



Department of
**Intellectual &
Developmental Disabilities**

Annual Report

FY 2014-2015

Tennessee Department of Intellectual & Developmental Disabilities



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A Message from the Commissioner



Thank you for your interest in the services and supports provided by the Department of Intellectual and Developmental Disabilities. It is the vision of the Department to become the nation's most person-centered and cost effective state support system for people with intellectual and developmental disabilities. To fulfill our vision we must embody the mission to support all Tennesseans with intellectual and developmental disabilities to live fulfilling and rewarding lives.

We work diligently to instill partnerships with people who use our services, their families and friends. We are committed to our contracted providers who invest deeply in providing quality supports and services. These partnerships strengthen the community in which we work to advocate for better lives for people with disabilities.

In January 2015, DIDD received official Person Centered Excellence network accreditation from the Council of Quality Leadership | CQL. The Person Centered Excellence accreditation process is designed to assess the quality of services and supports delivered by the Department and its contracted providers. The Department is using that information to guide changes to improve quality of life system-wide.

DIDD and CQL worked toward this milestone for more than two years through interviews with people using services, focus groups of families, staff, and managers, provider assessments, and a self-assessment of DIDD policies and practices.

Not only was DIDD the first state department in the country to receive network accreditation, it also was the first state service delivery network to pursue accreditation with CQL.

We thank the community and our stakeholders for continued support in our endeavors.

Sincerely,

A handwritten signature in black ink that reads "Debra K. Payne". The signature is written in a cursive, flowing style.

Debra K. Payne, Commissioner

DIDD Overview Mission and Vision

Vision

To become the nation's most person centered and cost effective state support system for people with intellectual and developmental disabilities.

Mission

To support all Tennesseans with intellectual and developmental disabilities to live fulfilling and rewarding lives

Customers

Tennesseans with intellectual and developmental disabilities and their friends and families, General Public, Provider Agencies, Advocacy Groups, other State and Federal Agencies.

Services Provided

- Operation of the Home and Community Based Support Services (HCBS)
- Operation of Public DIDD Intermediate Care Facility Services for Individuals with Intellectual Disabilities (ICF/IID) and oversight of private ICF/IID Facilities
- Family Support Services, Intake Services, Advocacy Services, Conflict Resolution/Mediation, Outreach Education, Respite, Employment
- Consultative Services
- Assistive Technology Services
- Administrative Services
- Regulatory Services

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Persons Served in FY2014-15

By the end of the fiscal year in June 2015, the Department was serving 8,217 people in DIDD funded services. Figure 1 identifies the fiscal year end census for each program while Figure 2 shows the percentage of persons served in each program.

DIDD Funded Service	June 2015 Census
Statewide Waiver	4900
CAC(formerly Arlington) Waiver	1821
SD Waiver	1155
Full State Funded Services	14
Class Members in Private ICF/IID with SF ISC	90
DIDD ICF Developmental Centers	111
DIDD Community ICF/IID Homes	126
Total	8217

Figure 1. DIDD Census by Funded Service

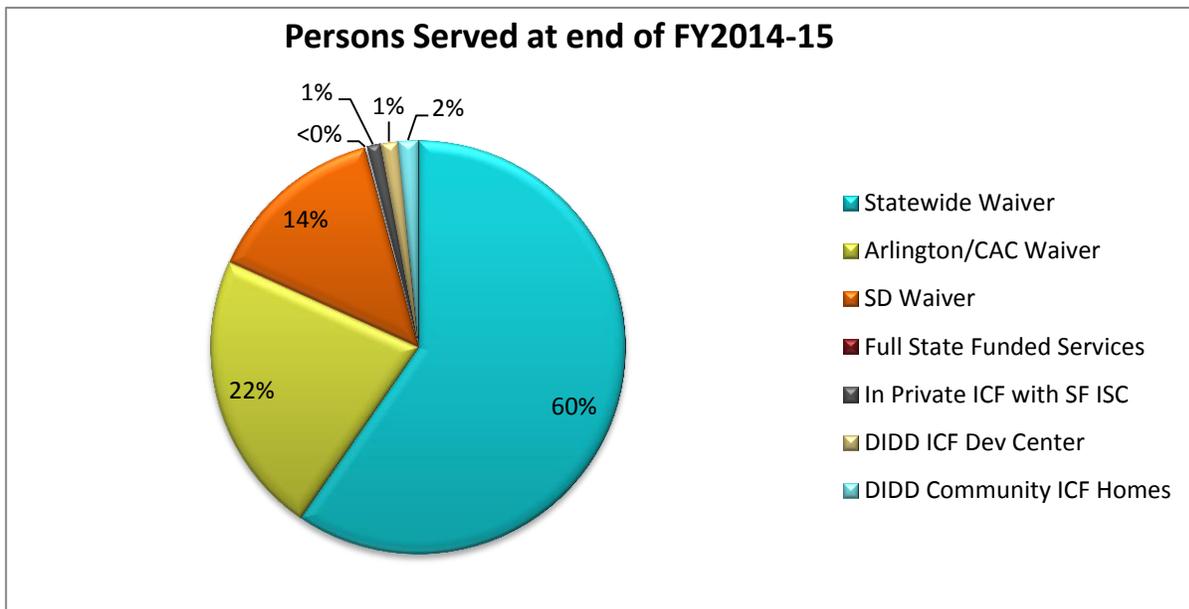


Figure 2. Persons Served at the end of the FY2014-15.

DIDD Organization

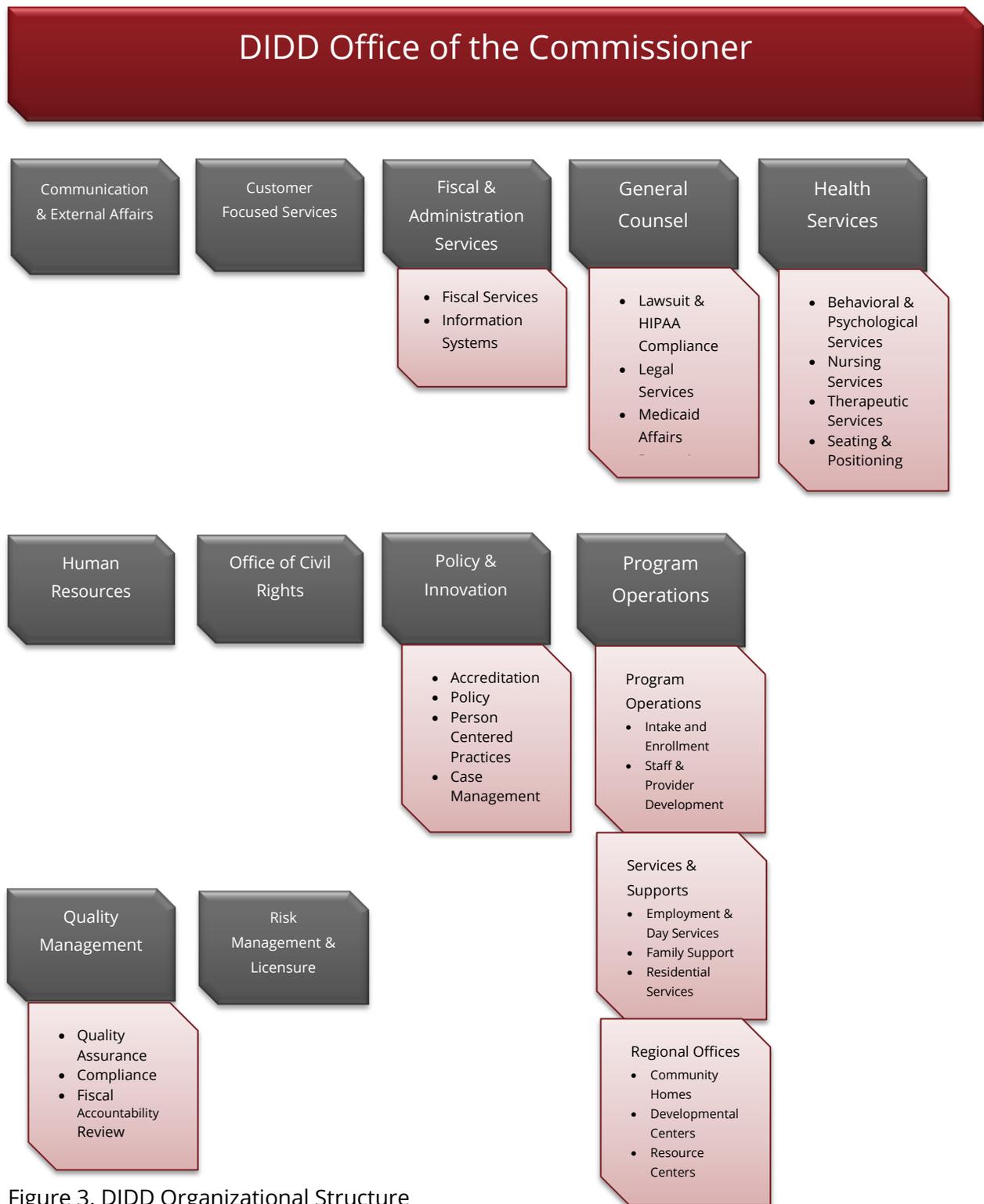


Figure 3. DIDD Organizational Structure

Office of Civil Rights

DIDD's Office of Civil Rights (OCR) monitors compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, sex, age, genetic information, gender and disability in programs or activities that receive federal financial assistance. The following federal regulations are monitored by DIDD OCR:

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin;

Subtitle A of Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 [both] regulations prohibit discrimination against otherwise qualified people on the basis of a disability;

Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex (gender) in federally assisted education programs;

Section 508 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of a disability in electronic information and technology in federally assisted programs and activities.

OCR carries out its stated mission through conducting individualized inquiries and follow-up on issues, voluntary dispute resolutions, mediation services, compliance reviews, policy development and providing technical assistance to ensure understanding of, and compliance with, federal non-discrimination laws and regulations.

Human Rights Committees (HRCs) serve as advisory committees to the DIDD regional director, executive director or chief executive officer, and ensure that human and civil rights of persons receiving services through the DIDD are not violated. Human Rights Committee data tables below identify the number of meetings, reviews and members by region and statewide.

FY2014-15 Regional Human Rights Committees

Region	Number of HRC Meetings	Number of Committee Members	Number of Reviews Conducted
East TN Regional Office	7	6	132
Middle TN Regional Office	22	24	457
West TN Regional Office	24	14	1,032
Statewide Total	53	44	1,621

Figure 4. Human Rights Committee Reviews

FY2014-15 Local Human Rights Committees

Region	Total Number of Local HRCs	Total Number of Committee Members
East TN Regional Office	32	247
Middle TN Regional Office	35	244
West TN Regional Office	8	35
Statewide Total	75	526

Figure 5. Local Human Rights Committees

People Talking to People Program

DIDD contracts with The Arc of Tennessee to conduct consumer experience surveys for people supported in DIDD residential and community programs. The Arc of Tennessee developed a survey called “*People Talking to People*” (PTP) in which face-to-face interviews are conducted with people supported and the people who know them best. PTP employs 27 part-time interviewers across Tennessee. Twenty of the 27 interviewers have diagnosed disabilities including Cerebral Palsy, Dilated Cardio Myopathy, general disability from military service, Mental Illness, Intellectual Disability, Polio, Spinal Muscular Atrophy and Traumatic Brain Injury. PTP is an innovative program to assure quality services for the people who receive them. PTP is leading by example to promote a more inclusive and integrated local and statewide community, while continuing to better the support service system as a whole.

Data

PTP interviewers conducted 847 validated consumer directed interviews between July 1, 2014 and June 30, 2015. The following data reflects what the interviews revealed.

Respect/Dignity: Ninety-seven point six percent (97.6%) of the individuals interviewed reported that others treat them with respect.

Access to Care: Ninety-eight point one percent (98.1%) of the individuals interviewed reported that the things important to her/him were included in their service plan.

Community Inclusion: Ninety-seven point six percent (97.6%) of the individuals interviewed reported that they are satisfied with the amount of privacy they have.

Choice and Control: Ninety-four point three percent (94.3%) report that they can do the things they like to do when they want to.

Volunteer State Health Plan (VSHP) Select Community Nurse Case Management-Consumer Satisfaction Survey

The PTP program also conducts over-the-phone consumer satisfaction surveys with people receiving nurse case management through Volunteer State Health Plan, Inc. (VSHP). VSHP is an independent licensee of the BlueCross BlueShield Association and a licensed HMO affiliate of its parent company BlueCross BlueShield of Tennessee. Founded in 1993, the Chattanooga-based company focuses on managing care and providing quality health care products, services and information for government programs.

Data

With at least 2643 phone calls or emails, PTP interviewers attempted contact with people receiving VSHP Select Community Case Management Services. Of these, PTP interviewers conducted 1,134 telephone interviews with people receiving Select Community Case Management Services (VSHP) between July 1, 2014 and June 30, 2015. The data below reflects what the interviews revealed.

CAC (formerly Arlington) Waiver

- Ninety-nine point two percent (99.2%) report the Nurse Care Manager answers health care questions.
- Ninety-nine point two percent (99.2%) report the Nurse Care Manager addresses their concerns in a timely manner.
- Ninety-eight point six percent (98.6%) report the Nurse Care Manager services are helpful.
- Ninety-nine point four percent (99.4%) report they know how to contact their “Select Community” Nurse Care Manager.
- On a scale of 1 to 10, where 1 means Completely Dissatisfied and 10 means Completely Satisfied, ninety-eight point two percent (98.2%) responded between 8 -10 that they are satisfied with the overall quality of the “Select Community” Nurse Care management.

Non-CAC Waiver

- Ninety-nine point five percent (99.5%) report the Nurse Care Manager answers health care questions.
- Ninety-nine point five percent (99.5%) report the Nurse Care Manager addresses their concerns in a timely manner.
- Ninety-nine point seven percent (99.7%) report the Nurse Care Manager services are helpful.

- One hundred percent (100%) report they know how to contact their “Select Community” Nurse Care Manager.
- On a scale of 1 to 10, where 1 means Completely Dissatisfied and 10 means Completely Satisfied, ninety-nine point five percent (99.5%) responded between 8 -10 that they are satisfied with the overall quality of the “Select Community” Nurse Care management.

Office of Communication and External Affairs

The Office of Communications and External Affairs handles daily stakeholder communications, interdepartmental communications, and participates as an active member of the Governor's Communications and Legislative offices. Additionally, the office provides publications management, talking points/briefing documents, as well as DIDD website design. DIDD Office of Communications and External Affairs is the point-of-contact for all legislative inquiries, requests from news media outlets (both print and broadcast), and questions from the public and families regarding the Medicaid Home and Community Based Services (HCBS) Waiver programs. The unit is also responsible for coordinating departmental special events, public relations campaigns, and accommodating any requests to tour its developmental centers or community homes.

Communication and Media Relations

The Director of Communications is the primary point of contact for all media inquiries. The Communications Director is also responsible for tracking and fulfilling all public records requests. There continued to be an increased interest in DIDD's roles and responsibilities from the media, particularly surrounding the Clover Bottom Exit Plan and requirements set forth in the plan, including the scheduled closure of Greene Valley Developmental Center. During the fiscal year, DIDD responded to approximately 100 media inquiries from local newspapers, and both local and national television outlets. In addition, it handled approximately 10 public records requests from both media organizations and private citizens. During the fiscal year, at least 110 separate stories were written about the Department of Intellectual and Developmental Disabilities. This represents almost a 40 percent (40%) increase in stories about the Department from the previous fiscal year.

Outreach to Families

DIDD considers family outreach a key component to success in positive relations with the community. Staff is dedicated to providing outreach and training to special educators, people supported, family members, and to responding to legislative inquiries. DIDD participated in statewide special education and advocacy forums, statewide disability conferences, summit fairs, and resource and transition cooperatives. Staff is available for presentations and training upon request by any entity seeking information about DIDD and its services.

DIDD held 101 statewide family training sessions, along with resource and transition fairs, with an overall attendance of at least 1,800 people. These events provide instruction for people seeking services on how to access the DIDD service delivery system. The forums provided information on what people and their families should expect from their assigned state case

manager when placed on the DIDD waiting list. DIDD staff also presented additional community resources, such as information on support groups and links to websites that would be of use to them.

DIDD responded to 677 federal and state legislative inquiries and 716 citizen inquiries, a sharp increase from the previous fiscal year. All inquiries are researched and followed-up with an e-mail and/or phone call within 24 hours. Inquiries are followed until resolution is reached.

Communication and Legislation

The Communications office, along with the DIDD Legislative Liaison, is responsible for tracking legislation that impacts the Department and following up with state lawmakers about any concerns or questions lawmakers might have. The General Assembly passed several bills that impacted DIDD or the people it supports:

SB0085/HB0075 This bill transfers authority over Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) to the Commissioner of Intellectual and Developmental Disabilities, extends the monthly tax paid by ICF/IDD facilities, and updates outdated terms in the Tennessee Code Annotated. The bill took effect July 1, 2015.

SB0017/HB0115 This bill requires that persons with intellectual disabilities on the DIDD waiting list for services be enrolled in the self-determination waiver when their caregivers attain the age of 80 if the person or legal representative wants SD Waiver services. The bill took effect July 1, 2015.

SB0319/HB0288 This bill specifies that a personal support services agency that is licensed by either the Department of Mental Health and Substance Abuse Services or the Department of Intellectual and Developmental Disabilities is authorized to serve individuals with physical or other disabilities without being required to obtain a license from both departments. The licensing department will be determined based on the larger population served by the agency as of the date that this bill becomes a law, or in the case of new applicants for licensure, the larger population anticipated to be served by the agency at the time of licensure application. This bill took effect April 10, 2015.

