

# Data Management Report

September 2016

Quality Management  
**Data Management Report**

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Secondary Enrollment Source of Crisis:

APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.	<b>APS</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0											0
	Middle	0	0											0
	West	0	0											0
	<b>Total</b>	0	0											0

<b>CHOICES</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0											0
Middle	0	0											0
West	1	0											1
<b>Total</b>	1	0											1

<b>CORRECTIONAL FACILITY</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0											0
Middle	0	0											0
West	0	0											0
<b>Total</b>	0	0											0

<b>DCS Enrollments</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1	1											2
Middle	0	0											0
West	0	1											1
<b>Total</b>	1	2											3

<b>DC Transitions into Statewide</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
GVDC	0	0											0
HJC	0	0											0
<b>Total</b>	0	0											0

<b>ICF Transfer Enrollments</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0											0
Middle	0	0											0
West	0	0											0
<b>Total</b>	0	0											0

<b>MH Enrollments</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0											0
Middle	0	0											0
West	0	0											0
<b>Total</b>	0	0											0

<b>PASRR NON NF</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0											0
Middle	0	0											0
West	0	0											0
<b>Total</b>	0	0											0

<b>PASRR in NF</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0											0
Middle	0	0											0
West	0	0											0
<b>Total</b>	0	0											0

<b>SD Waiver Transfers</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1	0											1
Middle	1	0											1
West	1	0											1
<b>Total</b>	3	0											3

<b>Total by Region</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	5	2											7
Middle	2	0											2
West	3	1											4
<b>Grand Total Statewide Waiver</b>	10	3											13

**Analysis**

There were five waiver enrollments for August 2016. One person enrolled into the SD waiver under the Aging Caregiver bill. Three people enrolled into the Statewide waiver. There was one CAC enrollments.



<b>Harold Jordan Center</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 15]	14	14											
<b>Admissions</b>													FYTD
HJC Day One (ICF)	0	0											0
HJC FAU (SF)	0	1											1
HJC BSU (SF)	0	0											0
<b>Total Admissions</b>	0	1											1
<b>Discharges</b>													
Death	0	0											0
Transition to community state ICF	0	0											0
Transition to private ICF	0	0											0
Transition to waiver program	0	1											1
Transition back to community	1	0											1
<b>Total Discharges</b>	1	1											2
<b>East Public ICF Homes</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 63]	63	62											FYTD
<b>Admissions</b>	0	0											0
<b>Discharges</b>													
Death	0	1											1
Transition to another dev center	0	0											0
Transition to community state ICF	0	0											0
Transition to private ICF	0	0											0
Transition to waiver program	0	0											0
Transition to non DIDD srvs	0	0											0
<b>Total Discharges</b>	0	1											1
<b>Middle Public ICF Homes</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 36]	36	36											FYTD
<b>Admissions</b>	0	0											0
<b>Discharges</b>													
Death	0	0											0
Transition to another dev center	0	0											0
Transition to public state ICF	0	0											0
Transition to private ICF	0	0											0
Transition to waiver program	0	0											0
Transition to non DIDD srvs	0	0											0
<b>Total Discharges</b>	0	0											0
<b>West Public ICF Homes</b>	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 48]	48	48											FYTD
<b>Admissions</b>	0	0											0
<b>Discharges</b>													
Death	0	0											0
Transition to another dev center	0	0											0
Transition to public state ICF	0	0											0
Transition to private ICF	0	0											0
Transition to waiver program	0	0											0
Transition to non DIDD srvs	0	0											0
<b>Total Discharges</b>	0	0											0

**Analysis:**

One discharge from HJC and one admission which held the census at 14. ETCH had one discharge due to death which lowered the census to 62 MTH remained at 36, WTCH remained at 48, and GVDC had one transition and one death lowering the census to 58.







Complaints by Issue - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	2	6										
# Behavior Issues	0	1										
% Behavior Issues	N/A	17%										
# Day Service Issues	1	0										
% Day Service Issues	50%	N/A										
# Environmental Issues	0	1										
% Environmental Issues	N/A	17%										
# Financial Issues	0	2										
% Financial Issues	N/A	33%										
# Health Issues	0	0										
% Health Issues	N/A	N/A										
# Human Rights Issues	1	1										
% Human Rights Issues	50%	17%										
# ISC Issues	0	0										
% ISC Issues	N/A	N/A										
# ISP Issues	0	0										
% ISP Issues	N/A	N/A										
# Staffing Issues	0	0										
% Staffing Issues	N/A	N/A										
# Therapy Issues	0	0										
% Therapy Issues	N/A	N/A										
# Transportation Issues	0	1										
% Transportation Issues	N/A	17%										
# Case Management Issues	0	0										
% Case Management Issues	N/A	N/A										
# Other Issues	0	0										
% Other Issues	N/A	N/A										

**Analysis:**

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

There were 18 complaint issues statewide by provider reports as documented in Crystal Reports. This is an increase by 13 from July 2016 (5 complaint issues). There were ZERO SD Waiver complaints. There were six (6) complaint issues from the CAC waiver and 12 complaint issues for the Statewide Waiver. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. The 18 complaints this month were resolved within 30 days for 100% compliance.

