



THE STATE OF TENNESSEE

Department of Intellectual and Developmental Disabilities



DATA MANAGEMENT REPORT

July 31, 2014

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QUALITY MANAGEMENT DATA REPORT
July 31, 2014

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The

Statewide Waiver Monthly Active Participants	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
1 East	2384	2389	2396	2395	2399	2406	2405	2404	2411	2415	2410	2409
2 Middle	2386	2390	2397	2404	2399	2401	2400	2405	2411	2407	2409	2411
3 West	1506	1506	1506	1515	1520	1519	1531	1531	1534	1546	1547	1552
4 Statewide	6276	6285	6299	6314	6318	6326	6336	6340	6356	6368	6366	6372
last day of reporting month)	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Approved waiver participants per calendar year.	6390	6595	6595	6595	6595	6595	6595	6595	6595	6595	6595	6595
5 Unduplicated waiver participants.	6389	6410	6438	6457	6481	6505	6357	6373	6395	6424	6440	6460
6 # of slots remaining for calendar year	1	185	157	138	114	90	238	222	200	171	155	135

Arlington Waiver Monthly Active Participants	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
7 East	3	3	3	3	3	3	3	3	3	3	3	3
8 Middle	1	1	1	1	1	2	2	2	2	2	2	2
9 West	303	301	300	299	296	294	292	293	291	291	288	288
10 Statewide	307	305	304	303	300	299	297	298	296	296	293	293
Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Approved waiver participants per calendar year. Maintenance of Effort (MOE): 289	344	344	344	344	344	344	344	344	344	344	344	344
11 Unduplicated waiver participants.	316	315	315	315	315	315	299	300	300	301	300	301
12 # of slots remaining for calendar year	28	29	29	29	29	29	45	44	44	43	44	43

SD Waiver Monthly Active Participants	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
13 East	385	385	385	384	380	377	379	380	377	377	379	381
14 Middle	424	421	425	422	426	423	423	419	421	421	421	423
15 West	311	312	318	330	333	331	330	327	324	322	321	324
16 Statewide	1120	1118	1128	1136	1139	1131	1132	1126	1122	1120	1121	1128
Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Approved waiver participants per calendar year. Maintenance of Effort (MOE): 1116	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
17 Unduplicated waiver participants.	1176	1188	1198	1212	1219	1224	1140	1143	1152	1157	1163	1172
18 # of slots remaining for calendar year	626	614	604	590	583	578	662	659	650	645	639	630

The Census for "Full State Funded Services" means the person does not receive services in any other DIDD program and only receives state funded services. This does not include class members receiving state funded ISC services.

DIDD Demographics Full State Funded (CS Tracking)	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
19 East	5	5	6	5	5	5	5	5	5	5	4	4
20 Middle	3	2	2	2	2	1	1	1	1	1	1	1
21 West	1	1	1	1	1	1	1	1	1	1	1	1
22 Statewide	9	8	9	8	8	7	7	7	7	7	6	6

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
23 East	67	67	63	64	66	66	65	65	64	64	63	63
24 Middle	25	29	29	29	29	29	29	31	31	31	31	31
25 West	26	25	23	26	25	25	22	21	25	27	23	26
26 Statewide	118	121	115	119	120	120	116	117	120	122	117	120

Developmental Center census	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
27 GVDC	127	125	125	125	124	124	123	123	122	117	117	116
28 CBDC	42	41	40	40	40	40	40	39	38	37	30	27
29 HJC	5	5	5	5	3	3	3	5	6	6	6	8
30 Total	174	171	170	170	167	167	166	167	166	160	153	151

DIDD community homes ICF/IID census	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
31 East	52	52	52	52	52	52	51	51	51	51	51	52
32 Middle	0	0	0	0	0	0	0	1	2	3	10	11
33 West	44	47	47	46	46	46	45	46	48	48	47	48
34 TOTAL	96	99	99	98	98	98	96	98	101	102	108	111

DIDD SERVICE CENSUS*	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
35 Total receiving DIDD funded services	8100	8107	8124	8148	8150	8148	8150	8153	8168	8175	8164	8181

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
1 Arlington Waiver	0	0	0	0	0	0	0	0	0	0	0	0	0
2 SD Waiver	9	12	10	16	5	5	5	2	8	5	6	9	92
3 Statewide Waiver	23	25	32	16	23	25	27	15	21	28	21	15	271
4 Total Waiver Enrollments	32	37	42	32	28	30	32	17	29	33	27	24	363

SD Waiver Enrollments	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
5 East	3	4	1	0	1	4	3	2	1	2	3	3	27
6 Middle	2	2	5	3	2	0	0	0	4	3	1	3	25
7 West	4	6	4	13	2	1	2	0	3	0	2	3	40
8 Grand Total SD Waiver	9	12	10	16	5	5	5	2	8	5	6	9	92

Statewide Waiver Enrollments	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
Crisis													
9 East	3	0	6	4	5	8	3	4	4	9	6	4	56
10 Middle	4	3	6	2	0	2	5	3	4	2	3	0	34
11 West	1	5	4	5	3	2	2	2	2	2	4	2	34
12 Total	8	8	16	11	8	12	10	9	10	13	13	6	124

Transfers from SD to Statewide	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
13 East	2	5	3	1	2	5	6	1	0	2	1	0	28
14 Middle	1	2	2	1	2	2	0	1	1	1	0	0	13
15 West	1	2	0	1	0	0	2	2	0	4	2	2	16
16 Total	4	9	5	3	4	7	8	4	1	7	3	2	57

DCS Enrollments	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
17 East	1	1	1	1	1	1	0	0	1	1	0	1	9
18 Middle	2	1	2	0	2	0	2	1	0	0	0	0	10
19 West	1	1	0	0	2	0	1	0	2	2	0	1	10
20 Total	4	3	3	1	5	1	3	1	3	3	0	2	29

PASRR Referral Only	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
25 East	0	0	0	0	0	0	0	0	0	0	0	0	0
26 Middle	0	0	1	0	0	0	0	0	1	0	0	0	2
27 West	0	0	0	0	0	0	0	0	1	0	0	0	1
28 Total	0	0	1	0	0	0	0	0	2	0	0	0	3

Nursing Home (non PASRR)	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
29 East	0	0	0	0	0	0	0	0	0	0	0	0	0
30 Middle	0	0	1	0	0	0	0	0	0	0	0	0	1
31 West	0	0	0	0	0	0	2	0	0	0	0	0	2
32 Total	0	0	1	0	0	0	2	0	0	0	0	0	3

DC Transitions into Statewide	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
33 GVDC	1	1	0	0	0	0	0	0	1	0	0	0	3
34 CBDC	0	0	0	0	0	0	0	0	0	0	0	1	1
35 HJC	1	0	0	0	2	0	0	0	0	0	0	1	4
36 Total	2	1	0	0	2	0	0	0	1	0	0	2	8

MH Enrollments	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
37 East	0	1	1	0	2	2	0	0	1	1	0	1	9
38 Middle	0	0	1	0	1	0	1	1	0	0	0	1	5
39 West	0	0	0	0	0	0	0	0	0	2	0	0	2
40 Total	0	1	2	0	3	2	1	1	1	3	0	2	16

ICF Transfer Enrollments	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
41 East	0	0	1	0	0	0	0	0	0	0	0	0	1
42 Middle	0	0	0	0	0	0	0	0	0	0	0	0	0
43 West	3	0	1	0	0	3	2	0	0	1	1	0	11
44 Total	3	0	2	0	0	3	2	0	0	1	1	0	12

Total by Region	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
45 East	8	9	13	6	11	16	9	5	8	13	7	7	112
46 Middle	9	8	14	4	7	4	8	6	7	3	5	3	78
47 West	6	8	5	6	5	5	10	4	6	12	9	5	81
48 Grand Total Statewide Waiver	23	25	32	16	23	25	27	15	21	28	21	15	271

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B Waiver Disenrollments													
Arlington Waiver													
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
1 Death	0	1	1	1	3	2	1	0	0	0	2	0	11
2 Voluntary Request by person/family	0	0	0	0	0	0	0	0	1	0	0	0	1
3 Services no longer appropriate	0	0	0	0	0	0	0	0	0	0	0	0	0
4 Moved	0	0	0	0	0	0	0	0	0	0	0	0	0
5 Involuntary	1	0	0	0	0	0	0	0	0	0	0	0	1
6 Transition to another waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
7 Transitioned to an ICF/IID	0	1	0	0	0	0	0	0	1	0	0	0	2
8 Total Disenrolled	1	2	1	1	3	2	1	0	2	0	2	0	15

SD Waiver													
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
9 Death	2	3	1	0	0	0	1	2	0	0	1	1	11
10 Voluntary Request by person/family	0	1	1	0	0	1	0	1	3	0	0	0	7
11 Services no longer appropriate	0	0	0	0	0	0	0	0	0	2	0	0	2
12 Moved	0	0	0	0	0	0	0	0	0	0	0	0	0
13 Involuntary	1	0	0	0	1	0	0	1	0	0	0	0	3
14 Transition to another waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
15 Transitioned to an ICF/IID	0	0	0	0	0	0	0	0	1	0	0	0	1
16 Total Disenrolled	3	4	2	0	1	1	1	4	4	2	1	1	24

Statewide													
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD
17 Death	10	14	9	8	12	12	13	9	5	14	11	14	131
18 Voluntary Request by person/family	0	0	0	1	2	1	1	2	2	2	0	1	12
19 Services no longer appropriate	0	0	0	0	0	0	0	0	1	1	0	0	2
20 Moved	3	2	2	1	1	0	0	0	1	0	0	0	10
21 Involuntary	0	0	2	0	1	3	0	2	0	0	0	0	8
22 Transition to another waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
23 Transitioned to an ICF/IID	0	0	0	0	0	0	0	0	1	0	0	0	1
24 Total Disenrolled	13	16	13	10	16	16	14	13	10	17	11	15	164

25 Total Waiver Disenrollments:	17	22	16	11	20	19	16	17	16	19	14	16	203
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Analysis:

There were 24 waiver enrollments. Nine people enrolled into the SD Waiver and 15 enrolled into the Statewide Waiver. There were a total of 16 discharges. Fifteen from the Main Waiver and 1 from the SD Waiver.