SB1162/HB0999 This bill authorizes the establishment of a qualified ABLE program as an agency or instrumentality of the state to assist an eligible individual in saving money to meet the eligible individual's qualified disability expenses. An "eligible individual" is an individual who is entitled to benefits based on blindness or disability under the Social Security Act, and such blindness or disability occurred before the individual attained 26 years of age, or a disability

certification for the individual was filed with the United States Department of the Treasury. The eligible individual is the account owner and the designated beneficiary on the account. This bill authorizes the state treasurer to establish a qualified ABLE program. If the state treasurer establishes a qualified ABLE program, the state treasurer must develop a plan that must include provisions for the implementation, administration, operation, marketing, investment options, customer service, and investment management services for the plan, which shall be approved by the remaining trustees. The state treasurer may modify the terms of the plan with the concurrence of the commissioner of finance and administration. All assets, income, and distributions of qualified ABLE programs will be exempt from any state, county, or municipal tax and will not be subject to execution, attachment, or garnishment, nor will any assignment thereof be enforceable in any court. This bill took effect July 1, 2015.

SB0307/HB0894 This bill specifies that DIDD must adopt policies and procedures regarding the development of appropriations requested for family support. Additionally, this bill requires that, unless the Commissioner determines an exigent circumstance exists, DIDD must seek the state Family Support Council's input prior to adopting policies and procedures regarding topics including program specifications; coordination of the Family Support Program and the use of its funds equitably throughout the state and with other publicly funded programs, including Medicaid; the resolution of grievances filed by families pertaining to actions of the Family Support Program with an appeals process; quality assurance; and annual evaluation of services, including consumer satisfaction.

Present law requires that, in accordance with policies and procedures developed and adopted by the Family Support Council and DIDD, information gathered through the Family Support Program on persons with a developmental disability, other than an intellectual disability, for whom comprehensive home and community-based services are needed shall be provided to DIDD on a quarterly basis. This bill requires that the information concerning recipients of "services", rather than "home and community-based services" be provided to the Department on at least a quarterly basis. This bill took effect April 24, 2015.

SB0099/HB0088 This bill lengthens from 30 days to 60 days the time within which an individual must challenge the individual's inclusion on the registry in order to receive a hearing. This bill requires the Commissioner of Health to promulgate rules to effectuate the purposes of the provisions governing the vulnerable persons registry. For purposes of the vulnerable persons registry, this bill defines "abuse" as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish; and defines "neglect" as the failure to provide goods and services necessary to avoid physical harm, mental

anguish, or mental illness. This bill took effect April 10, 2015 for the purpose of promulgating rules and then took effect on July 1, 2015 for all other purposes.

SB0112/HB0101 This bill authorizes the Board for Licensing Healthcare Facilities and the Departments of Mental Health and Substance Abuse Services, Human Services, and Intellectual and Developmental Disabilities to amend licensure rules to be consistent with the federal home-based and community-based settings final rule. This bill prohibits the use of emergency rulemaking to promulgate the rules that this bill authorizes. This bill requires that licensure survey and enforcement be conducted in a manner consistent with any rule issued under this bill. This bill took effect April 16, 2015.

SB0027/HB0138 This bill enacts the "Individualized Education Act" that pertains to students who are Tennessee residents and have an Individualized Education Program (IEP) as well as those either previously enrolled in a TN public school during the two (2) semesters immediately preceding the semester in which the student receives the Individualized Education Account (IEA) or is attending a Tennessee public school for the first time or received an IEA in the previous school year. In order to qualify to participate in the program, the parent must sign an agreement promising to provide an education for the participating student in at least the subjects of reading, grammar, mathematics, social studies, and science and not to enroll the eligible student in a public school and to release the LEA in which the student resides and is zoned to attend from all obligations to educate the student. Parents must agree to use the funds deposited into the IEA for any (or any combination) of tuition or fees at a participating school, textbooks, tutoring services, payment for purchase of curriculum and supplemental materials required by the curriculum. A student who enrolls in the program is eligible until the student returns to a public school, graduates from high school, or reaches twenty-two (22) years of age by August 15 or the next school year, whichever occurs first. Upon graduation from a postsecondary institution or after any period of four (4) consecutive years after high school graduation in which the student is not enrolled in an eligible postsecondary institution, the participating student's IEA shall be closed and any remaining funds returned to the state treasurer to be placed in the basic education program (BEP) account of the education trust fund of 1992 under T.C.A. 49-3-357 and 49-3-358. Funds received pursuant to this part do not constitute income taxable to the parent of the participating student. A school, private tutor, eligible postsecondary institution, or other education provider that serves the student shall not refund, rebate, or share funds from an IEA with a parent or participating student in any manner. The funds in an IEA may only be used for educational purposes. The department may suspend or terminate a school from participating in the program If a participating school is

suspended or withdraws from the program, affected participating students remain eligible to participate in the program. Guidelines are included in the statute that addresses the administering of the IEA program such as funds are remitted to the student's IEA account on a quarterly basis and policies are included as policies for conducting or contracting random annual reviews of the accounts and policies for establishing an anonymous telephone hotline for reporting fraud. In conclusion of the introduced bill, the department is authorized to deduct an amount up to a limit of three percent (3%) from appropriations used to fund IEAs to cover the costs of overseeing the funds and administering the program. The state Board of Education is authorized to promulgate rules to effectuate the purposes of this act. This bill took effect May 18, 2015.

Publications Management

The Office of Communications and External Affairs is responsible for maintaining the DIDD website and providing promotional materials to the public or for internal notifications. Staff has oversight of the publication of promotional materials including state logos, DIDD slogans, brochures, fliers, and posters for all DIDD programs. The ongoing weekly newsletter, *Open Line*, is published weekly on the website. The purpose of the newsletter is to keep DIDD providers and the public informed of issues that are relevant to stakeholders. During FY2014-15, DIDD fulfilled more than 700 web requests.

Accomplishments

- Continued prompt stakeholder communication, in light of a surge in both media, legislative and constituent requests.
- Successfully launched a new DIDD website.
- Planned and executed Accreditation Ceremony.
- Produced "Employment First", "Way2Work", Seating and Positioning Clinic, Commissioner Interviews, and other medical videos.
- Moved *Open Line* to a Tumblr page to increase search options.
- Started a DIDD Twitter Feed.
- Trained regional office staff and implemented the State's new branding guidelines.
- Generated multiple press releases, garnering positive media attention for the Department.
- Facilitated a media tour of the East Tennessee Homes.
- Held two large public meetings for residents living nearby the Middle Tennessee Homes.
- Participated as an active member of the Governor's Communications and Legislative offices, serving as designee contact for all legislative inquiries.

Office of Customer Focused Services

The Customer-Focused Services (CFS) Unit is a statewide division of advocacy and complaint resolution. The unit is a resource for persons supported and their families. The unit assists in improving quality care, supports, and DIDD's delivery system in order for the people to have improved quality of life. The CFS Unit also provides conflict resolution interventions, education, and mediation for DIDD staff working with provider agencies, and other external stakeholders to address issues and concerns related to persons supported. The unit also tracks and trends any identified systemic patterns in complaint issues in order to work toward resolution.

The unit is comprised of six employees statewide. The director, assistant director, and regional coordinators provide assistance for persons supported, their legal decision-makers, families, and/or concerned citizens. The CFS team contributes by listening, advising, guiding, and networking on the person's behalf. CFS staff helps, when requested, in the following ways:

- Attend COS and Person Centered Planning meetings as advocate;
- Provide Statewide Focus Groups as a forum for Self-Advocacy;
- Provide Conflict Resolution Training and Services for those requesting assistance (i.e., facilitate meetings, use Person Centered Planning tools, etc.);
- Provide a trained mediator according to the Tennessee Courts Rule 31: Alternative Dispute Resolution (ADR) for those seeking mediation; and
- Collaborate on behalf of persons supported with DIDD representatives and stakeholders to address issues and finding resolutions.

The CFS Unit responds to all filed complaints. All formal complaints are entered into a database known as COSMOS. Intervention is provided until resolution is achieved. Issues addressed include communication, health, environmental, training, decision-making, treatment, financial, human rights, etc. Issues relating to services are also included.

Data

- Statewide, DIDD received 239 formal complaints, which is a slight increase of 39 complaints that were filed in the prior year. The complaint analysis is as follows:
 - All of the 239 formal complaints were resolved in 30 days at a one-hundred percent (100%) rate. Of note, CFS' complaint resolution benchmark is ninety percent (90%);
 - One-hundred and seventy, or seventy-one percent (71%) of the complaints were filed by conservators (103) and/or families (67) related to staffing issues (i.e., supervision, communication, treatment, training);

- Twenty-four, or ten percent (10%) of the complaints were from People Talking to People surveys; and
- Forty-five or nineteen percent (19%) of the complaints were from the individuals and concerned citizens.
- The CFS team completed 1,028 advocacy and conflict resolution interventions throughout the state. This increase is indicative that appropriate proactive advocacy activities have been instrumental in reducing the overall average number of formal complaints.
- The certified mediator conducted two mediations during FY2014-15.

Accomplishments

- Statewide Focus Group participation was 3,727 during the FY2014-15.
- Focus Group Topics for the persons receiving services included: employment, job resumes, interviewing, civil and human rights, self-advocacy, self-esteem building, developing coping skills for difficult feelings, anger management, person-centered planning, building a Circle of Support (COS) Team, problem solving strategies, expectations of Focus Groups, presentation of persons supported art work, budgeting, and healthy meal choices. Special guests presented on the Supports Intensity Scale (SIS). Participants were provided a Karaoke and Christmas Party.
- As a result of assistance, interventions, and guidance of the CFS staff, there were numerous success stories of persons supported. People have enrolled in universities, become better self-advocates, had successful transitions based on needs as well as desires, and displayed their artistic talents for others. One person started a T-shirt business, while another person learned employment skills. There have been successful conservatorship hearings, and people have been appointed to the Commissioner's Advocacy Council and to Regional Human Rights Committees.

Office of Fiscal and Administrative Services

Fiscal and Administrative Services facilitate the operations of DIDD by providing Central Office fiscal support, budget development, contract development and execution, procurement services, trust fund management, information technology support, facilities management, and specialized services for DIDD HCBS Medicaid Waiver providers as well as general TennCare related business support. These functions are necessary to support the oversight and multiple programs of DIDD for the benefit of Tennesseans who have an intellectual and developmental disabilities.

Accomplishments

- Closed FY2014-15 on time and within budget.
- Timely submitted the FY2015-16 DIDD budget request within guidelines set by the Governor.
- Participated in the Diversity Marketplace Conference sponsored by the Governor's Office of Diversity Enterprise. This conference gave small and minority-owned businesses the opportunity to meet and discuss purchasing opportunities with state agencies.
- Successfully integrated the DIDD benefits program into the Office of Administration.
- Began construction on the last five ICF/IID homes in Middle Tennessee which are nearing completion.
- Successfully opened the last three ICF/IID homes in East Tennessee.
- Continued progress on the TITAN project by contracting with Microsoft Corporation for consulting services and software.
- Commenced a major renovation of the Harold Jordan Center enabling better programming within a secure residential setting.
- Implemented a fraud and waste audit to recapture overbilled funds.
- Implemented day-service edits in the Provider Claims Processing (PCP) billing entry portal to prevent overbilling resulting in payment overages.
- Designed, developed, and implemented solutions, reports, and processes to implement the Cost Neutrality Cap within the Statewide Waiver.
- Modified reports, systems, and business processes supporting the Comprehensive Aggregate Cap (CAC) Waiver.
- Implemented eligibility process changes addressing enrollment system needs, Cost of Living Adjustments (COLA) changes and 3rd party coordination.
- Sold and leased unused DIDD property with proceeds accruing to the Real Estate Trust Fund.

Office of General Counsel

DIDD Office of General Counsel represents DIDD on civil service and human resource issues; handles all DIDD hearings before administrative law judges; maintains and litigates all provider sanctions appeals cases and abuse registry cases; and assists people and their families in obtaining conservators in compliance with court ordered provisions. Staff also assures DIDD compliance with statutory and regulatory requirements, advises DIDD staff on legal matters, and provides interpretation of statutory provisions applicable to DIDD, which includes appropriate legal measures to be taken. Further, the unit also provides litigation support for interagency matters, drafts and reviews department contracts, provides legislative assistance, and oversees the Medicaid Affairs Unit, the Director of Federal Lawsuit Compliance and compliance with federal HIPAA statutes.

Federal Lawsuit Compliance and HIPAA Compliance

The Federal Lawsuit and HIPAA Compliance Director works directly with the Attorney General's office to monitor compliance with federal lawsuits.

GVDC & Clover Bottom Lawsuit

Starting in May 2014, DIDD, the Bureau of TennCare and the Attorney General's office participated in court-ordered mediation for six months to reach an Exit Plan that ultimately will lead to the end of the nearly 20-year-old lawsuit. The Exit Plan was agreed to and executed by all of the parties to the lawsuit: the State, the U.S. Department of Justice, People First of Tennessee and the Parent Guardian Associations of Clover Bottom Developmental Center and Greene Valley Developmental Center.

On January 29, 2015, an order was issued by U.S. District Judge Kevin Sharp approving the Exit Plan. The order entered by Judge Sharp calls for a two-phase dismissal of the lawsuit based on the state completing obligations set forth in the Exit Plan.

The first phase is comprised of eight responsibilities DIDD and TennCare must complete by December 31, 2015 in order for the lawsuit to be partially dismissed. These responsibilities include:

- Developing behavior respite services in East and Middle Tennessee;
- Revising support plan templates for persons supported and requiring training for support coordinators;
- Developing training for licensed physicians on the use of psychotropic medications for persons with intellectual and developmental disabilities;

- Enhancing training for law enforcement who may come into contact with persons with intellectual or developmental disabilities;

The second phase requires the closure of Greene Valley Developmental Center in Greeneville by June 30, 2016. Upon closure, the lawsuit would be fully and finally dismissed.

Since February 2015, DIDD has been implementing and operating under the Exit Plan approved on January 29, 2015. As of June 2015, the Department has completed two sections and 12 subsections of the Plan.

Health Insurance Portability and Accountability Act (HIPAA)

No HIPAA breaches of unsecured protected health information were filed with the U.S. Department of Health & Human Services during FY2014-15. HIPAA Compliance reminders were sent to all DIDD Providers and DIDD staff on separate occasions. HIPAA Confidentiality signs have been distributed to staff to cover protected health information on desktops. Confidentiality Statement are signed by new employees and filed in their personnel files. Additionally, new employees are required to complete HIPAA computer training and all employees are required to complete annual HIPAA computer training.

Medicaid Affairs Unit

The Medicaid Affairs Unit addresses different areas regarding Medicaid funded services. This unit is responsible for DIDD's application and representation in the Grier Revised Consent Decree and the Preadmission Screening Resident Review process for people either enrolled in or seeking services in programs DIDD offers. Furthermore, this unit is responsible for working with the regional appeals units in gathering and submitting documentation pertaining to voluntary and involuntary disenrollments from the Home and Community Based Waiver programs.

Grier Revised Consent Decree

Grier began as a federal class action lawsuit filed in U.S. District Court on behalf of present and future Medicaid recipients under the name **Daniels v. White**. It claimed that Tennessee's Medicaid Program violated the requirements of the Medicaid Act and the 14th Amendment to the U.S. Constitution. The original Plaintiffs asserted that Tennessee's Medicaid Program failed to provide them with adequate notice and procedural protection upon denial of their claims. These issues were resolved through a consent decree in 1986.

On October 26, 1999, the Grier Revised Consent Decree was entered as the result of a settlement conference. It became effective on August 1, 2000. Primarily, the Grier Revised

Consent Decree outlines compliance requirements for those entities contracted under the Bureau of TennCare to provide services, which includes DIDD (services receiving federal funding either in whole or in part). It also offers procedural protection to waiver recipients who have experienced a denial regarding these services. DIDD provides Medicaid Waiver funded programming, thus is under Grier compliance requirements.

On June 17, 2015, the parties entered into an Agreed Order that was approved by the Honorable John T. Nixon, Senior Judge for the United States District Court for the Middle District of Tennessee. The terms of the Agreed Order vacated a significant number of provisions contained within the Grier Revised Consent Decree (Modified). Some provisions which were vacated include but are not limited to the following:

- Individualized decisions are no longer required and decisions are no longer required to be supported by substantial and material evidence; however, DIDD will continue to review service requests in accordance with TennCare approved DIDD protocols to ensure continuity regarding the review process;
- There is no longer the requirement to provide no less than 30 days from receipt of written notice, or if no notice is provided, from the time the person becomes aware of an adverse action, to appeal an adverse action regarding TennCare services;
- It is no longer required for a Managed Care Contractor (MCC) to automatically authorize a covered service when the MCC has failed to act upon a request within 21 days;
- The 90 day timeframe for a standard appeal and 31 day timeframe for an expedited appeal have been deleted;
- It is no longer required for the person to be informed of his/her right to receive the disputed service pending the decision of the appeal;
- TennCare is no longer required to enforce appeal decisions in favor of the person; and
- In terms of corrective action, TennCare is no longer required to impose sanctions when DIDD fails to provide a written notice of adverse action, fails to provide continuation of benefits pending an appeal decision, or fails to take timely corrective action to implement an appeal decision in the person's favor.

All remaining portions of the Grier Revised Consent Decree (Modified) that were not expressly vacated by the Agreed Order will be automatically vacated and the case automatically dismissed with prejudice on December 31, 2016, unless prior to that date, the Court finds that Defendants are in contempt of any of the remaining provisions. After December 31, 2016, though, nothing prevents an individual to bring any cause of action that may be available and authorized in state court, federal court, or through administrative review proceedings against the state before the Tennessee Claims Commission.

Data

- Service denials averaged at four percent (4%), which is a two percent (2%) decrease compared to last fiscal year. Thus, ninety-six percent (96%) of service requests were approved.
- There was a statewide average of 11 hearings held with the Bureau of TennCare per month.
- There were a total of 20 directives received statewide for the fiscal year.
- Two-hundred service appeals were received statewide.

Accomplishments

- Grier violations due to regional operational procedures were very low this fiscal year. Five defective notices were received statewide and one late response was received statewide. The previous fiscal year experienced four defective notices and three late responses statewide.
- Cost avoidance statewide for this fiscal year was \$667,009.19.