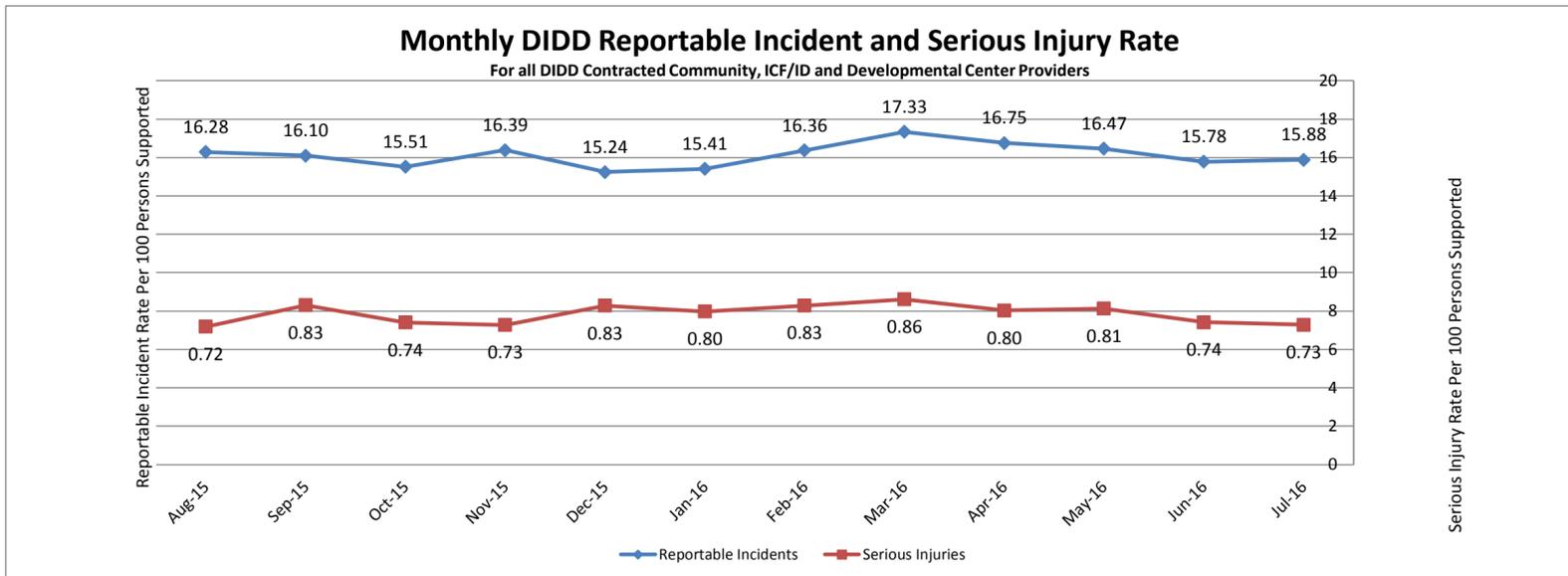
THE MAIN COMPLAINT ISSUES involved financial (5), health related (2), human rights related (3), staff communication (4), staff supervision/management (1), staff training (1), staff treatment (1), and transportation (1).

The agencies that had complaint issues filed were A+ Care Solutions, BSTN-W, K. Isaccman (dental), Lakeway Achievement Center, Omni Visions, Our Home Place, Stellar Care, Tuggle Enterprise, and VOA.

There were a total of 33 advocacy interventions completed by the statewide CFS team. Advocacy interventions are activities conducted by CFS, as requested, that are not formal complaints documented in COSMOS. The issues included, but not limited to, staff communication, financial issues, environmental issues, human rights concerns, day services, etc.

FOCUS GROUPS were held in Knoxville, Greeneville, Memphis, Jackson, and Nashville. The participation numbers continue to be high. Topics for Focus Groups included respect, change management, etc.





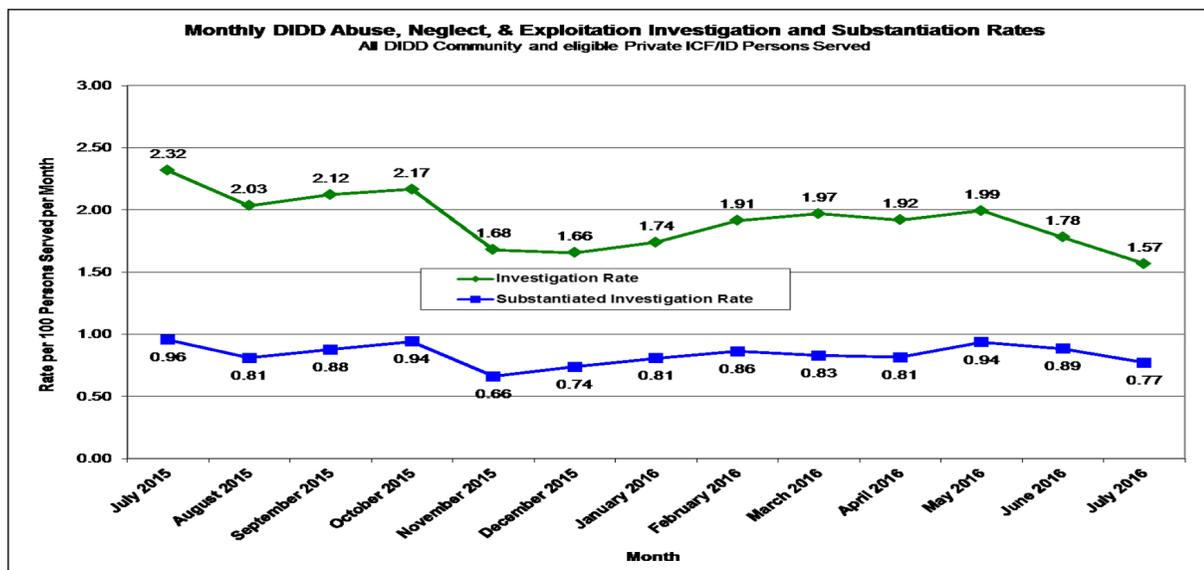
**PFH Analysis: Incident Management**  
**Chart: Monthly Rate: Reportable Incidents and Serious Injuries.**

The monthly statewide rate of reportable incidents per 100 persons supported for July 2016 increased from 15.78 to 15.88. The rate of Serious Injury per 100 persons supported decreased slightly from 0.74 to 0.73. The rate of Falls per 100 persons supported increased from 0.91 to 1.23. The number of Serious Injuries due to Falls increased from 26 to 33. The percentage of Serious Injuries due to Falls was 50.0%.

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

The rate of reportable incidents per 100 persons supported for August 2014 – July 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, August 2014 – July 2015, was 15.19 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, August 2015 – July 2016, is 16.13 per 100 persons supported. Analysis showed an increase of 0.94 in the average incident rate.





