

Data Management Report

March 2016

Data Management Report

Table of Contents

A:	Demographics for HCBS Waiver Recipients	1
B:	Transitions, Enrollment and Conversions	2
C:	Waiting List Demographics	5
D:	Protection From Harm	7
	Complaints	7
	Incidents	10
	Investigations	12
E:	Due Process / Freedom of Choice	14
F:	Provider Qualifications / Monitoring	19
	Day-Residential Providers	19
	Personal Assistance	20
	ISC Providers	21
	Behavioral Providers	22
	Nursing Providers	23
	Therapy Providers	24
	QA Summary	25
	Personal Funds	31

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	1962				
2	Middle	1888	1890	1884	1892	1889	1889	1889	1888				
3	West	1084	1086	1091	1092	1097	1101	1095	1104				
4	Statewide	4915	4927	4925	4937	4948	4953	4941	4954	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	4989				
6	# of slots remaining for calendar year	125	96	91	74	48	29	105	83	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	506				
8	Middle	554	551	549	551	550	544	542	541				
9	West	747	748	748	745	744	742	740	744				
10	Statewide	1816	1817	1812	1809	1808	1795	1790	1791	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	1801				
13	# of slots remaining for calendar year	95	93	92	90	85	85	126	122	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	412				
15	Middle	441	443	449	451	456	457	456	460				
16	West	337	335	337	339	339	338	342	341				
17	Statewide	1164	1167	1182	1186	1197	1200	1203	1213	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	1228				
20	# of slots remaining for calendar year	600	587	568	555	543	536	590	574				

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	4				
22	Middle	1	1	1	1	1	1	1	1				
23	West	1	1	1	1	1	1	1	1				
24	HJC FAU (Forensic)	6	5	5	5	5	5	3	5				
25	HJC BSU (Behavior)	4	4	4	4	3	4	4	4				
26	Statewide	16	15	15	15	14	15	13	15	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	62				
28	Middle	32	30	32	36	39	40	39	40				
29	West	0	0	0	0	0	0	0	0				
30	Statewide	95	93	96	100	100	103	101	102	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	67				
32	CBDC	15	6	6	6	0	0	0	0				
33	HJC- Day One (ICF)	5	6	6	6	6	6	6	5				
34	Total	106	96	93	87	74	74	74	72	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	61				
36	Middle	18	28	28	28	34	34	34	35				
37	West	48	48	48	48	48	48	48	46				
38	TOTAL	129	139	139	139	145	143	143	142	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	8289	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.

Census 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
East	3060	3072	3073	3068	3074	3073	3065	3074				
Middle	2964	2964	2964	2980	2983	2980	2974	2979				
West	2217	2218	2225	2225	2229	2230	2226	2236				
Total	8241	8254	8262	8273	8286	8283	8265	8289				

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.

ALL Waiver 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
1	CAC	1	2	1	2	5	0	2	3					16
2	SD Waiver	12	13	19	13	12	7	13	14					103
3	Statewide Waiver	23	20	15	18	26	19	9	22					152
4	Total Waiver Enrollments	36	35	35	33	43	26	24	39					271

CAC Waiver 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
6	East	1	2	0	1	4	0	0	0					8
7	Middle	0	0	1	0	1	0	2	0					4
8	West	0	0	0	1	0	0	0	3					4
9	Grand Total CAC Waiver	1	2	1	2	5	0	2	3					16

SD Waiver 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
11	East	3	5	7	3	6	4	6	9					43
12	Middle	6	6	7	5	5	3	2	3					37
13	West	3	2	5	5	1	0	5	2					23
13	Grand Total SD Waiver	12	13	19	13	12	7	13	14					103

SD Waiver Aging Caregiver		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 SD Waiver Count Above														
	East	0	2	2	0	2	2	3	4					15
	Middle	0	1	0	2	1	0	0	0					4
	West	0	1	2	0	1	0	2	0					6
	Total	0	4	4	2	4	2	5	4					25

Statewide Waiver Enrollments by Referral Source

Crisis		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	5					30
15	Middle	2	6	4	4	2	1	6	3					28
16	West	3	5	4	3	1	5	0	5					26
17	Total	10	13	11	8	14	8	7						71

Secondary Enrollment Source of Crisis:

APS		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	0					3
19	Middle	0	1	1	0	0	0	0	0					2
20	West	0	0	0	1	0	0	0	0					1
21	Total	0	2	1	2	1	0	0	0					6

CHOICES		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					0
23	Middle	0	0	1	0	0	0	0	0					1
24	West	0	0	0	0	0	0	0	0					0
25	Total	0	0	1	0	0	0	0	0					1

CORRECTIONAL FACILITY		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					0
27	Middle	0	0	0	0	0	0	0	0					0
28	West	0	0	1	0	0	0	0	1					2
29	Total	0	0	1	0	0	0	0	1					2

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

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	2					9
31	Middle	4	0	0	0	0	0	0	0					4
32	West	0	1	1	2	1	0	0	0					5
33	Total	5	1	1	3	3	2	1	2					18

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					0
35	HJC	0	0	0	0	0	0	0	0					0
36	Total	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	0					2
38	Middle	0	0	0	0	0	0	0	0					0
39	West	1	0	0	0	3	0	0	0					4
40	Total	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	1					4
42	Middle	0	0	0	1	0	1	0	0					2
43	West	0	0	1	2	2	2	0	0					7
44	Total	1	1	1	4	2	3	0	1	0	0	0	0	13

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					2
46	Middle	0	0	0	0	0	0	0	0					0
47	West	0	0	0	0	0	0	0	0					0
48	Total	0	0	0	0	0	1	0	1	0	0	0	0	2

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	1					
50	Middle	2	0	0	0	0	2	0	0					
51	West	0	0	0	0	0	0	0	0					
52	Total	3	0	0	1	0	3	0	1	0	0	0	0	8

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	2					5
54	Middle	0	3	0	1	2	1	1	0					8
55	West	1	1	1	1	1	1	0	2					8
56	Total	2	4	2	2	4	2	1	4	0	0	0	0	21

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	12					56
58	Middle	8	9	4	6	4	5	7	3					46
59	West	5	7	7	8	8	8	0	7					50
60	Grand Total Statewide Waiver	23	20	15	18	26	19	9	22	0	0	0	0	152

Analysis

There were 39 waiver enrollments for February 2016. Fourteen people enrolled into the SD waiver, of those, four were under the Aging Caregiver category. Twenty-two people enrolled into the Statewide waiver. There were three CAC enrollments.

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
CAC Waiver													
61 Voluntary	0	0	1	0	0	0	0	0					1
62 Involuntary- Death	4	3	5	8	6	9	7	3					45
63 Involuntary- Safety	0	0	0	0	0	0	0	0					0
64 Involuntary- Incarceration	0	0	0	0	0	0	0	0					0
65 Involuntary- NF > 90 Days	0	0	0	0	0	1	0	0					1
66 Involuntary- Out of State	0	0	0	0	0	0	0	0					0
67 Total Disenrolled	4	3	6	8	6	10	7	3	0	0	0	0	47
SD Waiver													
68 Voluntary	1	0	3	0	0	4	3	5					16
69 Involuntary- Death	0	1	2	0	1	0	0	1					5
70 Involuntary- Safety	0	0	0	0	0	0	0	0					0
71 Involuntary- Incarceration	0	0	0	0	0	0	0	0					0
72 Involuntary- NF > 90 Days	0	0	0	1	0	1	0	0					2
73 Involuntary- Out of State	0	1	1	1	1	0	0	0					4
74 Total Disenrolled	1	2	6	2	2	5	3	6	0	0	0	0	27
Statewide Waiver													
75 Voluntary	4	0	0	1	2	1	2	3					13
76 Involuntary- Death	6	6	10	4	9	9	12	12					68
77 Involuntary- Safety	0	0	0	0	0	0	0	0					0
78 Involuntary- Incarceration	0	0	0	0	0	0	0	0					0
79 Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0					0
80 Involuntary- Out of State	0	2	0	2	0	0	0	0					4
81 Total Disenrolled	10	8	10	7	11	10	14	15	0	0	0	0	85
82 Total Waiver Disenrollments:	15	13	22	17	19	25	24	24	0	0	0	0	159

Analysis:

There were a total of 24 waiver disenrollments for February. Three were from the CAC waiver, six from the SD waiver, and 15 from the Statewide waiver. Note that five of the "voluntary" disenrollments from the SD waiver were transfers to 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
Greene Valley													
83 Census [June 2015 88]	86	83	81	75	68	68	68	67					
Discharges													
84 Death	0	0	0	1	0	0	0	1					2
85 Transition to another dev center	0	0	0	0	0	0	0	0					0
86 Transition to community state ICF	0	0	1	0	0	0	0	0					1
87 Transition to private ICF	1	1	1	4	3	0	0	0					10
88 Transition to waiver program	1	2	0	1	4	0	0	0					8
89 Transition to non DIDD srvs	0	0	0	0	0	0	0	0					0
90 Total Discharges	2	3	2	6	7	0	0	1					21
Clover Bottom													
91 Census [June 2015 18]	16	6	6	6	0	0	0	0	0	0	0	0	
Discharges													
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 Total Discharges	2	10	0	0	0	0	0	0	0	0	0	0	12
Harold Jordan Center													
99 Census [June 2015 14]	15	15	15	15	14	15	13	14					
Admissions													
100 HJC Day One (ICF)	0	1	0	0	0	0	0	0					1
101 HJC FAU (SF)	1	0	0	0	1	0	0	2					4
102 HJC BSU (SF)	0	0	1	0	1	1	0	0					3
103 Total Admissions	1	1	1	0	2	1	0	2					8
Discharges													
104 Death	0	0	0	0	0	0	0	0					0
105 Transition to community state ICF	0	0	0	0	0	0	0	0					0
106 Transition to private ICF	0	0	0	0	0	0	0	0					0
107 Transition to waiver program	0	1	1	0	1	0	2	1					6
108 Transition back to community	0	0	0	0	0	0	0	0					0
109 Total Discharges	0	1	1	0	1	0	2	1					6
East Public ICF Homes													
110 Census [June 2015 63]	63	63	63	63	63	61	61	61					
111 Admissions	0	0	1	0	0	0	0	0					1
Discharges													
112 Death	0	0	1	0	0	2	0	0					3
113 Transition to another dev center	0	0	0	0	0	0	0	0					0
114 Transition to community state ICF	0	0	0	0	0	0	0	0					0
115 Transition to private ICF	0	0	0	0	0	0	0	0					0
116 Transition to waiver program	0	0	0	0	0	0	0	0					0
117 Transition to non DIDD srvs	0	0	0	0	0	0	0	0					0
118 Total Discharges	0	0	1	0	0	2	0	0					3

Middle Public ICF Homes		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
119	Census [June 2015 16]	18	28	28	28	34	34	34	35					
120	Admissions	2	10	0	0	6	0	0	1					7
Discharges														
121	Death	0	0	0	0	0	0	0	0					0
122	Transition to another dev center	0	0	0	0	0	0	0	0					0
123	Transition to public state ICF	0	0	0	0	0	0	0	0					0
124	Transition to private ICF	0	0	0	0	0	0	0	0					0
125	Transition to waiver program	0	0	0	0	0	0	0	0					0
126	Transition to non DIDD srvs	0	0	0	0	0	0	0	0					0
127	Total Discharges	0	0	0	0	0	0	0	0					0
West Public ICF Homes		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
128	Census [June 2015 47]	48	48	48	48	48	48	48	46					
129	Admissions	0	0	0	0	0	0	0	0					0
Discharges														
130	Death	0	0	0	0	0	0	0	2					2
131	Transition to another dev center	0	0	0	0	0	0	0	0					0
132	Transition to public state ICF	0	0	0	0	0	0	0	0					0
133	Transition to private ICF	0	0	0	0	0	0	0	0					0
134	Transition to waiver program	0	0	0	0	0	0	0	0					0
135	Transition to non DIDD srvs	0	0	0	0	0	0	0	0					0
136	Total Discharges	0	0	0	0	0	0	0	2					2

Analysis:

There was one discharge from GVDC, two admissions to the FAU unit at HJC, one discharge from HJC to the community, one admission to the Middle Tennessee homes and two discharges from the West Tennessee homes.