B Developmental Center-to-Community Transitions Report														
Census reflects the number of people in the facility on the last day of the month.														
Greene Valley														
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD	
1	Census [June 2013 130]	127	125	125	125	124	124	123	123	122	117	117	116	FYTD
2	Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges														
3	Death	1	1	0	0	1	2	1	0	0	1	0	0	7
4	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Transition to community state ICF	1	0	0	0	0	0	0	0	0	1	0	1	3
6	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Transition to waiver program	1	1	0	0	0	0	0	0	1	0	0	0	3
8	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Total Discharges	3	2	0	0	1	2	1	0	1	2	0	1	13
Clover Bottom														
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD	
10	Census [June 2013 42]	42	40	40	40	40	40	40	39	38	37	30	27	FYTD
11	Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges														
12	Death	0	1	0	0	0	0	0	0	0	0	0	1	2
13	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Transition to community state ICF	0	0	0	0	0	0	0	1	1	1	7	1	11
15	Transition to private ICF	0	1	0	0	0	0	0	0	0	0	0	0	1
16	Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	1	1
17	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Total Discharges	0	2	0	0	0	0	0	1	1	1	7	3	15
Harold Jordan Center														
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD	
19	Census [June 2013 6]	5	5	5	5	3	3	3	5	6	6	6	8	FYTD
20	Admissions	0	1	1	0	0	0	0	2	1	0	0	3	8
Discharges														
21	Death	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Transition to waiver program	1	0	0	0	2	0	0	0	0	0	0	1	4
26	Transition to non DIDD srvs*	0	1	0	0	0	0	0	0	0	0	0	0	1
27	Total Discharges	1	1	0	0	2	0	0	0	0	0	0	1	5
East Public ICF Homes														
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD	
28	Census [June 2013 51]	52	52	52	52	52	51	51	51	51	51	52	FYTD	
29	Admissions	1	0	0	0	0	0	0	0	0	0	0	1	2
Discharges														
30	Death	0	0	0	0	0	0	1	0	0	0	0	0	1
31	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Transition to Ad waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Total Discharges	0												
Middle Public ICF Homes														
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD	
37	Census	0	0	0	0	0	0	1	2	3	10	11	FYTD	
38	Admissions	0	0	0	0	0	0	1	1	1	7	1	11	
Discharges														
39	Death	0	0	0	0	0	0	0	0	0	0	0	0	0
40	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Transition to public state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
42	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
43	Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
44	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
45	Total Discharges	0												
West Public ICF Homes														
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	FYTD	
46	Census [June 44]	44	47	47	46	46	46	45	46	48	48	47	48	FYTD
47	Admissions	0	3	0	0	0	1	0	1	2	0	0	1	8
Discharges														
48	Death	1	0	0	1	0	1	1	0	0	0	1	0	5
49	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Transition to public state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
51	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
52	Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
53	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
54	Total Discharges	1	0	0	1	0	1	1	0	0	0	1	0	5

Analysis:

The Greene Valley Census decreased to 116. Clover Bottom had 3 discharges and now is at 27. The Middle Tennessee Homes had one admission and now is at 11. HJC had 3 admissions and 1 discharge for a new total of 8 people. WTCH had one admission for a new total of 48 and ETCH had a new admission as well for a new total of 52.

C **Waiting List Demographics**

Data Source:

The Central Office Compliance Unit and/or designee maintains the wait list data below. The wait list is a web based data system in which Regional Intake Units update as needed. The reported data is compiled on a monthly basis.

East												
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
1 # of Crisis cases	29	24	25	35	41	25	24	24	38	32	27	23
2 # of Urgent cases	412	417	414	410	416	418	415	408	413	419	421	424
3 # of Active cases	1,514	1,524	1,524	1,530	1,531	1,543	1,536	1,521	1,509	1,514	1,508	1,511
4 # of Deferred cases	574	576	583	587	586	597	597	589	581	582	563	563
5 Wait List Total	2,529	2,541	2,546	2,562	2,574	2,583	2,572	2,542	2,541	2,547	2,519	2,521

Middle												
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
6 # of Crisis cases	39	37	33	37	39	36	22	16	22	17	14	14
7 # of Urgent cases	286	286	286	294	293	292	287	290	288	288	287	284
8 # of Active cases	1,522	1,517	1,516	1,515	1,516	1,519	1,517	1,518	1,512	1,512	1,519	1,520
9 # of Deferred cases	383	384	382	381	382	382	378	386	388	389	386	387
10 Wait List Total	2,230	2,224	2,217	2,227	2,230	2,229	2,204	2,210	2,210	2,206	2,206	2,205

West												
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
11 # of Crisis cases	29	26	28	22	18	13	16	14	13	14	7	6
12 # of Urgent cases	118	117	108	90	90	89	66	59	56	57	56	56
13 # of Active cases	1,770	1,770	1,769	1,792	1,791	1,794	1,799	1,806	1,804	1,807	1,800	1,799
14 # of Deferred cases	472	472	474	477	477	477	473	475	366	367	364	363
15 Wait List Total	2,389	2,385	2,379	2,381	2,376	2,373	2,354	2,354	2,239	2,245	2,227	2,224

Statewide												
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
16 # of Crisis cases	97	87	86	94	98	74	62	54	73	63	48	43
17 # of Urgent cases	816	820	808	794	799	799	768	757	757	764	764	764
18 # of Active cases	4,806	4,811	4,809	4,837	4,838	4,856	4,852	4,845	4,825	4,833	4,827	4,830
19 # of Deferred cases	1,429	1,432	1,439	1,445	1,445	1,456	1,448	1,450	1,335	1,338	1,313	1,313
20 Wait List Total	7,148	7,150	7,142	7,170	7,180	7,185	7,130	7,106	6,990	6,998	6,952	6,950

21 Net Effect from Last Month	-17	2	-8	28	10	5	-55	-24	-116	8	-46	-2
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Additions												
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
22 # of Crisis cases added	9	4	8	12	13	3	7	3	15	9	3	6
23 # of Urgent cases added	5	7	9	16	8	6	8	10	6	11	6	6
24 # of Active cases added	7	29	14	32	15	24	6	20	13	21	6	7
25 # of Deferred cases added	4	12	11	12	7	13	4	12	7	10	4	6
26 Total # Added to the Wait List	25	52	42	72	43	46	25	45	41	51	19	25

Removals												
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
27 For enrollment into SD Waiver	10	10	6	13	4	6	13	5	7	5	7	6
28 For enrollment into Statewide Waiver	13	14	24	11	13	20	42	10	19	20	17	10
29 For enrollment into Arlington Waiver	0	0	0	0	0	0	0	0	0	0	0	0
30 Receiving Other Funded Services	1	3	0	1	4	2	2	0	118	0	7	0
31 Voluntarily	4	5	5	4	3	3	0	6	1	11	4	2
32 Due to Death	1	2	3	10	3	2	12	4	6	3	2	1
33 Not Eligible for Services	0	1	1	0	0	0	1	2	0	0	1	0
34 Moved Out of Region	2	1	0	1	1	0	2	2	0	0	0	0
35 Moved Out of State	5	5	1	1	5	4	4	7	3	2	25	3
36 Duplicate Name	1	0	0	0	0	0	0	0	2	0	0	0
37 Other Reasons	5	9	10	3	1	1	4	33	1	2	15	5
38 Total Number Removed	42	50	50	44	34	38	80	69	157	43	78	27

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Wait List by Region

		Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
39	East	2,529	2,541	2,546	2,562	2,574	2,583	2,572	2,542	2,541	2,547	2,519	2,521
40	Middle	2,230	2,224	2,217	2,227	2,230	2,229	2,204	2,210	2,210	2,206	2,206	2,205
41	West	2,389	2,385	2,379	2,381	2,376	2,373	2,354	2,354	2,239	2,245	2,227	2,224
42	Statewide	7,148	7,150	7,142	7,170	7,180	7,185	7,130	7,106	6,990	6,998	6,952	6,950

Analysis:

The statewide wait list decreased by 2 people for a total of 6950. East had 2521, Middle had 2205 and West had 2224.

D	Protection From Harm/ Complaint Resolution
Data Source:	
Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.	

Complaints by Source- Self Determination Waiver	Jul-14	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
1 Total # of Complaints	1	0	0	0	0	2	0	1	2	0	2	0
2 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
3 % from TennCare	N/A											
4 # from a Concerned Citizen	0	0	0	0	0	0	0	0	0	0	0	0
5 % from a Concerned Citizen	N/A											
6 # from the Waiver Participant	0	0	0	0	0	0	0	0	1	0	0	0
7 % from the Waiver Participant	N/A	50%	N/A	N/A	N/A							
8 # from a Family Member	1	0	0	0	0	0	0	0	1	0	1	0
9 % from a Family Member	100%	N/A	50%	N/A	50%	N/A						
10 # from Conservator	0	0	0	0	0	2	0	0	0	0	0	0
11 % from Conservator	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A
13 # Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
14 % from Advocate (Paid)	N/A											
15 # from PTP Interview	0	0	0	0	0	0	0	1	0	0	1	0
16 % from PTP Interview	N/A	100%	N/A	N/A	50%	N/A						

Complaints by Source - Statewide Waiver	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
17 Total # of Complaints	13	28	13	8	21	11	11	12	15	14	19	6
18 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
19 % from TennCare	N/A											
20 # from a Concerned Citizen	1	0	0	0	0	0	1	1	1	0	1	0
21 % from a Concerned Citizen	8%	N/A	N/A	N/A	N/A	N/A	9%	8%	7%	N/A	5%	N/A
22 # from the Waiver Participant	0	0	0	0	2	0	0	2	1	2	1	2
23 % from the Waiver Participant	0%	N/A	N/A	N/A	10%	N/A	N/A	17%	7%	14%	5%	33%
24 # from a Family Member	4	19	4	3	7	4	3	1	7	2	2	1
25 % from a Family Member	31%	68%	31%	38%	33%	36%	27%	8%	47%	14%	11%	17%
26 # from Conservator	7	3	4	3	10	3	7	7	1	6	9	3
27 % from Conservator	54%	11%	31%	38%	48%	27%	64%	58%	7%	43%	47%	50%
28 # Advocate (Paid)	1	0	0	0	0	0	0	1	0	0	1	0
29 % from Advocate (Paid)	8%	N/A	N/A	N/A	N/A	N/A	N/A	8%	N/A	N/A	5%	N/A
30 # from PTP Interview	0	6	5	2	2	3	0	0	5	4	5	0
31 % from PTP Interview	N/A	21%	38%	25%	10%	27%	N/A	N/A	33%	29%	26%	N/A

Complaints by Source - Arlington Waiver	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
32 Total # of Complaints	1	0	1	2	2	0	1	0	1	0	0	1
33 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	1
34 % from TennCare	N/A											
35 # from a Concerned Citizen	0	0	0	0	0	0	0	0	0	0	0	1
36 % from a Concerned Citizen	N/A	100%										
37 # from the Waiver Participant	1	0	1	2	0	0	1	0	0	0	0	0
38 % from the Waiver Participant	100%	N/A	100%	100%	N/A	N/A	100.0%	N/A	N/A	N/A	N/A	N/A
39 # from a Family Member	0	0	0	0	2	0	0	0	1	0	0	0
40 % from a Family Member	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A
41 # from Conservator	0	0	0	0	0	0	0	0	0	0	0	0
42 % from Conservator	N/A											
43 # Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
44 % from Advocate (Paid)	N/A											
45 # from PTP Interview	0	0	0	0	0	0	0	0	0	0	0	0
46 % from PTP Interview	N/A											