**D Protection From Harm/Investigations**

**Analysis:**

**PFH Analysis: Investigations**

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

The monthly statewide rate of reportable incidents per 100 persons supported for July 2016 increased from 15.78 to 15.88. The rate of Serious Injury per 100 persons supported decreased slightly from 0.74 to 0.73. The rate of Falls per 100 persons supported increased from 0.91 to 1.23. The number of Serious Injuries due to Falls increased from 26 to 33. The percentage of Serious Injuries due to Falls was 50.0%.

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

The rate of reportable incidents per 100 persons supported for August 2014 – July 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, August 2014 – July 2015, was 15.19 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, August 2015 – July 2016, is 16.13 per 100 persons supported. Analysis showed an increase of 0.94 in the average incident rate.









**Appeals:**

The DIDD received 10 appeals in July compared to 4 received in June. Fiscal Year 2016 averaged 11.4 appeals received per month, indicating that July experienced a 12.3% decrease in volume based on this average.

The DIDD received 7561 service requests in July compared to 7507 for the previous month. The average of service requests received during Fiscal Year 2016 was 7398 per month, indicating that July experienced a 2.2% increase in volume based on this average.

4.4% of service plans were denied statewide in July, which is a .6% increase from the previous month. The average of service plans denied per month during Fiscal Year 2016 was 4.4%.

**Directives:**

1 directive was received statewide for this month. The East Region received a directive to provide SL3-2 and a SLSNADJ from 4/28/16-4/27/17. The person had requested SL4-2 and a SLSNADJ for the same duration, however the Administrative Law Judge (ALJ) ruled in favor of DIDD. This resulted in a cost avoidance of \$32,226.46 which is reflected in the June report, as the ALJ order was issued in June.

**Cost Avoidance:**

**Delay of Service:**

See above.

<b>F</b>	<b>Provider Qualifications / Monitoring (II.H., II.K.)</b>
<b>Data Source:</b>	
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.	

<b>Day and Residential Provider</b>	<b>Statewide</b>				<b>Cumulative / Statewide</b>			
# of Day and Residential Providers Monitored this Month	8				102			
Total Census of Providers Surveyed	423				4777			
# of Sample Size	62				677			
% of Individuals Surveyed	15%				14%			
# of Additional Focused Files Reviewed	0				0			
	<b>Sub. Comp.%</b>	<b>Partial Comp.%</b>	<b>Min. Comp.%</b>	<b>Non-Comp.%</b>	<b>Sub. Comp.%</b>	<b>Partial Comp.%</b>	<b>Min. Comp.%</b>	<b>Non-Comp.%</b>
<b>Domain 2: Individual Planning and Implementation</b>								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	75%	25%	0%	0%	89%	9%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	50%	50%	0%	0%	63%	31%	3%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	87%	12%	0%	0%	62%	32%	3%	0%
<b>Domain 3: Safety and Security</b>								
Outcome A. Where the person lives and works is safe.	87%	0%	12%	0%	84%	14%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	93%	6%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	37%	37%	25%	0%	43%	50%	4%	1%
<b>Domain 4: Rights, Respect and Dignity</b>								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	96%	3%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	98%	1%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	62%	25%	12%	0%	75%	15%	7%	2%
<b>Domain 5: Health</b>								
Outcome A. The person has the best possible health.	62%	25%	12%	0%	75%	21%	2%	0%
Outcome B. The person takes medications as prescribed.	75%	12%	12%	0%	56%	30%	9%	3%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	95%	4%	0%	0%
<b>Domain 6: Choice and Decision-Making</b>								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	99%	0%	0%	0%
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%
<b>Domain 7: Relationships and Community Membership</b>								
Outcome A. The person has relationships with individuals who are not paid to provide support.	87%	12%	0%	0%	99%	0%	0%	0%
Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
<b>Domain 8: Opportunities for Work</b>								
Outcome A. The person has a meaningful job in the community.	80%	20%	0%	0%	95%	4%	0%	0%
Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	95%	3%	0%	0%
<b>Domain 9: Provider Capabilities and Qualifications</b>								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	50%	37%	12%	0%	64%	30%	4%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	50%	50%	0%	0%	61%	36%	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.	50%			50%	61%			38%
Outcome C. Provider staff are adequately supported.	62%	37%	0%	0%	68%	30%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	75%	12%	0%	12%	91%	7%	0%	0%
<b>Domain 10: Administrative Authority and Financial Accountability</b>								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	25%	62%	12%	0%	55%	36%	6%	0%
Outcome B. People's personal funds are managed appropriately.	12%	87%	0%	0%	42%	50%	5%	2%

Personal Assistance	Statewide				Cumulative / Statewide			
# of Personal Assistance Providers Monitored this Month					5			
Total Census of Providers Surveyed					176			
# of Sample Size					22			
% of Individuals Surveyed					13%			
# of Additional Focused Files Reviewed					0			
	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-Comp. %	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-Comp. %
<b>Domain 2. Individual Planning and Implementation</b>								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.					80%	20%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					100%	0%	0%	0%
<b>Domain 3: Safety and Security</b>								
Outcome A. Where the person lives and works is safe.					100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.					20%	80%	0%	0%
<b>Domain 4: Rights, Respect and Dignity</b>								
Outcome A. The person is valued, respected and treated with dignity.					100%	0%	0%	0%
Outcome C. The person exercises his or her rights.					100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
<b>Domain 5: Health</b>								
Outcome A. The person has the best possible health.					100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.					100%	0%	0%	0%
Outcome C. The person's dietary and nutritional needs are adequately met.					100%	0%	0%	0%
<b>Domain 6: Choice and Decision-Making</b>								
Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.					100%	0%	0%	0%
<b>Domain 9: Provider Capabilities and Qualifications</b>								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					100%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.					80%	20%	0%	0%
Indicator 9.B.2.: Provider staff have received					80%			20%
Outcome C. Provider staff are adequately supported.					80%	20%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.					100%	0%	0%	0%
<b>Domain 10: Administrative Authority and Financial Accountability</b>								
Outcome A. Providers are accountable for DIDD					80%	20%	0%	0%

**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 %
# of ISC Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
Domain 1: Access and Eligibility								
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.								
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome B. The person has a sanitary and comfortable living arrangement.								
Outcome C. Safeguards are in place are in place to protect the person from harm.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider Staff are adequately supported.								
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