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	76	0	0	0	0
# of Urgent cases	407	396	398	396	384	376	377	371	0	0	0	0
# of Active cases	3766	3694	3651	3571	3542	3474	3433	3378	0	0	0	0
# of Deferred cases	1975	2002	2030	2062	2085	2135	2146	2143	0	0	0	0
Wait List Total	6240	6187	6157	6110	6091	6065	6039	5968	0	0	0	0

June 2015 - 6277												
Monthly net effect	-37	-53	-30	-47	-19	-26	-26	-71		0	0	0

Additions												FY Total	
Crisis cases added	11	10	5	3	15	6	3	4	0	0	0	0	57
Urgent cases added	15	12	14	14	13	13	6	14	0	0	0	0	101
Active cases added	23	23	19	18	16	20	16	21	0	0	0	0	156
Deferred cases added	16	10	12	12	15	10	7	11	0	0	0	0	93
Total # Added	65	55	50	47	59	49	32	50	0	0	0	0	407

Removals													
For Enrollment into the SD Waiver	8	10	19	13	21	6	14	14	0	0	0	0	105
For Enrollment into the Statewide Waiver	16	19	15	15	28	17	7	20	0	0	0	0	137
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0	2	0	0	0	0	3
Moved into a Private ICF home	3	1	2	0	0	1	0	2	0	0	0	0	9
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	3	0	0	0	0	30
Moved out of state	4	3	4	3	3	6	2	1	0	0	0	0	26
Not eligible for services	0	2	1	0	1	1	1	1	0	0	0	0	7
Other	0	1	0	1	2	1	1	1	0	0	0	0	7
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	2	0	0	0	0	30
Unable to locate	64	62	28	60	13	34	23	75	0	0	0	0	359
Total Number Removed this Month	103	108	80	94	78	75	58	121	0	0	0	0	717

Monthly Snapshot												
Comparison	East	Middle	West	Statewide	Added	East	Middle	West	Statewide			
Crisis	19	38	19	76	Crisis	3	1	0	4			
Urgent	220	144	7	371	Urgent	8	4	2	14			
Active	1219	1055	1104	3378	Active	7	1	13	21			
Deferred	686	727	730	2143	Deferred	2	3	6	11			
WL Total	2144	1964	1860	5968	WL Total	20	9	21	50			

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	19				
# of Urgent cases	217	217	227	230	223	221	216	220				
# of Active cases	1309	1279	1269	1225	1218	1218	1218	1219				
# of Deferred cases	682	684	686	688	689	689	687	686				
Wait List Total	2239	2205	2203	2170	2157	2157	2152	2144	0	0	0	0

June 2015 -2259												
Net effect on Grand Total List	-20	-34	-2	-33	-13	0	-5	-8		0	0	0

Additions												FY Total	
# of Crisis cases added	3	3	3	1	5	2	1	3					21
# of Urgent cases added	7	6	8	11	4	4	4	8					52
# of Active cases added	10	12	8	8	5	10	8	7					68
# of Deferred cases added	8	5	5	9	4	3	1	2					37
Total # Added to the Wait List	28	26	24	29	18	19	14	20	0	0	0	0	178

Removals													
For Enrollment into the SD Waiver	3	5	7	3	6	4	5	9					42
For Enrollment into the Statewide Waiver	10	8	3	5	12	7	2	12					59
For Enrollment into the CAC Waiver	0	0	0	0	0	0	0	0					0
Moved into Private ICF home	1	0	1	0	0	1	0	0					3

Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Deceased	2	3	2	0	1	1	2	1						12
Moved out of state	1	0	1	3	3	4	0	0						12
Not eligible for services	0	1	1	0	1	1	0	1						5
Other	0	0	0	0	0	0	0	0						0
Receiving other funded services	0	0	0	0	0	0	1	0						1
Requested to be removed	0	0	0	0	0	1	2	0						3
Unable to locate	32	43	11	52	8	0	6	3						155
Total Number Removed this Month	49	60	26	63	31	19	18	26	0	0	0	0	0	292
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	38						
# of Urgent cases	174	165	156	159	159	152	152	144						
# of Active cases	1202	1166	1161	1155	1154	1109	1101	1055						
# of Deferred cases	654	683	686	685	685	730	733	727						
Wait List Total	2076	2061	2044	2040	2035	2028	2020	1964	0	0	0	0	0	
June 2015 -2100														
Net effect on Grand Total List	-24	-15	-17	-4	-5	-7	-8	-56		0	0	0	0	

Additions													FY Total	
# of Crisis cases added	5	4	1	1	5	3	1	1						21
# of Urgent cases added	3	5	4	3	8	6	1	4						34
# of Active cases added	2	4	3	5	4	6	5	1						30
# of Deferred cases added	2	4	3	0	2	5	3	3						22
Total # Added to the Wait List	12	17	11	9	19	20	10	9	0	0	0	0	0	107

Removals														
For Enrollment into the SD Waiver	1	3	6	7	13	2	3	3						38
For Enrollment into the Statewide Waiver	3	9	6	5	8	4	5	3						43
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0	0						1
Moved into Private ICF home	1	1	0	0	0	0	0	2						4
Moved into DIDD ICF home	0	0	0	0	0	0	0	0						0
Deceased	2	1	3	0	0	2	2	0						10
Moved out of state	3	1	1	0	0	2	1	1						9
Not eligible for services	0	1	0	0	0	0	1	0						2
Other	0	0	0	0	1	0	1	1						3
Receiving other funded services	0	0	0	0	0	0	0	0						0
Requested to be removed	1	3	2	1	1	4	1	1						14
Unable to locate	24	14	10	0	0	13	6	56						123
Total Number Removed this Month	35	33	28	13	24	27	20	67	0	0	0	0	0	247

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	19				
# of Urgent cases	16	14	15	7	2	3	9	7				
# of Active cases	1255	1249	1221	1191	1170	1147	1114	1104				
# of Deferred cases	639	635	658	689	711	716	726	730				
Wait List Total	1925	1921	1910	1900	1899	1880	1867	1860	0	0	0	0

June 2015 -1918

Net effect on Grand Total List	7	-4	-11	-10	-1	-19	-13	-7		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	0					15
# of Urgent cases added	5	1	2	0	1	3	1	2					15
# of Active cases added	11	7	8	5	7	4	3	13					58
# of Deferred cases added	6	1	4	3	9	2	3	6					34
Total # Added to the Wait List	25	12	15	9	22	10	8	21	0	0	0	0	122

Removals

For Enrollment into the SD Waiver	4	2	6	3	2	0	6	2					25
For Enrollment into the Statewide Waiver	3	2	6	5	8	6	0	5					35
For Enrollment into the CAC Waiver	0	0	0	0	0	0	0	2					2
Moved into Private ICF home	1	0	1	0	0	0	0	0					2
Moved into DIDD ICF home	0	0	0	0	0	0	0	0					0
Deceased	1	0	2	1	0	0	2	2					8
Moved out of state	0	2	2	0	0	0	1	0					5
Not eligible for services	0	0	0	0	0	0	0	0					0
Other	0	1	0	1	1	1	0	0					4
Receiving other funded services	1	0	1	0	1	0	0	0					3
Requested to be removed	1	3	1	0	6	1	0	1					13
Unable to locate	8	5	7	8	5	21	11	16					81
Total Number Removed this Month	19	15	26	18	23	29	20	28	0	0	0	0	178

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
1 Total # of Complaints	0	1	1	0	0	1	0	1				
2 # from TennCare	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	1				
5 % from a Concerned Citizen	N/A	100%										
6 # from the Waiver Participant	0	0	0	0	0	0	0	0				
7 % from the Waiver Participant	N/A											
8 # from a Family Member	0	1	1	0	0	0	0	0				
9 % from a Family Member	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A				
10 # from Conservator	0	0	0	0	0	1	0	0				
11 % from Conservator	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A				
13 # Advocate (Paid)	0	0	0	0	0	0	0	0				
14 % from Advocate (Paid)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A				
15 # from PTP Interview	0	0	0	0	0	0	0	0				
16 % from PTP Interview	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
17 Total # of Complaints	3	12	6	6	7	2	5	5				
18 # from TennCare	0	0	0	0	0	0	0	0				
19 % from TennCare	N/A											
20 # from a Concerned Citizen	0	0	3	1	0	1	0	0				
21 % from a Concerned Citizen	N/A	N/A	50%	17%	N/A	50%	N/A	N/A				
22 # from the Waiver Participant	1	0	0	0	1	0	0	0				
23 % from the Waiver Participant	33%	N/A	N/A	N/A	14%	N/A	N/A	N/A				
24 # from a Family Member	0	1	1	4	2	1	2	1				
25 % from a Family Member	N/A	8%	17%	67%	29%	50%	40%	20%				
26 # from Conservator	1	11	2	1	0	0	3	4				
27 % from Conservator	33%	92%	33%	17%	N/A	N/A	60%	80%				
28 # Advocate (Paid)	0	0	0	0	0	0	0	0				
29 % from Advocate (Paid)	N/A											
30 # from PTP Interview	1	0	0	0	4	0	0	0				
31 % from PTP Interview	33%	N/A	N/A	N/A	57%	N/A	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
32 Total # of Complaints	1	2	6	2	3	5	5	17				
33 # from TennCare	0	0	0	0	0	0	0	0				
34 % from TennCare	N/A											
35 # from a Concerned Citizen	0	1	2	2	0	1	1	0				
36 % from a Concerned Citizen	N/A	50%	33%	100%	N/A	20%	20%	N/A				
37 # from the Waiver Participant	0	0	1	0	0	0	1	0				
38 % from the Waiver Participant	N/A	N/A	17%	N/A	N/A	N/A	20%	N/A				
39 # from a Family Member	0	0	1	0	0	0	1	3				
40 % from a Family Member	N/A	N/A	17%	N/A	N/A	N/A	20%	18%				
41 # from Conservator	1	1	2	0	2	4	2	13				
42 % from Conservator	100%	50%	33%	N/A	67%	80%	40%	76%				
43 # Advocate (Paid)	0	0	0	0	1	0	0	0				
44 % from Advocate (Paid)	N/A	N/A	N/A	N/A	33%	N/A	N/A	N/A				
45 # from PTP Interview	0	0	0	0	0	0	0	1				
46 % from PTP Interview	N/A	6%										