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Complaints by Issue- Self Determination Waiver		Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
47	Total Number of Complaints	1	0	0	0	0	7	0	1	2	0	2	0
48	# Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
49	% Behavior Issues	N/A											
50	# Day Service Issues	0	0	0	0	0	0	0	0	0	0	0	0
51	% Day Service Issues	N/A											
52	# Environmental Issues	0	0	0	0	0	0	0	0	0	0	0	0
53	% Environmental Issues	N/A											
54	# Financial Issues	0	0	0	0	0	0	0	0	0	0	0	0
55	% Financial Issues	N/A											
56	# Health Issues	0	0	0	0	0	0	0	0	0	0	0	0
57	% Health Issues	N/A											
58	# Human Rights Issues	0	0	0	0	0	1	0	0	0	0	1	0
59	% Human Rights Issues	N/A	N/A	N/A	N/A	N/A	14%	N/A	N/A	N/A	N/A	50%	N/A
60	# ISC Issues	0	0	0	0	0	0	0	0	0	0	0	0
61	% ISC Issues	N/A											
62	# ISP Issues	0	0	0	0	0	1	0	0	0	0	0	0
63	% ISP Issues	N/A	N/A	N/A	N/A	N/A	14%	N/A	N/A	N/A	N/A	N/A	N/A
64	# Staffing Issues	1	0	0	0	0	5	0	0	1	0	1	0
65	% Staffing Issues	100%	N/A	N/A	N/A	N/A	71%	N/A	N/A	50%	N/A	50%	N/A
66	# Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	0
67	% Therapy Issues	N/A											
68	# Transportation Issues	0	0	0	0	0	0	0	0	1	0	0	0
69	% Transportation Issues	N/A	50%	N/A	N/A	N/A							
70	# Case Management Issues	0	0	0	0	0	0	0	1	0	0	0	0
71	% Case Management Issues	N/A	100%	N/A	N/A	N/A	N/A						
72	# Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
73	% Other Issues	N/A											

Complaints by Issue - Statewide Waiver		Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
74	Total Number of Complaints	13	28	13	8	21	11	11	12	15	14	19	6
75	# Behavior Issues	0	1	0	0	0	0	0	0	0	0	0	0
76	% Behavior Issues	N/A	4%	N/A									
77	# Day Service Issues	1	1	0	1	2	0	0	0	1	0	0	0
78	% Day Service Issues	8%	4%	N/A	N/A	10%	N/A	N/A	N/A	7%	N/A	N/A	N/A
79	# Environmental Issues	0	1	1	1	2	0	1	0	0	1	4	0
80	% Environmental Issues	N/A	4%	8%	13%	10%	N/A	9%	N/A	N/A	7%	21%	N/A
81	# Financial Issues	2	2	0	1	1	1	2	1	0	3	1	0
82	% Financial Issues	15%	7%	N/A	13%	5%	9%	18%	8%	N/A	21%	5%	N/A
83	# Health Issues	2	3	0	0	4	1	1	1	1	2	1	1
84	% Health Issues	15%	11%	N/A	N/A	19%	9%	9%	8%	7%	14%	5%	17%
85	# Human Rights Issues	1	2	2	2	2	2	0	3	6	3	3	0
86	% Human Rights Issues	8%	7%	15%	25%	10%	18%	N/A	25%	40%	21%	16%	N/A
87	# ISC Issues	0	1	0	0	0	0	0	0	0	0	1	0
88	% ISC Issues	N/A	4%	N/A	5%	N/A							
89	# ISP Issues	0	1	2	1	0	0	1	0	1	1	1	0
90	% ISP Issues	N/A	4%	15%	13%	N/A	N/A	9%	N/A	7%	7%	5%	N/A
91	# Staffing Issues	7	16	8	2	10	9	6	7	5	4	7	5
92	% Staffing Issues	54%	57%	62%	25%	48%	82%	55%	58%	33%	29%	37%	83%
93	# Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	0
94	% Therapy Issues	N/A											
95	# Transportation Issues	0	0	0	0	0	0	0	0	0	0	1	0
96	% Transportation Issues	N/A	5%	N/A									
97	# Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0
98	% Case Management Issues	N/A											
99	# Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
100	% Other Issues	N/A											

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Complaints by Issue - Arlington Waiver	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
101 Total Number of Complaints	1	0	1	2	2	0	1	0	1	0	0	1
102 # Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
103 % Behavior Issues	N/A											
104 # Day Service Issues	1	0	0	0	0	0	0	0	0	0	0	0
105 % Day Service Issues	100%	N/A										
106 # Environmental Issues	0	0	0	0	0	0	0	0	0	0	0	0
107 % Environmental Issues	N/A											
108 # Financial Issues	0	0	0	0	0	0	1	0	1	0	0	1
109 % Financial Issues	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	N/A	100%
110 # Health Issues	0	0	0	0	0	0	0	0	0	0	0	0
111 % Health Issues	N/A											
112 # Human Rights Issues	0	0	0	0	0	0	0	0	0	0	0	0
113 % Human Rights Issues	N/A											
114 # ISC Issues	0	0	0	0	0	0	0	0	0	0	0	0
115 % ISC Issues	N/A											
116 # ISP Issues	0	0	0	0	0	0	0	0	0	0	0	0
117 % ISP Issues	N/A											
118 # Staffing Issues	0	0	0	1	2	0	0	0	0	0	0	0
119 % Staffing Issues	N/A	N/A	N/A	50%	100%	N/A						
120 # Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	0
121 % Therapy Issues	N/A											
122 # Transportation Issues	0	0	1	1	0	0	0	0	0	0	0	0
123 % Transportation Issues	N/A	N/A	100%	50%	N/A							
124 # Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0
125 % Case Management Issues	N/A											
126 # Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
127 % Other Issues	N/A											

Analysis:

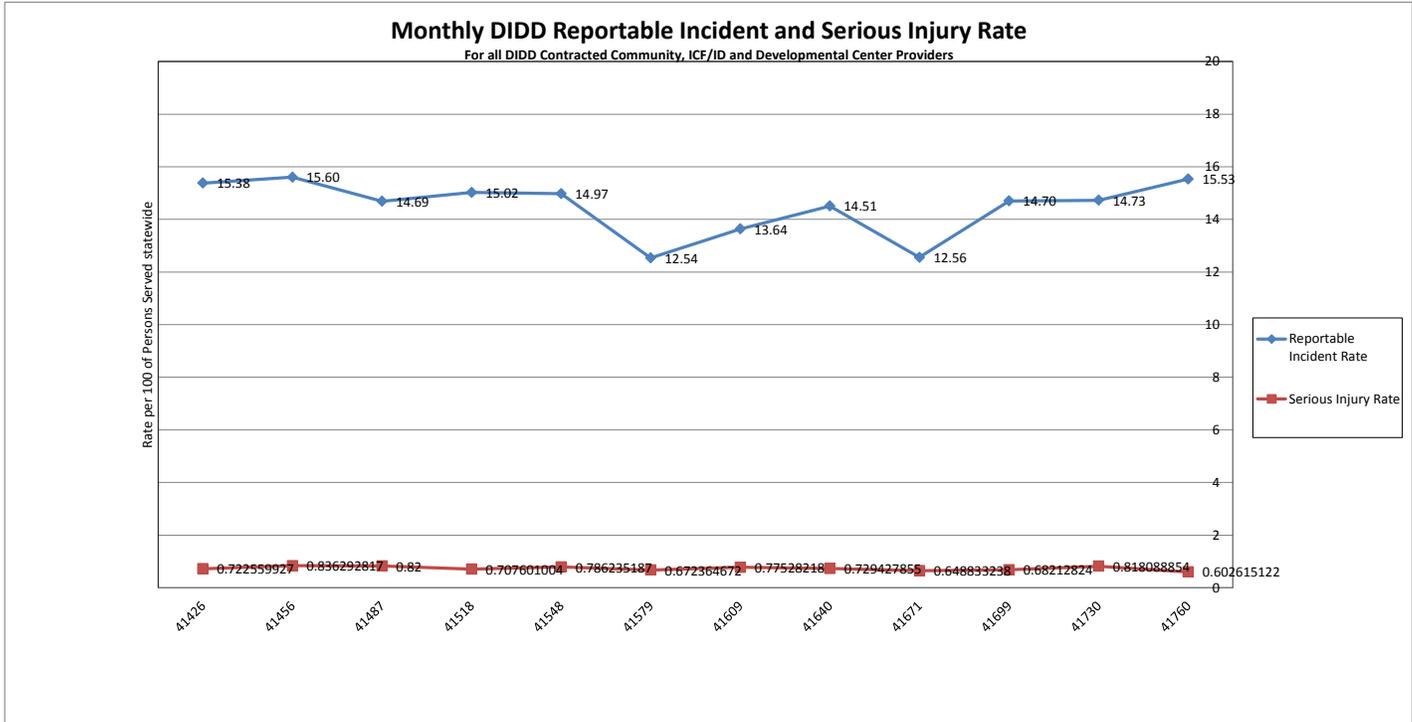
CUSTOMER FOCUSED SERVICES ANALYSIS FOR June 2014

There were 7 complaint issues statewide. This is a decrease of 14 complaints from May 2014. 6 of these complaints were in the Statewide waiver: 2 East, 3 West, and 1 Middle. There was 1 complaint from the Arlington Waiver. There were 0 SD Waiver complaints. These issues were resolved without intervention meetings. There were 191 complaint issues between families, people we support and providers which required intervention meetings. The number of complaints coming directly from persons supported continues to rise mostly in the areas of asking for CFS to attend COS meetings or to advocate for services and this increase could be attributed to all of DIDD's efforts to teach self-advocacy and the large attendance at Regional Focus Groups. The Assistance of the Person Centered Practice teams has contributed greatly to self-advocacy. The person Centered teams are very active with the Focus Groups. The Regional Employment Coordinators have also been active at Focus Group meetings. The interventions continue to be about freedom of choice, ISP decision making, behavior, staff behavior, transitions, time alone, Human Rights, health issues, getting along with staff and meaningful day concerns. There were complaints about staff management and communication, human rights, finances, health and privacy. The most common intervention issues are resolved when there is a face to face meeting with all involved and solutions are sought in a person centered manner. All 9 complaints this month were resolved within 30 days for 100% compliance.

THE MAIN COMPLAINT ISSUES involved staffing issues made by Conservators and family members These complaints were generally about the Conservator's displeasure with the services being provided to their individual. Staffing issues of supervision, communication, training and treatment continue to be the number 1 issue. Many of the issues revolve around misunderstanding of what the Conservator's decision making powers consist of. Conservators and family members consistently complain of ineffective communication between them and COS members or provider staff although there has been considerable improvement in this area over the past several months. CFS also resolves issues that arise from the People Talking to People surveys. CFS OFFERS Dispute Resolution Workshops and Conservatorship Forums to provide educational opportunities to stakeholders.

