

# Data Management Report

February 2016

# Data Management Report

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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 "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1	East	1943	1951	1950	1953	1962	1963	1957					
2	Middle	1888	1890	1884	1892	1889	1889	1889					
3	West	1084	1086	1091	1092	1097	1101	1095					
4	Statewide	4915	4927	4925	4937	4948	4953	4941	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
	Approved waiver participants per calendar year.	5072	5072	5072	5072	5072	5072	5072	5072	5072	5072	5072	5072
5	Unduplicated waiver participants.	4947	4976	4981	4998	5024	5043	4967					
6	# of slots remaining for calendar year	125	96	91	74	48	29	105	5072	5072	5072	5072	5072

CAC Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
7	East	515	518	515	513	514	509	508					
8	Middle	554	551	549	551	550	544	542					
9	West	747	748	748	745	744	742	740					
10	Statewide	1816	1817	1812	1809	1808	1795	1790	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
11	Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923
12	Unduplicated waiver participants.	1828	1830	1831	1833	1838	1838	1797					
13	# of slots remaining for calendar year	95	93	92	90	85	85	126	1923	1923	1923	1923	1923

SD Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
14	East	386	389	396	396	402	405	405					
15	Middle	441	443	449	451	456	457	456					
16	West	337	335	337	339	339	338	342					
17	Statewide	1164	1167	1182	1186	1197	1200	1203	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
18	Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
19	Unduplicated waiver participants.	1202	1215	1234	1247	1259	1266	1212					
20	# of slots remaining for calendar year	600	587	568	555	543	536	590					

**The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.**

DIDD Demographics Full State Funded (CS Tracking)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
21	East	4	4	4	4	4	4	4					
22	Middle	1	1	1	1	1	1	1					
23	West	1	1	1	1	1	1	1					
24	HJC FAU (Forensic)	6	5	5	5	5	5	3					
25	HJC BSU (Behavior)	4	4	4	4	3	4	4					
26	Statewide	16	15	15	15	14	15	13	0	0	0	0	0

**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-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
27	East	63	63	64	64	61	63	62					
28	Middle	32	30	32	36	39	40	39					
29	West	0	0	0	0	0	0	0					
30	Statewide	95	93	96	100	100	103	101	0	0	0	0	0

Developmental Center census		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
31	GVDC	86	84	81	75	68	68	68					
32	CBDC	15	6	6	6	0	0	0					
33	HJC- Day One (ICF)	5	6	6	6	6	6	6					
34	Total	106	96	93	87	74	74	74	0	0	0	0	0

DIDD community homes ICF/IID census		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
35	East	63	63	63	63	63	61	61					
36	Middle	18	28	28	28	34	34	34					
37	West	48	48	48	48	48	48	48					
38	TOTAL	129	139	139	139	145	143	143	0	0	0	0	0

DIDD SERVICE CENSUS*		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
39	Total receiving DIDD funded services	8241	8254	8262	8273	8286	8283	8265	0	0	0	0	0

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

**A 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.

<b>ALL Waiver Enrollments</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
1	CAC	1	2	1	2	5	0							11
2	SD Waiver	12	13	19	13	12	7							76
3	Statewide Waiver	23	20	15	18	26	19							121
4	<b>Total Waiver Enrollments</b>	<b>36</b>	<b>35</b>	<b>35</b>	<b>33</b>	<b>43</b>	<b>26</b>							<b>208</b>

<b>CAC Waiver Enrollments</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
6	East	1	2	0	1	4	0	0						8
7	Middle	0	0	1	0	1	0	2						4
8	West	0	0	0	1	0	0	0						1
9	<b>Grand Total CAC Waiver</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>2</b>						<b>13</b>

<b>SD Waiver Enrollments</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
10	East	3	5	7	3	6	4	6						34
11	Middle	6	6	7	5	5	3	2						34
12	West	3	2	5	5	1	0	5						21
13	<b>Grand Total SD Waiver</b>	<b>12</b>	<b>13</b>	<b>19</b>	<b>13</b>	<b>12</b>	<b>7</b>	<b>13</b>						<b>89</b>

<b>SD Waiver Aging Caregiver</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
Aging Caregiver is included in Total														
	East	0	2	2	0	2	2	3						11
	Middle	0	1	0	2	1	0	0						4
	West	0	1	2	0	1	0	2						6
	<b>Total</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>5</b>						<b>21</b>

**Statewide Waiver Enrollments by Referral Source**

<b>Crisis</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
14	East	5	2	3	1	11	2	1						25
15	Middle	2	6	4	4	2	1	6						25
16	West	3	5	4	3	1	5	0						21
17	<b>Total</b>	<b>10</b>	<b>13</b>	<b>11</b>	<b>8</b>	<b>14</b>	<b>8</b>	<b>7</b>						<b>71</b>

Secondary Enrollment Source of Crisis:

<b>APS</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
18	East	0	1	0	1	1	0	0						3
19	Middle	0	1	1	0	0	0	0						2
20	West	0	0	0	1	0	0	0						1
21	<b>Total</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>						<b>6</b>

APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.

<b>CHOICES</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
22	East	0	0	0	0	0	0	0						0
23	Middle	0	0	1	0	0	0	0						1
24	West	0	0	0	0	0	0	0						0
25	<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>						<b>1</b>

<b>CORRECTIONAL FACILITY</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
26	East	0	0	0	0	0	0	0						0
27	Middle	0	0	0	0	0	0	0						0
28	West	0	0	1	0	0	0	0						1
29	<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>								

DCS Enrollments		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
30	East	1	0	0	1	2	2	1						7
31	Middle	4	0	0	0	0	0	0						4
32	West	0	1	1	2	1	0	0						5
33	<b>Total</b>	5	1	1	3	3	2	1						16

DC Transitions into Statewide		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
34	GVDC	0	0	0	0	0	0	0						0
35	HJC	0	0	0	0	0	0	0						0
36	<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0

ICF Transfer Enrollments		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
37	East	1	1	0	0	0	0	0						2
38	Middle	0	0	0	0	0	0	0						0
39	West	1	0	0	0	3	0	0						4
40	<b>Total</b>	2	1	0	0	3	0	0	0	0	0	0	0	6

MH Enrollments		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
41	East	1	1	0	1	0	0	0						3
42	Middle	0	0	0	1	0	1	0						2
43	West	0	0	1	2	2	2	0						7
44	<b>Total</b>	1	1	1	4	2	3	0	0	0	0	0	0	12

PASRR NON NF		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
45	East	0	0	0	0	0	1	0						1
46	Middle	0	0	0	0	0	0	0						0
47	West	0	0	0	0	0	0	0						0
48	<b>Total</b>	0	0	0	0	0	1	0	0	0	0	0	0	1

PASRR in NF		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
49	East	1	0	0	1	0	1	0						
50	Middle	2	0	0	0	0	2	0						
51	West	0	0	0	0	0	0	0						
52	<b>Total</b>	3	0	0	1	0	3	0	0	0	0	0	0	7

SD Waiver Transfers		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
53	East	1	0	1	0	1	0	0						3
54	Middle	0	3	0	1	2	1	1						8
55	West	1	1	1	1	1	1	0						6
56	<b>Total</b>	2	4	2	2	4	2	1	0	0	0	0	0	17

Total by Region		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
57	East	10	4	4	4	14	6	2						44
58	Middle	8	9	4	6	4	5	7						43
59	West	5	7	7	8	8	8	0						43
60	<b>Grand Total Statewide Waiver</b>	23	20	15	18	26	19	9	0	0	0	0	0	130

**Analysis**

There were 9 waiver enrollments for January 2016. Thirteen people enrolled into the SD waiver, of those, five were under the Aging Caregiver category. Nine people enrolled into the Statewide waiver. There were two CAC enrollments from the HJC center.

**B Waiver Disenrollments**

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
<b>CAC Waiver</b>													
61 Voluntary	0	0	1	0	0	0	0						1
62 Involuntary- Death	4	3	5	8	6	9	7						42
63 Involuntary- Safety	0	0	0	0	0	0	0						0
64 Involuntary- Incarceration	0	0	0	0	0	0	0						0
65 Involuntary- NF > 90 Days	0	0	0	0	0	1	0						1
66 Involuntary- Out of State	0	0	0	0	0	0	0						0
67 <b>Total Disenrolled</b>	4	3	6	8	6	10	7	0	0	0	0	0	44
<b>SD Waiver</b>													
68 Voluntary	1	0	3	0	0	4	3						11
69 Involuntary- Death	0	1	2	0	1	0	0						4
70 Involuntary- Safety	0	0	0	0	0	0	0						0
71 Involuntary- Incarceration	0	0	0	0	0	0	0						0
72 Involuntary- NF > 90 Days	0	0	0	1	0	1	0						2
73 Involuntary- Out of State	0	1	1	1	1	0	0						4
74 <b>Total Disenrolled</b>	1	2	6	2	2	5	3	0	0	0	0	0	21
<b>Statewide Waiver</b>													
75 Voluntary	4	0	0	1	2	1	2						10
76 Involuntary- Death	6	6	10	4	9	9	12						56
77 Involuntary- Safety	0	0	0	0	0	0	0						0
78 Involuntary- Incarceration	0	0	0	0	0	0	0						0
79 Involuntary- NF > 90 Days	0	0	0	0	0	0	0						0
80 Involuntary- Out of State	0	2	0	2	0	0	0						4
81 <b>Total Disenrolled</b>	10	8	10	7	11	10	14	0	0	0	0	0	70
<b>82 Total Waiver Disenrollments:</b>	<b>15</b>	<b>13</b>	<b>22</b>	<b>17</b>	<b>19</b>	<b>25</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>135</b>

**Analysis:**

There were a total of 24 waiver disenrollments for January. Seven from the CAC waiver, three from the SD waiver, and 14 from the Statewide waiver.

**C Developmental Center-to-Community Transitions Report**

Census reflects the number of people in the facility on the last day of the month.

