



## THE STATE OF TENNESSEE

Department of Intellectual and Developmental Disabilities



## DATA MANAGEMENT REPORT

July 27, 2012

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**QUALITY MANAGEMENT DATA REPORT**

**July 27, 2012**

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A Demographics for HCBS Waiver Recipients												
Data Source:												
The source of this data is CS Tracking.												
The waiver census represents the number of active cost plans on the last day of the reporting month.												
DIDD Demographics Main Waiver (CS	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
5 East	2349	2351	2350	2353	2353	2353	2354	2355	2351	2355	2357	2368
6 Middle	2377	2380	2385	2389	2390	2391	2386	2385	2387	2388	2389	2392
7 West	1421	1428	1429	1436	1433	1429	1440	1442	1443	1441	1450	1453
8 Statewide	6147	6159	6164	6178	6176	6173	6180	6182	6181	6184	6196	6213
CALENDAR YEAR FORMULAS												
9 Approved Slots per calendar year	6390	6390	6390	6390	6390	6390	6390	6390	6390	6390	6390	6390
10 Used unduplicated slots (Jan-current mo.) MOE 6062	6248	6270	6294	6314	6333	6346	6194	6204	6222	6242	6262	6285
11 # of slots remaining for calendar year	142	120	96	76	57	44	196	186	168	148	128	105

The waiver census represents the number of active cost plans on the last day of the reporting month.												
DIDD Demographics Arlington Waiver (CS Tracking)	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
12 East	5	5	5	5	5	5	5	5	5	5	5	5
13 Middle	1	1	1	1	1	1	1	1	1	1	1	1
14 West	325	330	327	327	325	323	322	321	320	320	318	315
15 Statewide	331	336	333	333	331	329	328	327	326	326	324	321
CALENDAR YEAR FORMULAS												
16 Approved Slots per calendar year	344	344	344	344	344	344	344	344	344	344	344	344
17 Used unduplicated slots (Jan-current mo.) MOE 289	338	342	341	341	341	341	329	329	329	330	329	329
18 # of slots remaining for calendar year	6	2	3	3	3	3	15	15	15	14	15	15

The waiver census represents the number of active cost plans on the last day of the reporting month.												
DIDD Demographics SD Waiver (CS Tracking)	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
19 East	411	411	411	410	411	403	405	401	398	399	396	394
20 Middle	434	432	436	435	435	443	440	441	440	437	436	437
21 West	313	317	317	317	315	317	316	316	315	313	311	312
22 Statewide	1158	1160	1164	1162	1161	1163	1161	1158	1153	1149	1143	1143
CALENDAR YEAR FORMULAS												
23 Approved Slots per calendar year	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
24 Used unduplicated slots (Jan-current mo.) MOE 1116	1205	1209	1217	1222	1222	1236	1168	1173	1174	1176	1185	1190
25 # of slots remaining for calendar year	597	593	585	580	580	566	634	629	628	626	617	612

The Census for "Full State Funded Services" means the person is not Medicaid eligible, does not receive services in any other DIDD program and only receives state funded services funded.

DIDD Demographics Full State Funded (CS Tracking)	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
26 East							7	7	7	7	5	4
27 Middle							3	3	3	3	3	3
28 West							3	3	3	2	2	2
29 Statewide	0	0	0	0	0	0	13	13	13	12	10	9

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

DIDD Demographics In Private ICF/ID receiving State Funded ISC Svcs	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
30 East							51	51	67	67	69	73
31 Middle							46	46	30	30	30	30
32 West							26	26	28	28	25	28
34 Statewide							123	123	125	125	124	131

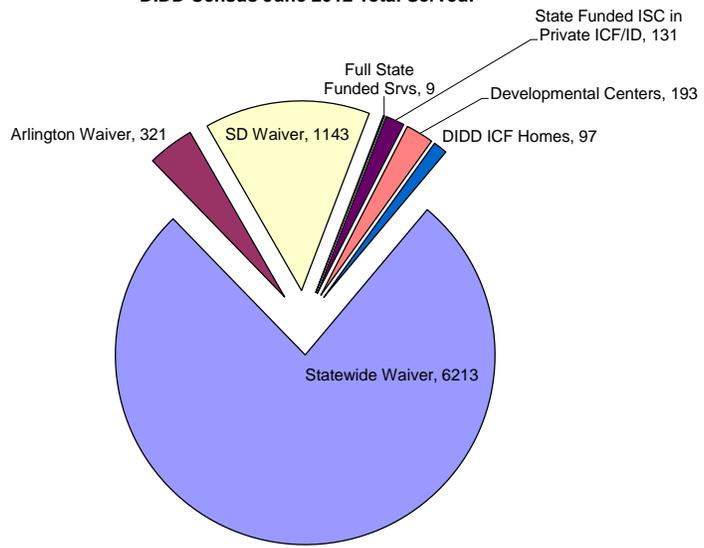
Developmental Center Census	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
35 GVDC	192	191	189	187	182	181	179	172	165	162	152	143
36 CBDC	47	46	45	44	44	43	43	43	43	43	43	43
37 HJC	5	5	4	4	5	5	5	6	5	8	7	7
HJC Forensic Admission											0	0
38 Total	244	242	238	235	231	229	227	221	213	213	202	193

DIDD PUBLIC ICFMR CENSUS	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
39 East	20	20	20	20	20	20	22	28	35	37	45	52
40 Middle												
41 West	47	46	46	46	47	47	47	47	47	46	45	45
42 TOTAL	67	66	66	66	67	67	69	75	82	83	90	97

DIDD SERVICE CENSUS	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
43 Total receiving DIDD Services							8101	8099	8093	8092	8089	8107

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

**DIDD Census June 2012 Total Served:**



**B Waiver Enrollment Report**

**Data Source:**

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

<b>ALL Waiver Enrollments</b>	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
1 Arlington Waiver (At Risk)	0	2	1	0	0	0	0	0	0	0	0	0	3
2 SD Waiver	4	4	7	5	1	11	1	5	1	1	7	4	51
3 HCBS Main Waiver	23	23	25	20	19	11	18	11	17	15	21	23	226
4 Total Waiver Enrollments	27	29	33	25	20	22	19	16	18	16	28	27	280

**SD Waiver Enrollments**

WL- Intake Committee	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
5 East	2	1	2	1	0	0	1	1	0	1	6	1	16
6 Middle	2	2	4	1	0	8	0	1	1	0	1	1	21
7 West	0	1	1	1	0	0	0	0	0	0	0	2	5
8 At Risk Enrollments into SD (West)	0	0	0	2	1	3	0	3	0	0	0	0	9
9 Grand Total SD Waiver	4	4	7	5	1	11	1	5	1	1	7	4	51

**HCBS Statewide Waiver Enrollments**

WL- Intake Committee	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
10 East	3	4	2	3	2	4	2	3	3	3	6	6	41
11 Middle	2	3	2	2	5	1	1	0	1	2	1	3	23
12 West	4	5	1	2	1	0	4	0	3	2	2	2	26
13 Total	9	12	5	7	8	5	7	3	7	7	9	11	90

Transfers from SD to HCBS	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
14 East	1	4	1	1	0	0	1	1	1	2	0	2	14
15 Middle	3	2	1	2	0	1	2	1	1	0	1	1	15
16 West	0	0	1	0	0	0	2	0	1	1	2	2	9
17 Total	4	6	3	3	0	1	5	2	3	3	3	5	38

DCS Enrollments	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
18 East	2	0	1	2	1	0	2	1	0	0	0	0	9
19 Middle	2	1	3	0	4	1	0	1	1	0	0	2	15
20 West	0	0	0	1	0	0	0	0	0	2	2	0	5
21 Total	4	1	4	3	5	1	2	2	1	2	2	2	29

PASRR/ Nursing Homes	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
22 East	1	0	2	3	2	0	0	0	1	0	2	2	13
23 Middle	1	1	4	0	0	3	0	1	2	0	1	0	13
24 West	0	2	1	0	1	0	0	0	0	0	2	0	6
25 Total	2	3	7	3	3	3	0	1	3	0	5	2	32

DC Completed Transitions into the Waiver	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
26 GVDC	0	0	0	0	2	0	0	1	1	0	1	1	6
27 CBDC	0	1	0	1	0	1	0	0	0	0	0	0	3
28 HJC	1	0	1	0	0	1	0	0	0	0	0	0	3
29 Total	1	1	1	1	2	2	0	1	1	0	1	1	12

At Risk Class Enrollments	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
30 East	0	0	0	0	0	0	0	0	0	0	0	0	0
31 Middle	0	0	0	0	0	0	0	0	0	0	0	0	0
32 West	3	0	5	3	1	0	4	2	2	3	1	2	26
33 Total	3	0	5	3	1	0	4	2	2	3	1	2	26

Total by Region	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
34 East	7	8	6	9	7	4	5	6	6	5	9	11	83
35 Middle	9	8	11	5	9	7	3	3	5	2	3	6	71
36 West	7	7	8	6	3	0	10	2	6	8	9	6	72
37 Grand Total Statewide Waiver	23	23	25	20	19	11	18	11	17	15	21	23	226