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

<b>Clinical Providers- Behavioral</b>	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	3				18			
Total Census of Providers Surveyed	107				629			
# of Sample Size	15				93			
% of Individuals Surveyed	14%				15%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
<b>Domain 2: Individual Planning and Implementation</b>								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	33%	33%	33%	0%	33%	33%	27%	5%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	77%	16%	5%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	66%	33%	0%	16%	66%	11%	5%
<b>Domain 3: Safety and Security</b>								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	66%	33%	0%	0%	88%	11%	0%	0%
<b>Domain 4: Rights, Respect and Dignity</b>								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					77%	11%	11%	0%
<b>Domain 6: Choice and Decision-Making</b>								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	94%	5%	0%	0%
<b>Domain 9: Provider Capabilities and Qualifications</b>								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	33%	66%	0%	0%	38%	50%	11%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received					100%			0%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
<b>Domain 10: Administrative Authority and Financial Accountability</b>								
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			
# of Clinical Providers Monitored for the month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome C. Safeguards are in place to protect the person from harm.								
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.								
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.								
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.								
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider staff are adequately supported.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

<b>Clinical Providers- Therapy</b>	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	4				20			
Total Census of Providers Surveyed	400				1465			
# of Sample Size	40				134			
% of Individuals Surveyed	10%				9%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
<b>Domain 2: Individual Planning and Implementation</b>								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	25%	75%	0%	0%	30%	55%	15%	0%
Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	15%	70%	15%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	20%	70%	10%	0%
<b>Domain 3: Safety and Security</b>								
Outcome A. Where the person lives and works is safe.	75%	25%	0%	0%	75%	25%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	70%	25%	5%	0%
<b>Domain 4: Rights, Respect and Dignity</b>								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	95%	5%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
<b>Domain 6: Choice and Decision-Making</b>								
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%
<b>Domain 9: Provider Capabilities and Qualifications</b>								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	50%	50%	0%	0%	40%	50%	10%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	95%	5%	0%	0%
Indicator 9.B.2.: Provider staff have received	100%			0%	87%			12%
Outcome C. Provider staff are adequately supported.	66%	33%	0%	0%	84%	15%	0%	0%
<b>Domain 10: Administrative Authority and Financial Accountability</b>								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	75%	25%	0%	0%	85%	10%	5%	0%

**QA Summary for QM Report (thru 8/2016 data)**

<b>Performance Overview- Calendar Year 2016 Cumulative:</b>							
<b>Performance Level</b>	<b>Statewide</b>	<b>Day-Residential</b>	<b>Personal Assistance</b>	<b>Support Coordination</b>	<b>Behavioral</b>	<b>Nursing</b>	<b>Therapy</b>
Exceptional Performance	23%	25%	60%	N/A	17%	N/A	10%
Proficient	43%	40%	40%	N/A	50%	N/A	50%
Fair	32%	32%	N/A	N/A	33%	N/A	40%
Significant Concerns	2%	3%	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	146	103	5	N/A	18	N/A	20

**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- Cerebral Palsy Center, Cumberland Mountain Industries, Dawn of Hope, KeithCare ; Middle- Volunteers of America, Fulfillment Tender Care, Progress, Timeck Care; West-RHA Health Services.

**East Region:**

Cerebral Palsy Center, 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 2015 survey results, this is an 8-point increase in compliance (42-Fair in 2015). This increase in compliance was specific to improvements identified in Domains 2 (PC-SC) 5 (MC-SC) and 9 (PC-SC).

- The provider should focus efforts to ensure the following:
- Staff are knowledgeable about Protection From Harm policies and procedures.
- Incidents of staff misconduct are resolved in a timely manner.
- Reportable incidents are reviewed and corrective strategies are implemented.
- Personal funds accounts: 3 accounts were reviewed, 2 contained issues. The provider should focus efforts to ensure that there is proper oversight and accounting of all personal funds.

Dawn of Hope, Inc.: The 2016 QA survey resulted in the agency receiving a score of 48. This places them in Proficient range of performance. Compared to their 2015 survey results, this is a 4-point decrease in compliance (52-Exceptional in 2015). This decrease in compliance was specific to issues identified in Domains 2 (SC-PC) and 9 (SC-PC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- Staff receive appropriate training to meet the needs of the person.
- Unannounced visits for day services are documented.
- Personal funds accounts: 9 accounts were reviewed, 2 contained issues. The provider should focus efforts to ensure that there is proper oversight and accounting of all personal funds as leases were not always available.
- A recoupment letter in the amount of \$3273.46 was sent to the provider on September 1, 2016. Agency documentation was not present to support the provision of Community-Based Day, Facility-Based Day, and Supported Employment.
- The agency requested a review of their survey results on 8/26/2016. Final submission of the supporting documentation from the agency was received on 9/2/2016.

KeithCare: The 2016 QA survey resulted in the agency receiving a score of 52. This places them in the Proficient range of performance. Compared to their 2015 survey results, this is a 6-point increase in compliance (46-Fair in 2015). This increase in compliance was specific to improvements identified in Domains 4 (PC-SC), 9 (PC-SC) and 10 (PC-SC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Trends in medication variances are analyzed and prevention strategies are implemented to address findings.
- Medication administration records are appropriately maintained.
- Medications are provided and administered in accordance with physician's orders.
- Personal funds accounts: 4 accounts were reviewed, 1 contained issues. The provider should focus efforts to ensure that that there is proper oversight and accounting of all personal funds and leases are available for review.

Cumberland Mountain Industries: The 2016 QA survey resulted in the agency receiving a score of 52. This places them in the Exceptional range of performance. Compared to their 2015 survey results, this is a 4-point Increase in compliance (48-Proficient in 2015). This increase in compliance was specific to improvements identified in Domains 5 (PC-SC) and 9 (PC-SC).

- Personal funds accounts: 4 accounts were reviewed, 0 contained issues.

Middle Region:

Fulfillment Tender Care- Day/Res, Med Res, PA & Nursing: The exit conference was held on August 26, 2016.