Preadmission Screening Resident Review (PASRR) Process

The Federal Nursing Home Reform Law, Omnibus Budget Reconciliation Act of 1987 (OBRA), requires that a Preadmission Screening Resident Review (PASRR) evaluation be completed on all people prior to admission to a Medicaid-certified nursing facility (NF). In accordance with the Rules of the Tennessee Department of Finance and Administration, the Bureau of TennCare, General Rule 1200-13-01-.02(132), March 2012 (Revised), all person-centered PASRR evaluations must properly identify and determine the health care and rehabilitative treatment options that promote quality of life for people with intellectual disabilities and related conditions. DIDD is bound by these regulations to assist in evaluations and service placement for people who have intellectual disabilities.

Accomplishments

- For FY2014-15, 3,291 Long Term Care (LTC) TennCare Pre-Admission Evaluation System (TPAES) DIDD PASRR/PAE Level II referrals were signed and completed.
- For FY2014-15, 465 onsite DIDD PASRR Level II evaluations were completed.

Money Follows the Person (MFP)

The Money Follows the Person (MFP) Rebalancing Federal Demonstration Grant was established by Congress under Section 6071 of the Deficit Reduction Act (DRA) of 2005. The MFP Demonstration Grant helps states develop long term services and supports that are person-centered and community based, rather than institutionally based and provider driven. The MFP-DIDD participants are simultaneously enrolled in the MFP and in the DIDD Waiver for a participation period of 365 days. This provides opportunities for DIDD Waiver eligible people

living in ICF/IID facilities and nursing homes to transition to qualified community-based residences. The MFP Demonstration Grant ensures implementation of the integration mandate of the American Disability Act (ADA) of 1990 as required by the Olmstead (1999) decision.

Accomplishments

- For FY2014-15, the MFP-DIDD Program successfully transitioned 26 persons from ICF/IID and nursing facilities to home and community based settings with services and supports. This was a 550% increase above the state mandated four nursing facility transitions for this reporting period.

Voluntary Disenrollments, Involuntary Disenrollments, and Incarceration Verification

Voluntary disenrollments occur when a person supported under the waiver program voluntarily chooses to no longer receive waiver services. The regional plans review coordinators submit monthly reports regarding these disenrollments to the Medicaid Affairs Unit. Pursuant to DIDD's contractual reporting requirements with TennCare, the information is processed and sent to TennCare on a monthly basis.

Involuntary disenrollments occur when a person supported under the waiver program becomes ineligible for continuation of services for circumstances which include but are not limited to the following: the person becomes ineligible for Medicaid or is found to be erroneously enrolled in the waiver, the person's medical or behavioral needs become such that the health, safety and welfare of the person cannot be assured through the provision of waiver services, etc. The Medicaid Affairs Unit works with the regional appeals units to review and process requests for involuntary disenrollments prior to submission to TennCare for approval or denial. Upon submission, if additional information is requested by TennCare, then the Medicaid Affairs Units ensures that the requested information is timely received from the applicable regional appeals unit and it forwarded to TennCare.

On a monthly basis, information pertaining to incarceration of person supported under the waiver program is reported to TennCare. Upon request and/or as available, supplemental information is provided to TennCare such as reset court dates, dispositions, and release dates for persons supported involved in the criminal justice system.

Protection from Harm

The DIDD Protection from Harm (PFH) system is a key component in the Department's commitment to the safety and welfare of persons supported. PFH is comprised of two areas: Incident Management and Investigations. Incidents reported by contracted providers, private ICF/IID facilities and DIDD operated ICF/IID facilities are entered into a database by Central

Office staff. Incomplete or inadequate incident reports generate follow-up inquiries by DIDD personnel. Investigations are opened for reports or allegations of abuse, neglect, exploitation and for cases involving serious injury of unknown cause, suspicious injury, and unexpected or unexplained deaths. Incident data is utilized by the State and Regional Quality Management Committees and DIDD management for a variety of purposes including focused training, technical assistance for providers, identification of trends in incident type and frequency, and monthly, quarterly and yearly comparisons.

The PFH Investigations unit is comprised of 48 investigators statewide, including an Investigations Coordinator in each of the three regions, as well as the Director of Investigations, the Clinical Investigator, the Special Services Coordinator, the PFH QA Analyst and administrative staff in the Central Office and Regional Offices. During FY2014-15, a total of 2,301 investigations were completed. To augment the investigation process, DIDD utilizes an Abuse Registry Review Committee (ARRC), which is comprised of both DIDD personnel and persons outside the Department, to review referred cases for placement of substantiated individuals on the State's Abuse Registry. Of those offenders whom the ARRC refers for placement on the Registry, the cases are referred to the DIDD Office of General Counsel for disposition.

Accomplishments

- A training program for Tennessee law enforcement officers covering intellectual disabilities, community policing and DIDD investigations was co-developed with Health Services and PFH staff. The training has generated national recognition for the Department as well as credit from the U. S. Department of Justice.
- Seven PFH protocols covering a number of operations of the PFH unit were developed and approved by the Commissioner.
- A process was developed for the issuance by PFH personnel of warnings and sanctions for violations of requirements of the Provider Agreement and Chapter 7 of the Provider Manual.
- A comprehensive systemic review and analysis of many components of the PFH system was undertaken and completed.
- PFH management personnel spent many hours assisting in the development of the PFH module of Project Titan.
- DIDD established a Prevention of Harm Workgroup, consisting of representatives from DIDD, contracted providers and a person supported.
- PFH management participated in quarterly provider meetings across the State as well as quarterly PFH meetings with providers and conferences with PFH personnel statewide.

Incident Management

All contracted providers are expected to have in place internal procedures to ensure the prompt and accurate reporting of incidents involving persons supported, and to respond quickly to such incidents to protect the vulnerable persons in their care. Incidents that are reportable are listed in Chapter 7 of the Provider Manual and include allegations of abuse, neglect and exploitation as well as serious injuries of known or unknown cause, suspicious injury, death, missing person and specified medical, behavioral and psychiatric incidents.

Providers are required to utilize internal incident management processes to review incidents at regular intervals and to take steps designed to prevent similar occurrences. Important provider management level responsibilities are identification of at-risk persons, analysis of trends and patterns, and implementation of strategies and procedures to reduce risk.

Accomplishments

- The Vulnerable Persons Index was updated and placed in service to identify the most vulnerable persons supported in each region to assure that they are receiving the supports they need.
- The responsibilities of the Assistant Director of Incident Management were expanded to include on-site assistance to providers and focus on continued improvements in data review and analysis.
- The Assistant Director of Incident Management, a former police officer and DIDD investigator, has participated in multiple training sessions for Tennessee law enforcement personnel covering intellectual disabilities, community policing and DIDD investigations.
- A comprehensive presentation, "Overview of Protection from Harm Processes", was developed by the Director of Incident Management and utilized by DIDD upper management in meetings with TennCare and its managed care organizations (MCOs).
- The basic and advanced PFH training presentations in the Relias system were reviewed and enhanced.
- The Director of Incident Management attended quarterly PFH meetings with providers in all three regions, which included reviews of regional and state data for incidents reported, trends and patterns.
- Many enhancements and improvements have been made to the processes for review, analysis and follow-up, and data entry for information relating to reportable incidents.

Data

There were 15,985 reportable incidents logged into the DIDD Incident & Investigations database in FY2014-15. The following figure illustrates the monthly patterns of incidents reported to the Department for the last three fiscal years:

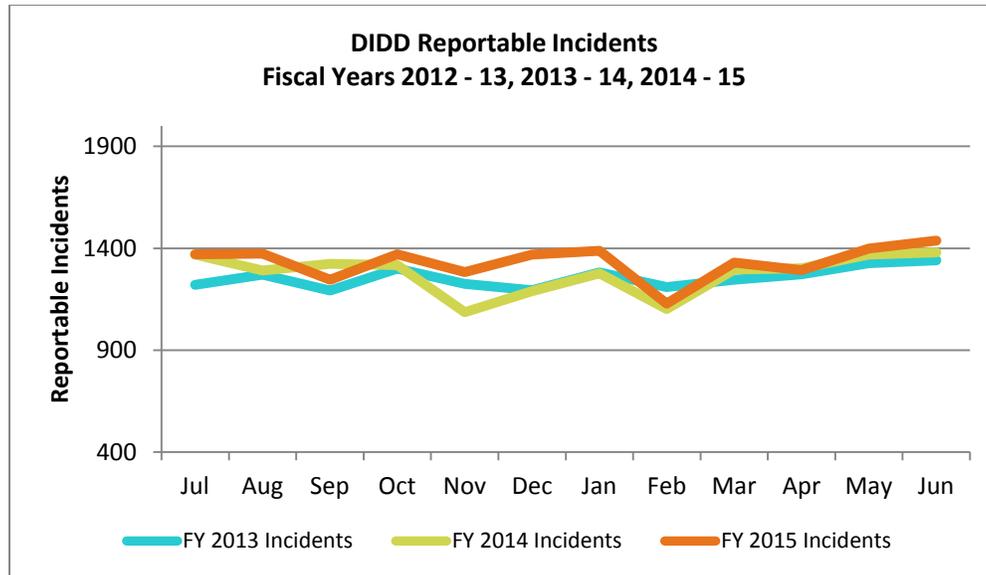


Figure 6. Reportable Incidents Logged

Investigations

Investigators are located in each of the three regions of the state and are supervised by the Investigations Coordinator for that region. The Investigations unit responds quickly to reports and allegations of abuse, neglect and exploitation by caregivers. Quality and timely investigation reports are produced which are useful to the responsible providers in reducing risks. Investigations data are monitored on a quarterly basis by the State Quality Management Committee. The Investigations unit also works to remove abusive individuals from positions as caregivers to vulnerable persons through referrals to the State's Abuse Registry.

Accomplishments

- A process by which a witness may obtain a copy of his or her statement after the investigation is completed was incorporated into the investigation process.
- The Statewide Investigation Review Committee (IRC) reviewed 29 final investigation reports during the fiscal year. Of those, 23 substantiations were upheld and six were overturned.
- The Clinical Investigator participated in follow-up activities on incidents involving medical or nursing issues, assisted with many investigations by providing nursing information and opinion, and reviewed and tracked all deaths.

Data

Of the 2,301 investigations closed by DIDD regional investigators during the fiscal year, 924, or forty percent (40%), were substantiated for abuse, neglect or exploitation. Supervision neglect was the most common type of substantiation. Of the total number of substantiated cases, sixty-nine percent (69%) were for neglect, twenty-one percent (21%) were for abuse (physical and psychological/emotional abuse) and ten percent (10%) were for exploitation. A comparison of the total number of closed investigations for FY2014-2015 to the previous two fiscal years is below.

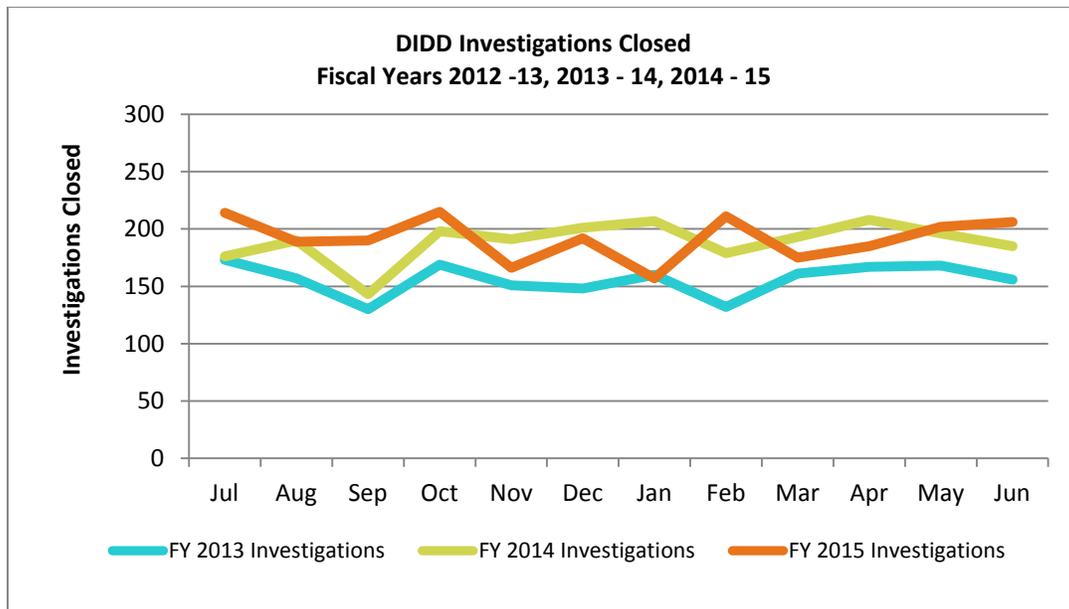


Figure 7. Closed Investigations

Office of Health Services

The Office of Health Services consists of five broad clinical areas, each represented by a single clinician: nursing, therapeutic services, behavioral and psychological services, seating and positioning services, and medicine. Therapeutic services include physical therapy, occupational therapy, speech language pathology, audiology, nutrition, and orientation and mobility.

Health Services staff review, approve, and process applications of potential clinical service providers. Incident and investigation reports and death reports submitted by the Regional Offices are reviewed to determine clinical issues to be addressed statewide from a prevention perspective. Limited technical assistance on clinical issues is provided across the state to supplement our regional counterparts in each discipline. An additional role is to educate regional staff, community providers, families and other stakeholders on health issues pertinent to individuals with intellectual and developmental disabilities. Training in the past year has included; monthly behavior seminars, identification of health issues which result in challenging behavior, recognition of signs and symptoms which can signal changes health status, and the use of custom seating and positioning to improve health and functional outcomes.

Increasingly health care is based on evidence based, best practices. However, high quality evidence often is not available because the intellectual and developmental disabilities research is lacking; therefore, together with our clinical colleagues in each of the three grand regions, we work to provide leadership on determining those practices.

Accomplishments

In conjunction with the update of the DIDD Website, the name of DIDD's Assistive Technology Clinics was changed to the DIDD Seating and Positioning Clinics to more accurately encompass services provided. In October of 2014, the Seating and Positioning Clinics expanded our partnership with local durable medical equipment (DME) vendors in order for them to purchase custom manufactured positioning equipment recommended for individuals and submit claims to insurance for reimbursement. This process has been successful thus far and is resulting in additional generated revenue for the clinics, allowing for a continued reduction in state appropriated dollars. Additional accomplishments for the clinics included:

- Continued sales of custom molded seating systems, coded through Medicare, to area DME vendors for individuals seen in the three clinics.
- Expansion of available DME vendor network.

- Continued to take an active role in providing placements for therapy student fieldwork as well as conducting training labs for therapy student classes with several higher education schools in Tennessee.
- Continued refining statewide inventory management processes for the three Seating and Positioning Clinics to improve efficiency.
- Statewide presentations to educate stakeholders on how quality custom wheelchair seating and positioning impacts individuals' health and function.
- Updated departmental website link for the clinics, incorporating photos and personal videos of individuals and families using the clinics' services.
- Completion of Revised Medication Administration for Unlicensed Personnel Curriculum which was approved by the Board of Nursing August 21, 2014.
- Continued monitoring of mortality systems and Death Reviews for consistency, cross region sharing of information, and identification of opportunities for quality improvement.
- Outside monitoring of the Death Review Process was reinstated effective March 1, 2015 when a contract with Columbus Medical Services of The Columbus Organization became effective.
- Continuation of the Resource Tennessee project to enhance crisis services across the state using existing resources with several positive outcomes:
 - Respite homes in Middle and East Tennessee
 - START model training for respite and crisis prevention agencies
 - Regional Psychopharmacology Review Teams standardized across the state
 - Development of Trauma Competent Care training for IDD service providers
 - Clinical Education Teams in six regions across the state
- Oversight of Intensive Behavior Residential Service (IBRS) Clinical Review team and adjustments to the treatment milieu.
- Carried out training for behavior analysts and psychologists at quarterly Behavioral and Psychological Services Seminars.
- Operation of the statewide system of behavioral health resources and facilitation of appropriate placements.
- Implementation of a Central Office New Agency Orientation for new providers of therapeutic services in order to highlight administrative responsibilities and improve overall agency performance.
- Updated and revised orientation for all new therapeutic service clinicians.
- Recruited expert Community Mentor for a Belmont Doctoral Student in Occupational Therapy resulting in the development of a clinical continuing education course entitled "Person Centered Care".

- Formation of the Behavior Services Advisory Council (BSAC) that collects information about best practices in behavioral health and disseminates to providers. The BSAC conducts ongoing reviews of relevant literature and data regarding psychiatric issues for persons with IDD.
- Review and inclusion of evidence based data from current TNSTART programs in other states to try to reestablish a variant of this service in Tennessee to support people with challenging behavior.
- In partnership with the Special Education Department at the University of Memphis began development of the Behavioral Severity Index (BSI), a risk assessment instrument that will be used to assess risk for persons in IBRS. Initial piloting of the BSI has shown strong validity for assessing risk for persons with IDD and co-occurring behavioral health disorders and shows a correlation with DIDD incident data.

Participation on various work groups and committees ensuring the voice of the Department contributed to the:

- TN Autism Planning Council and Autism Summit
- Select Community Blue Cross Blue Shield Clinical Advisory Panel
- Vanderbilt Kennedy Center Planning Council
- Department of Health Child Fatality Review Committee
- Children’s Council on Mental Health
- Department of Mental Health and Substance Abuse Services Policy and Planning Council
- Commission on Aging
- Advance Care Planning Roundtable

Significant Presentations by the Office of Health Services clinicians included:

The Office of Health Services was invited to present at numerous conferences and hearings, including:

- For the Tennessee Board of Nursing to present the Revised Medication Administration for Unlicensed Personnel Curriculum, August 21, 2014.
- Invited presentation, “Improving Access to Health Care for People with Disabilities with the E-Toolkit”, Tennessee American Academy of Pediatrics Quarterly Meeting with TennCare, October 22, 2014.
- Invited presentation, CHOICES Quarterly Meeting of MCOs at TennCare, “Improving Health Care for People with Disabilities with the E-Toolkit”, Nashville, Tennessee, November 6, 2014.