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
<b>Greene Valley</b>													
83 Census [June 2015 88]	86	83	81	75	68	68	68						
<b>Discharges</b>													
84 Death	0	0	0	1	0	0	0						1
85 Transition to another dev center	0	0	0	0	0	0	0						0
86 Transition to community state ICF	0	0	1	0	0	0	0						1
87 Transition to private ICF	1	1	1	4	3	0	0						10
88 Transition to waiver program	1	2	0	1	4	0	0						8
89 Transition to non DIDD srvs	0	0	0	0	0	0	0						0
90 <b>Total Discharges</b>	2	3	2	6	7	0	0						20
<b>Clover Bottom</b>													
91 Census [June 2015 18]	16	6	6	6	0	0	0	0	0	0	0	0	
<b>Discharges</b>													
92 Death	0	0	0	0	0	0	0	0	0	0	0	0	0
93 Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
94 Transition to community state ICF	2	10	0	0	6	0	0	0	0	0	0	0	18
95 Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
96 Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
97 Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0	0	0
98 <b>Total Discharges</b>	2	10	0	0	0	0	0	0	0	0	0	0	12
<b>Harold Jordan Center</b>													
99 Census [June 2015 14]	15	15	15	15	14	15	13						
<b>Admissions</b>													
100 HJC Day One (ICF)	0	1	0	0	0	0	0						1
101 HJC FAU (SF)	1	0	0	0	1	0	0						2
102 HJC BSU (SF)	0	0	1	0	1	1	0						3
103 <b>Total Admissions</b>	1	1	1	0	2	1	0						6
<b>Discharges</b>													
104 Death	0	0	0	0	0	0	0						0
105 Transition to community state ICF	0	0	0	0	0	0	0						0
106 Transition to private ICF	0	0	0	0	0	0	0						0
107 Transition to waiver program	0	1	1	0	1	0	2						5
108 Transition back to community	0	0	0	0	0	0	0						0
109 <b>Total Discharges</b>	0	1	1	0	1	0	2						5
<b>East Public ICF Homes</b>													
110 Census [June 2015 63]	63	63	63	63	63	61	61						
<b>Admissions</b>													
111 Discharges	0	0	1	0	0	0	0						1
<b>Discharges</b>													
112 Death	0	0	1	0	0	2	0						3
113 Transition to another dev center	0	0	0	0	0	0	0						0
114 Transition to community state ICF	0	0	0	0	0	0	0						0
115 Transition to private ICF	0	0	0	0	0	0	0						0
116 Transition to waiver program	0	0	0	0	0	0	0						0
117 Transition to non DIDD srvs	0	0	0	0	0	0	0						0
118 <b>Total Discharges</b>	0	0	1	0	0	2	0						3

<b>Middle Public ICF Homes</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	
119	Census [June 2015 16]	18	28	28	28	34	34	34						FYTD
120	Admissions	2	10	0	0	6	0	0						6
Discharges														
121	Death	0	0	0	0	0	0	0						0
122	Transition to another dev center	0	0	0	0	0	0	0						0
123	Transition to public state ICF	0	0	0	0	0	0	0						0
124	Transition to private ICF	0	0	0	0	0	0	0						0
125	Transition to waiver program	0	0	0	0	0	0	0						0
126	Transition to non DIDD srvs	0	0	0	0	0	0	0						0
127	<b>Total Discharges</b>	0	0	0	0	0	0	0						0
<b>West Public ICF Homes</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	
128	Census [June 2015 47]	48	48	48	48	48	48	48						FYTD
129	Admissions	0	0	0	0	0	0	0						0
Discharges														
130	Death	0	0	0	0	0	0	0						0
131	Transition to another dev center	0	0	0	0	0	0	0						0
132	Transition to public state ICF	0	0	0	0	0	0	0						0
133	Transition to private ICF	0	0	0	0	0	0	0						0
134	Transition to waiver program	0	0	0	0	0	0	0						0
135	Transition to non DIDD srvs	0	0	0	0	0	0	0						0
136	<b>Total Discharges</b>	0	0	0	0	0	0	0						0

**Analysis:**

There were two discharges from HJC into the community. No other census changes occurred.

STATEWIDE DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	92	95	78	81	80	80	83	0	0	0	0	0
# of Urgent cases	407	396	398	396	384	376	377	0	0	0	0	0
# of Active cases	3766	3694	3651	3571	3542	3474	3433	0	0	0	0	0
# of Deferred cases	1975	2002	2030	2062	2085	2135	2146	0	0	0	0	0
Wait List Total	6240	6187	6157	6110	6091	6065	6039	0	0	0	0	0

June 2015 - 6277

Monthly net effect	-37	-53	-30	-47	-19	-26	-26		0	0	0	0
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Additions												FY Total	
Crisis cases added	11	10	5	3	15	6	3	0	0	0	0	0	53
Urgent cases added	15	12	14	14	13	13	6	0	0	0	0	0	87
Active cases added	23	23	19	18	16	20	16	0	0	0	0	0	135
Deferred cases added	16	10	12	12	15	10	7	0	0	0	0	0	82
Total # Added	65	55	50	47	59	49	32	0	0	0	0	0	357

Removals

For Enrollment into the SD Waiver	8	10	19	13	21	6	14	0	0	0	0	0	91
For Enrollment into the Statewide Waiver	16	19	15	15	28	17	7	0	0	0	0	0	117
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0	0	0	0	0	0	1
Moved into a Private ICF home	3	1	2	0	0	1	0	0	0	0	0	0	7
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0	0	0	0	0
Deceased	5	4	7	1	1	3	6	0	0	0	0	0	27
Moved out of state	4	3	4	3	3	6	2	0	0	0	0	0	25
Not eligible for services	0	2	1	0	1	1	1	0	0	0	0	0	6
Other	0	1	0	1	2	1	1	0	0	0	0	0	6
Receiving other funded services	1	0	1	0	1	0	1	0	0	0	0	0	4
Requested to be removed	2	6	3	1	7	6	3	0	0	0	0	0	28
Unable to locate	64	62	28	60	13	34	23	0	0	0	0	0	284
Total Number Removed this Month	103	108	80	94	78	75	58	0	0	0	0	0	596

Monthly Snapshot

Comparison	East	Middle	West	Statewide	Added	East	Middle	West	Statewide
Crisis	31	34	18	83	Crisis	1	1	1	3
Urgent	216	152	9	377	Urgent	4	1	1	6
Active	1218	1101	1114	3433	Active	8	5	3	16
Deferred	687	733	726	2146	Deferred	1	3	3	7
WL Total	2152	2020	1867	6039	WL Total	14	10	8	32

EAST REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	31	25	21	27	27	29	31					
# of Urgent cases	217	217	227	230	223	221	216					
# of Active cases	1309	1279	1269	1225	1218	1218	1218					
# of Deferred cases	682	684	686	688	689	689	687					
Wait List Total	2239	2205	2203	2170	2157	2157	2152	0	0	0	0	0

June 2015 -2259

Net effect on Grand Total List	-20	-34	-2	-33	-13	0	-5		0	0	0	0
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Additions												FY Total	
# of Crisis cases added	3	3	3	1	5	2	1						18
# of Urgent cases added	7	6	8	11	4	4	4						44
# of Active cases added	10	12	8	8	5	10	8						61
# of Deferred cases added	8	5	5	9	4	3	1						35
Total # Added to the Wait List	28	26	24	29	18	19	14	0	0	0	0	0	158

Removals

For Enrollment into the SD Waiver	3	5	7	3	6	4	5						33
For Enrollment into the Statewide Waiver	10	8	3	5	12	7	2						47
For Enrollment into the CAC Waiver	0	0	0	0	0	0	0						0
Moved into Private ICF home	1	0	1	0	0	1	0						3

Moved into DIDD ICF home	0	0	0	0	0	0	0							0
Deceased	2	3	2	0	1	1	2							11
Moved out of state	1	0	1	3	3	4	0							12
Not eligible for services	0	1	1	0	1	1	0							4
Other	0	0	0	0	0	0	0							0
Receiving other funded services	0	0	0	0	0	0	1							1
Requested to be removed	0	0	0	0	0	1	2							3
Unable to locate	32	43	11	52	8	0	6							152
Total Number Removed this Month	49	60	26	63	31	19	18	0	0	0	0	0	0	266
MIDDLE REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16		
# of Crisis cases	46	47	41	41	37	37	34							
# of Urgent cases	174	165	156	159	159	152	152							
# of Active cases	1202	1166	1161	1155	1154	1109	1101							
# of Deferred cases	654	683	686	685	685	730	733							
Wait List Total	2076	2061	2044	2040	2035	2028	2020	0	0	0	0	0	0	0
June 2015 -2100														
Net effect on Grand Total List	-24	-15	-17	-4	-5	-7	-8		0	0	0	0	0	0

Additions													FY Total	
# of Crisis cases added	5	4	1	1	5	3	1							20
# of Urgent cases added	3	5	4	3	8	6	1							30
# of Active cases added	2	4	3	5	4	6	5							29
# of Deferred cases added	2	4	3	0	2	5	3							19
Total # Added to the Wait List	12	17	11	9	19	20	10	0	0	0	0	0	0	98

Removals														
For Enrollment into the SD Waiver	1	3	6	7	13	2	3							35
For Enrollment into the Statewide Waiver	3	9	6	5	8	4	5							40
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0							1
Moved into Private ICF home	1	1	0	0	0	0	0							2
Moved into DIDD ICF home	0	0	0	0	0	0	0							0
Deceased	2	1	3	0	0	2	2							10
Moved out of state	3	1	1	0	0	2	1							8
Not eligible for services	0	1	0	0	0	0	1							2
Other	0	0	0	0	1	0	1							2
Receiving other funded services	0	0	0	0	0	0	0							0
Requested to be removed	1	3	2	1	1	4	1							13
Unable to locate	24	14	10	0	0	13	6							67
Total Number Removed this Month	35	33	28	13	24	27	20	0	0	0	0	0	0	180

WEST REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	15	23	16	13	16	14	18					
# of Urgent cases	16	14	15	7	2	3	9					
# of Active cases	1255	1249	1221	1191	1170	1147	1114					
# of Deferred cases	639	635	658	689	711	716	726					
Wait List Total	1925	1921	1910	1900	1899	1880	1867	0	0	0	0	0