- Scored 44 Fair on the QA Survey. Scored 46 Fair on the 2015 QA Survey.
- Domain 2 decreased to Partial Compliance.
- Domains 3, 5, 9, & 10 remained Partial Compliance.
- Outcome 2.A.- Risk Issues Identification Tools were not completed timely.
- Outcome 3.C.- Criminal Background and the State of Tennessee Registry checks were completed with a compliance rating of 94.7% or above for the 38 new staff. One instance of Staff Misconduct was identified which did not have follow-up conducted. The medication trend analysis was not completed. The Incident Management Committee did not document follow-up for several incidents.
- Outcome 5.A.- Recommended dental, physical, and preventative assessments, as well as Tardive Dyskinesia screenings were not completed as required.
- Domain 9- Records were not available in a timely manner upon repeated requests. Records that were submitted were disorganized and contained multiple copies of the same data. A Quality Improvement Plan was developed based upon the deficiency noted from the previous survey. All items identified listed the timeframes as ongoing with no resolution to any issue. Training was completed per requirements for new employees. (89.5% or above) Tenured staff training was 66.7% compliant for First Aid and 70% compliant for CPR for the 10 employees reviewed. Medication Administration certification was 100% compliant.
- Outcome 10.A.- Billing issues were identified for two people due to lack of documentation of Personal Assistance services and failure to provide appropriate staffing for Supported Living Level 4 services. Recoupment and a rate adjustment occurred.
- Personal Funds Management issues were identified for 2/2 individuals reviewed due to lack of maintenance of receipts and an overcharge by the agency.

Progress- Day/Res, Family Model, and Nursing: The exit conference was held on August 5, 2016.

- Scored 38 Fair on the 2016 QA Survey. The agency was a 3 Star agency in 2015.
- Domains 2, 4, 9, and 10 scored Partial Compliance. Domains 3 and 5 scored Minimal Compliance.
- Domain 2: Risk Issues Identification Tools were not completed timely or did not address all applicable risks. The agency did not have a copy of a current Behavior Support Plan for one individual, and the staff member in one home was not familiar with any of the person's outcomes. Documentation of Supported Living Level 4 services did not provided sufficient information to determine if two staff were on duty at the same time. Monthly Reviews were completed within the required time frames and/or did not address all applicable outcomes.
- Domain 3: The agency did not complete fire drills at residential sites per requirements. Documentation of resolution to identified issues reflected excessive delays in resolution. Reportable Incident Forms were not submitted to all required parties and four of the ten incidents were never reviewed by the committee. A trend analysis of Medication Variances data was not completed.
- Criminal Background and the State of Tennessee Registry checks were not completed timely, with compliance rating at 80% or above. A sanction warning occurred.
- Domain 4, Outcome 4D: Scored Minimal Compliance due to lack of documentation of informed consent for psychotropic medications and restrictive interventions. In several instances Human Right Committee Review was not completed or inaccurate information was submitted by agency staff for review.
- Domain 5: Physical, Dental and/or Vision examinations were not completed as required. Specialty medical consults were not completed as recommended. A system for maintaining physician's orders for medications was not in place. Ongoing concerns with medication administration included; medications not being administered in accordance with physician's orders, medication changes not being implemented in a timely manner, unexplained omissions on MARs and missing MARs.
- Domain 9: Required documents were unavailable for review. A satisfaction survey was completed, however it was not analyzed. The annual trend analysis of Protection From Harm data was completed upon request during the survey. There was no documentation that Self-Assessment data was analyzed and used to generate systemic improvements. Issues with the frequency of unannounced supervisory visits were noted.
- Training was completed per requirements for all modules with the exception of Individual Specific Training for new hires; a sanction warning occurred. Tenured staff training did not occur timely for CPR or First Aid for the 20 staff reviewed.
- Domain 10: Billing issues were identified for Supported Living and Community Based Day services. Recoupment occurred.
- Personal Funds Management issues were identified for four of the six individuals reviewed. Issues included checks written to the conservator unsupported by receipts, payment for exterminating services, and missing documentation of deposits to a special needs trust.

Timeck Care, Inc.- Day/Res, Nursing, PA: Journeys in Community Living- Day/Res, Med Res, PA: The exit conference was held on August 12, 2016.

- Scored 46 Fair on the QA Survey. Scored 44 Fair on the 2015 QA Survey.
- Domains 3 (Partial) & 5 (Minimal) increased to Substantial Compliance.
- Domains 7 & 9 decreased to Partial Compliance.
- Domains 4 & 10 remained Partial Compliance.
- Outcome 3.C.- Criminal Background and the State of Tennessee Registry checks were completed with a compliance rating of 100% for the 18 new staff.
- Outcome 4.D.- An issue was noted with obtaining consent for a rights restrictions for 1 individual. (lock removed) There was no Human Rights Committee review for this restriction.
- Outcome 7.A.- Staff was not available in order for an individual to participate in community activities which caused the individual to remain at the agency office.
- Outcome 9.B.- Training was completed per requirements for new employees. (100%) Tenured staff training was 50% compliant for CPR & First Aid for the 6 employees reviewed.
- Outcome 10.A.- Billing issues were identified due to lack of documentation of 6 hours of Community Based Day services for 3 individuals reviewed. Recoupment occurred.
- Personal funds management issues were identified for 4/4 individuals reviewed. Issues included bank fees incurred and lack of maintenance of receipts.

Volunteers of America- Day/Res, Med Res, Nursing: The exit conference was held on August 30, 2016.