Complaints by Issue- 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
47	Total Number of Complaints	0	1	1	0	0	1	0	1				
48	# Behavior Issues	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				
51	% Day Service Issues	N/A											
52	# Environmental Issues	0	0	0	0	0	0	0	0				
53	% Environmental Issues	N/A											
54	# Financial Issues	0	0	0	0	0	0	0	0				
55	% Financial Issues	N/A											
56	# Health Issues	0	0	1	0	0	0	0	0				
57	% Health Issues	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A				
58	# Human Rights Issues	0	1	0	0	0	0	0	1				
59	% Human Rights Issues	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%				
60	# ISC Issues	0	0	0	0	0	0	0	0				
61	% ISC Issues	N/A											
62	# ISP Issues	0	0	0	0	0	0	0	0				
63	% ISP Issues	N/A											
64	# Staffing Issues	0	0	0	0	0	1	0	0				
65	% Staffing Issues	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A				
66	# Therapy Issues	0	0	0	0	0	0	0	0				
67	% Therapy Issues	N/A											
68	# Transportation Issues	0	0	0	0	0	0	0	0				
69	% Transportation Issues	N/A											
70	# Case Management Issues	0	0	0	0	0	0	0	0				
71	% Case Management Issues	N/A											
72	# Other Issues	0	0	0	0	0	0	0	0				
73	% Other Issues	N/A											

Complaints by Issue - 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
74	Total Number of Complaints	3	12	6	6	7	2	5	5				
75	# Behavior Issues	0	0	0	0	0	0	0	0				
76	% Behavior Issues	N/A											
77	# Day Service Issues	0	0	0	0	0	1	0	0				
78	% Day Service Issues	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A				
79	# Environmental Issues	0	0	0	2	1	0	0	1				
80	% Environmental Issues	N/A	N/A	N/A	33%	14%	N/A	N/A	20%				
81	# Financial Issues	0	3	1	1	0	0	2	0				
82	% Financial Issues	N/A	25%	17%	17%	N/A	N/A	40%	0%				
83	# Health Issues	0	1	0	0	0	0	1	0				
84	% Health Issues	N/A	8%	N/A	N/A	N/A	N/A	20%	N/A				
85	# Human Rights Issues	2	2	1	0	2	1	0	1				
86	% Human Rights Issues	67%	17%	17%	N/A	29%	50%	N/A	20%				
87	# ISC Issues	0	0	0	0	0	0	0	0				
88	% ISC Issues	N/A											
89	# ISP Issues	0	0	0	0	1	0	0	0				
90	% ISP Issues	N/A	N/A	N/A	N/A	14%	N/A	N/A	N/A				
91	# Staffing Issues	1	6	4	3	3	0	2	3				
92	% Staffing Issues	33%	50%	67%	50%	43%	N/A	40%	60%				
93	# Therapy Issues	0	0	0	0	0	0	0	0				
94	% Therapy Issues	N/A											
95	# Transportation Issues	0	0	0	0	0	0	0	0				
96	% Transportation Issues	N/A											
97	# Case Management Issues	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				
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	17				
102	# Behavior Issues	0	0	0	0	0	0	1	0				
103	% Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	20%	N/A				
104	# Day Service Issues	0	0	0	0	0	0	0	1				
105	% Day Service Issues	N/A	6%										
106	# Environmental Issues	0	0	0	0	1	0	1	5				
107	% Environmental Issues	N/A	N/A	N/A	N/A	33%	N/A	20%	29%				
108	# Financial Issues	0	0	1	1	0	1	0	1				
109	% Financial Issues	N/A	N/A	17%	50%	N/A	20%	N/A	6%				
110	# Health Issues	0	0	1	0	0	0	1	2				
111	% Health Issues	N/A	N/A	17%	N/A	N/A	N/A	20%	12%				
112	# Human Rights Issues	0	0	3	0	0	0	1	1				
113	% Human Rights Issues	N/A	N/A	50%	N/A	N/A	N/A	20%	6%				
114	# ISC Issues	0	0	0	0	0	0	0	0				
115	% ISC Issues	N/A											
116	# ISP Issues	0	0	0	0	0	0	0	0				
117	% ISP Issues	N/A											
118	# Staffing Issues	1	2	1	1	2	4	1	6				
119	% Staffing Issues	100%	100%	17%	50%	67%	80%	20%	35%				
120	# Therapy Issues	0	0	0	0	1	0	0	0				
121	% Therapy Issues	N/A											
122	# Transportation Issues	0	0	0	0	1	0	0	1				
123	% Transportation Issues	N/A	6%										
124	# Case Management Issues	0	0	0	0	1	0	0	0				
125	% Case Management Issues	N/A											
126	# Other Issues	0	0	0	0	1	0	0	0				
127	% Other Issues	N/A											

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR January 2016 Report.

There were 23 complaint issues statewide. This is an increase of 13 from previous month. There was 1 SD Waiver complaint regarding Human Rights. There were 17 CAC waiver complaints with the majority being regarding staffing and environmental issues and 5 Statewide Waiver complaints. These issues were resolved without intervention meetings. There were 79 complaint issues between families, people we support and providers which required Advocacy intervention activities. This is an increase of 14 from January 2016. 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 23 complaints this month were resolved within 30 days for 100% compliance.

THE MAIN COMPLAINT ISSUES involved staffing, environmental and Human Rights issues. These complaints involved complainants being unhappy with providers who did not involve them in their decisions or untrained staff or poor levels of supervision. 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 PCP usage and carrying out goals set for new year. 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:

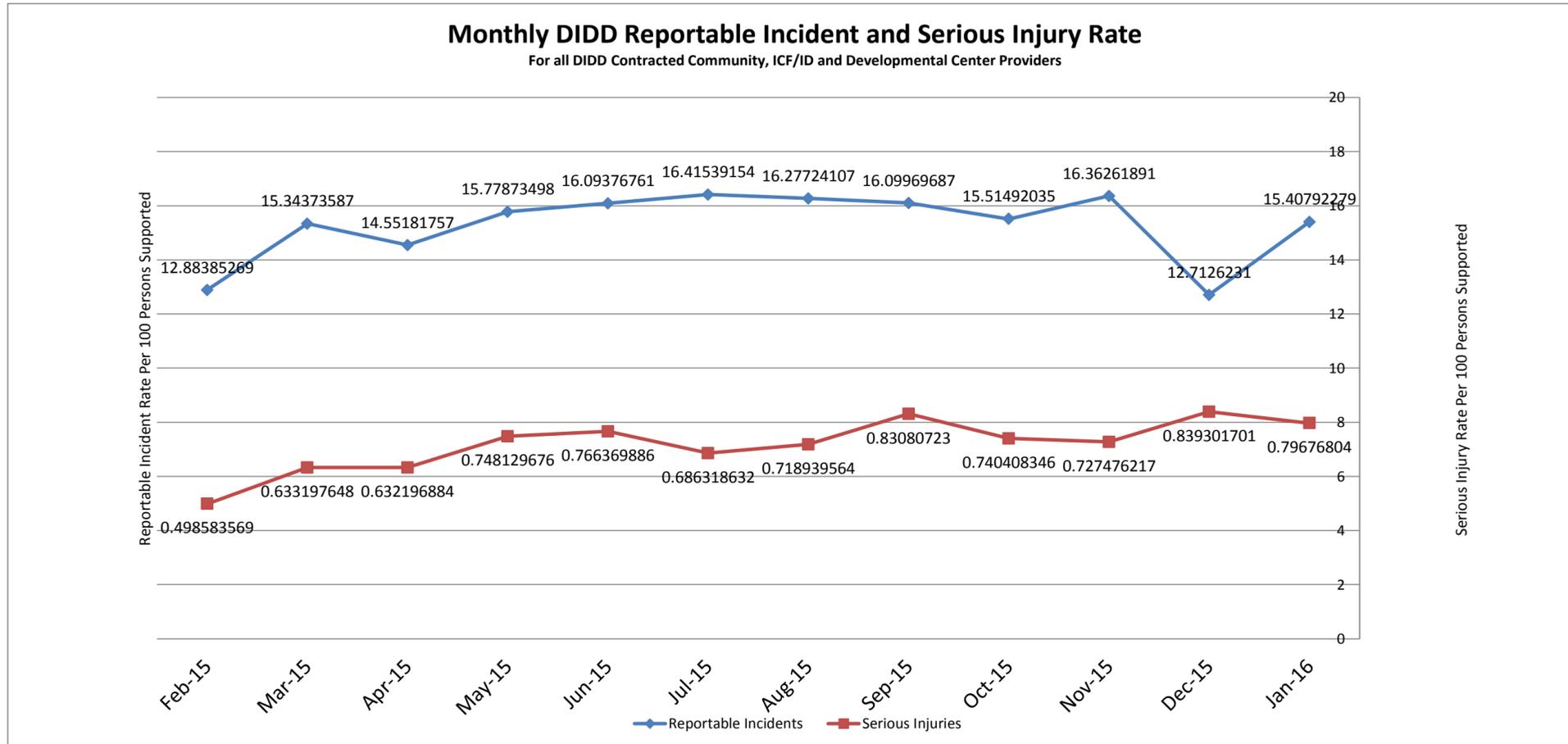
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.

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.