June 2015 -1918

Net effect on Grand Total List	7	-4	-11	-10	-1	-19	-13		0	0	0	0
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Additions

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FY Total
# of Crisis cases added	3	3	1	1	5	1	1						15
# of Urgent cases added	5	1	2	0	1	3	1						13
# of Active cases added	11	7	8	5	7	4	3						45
# of Deferred cases added	6	1	4	3	9	2	3						28
Total # Added to the Wait List	25	12	15	9	22	10	8	0	0	0	0	0	101

Removals

For Enrollment into the SD Waiver	4	2	6	3	2	0	6						23
For Enrollment into the Statewide Waiver	3	2	6	5	8	6	0						30
For Enrollment into the CAC Waiver	0	0	0	0	0	0	0						0
Moved into Private ICF home	1	0	1	0	0	0	0						2
Moved into DIDD ICF home	0	0	0	0	0	0	0						0
Deceased	1	0	2	1	0	0	2						6
Moved out of state	0	2	2	0	0	0	1						5
Not eligible for services	0	0	0	0	0	0	0						0
Other	0	1	0	1	1	1	0						4
Receiving other funded services	1	0	1	0	1	0	0						3
Requested to be removed	1	3	1	0	6	1	0						12
Unable to locate	8	5	7	8	5	21	11						65
Total Number Removed this Month	19	15	26	18	23	29	20	0	0	0	0	0	150

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

Complaints by Source - Statewide Waiver	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
<b>17 Total # of Complaints</b>	3	12	6	6	7	2	5					
<b>18 # from TennCare</b>	0	0	0	0	0	0	0					
<b>19 % from TennCare</b>	N/A											
<b>20 # from a Concerned Citizen</b>	0	0	3	1	0	1	0					
<b>21 % from a Concerned Citizen</b>	N/A	N/A	50%	17%	N/A	50%	N/A					
<b>22 # from the Waiver Participant</b>	1	0	0	0	1	0	0					
<b>23 % from the Waiver Participant</b>	33%	N/A	N/A	N/A	14%	N/A	N/A					
<b>24 # from a Family Member</b>	0	1	1	4	2	1	2					
<b>25 % from a Family Member</b>	N/A	8%	17%	67%	29%	50%	40%					
<b>26 # from Conservator</b>	1	11	2	1	0	0	3					
<b>27 % from Conservator</b>	33%	92%	33%	17%	N/A	N/A	60%					
<b>28 # Advocate (Paid)</b>	0	0	0	0	0	0	0					
<b>29 % from Advocate (Paid)</b>	N/A											
<b>30 # from PTP Interview</b>	1	0	0	0	4	0	0					
<b>31 % from PTP Interview</b>	33%	N/A	N/A	N/A	57%	N/A	N/A					

Complaints by Source - CAC	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
<b>32 Total # of Complaints</b>	1	2	6	2	3	5	5					
<b>33 # from TennCare</b>	0	0	0	0	0	0	0					
<b>34 % from TennCare</b>	N/A											
<b>35 # from a Concerned Citizen</b>	0	1	2	2	0	1	1					
<b>36 % from a Concerned Citizen</b>	N/A	50%	33%	100%	N/A	20%	20%					
<b>37 # from the Waiver Participant</b>	0	0	1	0	0	0	1					
<b>38 % from the Waiver Participant</b>	N/A	N/A	17%	N/A	N/A	N/A	20%					
<b>39 # from a Family Member</b>	0	0	1	0	0	0	1					
<b>40 % from a Family Member</b>	N/A	N/A	17%	N/A	N/A	N/A	20%					
<b>41 # from Conservator</b>	1	1	2	0	2	4	2					
<b>42 % from Conservator</b>	100%	50%	33%	N/A	67%	80%	40%					
<b>43 # Advocate (Paid)</b>	0	0	0	0	1	0	0					
<b>44 % from Advocate (Paid)</b>	N/A	N/A	N/A	N/A	33%	N/A	N/A					
<b>45 # from PTP Interview</b>	0	0	0	0	0	0	0					
<b>46 % from PTP Interview</b>	N/A											

<b>Complaints by Issue- Self Determination Waiver</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
47	Total Number of Complaints	0	1	1	0	0	1	0					
48	# Behavior Issues	0	0	0	0	0	0	0					
49	% Behavior Issues	N/A											
50	# Day Service Issues	0	0	0	0	0	0	0					
51	% Day Service Issues	N/A											
52	# Environmental Issues	0	0	0	0	0	0	0					
53	% Environmental Issues	N/A											
54	# Financial Issues	0	0	0	0	0	0	0					
55	% Financial Issues	N/A											
56	# Health Issues	0	0	1	0	0	0	0					
57	% Health Issues	N/A	N/A	100%	N/A	N/A	N/A	N/A					
58	# Human Rights Issues	0	1	0	0	0	0	0					
59	% Human Rights Issues	N/A	100%	N/A	N/A	N/A	N/A	N/A					
60	# ISC Issues	0	0	0	0	0	0	0					
61	% ISC Issues	N/A											
62	# ISP Issues	0	0	0	0	0	0	0					
63	% ISP Issues	N/A											
64	# Staffing Issues	0	0	0	0	0	1	0					
65	% Staffing Issues	N/A	N/A	N/A	N/A	N/A	100%	N/A					
66	# Therapy Issues	0	0	0	0	0	0	0					
67	% Therapy Issues	N/A											
68	# Transportation Issues	0	0	0	0	0	0	0					
69	% Transportation Issues	N/A											
70	# Case Management Issues	0	0	0	0	0	0	0					
71	% Case Management Issues	N/A											
72	# Other Issues	0	0	0	0	0	0	0					
73	% Other Issues	N/A											

<b>Complaints by Issue - Statewide Waiver</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
74	Total Number of Complaints	3	12	6	6	7	2	5					
75	# Behavior Issues	0	0	0	0	0	0	0					
76	% Behavior Issues	N/A											
77	# Day Service Issues	0	0	0	0	0	1	0					
78	% Day Service Issues	N/A	N/A	N/A	N/A	N/A	50%	N/A					
79	# Environmental Issues	0	0	0	2	1	0	0					
80	% Environmental Issues	N/A	N/A	N/A	33%	14%	N/A	N/A					
81	# Financial Issues	0	3	1	1	0	0	2					
82	% Financial Issues	N/A	25%	17%	17%	N/A	N/A	40%					
83	# Health Issues	0	1	0	0	0	0	1					
84	% Health Issues	N/A	8%	N/A	N/A	N/A	N/A	20%					
85	# Human Rights Issues	2	2	1	0	2	1	0					
86	% Human Rights Issues	67%	17%	17%	N/A	29%	50%	N/A					
87	# ISC Issues	0	0	0	0	0	0	0					
88	% ISC Issues	N/A											
89	# ISP Issues	0	0	0	0	1	0	0					
90	% ISP Issues	N/A	N/A	N/A	N/A	14%	N/A	N/A					
91	# Staffing Issues	1	6	4	3	3	0	2					
92	% Staffing Issues	33%	50%	67%	50%	43%	N/A	40%					
93	# Therapy Issues	0	0	0	0	0	0	0					
94	% Therapy Issues	N/A											
95	# Transportation Issues	0	0	0	0	0	0	0					
96	% Transportation Issues	N/A											
97	# Case Management Issues	0	0	0	0	0	0	0					
98	% Case Management Issues	N/A											
99	# Other Issues	0	0	0	0	0	0	0					
100	% Other Issues	N/A											

Complaints by Issue - CAC		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
101	Total Number of Complaints	1	2	6	2	3	5	5					
102	# Behavior Issues	0	0	0	0	0	0	1					
103	% Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	20%					
104	# Day Service Issues	0	0	0	0	0	0	0					
105	% Day Service Issues	N/A											
106	# Environmental Issues	0	0	0	0	1	0	1					
107	% Environmental Issues	N/A	N/A	N/A	N/A	33%	N/A	20%					
108	# Financial Issues	0	0	1	1	0	1	0					
109	% Financial Issues	N/A	N/A	17%	50%	N/A	20%	N/A					
110	# Health Issues	0	0	1	0	0	0	1					
111	% Health Issues	N/A	N/A	17%	N/A	N/A	N/A	20%					
112	# Human Rights Issues	0	0	3	0	0	0	1					
113	% Human Rights Issues	N/A	N/A	50%	N/A	N/A	N/A	20%					
114	# ISC Issues	0	0	0	0	0	0	0					
115	% ISC Issues	N/A											
116	# ISP Issues	0	0	0	0	0	0	0					
117	% ISP Issues	N/A											
118	# Staffing Issues	1	2	1	1	2	4	1					
119	% Staffing Issues	100%	100%	17%	50%	67%	80%	20%					
120	# Therapy Issues	0	0	0	0	1	0	0					
121	% Therapy Issues	N/A											
122	# Transportation Issues	0	0	0	0	1	0	0					
123	% Transportation Issues	N/A											
124	# Case Management Issues	0	0	0	0	1	0	0					
125	% Case Management Issues	N/A											
126	# Other Issues	0	0	0	0	1	0	0					
127	% Other Issues	N/A											

**Analysis:**

**CUSTOMER FOCUSED SERVICES ANALYSIS FOR January 2016 Report.**

There were 10 complaint issues statewide. This is an increase of 2 from previous month. There was zero SD Waiver complaints. There were 5 CAC waiver complaints regarding staffing and financial issues and 5 Statewide Waiver complaints. These issues were resolved without intervention meetings. There were 65 complaint issues between families, people we support and providers which required Advocacy intervention activities. This is an decrease of 4 from December 2015 .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 10 complaints this month were resolved within 30 days for 100% compliance.

THE MAIN COMPLAINT ISSUES involved staffing, health, financial and transition issues. These complaints involved complainants being unhappy with providers who did not involve them in their decisions or who did not provide appropriate staffing which indicated that communication could be improved. CFS also resolves issues that arise from the People Talking to People surveys.