<b>B Waiver Disenrollments</b>														
<b>Arlington Waiver</b>														
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD	
1 Death	0	1	1	0	2	1	1	1	1	1	1	1	3	13
2 Voluntary Request by person/family	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3 Services no longer appropriate	1	0	0	0	0	0	0	0	0	0	0	0	0	1
4 Moved	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 Involuntary	0	0	0	0	0	1	0	0	0	0	0	0	0	1
6 Transition to another waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7 Transitioned to an ICFMR	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8 Total Disenrolled	1	1	1	0	2	2	1	1	1	1	1	1	3	15

<b>SD Waiver</b>													
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
9 Death	0	2	0	0	0	2	1	0	0	1	2	3	11
10 Voluntary Request by person/family	1	2	1	3	1	2	2	1	2	1	0	1	17
11 Services no longer appropriate	0	0	0	0	0	2	1	0	0	0	1	0	4
12 Moved	0	0	0	0	0	0	1	0	0	1	0	0	2
13 Involuntary	0	0	2	1	0	0	0	0	0	0	0	0	3
14 Transition to another waiver program	0	0	1	0	0	0	0	0	0	0	0	0	1
15 Transitioned to an ICFMR	0	0	0	0	0	0	0	0	0	0	0	0	0
16 Total Disenrolled	1	4	4	4	1	6	5	1	2	3	3	4	38

<b>HCBS Main Waiver</b>													
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FYTD
17 Death	6	7	14	7	14	13	6	8	11	9	9	4	108
18 Voluntary Request by person/family	0	2	4	2	1	1	2	3	1	3	0	2	21
19 Services no longer appropriate	0	0	0	0	0	0	0	0	0	1	0	0	1
20 Moved	1	0	1	0	0	0	1	0	0	0	0	1	4
21 Involuntary	0	0	1	0	0	1	3	0	2	0	0	0	7
22 Transition to another waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
23 Transitioned to an ICFMR	0	0	0	0	0	0	0	0	0	0	0	0	0
24 Total Disenrolled	7	9	20	9	15	15	12	11	14	13	9	7	141

<b>25 Total Waiver Disenrollments:</b>	<b>9</b>	<b>14</b>	<b>25</b>	<b>13</b>	<b>18</b>	<b>23</b>	<b>18</b>	<b>13</b>	<b>17</b>	<b>17</b>	<b>13</b>	<b>14</b>	<b>194</b>
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**Analysis:**

For June 2012, there were 27 enrollments into the DIDD Waiver programs. Four people enrolled into the Self Determination Waiver and 23 people enrolled into the Statewide Waiver. There were no enrollments into the Arlington Waiver.

There were 14 waiver disenrollments. Seven were from the Statewide waiver program, 3 from the Arlington waiver program and 4 from the SD waiver program.

B Developmental Center-to-Community Transitions Report														
<b>Greene Valley</b>														
1	Census	192	191	189	187	182	181	179	172	165	162	152	143	FYTD
2	Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges														
3	Death	1	1	0	2	2	1	0	0	0	0	0	0	7
4	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Transition to community state ICF	2	0	1	0	1	0	2	6	7	2	8	7	36
6	Transition to private ICF	0	0	1	0	0	0	0	0	0	1	1	1	4
7	Transition to waiver program	0	0	0	0	2	0	0	1	1	0	1	1	6
8	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
9	<b>Total Discharges</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>3</b>	<b>10</b>	<b>9</b>	<b>53</b>
<b>Clover Bottom</b>														
10	Census	47	46	45	44	44	43	43	43	43	43	43	43	FYTD
11	Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges														
12	Death	0	0	1	0	0	0	0	0	0	0	0	0	1
13	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Transition to private ICF	2	0	0	1	0	0	0	0	0	0	0	0	3
16	Transition to waiver program	0	1	0	0	0	1	0	0	0	0	0	0	2
17	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
18	<b>Total Discharges</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>
<b>Harold Jordan Center</b>														
19	Census	5	5	4	5	5	5	5	6	5	6	7	7	FYTD
20	Admissions	0	0	0	1	0	1	0	1	0	1	1	0	5
Discharges														
21	Death	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Transition to waiver program	1	0	1	0	0	1	0	0	1	0	0	0	4
26	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
27	<b>Total Discharges</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>East Public ICF Homes</b>														
28	Census	19	19	20	20	20	20	22	28	35	37	45	52	FYTD
29	Admissions	2	0	1	0	0	0	2	6	7	2	8	7	35
Discharges														
30	Death	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Transition to Arl waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
36	<b>Total Discharges</b>	<b>0</b>	<b>0</b>	<b>0</b>										
<b>Middle Public ICF Homes</b>														
37	Census	0	0	0	0	0	0	0	0	0	0	0	0	FYTD
38	Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges														
39	Death	0	0	0	0	0	0	0	0	0	0	0	0	0
40	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Transition to public state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
42	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
43	Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
44	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
45	<b>Total Discharges</b>	<b>0</b>	<b>0</b>	<b>0</b>										
<b>West Public ICF Homes</b>														
46	Census	46	46	46	46	47	47	47	47	47	46	45	45	FYTD
47	Admissions	1	0	0	0	1	1	0	0	0	0	0	0	3
Discharges														
48	Death	0	0	0	0	0	0	0	0	0	1	1	0	2
49	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Transition to public state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
51	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
52	Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
53	Transition to non DIDD srvs*	0	0	0	0	0	0	0	0	0	0	0	0	0
54	<b>Total Discharges</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>								

**Analysis:**

Green Valley had a census of 143. Nine people moved out of the center, 7 people moved into a community East Tennessee ICF home. 1 person moved into a private ICF home in the community and 1 person moved in the waiver program. Clover Bottom had a census of 43. Harold Jordan Center had a census of 7. The East Tennessee Public Homes had 7 people move in, increasing their census to 52. The West Tennessee Public Homes had a census of 45.

**C** Waiting List Demographics

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

East												
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
1 # of Crisis cases	16	19	19	16	18	15	15	16	19	24	20	23
2 # of Urgent cases	400	399	403	404	403	407	409	408	409	411	401	401
3 # of Active cases	1,458	1,466	1,469	1,482	1,484	1,492	1,499	1,499	1,504	1,508	1,517	1,520
4 # of Deferred cases	550	537	540	536	549	554	555	554	559	556	560	566
5 Wait List Total	2,424	2,421	2,431	2,438	2,454	2,468	2,478	2,477	2,491	2,499	2,498	2,510

Middle												
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
6 # of Crisis cases	36	42	37	35	35	31	31	31	31	33	26	25
7 # of Urgent cases	285	285	284	284	284	281	281	279	283	282	279	276
8 # of Active cases	1,480	1,496	1,507	1,511	1,516	1,511	1,511	1,534	1,536	1,538	1,536	1,527
9 # of Deferred cases	357	355	357	357	357	357	357	356	356	359	363	364
10 Wait List Total	2,158	2,178	2,185	2,187	2,192	2,180	2,180	2,200	2,206	2,212	2,204	2,192

West												
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
11 # of Crisis cases	40	36	32	33	32	34	20	20	21	24	26	31
12 # of Urgent cases	103	103	106	110	111	115	116	120	121	122	118	119
13 # of Active cases	1,722	1,725	1,729	1,738	1,742	1,744	1,744	1,745	1,752	1,753	1,762	1,761
14 # of Deferred cases	445	449	452	443	455	570	578	578	578	573	573	566
15 Wait List Total	2,310	2,313	2,319	2,324	2,340	2,463	2,458	2,463	2,472	2,472	2,479	2,477

Statewide												
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
16 # of Crisis cases	92	97	88	84	85	80	66	67	71	81	72	79
17 # of Urgent cases	788	787	793	798	798	803	806	807	813	815	798	796
18 # of Active cases	4,660	4,687	4,705	4,731	4,742	4,747	4,754	4,778	4,792	4,799	4,815	4,808
19 # of Deferred cases	1,352	1,341	1,349	1,336	1,361	1,481	1,490	1,488	1,493	1,488	1,496	1,496
20 Wait List Total	6,892	6,912	6,935	6,949	6,986	7,111	7,116	7,140	7,169	7,183	7,181	7,179