- Scored 42 Fair on the QA Survey. Scored 52 Proficient on the 2015 QA Survey.
- Domains 2, 4, & 10 decreased to Partial Compliance.
- Domain 3 remained Partial Compliance.
- Domain 5 decreased to Minimal Compliance.
- Outcome 2.D.- Monthly reviews did not address all applicable outcomes and supports for daily life. Timely completion/submission to the ISCs were not always documented.
- Outcome 3.C.- Criminal Background and the State of Tennessee Registry checks were completed with a compliance rating of 95.8% or above for the 24 new staff. One staff person had offenses that would prevent employment without an approved exception from DIDD; a sanction occurred. The medication trend analysis was not considered valid due to medication errors that were detected during the survey process.
- Outcome 4.D.- Issues were noted with the information presented to the HRC not accurately reflecting dosages and/or amounts of psychotropic medications being administered and new medications were not being reviewed timely.
- Domain 5 scored Minimal Compliance due to the following issues: recommended follow-up appointments not occurring, consistent system for monitoring blood glucose checks two times a day for one person was not implemented, enteral tube feedings and accompanying tube flushes were not consistently performed, as well as the ileostomy flange and bag were not changed and/or opened and burped for several days for another person. Supports were not in place to ensure that health related treatments were routinely provided in accordance with physicians' orders. The delegation by the Registered Nurse that was in place did not meet DIDD expectations. Documentation to support the process did not indicate that the RN was passing on the responsibility of training DSPs to a LPN. Documentation did not provide any indication of how oversight and monitoring would occur. Numerous instances were noted where medications were not being administered per the doctor's orders or where regularly scheduled medications were not given. During a QA home visit a psychotropic medication was not available to be dispensed. The agency does not have a consistent, effective process for the oversight and monitoring of MARs.
- Outcome 9.B.- Training was completed per requirements for new employees. (95.7% or above) Tenured staff training was 100% compliant for the 15 employees reviewed.
- Outcome 10.A.- Billing issues were identified due to lack of documentation of 6 hours of Community Based Day and failure to provide appropriate staffing for Supported Living Level 4 services. Recoupment and a rate adjustment occurred.
- One minor Personal Funds Management issue was identified for 1/4 individuals reviewed. The issue was the lack of maintenance of a receipt.

West Region:

RHA Health Services – Residential/Day provider scored 42 of 54/Fair on the QA survey exited 8/22/16.

Compared to their 2015 survey results, this is a 6-point decrease in compliance (48-Proficient in 2015) related to issues identified in Domains 4 (SC-PC), 8 (SC-PC) and 9 (PC-MC).

The agency needs to ensure:

- Policies and procedures are consistent with DIDD requirements;
- The Crisis Intervention Policy (called "Behavioral Support" policy by RHA) is approved by a Human Rights Committee (citation at least back to 2014);
- Registry checks are completed timely by the staff's given name and any required information not included on the web print out, such as staff's name and date of check, is added to the evidence with the signature and date of the person adding to the form (a sanction for personnel practices is pending);
- Agency policies are adhered to when more stringent than DIDD requirements, e.g., the frequency of meetings of the Incident Review Committee and the development and use of "Job Coach Fading Plan" and "Job Site Performance Monthly" documents;
- Informed consent is always procured from a person whose ISP contains restricted interventions;
- Human Rights Committee review and approval always is procured regarding the restricted interventions contained in a person's ISP;
- The current self-assessment and quality improvement planning processes are reviewed and revised as indicated to address the results of this survey;
- A local advisory group is trained and meets on at least a quarterly basis (concerns regarding the nonexistence or inactivity of a Board or advisory group have been cited at least since 2014);
- Services are billed only with adequate supporting documentation; and
- Required personal funds policies are developed.
- Outcome 10A, billing, scored PC. Issues were identified for 2 of 6 people reviewed. A referral of additional information for an open Risk Management case is pending.
- Outcome 10B, personal funds management, scored PC. Reimbursement is due to 4 of 4 people reviewed due to missing receipts, late fees, missing food stamp information and lack of documentation for advances.

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

**ISC Providers:** no reviews.

### Clinical Providers: Nursing-Behavioral-Therapies

**Behavioral Providers** Providers reviewed: East- no reviews; Middle- Jeanette Bunt; West- Exceptional Measures, Innovative Behavior Services.

Middle Region:

Jeanette Bunt- Clinical/Behavior: The provider declined the exit conference.

- Scored 34 Proficient on the QA Survey due to the requirement that a score of Substantial Compliance in Domain 2 is required to obtain an Exceptional rating.
- The agency was a 3 Star Provider in 2014 & 2015.
- Domain 2 scored Partial Compliance.
- Outcome 2.D.- Issues were identified due to target and replacement behavior graphs not including baseline and/or comparison data or an explanation for its absence. Horizontal axes were not labeled on the replacement behavior graphs and it was not possible to determine what the units were intended to represent for 3/4 individuals reviewed.
- Outcome 10.A.- A small billing issue was identified due to lack of documentation of 4 units for one person on one day; recoupment occurred.

West Region:

Innovative Behavior Services – Behavior provider scored 30 of 36/Fair on the QA survey exited 8/11/16.

Compared to their 2015 survey results, this is a 2-point decrease in compliance (32-Proficient in 2015) related to issues identified in Domain 2 (PC-MC).

The agency needs to ensure:

- Annual Updates (AU), Behavior Support Plans (BSPs) and Clinical Service Monthly / Quarterly Reviews (CSMRs/CSQRs) meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review; some improvement in Behavior Service Assessment Reports was noted but multiple repeat issues were noted with AUs, BSPs, and CSMRs/CSQRs reviewed.
- The current self-assessment and quality improvement planning processes are reviewed and revised as indicated to address the results of this survey.
- Outcome 10A, billing, scored SC. For a sample of 7 people reviewed during select months, no overpayments were identified.

Exceptional Measures – Independent provider of Behavior services scored 32 of 36/Proficient on the QA survey exited 8/19/16.

The provider has been a 4-Star independent provider so this is the first survey completed since 2013.

The agency needs to ensure:

- Annual Updates, Behavior Support Plans, and Clinical Service Monthly/Quarterly Reviews meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review;
- Policies and procedures are updated to be consistent with DIDD requirements; and
- The current self-assessment process is reviewed and revised as indicated to address the results of this survey.
- Outcome 10A, billing, scored SC. For a sample of 4 people reviewed during select months, no overpayments were identified.

### **Nursing Providers:**

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

## Therapy Providers:

Providers reviewed: East- no reviews; Middle- Lacefield Enterprises, Nicholson Therapies; West- Lifestyle Nutrition, Michele Gaur.

### Middle Region:

Nicholson Therapies- Clinical Services Occupational & Physical Therapy: The exit conference was held on August 11, 2016.