Incidents / East	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	467					4188
2 Rate of Reportable Incidents per 100 people	17.13	18.05	16.4	16.07	16.34	15.75	13.81	14.26					16.0
3 # of Serious Injuries	25	25	30	34	24	27	29	32					226
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	0.98					0.9
5 # of Incidents that were Falls	31	37	31	34	24	38	33	33					261
6 Rate of Falls per 100 people	0.95	1.13	0.95	1.04	0.73	1.16	1	1.01					1.0
7 # of Falls resulting in serious injury	11	13	14	13	9	14	11	12					97
8 % of serious injuries due to falls	44.0%	52.0%	46.7%	38.2%	37.5%	51.9%	37.9%	37.5%					43.2%
Incidents / Middle	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	530					3973
16 Rate of Reportable Incidents per 100 people	14.83	14.67	16.58	16.21	14.84	15.37	15.34	16.57					15.6
17 # of Serious Injuries	25	18	25	32	22	21	22	23					188
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	0.88					0.8
19 # of Incidents that were Falls	39	26	32	35	43	35	39	34					283
20 Rate of Falls per 100 people	1.23	0.82	1	1.10	1.34	1.09	1.22	1.06					1.1
## # of Falls resulting in serious injury	13	6	10	12	15	10	12	10					88
22 % of serious injuries due to falls	52.0%	33.3%	40.0%	37.5%	68.2%	47.6%	54.5%	35.7%					46.1%
Incidents / West	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	376					3165
30 Rate of Reportable Incidents per 100 people	16.43	16.50	15.71	16.00	15.30	18.52	15.98	15.43					16.2
31 # of Serious Injuries	18	18	9	13	20	17	24	11					130
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	0.45					0.7
37 # of Incidents that were Falls	21	28	21	28	29	24	27	0.26					178.26
39 Rate of Falls per 100 people	0.86	1.15	0.86	1.15	1.19	0.98	1.11	1.07					1.0
40 # of Falls resulting in serious injury	8	8	6	1	9	7	12	4					55
41 % of serious injuries due to falls	44.4%	44.4%	66.7%	7.7%	45.0%	41.2%	50.0%	36.4%					42.0%

D Protection From Harm/Incident Management

Incidents / 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	YTD
44 # of Reportable Incidents	1430	1459	1449	1434	1383	1462	1336	1373					11326
45 Rate of Reportable Incidents per 100 people	16.12	16.42	16.28	16.1	15.51	16.36	14.95	15.41					15.9
46 # of Serious Injuries	68	61	64	79	66	65	75	71					549
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					0.8
48 # of Incidents that were Falls	91	91	84	97	96	97	99	93					748
49 Rate of Falls per 100 people	1.03	1.02	0.94	1.09	1.08	1.09	1.11	1.04					1.1
50 # of Falls resulting in serious injury	32	27	30	26	33	31	35	26					240
51 % of serious injuries due to falls	47.1%	44.3%	46.9%	32.9%	50.0%	47.7%	46.7%	36.6%					44.0%



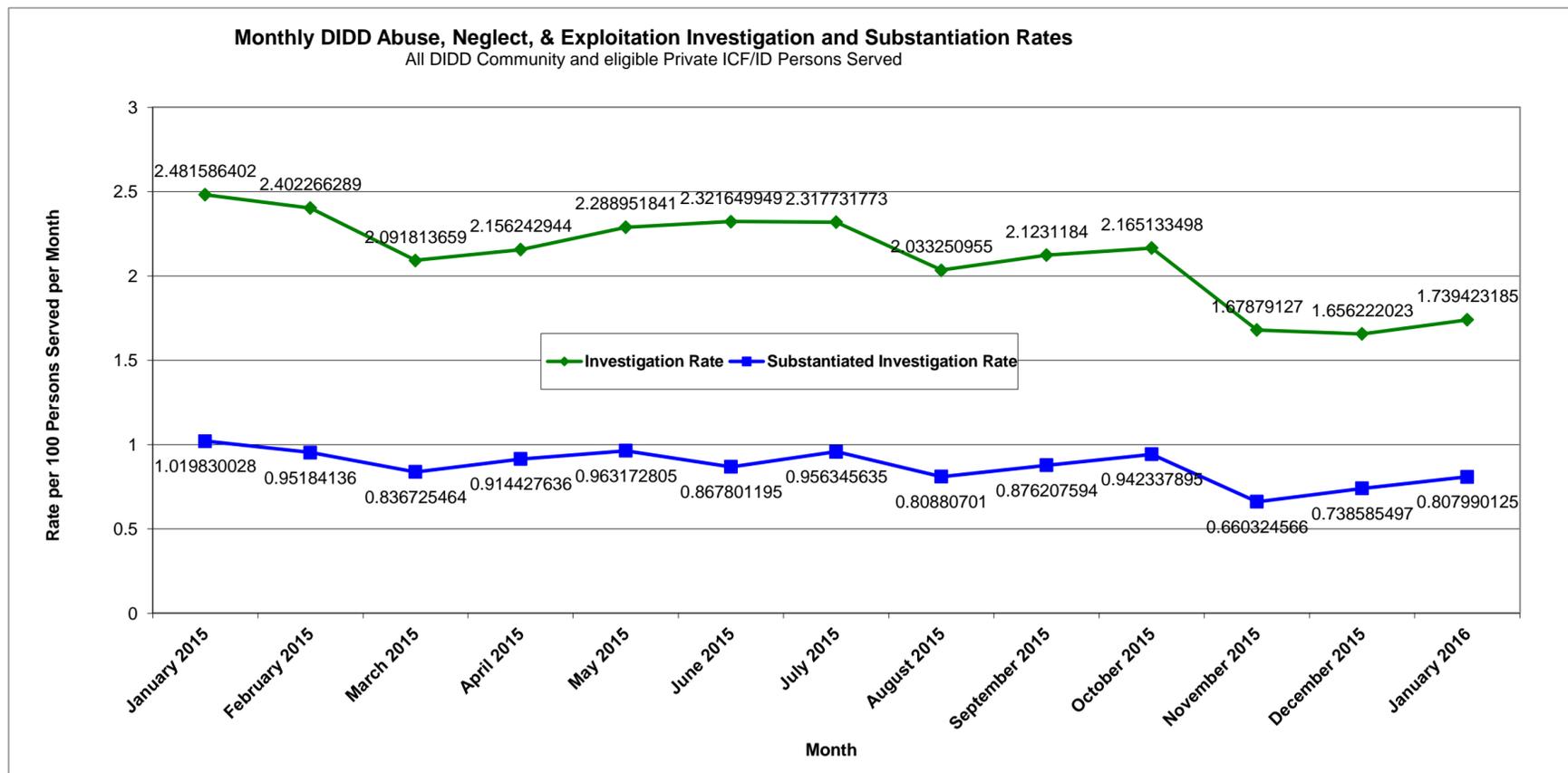
PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for January 2016 increased from 14.95 to 15.41. The rate of Serious Injury per 100 persons supported decreased from 0.84 to 0.80. The rate of Falls per 100 persons supported decreased from 1.11 to 1.04. The number of Serious Injuries due to Falls decreased from 35 to 26. The percentage of Serious Injuries due to Falls was 36.6 %.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for February 2014 - January 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, February 2014 - January 2015, was 14.99 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, February 2015 - January 2016, is 15.29 per 100 persons supported. Analysis showed an increase of 0.30 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	3275				
2	# of Investigations	65	69	57	61	55	47	39	51				
3	Rate of Investigations per 100 people	1.99	2.11	1.74	1.86	1.68	1.43	1.19	1.56				
4	# of Substantiated Investigations	23	28	22	22	27	19	13	25				
5	Rate of Substantiated Investigations per 100 people	0.70	0.86	0.67	0.67	0.82	0.58	0.40	0.76				
6	Percentage of Investigations Substantiated	35%	41%	39%	36%	49%	40%	33%	49%				
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	3199				
9	# of Investigations	78	67	64	71	64	54	61	51				
10	Rate of Investigations per 100 people	2.46	2.10	2.01	2.23	2.00	1.69	1.91	1.59				
11	# of Substantiated Investigations	30	28	28	31	33	25	32	27				
12	Rate of Substantiated Investigations per 100 people	0.95	0.88	0.88	0.97	1.03	0.78	1.00	0.84				
13	Percentage of Investigations Substantiated	38%	42%	44%	44%	52%	46%	52%	53%				
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	2437				
7/30/2014	# of Investigations	63	70	60	57	74	49	48	53				
16	Rate of Investigations per 100 people	2.58	2.88	2.47	2.34	3.04	2.01	1.97	2.17				
17	# of Substantiated Investigations	24	29	22	25	24	15	21	20				
18	Rate of Substantiated Investigations per 100 people	0.98	1.19	0.90	1.03	0.98	0.61	0.86	0.82				
19	Percentage of Investigations Substantiated	38%	41%	37%	44%	32%	31%	44%	38%				
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	8911				
21	# of Investigations	206	206	181	189	193	150	148	155				
22	Rate of Investigations per 100 people	2.32	2.32	2.03	2.12	2.17	1.68	1.66	1.74				
23	# of Substantiated Investigations	77	85	72	78	84	59	66	72				
24	Rate of Substantiated Investigations per 100 people	0.87	0.96	0.81	0.88	0.94	0.66	0.74	0.81				
25	Percentage of Investigations Substantiated	37%	41%	40%	41%	44%	39%	45%	46%				



D	Protection From Harm/Investigations
Analysis:	

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

During the month of January, 2016, 155 investigations were completed across the State. Fifty-one (51) of these originated in the East Region, fifty-one (51) in the Middle Region, and fifty-three (53) in the West Region.

Statewide, investigations were opened at a rate of 1.74 investigations per 100 people served, which is a slight increase from the previous month. The East Region opened investigations at a rate of 1.56 investigations per 100 people served. The Middle Region opened investigations at a rate of 1.59 investigations per 100 people served. The West Region opened investigations at a rate of 2.17 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.

Seventy-two (72), or 46%, of the 155 investigations opened statewide in January, 2016, were substantiated for abuse, neglect, or exploitation. This was a slight increase compared to the prior reporting period, which was 45%. The West Region substantiated the lowest percentage of investigations 38% (20 substantiated investigations), compared to the 49% substantiated in the East Region (25 substantiated investigations) and the 53% substantiated in the Middle Region (27 substantiated investigations). The East Region had the lowest number of substantiated investigations in the previous reporting month, at 13.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served was 0.81 during January, 2016. The Middle Region substantiated investigations at the highest rate per 100 substantiating 0.84 investigations per 100 people served. The Middle Region showed a slight decrease from 1.00 to 0.84. The West Region substantiated investigations at a rate of 0.82 per 100 people served in its region. The West region showed a slight decrease from 0.86 to 0.82. The East Region substantiated investigations at a rate of 0.76 per 100 people served in its region. The East Region showed a slight increase from 0.40 to 0.76.