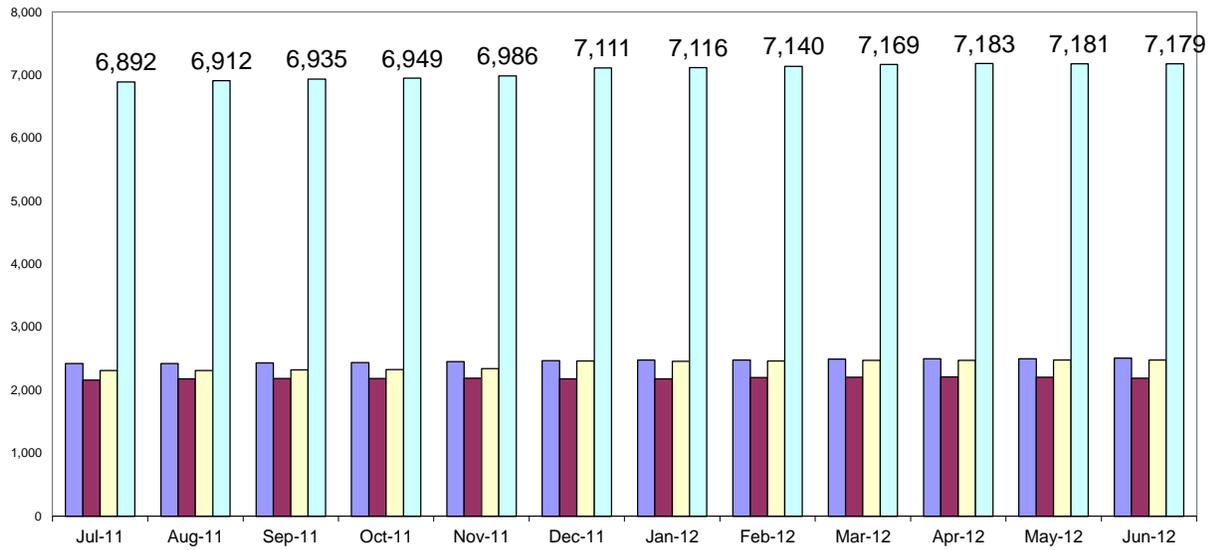
21 Net Effect from Last Month	-4	20	23	14	37	125	5	24	29	14	-2	-2
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Additions												
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
22 # of Crisis cases added	2	13	5	4	1	3	2	3	4	10	2	5
23 # of Urgent cases added	3	5	8	8	4	10	4	6	10	7	3	4
24 # of Active cases added	31	40	31	39	22	11	9	36	23	14	25	10
25 # of Deferred cases added	11	9	10	2	29	124	3	7	11	4	13	7
26 Total # Added to the Wait List	47	67	54	53	56	148	18	52	48	35	43	26

Removals												
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
27 For enrollment into SD Waiver	4	3	4	8	1	6	1	8	2	1	9	3
28 For enrollment into HCBS Waiver	18	15	15	24	8	16	8	11	11	9	25	11
29 For enrollment into Arlington Waiver	0	0	0	1	0	0	1	0	0	0	0	0
30 Receiving Other Funded Services	0	0	0	1	0	0	0	1	1	0	3	0
31 Voluntarily	5	3	1	1	3	0	2	1	0	2	2	0
32 Due to Death	2	0	0	1	0	0	0	1	2	1	1	0
33 Not Eligible for Services	0	1	2	0	0	0	0	1	0	3	0	1
34 Moved Out of Region	6	4	3	1	5	0	0	5	0	0	2	1
35 Moved Out of State	1	2	2	0	0	0	1	1	3	0	0	1
36 Duplicate Name	9	18	3	3	2	0	0	0	0	4	1	6
37 Other Reasons	21	16	15	16	15	3	9	15	0	8	13	6
38 Total Number Removed	66	62	45	56	34	25	22	44	19	28	56	29

Wait List by Region												
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
39 East	2,424	2,421	2,431	2,438	2,454	2,468	2,478	2,477	2,491	2,499	2,498	2,510
40 Middle	2,158	2,178	2,185	2,187	2,192	2,180	2,180	2,200	2,206	2,212	2,204	2,192
41 West	2,310	2,313	2,319	2,324	2,340	2,463	2,458	2,463	2,472	2,472	2,479	2,477
42 Statewide	6,892	6,912	6,935	6,949	6,986	7,111	7,116	7,140	7,169	7,183	7,181	7,179

### FY 2011-2012 DIDD Wait List



#### C Waiting List Populations

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
1 School aged children (0-21, excluding DCS)	2723	2720	2708	2693	2690	2667	2662	2662	2652	2637	2623	2,614
2 DCS children (0-21)	90	96	94	92	92	91	91	92	96	96	96	92
3 Nursing Home/PASRR	129	131	130	121	118	119	119	117	116	116	112	112
4 Regional Mental Health Centers	19	20	20	18	17	17	17	16	15	14	12	11
6 Adults with no Service	3931	3945	3983	4025	4069	4217	4227	4253	4290	4320	4338	4350
7 Total	6892	6912	6935	6949	6986	7111	7116	7140	7169	7183	7181	7179

#### Analysis:

In June 2012, the DIDD wait list decreased by 2 people. Twenty-six people were added and twenty-nine people removed. Of the people removed, 3 were removed to be enrolled into the SD waiver and 11 were removed to be enrolled into the Statewide waiver. The largest demographic group on the list continues to be adults with no service- meaning individuals over the age of 21 who are not in any other service system tracked by DIDD (i.e. TennCare/Medicaid or private service systems). The second largest demographic was school aged children (excluding children in the DCS system). Regionally, the list is very proportionate with the Middle wait list being slightly lower than East and West. East has 2,510, Middle has 2,194 and West has 2,477 for a total of 7,179 people on the list statewide.

**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-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
1 Total # of Complaints	0	4	1	1	0	0	2	2	0	0	0	2
2 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
3 % from TennCare	N/A	0.0%	0.0%	0.0%	N/A							
4 # from a Concerned Citizen	0	0	0	0	0	0	0	1	0	0	0	0
5 % from a Concerned Citizen	N/A	0.0%	0.0%	0.0%	N/A	N/A	N/A	50.0%	N/A	N/A	N/A	N/A
6 # from the Waiver Participant	0	0	0	0	0	0	0	1	0	0	0	0
7 % from the Waiver Participant	N/A	0.0%	0.0%	0.0%	N/A	N/A	N/A	50.0%	N/A	N/A	N/A	N/A
8 # from a Family Member	0	4	1	1	0	0	2	0	0	0	0	2
9 % from a Family Member	N/A	100.0%	100.0%	100.0%	N/A	N/A	100.0%	N/A	N/A	N/A	N/A	100.0%
10 # from Conservator	0	0	0	0	0	0	0	0	0	0	0	0
11 % from Conservator	N/A											
13 # Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
14 % from Advocate (Paid)	N/A											
15 # from PTP Interview	0	0	0	0	0	0	0	0	0	0	0	0
16 % from PTP Interview	N/A											

Complaints by Source - Statewide Waiver	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
20 Total # of Complaints	7	18	9	16	19	7	21	28	13	9	14	16
21 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
21 % from TennCare	N/A											
22 # from a Concerned Citizen	0	0	0	1	0	1	2	11	1	2	0	3
23 % from a Concerned Citizen	N/A	N/A	N/A	6%	0%	14%	10%	39%	8%	22%	N/A	18.8%
24 # from the Waiver Participant	0	1	1	0	0	2	0	1	7	0	0	3
25 % from the Waiver Participant	N/A	5.6%	11%	N/A	N/A	29%	N/A	4%	54%	N/A	N/A	18.8%
26 # from a Family Member	2	4	1	8	6	1	13	8	4	0	4	4
27 % from a Family Member	29%	22.2%	11.1%	50.0%	31.6%	14.3%	61.9%	28.6%	30.8%	N/A	28.6%	25.0%
28 # from Conservator	3	12	7	1	11	3	5	7	1	7	4	6
29 % from Conservator	43%	66.7%	77.8%	6.3%	57.9%	42.9%	23.8%	25.0%	7.7%	77.8%	28.6%	37.5%
31 # Advocate (Paid)	0	0	0	2	0	0	0	0	0	0	0	0
32 % from Advocate (Paid)	N/A	N/A	N/A	13%	N/A							
33 # from PTP Interview	2	1	0	4	2	0	0	1	0	0	6	0
34 % from PTP Interview	29%	5.6%	N/A	25%	11%	N/A	N/A	4%	N/A	N/A	42.9%	N/A

Complaints by Source - Arlington Waiver	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
38 Total # of Complaints	1	0	0	2	3	8	2	1	0	0	2	2
39 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
40 % from TennCare	N/A											
41 # from a Concerned Citizen	0	0	0	0	0	3	2	0	0	0	1	0
42 % from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	38%	100%	N/A	N/A	N/A	50.0%	N/A
43 # from the Waiver Participant	0	0	0	1	2	0	0	0	0	0	0	0
44 % from the Waiver Participant	N/A	N/A	N/A	50%	67%	N/A						
45 # from a Family Member	0	0	0	1	0	0	0	0	0	0	0	0
46 % from a Family Member	N/A	N/A	N/A	50%	N/A							
47 # from Conservator	1	0	0	0	1	3	0	1	0	0	1	2
48 % from Conservator	100%	N/A	N/A	N/A	33%	38%	N/A	100%	N/A	N/A	50.0%	100%
50 # Advocate (Paid)	0	0	0	0	0	2	0	0	0	0	0	0
51 % from Advocate (Paid)	N/A											
52 # from PTP Interview	0	0	0	0	0	0	0	0	0	0	0	0%
53 % from PTP Interview	N/A											