- Scored 28 Fair on the QA Survey. Scored 26 Fair on the 2015 QA Survey.
- Domain 2 increased from Minimal to Partial Compliance.
- The agency had two new staff with Personnel and Training requirements scoring 100%.
- Domain 2- Improvement was noted with initial assessments but concerns remain with relevant medical information and discipline specific data, as they relate to the referral, and the identification of equipment needs, such as current equipment and the condition of the equipment. Issues continue to be identified with the under-utilization of services without documented explanation. The content of contact notes did not consistently reflect the provision of skilled services or document objective measurements of the individual's response to treatment. Monthly reviews did not consistently reflect objective measurements on the status of therapy goals. The new format includes some positive changes. (May 2016) Timely follow-up to equipment procurement and accurate status reports are repeat findings.
- Domain 3- Safety issues identified for two individuals were either not addressed timely or there was no clear resolution.
- Domain 9- Supervision of the Certified Occupational Therapy Assistant by the Registered Occupational Therapist was not completed as required.
- Billing issues were identified for the completion of an initial assessment outside the approved timeframe and lack of supervision of the COTA timely. The agency continues to bill for an inaccurate level of OT services for 2 of the 8 individuals reviewed for that service. All individuals receiving OT services should be reviewed and adjustments to the levels made per the mileage parameters. (Mileage based upon the treating therapist's address or the agency's office whichever is closer. Provider Manual 13.16) This is a repeat issue. As the agency has a previous referral to Risk Management, this information was forwarded to that office.
- Lacefield Enterprises, Inc.- Clinical Services Occupational, Physical Therapy, & Speech: The exit conference was held on August 26, 2016.
  - Scored 34 Proficient on the QA Survey due to the requirement to score Substantial Compliance in Domain 2 for an Exceptional Rating. Scored 32 Proficient on the 2015 QA Survey.
  - Domain 3 increased from Partial to Substantial Compliance.
  - The agency had two new staff with Personnel and Training requirements scoring 100%.
  - Domain 2- Issues continue to be identified with the provision of services at the day center when the POC includes home environment goals, repetitive exercise programs were also being completed without a rationale for the need of a therapist. Monthly reviews did not adequately reflect the response to the therapy activities and/or interventions being provided.
  - Domain 9- Supervision of the Physical Therapy Assistant by the Physical Therapist was completed as required.
  - A minor billing issue was noted for one individual due to lack of documentation for 4 units of Physical Therapy services. Recoupment occurred.

### West Region:

Michele Gaur – Therapy provider scored 34 of 36/Proficient on the QA survey exited 8/10/16.

The agency's 2015 survey results were the same, PC only in Domain 2 with the remainder of the Domains scoring SC. Indicator scoring was very similar.

The agency needs to ensure:

- Goals in the therapeutic Plan of Care are written in functional and measurable terms;
- Instructions for or training on plans are completed and documented;
- Contact notes consistently reflect the provision of skilled services, include information to indicate objective measurement of response to treatment, and provide evidence of resolution to issues previously documented;
- Monthly progress notes consistently address all POC goals, provide detail regarding people and equipment discussed, and provide sufficient data to support an objective measurement of progress toward the stated goals; and
- The current self-assessment is reviewed and revised as indicated to address the results of this survey.
- Outcome 10A, billing, scored SC. For a sample of 4 persons reviewed during select months, no overpayments were identified.

Lifestyle Nutrition – Provider of Nutrition services scored 34 of 36/Proficient on the QA survey exited 8/16/16.

The provider has been a 4-Star independent provider so this is the first survey completed since 2013.

The agency needs to ensure:

- Goals in the therapeutic services Plans of Care are consistently measurable;
- Contact notes include consistent information including information regarding how progress toward goals is being determined;
- Monthly progress notes consistently include discussion of progress towards meeting the ISP and Plan of Care goals; and
- The current self-assessment and quality improvement planning processes are reviewed and revised as indicated to address the results of this survey.
- Outcome 10A, billing, scored SC. For a sample of 14 people reviewed during select months, no billing issues were noted.

### 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.

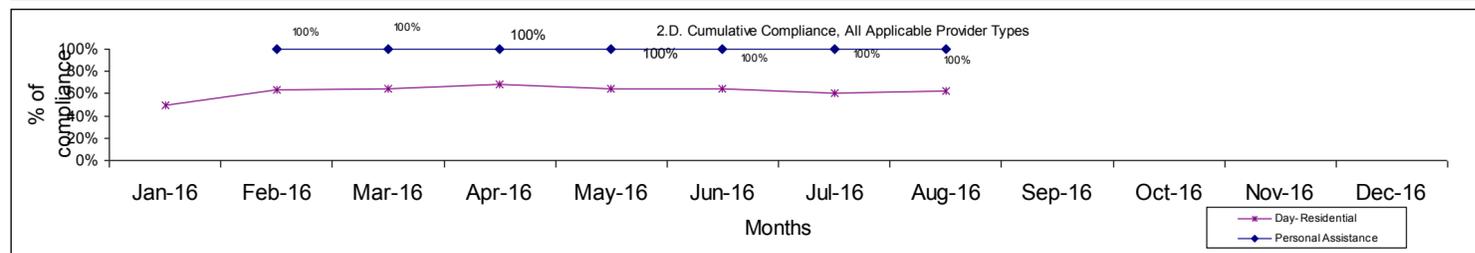
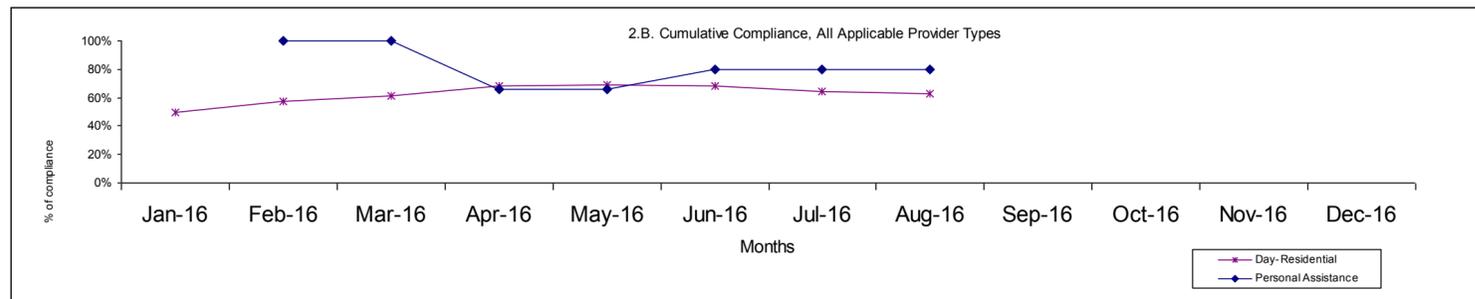
**Special Reviews**

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.)