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
1	SERVICE REQUESTS												
2	Total Service Requests Received	2667	2663	2620	2449	2539	2285	2625	2436				
3	Total Adverse Actions (Incl. Partial Approvals)	67	76	75	52	54	67	71	65				
4	% of Service Requests Resulting in Adverse Actions	3%	3%	3%	2%	2%	3%	3%	3%				
5	Total Grier denial letters issued	53	53	47	36	34	38	49	30				
6	APPEALS RECEIVED												
7	DELIVERY OF SERVICE												
8	Delay	0	0	0	1	1	0	0	0				
9	Termination	0	0	0	0	0	0	0	0				
10	Reduction	0	0	0	0	0	0	0	0				
11	Suspension	0	0	0	0	0	0	0	0				
12	Total Received	0	0	0	1	1	0	0	0				
13	DENIAL OF SERVICE												
14	Total Received	3	1	2	8	1	3	2	0				
7/30/2014	Total Grier Appeals Received	3	1	2	9	2	3	2	0				
16	Total Non-Grier Appeals Received	1	0	0	2	0	1	0	0				
17	Total appeals overturned upon reconsideration	0	0	0	0	0	0	0	0				
18	TOTAL HEARINGS	3	2	4	3	1	5	7	2				
19	DIRECTIVES												
20	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0				
21	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0				
22	Other	0	0	0	0	0	0	1	0				
23	Total Directives Received	0	0	0	0	0	0	1	0				
24	Overtured Directives	0	0	0	0	0	0	0	0				
25	MCC Directives	0	0	0	0	0	0	0	0				
26	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
27	LATE RESPONSES												
28	Total Late Responses	0	0	0	0	0	0	0	0				
29	Total Days Late	0	0	0	0	0	0	0	0				
30	Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00				
31	DEFECTIVE NOTICES												
32	Total Defective Notices Received	0	0	0	0	0	0	0	0				
33	Total Fines Accrued (Estimated)	\$0	\$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	3	2	0	0	0	0				
37	Continuing Delay Issues (Unresolved)	0	0	0	1	1	1	0	1				

38	Total days service(s) not provided per TennCare ORR	0	0	0	132	0	0	0	4				
39	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0	\$0	\$2,000				

	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
40 SERVICE REQUESTS													
41 Total Service Requests Received		2558	2217	2191	2084	2289	2617	2621	2731				
42 Total Adverse Actions (Incl. Partial Approvals)		73	87	46	32	74	124	104	127				
43 % of Service Requests Resulting in Adverse Actions		3%	4%	2%	2%	3%	5%	4%	5%				
44 Total Grier denial letters issued		46	63	40	34	32	41	41	31				
45 APPEALS RECEIVED													
46 DELIVERY OF SERVICE													
47 Delay		1	0	0	0	0	0	0	1				
48 Termination		0	0	0	0	0	0	0	0				
49 Reduction		0	0	0	0	0	0	0	0				
50 Suspension		0	0	0	0	0	0	0	0				
51 Total Received		1	0	0	0	0	0	0	1				
52 DENIAL OF SERVICE													
53 Total Received		8	3	0	2	1	1	2	3				
54 Total Grier Appeals Received		9	3	0	2	1	1	2	4				
55 Total Non-Grier Appeals Received		0	0	0	0	0	0	0	0				
56 Total appeals overturned upon reconsideration		0	2	0	0	0	0	0	0				
57													
58 TOTAL HEARINGS		0	2	1	1	1	2	1	3				
59 DIRECTIVES													
60 Directive Due to Notice Content Violation		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	1				
62 Other		0	0	0	0	0	0	0	0				
63 Total Directives Received		0	0	0	0	0	0	0	1				
64 Overturned Directives		0	0	0	0	0	0	0	0				
65 MCC Directives		0	0	0	0	0	0	0	0				
66 Cost Avoidance (Estimated)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
67 LATE RESPONSES													
68 Total Late Responses		0	0	0	0	0	0	0	0				
69 Total Days Late		0	0	0	0	0	0	0	0				
70 Total Fines Accrued (Estimated)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
71 DEFECTIVE NOTICES													
72 Total Defective Notices Received		0	0	0	0	0	0	0	0				
73 Total Fines Accrued (Estimated)		\$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	0	0	0	0	0	2	1				
77 Continuing Delay Issues (Unresolved)		0	0	0	0	0	0	1	0				
78 Total days service(s) not provided per TennCare ORR		0	0	0	0	0	0	11	1				
79 Total Fines Accrued (Estimated)		\$0	\$0	\$0	\$0	\$0	\$0	\$6,378	\$500				

	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
80	SERVICE REQUESTS												
81	Total Service Requests Received	2426	2327	2578	2183	2425	1780	1909	1690				
82	Total Adverse Actions (Incl. Partial Approvals)	231	137	116	166	146	101	100	141				
83	% of Service Requests Resulting in Adverse Actions	10%	6%	5%	8%	6%	6%	5%	8%				
84	Total Grier denial letters issued	125	117	105	115	96	91	85	63				
85	APPEALS RECEIVED												
86	DELIVERY OF SERVICE												
87	Delay	0	0	0	0	0	0	0	0				
88	Termination	0	0	0	0	0	0	0	0				
89	Reduction	0	0	0	0	0	0	0	0				
90	Suspension	0	0	0	0	0	0	0	0				
91	Total Received	0	0	0	0	0	0	0	0				
92	DENIAL OF SERVICE												
93	Total Received	10	12	11	5	7	7	9	3				
94	Total Grier Appeals Received	10	12	11	5	7	7	9	3				
95	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0				
96	Total appeals overturned upon reconsideration	3	4	5	4	3	1	6	3				
97	TOTAL HEARINGS	2	4	9	5	4	2	6	2				
98	DIRECTIVES												
99	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0				
100	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0	0	0				
101	Other	0	0	2	0	0	0	0	0				
102	Total Directives Received	2	1	2	0	0	0	0	0				
103	Overtured Directives	0	0	0	0	0	0	0	0				
104	MCC Directives	0	0	0	0	0	0	0	0				
105	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
106	LATE RESPONSES												
107	Total Late Responses	0	0	0	0	0	0	0	0				
108	Total Days Late	0	0	0	0	0	0	0	0				
109	Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00				
110	DEFECTIVE NOTICES												
111	Total Defective Notices Received	0	0	0	0	0	0	0	0				
112	Total Fines Accrued (Estimated)	\$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)	2	0	1	2	3	3	1	2				
116	Continuing Delay Issues (Unresolved)	1	3	2	2	2	4	4	2				
117	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0				
118	Total Fines Accrued (Estimated)	\$0	\$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
119	SERVICE REQUESTS												
120	Total Service Requests Received	7651	7207	7389	6716	7253	6682	7155	6857				
121	Total Adverse Actions (Incl. Partial Approvals)	371	300	237	250	274	292	275	333				
122	% of Service Requests Resulting in Adverse Actions	5%	4%	3%	4%	4%	4%	4%	5%				
123	Total Grier denial letters issued	224	233	192	185	162	170	175	124				
124	APPEALS RECEIVED												
125	DELIVERY OF SERVICE												
126	Delay	1	0	0	1	1	0	0	1				
127	Termination	0	0	0	0	0	0	0	0				
128	Reduction	0	0	0	0	0	0	0	0				
129	Suspension	0	0	0	0	0	0	0	0				
130	Total Received	1	0	0	1	1	0	0	1				
131	DENIAL OF SERVICE												
132	Total Received	21	16	13	15	9	11	13	6				
133	Total Grier Appeals Received	22	16	13	16	10	11	13	7				
134	Total Non-Grier Appeals Received	1	0	0	2	0	1	0	0				
135	Total appeals overturned upon reconsideration	3	6	5	4	3	1	6	3				
136	TOTAL HEARINGS	5	6	10	6	6	9	14	7				
137	DIRECTIVES												
138	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0				
139	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0	0	1				
140	Other	0	0	2	0	0	0	1	0				
141	Total Directives Received	2	1	2	0	0	0	1	1				
142	Overtured Directives	0	0	0	0	0	0	0	0				
143	MCC Directives	0	0	0	0	0	0	0	0				
144	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
145	Cost Avoidance (Total Month- Estimated)	\$0	\$0	\$68,345	\$106,892	\$65,179	\$2,187	\$7,391	\$47,584				
146	Cost Avoidance (FY 2016- Estimated)	\$1,011,891	\$1,011,891	\$97,672	\$204,563	\$269,743	\$271,929	\$279,321	\$326,905				
147	LATE RESPONSES												
148	Total Late Responses	0	0	0	0	0	0	0	0				
149	Total Days Late	0	0	0	0	0	0	0	0				
150	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00				
151	Total Defective Notices Received	0	0	0	0	0	0	0	0				
152	Total Fines Accrued (Estimated)	\$0	\$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)	2	0	4	4	3	3	3	3				
156	Continuing Delay Issues (Unresolved)	1	3	2	3	3	5	5	3				
157	Total days service(s) not provided per TennCare ORR	0	0	0	132	0	0	11	5				

158	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0	\$6,378	\$2,500				
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Appeals:

The DIDD received 7 appeals in January compared to 13 received in December, which is a 46.2% decrease in volume. Fiscal Year 2015 averaged 15.6 appeals received per month, indicating a 55.1% decrease in volume for the month of January based on this average.

The DIDD received 6857 service requests in January compared to 7155 for the previous month, which is a 4.2% decrease in volume. The average of service requests received during Fiscal Year 2015 was 7227 per month, indicating that January experienced a 5.1% decrease in volume based on this average.

5% of service plans were denied statewide in January, which is a 1% increase from the previous month. The average of service plans denied per month during Fiscal Year 2015 was 4.3%.

Directives:

One directive was received in the Middle Region regarding a request for SL4-IND where the region had approved SL4-2 as the medically necessary alternative. The Administrative Law Judge ruled in favor of the person at hearing.

Cost Avoidance:

January experienced a cost avoidance of \$47,583.82. Statewide, total cost avoidance is \$326,904.53 for this fiscal year

Sanction/Fines:

See below.

Delay of Service:

The East Region received a delay of service where 4 days of PA were not provided by Orange Grove Center and the Middle Region received a delay of service where 1 day of PA was not provided by Restoration Residential. Total fines for January totaled \$2500.00.