- Invited presentation, “Practical Tools to Approach Challenging Behavior in Adults with Intellectual and Developmental Disabilities”, Mental Health Association of East Tennessee 17th Fall Psychiatric Symposium, Knoxville, Tennessee, November 13, 2014.

Publications by the Office of Health Services clinicians

“An e-toolkit for primary health care of adults”. In I.L. Rubin & A.C. Crocker, Health Care for people with intellectual and developmental disabilities across the lifespan, 3rd ed. (in press). I. L. Rubin, J. Merrick, D.E. Greydanus & D.R. Patel (Eds.) Dordrecht: Springer.

Mortality Information

When deaths occur in the DIDD service system, there is a process in place to conduct a mortality review. This process identifies factors which may have contributed to the death and recommends necessary preventive measures to improve supports and services for all people who use the service system.

Data related to deaths are collected for each waiver as well as the developmental centers, community homes and ICF/IID facilities funded by DIDD. The following figure identifies the number of deaths for people receiving DIDD services for FY2014-15. Not included are those supported in private ICF/IID facilities and Class Members who do not receive services funded by DIDD.

DIDD Service Program	Number of Deaths
Arlington/CAC Waiver	14
Statewide Waiver	125
Self Determination Waiver	8
State ICF/IID Developmental Centers	14
State ICF/IID Community Homes	6
Total FY 2014-2015	167

Figure 8. DIDD Mortality Census

Office of Policy and Innovation

The Office of Policy and Innovation strives to increase the quality of life for people supported by balancing what is important to and for the person. The Office of Policy and Innovation works diligently to ensure excellence in person centered practices through policy development and revision, and training DIDD staff as well as community providers to implement best practices for Person Centered Organizations. This office is also responsible for the implementation of the DIDD Person Centered Excellence agreement with the Council on Quality and Leadership | CQL. There are three divisions within the Office of Policy and Innovation. These include: Accreditation, Person Centered Practices, and Policy.

Policy Division

The mission of the Policy Division is to develop policies, procedures and other guiding documents necessary for day-to-day operation of DIDD and contracted providers that are person centered and focus on improving the quality of life for all Tennesseans with intellectual and developmental disabilities.

Accomplishments

- The Division of Policy reviewed, edited, and published 18 departmental policies and procedures to the DIDD internet and intranet web site not including the Provider Manual which is the Department's main policy document.
- The Division of Policy received and processed 136 requests for exemptions to departmental policy.
- The Division of Policy was responsible for leading the Provider Manual Re-write project which included a revision for consistency with the Exit Plan, Network Accreditation, and waiver renewals. It is anticipated that the Provider Manual re-write will be finalized in spring 2016.
- The Division of Policy was responsible for facilitating public meetings on two policies, Recoupment Policy (11/18/14) and Reporting Fraud, Waste and Abuse of Government Funds and Property (1/7/15) and coordinated preparation of the public comments tracking sheet and drafting of responses to all comments.
- The Division of Policy was responsible for implementing and coordinating *Leadership Excellence*, an educational program for DIDD employees designed to help them grow personally and professionally. In collaboration with Magellan Health Services, 15 lunch and learn seminars were conducted on a variety of topics, e.g., Foundations of Team Building and Resolving Conflict Creatively as a Leader.
- The Division began coordination of the five DIDD Planning and Policy Councils; the Statewide Planning and Policy Council, Developmental Disabilities Planning and Policy Council and the three regional councils. The Division also worked with council members

to facilitate completion of the council's Annual Report to the Governor and addition of new members.

- The Division completed its second year of coordination and oversight of the National Core Indicators project statewide by a contracted entity. Interviews were conducted with over 400 individuals receiving DIDD services in order to assess the quality of services statewide. This data is utilized to guide DIDD with quality improvement planning and contributes to national trends data.
- The Division participated in the development of waiver renewals for DIDD's three Home and Community Based Waiver programs, developed and conducted provider training detailing the waiver changes, and produced guidance documents for providers regarding changes.
- The Division completed internal self-assessments for all DIDD processes in relation to assessing compliance with the new Final Rule for Home and Community Based Settings which included three separate regional assessments for person centered planning and regional meetings to solicit stakeholder input across the state.
- The Division managed the assessment process for providers statewide. Working with regional office staff, the Division provided oversight for the project which began in November 2014 and is scheduled to be completed by September 2015. This included over 1,200 assessments of day and residential services, development of guidance documents for regional staff and providers, technical assistance for providers and review of provider assessments and evidence. In addition, the Division worked to develop strategies to ensure the systems requirements are embedded in day to day practices to meet compliance moving forward.

Accreditation

In August 2012, the Department embarked on a new initiative called *Network Accreditation: Person Centered Excellence*. This project supported the DIDD to become the first accredited state service delivery network for people with intellectual and developmental disabilities in the United States. The Department signed an agreement with the Council of Quality Leadership | CQL which offers consultation, accreditation, training and certification services to organizations and systems focused on person centered excellence. Since 1969, CQL has been a leader in the definition, measurement, and improvement of quality of life for persons receiving services and supports.

Network Accreditation: Person Centered Excellence accreditation provides quality improvement by network members, establish community partnerships and strategic planning, and create a framework of sustainability by training state and regional office staff in data collection and analysis, as well as leadership development for self-advocates. Central Office leadership staff and Regional Accreditation Teams were established to implement the program. Person

Centered Excellence accreditation was awarded to DIDD in January 2015. Through this initiative, DIDD will become an international model for service delivery.

To become accredited and maintain accreditation through CQL, DIDD was required to develop and implement a two year plan for Person Centered Excellence Network Accreditation. DIDD will be required to notify CQL on a regularly scheduled basis to report progress in implementing the plan. Highlights of the plan include:

- Supporting people to understand and exercise their human rights.
- People realizing personal goals.
- People being connected to natural supports.
- People choosing where and with whom they live.
- Positive behavior supports and services.
- Including people in the management of their own healthcare.
- Supporting direct support staff and staff development.
- Employment First! and meaningful day.
- Embedding the Basic Assurances ® and Personal Outcome Measures ® tools into the DIDD Quality Management System.

Person Centered Practices

DIDD made great strides in becoming a person centered system and moving the initiative to providers. The Person Centered Organizations (PCO) platform being implemented across the country is also an international effort to promote enhanced systems that improve personal outcomes for the people supported. Working alongside the Council of Quality Leadership | CQL, DIDD has incorporated person centered practices into the DIDD service delivery system.

With the development of Person Centered Units in both the Central Office and each Regional Office, providers have direct access to training, mentoring and assistance in developing methods to becoming a PCO.

In becoming a PCO, strategies are identified that assist organizations to become more person centered in their practices. Organizations learn to use the person centered tools/skills for solving problems and to achieve organizational goals and outcomes. The process supports organizations in becoming more efficient in their work while helping the people who use their services have lives they desire.

A PCO consists of Coaches (agency middle managers, senior direct support professionals, ISCs, case managers) and Leaders (self-advocates, agency senior managers, state management personnel, agency board members, family members, and ISC directors). Both groups work

collectively to modify and implement changes to policy, practice, infrastructure, and rules that impact person centered practices.

It has become evident that as organizations choose this endeavor, the results are a stronger commitment to excellence and in supporting people in achieving the lives they desire. Every PCO is challenged to examine its supports for the implementation of best practices.

Organizations that fully participate have found that the people they support have better relationships, and are listened to by the people who provide support. There are also fewer crisis situations, and those who provide direct support services feel more valued. Organizations typically notice a change in the organizational culture, which creates a boost in morale.

Providers of residential supports will experience their staff working more closely with Independent Support Coordinators, Advocates, DIDD Central and Regional Office staff, and ancillary providers during this process. The groups complete training, receive support and on-the-job learning and implement Person Centered Tools. They work together to identify barriers within the system that affect Person Centered Practices, and once the barriers are identified the groups work together to begin action planning to remove the barriers.

The regional Person Centered Planning units are available to assist people with "Person Centered Planning" meetings. The Units will facilitate the meeting as a neutral party for a person supported. The planning meeting utilizes Person Centered Thinking skills/tools to help with barriers that are identified. If a person is interested in using this system for personal planning, a referral form is available on the DIDD website or by clicking here:

<http://tn.gov/didd/topic/person-centered-practices>.

Data

- There are 28 credentialed Person Centered Thinking (PCT) trainers statewide. Tennessee has four Mentor trainers. Mentor trainers will help to develop more trainers across the state. The mentor trainers will accept applications for new Person Centered Thinking trainers annually. There are 17 credentialed People Planning Together trainers (self-advocates). The goal is to have more self-advocates trained to become People Planning Together trainers. A process is in place to identify additional People Planning Together trainer candidates. All candidates will have to attend a two day orientation. The goal is to train at least 2-4 new People Planning Together trainers for each region within the state.
- The Tennessee DD Council continues to provide funding for the People Planning Together trainers; the Council provides compensation for the trainer's daily stipend and travel expenses. DIDD provides all of the supplies and materials needed for the classes.

The Person Centered Units work to support the trainers with scheduling and obtaining participants for the class. DIDD developed a video to market the People Planning Together movement. The video was filmed during an actual training class and can be viewed on the DIDD YouTube channel.

- There are approximately 382 Person Centered coaches statewide. Coaches serve as the lead in the implementation of person centered thinking skills. Coaches help to demonstrate how the person centered thinking skills work. We have added approximately 72 additional Person Centered coaches this year.
- There are three new Person Centered Organizations: D&S Community Services (Middle), McNairy County Developmental Center (West) and St. John's Community Services (West).
- Person Centered Practices Advisory Council has existed for one year now. The Council meets quarterly consisting of various stakeholders whom make recommendations on how to continue to embed Person Centered Practices within the state system.
- For the Virginia Gathering held May 2015, the Director of Person Centered Practices presented during one of the breakout sessions. The theme spotlighted Direct Support Professionals, continuing the person centered movement, how to keep it going.
- The ISP was revised in response to new federal rules and People First of Tennessee vs. Clover Bottom Developmental Center lawsuit (the Exit Plan). The federal rules and the lawsuit had a direct impact on the ISP process and the curriculum. One of the key components of the exit plan was to improve the ISP process, revise the ISP template, and revise the training for Independent Support Coordinators/Case Managers (ISC's/CM's). The revised training was implemented May 2015.
- All ISC's/CM's were required to complete the newly revised Person Centered Individual Support Plan training by October 31, 2015. This training was offered across the state in the regional offices at least twice a month. All providers were presented with a condensed version of the training during the previously scheduled provider quarterly meetings.
- Person Centered Thinking (PCT) training continues to be offered on a monthly basis at the Regional Offices. Times and dates for the classes can be found on the DIDD website. The PCT trainers are also available to go to provider agencies and facilitate PCT training.

Accomplishments

- Became the first State Service Delivery Network in the United States to receive Person Centered Excellence accreditation.
- Unit staff presented at the National AAIDD conference regarding quality management regarding accreditation.

- Continue to support the development of advocate-mentors across the state of Tennessee.
- Developed and continue to provide ongoing support to several sub-committees involving Central Office, Regional Office, providers and people using services in order to assist in implementation of the DIDD Accreditation Plan.
- Developed a statewide DIDD accreditation team which completed all requirements and testing to maintain certifications from CQL.

Office of Program Operations

The Office of Program Operations provides management of the Home and Community Based Service (HCBS) Medicaid Waiver programs and operation of the state run ICF/IID residential programs. This unit oversees the DIDD processes regarding provider enrollment, provider management, and provision of technical assistance to provider agencies to ensure compliance with HCBS waiver requirements. The unit also oversees the staff training processes provided by contracted community providers as well as ensuring the initial and ongoing training of DIDD employees. In addition, the unit is responsible for the Intake Process, maintenance of the waiting list, and case management for people on the waiting list.

Home and Community-Based Services (HCBS) Medicaid Waivers

As an alternative to services provided in an institutional setting, HCBS Medicaid Waiver programs were developed and are the primary source of supports and services for people with intellectual disabilities who live in the community. DIDD manages three HCBS Waiver programs statewide: the Statewide Waiver, the Comprehensive Aggregate Cap (CAC) Waiver (formerly known as the Arlington Waiver), and the Self Determination Waiver.

The Statewide Waiver provides comprehensive individualized services and supports with an individual cost cap per year. The CAC Waiver provides additional services beyond the statewide waiver with an aggregate cap on services. This is a closed waiver. The Statewide Waiver and the CAC Waiver offers residential options providing 24-hour direct support whereas the Self Determination Waiver program offers a Semi Independent Living option as the only residential component.

Examples of services in the Statewide Waiver program and the CAC Waiver program include:

- Support Coordination
- Residential Services (Residential Habilitation, Supported Living, Family Model Residential Support Medical Residential and Intensive Behavior Residential Support
- Day Services (Employment, Community Based Day, In Home Day, and Facility Based Day)
- Behavior Services
- Physical, Occupational and Speech Therapy Services, Nursing and Nutrition Services, Orientation and Mobility Services
- Respite Services and Behavior Respite Services
- Personal Assistance
- Transportation
- Specialized Medical Equipment and Supplies

- Environmental Accessibility
- Personal Emergency Response System

Tennessee Self-Determination Medicaid Waiver Program

The Self-Determination Waiver program offers services to people with intellectual disabilities who have moderate service needs. A cost-effective array of services complements other supports available to them in their homes and communities. People in the Self Determination Waiver also have an option for Self-Directing services. In addition to Case Management services provided by DIDD, people may be eligible to receive the following services through the Tennessee Self-Determination Waiver program:

- Day Services (Employment, Community Based Day, In Home Day and Facility Based Day Services)
- Semi Independent Living Residential Support
- Behavior Services
- Physical, Occupational and Speech Therapy Services, Orientation and Mobility Services, Nursing and Nutrition Services
- Respite and Behavioral Respite Services
- Personal Assistance
- Transportation
- Specialized Equipment and Supplies
- Environmental Accessibility
- Personal Emergency Response System

DIDD Waiting List

DIDD manages a waiting list for people seeking HCBS Medicaid Waiver services. Persons assessed are prioritized to receive services based on the most critical of needs (crisis, urgent, active and deferred). Each of the four categories of need have specific criteria applied to a person's unique situation. People in the crisis category are given priority for HCBS Medicaid Waiver program enrollment. Enrollment is contingent on approved funds available for the program.

In FY2014-15, an audit was completed of persons on the list to update information and determine if the assessed category of need remains current. The audit resulted in changes of category of need for people on the list. Changes in wait list categories of need are identified in the figure below. The fiscal year began with a statewide waiting list of 6,828 people and ended with 6,277 on the list. This was a net decrease of 551 people. The Active category reduced by 916 people most shifting to Deferred which had a fifty-one percent (51%) increase after the

statewide audit. The Crisis category was not included in the audit as this category of need is based on immediate critical needs with family contact always current and up to date.

STATEWIDE DATA	Jul-14	Jun-15	FY Net Difference	% Increase/Decrease
# of Crisis cases	48	87	39	81%
# of Urgent cases	721	400	-321	-45%
# of Active cases	4796	3880	-916	-19%
# of Deferred cases	1263	1910	647	51%
Wait List Total	6828	6277	-551	-8%

Figure 9. Results from FY2014-15 Wait List Audit

Case Management Services while on the Wait List

Case Management services are available to people on the DIDD Waiting List. DIDD employees provide Case Management services and information about DIDD programs. DIDD staff provide assistance in completing eligibility application forms, gather information to assess service needs, connect people to generic community services, provide ongoing contact assisting as needed or requested, and refer people to advocacy organizations and support groups as needed or requested.

DIDD Staff and Provider Development

Staff Development

The DIDD Staff Development Department is dedicated to promote staff growth in basic core competencies and skill enhancement through opportunities utilizing the person-centered foundation to effectively and safely support persons supported with intellectual and developmental disabilities. DIDD is committed to offering provider agencies a wide array of staff development training opportunities that address the balance of Person-Centered Practices, health and safety, and TennCare Protocols.

DIDD encourages all provider agencies to utilize staff development opportunities offered through web-based and classroom training venues. DIDD has partnered with a national recognized web-based learning management system, Relias Learning Management System (RLMS), which is offered at no cost to contracted provider agency staff. During FY2014-15, most contracted providers used RLMS, along with a several Intermediate Care Facilities for

Individuals with Intellectual Disabilities (ICF/IID) providers. The number of active agencies and clinicians is over 260 and active learners have grown to over 27,000.

The RLMS online training program includes accessibility 24 hours a day, seven days a week for training and competency-based testing. Relias offers monthly webinars for additional training to new administrators and supervisors as well as a Relias Connect site with an electronic user manual and recorded trainings. Courses identified to meet the federal and state training guidelines are offered both in a web version and are available to be printed and taught in a classroom setting. DIDD strives to offer not only a minimum required curriculum, but also a variety of training topics applicable to the field of developmental disabilities including Rights and Choice, Cultural Sensitivity, Person Centered Thinking, Abuse Prevention, and Employment. Interactive training modules are created by nationally recognized experts and updated for best practice. The RLMS provides a seamless transition for course updates within a curriculum when courses are revised or replaced. DIDD keeps updated course information for meeting training requirements and crosswalks for various accreditations on the DIDD website. The Centers for Medicaid and Medicare (CMS) guidelines are supported using the Relias training courses.

In addition, DIDD creates, updates, and approves training materials used in classroom settings. Some training manuals and power point presentations are posted on the DIDD website for families and other interested parties. Staff development worked with subject matter experts to provide web site resources on the American with Disabilities Act (ADA), Title VI and Medication Administration by Unlicensed Personnel. These training materials are located on the civil rights, family services and clinical web pages within the DIDD website.