FOCUS GROUPS WERE HELD IN KNOXVILLE, MEMPHIS, GREENEVILLE, NASHVILLE AND JACKSON PARTICIPATION NUMBERS ARE VERY HIGH IN ALL LOCATIONS. This month each Focus Group worked on developing better coping skills. There is great team building with providers, staff, regional office staff, Behavioral analysts, ISCs and a few family members. The Focus Group main themes this month in Greeneville were self advocacy, employment, "I want to work," and using the self-advocacy manual. There are also CHAT room small group meetings held in Nashville and Knoxville.

D Protection From Harm/Incident Management													
Data Source:													
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.													
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.													
Incidents / East	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
1 # of Reportable Incidents	#####	548	520	534	515	406	445	472	366	515	468	499	47138
2 Rate of Reportable Incidents per 100 people	18.0	17	16.1	16.5	15.9	12.54	13.73	14.56	11.29	15.88	14.44	15.4	15.1
3 # of Serious Injuries	30	21	26	26	25	29	27	25	23	23	28	20	303.0
4 Rate of Incidents that were Serious Injuries per 100 people	0.93	0.65	0.80	0.80	0.77	0.90	0.83	0.77	0.71	0.71	0.86	0.62	0.8
5 # of Incidents that were Falls	30	20	26	45	36	25	25	27	20	23	34	24	335.0
6 Rate of Falls per 100 people	0.93	0.62	0.83	1.39	1.11	0.77	0.77	0.83	0.62	0.71	1.05	0.74	0.9
7 # of Falls resulting in serious injury	14	8	11	16	14	10	12	13	11	3	14	7	133.0
8 % of serious injuries due to falls	46.7%	38.2%	42.3%	61.5%	56.0%	34.5%	44.4%	52.0%	47.8%	13.0%	50.0%	35.0%	43.5%
Incidents / Middle	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
15 # of Reportable Incidents	411	446	395	413	434	367	391	413	402	418	448	456	4994
16 Rate of Reportable Incidents per 100 people	13.2	14.3	12.6	13.2	13.8	11.72	12.49	13.2	12.82	13.29	14.26	14.53	13.3
17 # of Serious Injuries	25	29	26	26	25	18	22	29	20	20	24	26	290.0
18 Rate of Incidents that were Serious Injuries per 100 people	0.8	0.93	0.83	0.83	0.8	0.57	0.7	0.93	0.64	0.64	0.76	0.83	0.8
19 # of Incidents that were Falls	23	24	30	28	31	21	23	36	22	21	25	35	319.0
20 Rate of Falls per 100 people	0.74	0.77	0.96	0.89	0.99	0.67	0.73	1.15	0.7	0.67	0.80	1.12	0.8
21 # of Falls resulting in serious injury	8	9	10	9	11	5	8	11	7	12	12	15	117.0
22 % of serious injuries due to falls	32.0%	31.0%	38.5%	34.6%	44.0%	27.8%	36.4%	37.9%	35.0%	60.0%	50.0%	57.7%	40.4%
Incidents / West	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
29 # of Reportable Incidents	344	368	368	369	365	327	360	388	335	360	380	411	4375
30 Rate of Reportable Incidents per 100 people	14.50	15.50	15.50	15.50	15.20	13.60	15	16.14	13.92	14.95	15.72	17	15.2
31 # of Serious Injuries	8	23	19	10	19	12	19	10	14	17	20	8	179.0
32 Rate of Incidents that were Serious Injuries per 100 people	0.34	0.97	0.8	0.42	0.79	0.5	0.79	0.42	0.58	0.71	0.83	0.33	0.6
37 # of Incidents that were Falls	17	15	22	18	25	22	24	24	11	19	23	19	239.0
38 Rate of Falls per 100 people	0.72	0.63	0.93	0.76	1.04	0.91	1	1	0.46	0.79	0.95	0.79	0.8
39 # of Falls resulting in serious injury	2	3	8	1	8	3	8	5	3	7	4	3	55.0
40 % of serious injuries due to falls	25.0%	13.0%	42.1%	10.0%	42.1%	25.0%	42.1%	50.0%	21.4%	41.2%	20.0%	37.5%	30.8%
D Protection From Harm/Incident Management	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
Incidents / Statewide	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	YTD
44 # of Reportable Incidents	1338	1362	1283	1316	1314	1100	1196	1273	1103	1293	1296	1366	15240
45 Rate of Reportable Incidents per 100 people	15.3	15.6	14.7	15	14.9	12.54	13.64	14.51	12.56	14.7	14.73	15.53	14.5
46 # of Serious Injuries	63	73	71	62	69	59	68	64	57	60	72	54	772.0
47 Rate of Incidents that were Serious Injuries per 100 people	0.72	0.84	0.81	0.71	0.79	0.67	0.78	0.73	0.65	0.68	0.82	0.61	0.7
48 # of Incidents that were Falls	70	59	78	91	92	68	72	87	53	63	82	78	893.0
49 Rate of Falls per 100 people	0.80	0.68	0.89	1.04	1.05	0.77	0.82	0.99	0.6	0.72	0.93	0.89	0.8
50 # of Falls resulting in serious injury	24	20	29	26	33	18	28	29	21	7	30	25	290.0
51 % of serious injuries due to falls	38.1%	27.4%	40.8%	41.9%	47.8%	30.5%	41.2%	45.3%	36.8%	36.7%	41.7%	46.3%	39.5%



PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for May 2014 increased from 14.73 to 15.53. The rate of Serious Injury per 100 persons supported decreased from 0.82 to 0.61. The rate of Falls per 100 persons supported decreased from 0.93 to 0.89. The number of Serious Injuries due to Falls decreased from 30 to 25. The percentage of Serious Injuries due to Falls was 46.3%.

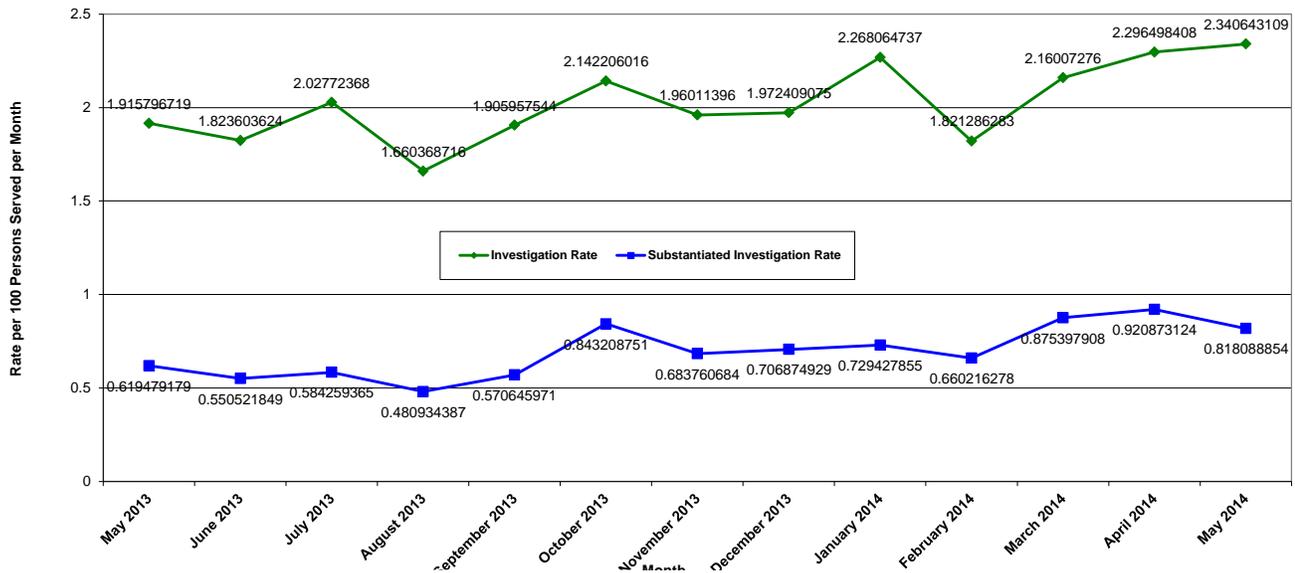
Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for June 2012 – May 2014 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, June 2012 – May 2013, was 14.24 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, June 2013 – May 2014, is 14.40 per 100 persons supported. Analysis showed a small increase of 0.16 in the average incident rate reported when the two annual periods are compared.

D	Protection From Harm/Investigations	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
	East Region												
1	Census	3237	3230	3232	3243	3240	3238	3242	3241	3241	3243	3242	3242
2	# of Investigations	55	47	49	54	66	43	53	57	40	55	59	58
3	Rate of Investigations per 100 people	41850.00	1.46	1.52	1.67	2.04	1.33	1.63	1.76	1.23	1.70	1.82	1.79
4	# of Substantiated Investigations	20	12	10	13	26	15	13	14	15	14	18	11
5	Rate of Substantiated Investigations per 100 people	0.62	0.37	0.31	0.40	0.80	0.46	0.40	0.43	0.46	0.43	0.56	0
6	Percentage of Investigations Substantiated	36%	26%	20%	24%	39%	35%	25%	25%	38%	25%	31%	19%
	Middle Region												
7	Census	3109	3124	3128	3140	3138	3135	3133	3129	3136	3145	3141	3141
9	# of Investigations	53	53	54	45	64	64	65	73	64	68	73	85
10	Rate of Investigations per 100 people	1.70	1.70	1.73	1.43	2.04	2.04	2.07	2.33	2.04	2.16	2.32	2.71
11	# of Substantiated Investigations	17	22	27	18	30	24	32	30	30	35	38	47
12	Rate of Substantiated Investigations per 100 people	0.55	0.70	0.86	0.57	0.96	0.77	1.02	0.96	0.96	1.11	1.21	1
13	Percentage of Investigations Substantiated	32%	42%	50%	40%	47%	38%	49%	41%	47%	51%	52%	55%
	West Region												
14	Census	2373	2375	2373	2379	2398	2402	2396	2404	2408	2408	2818	2418
7/30/2014	# of Investigations	51	77	42	68	58	65	55	69	56	67	57	63
16	Rate of Investigations per 100 people	2.15	3.24	1.77	2.86	2.42	2.71	2.30	2.87	2.33	2.78	2.02	2.61
17	# of Substantiated Investigations	11	17	5	19	18	21	17	20	13	28	27	14.00
18	Rate of Substantiated Investigations per 100 people	0.46	0.72	0.21	0.80	0.75	0.87	0.71	0.83	0.54	1.16	0.96	0.58
19	Percentage of Investigations Substantiated	22%	22%	12%	28%	31%	32%	31%	29%	23%	42%	47%	22%
	Statewide												
20	Census	8719	8729	8733	8762	8776	8775	8771	8774	8785	8796	8801	8801
21	# of Investigations	159	177	145	167	188	172	173	199	160	190	189	206
22	Rate of Investigations per 100 people	1.82	2.03	1.66	1.91	2.14	1.96	1.97	2.27	1.82	2.16	2.15	2
23	# of Substantiated Investigations	48	51	42	50	74	60	62	64	58	77	83	72
24	Rate of Substantiated Investigations per 100 people	0.55	0.58	0.48	0.57	0.84	0.68	0.71	0.73	0.66	0.88	0.94	1
25	Percentage of Investigations Substantiated	30%	29%	29%	30%	39%	35%	36%	32%	36%	41%	44%	0

Monthly DIDD Abuse, Neglect, & Exploitation Investigation and Substantiation Rates

All DIDD Community and eligible Private ICF/ID Persons Served





Month

D | Protection From Harm/Investigations

Analysis:

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

During the month of May, 2014, 206 investigations were completed across the State. Fifty-eight (58) of these originated in the East Region, eighty-five (85) in the Middle Region, and sixty-three (63) in the West Region.