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	15				19			
2	Total Census of Providers Surveyed	434				484			
3	# of Sample Size	82				90			
4	% of Individuals Surveyed	19%				19%			
	# 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.	86%	13%	0%	0%	89%	10%	0%	0%
9	Outcome B. Services and supports are provided according to the person's plan.	60%	33%	6%	0%	57%	31%	10%	0%
11	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	66%	26%	6%	0%	63%	31%	5%	0%
12	Domain 3: Safety and Security								
13	Outcome A. Where the person lives and works is safe.	86%	13%	0%	0%	89%	10%	0%	0%
14	Outcome B. The person has a sanitary and comfortable living arrangement.	93%	6%	0%	0%	94%	5%	0%	0%
###	Outcome C. Safeguards are in place to protect the person from harm.	40%	53%	6%	0%	52%	42%	5%	0%
16	Domain 4: Rights, Respect and Dignity								
17	Outcome A. The person is valued, respected and treated with dignity.	93%	6%	0%	0%	94%	5%	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.	84%	7%	7%	0%	70%	17%	11%	0%
21	Domain 5: Health								
22	Outcome A. The person has the best possible health.	73%	26%	0%	0%	78%	21%	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.	93%	6%	0%	0%	94%	5%	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.	93%	6%	0%	0%	94%	5%	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.	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.	86%	13%	0%	0%	89%	10%	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.	53%	33%	13%	0%	52%	36%	10%	0%
37	Outcome B. Provider staff are trained and meet job specific qualifications.	73%	26%	0%	0%	73%	26%	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.	73%			26%	73%			26%
38	Outcome C. Provider staff are adequately supported.	60%	33%	6%	0%	57%	36%	5%	0%
39	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	93%	6%	0%	0%	94%	5%	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.	46%	46%	6%	0%	47%	47%	5%	0%
42	Outcome B. People's personal funds are managed appropriately.	38%	46%	7%	7%	43%	43%	6%	6%

Personal Assistance		Statewide				Cumulative / Statewide			
43	# of Personal Assistance Providers Monitored this Month	1				1			
44	Total Census of Providers Surveyed	1				1			
45	# of Sample Size	1				1			
46	% of Individuals Surveyed	100%				100%			
47	# of Additional Focused Files Reviewed	0				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%	100%	0%	0%	0%
49	Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	100%	0%	0%	0%
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	100%	0%	0%	0%
51	Domain 3: Safety and Security								
52	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
53	Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	0%	100%	0%	0%
54	Domain 4: Rights, Respect and Dignity								
55	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
56	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
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.	100%	0%	0%	0%	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%	100%	0%	0%	0%
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.	100%	0%	0%	0%	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%	100%	0%	0%	0%
65	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%	100%	0%	0%	0%
67	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	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.	100%			0%	100%			0%
69	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	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%	100%	0%	0%	0%
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.	0%	100%	0%	0%	0%	100%	0%	0%

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			
96	# of Clinical Providers Monitored for the month	4				4			
97	Total Census of Providers Surveyed	225				225			
98	# of Sample Size	28				28			
99	% of Individuals Surveyed	12%				12%			
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.	25%	25%	50%	0%	25%	25%	50%	0%
103	Outcome B. Services and supports are provided according to the person's plan.	50%	25%	25%	0%	50%	25%	25%	0%
104	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	25%	75%	0%	0%	25%	75%	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.	75%	25%	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.	66%	0%	33%	0%	66%	0%	33%	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.	75%	25%	0%	0%	75%	25%	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.	50%	0%	50%	0%	50%	0%	50%	0%
115	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	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%	100%			0%
117	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	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%	100%	0%	0%	0%

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			
148	# of Clinical Providers Monitored for the month	1				1			
149	Total Census of Providers Surveyed	91				91			
150	# of Sample Size	8				8			
151	% of Individuals Surveyed	9%				9%			
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%	0%	100%	0%	0%
155	Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	0%	100%	0%	0%
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	100%	0%	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.	0%	100%	0%	0%	0%	100%	0%	0%
160	Domain 4: Rights, Respect and Dignity								
161	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	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.	0%	100%	0%	0%	0%	100%	0%	0%
167	Outcome B. Provider staff are trained and meet job specific qualifications.	0%	100%	0%	0%	0%	100%	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.	0%			100%	0%			100%
169	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	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.	100%	0%	0%	0%	100%	0%	0%	0%

QA Summary for QM Report (thru 2/2016 data)

Performance Overview- Calendar Year 2016 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	16%	16%	N/A	N/A	25%	N/A	N/A
Proficient	52%	53%	100%	N/A	25%	N/A	100%
Fair	32%	31%	N/A	N/A	50%	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	25	25	1	N/A	4	N/A	1

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- Comcare, Compassionate Care Home Health; East Tennessee Personal Care Services, Independent Opportunities, Personal Care Choices, Sweetwater Living; Middle- Buffalo River Services, Chris' Home, Friendship Home Solutions, New Life- TN, Pauline and Thomas Healthcare, Resources for Human Development; West- Auxilium Health Services, Bubba's Better Life, Capitol City Residential Healthcare TN, Comprehensive Services of Tennessee.

East Region:

Comcare, Inc.: The 2016 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance.

- Compared to their 2014 survey results, this is a 4-point decrease in compliance (54-Exceptional in 2014). This decrease in compliance was specific to issues identified in Domains 2 (SC-PC) and 5 (SC-PC).
- The agency received a recoupment letter in the amount of \$1,203.99 on March 3, 2016. The recoupment was assigned due to a lack of nursing notes for multiple days during the review period.

Personal funds reviewed: Of the 5 accounts reviewed 0 contained issues.

Compassionate Care Home Health: This was a consultative survey.

- The provider should focus efforts to ensure the following:
- Ensure the routine inspection of all agency and employee owned vehicles used for transportation, including adaptive equipment used in the vehicles.
- Protection From Harm Policies include a Crisis Intervention Policy.
- Potential employees are screened to ensure that known abusers are not hired.
- Reportable incidents are reviewed to determine trends and are used to develop, and implement prevention and corrective strategies.
- The person's record adequately reflects all the medications taken.
- Only appropriately trained staff administer medications.
- Medication administration records are appropriately maintained.
- The management plan contains all DIDD required components.
- The agency implements an effective self-assessment process.
- Develop a quality improvement planning process to address the findings of all self-assessment activities.

East TN Personal Care Service, LLC: The 2016 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance.

Compared to their 2014 survey results, this is a 6-point decrease in compliance (54-Exceptional in 2014). This decrease in compliance was specific to issues identified in Domains 8 (SC-PC), 9 (SC-PC) and 10 (SC-PC).

- Personal funds reviewed: Of the 1 accounts reviewed 1 contained issues. The agency should focus efforts to ensure the following:
- Logs are maintained as required.
- Receipts are maintained as required.

Independent Opportunities, Inc.: The 2016 QA survey resulted in the agency receiving a score of 46. This places them in the Fair range of performance. Compared to their 2015 survey results, this is a 2-point increase in compliance (44-Fair in 2015). This increase in compliance was specific to Domains 8 (PC-SC) and Domain 10 (MC-PC). However, a decrease in compliance was noted in Domain 5 (SC-PC).

- The provider should focus efforts to ensure the following:
- Provision of services and supports is documented in accordance with the plan.
- A process for reviewing and monitoring the ISP is implemented and includes progress toward desired goals.
- Documentation indicates appropriate monitoring of the plan's implementation. This is a repeat issue (2.D.6).
- The ISC is informed of emerging risk issues or other indicators of need for revision to the ISP.
- Follow-up occurs for recommended physical, dental, preventative assessments and/or TD screening.
- Needed health care services and supports are provided.
- Medications are provided and administered in accordance with physician's orders.
- The agency has implemented an effective self-assessment process. This is a repeat issue (9.A.5).
- A quality improvement planning process is developed to address the findings of all self-assessment activities. This has been a repeat issue for the past two surveys (9.A.6).
- Staff have received appropriate training.

Personal Care Choices: The 2016 QA survey resulted in the agency receiving a score of 44. This places them in the Fair range of performance. Compared to their 2014 survey results, this is a 10-point decrease in compliance (54-Exceptional in 2014). This decrease in compliance was specific to issues identified in Domains 3 (SC-PC), 5 (SC-PC), 8 (SC-PC), 9 (SC-PC) and 10 (SC-PC).

- The provider should focus efforts to ensure the following:
- The ISC is informed of emerging risk issues or other indicators of need for revision to the ISP.
- All vehicles used for transportation are routinely inspected, including adaptive equipment used in the vehicles.
- Potential employees are screened to ensure that known abusers are not hired.
- Trends in medication variances are analyzed and prevention strategies are implemented.
- Physical, dental and preventative assessments, as well as TD screenings are completed as recommended.
- Needed health care services and supports are provided.
- Individual records contain current physician's orders for each medication, including prescribed and over the counter medications.
- Needed medications are provided and administered in accordance with physician's orders.
- The agency has implemented an effective self-assessment process.
- A quality improvement planning process is developed to address the findings of all self-assessment activities.
- There will be a sanction-warning letter is forthcoming regarding Staff Qualifications.
- Personal funds reviewed: Of the 3 accounts reviewed 2 contained issues. The agency should focus efforts to ensure the following:
- Logs are maintained as required.
- Receipts are maintained as required.
- Provider policies and procedures comply with current DIDD policy for management of personal funds.

Sweetwater Living, LLC. The 2016 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Their 2015 QA survey was a consultative.

- There will be a sanction-warning letter is forthcoming regarding Staff Qualifications.
- Personal funds reviewed: Of the 2 accounts reviewed 2 contained issues. The agency should focus efforts to ensure the following:
- Logs are maintained as required.
- Deposits into checking accounts include the source of funds.
- Provider policies and procedures comply with current DIDD policy for management of personal funds.

Middle Region:

Buffalo River Services: The exit conference was held on February 19, 2016.

- Scored 54 Exceptional on the 2016 and 2015 QA Survey.
- No billing issues were identified.
- Funds Review- For the four individuals reviewed two small personal funds management issues were noted due to one bank fee assessment, and one check with no receipts.

Chris' Home: The agency chose to not have an exit conference. Information was sent 2/23/2016.

- Scored 48 Proficient on the QA Survey. Scored 50 Proficient on the 2015 QA Survey.
- Domain 10 scored Partial Compliance in 2016 due to four days of billing with no documentation of service provision. Recoupment occurred.
- All other Domains remained the same as 2015.
- Training improved for 2016 with no issues identified.
- There is no community representation on the Board of Directors.

Friendship Home Solutions: The exit conference was held on February 12, 2016.

- Scored 48 Proficient on the QA Survey. Scored 44 Fair on the 2015 QA Survey.
No Domains showed regression during the past year.
- Domain 3-Improvement was noted in assessing and reassessing the home and work environment for safety issues, and the resolution of safety issues timely.
- Domain 9-Improvement was noted in regarding the supervision of Licensed Practical Nurses by a Registered Nurse on a quarterly basis, per the agency's policy.
- Domain 10-Billing issues were identified for five of nine individuals reviewed due to CB Day services not provided for six hours, and the second staff available for Supported Living Level 4 services and some point during residential hours. Recoupment occurred.
- Funds Review- For 4 of 4 individuals reviewed there were small personal funds management issues noted due to a lack of maintenance of receipts and late fees being assessed.

New Life: Agency scored 46 Fair on the 2016 QA Survey; they scored 48 Proficient in 2014. In 2015 they were a 3 Star agency.