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Complaints by Issue- Self Determination Waiver	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
54 Total Number of Complaints	0	4	1	1	0	0	2	2	0	0	0	2
55 # Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
56 % Behavior Issues	N/A	0%	0%	0%	N/A							
57 # Day Service Issues	0	0	0	0	0	0	0	0	0	0	0	0
58 % Day Service Issues	N/A	0%	0%	0%	N/A							
59 # Environmental Issues	0	0	0	0	0	0	1	0	0	0	0	0
60 % Environmental Issues	N/A	0%	0%	0%	N/A							
61 # Financial Issues	0	0	0	0	0	0	0	0	0	0	0	0
62 % Financial Issues	N/A	0%	0%	0%	N/A							
63 # Health Issues	0	1	0	0	0	0	0	0	0	0	0	0
64 % Health Issues	N/A	25%	0%	0%	N/A							
65 # Human Rights Issues	0	0	0	0	0	0	0	0	0	0	0	0
66 % Human Rights Issues	N/A	0%	0%	0%	N/A							
67 # ISC Issues	0	0	0	0	0	0	0	0	0	0	0	0
68 % ISC Issues	N/A	0%	0%	0%	N/A							
69 # ISP Issues	0	0	0	0	0	0	0	0	0	0	0	0
70 % ISP Issues	N/A	0%	0%	0%	N/A							
71 # Staffing Issues	0	3	1	0	0	0	1	1	0	0	0	2
72 % Staffing Issues	N/A	75%	100%	0%	N/A	N/A	N/A	50.0%	N/A	N/A	N/A	100.0%
73 # Therapy Issues	0	0	0	0	0	0	0	1	0	0	0	0
74 % Therapy Issues	N/A	0%	0%	0%	N/A	N/A	N/A	50.0%	N/A	N/A	N/A	N/A
75 # Transportation Issues	0	0	0	0	0	0	0	0	0	0	0	0
76 % Transportation Issues	N/A	0%	0%	0%	N/A							
77 # Case Management Issues	0	0	0	1	0	0	0	0	0	0	0	0
78 % Case Management Issues	N/A	0%	N/A	100.0%	N/A							
79 # Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
80 % Other Issues	N/A	0%	0%	0%	N/A							

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Complaints by Issue - Statewide Waiver	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
81 Total Number of Complaints	7	18	9	16	19	7	21	28	13	9	14	16
82 # Behavior Issues	0	0	0	0	0	0	0	0	0	1	0	0
83 % Behavior Issues	N/A	11.1%	N/A	N/A								
84 # Day Service Issues	0	1	0	2	1	0	0	3	0	0	0	1
85 % Day Service Issues	N/A	5.6%	N/A	12.5%	5.3%	N/A	N/A	10.7%	N/A	N/A	N/A	6.3%
86 # Environmental Issues	1	1	0	1	2	2	2	2	0	0	0	1
87 % Environmental Issues	14%	5.6%	N/A	6.3%	10.5%	28.6%	9.5%	7.1%	N/A	N/A	N/A	6.3%
88 # Financial Issues	0	2	1	0	4	0	3	1	3	1	0	1
89 % Financial Issues	N/A	11.1%	11%	N/A	0.0%	0.0%	14.3%	3.6%	23.1%	11.1%	N/A	6.3%
90 # Health Issues	0	0	0	1	0	0	4	4	1	1	1	1
91 % Health Issues	N/A	0.0%	0.0%	6.3%	N/A	0.0%	19.0%	14.3%	7.7%	11.1%	7.1%	6.3%
92 # Human Rights Issues	0	5	0	4	2	1	3	3	3	0	0	3
93 % Human Rights Issues	N/A	27.8%	N/A	25.0%	10.5%	14.3%	14.3%	10.7%	23.1%	N/A	N/A	18.8%
94 # ISC Issues	0	0	1	2	0	0	1	0	0	0	0	1
95 % ISC Issues	N/A	N/A	11%	12.5%	N/A	N/A	4.8%	N/A	N/A	N/A	N/A	6.3%
96 # ISP Issues	0	0	0	1	1	0	0	0	0	0	3	0
97 % ISP Issues	N/A	N/A	N/A	6.3%	5.3%	N/A	N/A	N/A	N/A	N/A	21.4%	N/A
98 # Staffing Issues	4	7	7	5	9	4	7	8	8	6	10	6
99 % Staffing Issues	57%	38.9%	78%	31.3%	47.4%	57.1%	33.3%	28.6%	61.5%	66.7%	71.4%	37.5%
100 # Therapy Issues	0	0	0	0	0	0	0	6	0	0	0	0
101 % Therapy Issues	N/A	21.4%	N/A	N/A	N/A	N/A						
102 # Transportation Issues	2	2	0	0	0	0	1	1	0	0	0	1
103 % Transportation Issues	29%	11.1%	N/A	N/A	N/A	N/A	4.8%	3.6%	N/A	N/A	N/A	6.3%
104 # Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0
105 % Case Management Issues	N/A											
106 # Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
107 % Other Issues	N/A											

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Complaints by Issue - Arlington Waiver		Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
108	Total Number of Complaints	1	0	0	2	3	8	2	1	0	0	2	2
109	# Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
110	% Behavior Issues	N/A											
111	# Day Service Issues	0	0	0	1	0	0	0	0	0	0	0	0
112	% Day Service Issues	N/A	N/A	N/A	50.0%	N/A							
113	# Environmental Issues	1	0	0	0	0	1	0	0	0	0	0	1
114	% Environmental Issues	100%	N/A	N/A	N/A	N/A	12.5%	0.0%	N/A	N/A	N/A	N/A	50.0%
115	# Financial Issues	0	0	0	0	1	0	1	1	0	0	0	0
116	% Financial Issues	0%	N/A	N/A	N/A	33.3%	N/A	50.0%	100.0%	N/A	N/A	N/A	N/A
117	# Health Issues	0	0	0	0	1	0	1	0	0	0	0	0
118	% Health Issues	N/A	N/A	N/A	N/A	33.3%	N/A	50.0%	N/A	N/A	N/A	N/A	N/A
119	# Human Rights Issues	0	0	0	0	0	3	0	0	0	0	1	0
120	% Human Rights Issues	N/A	N/A	N/A	N/A	N/A	37.5%	N/A	N/A	N/A	N/A	50.0%	N/A
121	# ISC Issues	0	0	0	0	0	0	0	0	0	0	0	0
122	% ISC Issues	N/A											
123	# ISP Issues	0	0	0	0	0	0	0	0	0	0	0	0
124	% ISP Issues	N/A											
125	# Staffing Issues	0	0	0	0	1	4	0	0	0	0	1	1
126	% Staffing Issues	N/A	N/A	N/A	N/A	33.3%	50.0%	N/A	N/A	N/A	N/A	50%	50%
127	# Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	0
128	% Therapy Issues	N/A											
129	# Transportation Issues	0	0	0	1	0	0	0	0	0	0	0	0
130	% Transportation Issues	N/A	N/A	N/A	50.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A	N/A	N/A
131	# Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0
132	% Case Management Issues	N/A											
133	# Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
134	% Other Issues	N/A											

**Analysis:**

**CRS ANALYSIS FOR June 2012**

The total numbers of interventions for this month is 36. There were 20 complaint issues. 16 of these complaints were in the Statewide waiver, 2 from the Arlington Waiver. There were 2 SD Waiver complaints. These issues were resolved without intervention meetings. The number of complaints coming directly from persons supported continues to rise and it could be attributed to all of DIDD's efforts to teach self-advocacy. The interventions continue to be about freedom of choice, ISP decision making, recruitment transitions, transportation, time alone and the lack of effective communication between providers and parents and individuals supported and COS members. Many meetings were held about restrictions and limitations as perceived by the individuals supported.

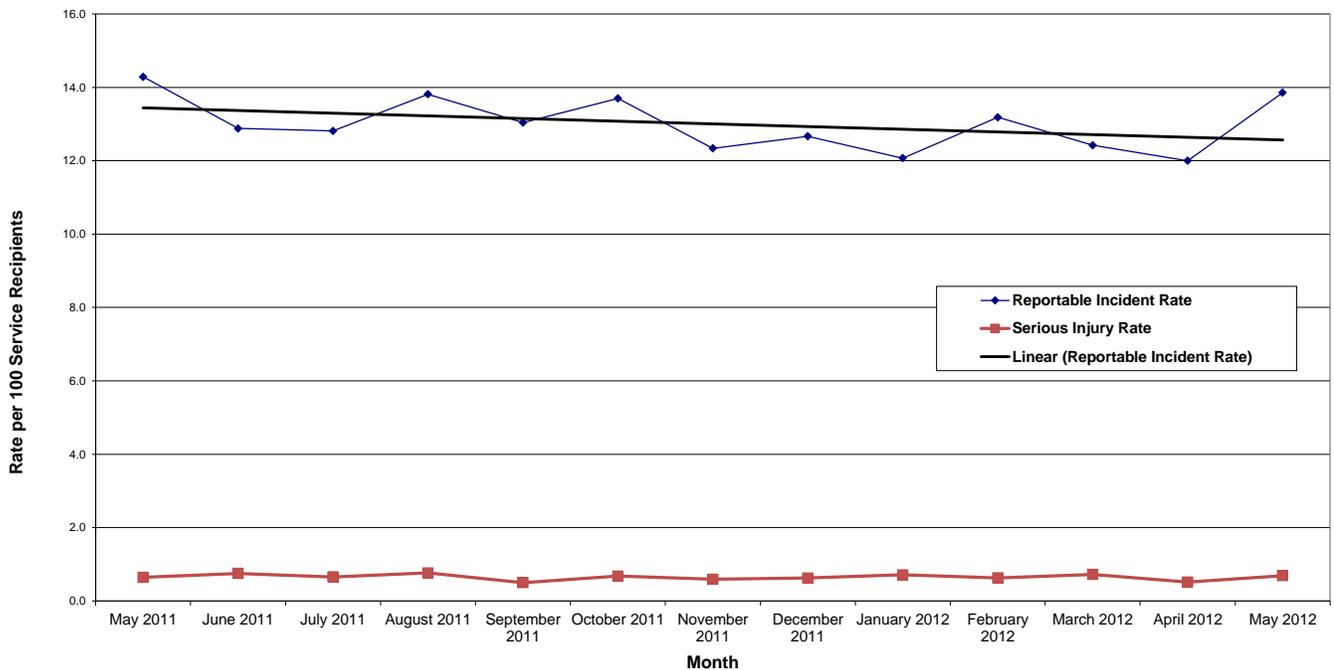
THE MAIN COMPLAINT ISSUES INVOLVED INEFFECTIVE COMMUNICATION BETWEEN PROVIDERS AND CUSTOMERS (too few) STAFF IN THE HOME AND SUPERVISION ISSUES BY PROVIDERS REGARDING UNANNOUNCED VISITS. The input was that there should be more visits than just the number that DIDDs requires. CRS OFFERS CONFLICT RESOLUTION TRAINING TO PROVIDERS. CRS provided training to 2 providers in June 2012.)