Statewide, investigations were opened at a rate of 2.34 investigations per 100 people served, which is a slight decrease from 2.35 of the previous month. The East Region opened investigations at a rate of 1.79 investigations per 100 people served. The Middle Region opened investigations at a rate of 2.71 investigations per 100 people served. The West Region opened investigations at a rate of 2.61 per 100 people served. The Middle Region opened investigations at a higher rate this month. The West Region has consistently opened investigations at a higher rate in the past.

Seventy-two (72), or 35%, of the 206 investigations opened statewide in May, 2014, were substantiated for abuse, neglect, or exploitation. This was a decrease compared to the prior reporting period, which was 39%. The East Region substantiated the lowest percentage of the investigations 19% (11 substantiated investigations), compared to the 22% substantiated (14 substantiated investigations) in the West Region and the 55% substantiated (47 substantiated investigations) in the Middle Region. East Region had the lowest number of substantiated investigations in the previous reporting month.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served was .82 during May, 2014. The Middle Region substantiated investigations at the highest rate per 100 substantiating 1.50 investigations per 100 people served. The Middle Region showed an increase from 1.21 to 1.50. The West Region substantiated investigations at a rate of .58 per 100 people served in its region. The West region showed a decrease from 1.04 to .58. The East Region substantiated investigations at a rate of .34 per 100 people served in its region. The East Region showed a decrease from .56 to .34.

E Due Process / Freedom of Choice

Data Source:

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.

East Region		Jul-14	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
1	SERVICE REQUESTS												
2	Total Service Requests Received	2262	2584	2926	2370	2269	2192	2216	2499	2220	2425	2675	2679
3	Total Adverse Actions (Incl. Partial Approvals)	97	116	127	121	99	72	97	100	90	92	97	89
4	% of Service Requests Resulting in Adverse Actions	4%	4%	4%	5%	4%	3%	4%	4%	4%	4%	4%	3%
5	Total Grier denial letters issued	63	84	109	73	86	56	64	59	57	65	73	52
6	APPEALS RECEIVED												
7	DELIVERY OF SERVICE												
8	Delay	0	0	0	0	0	0	0	0	0	0	0	1
9	Termination	0	0	0	0	0	0	0	0	0	0	0	0
10	Reduction	0	0	0	0	0	0	0	0	0	0	0	0
11	Suspension	0	0	0	0	0	0	0	0	0	0	0	0
12	Total Received	0	0	0	0	0	0	0	0	0	0	0	1
13	DENIAL OF SERVICE												
14	Total Received	2	6	7	15	7	1	3	9	7	7	5	5
###	Total Grier Appeals Received	2	6	7	15	7	1	3	9	7	7	5	6
16	Total Non-Grier Appeals Received	0	0	1	0	0	0	0	2	0	1	1	0
17	Total appeals overturned upon reconsideration	1	1	2	3	0	0	0	1	0	0	0	0
18	TOTAL HEARINGS	5	7	1	5	6	6	13	13	4	9	8	7
19	DIRECTIVES												
20	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	0
21	Directive due to ALJ Ruling in Recipient's Favor	0	0	1	0	1	0	0	1	0	0	1	0
22	Other	0	0	0	0	0	1	2	0	0	1	0	0
23	Total Directives Received	0	0	1	0	1	1	2	1	0	1	1	0
24	Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	0
25	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	0
26	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	\$0
27	LATE RESPONSES												
28	Total Late Responses	0	0	1	0	0	0	0	0	0	0	0	0
29	Total Days Late	0	0	2	0	0	0	0	0	0	0	0	0
30	Total Fines Accrued (Estimated)	0	0	200	0	0	0	0	\$0.00	0	\$0.00	0	0
31	DEFECTIVE NOTICES												
32	Total Defective Notices Received	0	0	1	0	3	0	0	0	0	0	0	0
33	Total Fines Accrued (Estimated)	\$0	\$0	\$500	\$0	\$1,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0
34	*fine amount is based on timely responses												
35	PROVISION OF SERVICES												
36	Delay of Service Notifications Sent (New)	0	0	0	0	0	0	0	0	0	0	0	0
37	Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	0	0	0	0	0	1
38	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	0
39	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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Middle Region	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
40 SERVICE REQUESTS												
41 Total Service Requests Received	2028	2261	2460	2145	2405	1942	2082	2176	2174	2338	2536	2545
42 Total Adverse Actions (Incl. Partial Approvals)	85	151	119	105	153	122	43	54	64	42	69	29
43 % of Service Requests Resulting in Adverse Actions	4%	7%	5%	5%	7%	6%	2%	3%	3%	2%	3%	1%
44 Total Grievance letters issued	68	101	70	164	91	51	37	55	56	44	59	36
45 APPEALS RECEIVED												
46 DELIVERY OF SERVICE												
47 Delay	3	5	1	3	2	1	1	1	0	0	0	2
48 Termination	0	0	0	0	0	0	0	0	0	0	0	0
49 Reduction	0	0	0	0	0	0	0	0	0	0	0	0
50 Suspension	0	0	0	0	0	0	0	0	0	0	0	0
51 Total Received	0	5	1	3	2	1	1	1	0	0	0	2
52 DENIAL OF SERVICE												
53 Total Received	5	3	2	9	5	2	5	3	2	2	5	4
54 Total Grievance Appeals Received	5	8	3	12	7	3	6	4	2	2	5	6
55 Total Non-Grievance Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0
56 Total appeals overturned upon reconsideration	2	0	0	0	0	0	1	0	0	0	1	0
57												
58 TOTAL HEARINGS	1	3	1	3	1	1	4	2	2	2	1	0
59 DIRECTIVES												
60 Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	0
61 Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	0	0
62 Other	0	0	0	0	0	0	0	1	0	0	1	1
63 Total Directives Received	0	0	0	0	0	0	0	1	0	0	1	1
64 Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	0
65 MCC Directives	0	0	0	0	0	0	0	0	0	0	0	0
66 Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$98,037	\$0	\$0	\$0	\$0
67 LATE RESPONSES												
68 Total Late Responses	1	0	0	0	0	0	0	0	0	0	0	0
69 Total Days Late	1	0	0	0	0	0	0	0	0	0	0	0
70 Total Fines Accrued (Estimated)	\$100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
71 DEFECTIVE NOTICES												
72 Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0	0	0
73 Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
74 *fine amount is based on timely responses												
75 PROVISION OF SERVICES												
76 Delay of Service Notifications Sent (New)	0	5	1	3	2	1	1	1	0	0	2	2
77 Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	0	0	0	0	0	0
78 Total days service(s) not provided per TennCare ORR	0	21	2	5	3	5	7	27	0	0	3	2
79 Total Fines Accrued (Estimated)	\$0	\$10,500	\$1,000	\$2,500	\$1,500	\$2,500	\$3,500	\$13,500	\$0	\$0	\$1,500	\$1,000

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West Region		Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
80	SERVICE REQUESTS												
81	Total Service Requests Received	2321	2470	2536	2349	2622	2511	2198	2071	2060	2154	2332	2714
82	Total Adverse Actions (Incl. Partial Approvals)	185	174	189	74	216	215	133	108	69	87	75	237
83	% of Service Requests Resulting in Adverse Actions	8%	7%	7%	5%	8%	9%	6%	5%	3%	4%	3%	9%
84	Total Grier denial letters issued	86	97	89	103	110	110	91	62	70	72	89	103
85	APPEALS RECEIVED												
86	DELIVERY OF SERVICE												
87	Delay	0	0	0	0	0	0	0	0	0	1	0	0
88	Termination	0	0	0	0	0	0	0	0	0	0	0	0
89	Reduction	0	0	0	0	0	0	0	0	0	0	0	0
90	Suspension	0	0	0	0	0	0	0	0	0	0	0	0
91	Total Received	0	0	0	0	0	0	0	0	0	1	0	0
92	DENIAL OF SERVICE												
93	Total Received	7	4	6	3	13	3	4	1	1	4	5	11
94	Total Grier Appeals Received	7	4	6	3	13	3	4	1	1	5	5	11
95	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0
96	Total appeals overturned upon reconsideration	4	0	2	4	9	5	1	1	1	3	2	3
97	TOTAL HEARINGS	0	4	2	2	0	1	0	6	2	2	0	2
98	DIRECTIVES												
99	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	0
100	Directive due to ALJ Ruling in Recipient's Favor	0	0	1	1	0	0	0	0	0	0	0	0
101	Other	0	0	0	0	0	1	0	1	0	0	0	0
102	Total Directives Received	0	0	1	1	0	1	0	1	0	0	0	0
103	Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	0
104	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	0
105	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,078	\$0	\$0	\$0	\$0
106	LATE RESPONSES												
107	Total Late Responses	0	0	0	0	0	0	0	0	0	0	0	0
108	Total Days Late	0	0	0	0	0	0	0	0	0	0	0	0
109	Total Fines Accrued (Estimated)	0	0	0	0	0	0	0	\$0.00	0	\$0.00	0	0
110	DEFECTIVE NOTICES												
111	Total Defective Notices Received	0	0	1	0	0	0	0	0	0	0	0	0
112	Total Fines Accrued (Estimated)	\$0	\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
113	*fine amount is based on timely responses												
114	PROVISION OF SERVICES												
115	Delay of Service Notifications Sent (New)	0	0	1	1	2	0	0	1	0	1	1	1
116	Continuing Delay Issues (Unresolved)	1	1	0	0	0	1	1	1	1	1	0	1
117	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	0
118	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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	Statewide	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
119	SERVICE REQUESTS												
120	Total Service Requests Received	6611	7315	7922	6864	7296	6645	6496	6746	6454	6917	7543	7938
121	Total Adverse Actions (Incl. Partial Approvals)	367	441	435	300	468	409	273	262	223	221	241	355
122	% of Service Requests Resulting in Adverse Actions	6%	6%	5%	4%	6%	6%	4%	4%	3%	3%	3%	4%
123	Total Grier denial letters issued	217	282	268	340	287	217	192	176	183	181	221	191
124	APPEALS RECEIVED												
125	DELIVERY OF SERVICE												
126	Delay	3	5	1	3	2	1	1	1	0	1	0	3
127	Termination	0	0	0	0	0	0	0	0	0	0	0	0
128	Reduction	0	0	0	0	0	0	0	0	0	0	0	0
129	Suspension	0	0	0	0	0	0	0	0	0	0	0	0
130	Total Received	3	5	1	3	2	1	1	1	0	1	0	3
131	DENIAL OF SERVICE												
132	Total Received	14	13	15	27	25	6	12	13	10	13	15	20
133	Total Grier Appeals Received	14	18	16	30	27	7	13	14	10	14	15	23
134	Total Non-Grier Appeals Received	0	0	1	0	0	0	0	2	0	1	1	0
135	Total appeals overturned upon reconsideration	7	1	4	7	9	5	2	2	1	3	3	3
136	TOTAL HEARINGS	6	14	4	10	7	8	17	21	8	13	9	9
137	DIRECTIVES												
138	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	0
139	Directive due to ALJ Ruling in Recipient's Favor	0	0	2	1	1	0	0	1	0	0	1	0
140	Other	0	0	0	0	0	2	2	2	0	1	1	1
141	Total Directives Received	0	0	2	1	1	2	2	3	0	1	2	1
142	Overtured Directives	0	0	0	0	0	0	0	0	0	0	0	0
143	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	0
144	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$106,115	\$0	\$0	\$0	\$0
145	Cost Avoidance (Total Month-Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$50,573	\$106,115	\$137,307	\$4,901	\$0	\$0
146	Cost Avoidance (FY 2013-Estimated)	\$815,581	\$0	\$0	\$0	\$97,945	\$97,945	\$148,518	\$254,632	\$391,939	\$396,840	\$396,840	\$396,840
147	LATE RESPONSES												
148	Total Late Responses	1	0	1	0	0	0	0	0	0	0	0	0
149	Total Days Late	1	0	2	0	0	0	0	0	0	0	0	0
150	Total Fines Accrued (Estimated)	\$100	\$0	\$200	\$0	\$0	\$0	\$0	\$0.00	0	\$0.00	0	0
151	Total Defective Notices Received	0	0	2	0	3	0	0	0	0	0	0	0
152	Total Fines Accrued (Estimated)	\$0	\$0	\$1,000	\$0	\$1,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0
153	*fine amount is based on timely responses												
154	PROVISION OF SERVICES												
155	Delay of Service Notifications Sent (New)	0	5	2	4	4	1	1	2	0	1	3	3
156	Continuing Delay Issues (Unresolved)	1	1	0	0	0	1	1	1	1	1	0	2
157	Total days service(s) not provided per TennCare ORR	0	21	2	5	3	5	7	27	0	0	3	2
158	Total Fines Accrued (Estimated)	\$0	\$10,500	\$1,000	\$2,500	\$1,500	\$2,500	\$3,500	\$13,500	\$0	\$0	\$1,500	\$1,000