FOCUS GROUPS WERE HELD IN KNOXVILLE, MEMPHIS, GREENEVILLE AND JACKSON PARTICIPATION NUMBERS ARE VERY HIGH IN ALL LOCATIONS. This month each group is working on goals setting for 2016. There is great team building with providers, staff, regional office staff, Behavioral analysts, ISCs and a few family members

**D Protection From Harm/Incident Management**

**Data Source:**

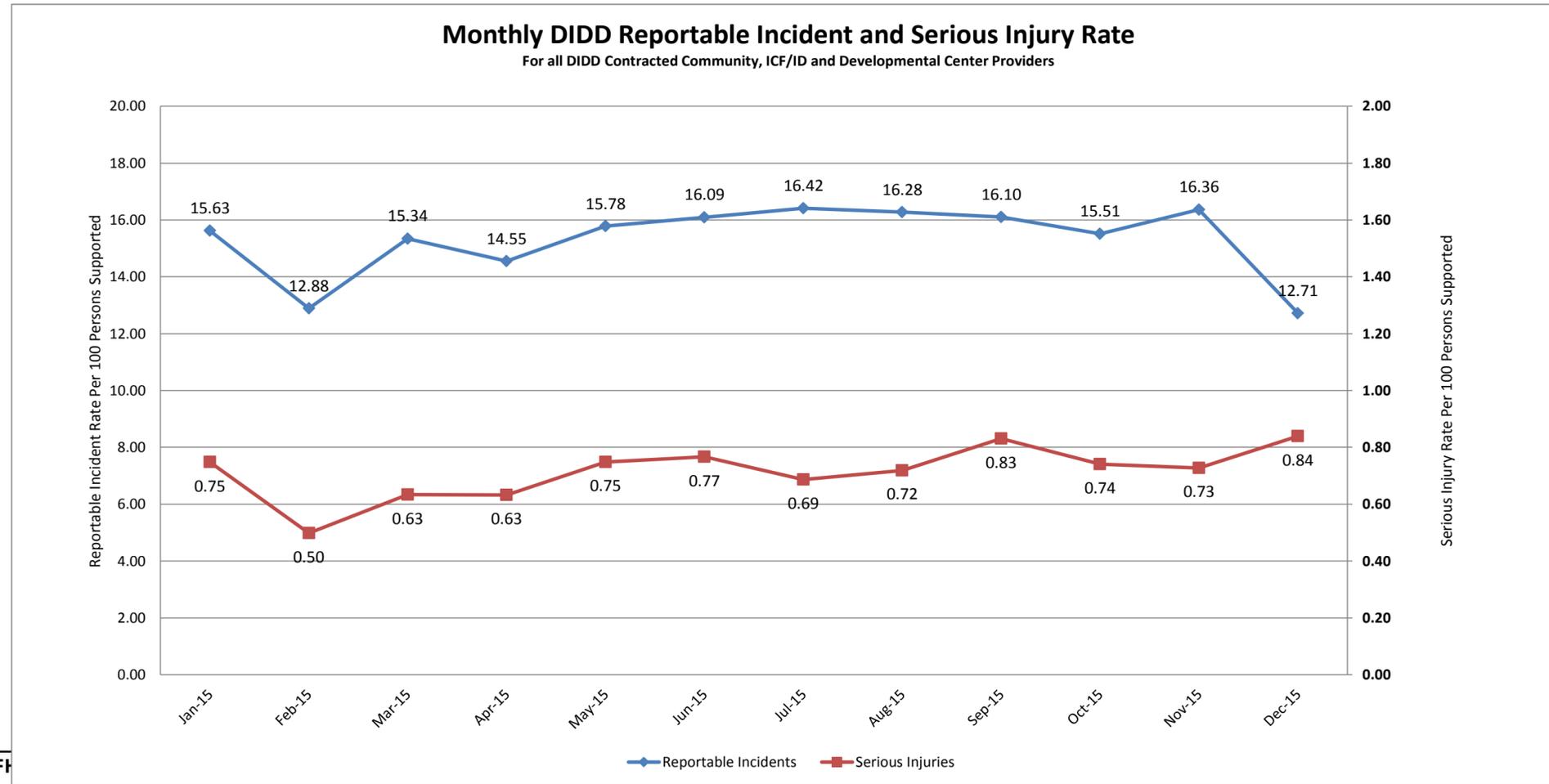
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.

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.

<b>Incidents / East</b>	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
1 # of Reportable Incidents	559	590	538	527	535	518	454						3721
2 Rate of Reportable Incidents per 100 people	17.13	18.05	16.4	16.07	16.34	15.75	13.81						16.2
3 # of Serious Injuries	25	25	30	34	24	27	29						194
4 Rate of Incidents that were Serious Injuries per 100 people	0.77	0.76	0.91	1.04	0.73	0.82	0.88						0.8
5 # of Incidents that were Falls	31	37	31	34	24	38	33						228
6 Rate of Falls per 100 people	0.95	1.13	0.95	1.04	0.73	1.16	1						1.0
7 # of Falls resulting in serious injury	11	13	14	13	9	14	11						85
8 % of serious injuries due to falls	44.0%	52.0%	46.7%	38.2%	37.5%	51.9%	37.9%						44.0%
<b>Incidents / Middle</b>	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
15 # of Reportable Incidents	470	468	529	517	475	492	492						3443
16 Rate of Reportable Incidents per 100 people	14.83	14.67	16.58	16.21	14.84	15.37	15.34						15.4
17 # of Serious Injuries	25	18	25	32	22	21	22						165
18 Rate of Incidents that were Serious Injuries per 100 people	0.79	0.56	0.78	1.00	0.69	0.66	0.69						0.7
19 # of Incidents that were Falls	39	26	32	35	43	35	39						249
20 Rate of Falls per 100 people	1.23	0.82	1	1.10	1.34	1.09	1.22						1.1
## # of Falls resulting in serious injury	13	6	10	12	15	10	12						78
22 % of serious injuries due to falls	52.0%	33.3%	40.0%	37.5%	68.2%	47.6%	54.5%						47.6%
<b>Incidents / West</b>	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
29 # of Reportable Incidents	401	401	382	390	373	452	390						2789
30 Rate of Reportable Incidents per 100 people	16.43	16.50	15.71	16.00	15.30	18.52	15.98						16.3
31 # of Serious Injuries	18	18	9	13	20	17	24						119
33 Rate of Incidents that were Serious Injuries per 100 people	0.74	0.74	0.37	0.53	0.82	0.7	0.98						0.7
37 # of Incidents that were Falls	21	28	21	28	29	24	27						178
39 Rate of Falls per 100 people	0.86	1.15	0.86	1.15	1.19	0.98	1.11						1.0
40 # of Falls resulting in serious injury	8	8	6	1	9	7	12						51
41 % of serious injuries due to falls	44.4%	44.4%	66.7%	7.7%	45.0%	41.2%	50.0%						42.8%

**D Protection From Harm/Incident Management**

<b>Incidents / Statewide</b>	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
44 # of Reportable Incidents	1430	1459	1449	1434	1383	1462	1336						9953
45 Rate of Reportable Incidents per 100 people	16.12	16.42	16.28	16.1	15.51	16.36	14.95						16.0
46 # of Serious Injuries	68	61	64	79	66	65	75						478
47 Rate of Incidents that were Serious Injuries per 100 people	0.77	0.69	0.72	0.89	0.74	0.73	0.84						0.8
48 # of Incidents that were Falls	91	91	84	97	96	97	99						655
49 Rate of Falls per 100 people	1.03	1.02	0.94	1.09	1.08	1.09	1.11						1.1
50 # of Falls resulting in serious injury	32	27	30	26	33	31	35						214
51 % of serious injuries due to falls	47.1%	44.3%	46.9%	32.9%	50.0%	47.7%	46.7%						45.1%



PFI

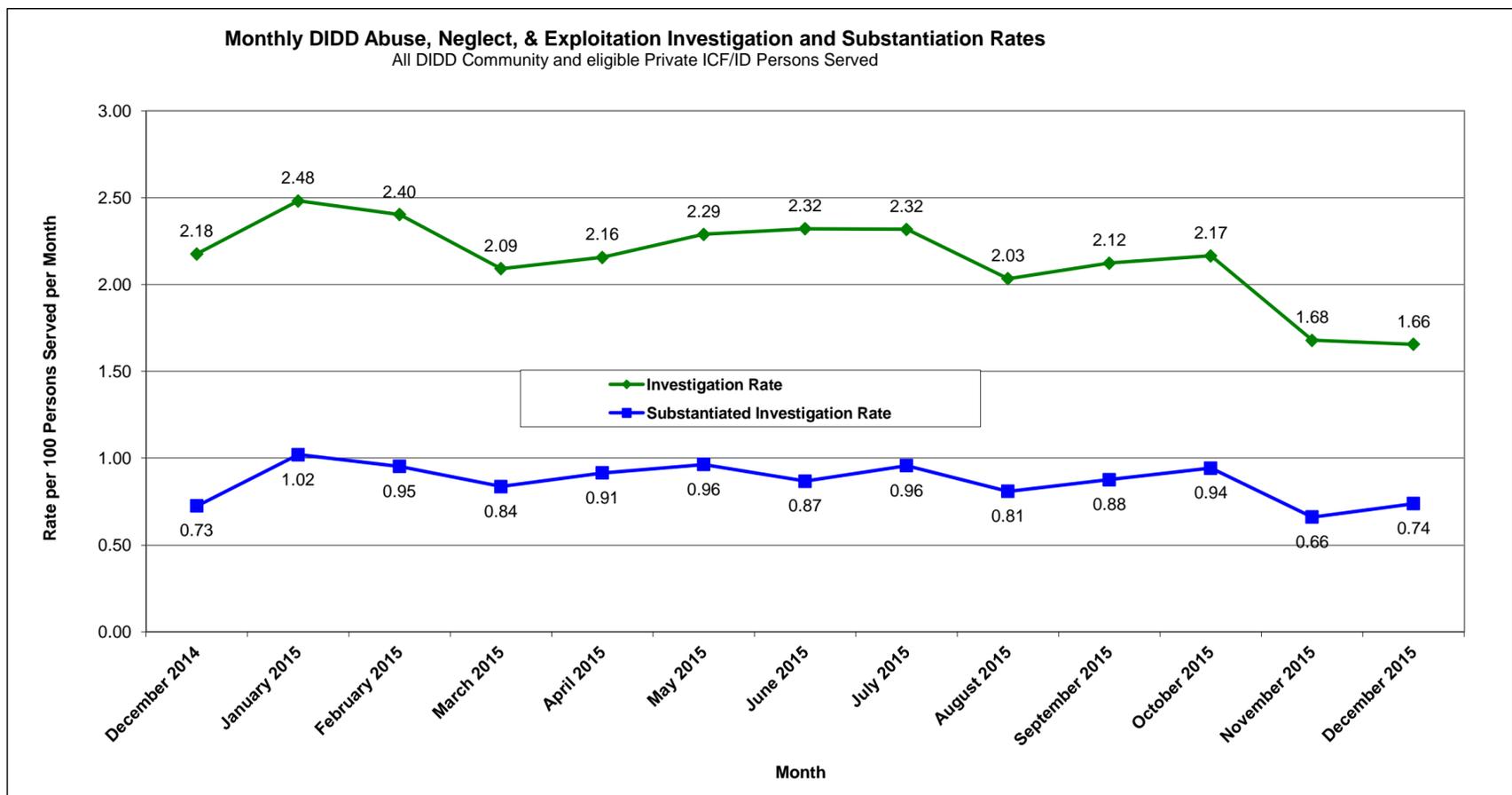
**Chart: Monthly Rate: Reportable Incidents and Serious Injuries.**