FOCUS GROUPS WERE HELD IN KNOXVILLE, GREENEVILLE, NASHVILLE AND MEMPHIS. PARTICIPATION NUMBERS ARE VERY HIGH IN ALL LOCATIONS AVERAGING 35 PEOPLE PER MEETING WITH AS HIGH AS 62 IN Nashville and 32 in Memphis. The Nashville Focus group has started an initiative to increase inter-agency social events and has started to plan for a Dance to be held September 7, 2012 in the basement meeting room of One Cannon Way.

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													
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
1 # of Reportable Incidents	371	389	343	335	330	407	383	383	436	418	435		4230
2 Rate of Reportable Incidents per 100 people	12.2	12.8	11.2	10.8	10.8	13.3	11.8	11.8	13.5	12.9	13.5		12.2
3 # of Serious Injuries	16	19	19	19	22	17	21	13	23	21	19		209.0
4 Rate of Incidents that were Serious Injuries per 100 people	0.53	0.62	0.62	0.61	0.72	0.56	0.65	0.4	0.71	0.65	0.59		0.6
5 # of Incidents that were Falls	27	26	26	29	31	30	42	21	34	35	33		334.0
6 Rate of Falls per 100 people	0.89	0.85	0.85	0.94	1.02	0.98	1.3	0.65	1.05	1.08	1.02		1.0
7 # of Falls resulting in serious injury	5	8	10	11	11	11	16	7	11	13	10		113.0
8 % of serious injuries due to falls	31.3%	42.1%	52.6%	57.9%	50.0%	64.7%	76.2%	53.8%	47.8%	61.9%	52.6%		53.7%
Incidents / Middle													
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
15 # of Reportable Incidents	412	454	403	430	401	402	396	370	455	405	411		4539
16 Rate of Reportable Incidents per 100 people	13.4	14.8	13	13.7	12.9	12.9	12.6	11.8	14.5	12.9	13.1		13.2
17 # of Serious Injuries	13	25	19	23	18	20	24	16	23	34	27		242.0
18 Rate of Incidents that were Serious Injuries per 100 people	0.42	0.81	0.61	0.73	0.58	0.64	0.77	0.51	0.73	1.08	0.86		0.7
19 # of Incidents that were Falls	25	37	30	30	32	28	27	18	37	31	29		324.0
20 Rate of Falls per 100 people	0.81	1.2	0.97	0.95	1.03	0.90	0.86	0.57	1.18	0.99	0.93		0.9
21 # of Falls resulting in serious injury	7	13	10	9	7	10	12	4	13	16	16		117.0
22 % of serious injuries due to falls	53.8%	52.0%	52.6%	39.1%	38.9%	50.0%	50.0%	25.0%	56.5%	47.1%	59.3%		47.7%
Incidents / West													
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
29 # of Reportable Incidents	310	308	300	310	288	305	303	293	316	300	311		3344
30 Rate of Reportable Incidents per 100 people	13.7	13.5	13.1	13.3	12.6	13.4	13	12.5	13.5	12.8	13.3		13.2
31 # of Serious Injuries	13	13	12	11	20	16	18	16	14	17	16		166.0
33 Rate of Incidents that were Serious Injuries per 100 people	0.57	0.57	0.52	0.47	0.87	0.7	0.77	0.68	0.6	0.73	0.68		0.7
37 # of Incidents that were Falls	31	21	20	15	24	19	19	14	28	26	15		232.0
39 Rate of Falls per 100 people	0.99	0.92	0.87	0.65	1.05	0.83	0.81	0.6	1.2	1.11	0.64		0.9
40 # of Falls resulting in serious injury	21	5	4	4	10	6	5	7	7	10	6		85.0
41 % of serious injuries due to falls	50.0%	38.5%	33.3%	36.4%	50.0%	37.5%	27.8%	43.8%	50.0%	58.8%	37.5%		42.1%

D Protection From Harm/Incident Management													
Incidents / Statewide													
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
44 # of Reportable Incidents	1093	1151	1046	1075	1019	1114	1082	1046	1207	1123	1157		12113
45 Rate of Reportable Incidents per 100 people	13	13.7	12.4	12.5	12.1	13.2	12.4	12	13.9	12.9	13.3		12.9
46 # of Serious Injuries	42	57	50	53	60	53	63	45	60	72	62		617.0
47 Rate of Incidents that were Serious Injuries per 100 people	0.5	0.68	0.59	0.62	0.71	0.63	0.72	0.52	0.69	0.83	0.71		0.7
48 # of Incidents that were Falls	83	84	76	74	87	77	88	53	99	92	77		890.0
49 Rate of Falls per 100 people	0.99	1	0.9	0.86	1.03	0.91	1.01	0.61	1.14	1.06	0.88		6.4
50 # of Falls resulting in serious injury	21	26	24	24	28	27	33	18	31	39	32		303.0
51 % of serious injuries due to falls	50.0%	54.6%	48.0%	45.4%	46.7%	50.9%	52.4%	40.0%	51.7%	54.2%	51.6%		49.6%

**Monthly DIDD Reportable Incident and Serious Injury Rates**  
For all DIDD contracted community, ICF/ID and Developmental Center providers



The monthly statewide rate of Reportable Incidents per 100 service recipients for May 2012 (the last point on the line graph at the top of the chart) shows an increase from 12.9 to 13.3. Though this is a slight increase from month to month, the overall rate of reported incidents is on a downward trend. The rate of serious injury decreased from .83 to .71 statewide with Middle region showing a decrease from 1.08 to .86 (20%). East region shows an increase of 26%. Falls for the month also showed a decrease from a rate of 1.06 to .88 (17%). The percentage of falls that resulted in a serious injury decreased from 54% to 52%.

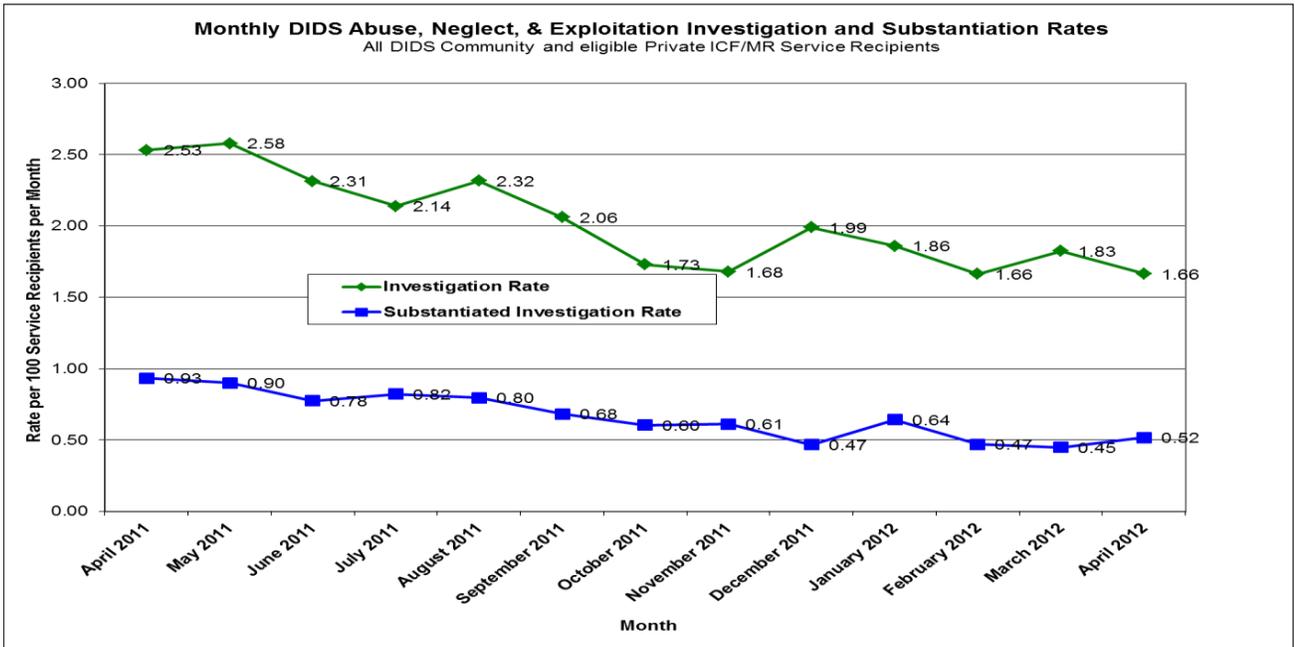
**Conclusions and actions taken for the reporting period:**

As of 6/1/12, Chapter 18 of the Provider Manual was effective. At that time, revisions which included mandatory reporting of all restraints were implemented. It is expected that due to the change in this reporting requirement, Incident Management will see a marked increase in the number of reported incidents statewide.

