS in collaboration with CMS consultants developed Training Procedures and Protocols. Each Regional Office has a designated Training Department who is responsible for provider training. Protocols were developed to include: training regarding sensitivity to individual needs and capabilities for both paraprofessional and professional staff and DMRS staff; training protocols to clarify the role of ISCs and to assist in improving their effectiveness. Training requirements are outlined in Chapter 7 of the Provider Manual.
II.M.3.d.iv. ISC Certification Process	DMRS developed an ISC certification process which has been implemented. The certification process is outlined in Chapter 4 of the Provider Manual. As a result of this process, all ISCs must be certified based on performance of essential job responsibilities. Central Office staff makes the certification determination.

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II.M.4.a. Develop procedures which detail the requirements for mandated and recommended Technical Assistance.	DMRS developed procedures which detail the requirements for mandated and recommended Technical Assistance. Procedures for the Regional Office Agency Teams and the supervision of these teams have been developed. Agency team functions and responsibilities have been defined. Area coordinator functions and responsibilities have been defined. Regional Agency Team Members have been trained regarding meeting facilitation, problem analysis, DMRS requirements for provider agencies, and administration of the Targeted Elements Assessment tool. Regional Quality Management Committees provide oversight of the Agency Teams in providing technical assistance. Chapter 19 of the Provider Manual outlines the Agency Team process, including mandated and recommended technical assistance.
II.M.4.d. Develop a process for ISCs to interact with Regional Agency Teams regarding issues with ISP implementation.	The process of communication utilizes the proposed documentation form to be used by the ISCs when monitoring implementation of the plan and delivery of services. This form includes a method for reporting issues of concern that will be collected and trended by the DMRS Compliance Unit.
II.M.5. Records	DMRS has developed and implemented a records policy which details the requirements for standardized provider records, including records that are kept at the person's home. Chapter 8 of the Provider Manual contains the records requirements.
II.M.6. Utilization review	The Quality Assurance surveys monitor to assure that payment for services that are not rendered in accordance with Federal and State requirements are recouped.
II.M.7. Develop mechanisms to assure that all individuals have access to emergency back-up staffing systems that meet their needs as described in the support plan. (Benchmark 6)	Chapters 9 and 10 of the Provider Manual outline the requirement for agencies to have emergency back-up staffing as part of their staffing plan.
<b>II.N. Transition</b>	
	Policies and procedures for developmental centers to community providers and between community providers have been developed. The ISC and Provider responsibilities as related to Transition are in Chapter 3 of the Provider Manual.
<b>II.Q. Brown/Waiting List Settlement Agreement Implementation</b>	
	A public information campaign to provide information to Tennesseans who may be Medicaid-Eligible regarding waiver programs available was launched by DMRS. DMRS applied for a Self-Determination Waiver and it was approved 1/1/2005. Chapter 21 of the Provider Manual details the procedures developed for this waiver. Intake Units were established in each Regional Office to provide intake for individuals requesting long-term support services, including classification, as well as procedures

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	for determination of priority of services to all persons on the waiting list. A Consumer Directed Support Program has been developed and implemented. Case management services have been developed and are being provided by DMRS to all persons on the waiting list.

<b>Section/Action Steps In Progress</b>	<b>Person/Product</b>	<b>Time-frame</b>	<b>Status</b>
II.H.2.g.9. Procure or obtain existing modules for new DMRS information system that meet requirements for data.	Barbara Charlet	By 9/30/05	10/25/05 - Ongoing
10. Design customized modules for new DMRS information system that meet requirements for data.	Barbara Charlet	By 9/30/05	10/25/05 - Ongoing
11. Develop, test and implement customized modules and interfaces for the new DMRS information system.	Barbara Charlet	By 6/30/06	6/30/06 - DMRS has hired the North Highland Company as a consultant to work on the implementation of ISIS. 12/20/06 - Phase 1 is projected to be completed July, 2007.
II.K.1. 2. Finalize handbook draft.			5/25/05 – TennCare has reviewed the Family Handbook and has submitted corrections and other revisions to DMRS. 9/25/05 – The Brown/Waiting List parties have reviewed the handbook and provided additional comments that will be reviewed by DMRS and TennCare. 11/25/05 – DMRS has submitted the final draft of the Family Handbook to TennCare for review. 12-25-05- TennCare reviewed and approved the Family Handbook. 1-25-06 – Handbook is currently in the process of going to print and will be distributed to families and other stakeholders. Handbook will be available on the DMRS website.
3. Deliver Consumer Family Handbook to printer.	Joanna Damons	By 2/1/06	2/25/06- The DMRS Family Handbook has been delivered to the printer's.
4. Post Handbook on the DMRS Web Site	Troy Troiano	By 2/1/06	2/25/06- On 2/17/06, the DMRS new website went live and included a link to the Family Handbook.

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5. Distribute printed copies of the handbook to distribution sites.			Ongoing
<b>II.O. State Operated/Contracted ICF/MR</b>			
			8/25/05 – DMRS is in the process of developing a plan around the closing of Arlington Developmental Center in which State Operated ICF/MR facilities will be developed. 1/25/07 – DMRS Closure Plan for ADC outlines the development of state operated ICF/MRs in the Shelby County Area.
<b>II.Q. Incident Management Information Systems and Database</b>			
II.Q.3. Develop a Request for Proposal to select a contractor to develop and implement an information system designed to integrate data regarding the QA/QI system indicators.	Fred Hex, Barbara Charlet	6/30/06	1/25/06 – The action step is no longer applicable. DMRS IT department continues to work on priorities in order to get ISIS operational. 7/25/06-Meeting planned for August 3, 2006 to kick off ISIS project workgroups. 8/25/06 -Completed