- Improvements were noted in Domain 9 (from Partial in 2014 to Substantial Compliance in 2016).
- Regression was noted in Domains 3 (from Substantial to Partial Compliance) and 10 (from Partial to Minimal Compliance).
- Domain 9- Improvements were noted with unannounced supervisory visits being completed per requirements, with few exceptions noted. New Board members received orientation per requirements.
- Domain 8- The agency recently secured an agreement with the Division of Vocational Rehabilitation Services.
- Two people were working in community (McDonald's and a furniture store)
- Two people were being assisted in the discovery process.
- Areas that need improvement include:
 - Outcome 3.C. scored Minimal Compliance.
 - 3.C.6.- Criminal Background Checks and Screenings were not completed within the required timeframes (77.3% compliance). A sanction warning occurred.
 - 3.C.11- Corrective actions were not implemented as required for investigations.
 - 3.C.12.- On incident of reportable staff misconduct was not investigated or resolved for a period of 4 months.
 - 3.C.15.- The agency did not meet every two weeks per requirements in one instance. Two other situations were noted in which the IMC minutes did not reflect the discussion of reportable incidents.

Funds Review

- Domain 10 scored Minimal Compliance.
- Outcome 10.B. scored Non-Compliance-three out of three accounts reviewed had issues noted.
- The provider's system of Internal Controls did not provide for the appropriate use of funds.
- The segregation of duties was inadequate.
- Late fees occurred.
- Bank accounts were not reconciled.
- Discrepancies with expenditures were noted.
- The agency did not budget or plan for income

Pauline and Thomas: The agency scored 48 Proficient on the 2016 QA Survey, an increase from a score of 44 Fair on the 2015 QA Survey. Domains 2 and 3 scored Substantial Compliance in 2016. Both Domains scored Partial Compliance in 2015.

- Domain 2- Improvement was noted with notification of the ISC when emerging risk issues were identified.
- Domain 3- Improvements were also noted with the completion of agency and employee owned vehicle inspections.
 - Criminal Background Checks were also completed per requirements.
 - No evidence of under-reporting was noted.
 - Investigation follow-up for incidental findings was available for review.
 - Staff misconduct was followed-up appropriately by the agency.
- No Domains showed regression during the past year.
- Domain 8-The agency was providing Supported Employment services for one individual and supporting five additional individuals in work settings.
- Indicator 9.B.-Improved with Training meeting DIDD guidelines.
- Areas that need improvement include:
 - 5.B. Medication Administration due to one person not following a self-administration plan.
 - Medications not beginning or discontinuing in a timely manner.
 - One staff administering medications during a lapse of Medication Administration certification.
 - 9.A. Repeat issues (Outcome decreased from Partial Compliance to Minimal Compliance.)
 - Individual and agency records were in disarray.
 - The self-assessment did not include the needed components. (Review of external monitoring, sanctions, processes related to health care intervention, policies and procedures, and application of the survey tool.)
 - The overall Quality Improvement process did not address all self-assessment activities.
 - 10.A Repeat issues with the accuracy of billing for four people. (Supported Living Level 4, CB Day, and PA) A recoupment occurred.
- Funds Review
 - 10.B. Three of three accounts reviewed had issues noted. (Outcome decreased from Substantial Compliance to Partial Compliance.)
 - Issues noted due to receipts not maintained and late fees assessed.
 - Bill payments were poorly tracked and the majority were unsupported by invoices or receipts.
 - Personal property inventories were not present.
 - Receipts were not maintained for Personal Funds spending.

Resources for Human Development: The exit conference was held on February 26, 2016.

- Scored 44 Fair on the 2016 and 2015 QA Survey.
 - All Domains remained the same with the exception of Domain 4 and Domain 5.
- Domain 4- Consents for psychotropic medications and restrictive interventions not obtained as required. Restrictive interventions were implemented after consent was denied for one person.
- Domain 5- Improvement was noted specifically with medication administration and no lapses in training for staff who administer medications.
- Domain 10- Billing issues were identified for five of the five individuals reviewed due to lack of documentation of two staff at any point during residential services and CB Day services not provided for six hours. Recoupment occurred.

- Funds Review- For four of the four individuals reviewed small personal funds management issues were noted due to the lack of maintenance of receipts, and late fees assessed.

West Region:

Auxilium Health Services – Residential/Day provider that began providing DIDD services in May of 2014 scored 44 of 54/Fair on the QA survey exited February 11, 2016.

- This is a 6-point decrease in compliance since the last survey (50-Proficient in 2015) related to issues identified in Domains 2, 3 and 10 (SC-PC); Domains 4 and 9 scored PC in both 2015 and 2016.
- The agency needs to ensure:
 - Documentation accounts for all units of service authorized;
 - Inspections of vehicles used for transportation are completed and documented per company policy;
 - Registry checks for new staff are completed timely and documentation maintained is complete;
 - Plans of Correction are documented in response to all completed investigations;
 - People taking psychotropic medication, having rights restrictions, or with restricted interventions have evidence of current informed consent, and current review and, as appropriate, approval by Human Rights and Behavior Support Committees;
 - Self-assessment and quality improvement planning processes continue to be developed and improved;
 - Staff training is monitored closely to ensure training is completed timely and required evidence is maintained; and
 - Only units of service adequately documented as provided are billed.
- Outcome 10A, billing, scored PC. Recoupment is pending due to billing a few days when a person was hospitalized and to the lack of evidence of a second residential staff on occasion for two people.
- Outcome 10B, personal funds management, scored SC. The provider was noted to be proactive in finding and making necessary reimbursements to the person.

Bubba's Better Life – Provider of Residential/Day services to one person scored 50 of 54/Proficient on the QA survey exited February 22, 2016.

- The provider has been 4-Star since 2011; the 2016 score reflects a 4-point decrease in compliance since the last survey (54/Exceptional Performance in 2014). This decrease was related to issues identified in Domains 2 (SC-PC) and 10 (SC-PC).
- The agency needs to ensure:
 - Outcomes/action steps implemented are updated as warranted when the ISP is updated;
 - Documentation accounts for all units of service authorized;
 - The provider's monthly review process is updated to identify instances when a current plan is not being implemented; and
 - Only units of service adequately documented as provided are billed.
- Outcome 10A, billing, scored N due to billing Day services without documentation supporting the provision of a 6 hour day; recoupment is pending.
- As neither the provider agency nor any paid staff was involved in management of the person's funds, a review of personal funds was not warranted.

Capitol City Residential Healthcare TN – Residential/Day provider scored 48 of 54/Proficient on the QA survey exited February 12, 2016.

- Compared to their 2015 survey results, there was no change in any Domain score or the agency's final score and performance rating. Two Outcome scores increased from PC to SC (2A and 5A) and one decreased from SC to PC (9A).
- The agency needs to ensure:
 - Documentation accounts for all units of service authorized;
 - A Crisis Intervention Policy is developed and approved by a Human Rights Committee;
 - The quality improvement planning process is revised to ensure issues such as insufficient unannounced supervisory visits, lengthy medication variances and late or incomplete staff training are identified; and
 - Only units of service adequately documented as provided are billed, and the correct service is billed.
- A sanction for new staff training is pending.
- Outcome 10A, billing, scored N due to billing Supported Living for one person when notes were not present and to billing the wrong Day service for another person. Recoupment is pending.
- Outcome 10B, personal funds management, scored SC. The minimal amounts due to 3 of 4 people reviewed were reimbursed during the onsite survey.

Comprehensive Services of TN – Residential/Day provider scored 52 of 54/Proficient on the QA survey exited February 25, 2016.

- Compared to their previous survey results, this is a 4-point increase in compliance (48-Proficient in 2015). Improvements from PC to SC were noted in Domains 2, 3 and 10; however, Domain 9's score decreased from SC to PC.
- The agency needs to ensure:
 - Required evidence of completion of staff training is procured immediately, reviewed when received, and maintained on an ongoing basis; and
 - Only units of service adequately documented as provided are billed.
- Outcome 10A, billing, scored SC. For the review months for a sample of 4 people, two units of day service were noted to be overbilled. An update is being provided to Risk Management as additional information for an open Risk Management case.
- Outcome 10B, personal funds management, scored SC. The provider was noted to be proactive in finding and making necessary reimbursements to the person.

Personal Assistance: East- no reviews; Middle- no reviews; West- Cory's Vibe.

West Region:

Corey's Vibe – Day/PA provider scored 50 of 54/Proficient on the QA survey exited February 29, 2016.

- This is a 2-point decrease in compliance since their last survey (52-Exceptional Performance in 2015).
 - Domain 2 increased from PC to SC; however, Domains 3 and 10 decreased from SC to PC.
- The agency needs to ensure:
 - The agency's Incident Management Coordinator completes Advanced Protection from Harm training;
 - Background and registry checks are completed by the hire date but no more than 30 days prior to the hire date (a warning for personnel practices is pending);
 - Minutes of board meetings are maintained and available for review; and
 - Only units of service adequately documented as provided are billed.
- Outcome 10A, billing, scored PC. On a few occasions during the review months for the one person supported overbilling of PA was noted and CB day was billed when documentation did not support the provision of a 6-hour day.
- As neither the provider agency nor any paid staff was involved in management of the person's funds, a review of personal funds was not warranted.

ISC Providers: no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers Providers reviewed: East- Behavior Solutions, Elite Behavior Analysis, Samantha Edwards; Middle- no reviews; West- Professional Behavioral Health & Consulting.

East Region:

Behavior Solutions, LLC: The 2015 QA survey resulted in the agency receiving a score of 36. This places them in the Exceptional range of performance. This is the same score they received on their 2015 QA survey.

Elite Behavior Analysis: The 2016 QA survey resulted in the agency receiving a score of 28. This places them in the Fair range of performance. Compared to their 2015 survey results, this is a 2-point decrease in compliance (30-Fair in 2015). This decrease in compliance was specific to issues identified in Domain 9 (SC-PC).

The provider should focus efforts to ensure the following:

- Current assessments of the person's needs are used in developing the plan. This is a repeat issue (2.A.4).
- Behavior interventions are incorporated into a Behavior Support Plan. This is a repeat issue (2.A.5).
- The person's plan is implemented in a timely manner. This is a repeat issue (2.B.2).
- Documentation indicates appropriate monitoring of the plan's implementation. This is a repeat issue (2.D.6).
- The agency has implemented an effective self-assessment process.
- A quality improvement planning process is developed to address the findings of all self-assessment activities

A recoupment letter in the amount of: \$55.33 was sent to the provider on February 16, 2016. The agency had billed for hours when the day program was closed.

Samantha Edwards, BA: The 2016 QA survey resulted in the agency receiving a score of 26. This places them in the Fair range of performance. Compared to the 2013 survey results, this is a 10-point decrease in compliance (36-Exceptional in 2013). This decrease in compliance was specific to issues identified in Domains 2 (SC-MC), 3 (SC-PC) 6 (SC-PC) and 9 (SC-PC).