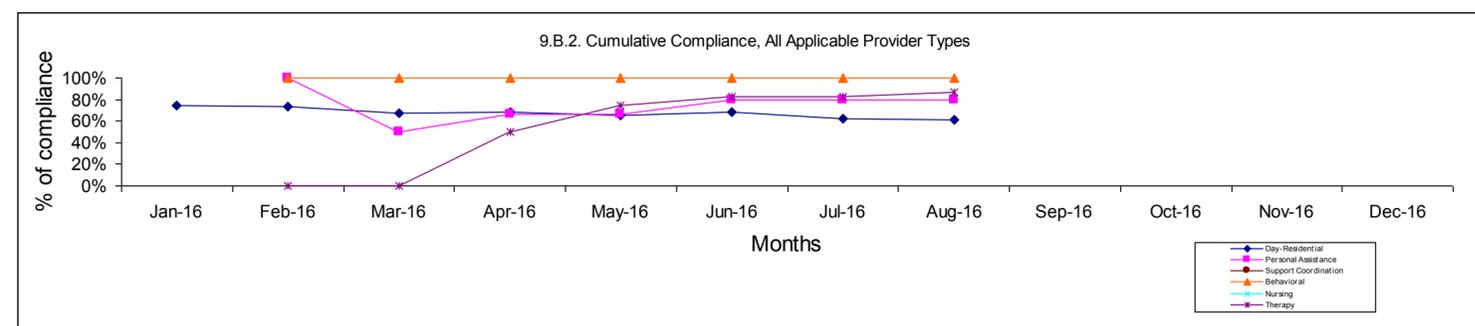
Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	50%	87%
Personal Assistance	N/A	N/A



Current Month:

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

Provider Type	% of Providers in Compliance
Day-Residential	50%
Personal Assistance	N/A
Support Coordination	N/A
Behavioral	N/A
Nursing	N/A
Therapy	100%



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

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

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
# of Individual Personal Funds Accounts Reviewed	5	14	25	25	18	20	29	20				
# of Individual Personal Funds Accounts Fully Accounted For	4	7	23	22	12	15	21	15				
# of Personal Funds Accounts Found Deficient	1	7	2	3	6	5	8	5				
% of Personal Funds Fully Accounted for	80%	50%	92%	88%	67%	75%	72%	75%				
% of Personal Funds Found Deficient	20%	50%	8%	12%	33%	25%	28%	25%				

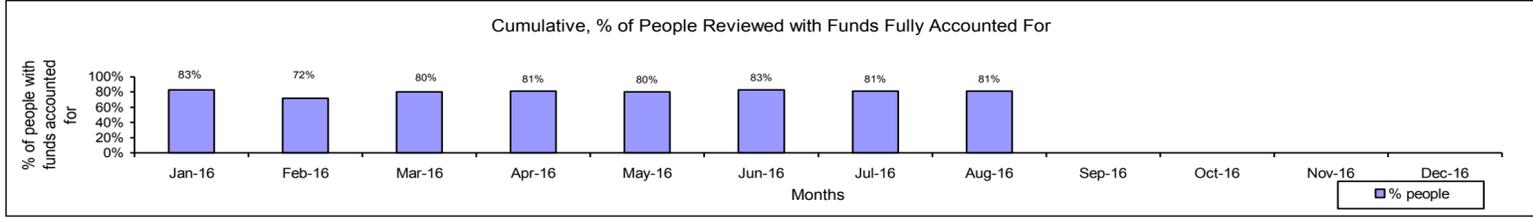
Personal Funds - Middle	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
# of Individual Personal Funds Accounts Reviewed		18	27	24	23	25	28	18				
# of Individual Personal Funds Accounts Fully Accounted For		12	23	20	17	25	25	12				
# of Personal Funds Accounts Found Deficient		6	4	4	6	0	3	6				
% of Personal Funds Fully Accounted for		67%	85%	83%	74%	100%	89%	67%				
% of Personal Funds Found Deficient		33%	15%	17%	26%	0%	11%	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
# of Individual Personal Funds Accounts Reviewed		12	6	15	22	16	19	4				
# of Individual Personal Funds Accounts Fully Accounted For		12	4	12	20	16	12	4				
# of Personal Funds Accounts Found Deficient		0	2	3	2	0	7	0				
% of Personal Funds Fully Accounted for		100%	67%	80%	91%	100%	63%	100%				
% of Personal Funds Found Deficient		0%	33%	20%	9%	0%	37%	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
# of Individual Personal Funds Accounts Reviewed		44	58	64	63	61	76	42				
# of Individual Personal Funds Accounts Fully Accounted For		31	50	54	49	56	58	31				
# of Personal Funds Accounts Found Deficient		13	8	10	14	5	18	11				
% of Personal Funds Fully Accounted for		70%	86%	84%	78%	92%	76%	74%				
% of Personal Funds Found Deficient		30%	14%	16%	22%	8%	24%	26%				

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
# of Individual Personal Funds Accounts Reviewed		50	108	172	235	296	372	414				
# of Individual Personal Funds Accounts Fully Accounted For		36	86	140	189	245	303	334				
# of Personal Funds Accounts Found Deficient		14	22	32	46	51	69	80				
% Funds Accounted for, Cumulatively		72%	80%	81%	80%	83%	81%	81%				
% Funds Deficient, Cumulatively		28%	20%	19%	20%	17%	19%	19%				

Region	% of Personal Funds Fully Accounted For
East	72%
Middle	89%
West	63%
Statewide	76%



**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.