Appeals:

The DIDD received 23 appeals in May compared to 15 received in April which is an increase of 53% compared to the previous month. The fiscal year 2014 average is 16 received per month, indicating a 43.8% decrease in appeal volume based on this monthly average. This increase is due to the West region receiving 11 appeals for this month. The fiscal year 2014 average for the West region is 5 received per month.

The DIDD received 7938 service requests statewide for the month of May compared to 7543 for the previous month which is a 5.2% increase in volume. The fiscal year 2014 average is 7020 received per month, which indicates a 13.1% increase in volume based on this monthly average. This increase is due to the West region receiving 2714 service requests for this month. The fiscal year 2014 average for the West region is 2330 received per month, indicating an increase in volume of 16.4%.

4% of service plans were denied statewide in May which is an increase of 1% compared to the previous month. The fiscal year average is 4% denied plans per month.

Directives:

1 directive was received statewide for the month of May. The Middle region received a directive for SL6-IND from 4/23/14-5/21/14 where the region's denial was overturned by TennCare's medical necessity review.

Cost Avoidance:

There was no cost avoidance for this month. Cost avoidance for the fiscal year is \$396,839.99.

Delay of Service

The Middle Region received a 2 delay of service sanctions. Each regarded the lack of provision of PA services by D&S Residential Services for 1 day. The sanctions totaled \$1000.00.

Sanction/Fines:

See above.

F Provider Qualifications / Monitoring (II.H., II.K.)									
Data Source:									
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.									
7/30/2014									
Day and Residential Provider		Statewide				Cumulative / Statewide			
1	# of Day and Residential Providers Monitored this Month	8				59			
2	Total Census of Providers Surveyed	401				3098			
3	# of Sample Size	54				481			
4	% of Individuals Surveyed	13%				16%			
	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
7	Domain 2: Individual Planning and Implementation								
8	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	86%	13%	0%	0%
9	Outcome B. Services and supports are provided according to the person's plan.	50%	50%	0%	0%	62%	32%	5%	0%
11	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	50%	50%	0%	0%	52%	37%	8%	1%
12	Domain 3: Safety and Security								
13	Outcome A. Where the person lives and works is safe.	75%	25%	0%	0%	69%	30%	0%	0%
14	Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	93%	3%	3%	0%
15	Outcome C. Safeguards are in place to protect the person from harm.	50%	50%	0%	0%	38%	54%	6%	0%
16	Domain 4: Rights, Respect and Dignity								
17	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	98%	1%	0%	0%
19	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	93%	6%	0%	0%
20	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	62%	25%	0%	12%	73%	19%	5%	1%
21	Domain 5: Health								
22	Outcome A. The person has the best possible health.	87%	12%	0%	0%	79%	20%	0%	0%
23	Outcome B. The person takes medications as prescribed.	62%	37%	0%	0%	51%	44%	3%	0%
24	Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	91%	8%	0%	0%
25	Domain 6: Choice and Decision-Making								
26	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	98%	1%	0%	0%
27	Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
28	Domain 7: Relationships and Community Membership								
29	Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
30	Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
32	Domain 8: Opportunities for Work								
33	Outcome A. The person has a meaningful job in the community.	71%	0%	0%	28%	89%	2%	0%	7%
34	Outcome B. The person's day service leads to community employment or meets his or her unique needs.	87%	12%	0%	0%	91%	8%	0%	0%
35	Domain 9: Provider Capabilities and Qualifications								
36	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	75%	12%	12%	0%	66%	23%	8%	1%
37	Outcome B. Provider staff are trained and meet job specific qualifications.	75%	25%	0%	0%	62%	32%	5%	0%
	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	75%			25%	62%			37%
38	Outcome C. Provider staff are adequately supported.	75%	12%	12%	0%	65%	29%	3%	1%
39	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	62%	25%	0%	12%	82%	15%	0%	1%
40	Domain 10: Administrative Authority and Financial Accountability								
41	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	25%	62%	12%	0%	35%	47%	15%	1%
42	Outcome B. People's personal funds are managed appropriately.	37%	50%	0%	12%	34%	50%	10%	6%

Personal Assistance		Statewide				Cumulative / Statewide			
43	# of Personal Assistance Providers Monitored this Month	N/A				2			
44	Total Census of Providers Surveyed	N/A				47			
45	# of Sample Size	N/A				9			
46	% of Individuals Surveyed	N/A				19%			
47	# of Additional Focused Files Reviewed	N/A				0			
		Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-Comp. %	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-Comp. %
Domain 2. Individual Planning and Implementation									
48	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
49	Outcome B. Services and supports are provided according to the person's plan.					50%	50%	0%	0%
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					100%	0%	0%	0%
Domain 3: Safety and Security									
52	Outcome A. Where the person lives and works is safe.					100%	0%	0%	0%
53	Outcome C. Safeguards are in place to protect the person from harm.					100%	0%	0%	0%
Domain 4: Rights, Respect and Dignity									
55	Outcome A. The person is valued, respected and treated with dignity.					100%	0%	0%	0%
56	Outcome C. The person exercises his or her rights.					50%	50%	0%	0%
57	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
Domain 5: Health									
59	Outcome A. The person has the best possible health.					100%	0%	0%	0%
60	Outcome B. The person takes medications as prescribed.								
61	Outcome C. The person's dietary and nutritional needs are adequately met.					100%	0%	0%	0%
Domain 6: Choice and Decision-Making									
63	Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
64	Outcome B. The person and family members have information and support to make choices about their lives.					100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications									
66	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					100%	0%	0%	0%
67	Outcome B. Provider staff are trained and meet job specific qualifications.					50%	50%	0%	0%
68	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					50%			50%
69	Outcome C. Provider staff are adequately supported.					100%	0%	0%	0%
70	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.					100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability									
72	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					100%	0%	0%	0%

I	Provider Qualifications / Monitoring (II.H., II.K.)
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ISC Providers		Statewide				Cumulative / Statewide			
73	# of ISC Providers Monitored this Month								
74	Total Census of Providers Surveyed								
75	# of Sample Size								
76	% of Individuals Surveyed								
77	# of Additional Focused Files Reviewed								
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
78	Domain 1: Access and Eligibility								
79	Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
80	Domain 2: Individual Planning and Implementation								
81	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
82	Outcome B. Services and supports are provided according to the person's plan.								
83	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
84	Domain 3: Safety and Security								
85	Outcome A. Where the person lives and works is safe.								
86	Outcome B. The person has a sanitary and comfortable living arrangement.								
87	Outcome C. Safeguards are in place are in place to protect the person from harm.								
88	Domain 9: Provider Capabilities and Qualifications								
89	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
90	Outcome B. Provider staff are trained and meet job specific qualifications.								
91	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
92	Outcome C. Provider Staff are adequately supported.								
93	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
94	Domain 10: Administrative Authority and Financial Accountability								
95	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

I Provider Qualifications / Monitoring (II.H., II.K.)									
Clinical Providers- Behavioral		Statewide				Cumulative / Statewide			
96	# of Clinical Providers Monitored for the month	1				8			
97	Total Census of Providers Surveyed	8				397			
98	# of Sample Size	4				51			
99	% of Individuals Surveyed	50%				13%			
100	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
101	Domain 2: Individual Planning and Implementation								
102	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	0%	100%	0%	0%	62%	12%	12%	12%
103	Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	25%	75%	0%	0%
104	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	50%	50%	0%	0%
105	Domain 3: Safety and Security								
106	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
107	Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	75%	25%	0%	0%
108	Domain 4: Rights, Respect and Dignity								
109	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
110	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	87%	12%	0%	0%
111	Domain 6: Choice and Decision-Making								
112	Outcome A. The person and family members are involved in decision-making at all levels of the system.	0%	100%	0%	0%	87%	12%	0%	0%
113	Domain 9: Provider Capabilities and Qualifications								
114	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	100%	0%	0%	62%	25%	12%	0%
115	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	83%	16%	0%	0%
116	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	80%			20%
117	Outcome C. Provider staff are adequately supported.					75%	25%	0%	0%
118	Domain 10: Administrative Authority and Financial Accountability								
119	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	87%	12%	0%	0%