The monthly statewide rate of reportable incidents per 100 persons supported for December 2015 decreased from 16.36 to 14.95. The rate of Serious Injury per 100 persons supported increased from 0.73 to 0.84. The rate of Falls per 100 persons supported increased from 1.09 to 1.11. The number of Serious Injuries due to Falls increased from 31 to 35. The percentage of Serious Injuries due to Falls was 46.7 %.

**Conclusions and actions taken for the reporting period:**

The rate of reportable incidents per 100 persons supported for January 2014 – December 2015 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, January 2014 – December 2014, was 14.90 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, January 2015 – December 2015, is 15.31 per 100 persons supported. Analysis showed an increase of 0.41 in the average incident rate.

D Protection From Harm/Investigations													
East Region		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1	Census	3263	3268	3280	3280	3275	3288	3288					
2	# of Investigations	65	69	57	61	55	47	39					
3	Rate of Investigations per 100 people	1.99	2.11	1.74	1.86	1.68	1.43	1.19					
4	# of Substantiated Investigations	23	28	22	22	27	19	13					
5	Rate of Substantiated Investigations per 100 people	0.70	0.86	0.67	0.67	0.82	0.58	0.40					
6	Percentage of Investigations Substantiated	35%	41%	39%	36%	49%	40%	33%					
Middle Region		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
8	Census	3170	3190	3191	3191	3201	3201	3202					
9	# of Investigations	78	67	64	71	64	54	61					
10	Rate of Investigations per 100 people	2.46	2.10	2.01	2.23	2.00	1.69	1.91					
11	# of Substantiated Investigations	30	28	28	31	33	25	32					
12	Rate of Substantiated Investigations per 100 people	0.95	0.88	0.88	0.97	1.03	0.78	1.00					
13	Percentage of Investigations Substantiated	38%	42%	44%	44%	52%	46%	52%					
West Region		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
14	Census	2440	2430	2431	2431	2438	2441	2441					
7/30/2014	# of Investigations	63	70	60	57	74	49	48					
16	Rate of Investigations per 100 people	2.58	2.88	2.47	2.34	3.04	2.01	1.97					
17	# of Substantiated Investigations	24	29	22	25	24	15	21					
18	Rate of Substantiated Investigations per 100 people	0.98	1.19	0.90	1.03	0.98	0.61	0.86					
19	Percentage of Investigations Substantiated	38%	41%	37%	44%	32%	31%	44%					
Statewide		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
20	Census	8873	8888	8902	8902	8914	8935	8936					
21	# of Investigations	206	206	181	189	193	150	148					
22	Rate of Investigations per 100 people	2.32	2.32	2.03	2.12	2.17	1.68	1.66					
23	# of Substantiated Investigations	77	85	72	78	84	59	66					
24	Rate of Substantiated Investigations per 100 people	0.87	0.96	0.81	0.88	0.94	0.66	0.74					
25	Percentage of Investigations Substantiated	37%	41%	40%	41%	44%	39%	45%					



**D Protection From Harm/Investigations**

**Analysis:**

**PFH Analysis: Investigations**

**Chart: Monthly Rates: Investigations Opened/Substantiated**

During the month of December, 2015, 148 investigations were completed across the State. Thirty-nine (39) of these originated in the East Region, sixty-one (61) in the Middle Region, and forty-eight (48) in the West Region.

Statewide, investigations were opened at a rate of 1.66 investigations per 100 people served, which is a slight decrease from the previous month. The East Region opened investigations at a rate of 1.19 investigations per 100 people served. The Middle Region opened investigations at a rate of 1.91 investigations per 100 people served. The West Region opened investigations at a rate of 1.97 per 100 people served. The West Region opened investigations at a higher rate this month. Previously the West Region has consistently opened investigations at a higher rate.

Sixty-six (66), or 45%, of the 148 investigations opened statewide in December, 2015, were substantiated for abuse, neglect, or exploitation. This was a slight increase compared to the prior reporting period, which was 39%. The East Region substantiated the lowest percentage of investigations 33% (13 substantiated investigations), compared to the 44% substantiated in the West Region (21 substantiated investigations) and the 52% substantiated in the Middle Region (32 substantiated investigations). The West Region had the lowest number of substantiated investigations in the previous reporting month, at 15.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served was 0.74 during December, 2015. The Middle Region substantiated investigations at the highest rate per 100 substantiating 1.00 investigations per 100 people served. The Middle Region showed a slight increase from 0.78 to 1.00. The West Region substantiated investigations at a rate of 0.86 per 100 people served in its region. The West region showed a slight increase from 0.61 to 0.86. The East Region substantiated investigations at a rate of 0.40 per 100 people served in its region. The East Region showed a slight decrease from 0.58 to 0.40.

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	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>1</b>	<b>SERVICE REQUESTS</b>												
<b>2</b>	Total Service Requests Received	2667	2663	2620	2449	2539	2285	2625					
<b>3</b>	Total Adverse Actions (Incl. Partial Approvals)	67	76	75	52	54	67	71					
<b>4</b>	% of Service Requests Resulting in Adverse Actions	3%	3%	3%	2%	2%	3%	3%					
<b>5</b>	Total Grier denial letters issued	53	53	47	36	34	38	49					
<b>6</b>	<b>APPEALS RECEIVED</b>												
<b>7</b>	<b>DELIVERY OF SERVICE</b>												
<b>8</b>	Delay	0	0	0	1	1	0	0					
<b>9</b>	Termination	0	0	0	0	0	0	0					
<b>10</b>	Reduction	0	0	0	0	0	0	0					
<b>11</b>	Suspension	0	0	0	0	0	0	0					
<b>12</b>	Total Received	0	0	0	1	1	0	0					
<b>13</b>	<b>DENIAL OF SERVICE</b>												
<b>14</b>	Total Received	3	1	2	8	1	3	2					
<b>7/30/2014</b>	<b>Total Grier Appeals Received</b>	3	1	2	9	2	3	2					
<b>16</b>	Total Non-Grier Appeals Received	1	0	0	2	0	1	0					
<b>17</b>	<b>Total appeals overturned upon reconsideration</b>	0	0	0	0	0	0	0					
<b>18</b>	<b>TOTAL HEARINGS</b>	3	2	4	3	1	5	7					
<b>19</b>	<b>DIRECTIVES</b>												
<b>20</b>	Directive Due to Notice Content Violation	0	0	0	0	0	0	0					
<b>21</b>	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0					
<b>22</b>	Other	0	0	0	0	0	0	1					
<b>23</b>	<b>Total Directives Received</b>	0	0	0	0	0	0	1					
<b>24</b>	Overtured Directives	0	0	0	0	0	0	0					
<b>25</b>	MCC Directives	0	0	0	0	0	0	0					
<b>26</b>	<b>Cost Avoidance (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
<b>27</b>	<b>LATE RESPONSES</b>												
<b>28</b>	<b>Total Late Responses</b>	0	0	0	0	0	0	0					
<b>29</b>	<b>Total Days Late</b>	0	0	0	0	0	0	0					
<b>30</b>	<b>Total Fines Accrued (Estimated)</b>	0	0	0	0	0	0	\$0.00					
<b>31</b>	<b>DEFECTIVE NOTICES</b>												
<b>32</b>	<b>Total Defective Notices Received</b>	0	0	0	0	0	0	0					
<b>33</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
<b>34</b>	*fine amount is based on timely responses					0	0	0					
<b>35</b>	<b>PROVISION OF SERVICES</b>												
<b>36</b>	Delay of Service Notifications Sent (New)	0	0	3	2	0	0	0					
<b>37</b>	Continuing Delay Issues (Unresolved)	0	0	0	1	1	1	0					

38	Total days service(s) not provided per TennCare ORR	0	0	0	132	0	0	0					
39	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0	\$0					