Statewide Quarterly Incident Management Coordinator meetings were held in June 2012. At that time, there was discussions regarding correct reporting of incidents (What Constitutes a Reportable Incident?). Incident Management will also pilot with a few Providers to assist in the development of a Reportable Incident Form tool (for accurate reporting and completion of the RIF).

Starting June 1, 2012, DIDD Incident Management began tracking reported incidents that are not appropriate for reporting to DIDD (illegible, incomplete, non-reportable). Through the Regional Incident Management Coordinators, technical assistance is being provided to those Providers identified.

D Protection From Harm/Investigations												
<b>East Region</b>												
1	Census	3144	3149	3167	3198	3159	3159	3241	3241	3234	3238	
2	# of Investigations	61	57	50	51	35	51	54	40	47	45	
3	Rate of Investigations per 100 people	1.94	1.81	1.58	1.59	1	2	2	1	1	1.39	
4	# of Substantiated Investigations	22	21	15	20	15	13	22	12	13	12	
5	Rate of Substantiated Investigations per 100 people	0.70	0.67	0.47	0.63	0.47	0.41	0.68	0.37	0.40	0.37	
6	Percentage of Investigations Substantiated	36%	37%	30%	39%	43%	25%	41%	30%	28%	27%	
<b>Middle Region</b>												
7	Census	3105	3106	3136	3172	3135	3150	3132	3136	3137	3135	
9	# of Investigations	63	78	73	49	48	60	57	60	64	62	
10	Rate of Investigations per 100 people	2.03	2.51	2.33	1.54	2	2	2	2	2	1.98	
11	# of Substantiated Investigations	30	32	26	20	19	14	22	16	19	20	
12	Rate of Substantiated Investigations per 100 people	0.97	1.03	0.83	0.63	0.61	0.44	0.70	0.51	0.61	0.64	
13	Percentage of Investigations Substantiated	48%	41%	36%	41%	40%	23%	39%	27%	30%	32%	
<b>West Region</b>												
14	Census	2023	2031	2046	2074	2043	2036	2338	2341	2339	2336	
15	# of Investigations	48	55	47	46	57	51	48	42	44	38	
16	Rate of Investigations per 100 people	2.37	2.71	2.30	2.22	2.79	2.50	2.05	1.79	1.88	1.63	
17	# of Substantiated Investigations	14	13	15	11	17	13	10	13	8	13	
18	Rate of Substantiated Investigations per 100 people	0.69	0.64	0.73	0.53	0.83	0.64	0.43	0.56	0.34	0.56	
19	Percentage of Investigations Substantiated	29%	24%	32%	24%	30%	25%	21%	31%	18%	34%	
<b>Statewide</b>												
20	Census	8272	8286	8349	8444	8337	8345	8711	8718	8710	8709	
21	# of Investigations	172	190	170	146	140	162	159	142	155	145	
22	Rate of Investigations per 100 people	2.08	2.29	2.04	1.73	1.68	1.94	1.83	1.63	1.78	1.66	
23	# of Substantiated Investigations	66	66	56	51	51	40	54	41	40	45	
24	Rate of Substantiated Investigations per 100 people	0.80	0.80	0.67	0.60	0.61	0.48	0.62	0.47	0.46	0.52	
25	Percentage of Investigations Substantiated	38%	35%	33%	35%	36%	25%	34%	29%	26%	31%	



**D Protection From Harm/Investigations**

**Analysis:**

During April, 2012, there were a total of one hundred, forty-five (145) investigations conducted across the state. This was reflective of a minimal decline in the number of investigations as compared to the prior reporting period. The majority of these investigations originated in the Middle Region (62). The West and East Regions conducted significantly fewer investigations, 38 and 45 respectively. While each of the three Regions reflected a reduction in the number of investigations conducted in April as compared to the prior reporting period, it was the West Region that saw the most significant decrease (-6).

Investigations were conducted at a statewide rate of 1.66 per 100 persons served and was consistent with prior reporting periods. The Regions also reflected a very minimal variation from the prior reporting period. Of the three regions, the Middle Region opened investigations at the highest rate per 100 persons served (1.98).

Forty-five (45), or 31%, of the statewide investigations that were conducted in April, 2012, were substantiated for abuse, neglect, or exploitation. This was an increase of 5% as compared to the prior reporting period. The East and Middle Regions reflected very minimal variations with regard to the percentage of investigations substantiated. The West Region; however, reflected a significant increase in the percentage of investigations that were substantiated (increase of 16%).

Investigations were substantiated at a statewide rate of .52 per 100 persons served. This rate was consistent with the rate reflected during the prior reporting periods. While each of the regions' variation in the rate of substantiation was fairly minimal, the West Region reflected a more significant variation than the other regions, increasing the rate of substantiation from .34 per 100 served to .56 per 100 served. This variation in the West region can be directly attributed to the rather significant increase in the percentage of investigations that were substantiated during this reporting period and the fact that the census in the West is the lowest of the three regions.

**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.

<b>East Region</b>	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
<b>1 SERVICE REQUESTS</b>												
2 Total Service Requests Received	2317	2601	2536	1975	2171	2063	2351	2413	2255	2312	2602	
3 Total Adverse Actions (Incl. Partial Approvals)	154	214	104	88	113	130	129	132	122	108	113	
4 % of Service Requests Resulting in Adverse Actions	7%	8%	4%	4%	5%	6%	5%	5%	5%	5%	4%	
5 Total Grier denial letters issued	147	145	105	77	80	95	93	91	95	110	86	
<b>6 APPEALS RECEIVED</b>												
<b>7 DELIVERY OF SERVICE</b>												
8 Delay	0	0	0	0	0	0	1	0	0	0	0	
9 Termination	2	0	0	0	0	2	2	0	0	0	0	
10 Reduction	0	0	0	0	0	0	0	0	0	2	0	
11 Suspension	0	0	0	0	0	0	0	0	0	0	0	
12 Total Received	2	0	0	0	0	2	3	0	0	2	0	
<b>13 DENIAL OF SERVICE</b>												
14 Total Received	9	19	11	6	7	10	11	9	14	12	7	
15 Total Grier Appeals Received	11	19	11	6	7	12	14	9	14	14	7	
16 Total Non-Grier Appeals Received	1	0	2	0	0	1	1	0	0	3	0	
17 Total appeals overturned upon reconsideration	3	3	1	1	2	1	4	0	2	2	0	
18 TOTAL HEARINGS	14	30	12	12	21	17	18	15	11	13	12	
<b>19 DIRECTIVES</b>												
20 Directive Due to Notice Content Violation	0	0	0	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	0	0	1	
22 Other	5	3	2	2	0	2	4	1	0	1	0	
23 Total Directives Received	5	3	2	2	0	2	4	1	0	1	1	
24 Overturned Directives	0	0	0	1	0	0	0	0	0	0	0	
25 MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
26 Cost Avoidance (Estimated)		\$17,581	\$0	\$0	\$0	\$0	\$91,610	\$0	\$0	\$0		
<b>27 LATE RESPONSES</b>												
28 Total Late Responses	0	0	3	0	0	2	0	0	0	0	0	
29 Total Days Late	0	0	3	0	0	7	0	0	0	0	0	
30 Total Fines Accrued (Estimated)	0	0	300	0	0	700	0	0	0	0	0	
<b>31 DEFECTIVE NOTICES</b>												
32 Total Defective Notices Received	0	1	0	0	0	0	1	0	0	0	0	
33 Total Fines Accrued (Estimated)	\$0	\$500	\$0	\$0	\$0	\$0	\$500	\$0	\$0	\$0	\$0	
34 *fine amount is based on timely responses												
<b>35 PROVISION OF SERVICES</b>												
36 Delay of Service Notifications Sent (New)	0	0	0	0	0	1	1	0	0	0	0	
37 Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	0	1	0	0	0	
38 Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
39 Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