DIDD's Regional Office Staff Development units promote opportunities through regional training calendars posted on DIDD's website. Classes are offered monthly and upon request and can be held both at Regional Office locations and at provider locations. Classroom training opportunities include the following topics: Employment, Person Centered Thinking, Protection from Harm, Effective Training Techniques, Mealtime Challenges, Seizure Training, and Challenges of Physical Management. A new Person Centered Individual Support Plan (ISP) training was also rolled out in FY2014-15 to Independent Support Coordinators, clinicians and agencies.

Accomplishments

- Over 190,000 courses were completed in the Relias online training platform in FY 2014-15. DIDD provided access to the Relias developmental disabilities curriculum, including job development, supervisor training, Microsoft Word and Excel, an enhanced training

management platform, and nationally recognized Continuing Education Units (CEU's) for clinicians and direct support staff of waiver and ICF/IID facilities.

- Staff Development Department continues to train new intake staff on Titan Service Planning Phase 1A. Titan refresher training was conducted in the regional offices to ensure compliance of the Titan System, as well as identifying additional training needs for the end users.
- The Department of Human Resources implemented a new DOHR process for certification of facilitators and DIDD now has several certified facilitators in each region as well as at Greene Valley Developmental Center.
- Staff Development promoted the Department of Human Resources leadership initiatives of LEAN government training resources, Tennessee Government Management Institute (TGMI), Tennessee Government Executive Institute (TGEI), and the Tennessee LEAD leadership training to DIDD staff.
- Regional and Central Office staff were offered Lunch and Learn sessions for DIDD staff on topics ranging from Improved Communication and Effective Teams to wellness and services offered by the Employee Assistance Program (EAP).
- Staff Development, working closely with Regional transition teams, provided additional training for staff transitioning with people who continue to move from Developmental Centers in East and Middle Tennessee into community homes.
- DIDD was awarded the creativity award at the annual Relias User Conference in September of 2014 and recognized for assisting with the design of the share functionality.

Medication Administration Training

DIDD is committed to assuring that Tennesseans with intellectual and developmental disabilities receive quality health care, and believes that an integral part of healthy support for people is to have appropriately trained personnel assisting them with medication administration. In accordance with the statutory exemption (TCA 4-5-202 and 68-1-904) granted for unlicensed staff to administer medications, the Department manages a program for training and monitoring the certification of unlicensed staff. In partnership with certified Registered Nurse (RN) trainers and the Protection from Harm Unit, the Department continues to provide assurances that staff are committed to this training and the required certification. Staff Development continues to supervise data collection and the payment of independent and agency trainers of the Medication Administration for Unlicensed Personnel Program.

During FY2014-15 the program conducted 525 twenty-hour initial classes and 320 eight-hour recertification classes. A training calendar is posted on the DIDD website each month with class

information and contact information for registering staff. A total of 9,613 participants were trained and tested by certified RN trainers this fiscal year. The Medication Administration for Unlicensed Personnel Program tested 4,432 provider staff as initial certifications. In addition, 5,181 staff were tested as re-certifications. Testing included a written knowledge test and a hands-on skills test both of which must be passed with eighty-percent (80%) competency. Of the total tested, 8,183 passed both written and skills for a pass rate of eighty-five percent (85%).

DIDD Provider Development

The DIDD is committed to assuring that the people that we support have sufficient choices of providers for the services that they are requesting. DIDD shall ensure that all providers of HCBS Waiver services and/or state funded services meet all state and federal requirements through a review process. DIDD recruits providers who have the required clinical knowledge, financial stability and successful experience in serving persons with intellectual and developmental disabilities.

Each provider is approved for one or more HCBS Waiver service and may operate in one or more of the three geographic regions of East, Middle or West Tennessee. In addition to DIDD approval, various HCBS Waiver services may require external licenses or certifications that the provider must obtain. Prior to provision of any HCBS Waiver service, the provider is thoroughly reviewed and approved by DIDD for all required licenses and certifications. New provider orientation meetings are conducted for newly approved DIDD providers. Meetings are held regionally for new providers to begin learning the DIDD service delivery system and statutory requirements.

DIDD maintains an updated online DIDD Statewide Provider Directory. The directory is divided by region identifying the name, administrative location, services approved to provide and contact information for the provider.

Accomplishments

- DIDD enhanced its online DIDD Statewide Provider Directory by providing a link to the DIDD providers that have Star Agency Recognition. The Star Agency Recognition is a list of DIDD providers that perform at a high quality level -reducing the frequency of quality assurance surveys from annually to every other year.
- DIDD continued to make available for potential providers, Applicant Forums in each region. The Forum is designed to be an interactive, information session for potential providers that will allow an opportunity for applicants to discuss the application process and provider qualifications.

- To ensure that DIDD is adhering to state and federal requirements, Provider Development gathers and maintains provider application information. An annual Title VI report gives information about all new applicants submitting an application to become an approved DIDD provider. A quarterly Fraud, Waste, and Abuse Report is submitted to the TennCare Program Integrity Unit providing documentation for denial of an application.

Data

The figure below identifies new providers in FY2014-15. As of June 30, 2015, DIDD had a statewide network of 434 providers. During FY2014-15, there were 38 new providers added to the DIDD Statewide Provider Network. In addition, 33 current providers were approved for expansions. Provider expansion applies to any approved DIDD provider who was approved to have an addition of a service and/or a region to their provider agreement.

The following figures show the data concerning approved providers by provider type and region:

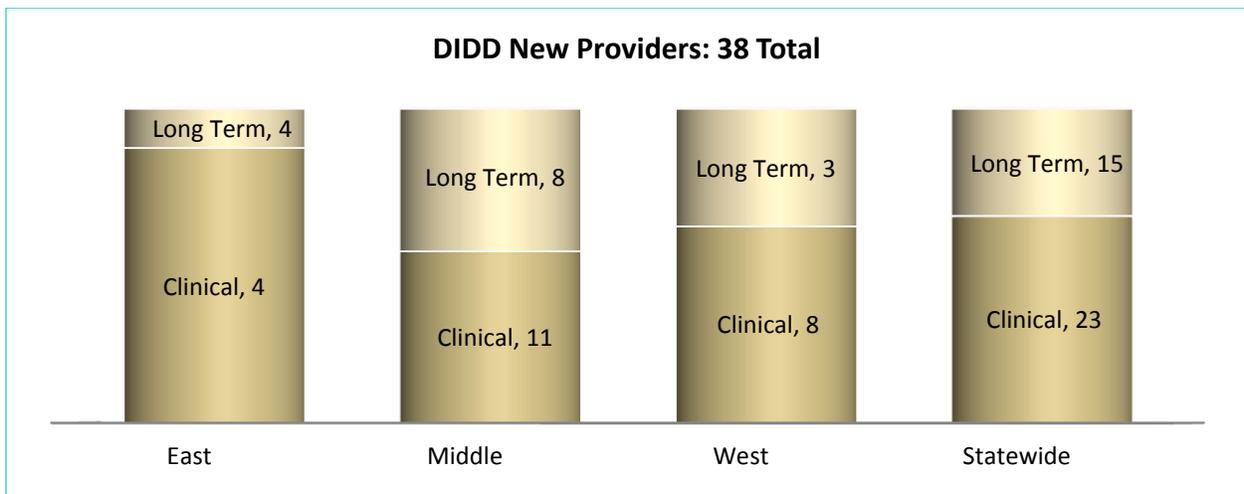


Figure 10. FY2014-15 New Providers by Region and Type

Many DIDD providers expand operations as people supported start new services and as their needs change. All expansions must be approved prior to service delivery. Throughout the fiscal year, there were 33 approved provider expansions. The following figure shows data of approved *expansions* by provider type and region:

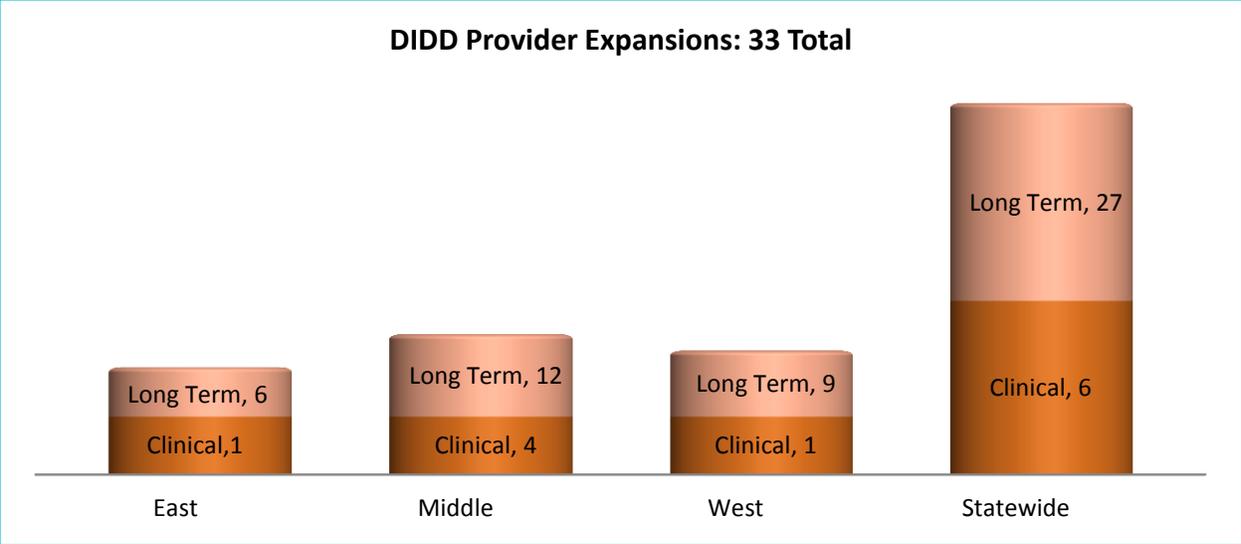


Figure 11. FY2014-15 Provider Expansions by Region and Type

DIDD Services and Supports

Employment Supports

DIDD has fully embraced the Employment First philosophy which is centered on the premise that all citizens, including those with significant disabilities, are capable of full participation in integrated employment and community life. The Employment First State Leadership Mentoring Program (EFSLMP) began in April 2012 and progressed during FY2014-15. The main goal of the EFSLMP is to increase the number of Tennesseans with disabilities that are employed in jobs which are fully integrated in the community. Since the inception of the grant program Community Rehabilitation Providers (CRP's) have joined the Employment First initiative which means that persons supported are given the opportunity to partake in meaningful community activities and integrated employment opportunities. Partnerships with state agencies, such as the Division of Rehabilitation Services, Vocational Rehabilitation (VR) Program, the Department of Labor and Workforce Development, Department of Mental Health and Substance Abuse Services, Department of Education, the Council on Developmental Disabilities and the Bureau of TennCare continue to be strengthened and maintained as a result of the initiative.

The EFSLMP provides training and Technical Assistance (TA) from Subject Matter Experts that have broad experience in policy development, government leadership, rate methodology, Customized Employment, Discovery, family engagement, employment services, public relations, community based day activities and collaboration with various stakeholders. The training and TA is provided through opportunities such as in-person capacity building sessions, webinars,

agency assessments and thorough review of budgets and other work documents that enable provider agency's to provide integrated employment services.

In addition to receiving TA from national experts regarding the employment of persons with significant disabilities, Tennessee also participated in two Vision Quest workgroups; one that focuses on the Workforce Innovation and Opportunity Act (WIOA) and another that concentrates on the Individual Placement and Support (IPS) model. Both of the groups identified and agreed upon some deliverables which all lead to increasing the number of Tennesseans with disabilities that are in integrated employment. Tennessee was recently commended on their successes with the Employment First initiative, "The U.S. Department of Labor enjoys a remarkable partnership with the state of Tennessee through the Employment First State Leadership Mentoring Program – a collaborative commitment to aligning policy, funding and practice to increase opportunities for both youth and adults with disabilities to pursue competitive, integrated employment. Tennessee truly embraces the spirit of *Employment First* across the state's government, and it has achieved numerous milestones that are resulting in real jobs at real wages in typical community settings for Tennesseans with disabilities," stated Thomas E. Perez, Secretary of Labor.

The DIDD continues to facilitate the Tennessee Employment Consortium (TEC) on a quarterly basis. TEC meetings are scheduled regionally and are geared toward addressing the challenges providers are experiencing relative to employment and day services. Stakeholders also have the opportunity to share resources and success stories to encourage and mentor each other. Comprised of an array of partners, TEC has served as both a resource and employment advisory board to state partners and the CRP's that contract with the DIDD to provide services. The primary focus is to promote employment for individuals who receive services through the DIDD, as well as for all Tennesseans with disabilities.

Accomplishments

There were numerous accomplishments during FY2014-15; however the bullets below are the most significant successes:

- Partnered with CRP's to transform their service delivery system from segregated to integrated employment. Thirteen providers were participating in the Employment First initiative for FY2014-15.
- Increased the number of Persons Supported in integrated community employment and community based day activities.
- Developed a Memorandum of Understanding (MOU) with state partner agencies (Department of Labor and Workforce Development, Department of Mental Health and

Substance Abuse, Department of Education, Division of Rehabilitation Services, DIDD) to ensure successful transition from departments and enhance employment outcomes. The MOU was signed by all Commissioners on May 31, 2015.

- DIDD partnered with VR to launch three Letters of Agreements that reimburse for Customized Employment and Discovery to place individuals with significant disabilities in employment.
- Began developing the second year Task Force report for presentation with the Governor as indicated in Executive Order No.28.
- Created a series of Employment First vignettes depicting individuals who transitioned from sheltered work to community integrated employment. Click here for viewing: <http://www.tn.gov/didd/topic/employment-first>.
- Created MOU's with providers that are participating in the Employment First initiative.
- Launched an employment data collection system in January 1, 2015 to identify the number of persons supported in integrated employment.
- Updated the Day Service protocol to include concrete examples of volunteer and employment scenarios that are approvable.
- Collaborated with the Bureau of TennCare to receive TA from Subject Matter Experts to focus on Home and Community Based Service waiver redesign and renewal.
- Conducted a presentation at the annual conference of the Association of Persons Supporting Employment First (APSE) with ODEP, Iowa and Pennsylvania highlighting our successful partnerships.
- Publicized several press releases regarding the finalization of MOU's.
- Three providers (SRVS Industries, Greene County Skills and Progressive Directions, Inc.) successfully completed in-depth training on Customized Employment and Discovery.

Family Support Program

In 1992, at the urging of disability advocates and families, the Tennessee legislature established the Family Support Program. The program is funded by state dollars and designed to assist people with severe and developmental disabilities and their families to remain together in their homes and communities. Family Support is not a substitute for long term services provided through HCBS Waiver programs, the Bureau of TennCare, Medicare, or private insurance.

The primary purpose of the program is to support:

- Families who have school-aged or younger children with severe disabilities.
- Adults with severe disabilities who choose to live with their families.
- Adults with severe disabilities not supported by other residential programs funded by state or federal funds.

Services can include but are not limited to: respite care, day care services, home modifications, equipment, supplies, personal assistance, transportation, homemaker services, housing costs, health-related needs, nursing, and counseling. Services are flexible and responsive to families and their needs. An essential element of the Family Support Program is family and people supported involvement. Local and District Councils have been established and meet on a regular basis to oversee and provide advice on the distribution of local services.

Data

- For FY2014-15, 4,370 people received assistance through the Family Support Program.
- The average expenditure per individual was \$1,454.
- There were 2,700 people waiting for Family Support Program services.
- The most widely utilized service is respite care.

Accomplishments

- A new data collection system has been developed for the Family Support Program which allows the Department to generate reports for the contract agencies and other entities, as requested.
- During FY2014-15, a ten percent (10%), or 871, sampling of surveys, were sent to families in the program. There was a fifty-one percent (51%) return with positive responses noted.
- On February 4, 2015, families attended a reception for the Legislators and Disability Days on the Hill to thank the Legislators for their continued support for the Family Support Program.
- Due to advocacy efforts from families/council members/community agencies, the Family Support Program budget for next year is funded at \$7.3 million.
- The Family Support District Councils and the State Council met to review Family Support applications and selected contract agencies for the next three years.
- The Family Support Guidelines have been undergoing revisions to assure that all requirements are up to date and is near completion.

Medicaid Waiver Residential Supports

The DIDD Residential Service programs have encountered a great deal of change this fiscal year. The Department continues to offer a continuum of supports in a number of residential settings in order to meet the varying needs of people enrolled in the HCBS Medicaid Waiver programs. However, waiver changes effective March 27, 2015, reflect requirements for compliance with the Centers for Medicare and Medicaid (CMS) HCBS Settings and Person Centered Planning Final Rule and the Department of Labor Fair Labor Standards Act Final Rule. These federal mandates will have an impact on the way DIDD provides services going forward.

In addition to becoming more Person Centered in policies and, more importantly, in practice, state mandates have required that the Department provide more cost efficient services by applying an individual cost neutrality cap. As a result, more people will be able to receive services from DIDD.

The cap is based on the average cost of services provided in a private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) in the state of Tennessee and will apply to the Statewide Waiver, which serves the majority of the people supported. People in the new Comprehensive Aggregate Cap (CAC) Waiver include those previously enrolled in the Arlington Waiver, persons who are members of the Clover Bottom Class, persons who were members of the former Arlington Class, and those supported in the Statewide Waiver who were over the cap at the time of the waiver approval. Future enrollment into the CAC waiver is closed.

Other changes impacting residential services are being implemented as a result of the Department's designation as the first government entity to obtain Network Accreditation in Person Centered Excellence by the Council of Quality Leadership | CQL. DIDD sought out this accreditation prior to receiving the federal and state mandates mentioned above in an effort to work toward achieving the mission of becoming the most cost-effective and person-centered state support system for individuals with intellectual and developmental disabilities.