	Middle Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>40</b>	<b>SERVICE REQUESTS</b>												
<b>41</b>	Total Service Requests Received	2558	2217	2191	2084	2289	2617	2621					
<b>42</b>	Total Adverse Actions (Incl. Partial Approvals)	73	87	46	32	74	124	104					
<b>43</b>	% of Service Requests Resulting in Adverse Actions	3%	4%	2%	2%	3%	5%	4%					
<b>44</b>	Total Grier denial letters issued	46	63	40	34	32	41	41					
<b>45</b>	<b>APPEALS RECEIVED</b>												
<b>46</b>	<b>DELIVERY OF SERVICE</b>												
<b>47</b>	Delay	1	0	0	0	0	0	0					
<b>48</b>	Termination	0	0	0	0	0	0	0					
<b>49</b>	Reduction	0	0	0	0	0	0	0					
<b>50</b>	Suspension	0	0	0	0	0	0	0					
<b>51</b>	Total Received	1	0	0	0	0	0	0					
<b>52</b>	<b>DENIAL OF SERVICE</b>												
<b>53</b>	Total Received	8	3	0	2	1	1	2					
<b>54</b>	<b>Total Grier Appeals Received</b>	9	3	0	2	1	1	2					
<b>55</b>	Total Non-Grier Appeals Received	0	0	0	0	0	0	0					
<b>56</b>	<b>Total appeals overturned upon reconsideration</b>	0	2	0	0	0	0	0					
<b>57</b>													
<b>58</b>	<b>TOTAL HEARINGS</b>	0	2	1	1	1	2	1					
<b>59</b>	<b>DIRECTIVES</b>												
<b>60</b>	Directive Due to Notice Content Violation	0	0	0	0	0	0	0					
<b>61</b>	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0					
<b>62</b>	Other	0	0	0	0	0	0	0					
<b>63</b>	<b>Total Directives Received</b>	0	0	0	0	0	0	0					
<b>64</b>	Overtured Directives	0	0	0	0	0	0	0					
<b>65</b>	MCC Directives	0	0	0	0	0	0	0					
<b>66</b>	<b>Cost Avoidance (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
<b>67</b>	<b>LATE RESPONSES</b>												
<b>68</b>	<b>Total Late Responses</b>	0	0	0	0	0	0	0					
<b>69</b>	<b>Total Days Late</b>	0	0	0	0	0	0	0					
<b>70</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
<b>71</b>	<b>DEFECTIVE NOTICES</b>												
<b>72</b>	<b>Total Defective Notices Received</b>	0	0	0	0	0	0	0					
<b>73</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
<b>74</b>	*fine amount is based on timely responses					0	0						
<b>75</b>	<b>PROVISION OF SERVICES</b>												
<b>76</b>	Delay of Service Notifications Sent (New)	0	0	0	0	0	0	2					
<b>77</b>	Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	1					
<b>78</b>	<b>Total days service(s) not provided per TennCare ORR</b>	0	0	0	0	0	0	11					
<b>79</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$6,378					

	West Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>80</b>	<b>SERVICE REQUESTS</b>												
<b>81</b>	Total Service Requests Received	2426	2327	2578	2183	2425	1780	1909					
<b>82</b>	Total Adverse Actions (Incl. Partial Approvals)	231	137	116	166	146	101	100					
<b>83</b>	% of Service Requests Resulting in Adverse Actions	10%	6%	5%	8%	6%	6%	5%					
<b>84</b>	Total Grier denial letters issued	125	117	105	115	96	91	85					
<b>85</b>	<b>APPEALS RECEIVED</b>												
<b>86</b>	<b>DELIVERY OF SERVICE</b>												
<b>87</b>	Delay	0	0	0	0	0	0	0					
<b>88</b>	Termination	0	0	0	0	0	0	0					
<b>89</b>	Reduction	0	0	0	0	0	0	0					
<b>90</b>	Suspension	0	0	0	0	0	0	0					
<b>91</b>	Total Received	0	0	0	0	0	0	0					
<b>92</b>	<b>DENIAL OF SERVICE</b>												
<b>93</b>	Total Received	10	12	11	5	7	7	9					
<b>94</b>	<b>Total Grier Appeals Received</b>	10	12	11	5	7	7	9					
<b>95</b>	Total Non-Grier Appeals Received	0	0	0	0	0	0	0					
<b>96</b>	<b>Total appeals overturned upon reconsideration</b>	3	4	5	4	3	1	6					
<b>97</b>	<b>TOTAL HEARINGS</b>	2	4	9	5	4	2	6					
<b>98</b>	<b>DIRECTIVES</b>												
<b>99</b>	Directive Due to Notice Content Violation	0	0	0	0	0	0	0					
<b>100</b>	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0	0					
<b>101</b>	Other	0	0	2	0	0	0	0					
<b>102</b>	<b>Total Directives Received</b>	2	1	2	0	0	0	0					
<b>103</b>	Overtured Directives	0	0	0	0	0	0	0					
<b>104</b>	MCC Directives	0	0	0	0	0	0	0					
<b>105</b>	<b>Cost Avoidance (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
<b>106</b>	<b>LATE RESPONSES</b>												
<b>107</b>	<b>Total Late Responses</b>	0	0	0	0	0	0	0					
<b>108</b>	<b>Total Days Late</b>	0	0	0	0	0	0	0					
<b>109</b>	<b>Total Fines Accrued (Estimated)</b>	0	0	0	0	0	0	\$0.00					
<b>110</b>	<b>DEFECTIVE NOTICES</b>												
<b>111</b>	<b>Total Defective Notices Received</b>	0	0	0	0	0	0	0					
<b>112</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
<b>113</b>	*fine amount is based on timely responses												
<b>114</b>	<b>PROVISION OF SERVICES</b>												
<b>115</b>	Delay of Service Notifications Sent (New)	2	0	1	2	3	3	1					
<b>116</b>	Continuing Delay Issues (Unresolved)	1	3	2	2	2	4	4					
<b>117</b>	<b>Total days service(s) not provided per TennCare ORR</b>	0	0	0	0	0	0	0					
<b>118</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					

	Statewide	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>119</b>	<b>SERVICE REQUESTS</b>												
<b>120</b>	Total Service Requests Received	7651	7207	7389	6716	7253	6682	7155					
<b>121</b>	Total Adverse Actions (Incl. Partial Approvals)	371	300	237	250	274	292	275					
<b>122</b>	% of Service Requests Resulting in Adverse Actions	5%	4%	3%	4%	4%	4%	4%					
<b>123</b>	Total Grier denial letters issued	224	233	192	185	162	170	175					
<b>124</b>	<b>APPEALS RECEIVED</b>												
<b>125</b>	<b>DELIVERY OF SERVICE</b>												
<b>126</b>	Delay	1	0	0	1	1	0	0					
<b>127</b>	Termination	0	0	0	0	0	0	0					
<b>128</b>	Reduction	0	0	0	0	0	0	0					
<b>129</b>	Suspension	0	0	0	0	0	0	0					
<b>130</b>	Total Received	1	0	0	1	1	0	0					
<b>131</b>	<b>DENIAL OF SERVICE</b>												
<b>132</b>	Total Received	21	16	13	15	9	11	13					
<b>133</b>	<b>Total Grier Appeals Received</b>	22	16	13	16	10	11	13					
<b>134</b>	Total Non-Grier Appeals Received	1	0	0	2	0	1	0					
<b>135</b>	<b>Total appeals overturned upon reconsideration</b>	3	6	5	4	3	1	6					
<b>136</b>	<b>TOTAL HEARINGS</b>	5	6	10	6	6	9	14					
<b>137</b>	<b>DIRECTIVES</b>												
<b>138</b>	Directive Due to Notice Content Violation	0	0	0	0	0	0	0					
<b>139</b>	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0	0					
<b>140</b>	Other	0	0	2	0	0	0	1					
<b>141</b>	<b>Total Directives Received</b>	2	1	2	0	0	0	1					
<b>142</b>	Overtured Directives	0	0	0	0	0	0	0					
<b>143</b>	MCC Directives	0	0	0	0	0	0	0					
<b>144</b>	<b>Cost Avoidance (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
<b>145</b>	<b>Cost Avoidance (Total Month- Estimated)</b>	\$0	\$0	\$68,345	\$106,892	\$65,179	\$2,187	\$7,391					
<b>146</b>	<b>Cost Avoidance (FY 2016- Estimated)</b>	\$1,011,891	\$1,011,891	\$97,672	\$204,563	\$269,743	\$271,929	\$279,321					
<b>147</b>	<b>LATE RESPONSES</b>												
<b>148</b>	<b>Total Late Responses</b>	0	0	0	0	0	0	0					
<b>149</b>	<b>Total Days Late</b>	0	0	0	0	0	0	0					
<b>150</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
<b>151</b>	<b>Total Defective Notices Received</b>	0	0	0	0	0	0	0					
<b>152</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
<b>153</b>	*fine amount is based on timely responses												
<b>154</b>	<b>PROVISION OF SERVICES</b>												
<b>155</b>	Delay of Service Notifications Sent (New)	2	0	4	4	3	3	3					
<b>156</b>	Continuing Delay Issues (Unresolved)	1	3	2	3	3	5	5					
<b>157</b>	<b>Total days service(s) not provided per TennCare ORR</b>	0	0	0	132	0	0	11					

158	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0	\$6,378					
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**Appeals:**

The DIDD received 13 appeals in December compared to 11 received in November, which is an 18% increase in volume. Fiscal Year 2015 averaged 15.6 appeals received per month, indicating a 17% decrease in volume for the month of December based on this average.

The DIDD received 7155 service requests in December compared to 6682 for the previous month, which is a 7.1% increase in volume. The average of service requests received during Fiscal Year 2015 was 7227 per month, indicating that December experienced a 1% decrease in volume based on this average.

4% of service plans were denied statewide in December, which is the same as the previous month. The first half of Fiscal year 2016 averaged 4% for each month. The average of service plans denied per month during Fiscal Year 2015 was 4.3%.

**Directives:**

The East Region received a directive regarding a request for SL6-2 from 12/7/15-12/6/16. The region had initially denied the request, however the decision was overturned based on TennCare's medical necessity review.

**Cost Avoidance:**

December experienced a cost avoidance of \$7,391.25. Statewide, total cost avoidance is \$279,320.71 for this fiscal year.

**Sanction/Fines:**

See below.

**Delay of Service:**

The Middle Region received a delay of service appeal which resulted in an assessment of 11 days in which Personal Assistance was not provided. The provider in this case was Hats. The total estimated fine is **\$6,377.92**.