<b>Middle Region</b>	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
<b>40 SERVICE REQUESTS</b>												
41 Total Service Requests Received	2369	2471	2352	1987	2039	1829	1982	2425	2105	2638	2572	
42 Total Adverse Actions (Incl. Partial Approvals)	212	180	108	94	132	88	112	122	105	122	101	
43 % of Service Requests Resulting in Adverse Actions	9%	7%	5%	5%	6%	5%	6%	5%	5%	5%	4%	
44 Total Grier denial letters issued	188	153	131	111	124	85	73	107	88	92	96	
<b>45 APPEALS RECEIVED</b>												
<b>46 DELIVERY OF SERVICE</b>												
47 Delay	0	0	0	0	0	0	0	0	0	0	2	
48 Termination	0	0	0	0	0	0	0	0	0	0	0	
49 Reduction	0	0	0	0	0	0	0	0	0	0	0	
50 Suspension	0	0	0	0	0	0	0	0	0	0	0	
51 Total Received	0	0	0	0	0	0	0	0	0	0	2	
<b>52 DENIAL OF SERVICE</b>												
53 Total Received	9	12	6	4	7	7	6	14	8	10	11	
54 Total Grier Appeals Received	9	12	6	4	7	7	6	14	8	10	13	
55 Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	
56 Total appeals overturned upon reconsideration	4	2	2	3	3	4	1	3	4	5	2	
57												
<b>58 TOTAL HEARINGS</b>	15	12	5	10	6	8	4	7	5	7	12	
<b>59 DIRECTIVES</b>												
60 Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
61 Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	0	
62 Other	3	6	0	1	1	2	1	0	0	0	1	
63 Total Directives Received	3	6	0	1	1	2	1	0	0	0	1	
64 Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	
65 MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
66 Cost Avoidance (Estimated)	\$6,766	\$138,536	\$0	\$0	\$85,632	\$0	\$0	\$0	\$0	\$0	\$27,846	
<b>67 LATE RESPONSES</b>												
68 Total Late Responses	1	0	0	1	0	0	0	0	0	0	0	
69 Total Days Late	1	0	0	2	0	0	0	0	0	0	0	
70 Total Fines Accrued (Estimated)	\$100	\$0	\$0	\$200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>71 DEFECTIVE NOTICES</b>												
72 Total Defective Notices Received	1	0	0	0	0	0	0	0	0	0	0	
73 Total Fines Accrued (Estimated)	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
74 *fine amount is based on timely responses												
<b>75 PROVISION OF SERVICES</b>												
76 Delay of Service Notifications Sent (New)	1	0	0	0	0	0	0	0	0	0	0	
77 Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	0	0	0	0	0	
78 Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
79 Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

West Region	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
<b>80 SERVICE REQUESTS</b>												
81 Total Service Requests Received	2407	2378	2698	2342	2110	2113	1916	2074	2362	2218	2363	
82 Total Adverse Actions (Incl. Partial Approvals)	113	123	125	123	122	97	68	117	112	108	122	
83 % of Service Requests Resulting in Adverse Actions	5%	5%	5%	5%	6%	5%	4%	6%	5%	5%	5%	
84 Total Grier denial letters issued	79	72	82	66	61	68	37	58	77	51	66	
<b>85 APPEALS RECEIVED</b>												
<b>86 DELIVERY OF SERVICE</b>												
87 Delay	0	0	0	0	0	0	0	0	0	0	0	
88 Termination	0	0	0	0	0	0	0	0	0	0	0	
89 Reduction	0	0	0	0	0	0	0	0	0	0	0	
90 Suspension	0	0	0	0	0	0	0	0	0	0	0	
91 Total Received	0	0	0	0	0	0	0	0	0	0	0	
<b>92 DENIAL OF SERVICE</b>												
93 Total Received	2	3	0	3	4	1	0	3	2	3	3	
94 Total Grier Appeals Received	2	3	0	3	4	1	0	3	2	3	3	
95 Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	
96 Total appeals overturned upon reconsideration	1	3	1	2	1	0	0	2	1	0	2	
<b>97 TOTAL HEARINGS</b>	0	2	2	1	1	0	0	0	0	0	0	
<b>98 DIRECTIVES</b>												
99 Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
## Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	0	
## Other	0	1	1	1	0	0	2	0	0	0	0	
## Total Directives Received	0	1	1	1	0	0	2	0	0	0	0	
## Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	
## MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
## Cost Avoidance (Estimated)	\$0	\$29,230	\$0	\$0	\$0	\$0	\$88,125	\$0	\$0	\$0	\$0	
<b>## LATE RESPONSES</b>												
## Total Late Responses	0	0	0	0	0	0	0	0	0	0	0	
## Total Days Late	0	0	0	0	0	0	0	0	0	0	0	
## Total Fines Accrued (Estimated)	0	0	0	0	0	0	0	0	0	0	0	
<b>## DEFECTIVE NOTICES</b>												
## Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0	0	
## Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
## *fine amount is based on timely responses												
<b>## PROVISION OF SERVICES</b>												
## Delay of Service Notifications Sent (New)	1	0	1	0	1	0	0	0	2	1	0	
## Continuing Delay Issues (Unresolved)	1	1	1	2	1	1	1	1	1	1	1	
## Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
## Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Statewide	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
<b>SERVICE REQUESTS</b>												
## Total Service Requests Received	7093	7450	7586	6304	6320	6005	6249	6912	6722	7168	7537	
## Total Adverse Actions (Incl. Partial Approvals)	479	517	337	305	367	315	309	371	339	338	336	
## % of Service Requests Resulting in Adverse Actions	7%	7%	4%	5%	6%	5%	5%	5%	5%	5%	4%	
## Total Grier denial letters issued	414	370	318	254	265	248	203	256	260	253	248	
<b>APPEALS RECEIVED</b>												
<b>DELIVERY OF SERVICE</b>												
## Delay	0	0	0	0	0	0	1	0	0	0	2	
## Termination	2	0	0	0	0	2	2	0	0	0	0	
## Reduction	0	0	0	0	0	0	0	0	0	2	0	
## Suspension	0	0	0	0	0	0	0	0	0	0	0	
## Total Received	2	0	0	0	0	2	3	0	0	2	2	
<b>DENIAL OF SERVICE</b>												
## Total Received	20	34	17	13	18	18	17	26	24	25	21	
## Total Grier Appeals Received	22	34	17	13	18	20	20	26	24	27	23	
## Total Non-Grier Appeals Received	1	0	2	0	0	1	1	0	0	3	0	
## Total appeals overturned upon reconsideration	8	8	4	6	6	5	5	5	7	7	4	
## TOTAL HEARINGS	29	44	19	23	28	25	22	22	16	20	24	
<b>DIRECTIVES</b>												
## Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
## Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	1	
## Other	8	10	3	4	1	4	7	1	0	1	1	
## Total Directives Received	8	10	3	4	1	4	7	1	0	1	2	
## Overturned Directives	0	0	0	1	0	0	0	0	0	0	0	
## MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
## Cost Avoidance (Estimated)	\$6,766	\$185,347	\$0	\$0	\$85,632	\$0	\$179,735	\$0	\$0	\$0	\$27,846	
## Cost Avoidance (Total Month-Estimated)	\$27,827	\$185,347	\$19,395	\$0	\$188,240	\$89,863	\$179,735	\$0	\$49,658	\$47,565	\$125,035	
## Cost Avoidance (YTD-Estimated)	\$861,413	\$1,055,380	\$1,074,775	\$1,074,775	\$1,263,015	\$1,369,984	\$179,735	\$179,735	\$229,394	\$276,958	\$401,994	
<b>LATE RESPONSES</b>												
## Total Late Responses	1	0	3	1	0	2	0	0	0	0	0	
## Total Days Late	1	0	3	2	0	7	0	0	0	0	0	
## Total Fines Accrued (Estimated)	\$100	\$0	\$300	\$200	\$0	\$700	\$0	0	0	0	0	
## Total Defective Notices Received	1	1	0	0	0	0	1	0	0	0	0	
## Total Fines Accrued (Estimated)	\$500	\$500	\$0	\$0	\$0	\$0	\$500	\$0	\$0	\$0	\$0	
## *fine amount is based on timely responses												
<b>PROVISION OF SERVICES</b>												
## Delay of Service Notifications Sent (New)	2	0	1	0	1	1	1	0	2	1	0	
## Continuing Delay Issues (Unresolved)	1	1	1	2	1	1	1	2	1	1	1	
## Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
## Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

**Appeals:**

The DIDD received 23 appeals in May which is a 15% decrease in volume compared to the previous month. The DIDD received 7537 service requests statewide for the month of May compared to 7168 for the previous month, which is a 5% increase in volume compared to the previous month. 4% of service requests submitted this month resulted in adverse actions which is a decrease of 1% compared to the previous month.

**Directives:**

2 directives were received statewide for this month. The East region received a directive for Fam-5 to be provided until 9/24/12. This was due to the ALJ determining that the criterion used to make the medical necessity determination was not properly promulgated. This regarded the 2004 Steve Norris memo which was sent to providers regarding rate levels and was used in making the level of care determination.

The remaining directive was received by the Middle region. The request was for CbDay-6 and SL4-IND to be provided from 10/5/11-10/4/12. The ALJ had determined that the CbDay-6 service was medically necessary, but agreed that the alternative residential service offered by the region (SL4-2) was medically necessary. This resulted in a cost avoidance of **\$27,846.46**.

**Cost Avoidance:**

Statewide, total cost avoidance for the month of May was **\$125,035.25** and **\$401,993.59** for the calendar year.

**Sanction/Fines:**

**Late Responses:**

There were no sanctioning or fining issues for this month.

**Defective Notices:**

See above.