Clinical Providers- Nursing		Statewide				Cumulative / Statewide			
120	# of Clinical Providers Monitored for the month	1				2			
121	Total Census of Providers Surveyed	8				30			
122	# of Sample Size	4				8			
123	% of Individuals Surveyed	50%				27%			
124	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
125	Domain 2: Individual Planning and Implementation								
126	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
127	Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	0%	100%	0%	0%
128	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	0%	100%	0%	0%	50%	50%	0%
129	Domain 3: Safety and Security								
130	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
131	Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	50%	50%	0%	0%
132	Domain 4: Rights, Respect and Dignity								
133	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
134	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	100%	0%	0%	0%
135	Domain 5: Health								
136	Outcome A. The person has the best possible health.	0%	100%	0%	0%	0%	100%	0%	0%
137	Outcome B. The person takes medications as prescribed.	100%	0%	0%	0%	50%	50%	0%	0%
138	Outcome C. The person's dietary and nutritional needs are adequately met.	0%	100%	0%	0%	50%	50%	0%	0%
139	Domain 6: Choice and Decision-Making								
140	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
141	Domain 9: Provider Capabilities and Qualifications								
142	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	100%	0%	0%	50%	50%	0%	0%
143	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
144	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	100%			0%
145	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
146	Domain 10: Administrative Authority and Financial Accountability								
147	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	50%	50%	0%	0%

Clinical Providers- Therapy		Statewide				Cumulative / Statewide			
148	# of Clinical Providers Monitored for the month	1				5			
149	Total Census of Providers Surveyed	384				637			
150	# of Sample Size	14				42			
151	% of Individuals Surveyed	4%				7%			
152	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
153	Domain 2: Individual Planning and Implementation								
154	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	0%	100%	0%	0%	60%	40%	0%	0%
155	Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	40%	40%	20%	0%
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	40%	60%	0%	0%
157	Domain 3: Safety and Security								
158	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
159	Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	100%	0%	0%	0%
160	Domain 4: Rights, Respect and Dignity								
161	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	100%	100%	0%	0%	0%
162	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
163	Domain 6: Choice and Decision-Making								
164	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
165	Domain 9: Provider Capabilities and Qualifications								
166	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	80%	20%	0%	0%
167	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
168	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	100%			0%
169	Outcome C. Provider staff are adequately supported.					75%	25%	0%	0%
170	Domain 10: Administrative Authority and Financial Accountability								
171	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	0%	100%	0%	0%	40%	60%	0%	0%

QA Summary for QM Report (thru 1/14 data)

Performance Overview- Calendar Year 2014 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	20%	19%	100%	N/A	13%	N/A	20%
Proficient	34%	32%	N/A	N/A	50%	N/A	60%
Fair	45%	48%	N/A	N/A	37%	100%	20%
Significant Concerns	1%	1%	N/A	N/A	N/A	N/A	N/A
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	76	59	2	N/A	8	2	5

Day / Residential Providers:

Analysis: Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- Evergreen Life Services, Frontier Health; Middle- D & S Residential Services, Lend A Hand; West- Behavioral Services of Tennessee, McNairy County Developmental Services, Model Care Management, The ABC's of Quality Care.

East Region:

Frontier Health: The 2014 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. This is the same score they received on their 2012 survey.

Personal funds reviewed at Frontier Health: Of the 7 accounts reviewed 2 contained issues. The following issues were identified: incorrect amounts of money were noted on a few spending log; check numbers were missing on the personal spending logs; there was a missing invoice; an ending balance did not match the next month's beginning balance; deposits received by the agency from the Representative Payee were not documented (copy of check etc); the source of gift cards and the original amount in each instance was not known; household expenses were not always correct (credit for food stamps was not given); and personal property inventory issues were noted (e.g. items not included, missing dates and amounts).

Evergreen Life Services: The 2014 QA survey resulted in the agency receiving a score of 48. This places them in the Proficient range of performance. This is the same score they received on their 2013 QA survey. Domains 2, 5 and 10 remained at PC across both surveys. The provider should focus efforts in the following areas: ensuring that documentation justifies billing of services (repeat issue); requesting amendments to the ISP as necessary (repeat issue); medication variances are detected; untrained natural supports do not administer medications during hours the provider is billing for services; MARs are modified according to agency policy and Medication Administration training procedures and personal property inventories did not always include all required components. A recoupment related to CB and In-home day services documentation is forthcoming.

Personal funds reviewed at Evergreen Life Services: A total of 6 accounts were reviewed and 5 contained issues. The following issues were identified: food and household supplies were paid using personal funds (repeat issue); some late fees were noted; copies or images of checks written were not available; a loan was repaid to the provider without a signed, written agreement; reimbursements were not made within 30 days as required; some receipts were missing; tips were not noted as such on some receipts; food purchases were not always split equally among housemates; various personal property inventory issues were identified.

Middle Region:

ProCare Home Health-The 2014 QA survey was a consultative review. The agency needs to focus on the following: ensuring that RIIT are completed as a part of the agency's assessment process; that documentation reflects the reason services were not provided; clinical contact notes are completed as required; staff instructions are completed/trained within 30 days of service implementation; CSMRs identify, track and address to resolution any barriers to service delivery; agency policies related to PFH are available to for review by internal and external entities; agency staff are knowledgeable of PFH procedures including incident reporting; an agency Complaint Resolution Coordinator is assigned; blank RIFs are available to staff; the agency has and understands the process for addressing investigations and staff misconduct to resolution (including the development of preventative actions); provider policies and procedures should include information concerning the treatment of people with dignity and respect rather than supports provided via a caretaker model; agency staff are familiar with HRC processes as it relates to restrictions and rights; subcontracted staff have been approved by DIDD; agency clinical records policy includes all DIDD required documents (e.g. informed consent, release of information and monthly progress notes); records retention policy complies with DIDD requirements; the provider develops a quality improvement process which includes a self-assessment component; clinical staff receive supervision as required.

West Region:

The ABC's of Quality Care – Day/Residential provider scored 36 of 54/Significant Concerns on its first full QA survey exited June 3, 2014. Domains 8, 9 and 10 scored MC; Outcomes scoring MC or NC include 4D (rights and due process), 8A (opportunities for work), 9A (development and implementation of policies, and self assessment / quality improvement planning processes), 9C (staff supervision), 9D (advisory board), 10A (billing) and 10B (management of personal funds). A number of issues identified this year were previously identified and discussed at the Consultation Survey conducted 11/18/13.

Licenses for services reviewed and were present and current throughout the review period. QP items reviewed regarding staff qualifications met DIDD's benchmark of 86% or greater for the 25 new staff; no item relating to background, registry and OIG checks met the benchmark due both to being completed too early and too late. Training reviewed for these scored 86% or greater in 9 of 13 modules reviewed; compliance scores for the 4 remaining modules ranged from 58% to 80%. For a sample of 4 tenured staff, First Aid training due to one staff's certification expiring; the remaining modules scored 100%. Sanction letters for both personnel practices and staff training are due.

A review of personal funds reflected 0 of 4 people's personal funds were determined to be fully accounted for. Issues were identified with agency policies, no logs had been maintained, bank accounts were not being reconciled monthly, bank charges paid had not been reimbursed, advances made were not per DIDD requirements, and personal inventories were incomplete. For 2 of 4 people reviewed, significant billing issues were identified during the review months including missing notes, billing while the person was in the hospital, providing insufficient staff for the service LON, billing CB without 6hr out of home, and billing day services while the person was eligible for/in school. Recoupment of \$52,772.82 was identified; letter was sent to the agency on 6/20/14.

McNairy County Developmental Services – Day/Residential provider scored 54 of 54/ Exceptional Performance on the QA survey exited June 19, 2014; no Domain or Outcome scored less than PC. This agency has been a 4-Star Provider since 2009. Licenses for services reviewed and clinical staff credentials were present and current throughout the review period. QP items reviewed met DIDD's benchmark of 86% or greater for the 13 new staff with the exception of the Felony Offender Registry checks which scored 30%; staff indicated checks had been completed timely but misplaced; missing checks were completed during the survey. A sanction warning for personnel practices is pending. All required training reviewed for these staff scored 86% or greater. For a sample of 20 tenured staff, training reviewed scored 95% or greater.

Day / Residential Providers:

West Region:

Behavioral Services of TN – Day/Residential provider scored 52 of 54/Exceptional Performance on the QA survey exited June 6, 2014; no Domain or Outcome scored less than PC. The agency has scored 96% or greater on all surveys since 2008. Licenses for services reviewed and 18 clinical staff credentials/approvals were present and current throughout the review period. QP items reviewed met DIDD's benchmark of 86% for the 55 new staff with the exception of criminal background, Abuse Registry and Felony Offender Information List checks; compliance on these items ranged from 81.8% to 85.5% primarily due to being completed too early. A sanction warning for personnel practices is pending. Training reviewed for these new staff scored 96% or greater. For a sample of 20 tenured staff, training reviewed scored 90% or greater.

A review of personal funds reflected funds were considered fully accounted for 4 of 4 people reviewed. For 3 of 4 people, issues regarding Community Based Day billing were identified during the months reviewed as daily notes did not always capture time in and time out of services. The provider requested a review of Domain 10 findings specific to documentation to support billing; determination of the need for recoupment will be made after the review has been completed.

Model Care Management – Day/Residential provider scored 42 of 54/Fair on its first full QA survey exited June 30, 2014. No Domain scored less than PC; however, numerous needs for improvement were identified, such as need to identify the service provided in daily notes; include Day services in monthly reviews; further develop and/or implement required policies and practices including self-assessment, quality improvement planning, and oversight of personal funds; implement required personnel and staff training practices; ensure HRC review of psychotropic medications; promote the concept of community employment for people supported; increase attention to routine supervision of staff; and improve billing practices.

Licenses for services reviewed were present and current throughout the review period. QP items reviewed for the 3 new staff scored 100% with the exception of criminal background checks which scored 0%. One was completed during the survey; reports for the two remaining staff were not provided. Training reviewed for these new staff 86% or greater for 3 modules reviewed; compliance scores for the remaining 9 ranged from 50% to 66.7%. For a sample of 4 tenured staff, training reviewed scored 100%. As repeat issues, sanctions for personnel practices and for new staff training are pending.

A review of personal funds reflected personal funds were not considered fully accounted for the 1 person reviewed. Issues noted included need for policy development, monthly reconciliation of bank accounts, logs not maintained, missing food stamp receipts, and the agency was not maintaining adequate separation of duties. For both people supported, issues regarding Community Based Day billing were identified during the months reviewed as daily notes did not always capture time in and time out of services. Additionally, for the one person receiving Personal Assistance services, both over billing and under billing were identified. Recoupment is pending.

Follow-up on actions taken from previous reporting period:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

ISC Providers:

Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers:

Providers reviewed: East- Dara Thompson Kline; Middle- no reviews; West- Brian Kee (consultative review).