**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.

Day and Residential Provider		Statewide				Cumulative / Statewide			
1	# of Day and Residential Providers Monitored this Month	4				4			
2	Total Census of Providers Surveyed	50				50			
3	# of Sample Size	8				8			
4	% of Individuals Surveyed	16%				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	<b>Domain 2. Individual Planning and Implementation</b>								
8	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
9	Outcome B. Services and supports are provided according to the person's plan.	50%	25%	25%	0%	50%	25%	25%	0%
11	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	50%	50%	0%	0%	50%	50%	0%	0%
12	<b>Domain 3: Safety and Security</b>								
13	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
14	Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	100%	0%	0%	0%
###	Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	100%	0%	0%	0%
16	<b>Domain 4: Rights, Respect and Dignity</b>								
17	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
19	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
20	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	25%	50%	25%	0%	25%	50%	25%	0%
21	<b>Domain 5: Health</b>								
22	Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
23	Outcome B. The person takes medications as prescribed.	50%	50%	0%	0%	50%	50%	0%	0%
24	Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
25	<b>Domain 6: Choice and Decision-Making</b>								
26	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%
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	<b>Domain 7: Relationships and Community Membership</b>								
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	<b>Domain 8: Opportunities for Work</b>								
33	Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	100%	0%	0%	0%
34	Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	100%	0%	0%	0%
35	<b>Domain 9: Provider Capabilities and Qualifications</b>								
36	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	50%	50%	0%	0%	50%	50%	0%	0%
37	Outcome B. Provider staff are trained and meet job specific qualifications.	75%	25%	0%	0%	75%	25%	0%	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%	75%			25%
38	Outcome C. Provider staff are adequately supported.	50%	50%	0%	0%	50%	50%	0%	0%
39	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	100%	0%	0%	0%
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.	50%	50%	0%	0%	50%	50%	0%	0%
42	Outcome B. People's personal funds are managed appropriately.	66%	33%	0%	0%	66%	33%	0%	0%

Personal Assistance		Statewide				Cumulative / Statewide			
43	# of Personal Assistance Providers Monitored this Month								
44	Total Census of Providers Surveyed								
45	# of Sample Size								
46	% of Individuals Surveyed								
47	# of Additional Focused Files Reviewed								
		Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-Comp. %	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-Comp. %
	<b>Domain 2: Individual Planning and Implementation</b>								
48	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
49	Outcome B. Services and supports are provided according to the person's plan.								
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
51	Domain 3: Safety and Security								
52	Outcome A. Where the person lives and works is safe.								
53	Outcome C. Safeguards are in place to protect the person from harm.								
54	Domain 4: Rights, Respect and Dignity								
55	Outcome A. The person is valued, respected and treated with dignity.								
56	Outcome C. The person exercises his or her rights.								
57	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
58	Domain 5: Health								
59	Outcome A. The person has the best possible health.								
60	Outcome B. The person takes medications as prescribed.								
61	Outcome C. The person's dietary and nutritional needs are adequately met.								
62	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.								
64	Outcome B. The person and family members have information and support to make choices about their lives.								
65	Domain 9: Provider Capabilities and Qualifications								
66	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
67	Outcome B. Provider staff are trained and meet job specific qualifications.								
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.								
69	Outcome C. Provider staff are adequately supported.								
70	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
71	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.								

**I Provider Qualifications / Monitoring (II.H., II.K.)**

ISC Providers		Statewide				Cumulative / Statewide			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
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								
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			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
96	# of Clinical Providers Monitored for the month								
97	Total Census of Providers Surveyed								
98	# of Sample Size								
99	% of Individuals Surveyed								
100	# of Additional Focused Files Reviewed								
101	Domain 2: Individual Planning and Implementation								
102	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
103	Outcome B. Services and supports are provided according to the person's plan.								
104	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
105	Domain 3: Safety and Security								
106	Outcome A. Where the person lives and works is safe.								
107	Outcome C. Safeguards are in place to protect the person from harm.								
108	Domain 4: Rights, Respect and Dignity								
109	Outcome A. The person is valued, respected, and treated with dignity.								
110	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
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.								
113	Domain 9: Provider Capabilities and Qualifications								
114	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
115	Outcome B. Provider staff are trained and meet job specific qualifications.								
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.								
117	Outcome C. Provider staff are adequately supported.								
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.								

Clinical Providers- Nursing		Statewide				Cumulative / Statewide			
		Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-Comp. %	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-Comp. %
120	# of Clinical Providers Monitored for the month								
121	Total Census of Providers Surveyed								
122	# of Sample Size								
123	% of Individuals Surveyed								
124	# of Additional Focused Files Reviewed								
125	Domain 2: Individual Planning and Implementation								
126	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
127	Outcome B. Services and supports are provided according to the person's plan.								
128	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
129	Domain 3: Safety and Security								
130	Outcome A. Where the person lives and works is safe.								
131	Outcome C. Safeguards are in place to protect the person from harm.								
132	Domain 4: Rights, Respect and Dignity								
133	Outcome A. The person is valued, respected, and treated with dignity.								
134	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
135	Domain 5: Health								
136	Outcome A. The person has the best possible health.								
137	Outcome B. The person takes medications as prescribed.								
138	Outcome C. The person's dietary and nutritional needs are adequately met.								
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.								
141	Domain 9: Provider Capabilities and Qualifications								
142	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
143	Outcome B. Provider staff are trained and meet job specific qualifications.								
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.								
145	Outcome C. Provider staff are adequately supported.								
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.								

Clinical Providers- Therapy		Statewide				Cumulative / Statewide			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
148	# of Clinical Providers Monitored for the month								
149	Total Census of Providers Surveyed								
150	# of Sample Size								
151	% of Individuals Surveyed								
152	# of Additional Focused Files Reviewed								
153	Domain 2: Individual Planning and Implementation								
154	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
155	Outcome B. Services and supports are provided according to the person's plan.								
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
157	Domain 3: Safety and Security								
158	Outcome A. Where the person lives and works is safe.								
159	Outcome C. Safeguards are in place to protect the person from harm.								
160	Domain 4: Rights, Respect and Dignity								
161	Outcome A. The person is valued, respected, and treated with dignity.								
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.								
165	Domain 9: Provider Capabilities and Qualifications								
166	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
167	Outcome B. Provider staff are trained and meet job specific qualifications.								
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.								
169	Outcome C. Provider staff are adequately supported.								
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.								

**QA Summary for QM Report (thru 1/2016 data)**

<b>Performance Overview- Calendar Year 2016 Cumulative:</b>							
<b>Performance Level</b>	<b>Statewide</b>	<b>Day-Residential</b>	<b>Personal Assistance</b>	<b>Support Coordination</b>	<b>Behavioral</b>	<b>Nursing</b>	<b>Therapy</b>
Exceptional Performance	50%	50%	N/A	N/A	N/A	N/A	N/A
Proficient	25%	25%	N/A	N/A	N/A	N/A	N/A
Fair	25%	25%	N/A	N/A	N/A	N/A	N/A
Significant Concerns	N/A	N/A	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	4	4	N/A	N/A	N/A	N/A	N/A

**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- Joyful Care, Tri-County Center; Middle- no reviews; West- Tiara's Haven, Tim's Place, Premier Health Care (consultative survey).

East Region:

Tri-County Center: The 2016 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 the agency received in 2015.

Personal funds reviewed: Of the 4 accounts reviewed, 1 contained issues. The agency should focus efforts to ensure the following:

- Logs do not include calculation errors;
- Receipts are maintained as required;
- Life insurance policies are irrevocable.

Joyful Care, Inc.: The 2016 QA survey resulted in the agency receiving a score of 48. This places them in the Proficient range of performance. Compared to their 2015 survey results, this is a 2-point decrease in compliance (50-Proficient in 2015). This decrease in compliance was specific to issues identified in Domains 2 (SC-PC) and 10 (SC-PC), while improvements were noted in Domain 3 (PC-SC).

The provider should focus efforts to ensure the following:

- The person receives services and supports as specified in the plan;
- Services and supports are documented in accordance with the person's plan;
- The ISC is informed of emerging risk issues or other indicators of need for revision to the ISP;
- Administration of PRN medications is appropriately documented;
- Information obtained from self-assessment activities is reviewed and utilized to develop and implement an internal quality improvement process to improve supports and services;
- Staff receive appropriate training to meet the needs of the person;
- Staff receive ongoing supervision consistent with their job function;
- Services are provided and billed for in accordance with DIDD requirements.

Personal funds reviewed: Of the 1 accounts reviewed 0 contained issues.

A recoupment in the amount of: \$1,257.47 is forthcoming due to the agency billing for the incorrect service (CB Day versus In Home Day).

West Region:

Tim's Place - Single person residential/day provider scored 44 of 54/Fair on the QA survey exited 1/7/16.

- Compared to their 2015 survey results, this is a 6-point decrease in compliance (50-Proficient in 2015) specific to issues identified in Domains 2 (SC-PC), 4 (SC-PC) and 5 (SC-PC).
- The agency needs to ensure:
  - Daily documentation completed accounts for all authorized units of all services ("no" scores for 2B2, 2B3 and 2B5 with 2B3 and 2B5 being repeat issues);
  - Implementation of the person's ISP is monitored appropriately (2D6);
  - Complete and current informed consent and Human Rights Committee review of psychotropic medications taken are present and timely;
  - Over-the-counter PRN medication orders have defined parameters and administration is accurately documented on the Medication Administration Record form;
  - Controlled substances are accurately accounted for; and
  - Self-Assessment and Quality Improvement Planning processes are implemented.
- Outcome 10A (billing) scored "no;" recoupment is pending, primarily for day services.

Outcome 10B, personal funds management, scored "NA" as neither the provider agency nor any paid staff is involved in management of the person's funds.

Tiara's Haven - Single person residential/day provider scored 54 of 54/Exceptional Performance on the QA survey exited 1/19/16.

- Tiara's Haven was a 3-Star provider in 2015 and in 2014 scored 52 of 54/Exceptional Performance with a PC in Domain 10.
- The only Indicator scored "no" this survey was 4D3 due to a one month gap between the previous and current annual Human Rights Committee's review of the person's psychotropic medications and approval of ISP restrictions.
- For the 6 new staff and a sample of tenured staff, all applicable personnel and training items scored 100%.
- Outcome 10A (billing) scored "yes;" no recoupment issues were noted.

Outcome 10B, personal funds management, scored "yes." No need for any reimbursement was identified and the person's funds were considered fully accounted for.