Residential Service Options

DIDD continues to offer 24 hour supports through Family Model Residential Support (FMRS), Residential Habilitation (Res Hab), Supported Living (SL), Medical Residential (Med Res), and Intensive Behavioral Residential Services (IBRS). The differentiation in these service areas is related to the composition of the home and the level of need required by persons supported. As a result of the settings rules, all residential settings are required to have a lease or an enforceable tenancy agreement signed by the person supported regardless of the living arrangements as defined within the service. Semi-Independent Living Supports (SILS), for those needing less than 24 supports, is now offered in all three Waivers.

New language was added to the waivers to allow more flexibility within residential services as a whole. Persons supported are now able to receive services in a shared living arrangement with people who get different types of waiver residential services, people who have different support needs, or those who participate in other HCBS programs. This new flexibility is beneficial to persons receiving these services as well as DIDD contracted residential services providers. It is also highly beneficial to people receiving services through the Bureau of TennCare's CHOICES Waiver. CHOICES has been extremely successful in transitioning people with physical disabilities from nursing facilities back into the community by offering personal

attendant and homemaker services in the homes they live in with family members. Regulatory changes have now made it possible for people participating in the CHOICES Waiver to live in blended homes with people receiving DIDD services. Persons that would not have otherwise been able to live in the community because there was no family for them to live with have now been provided with a residential alternative that has allowed them to regain their independence. This service is known as Community Living Supports (CLS).

Respite and Behavioral Respite continue to be offered within DIDD residential services in order to provide the caregiver with brief periods of relief from routine care giving duties.

Data

As of June 30, 2015, there were 6,332 people utilizing residential services. The figure below shows the residential services persons supported were receiving as of that date. Note the data is unduplicated by category and does not include information of those who transitioned from one residential service to another throughout the fiscal year.

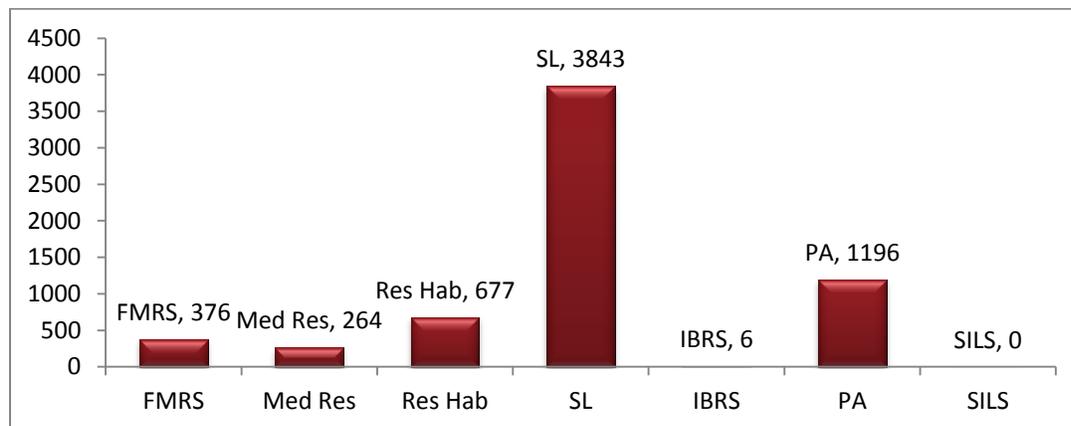


Figure 12. Number of Persons in DIDD Residential Services FY2014-15

Housing Inspections

All Supported Living and Semi-Independent Living homes must be inspected by a DIDD Housing Inspector. At the end of the fiscal year, there were 2,352 Supported Living active sites across 82 counties. In FY2014-15, 1,996 homes were inspected including 337 new units, 788 re-inspections, and 871 annual inspections. In order to address the high number of re-inspections being required (when the Housing Inspector has to return to a home two or more times due to a faulty inspection), providers are offered a new training at provider orientation on this issue. Refresher training is offered to providers that have a high rate of failed annual inspections. A sanctions process has been put into place during this fiscal year for issues causing a failed inspection that were not addressed timely.

Supports Intensity Scale® (SIS)

DIDD contracts with Ascend Management Innovations for people receiving Waiver services to receive a uniform assessment. All persons supported receiving Personal Assistance, Day, or Residential supports are required to have this assessment. The SIS® focuses on the level of support needed by a person to be able to participate in activities to the fullest extent possible instead of looking at deficits in skills. This mind-set fits into the Department's vision of person centeredness.

During this fiscal year, Ascend met with DIDD contracted Independent Support Coordinators (ISC's) as well as provider agencies to discuss ways to use this tool to develop Individual Support Plans that more accurately reflect the person's needs and desires, as well as planning day to day activities that are important to and important for the person supported.

To date, 6,959 assessments have been completed including 2,639 assessments completed during this fiscal year. Ascend is on target with the projection that all people enrolled in any of the aforementioned DIDD Waiver programs will have received an assessment by the 1st quarter of 2016.

Residential Services Activities and Accomplishments

- By invitation, DIDD served on the Advisory Committee for the Volunteer Advocacy Project-Transition (VAP-T). The VAP-T is a program developed to advise parents and adolescents with Autism Spectrum Disorder on how to navigate the service delivery system as they prepare to transition into adulthood.
- DIDD Residential Services has continued to participate in community-wide conversations presented by The Nashville IDD Housing Group whose focus is housing and support for persons with intellectual and developmental disabilities. The target population for this group receives limited or no support from the state. The group discusses current needs, visions for the future, and resources available. The organization was able to open up two new communities for people in need of support during this fiscal year.
- Staff participated with the Tennessee Commission on Aging and Disabilities in the development of their Strategic Plan for the coming year and was able to provide input into implementation on the "No Wrong Door Grant."
- Residential Services Director served as board member for the Housing Foundation of West Tennessee (HFWTN) which provides affordable and accessible housing to individuals enrolled in DIDD Waiver services. The Foundation currently has four units leased, three units under construction, and one unit newly acquired. Currently, there are three provider agencies supporting eight individuals to lease units from HFWTN: St. John's, Volunteers of America, and Capital City.

- Residential Services Director co-facilitated the Department's first official LEAN Event. The project was selected based on work being done with the Community of Practice Team for supporting individuals and families across the lifespan. Since support begins at the front door, the LEAN event focused on improving the intake process from the person's first point of contact with the Department until the time the determination for eligibility is made. The team received input from two family members and got input from the Policy and Planning Council. The project resulted in a more user friendly website and clear concise at-a glance-resources for families, as well as better tools for intake staff including improvements to and training on the electronic records system used for intake, and surface tablets for staff to use when working in the field. Also, as a result of this project the assessment form used for intake is also being revised to be more person-centered and to remove unnecessary questions, which will benefit families and the Department as a whole. The process is being streamlined across the state and, once changes are fully implemented, will shave two days off of this process.
- Housing Inspectors attended 2015 National Fire Protection Association (NFPA) 101® Life Safety Code® Essentials Seminar. This training will help the Department's Housing Inspectors stay abreast of the latest requirements and give them the tools that they need to remain experts in their field.
- Work groups and committees in which Residential Services staff represented the Program Operations Division:
 - 2014 TennCare Housing Conference
 - 2014 Governor's Housing Summit
 - Tenth Annual Conference for Non-Profit Excellence: Setting the Standard for Operational Excellence for the New Non-profit Sector
 - Symposium on Gentrification: A Panel Discussion on Housing in Nashville's Changing Neighborhoods
 - RESOURCE Tennessee, a quarterly collaboration between DIDD and the Department of Mental Health focused on improving crisis supports and behavioral health services for persons with intellectual disabilities
 - TennCare Middle Tennessee Housing Steering Committee
 - Money Follows the Person Allocation plan for the TennCare CHOICES Waiver
 - Tennessee State Community of Practice Team for Supporting Individuals with Intellectual and Developmental Disabilities

Office of Quality Management

The Office of Quality Management includes the functions of Quality Assurance, Compliance, Fiscal Accountability Review (FAR), ICF/IID Quality Improvement and ICF/IID Survey Operations. In addition to these areas, this office oversees the DIDD Quality Management System which exists to provide a comprehensive systemic mechanism for ensuring that people are offered services and supports that are person-centered and of high quality.

The Quality Assurance Unit

The Quality Assurance Unit of the DIDD is responsible for surveying contracted community-based providers to determine levels of performance related to the quality of services provided. Types of providers surveyed include those that provide day, residential, personal assistance, support coordination and clinical services. Survey data collected is used to assist in determining the level of quality across the service delivery system and make decisions about provider viability. This data is also incorporated into the DIDD quality management reports for distribution to interested people.

The survey instruments that are used were developed by DIDD in conjunction with the Bureau of TennCare, the Centers for Medicaid Services and other stakeholders and are based on a set of quality outcomes and indicators that measure performance. Regional Quality Assurance surveyors conduct the surveys.

Data

Quality Assurance conducted and analyzed 192 provider reviews directed toward improvement of services throughout the system. The survey tools continued to focus on ten Quality Assurance Domains and related Outcomes, applied as applicable based upon the type of services an agency provides.

Quality Assurance Domains

- Access and Eligibility
- Safety and Security
- Health
- Relationships and Community Membership Opportunities for Work
- Provider Capabilities and Qualifications
- Individual Planning and Implementation
- Rights, Respect and Dignity
- Choice and Decision-Making
- Administrative Authority and Financial Accountability

Data obtained from these Quality Assurance reviews is used in a variety of ways including: facilitating positive change, promoting provider improvement and in Departmental planning. Additionally, the QA Unit works with the Office of Risk Management and Licensure to assure appropriate reporting of suspected waste, fraud and abuse of public funding.

Quality Assurance Performance Levels Across Years

Quality Assurance Performance Levels cumulatively across all provider types across multiple fiscal years are in the figure below. Note: an increase is noted among providers scoring within the Proficient range of performance, with subsequent decreases in the numbers of providers scoring within the Exceptional and Fair ranges.

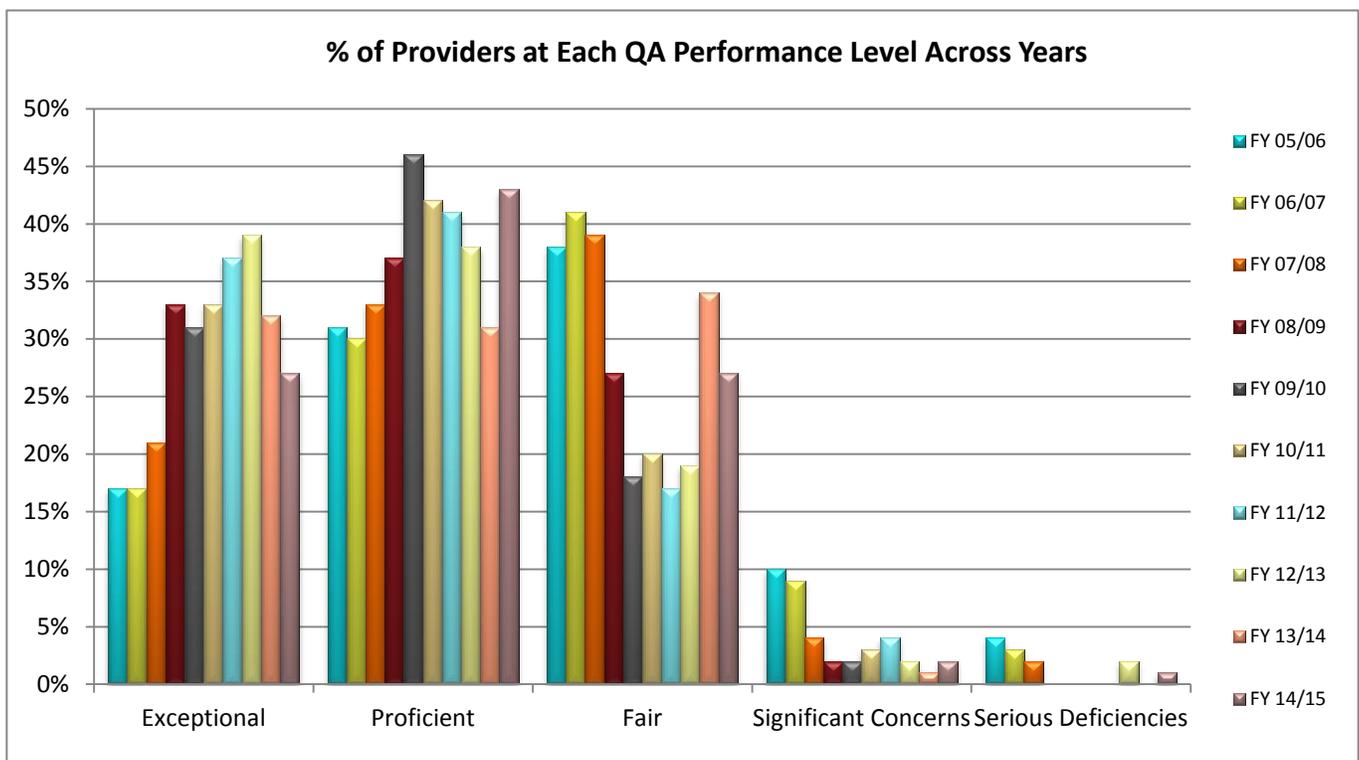


Figure 13. Provider Performance Across Fiscal Years

Number of Quality Assurance Surveys Completed

The figure below represents the distribution of the 192 Quality Assurance surveys conducted among the various provider types in FY2014-15. Quality Assurance surveys are conducted for the various types of providers annually, except for independent clinical providers (which may be surveyed every three years) and providers achieving either three-star or four-star status, the designation of which allows for these providers to be surveyed every other year.

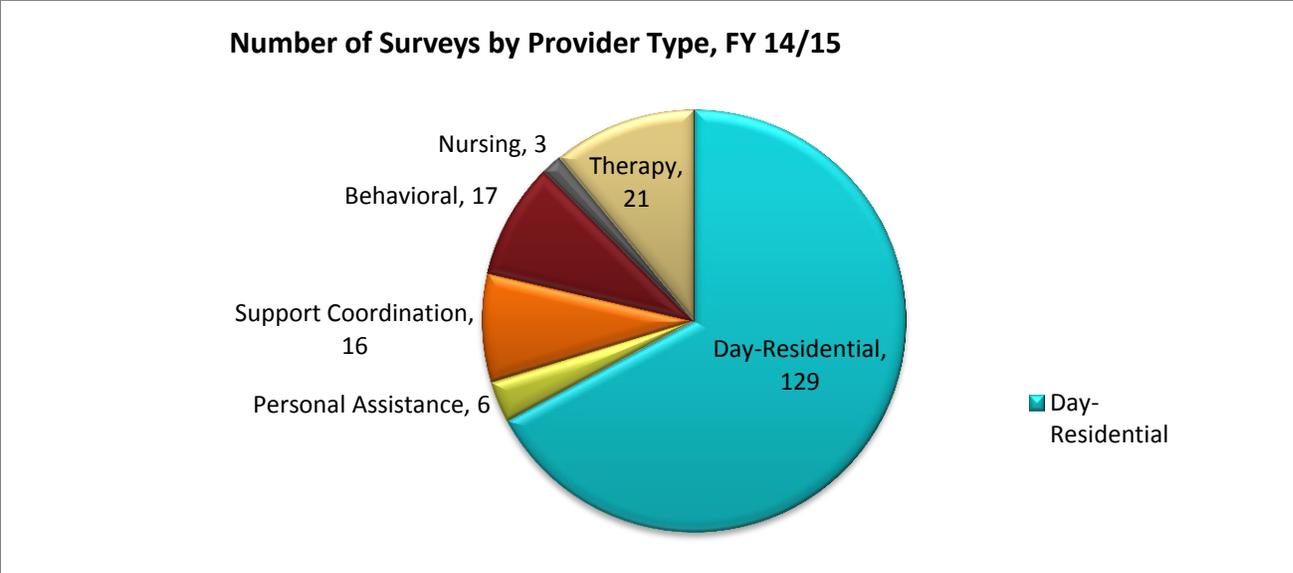


Figure 14. FY2014-15 QA Surveys Completed by Provider Type

Distribution of Performance Levels Across all Provider Types

For FY2014-15, the majority of providers have continued to be within the top three levels of performance. The distribution of providers has demonstrated a shift toward more providers in the Proficient category as compared to previous years.

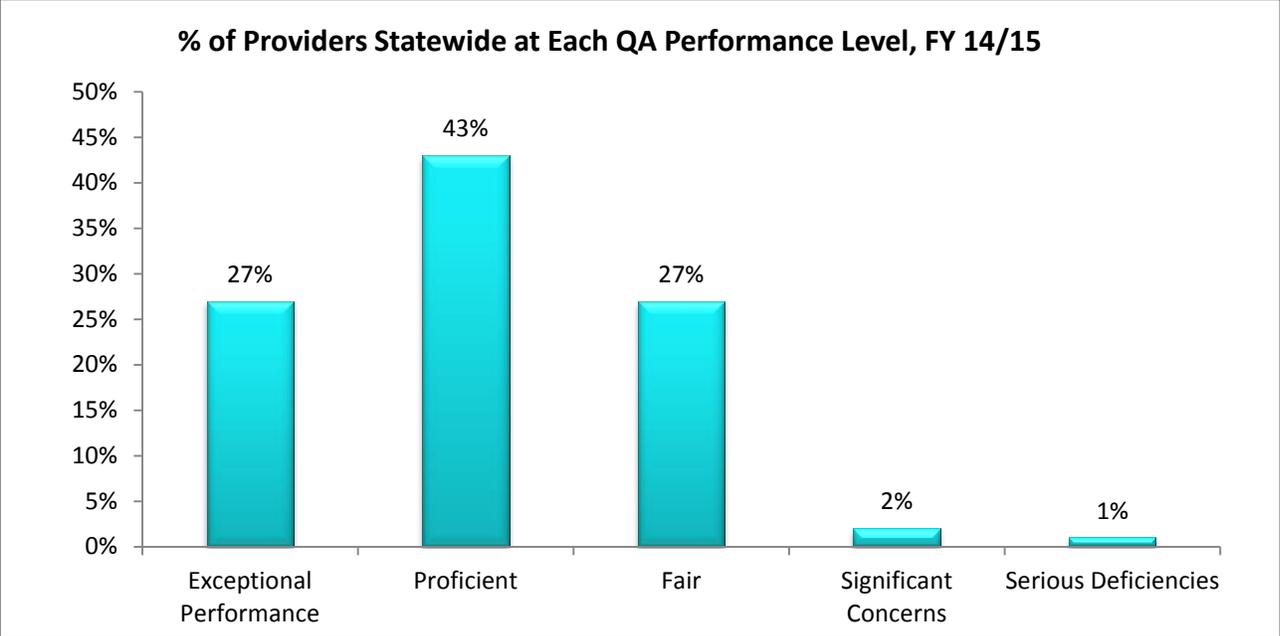


Figure 15. Percentage of Providers in Each Performance Level for FY2014-15

HCBS Waiver Performance Reviews

The QA Unit is also responsible for conducting individual record reviews to determine compliance with CMS-approved performance measures in the assurance areas of Level of Care, Health and Welfare and Service Plans. During FY2014-15 the QA Unit conducted 444 reviews, utilizing a random sampling process for each of the three approved waivers.