East Region:

Dara Kline-The 2014 QA survey resulted in the agency receiving a score of 30. This places them in the Fair range of performance. Compared to their 2011 survey results (36-Exceptional) this is a 6 point decrease in compliance. This decrease in compliance was specific to Domains 2, 6, and 9. The provider should focus efforts in the following areas: RIIT are completed in a timely manner; clinical contact notes contain all required components; satisfaction surveys are completed and the results are used to modify agency services as indicated; the provider has a quality improvement process including a self-assessment component used to review the quality of services and supports.

West Region:

Brian Kee, BCBA – Consultation Survey was conducted for this independent provider of Behavior Services on 6/9/14. Service provision began 3/1/14 and at the time of this review, six people were receiving BA services. Some issues were identified with the content of the BSAR, BSP and CSMRs reviewed; numerous policies had not yet been developed; on two occasions, the provider had billed for services documented as provided on a different date. Rebilling for those services already had begun.

The provider's approval to provide Behavior services was present and current. As an independent provider, background and registry checks had been completed as part of the provider approval process. Evidence of completion of required training and of orientation for behavior providers was noted.

Follow-up on actions taken from previous reporting period:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Nursing Providers:

Providers reviewed: East- ContinuCare Health Services; Middle- no reviews; West- no reviews

East Region:

ContinuCare Health Services- The 2014 QA survey resulted in the agency receiving a score of 34. This places them in the Fair range of performance. Compared to their 2012 survey results (42-Exceptional) this is a 8 point decrease in compliance. This decrease in compliance was specific to Domains 2, 3, 5 and 9. The provider has decided to voluntarily end its contract with DIDD at the end of July 2014.

Follow-up on actions taken from previous reporting period:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by

Therapy Providers:

Providers reviewed: East- ProCare Home Health (consultative review); Middle-Speech Pathology Consultants; West- no reviews

East Region:

ProCare Home Health-The 2014 QA survey was a consultative review. The agency needs to focus on the following: ensuring that RIIT are completed as a part of the agency's assessment process; that documentation reflects the reason services were not provided; clinical contact notes are completed as required; staff instructions are completed/trained within 30 days of service implementation; CSMRs identify, track and address to resolution any barriers to service delivery; agency policies related to PFH are available to for review by internal and external entities; agency staff are knowledgeable of PFH procedures including incident reporting; an agency Complaint Resolution Coordinator is assigned; blank RIFs are available to staff; the agency has and understands the process for addressing investigations and staff misconduct to resolution (including the development of preventative actions); provider policies and procedures should include information concerning the treatment of people with dignity and respect rather than supports provided via a caretaker model; agency staff are familiar with HRC processes as it relates to restrictions and rights; subcontracted staff have been approved by DIDD; agency clinical records policy includes all DIDD required documents (e.g. informed consent, release of information and monthly progress notes); records retention policy complies with DIDD requirements; the provider develops a quality improvement process which includes a self-assessment component; clinical staff receive supervision as required.

Middle Region:

ProCare Home Health-The 2014 QA survey was a consultative review. The agency needs to focus on the following: ensuring that RIIT are completed as a part of the agency's assessment process; that documentation reflects the reason services were not provided; clinical contact notes are completed as required; staff instructions are completed/trained within 30 days of service implementation; CSMRs identify, track and address to resolution any barriers to service delivery; agency policies related to PFH are available to for review by internal and external entities; agency staff are knowledgeable of PFH procedures including incident reporting; an agency Complaint Resolution Coordinator is assigned; blank RIFs are available to staff; the agency has and understands the process for addressing investigations and staff misconduct to resolution (including the development of preventative actions); provider policies and procedures should include information concerning the treatment of people with dignity and respect rather than supports provided via a caretaker model; agency staff are familiar with HRC processes as it relates to restrictions and rights; subcontracted staff have been approved by DIDD; agency clinical records policy includes all DIDD required documents (e.g. informed consent, release of information and monthly progress notes); records retention policy complies with DIDD requirements; the provider develops a quality improvement process which includes a self-assessment component; clinical staff receive supervision as required.

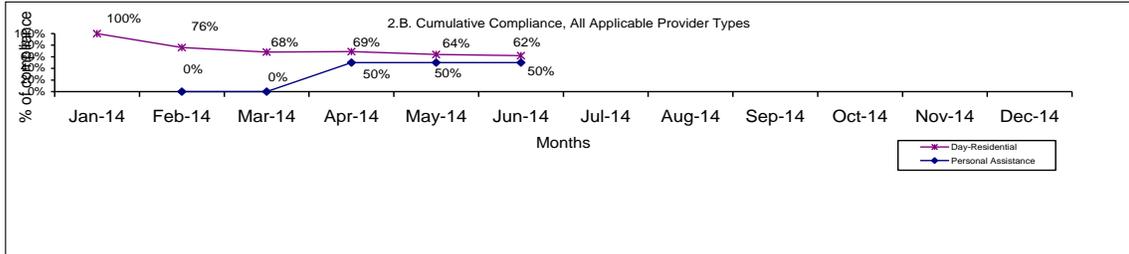
Follow-up on actions taken from previous reporting period:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Special Reviews

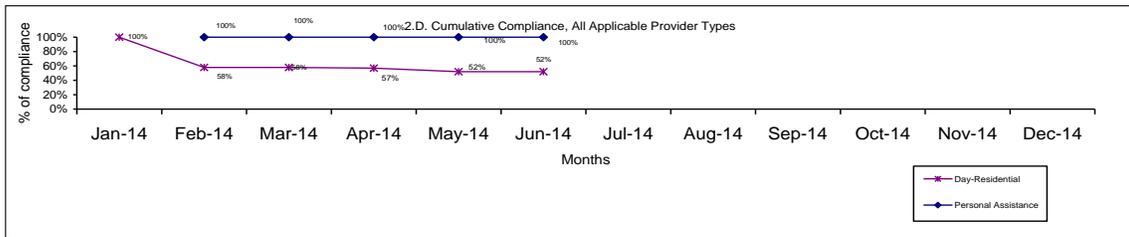
Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)

Provider Type	% of Providers in Compliance
Day-Residential	50%
Personal Assistance	N/A



Domain 2, Outcome D (The person's plan and services are monitored for continued appropriateness and revised as needed.)

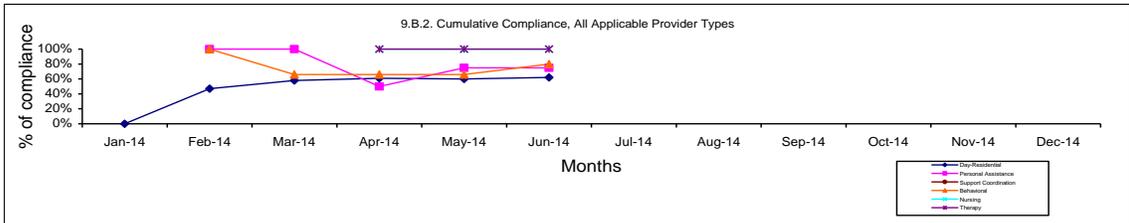
Provider Type	% of Providers in Compliance
Day-Residential	50%
Personal Assistance	N/A



Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	75%
Personal Assistance	N/A
Support Coordination	N/A
Behavioral	100%
Nursing	100%
Therapy	100%



F Provider Qualifications / Monitoring (II.H., II.K.) Personal Funds

Data Source:

Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

7/30/2014

Personal Funds - East		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
1	# of Individual Personal Funds Accounts Reviewed		11	18	21	13	13						
2	# of Individual Personal Funds Accounts Fully Accounted For		4	10	3	1	6						
3	# of Personal Funds Accounts Found Deficient		7	8	18	13	7						
4	% of Personal Funds Fully Accounted for		36%	56%	14%	8%	46%						
5	% of Personal Funds Found Deficient		64%	44%	86%	100%	54%						

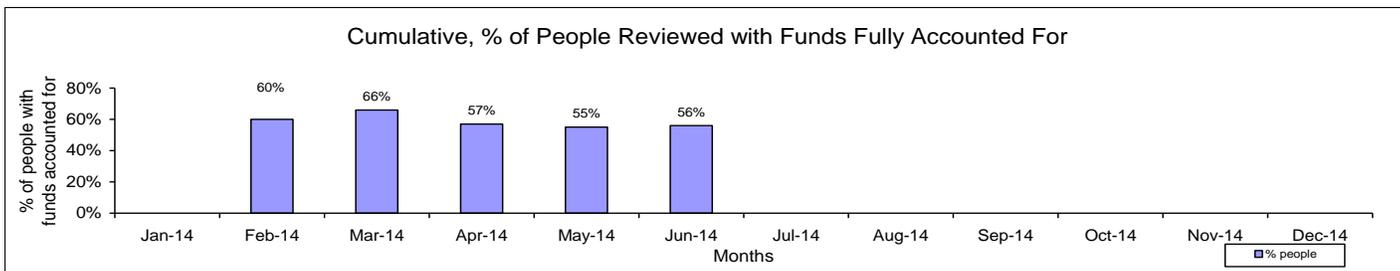
Personal Funds - Middle		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
6	# of Individual Personal Funds Accounts Reviewed		29	16	15	27	5						
7	# of Individual Personal Funds Accounts Fully Accounted For		17	9	6	20	4						
8	# of Personal Funds Accounts Found Deficient		12	7	9	7	1						
9	% of Personal Funds Fully Accounted for		59%	56%	40%	74%	80%						
####	% of Personal Funds Found Deficient		41%	44%	60%	26%	20%						

Personal Funds - West		Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
11	# of Individual Personal Funds Accounts Reviewed		7	18	8	4	14						
12	# of Individual Personal Funds Accounts Fully Accounted For		7	18	7	1	9						
13	# of Personal Funds Accounts Found Deficient		0	0	1	3	5						
14	% of Personal Funds Fully Accounted for		100%	100%	88%	25%	64%						
15	% of Personal Funds Found Deficient		0%	0%	13%	75%	36%						

Personal Funds - Statewide		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
16	# of Individual Personal Funds Accounts Reviewed		47	52	44	44	32						
17	# of Individual Personal Funds Accounts Fully Accounted For		28	37	16	22	19						
18	# of Personal Funds Accounts Found Deficient		19	15	28	23	13						
19	% of Personal Funds Fully Accounted for		60%	71%	36%	50%	59%						
20	% of Personal Funds Found Deficient		40%	29%	64%	52%	41%						

Cumulative Funds Data		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
21	# of Individual Personal Funds Accounts Reviewed		47	99	143	187	219						
22	# of Individual Personal Funds Accounts Fully Accounted For		28	65	81	103	122						
23	# of Personal Funds Accounts Found Deficient		19	34	62	85	98						
24	% Funds Accounted for, Cumulatively		60%	66%	57%	55%	56%						
25	% Funds Deficient, Cumulatively		40%	34%	43%	45%	45%						

Region	% of Personal Funds Fully Accounted For
East	46%
Middle	80%
West	64%
Statewide	59%



Analysis:

The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.

See references under provider summaries above.

Follow-up action taken from previous reporting periods:

The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.