The provider should focus efforts to ensure the following:

- Risk Issues Identification Tools are completed according to DIDD requirements.
- Behavior Support Plans are current.
- Clinical contact notes for Behavior Analyst services contain all DIDD required elements.
- Documentation indicates appropriate monitoring of the plan's implementation.
- Protection From Harm Policies are updated to reflect revisions made in the DIDD Provider Manual implemented March 15, 2014.
- Measures for requesting outside review and contacting the DIDD Division of Customer Focused Services are identified in the information provided to people receiving services. This is a repeat issue (3.C.9).
- The agency has implemented an effective self-assessment process. This is a repeat issue (9.A.5).
- A quality improvement planning process is developed to address the findings of all self-assessment activities. This is a repeat issue (9.A.6).

West Region:

Professional Behavioral Health and Consulting – This independent provider of Behavior Services and Board Certified Behavior Analyst scored 34 of 36/Proficient on the QA survey exited February 12, 2016.

- Compared to the 2015 survey results, this is a 4-point increase in compliance (30-Fair in 2015) related to improvements identified in Domains 4 (PC-SC) and 9 (PC-SC).
- The agency needs to ensure Behavior Support Plans, Clinical Service Monthly Reviews and Clinical Service Quarterly Reviews meet the criteria of the Work Product Review tool.

Outcome 10A, billing, scored SC. During the months reviewed for the sample of 4 people, no billing issues were identified.

Nursing Providers:

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

Therapy Providers:

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

West Region:

Functional Independence – Clinical/therapy provider scored 32 of 36/Proficient on the QA survey exited February 11, 2016.

- The provider was a 4-Star provider in 2015; the 2016 score reflects a 4-point decrease in compliance (36-Exceptional Performance in 2014). This decrease in compliance was related to issues identified in Domains 2 (SC-PC) and 9 (PC-MC).
- The agency needs to ensure:
 - Goals in plans of care are measurable and functional;
 - Persons' plans can be implemented timely (assessment orders are requested timely; staff instructions are developed timely);
 - Contact notes reflect the provision of skilled services and address adaptive equipment being used in treatment or training staff; and
 - Registry checks and training are completed timely for staff working in the DIDD program, whether a new hire or already employed to work in another program operated by the provider (warnings for personnel practices and for new staff training are pending).
- Outcome 10A, billing, scored SC. For a sample of 8 people, no billing issues were identified.

Follow-up on actions taken:

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.

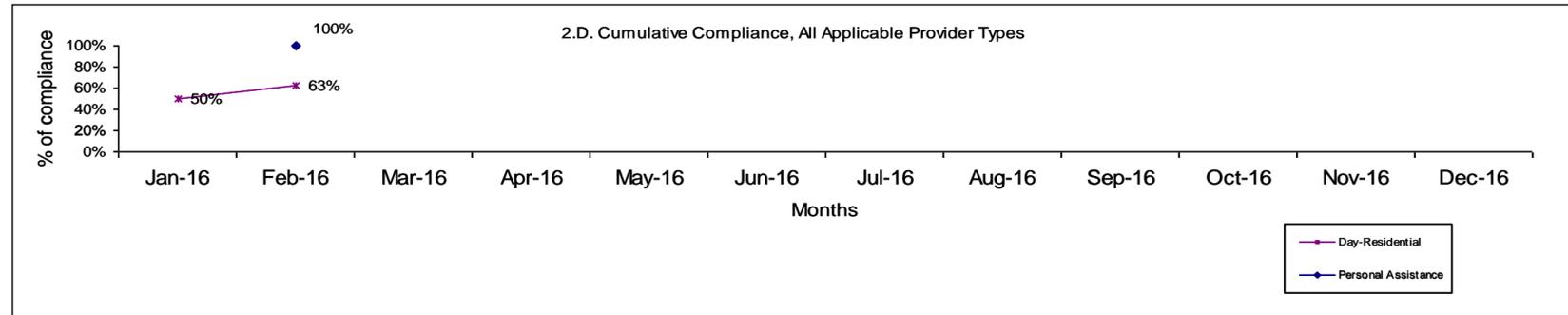
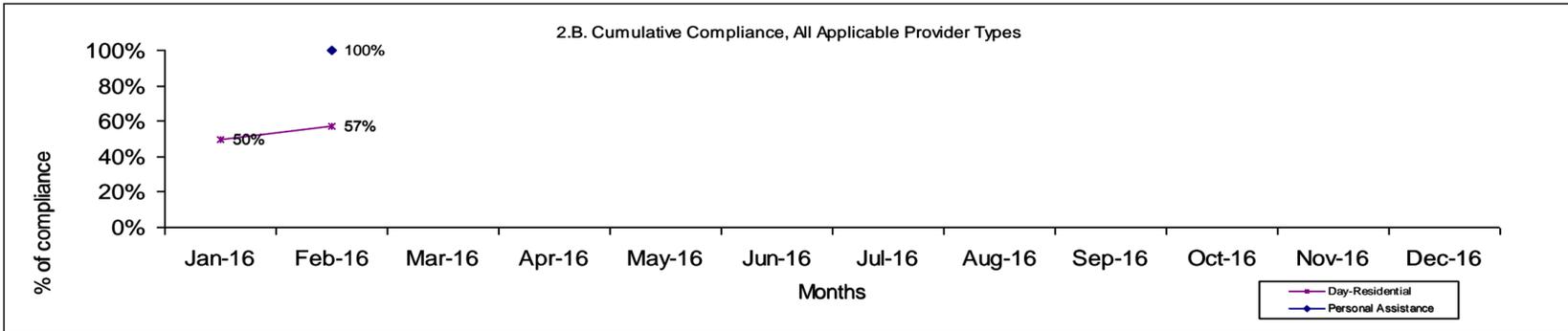
Special Reviews

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.)

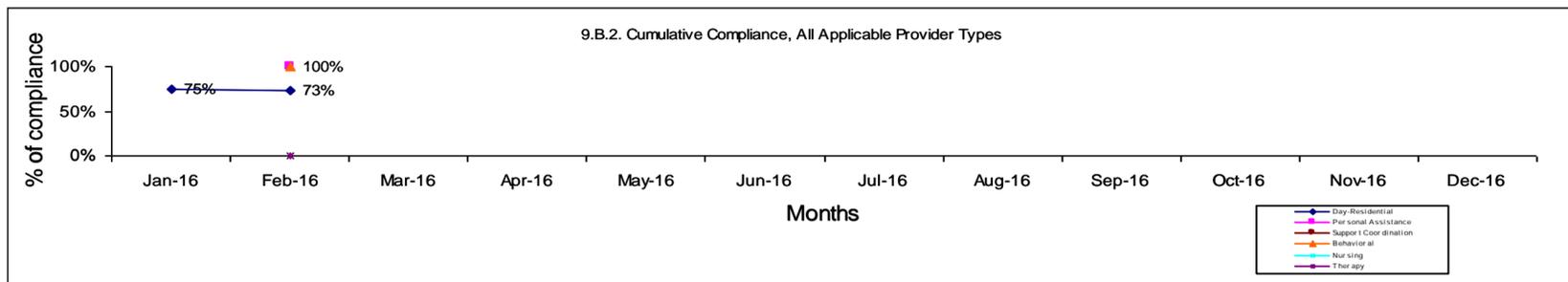
Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	60%	66%
Personal Assistance	100%	100%



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	73%
Personal Assistance	100%
Support Coordination	N/A
Behavioral	100%
Nursing	N/A
Therapy	0%



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	14										
2	# of Individual Personal Funds Accounts Fully Accounted For	4	7										
3	# of Personal Funds Accounts Found Deficient	1	7										
4	% of Personal Funds Fully Accounted for	80%	50%										
5	% of Personal Funds Found Deficient	20%	50%										

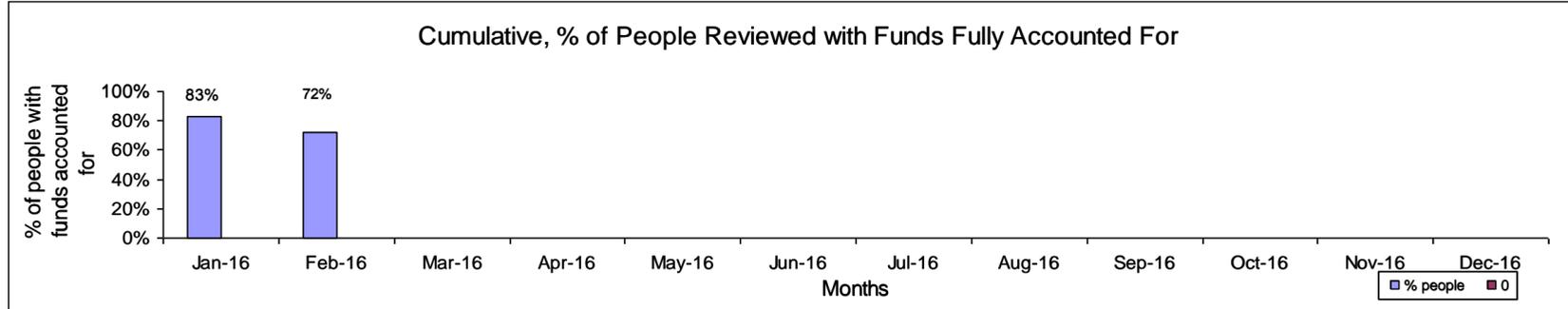
Personal Funds - Middle		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6	# of Individual Personal Funds Accounts Reviewed		18										
7	# of Individual Personal Funds Accounts Fully Accounted For		12										
8	# of Personal Funds Accounts Found Deficient		6										
9	% of Personal Funds Fully Accounted for		67%										
	% of Personal Funds Found Deficient		33%										

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										
12	# of Individual Personal Funds Accounts Fully Accounted For		12										
13	# of Personal Funds Accounts Found Deficient		0										
14	% of Personal Funds Fully Accounted for		100%										
15	% of Personal Funds Found Deficient		0%										

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		44										
17	# of Individual Personal Funds Accounts Fully Accounted For		31										
18	# of Personal Funds Accounts Found Deficient		13										
19	% of Personal Funds Fully Accounted for		70%										
20	% of Personal Funds Found Deficient		30%										

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		50										
22	# of Individual Personal Funds Accounts Fully Accounted For		36										
23	# of Personal Funds Accounts Found Deficient		14										
24	% Funds Accounted for, Cumulatively		72%										
25	% Funds Deficient, Cumulatively		28%										

Region	% of Personal Funds Fully Accounted For
East	50%
Middle	67%
West	100%
Statewide	70%



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.