The Compliance Unit

The Compliance Unit in the Office of Quality Management oversees the collection, analysis and distribution of data related to services and supports provided by DIDD. This includes data about census, waiting list, service authorizations, incidents and investigations, complaints, appeals, quality assurance surveys, fiscal accountability reviews and CMS performance measures. The Compliance Unit is also responsible for assuring that all required contract deliverables related to the Statewide, Self Determination and the Arlington/CAC waiver programs are submitted timely and correctly to the Bureau of TennCare.

The Compliance Unit produces the DIDD Data Management Report (DMR) on a monthly basis. This report is a collaborative report with information submitted by various disciplines throughout DIDD. Data for census, waiting list, service requests and authorizations, protection from harm statistics and quality assurance surveys are compiled for systems review. This report can be reviewed on the DIDD website: <http://www.tn.gov/didd/topic/quality-management-data-management-reports>. The data is also analyzed quarterly for noted trends.

The Compliance Unit also produces the Quality Management Report on a monthly basis. This report is used by DIDD and the Bureau of TennCare management to ensure statewide compliance is consistently meeting or exceeding the requirements of CMS. The Quality Management Report focuses on the compliance percentages of six major performance areas or assurances: Administrative Authority, Level of Care, Health and Welfare, Service Plans, Qualified Providers and Financial Accountability. Each area is comprised of sub assurances and performance measures. Each DIDD waiver is reported separately as part of the Quality Management Report. As a CMS requirement, all performance measures must maintain a compliance percentage of eighty-six percent (86%) or higher. All findings must be remediated to one-hundred percent (100%) within 30 days of discovery, and performance measures that are repeatedly below the eighty-six percent (86%) compliance threshold must have a quality improvement plan developed. Below is a composite of DIDD's performance at the assurance level.

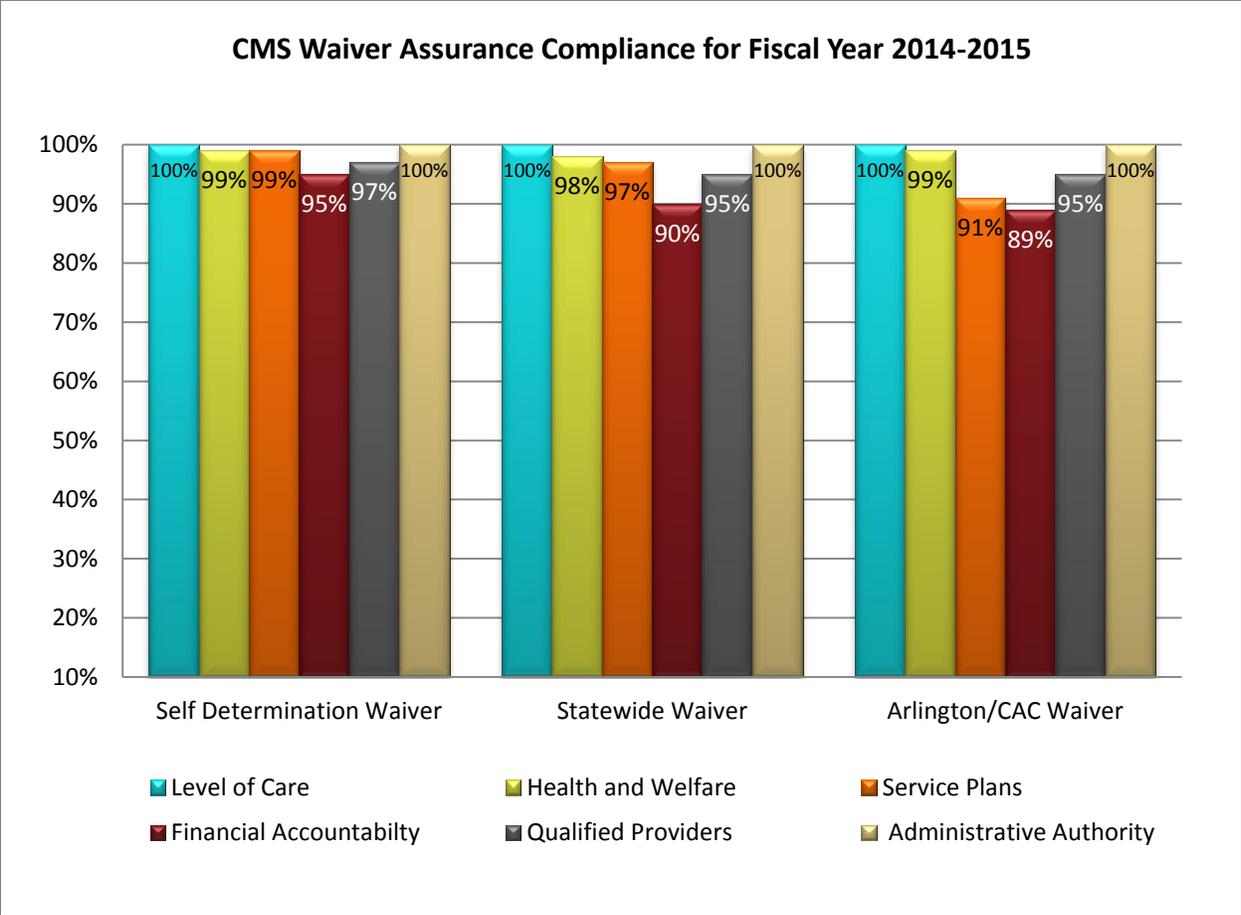


Figure 16. Waiver Assurances for FY2014-15

The Fiscal Accountability Review Unit

The Fiscal Accountability Review (FAR) Unit is responsible for the monitoring of contracted providers to assure that billing to and payments from DIDD are supported by the provider’s documentation of provided services. This monitoring is required for all providers that bill for services in excess of \$500,000 per year. FAR also reviews for compliance with the state’s sub-recipient requirements under Central Procurement Office Policy #2013-007 (formerly Policy 22), as well as for provider solvency and other special tests such as public accountability, board minutes, Title VI compliance, subcontracting, personal funds and Deficit Reduction Act compliance. Additionally, FAR works with the Office of Risk Management and Licensure to assure appropriate reporting of suspected waste, fraud and abuse of public funding. In FY2014-15, FAR staff conducted reviews at 151 provider agencies.

Quality Improvement DIDD Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

The Quality Improvement (QI) section in the Office of Quality Management now consists of one administrator for ICF/IID operations who has supervisory oversight for the director of DIDD ICF/IID survey operations and the nine member ICF/IID survey team. One surveyor position remains vacant and is expected to be filled in the upcoming fiscal year.

The ICF/IID administrator and survey operations director are assigned to the DIDD Central Office in Nashville. The ICF/IID surveyors currently operate in three regions (three staff in East Tennessee, three staff in Middle Tennessee and two staff in West Tennessee). The DIDD ICF/IID survey team is now responsible for the initial and /or annual Medicaid certification of 117 homes/facilities operated by 11 privately operated ICF/IID providers. The Tennessee Department of Health (TDH) retains ICF/IID survey responsibilities of the DIDD state operated ICF/IID providers (Clover Bottom Developmental Center, Greene Valley Developmental Center, Middle Tennessee Homes, East Tennessee Homes, West Tennessee Homes and the Day One unit at the Harold Jordan Center).

The administrator provides technical assistance on best practices and communication of current memos issued by the Centers for Medicare and Medicaid Services (CMS) to ICF/IID providers. Technical assistance is also rendered for ICF/IID certification and federal court requirements. The DIDD ICF/IID state operated providers evaluate themselves utilizing key indicators of services and supports in the major areas of health, support planning and implementation, safety and security, rights and respect, community integration, choices and decisions, opportunities for work and day services, and training. These indicators are also reflective of the outcome measures sought from the Council of Quality Leadership | CQL Accreditation as well as the ICF/IID federal regulations.

These reports are ultimately analyzed by the ICF/IID administrator for trends related to the quality of services and supports. Guidance is also provided in the development, revision and/or implementation of policies, procedures and operations in regards to ICF/IID requirements and person centered practices.

Accomplishments

- This was the first full year for the DIDD ICF/IID survey operations team to conduct certification surveys. All were completed timely and all but one provider achieved their annual certification (one provider ceased operations due to non-compliance).

- The DIDD ICF/IID survey team conducted 101 surveys during this past fiscal year (annual surveys are conducted in a window between 12 and 15 months). Ninety-six of the surveys conducted were fundamental surveys (looking at the fundamental outcomes to be achieved by the provider). Two surveys had to be extended to incorporate more than the fundamental regulations. Three had to be full surveys (incorporating 488 regulations) due to critical issues (condition of participation citations) discovered in the current or previous year.
- There were 99 revisits to the providers to validate plans of corrections were implemented.
- New interpretative guidelines for the ICF/IID regulations were issued by CMS and made effective April 27, 2015. Three educational meetings were held across the state with all the ICF/IID providers in May 2015 regarding the new interpretative guidelines for the ICF/IID regulations. These guidelines had not been updated since 1988; the changes were significant in several areas.
- Phase one of the quality rating system (QRS) for ICF/IID providers was initiated January 2015. Ratings for each ICF/IID home are now posted on the DIDD website. Ratings such as Significant Concerns, Needs Improvement and Acceptable were awarded during the 2015 year. Families and conservators can use this QRS when choosing a provider. Phase two will be initiated next fiscal year incorporating the use of quality improvement plans by the providers. Higher ratings will be also awarded in the coming 2016 and 2017 years (Outstanding and Excellent) as providers adopt quality improvement systems with positive systemic changes demonstrated.

Data

On the following pages are figures displaying the overall results of the internal quality improvement reports from the DIDD ICF/IID state operated providers as well as ICF/IID surveys conducted by the TDH and DIDD during the past fiscal year.

The DIDD ICF/IID state operated providers have maintained a high level of performance in protecting the rights of persons supported, participation in the life of the community, performing regular emergency fire and disaster drills per National Fire Protection regulations, and ensuring persons supported are not subject to unapproved restrictive interventions or restraints. The linear trend line shown in subsequent pages demonstrate an overall arch toward a higher performance level from July 2014 to June 2015. Leaders in each provider meet on a regular basis to examine the data and address any weaknesses. Statewide policies have

emerged from these meetings leading to more consistency among the providers in providing quality services across the state.