Premier Health Care – Initial Consultation Survey completed 1/4/16 for this provider of Nursing services. The provision of DIDD funded services began on 9/3/15. Nursing notes reviewed did indicate appropriate service delivery and implementation of the plan of care. The agency needs to develop or improve policies and processes to ensure:

- Risk assessments are completed as per DIDD requirements;
  - Monthly progress notes reflect appropriate monitoring of the provision of service and implementation of a person's ISP and POC;
  - Staff know how to contact the DIDD Investigator and how to identify and report instances of suspected abuse, neglect or mistreatment/exploitation;
  - Staff background and registry checks, and staff training are completed timely;
  - Staff misconduct is addressed, safety issues are identified and reported, back-up staff are obtained when needed;
  - Medication variances are documented, tracked and trended;
  - Medication Administration Records are reviewed per established protocols;
  - Administration of psychotropic medication to a person has been reviewed by a Human Rights Committee and informed consent from the person or legal representative is present;
  - Health care management and oversight activities are completed per agency policy;
  - Current physician's orders for medications including over-the-counter medications are maintained;
  - LPNs are supervised by Registered Nurses per agency policy; and
- Self-assessment and quality improvement planning processes are developed and implemented.

**Personal Assistance:** East- no reviews; Middle- no reviews; West- no reviews.

**ISC Providers:** no reviews.

### Clinical Providers: Nursing-Behavioral-Therapies

**Behavioral Providers** East- no reviews; Middle- no reviews; West- Positive Impact Behavior Services (consultative survey).

West:

Positive Impact Behavior Services – Initial Consultation Survey completed 1/20/16 for this independent provider of Behavior services. The provision of DIDD funded services began on September 1, 2015. Continued emphasis on completing the Behavior Services Assessment Report, the Behavior Support Plan, and the Clinical Services Monthly / Quarterly Reviews fully and accurately was recommended. No concerns were noted regarding development of other new provider systems and processes

**Nursing Providers:**

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

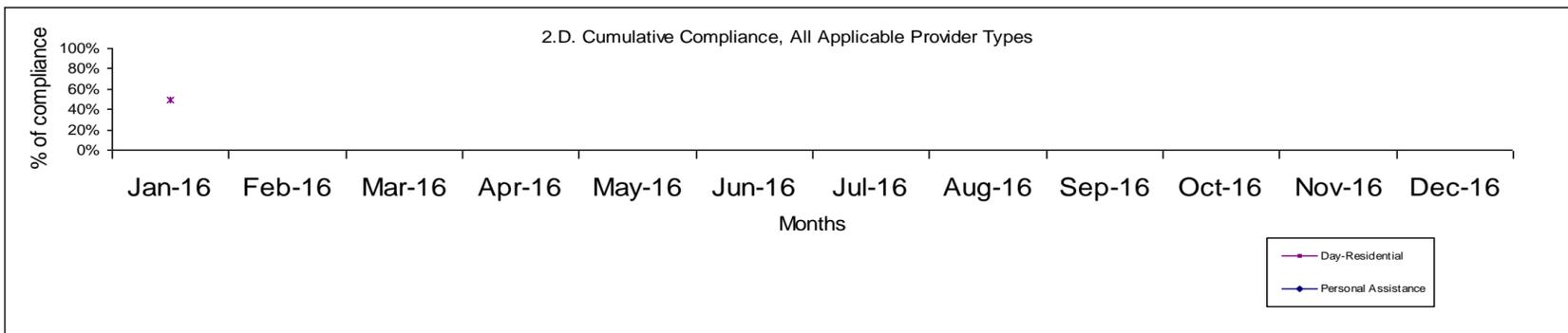
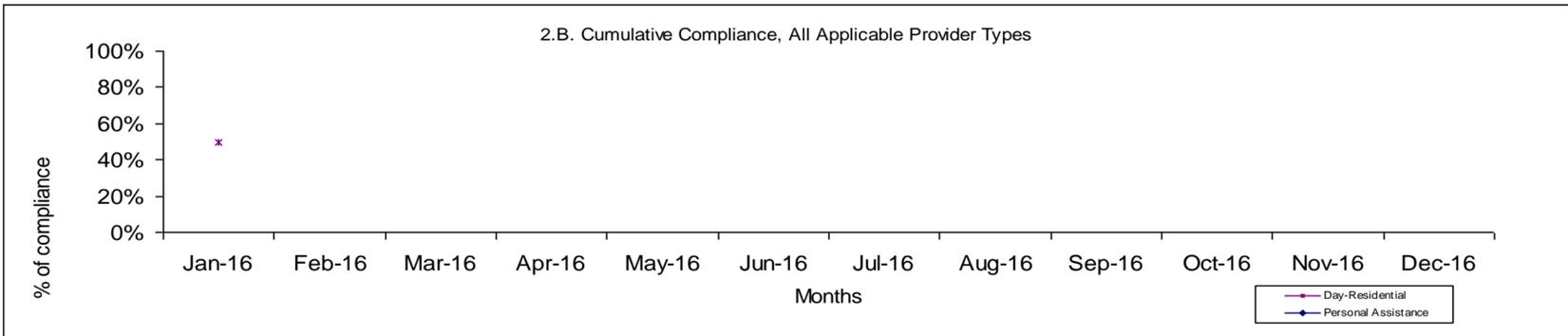
**Therapy Providers:**

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

**Special Reviews**

Current Month:  
 Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)  
 Domain 2, Outcome D (The person's plan and services are monitored for continued appropriateness and revised as needed.)

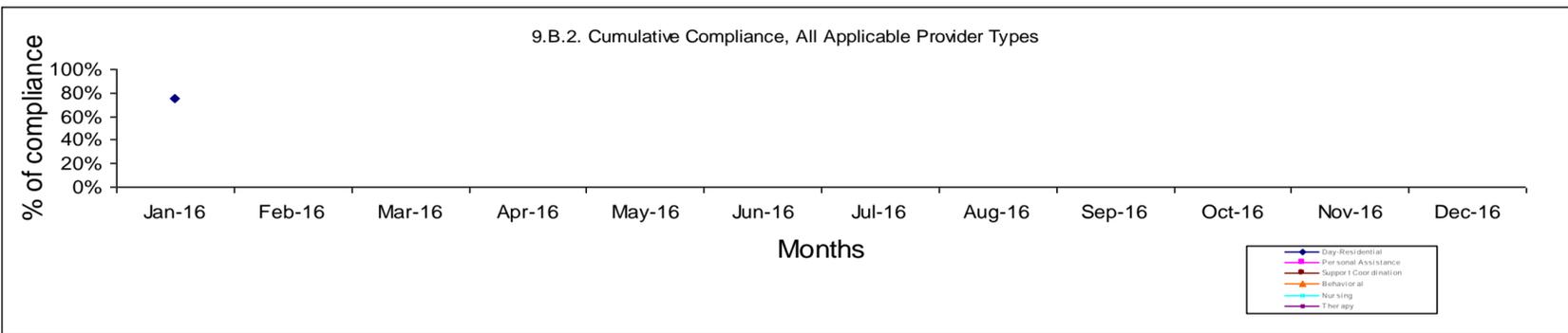
Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	50%	50%
Personal Assistance	N/A	N/A



**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	N/A
Nursing	N/A
Therapy	N/A



**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%.

Personal Funds - East		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
1	# of Individual Personal Funds Accounts Reviewed	5											
2	# of Individual Personal Funds Accounts Fully Accounted For	4											
3	# of Personal Funds Accounts Found Deficient	1											
4	% of Personal Funds Fully Accounted for	80%											
5	% of Personal Funds Found Deficient	20%											

Personal Funds - Middle		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6	# of Individual Personal Funds Accounts Reviewed												
7	# of Individual Personal Funds Accounts Fully Accounted For												
8	# of Personal Funds Accounts Found Deficient												
9	% of Personal Funds Fully Accounted for												
	% of Personal Funds Found Deficient												

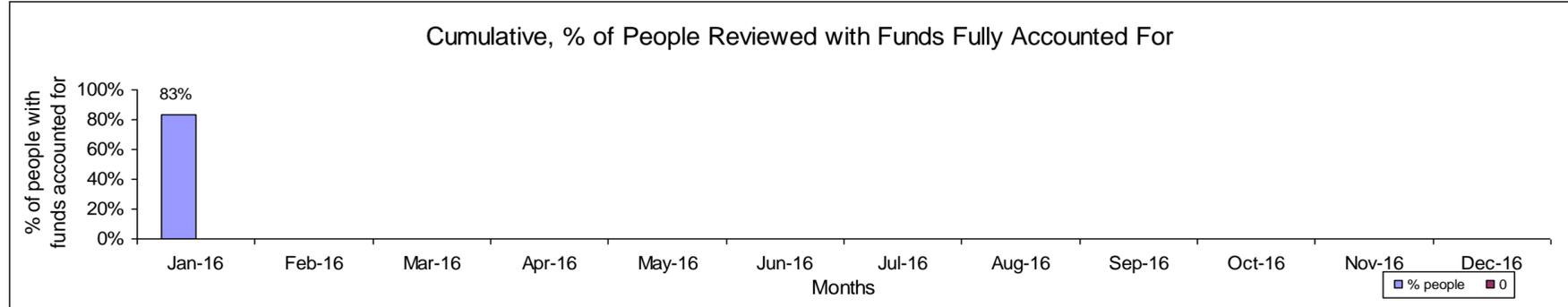
Personal Funds - West		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
11	# of Individual Personal Funds Accounts Reviewed												
12	# of Individual Personal Funds Accounts Fully Accounted For												
13	# of Personal Funds Accounts Found Deficient												
14	% of Personal Funds Fully Accounted for												
15	% of Personal Funds Found Deficient												

Personal Funds - Statewide		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
16	# of Individual Personal Funds Accounts Reviewed												
17	# of Individual Personal Funds Accounts Fully Accounted For												
18	# of Personal Funds Accounts Found Deficient												
19	% of Personal Funds Fully Accounted for												
20	% of Personal Funds Found Deficient												

Cumulative Funds Data		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
21	# of Individual Personal Funds Accounts Reviewed												
22	# of Individual Personal Funds Accounts Fully Accounted For												
23	# of Personal Funds Accounts Found Deficient												
24	% Funds Accounted for, Cumulatively												
25	% Funds Deficient, Cumulatively												



Region	% of Personal Funds Fully Accounted For
East	80%
Middle	N/A
West	100%
Statewide	83%



**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.