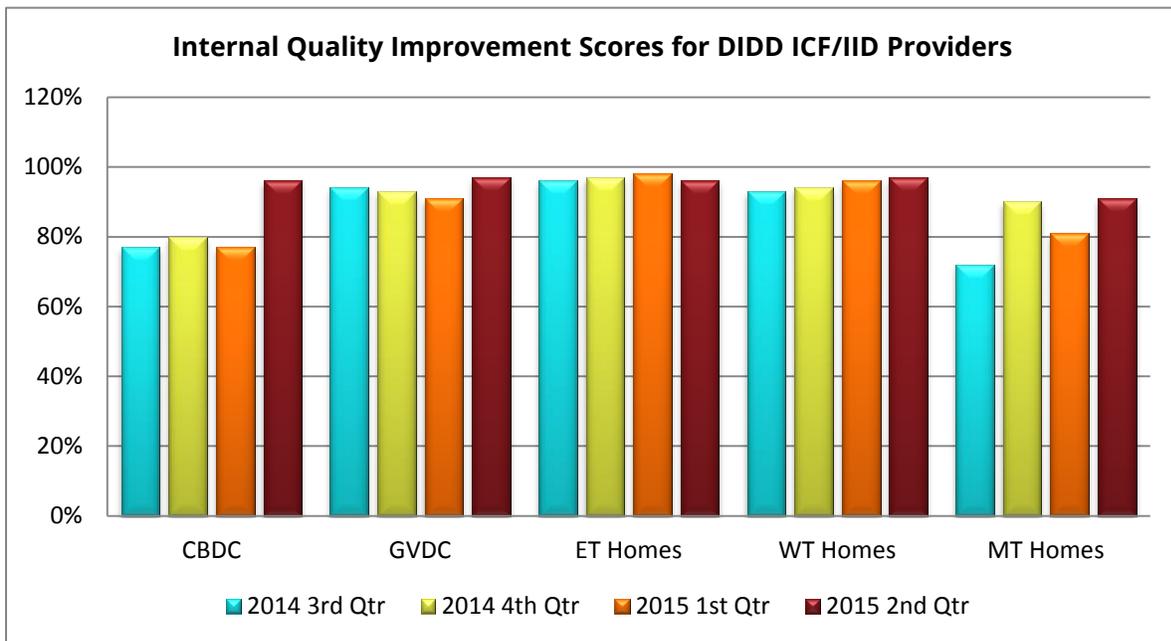


Figure 17. Internal QI Scores for DIDD ICF/IID Providers

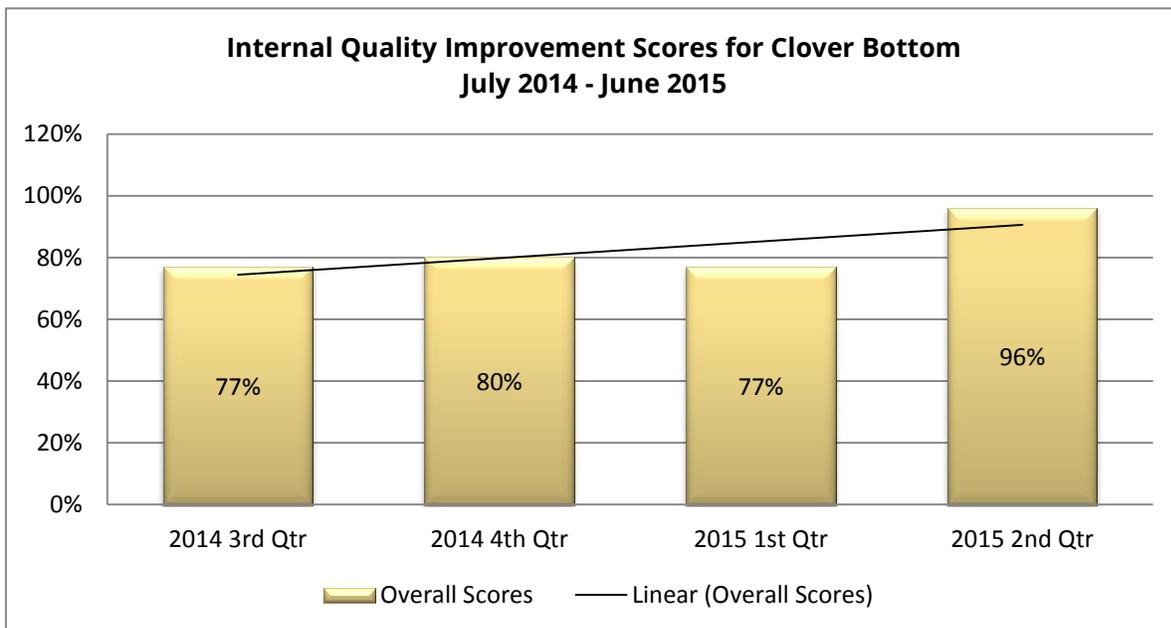


Figure 18. Internal QI Scores for Clover Bottom Developmental Center

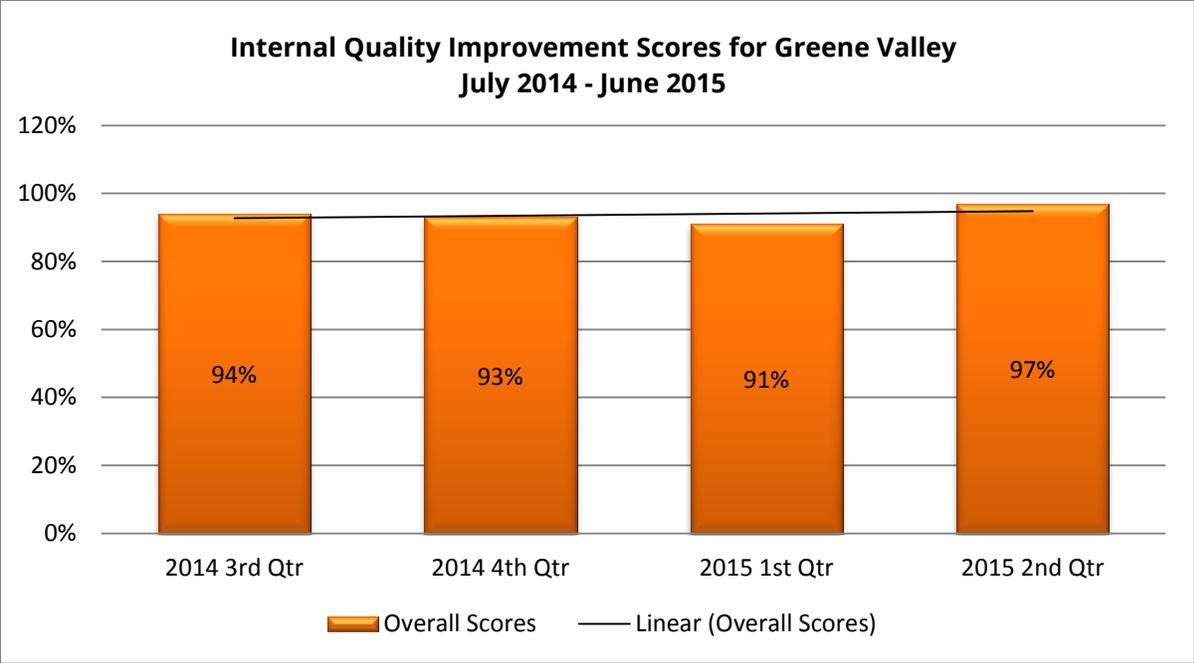


Figure 19. Internal QI Scores for Green Valley Developmental Center

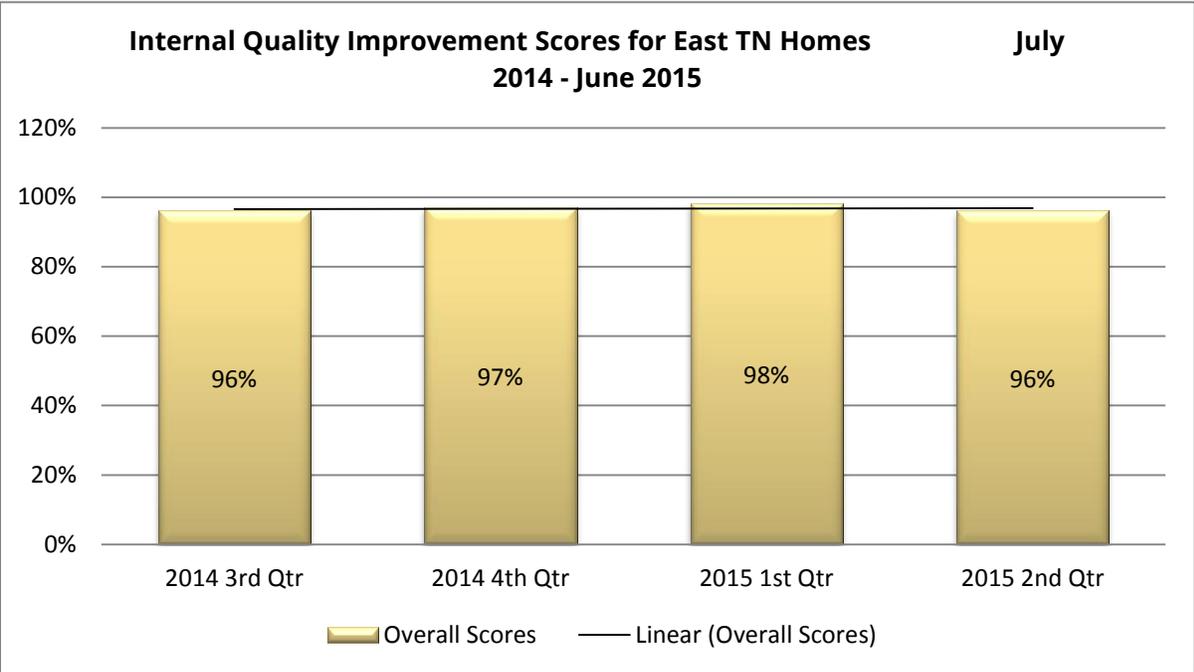


Figure 20. Internal QI Scores for East TN ICF/IID Homes

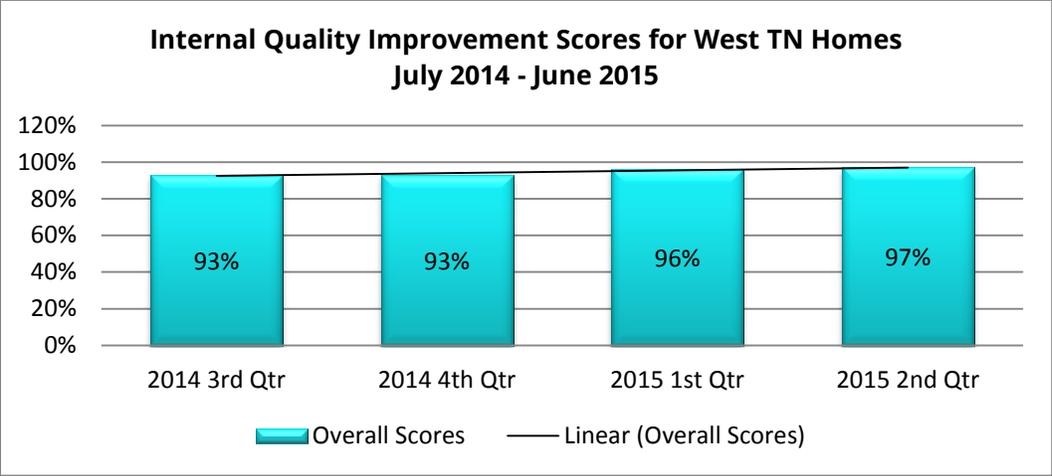


Figure 21. Internal QI Scores for West TN ICF/IID Homes

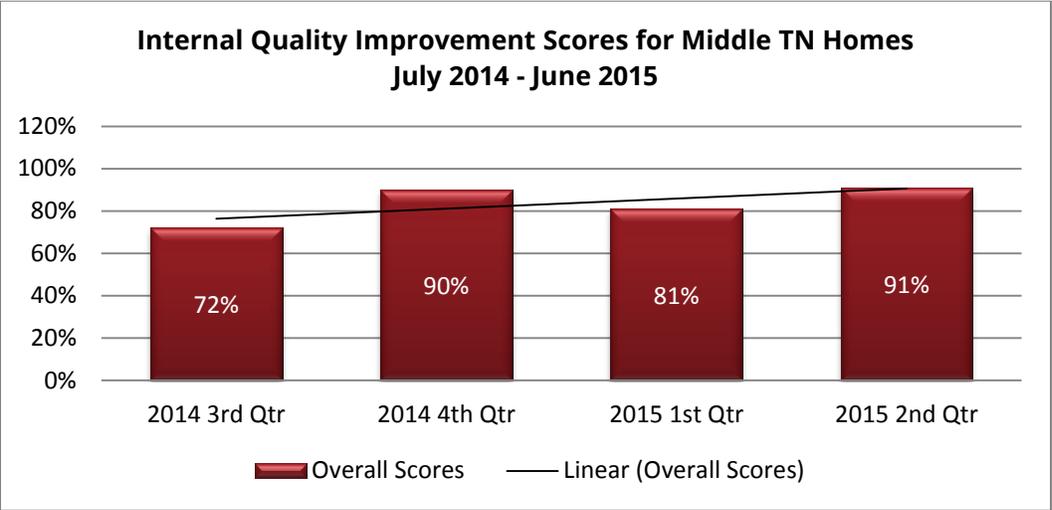


Figure 22. Internal QI Scores for Middle TN ICF/IID Homes

Below and on the following pages are figures of the citations by the Department of Health and DIDD ICF/IID survey teams when reviewing all ICF/IID providers; privately operated and state operated providers. The three highest areas of deficiencies during FY2014-15 were in active treatment (active implementation of individual support plans), health care (preventive and general medical care), and protection of rights. As one can see from the first figure, there were also areas showing significant compliance. These areas were the governing bodies at ninety-seven percent (97%) compliance, staffing at ninety-four percent (94%); dietary services at ninety-three percent (93%); and behavior services and practices at ninety-four percent (94%) (positive interventions to assist persons supported to control their own maladaptive behaviors).

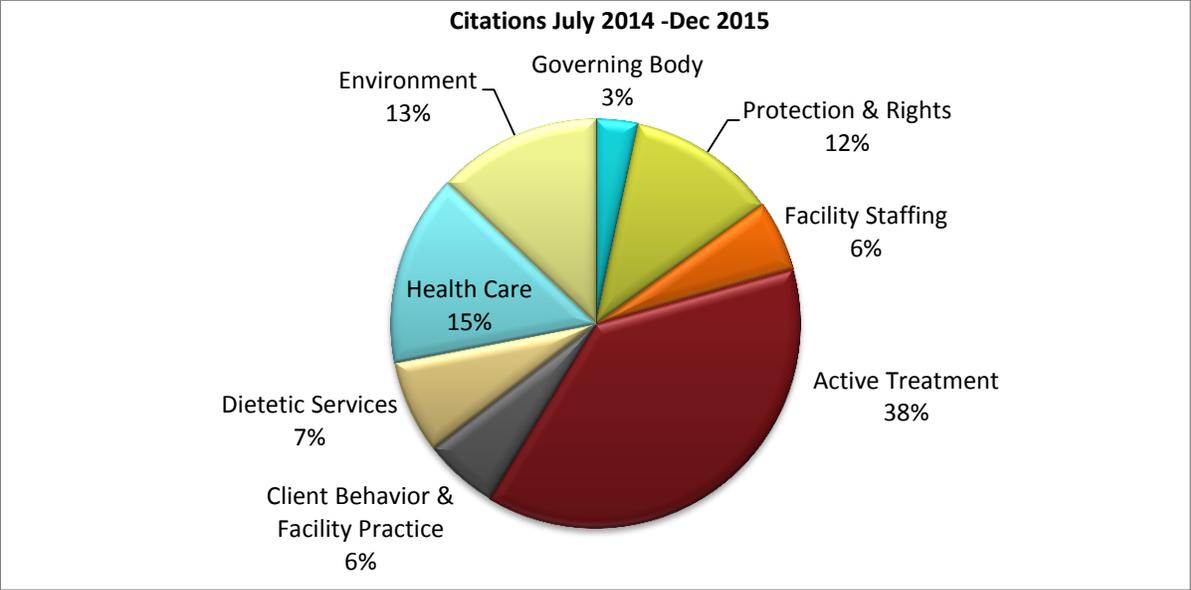


Figure 23. Citations for All ICF/IID Providers in FY2014-15

The next figure shows the number of deficiencies by category with immediate jeopardy being the most severe category (Imminent harm or potential risk of harm for persons supported and corrections must be implemented immediately); condition of participation being the next in severity (provider is given only 30 days to correct deficiencies); and the last category of fundamental deficiencies (less severe and provider is given more time to correct deficiencies). DIDD also conducted five complaint investigations which were called into the TDH hotline, none of which was substantiated. There was one immediate jeopardy deficiency cited during fiscal year which was immediately corrected prior to the end of the survey. It is also notable there were only four citations of condition of participation among the 117 homes surveyed.

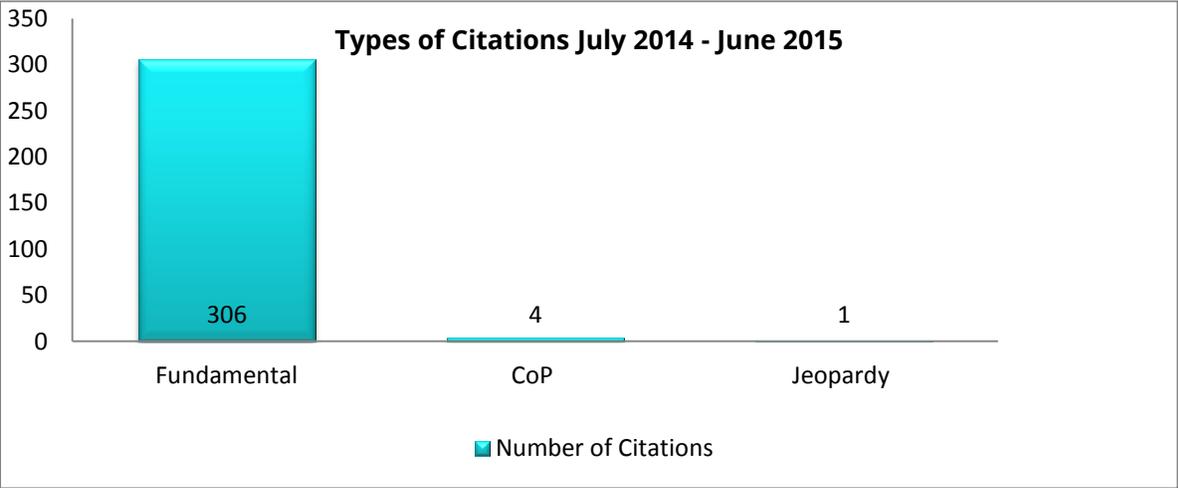


Figure 24. Number of Citations by Type in FY2014-15

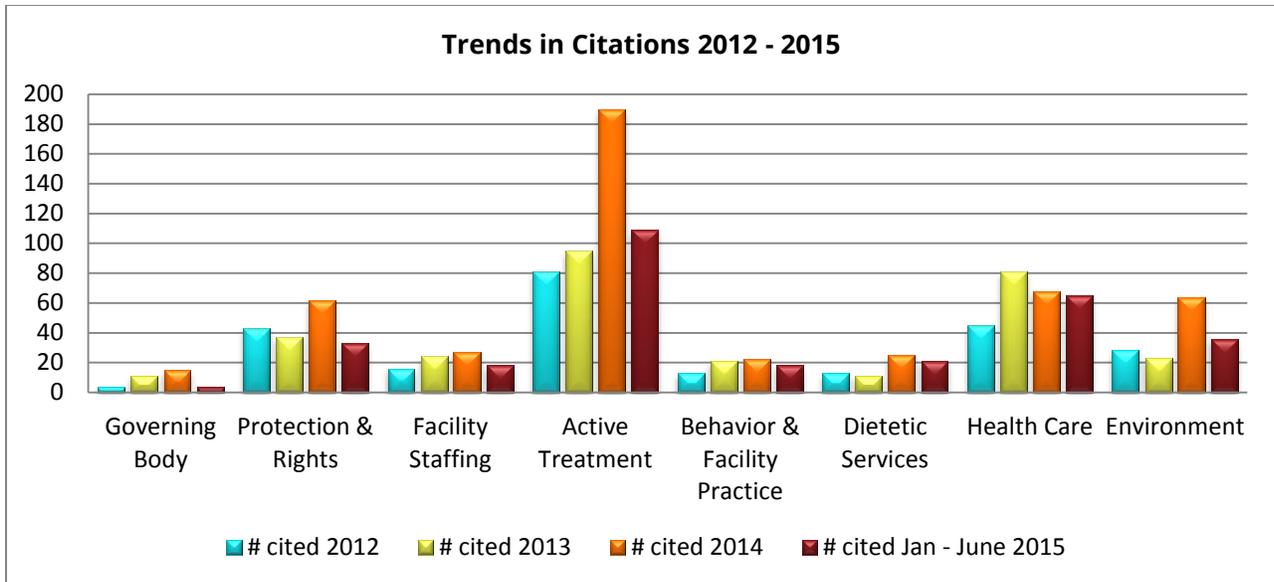


Figure 25. Trends in Citations

The most significant trend seen in the past four years has been in the area of active treatment. Active treatment is the most important of all eight areas reviewed. Persons with intellectual disabilities who are admitted to an ICF/IID provider must be in need of and receiving active treatment services in order for the provider to receive Medicaid funding which is approximately seventy percent (70%) matching federal funds toward a provider’s budget. There was a slow increase of citations from 2012 to 2013 and then a sharp spike upward in 2014. Factors leading to this sharp rise were the lack of consistent implementation of individual support plans, lack of specificity in objectives to meet the needs of persons supported, lack of training for persons supported to be more independent and make choices, and lack of written informed consents from family and/or legal representatives for sedation and/or psychotropic medications. The human rights committee was not always given plans to review for persons supported to receive psychotropic medication to control behavior or to be sedated. While still higher than the other seven areas, active treatment citations appear to be decreasing. DIDD has been encouraging providers to look closer at how the provider can address issues systemically throughout the agency and not just for the person for whom the deficiency occurred.

Deficiencies in area of protection from harm and rights also demonstrated a visible rise in 2014 before dropping to the lower levels seen in 2012. The right to privacy during treatment and when engaging in personal skills and the failure of providers to complete abuse and neglect investigations within five business days led to the trend upward in 2014. However, this appears to be trending down again in the past 12 months.

In health care services, the highest level of deficiencies was seen in 2013. While trending downward in the first six months of 2015, this area still renders the second highest number of deficiencies among the eight major areas reviewed. Issues seen in the past two years are the lack of preventive medical care for persons supported and persons receiving the necessary actions or referrals to address their health needs.

The area of environment demonstrated a sharp trend upward in 2014 before dropping back to a much lower level in the first six months of 2015. The sharp increase in 2014 was due to the lack of consistent emergency fire drills on evening shifts in the home, lack of variability in the door used to exit the home during a drill (e.g. if persons always exits at the back door during a drill, what will they do if the fire is blocking the door they have always used), and adding practice disaster drills (e.g. earthquake, flood, tornado, etc.). Since then providers have become more cognizant of the importance of the different drills and the involvement of the community and local governments.

Office of Risk Management and Licensure

The Risk Management unit within the Office of Risk Management and Licensure responds to and evaluates allegations involving civil and criminal misconduct and fiscal mismanagement arising from a statewide network of over 400 DIDD community providers. This unit also responds to any allegations involving departmental operations and performs comprehensive annual evaluations and audits of Regional and Central Office functions. DIDD organizational units subject to assessment include state operated homes, Resource Centers, Regional Offices and Developmental Centers. Compliance is evaluated against contract mandates, policy requirements, the Bureau of TennCare guidelines, state statute, and federal Medicaid regulations.

In May of 2012, DIDD assumed licensure responsibility for the intellectual and developmental disabilities facilities of the state, under Title 33, Chapter 2, Part 4.

The Licensure unit within the Office of Risk Management and Licensure maintains an office in each grand region of the state. These offices ensure that new and existing licensees provide services in compliance with applicable life safety and programmatic standards. Each licensee's compliance is evaluated at least once per year in conjunction with an unannounced survey/site visit by licensure staff. Currently there are 228 licensees providing services at more than 650 sites across the state.



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