F Provider Qualifications / Monitoring (II.H., II.K.)									
Data Source:									
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.									
Day and Residential Provider		Statewide				Cumulative / Statewide			
1	# of Day and Residential Providers Monitored this Month	9				61			
2	Total Census of Providers Surveyed	439				2973			
3	# of Sample Size	76				531			
4	% of Individuals Surveyed	17%				18%			
	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
<b>7</b>	<b>Domain 2: Individual Planning and Implementation</b>								
<b>8</b>	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	86%	13%	0%	0%
<b>9</b>	Outcome B. Services and supports are provided according to the person's plan.	88%	11%	0%	0%	85%	14%	0%	0%
<b>11</b>	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	88%	11%	0%	0%	80%	14%	3%	1%
<b>12</b>	<b>Domain 3: Safety and Security</b>								
<b>13</b>	Outcome A. Where the person lives and works is safe.	66%	33%	0%	0%	86%	11%	1%	0%
<b>14</b>	Outcome B. The person has a sanitary and comfortable living arrangement.	88%	11%	0%	0%	98%	1%	0%	0%
<b>15</b>	Outcome C. Safeguards are in place to protect the person from harm.	66%	22%	11%	0%	50%	39%	8%	1%
<b>16</b>	<b>Domain 4: Rights, Respect and Dignity</b>								
<b>17</b>	Outcome A. The person is valued, respected and treated with dignity.	88%	11%	0%	0%	96%	3%	0%	0%
<b>19</b>	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	96%	3%	0%	0%
<b>20</b>	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	66%	33%	0%	0%	72%	16%	5%	5%
<b>21</b>	<b>Domain 5: Health</b>								
<b>22</b>	Outcome A. The person has the best possible health.	66%	33%	0%	0%	63%	34%	1%	0%
<b>23</b>	Outcome B. The person takes medications as prescribed.	50%	25%	25%	0%	50%	39%	8%	1%
<b>24</b>	Outcome C. The person's dietary and nutritional needs are adequately met.	88%	11%	0%	0%	91%	8%	0%	0%
<b>25</b>	<b>Domain 6: Choice and Decision-Making</b>								
<b>26</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>27</b>	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>28</b>	<b>Domain 7: Relationships and Community Membership</b>								
<b>29</b>	Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
<b>30</b>	Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	98%	1%	0%	0%
<b>32</b>	<b>Domain 8: Opportunities for Work</b>								
<b>33</b>	Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	96%	3%	0%	0%
<b>34</b>	Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	98%	1%	0%	0%
<b>35</b>	<b>Domain 9: Provider Capabilities and Qualifications</b>								
<b>36</b>	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	88%	11%	0%	0%	73%	22%	3%	0%
<b>37</b>	Outcome B. Provider staff are trained and meet job specific qualifications.	88%	11%	0%	0%	67%	31%	1%	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.	88%			11%	68%			31%
<b>38</b>	Outcome C. Provider staff are adequately supported.	55%	33%	0%	11%	68%	26%	3%	1%
<b>39</b>	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	77%	11%	0%	11%	91%	6%	0%	1%
<b>40</b>	<b>Domain 10: Administrative Authority and Financial Accountability</b>								
<b>41</b>	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	88%	11%	0%	0%	80%	16%	1%	1%
<b>42</b>	Outcome B. People's personal funds are managed appropriately.	75%	25%	0%	0%	48%	42%	4%	6%

Personal Assistance		Statewide				Cumulative / Statewide			
43	# of Personal Assistance Providers Monitored this Month	3				8			
44	Total Census of Providers Surveyed	71				200			
45	# of Sample Size	15				35			
46	% of Individuals Surveyed	21%				18%			
47	# 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>								
48	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	87%	12%	0%	0%
49	Outcome B. Services and supports are provided according to the person's plan.	66%	0%	33%	0%	75%	12%	12%	0%
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	75%	25%	0%	0%
51	Domain 3: Safety and Security								
52	Domain 3: Safety and Security	66%	33%	0%	0%	87%	12%	0%	0%
53	Outcome A. Where the person lives and works is safe.	33%	66%	0%	0%	50%	50%	0%	0%
54	Outcome B. The person has a sanitary and comfortable living arrangement.								
55	Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	100%	0%	0%	0%
56	Domain 4: Rights, Respect and Dignity	100%	0%	0%	0%	87%	12%	0%	0%
57	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
58	Outcome C. The person exercises his or her rights.								
59	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	33%	33%	33%	0%	62%	25%	12%	0%
60	Domain 5: Health	33%	66%	0%	0%	40%	40%	0%	20%
61	Outcome A. The person has the best possible health.	100%	0%	0%	0%	87%	12%	0%	0%
62	Outcome B. The person takes medications as prescribed.								
63	Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
64	Domain 6: Choice and Decision-Making	100%	0%	0%	0%	100%	0%	0%	0%
65	Outcome A. The person and family members are involved in decision-making at all levels of the system.								
66	Outcome B. The person and family members have information and support to make choices about their lives.	33%	33%	0%	33%	50%	37%	0%	12%
67	Domain 7: Relationships and Community Membership	66%	0%	33%	0%	50%	37%	12%	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.	66%			33%	50%			50%
69	Outcome C. Provider staff are adequately supported.	33%	33%	33%	0%	75%	12%	12%	0%
70	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	33%	66%	0%	0%	75%	25%	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.	66%	0%	0%	33%	87%	0%	0%	12%

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

ISC Providers		Statewide				Cumulative / Statewide			
73	# of ISC Providers Monitored this Month								
74	Total Census of Providers Surveyed								
75	# of Sample Size								
76	% of Individuals Surveyed	#DIV/0!				#DIV/0!			
77	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-compliance %	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non-compliance %
78	Domain 1: Access and Eligibility								
79	Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
80	Domain 2: Individual Planning and Implementation								
81	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
82	Outcome B. Services and supports are provided according to the person's plan.								
83	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
84	Domain 3: Safety and Security								
85	Outcome A. Where the person lives and works is safe.								
86	Outcome B. The person has a sanitary and comfortable living arrangement.								
87	Outcome C. Safeguards are in place 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	3				7			
97	Total Census of Providers Surveyed	73				243			
98	# of Sample Size	12				37			
99	% of Individuals Surveyed	16%				15%			
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.	66%	0%	33%	0%	71%	0%	14%	14%
103	Outcome B. Services and supports are provided according to the person's plan.	66%	33%	0%	0%	71%	28%	0%	0%
104	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	33%	66%	0%	0%	57%	42%	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.	100%	0%	0%	0%	57%	42%	0%	0%
108	Domain 4: Rights, Respect and Dignity								
109	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
110	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	75%	0%	25%	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.	100%	0%	0%	0%	100%	0%	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.	100%	0%	0%	0%	57%	42%	0%	0%
115	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	75%	25%	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.					66%			33%
117	Outcome C. Provider staff are adequately supported.					66%	33%	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			
120	# of Clinical Providers Monitored for the month					3			
121	Total Census of Providers Surveyed					22			
122	# of Sample Size					10			
123	% of Individuals Surveyed					45%			
124	# of Additional Focused Files Reviewed					0			
		Substantial Compliance %	Partial Compliance %	Minimal Compliance %	Non-compliance%	Substantial Compliance %	Partial Compliance %	Minimal Compliance %	Non-compliance%
125	Domain 2: Individual Planning and Implementation								
126	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.					66%	0%	33%	0%
127	Outcome B. Services and supports are provided according to the person's plan.					66%	33%	0%	0%
128	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					0	0.66	0	0.33
129	Domain 3: Safety and Security								
130	Outcome A. Where the person lives and works is safe.					100%	0%	0%	0%
131	Outcome C. Safeguards are in place to protect the person from harm.					0.33	0.33	0	0.33
132	Domain 4: Rights, Respect and Dignity								
133	Outcome A. The person is valued, respected, and treated with dignity.					100%	0%	0%	0%
134	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					0.33	0.66	0	0
135	Domain 5: Health								
136	Outcome A. The person has the best possible health.					33%	66%	0%	0%
137	Outcome B. The person takes medications as prescribed.					0%	66%	33%	0%
138	Outcome C. The person's dietary and nutritional needs are adequately met.					1	0	0	0
139	Domain 6: Choice and Decision-Making								
140	Outcome A. The person and family members are involved in decision-making at all levels of the system.					1	0	0	0
141	Domain 9: Provider Capabilities and Qualifications								
142	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					0%	66%	0%	33%
143	Outcome B. Provider staff are trained and meet job specific qualifications.					33%	33%	33%	0%
144	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					33%			66%
145	Outcome C. Provider staff are adequately supported.					0	0.66	0.33	0
146	Domain 10: Administrative Authority and Financial Accountability								
147	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					100%	0%	0%	0%

Clinical Providers- Therapy		Statewide				Cumulative / Statewide			
148	# of Clinical Providers Monitored for the month	2				10			
149	Total Census of Providers Surveyed	28				648			
150	# of Sample Size	9				68			
151	% of Individuals Surveyed	32%				10%			
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	0.5	0.5	0	0	0.6	0.3	0.1	0
154	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	70%	20%	10%	0%
155	Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	80%	10%	10%	0%
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
157	Domain 3: Safety and Security	100%	0%	0%	0%	100%	0%	0%	0%
158	Outcome A. Where the person lives and works is safe.	50%	50%	0%	0%	80%	20%	0%	0%
159	Outcome C. Safeguards are in place to protect the person from harm.								
160	Domain 4: Rights, Respect and Dignity	100%	0%	0%	0%	100%	0%	0%	0%
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	100%	0%	0%	0%	100%	0%	0%	0%
164	Outcome A. The person and family members are involved in decision-making at all levels of the system.								
165	Domain 9: Provider Capabilities and Qualifications	100%	0%	0	0	80%	20%	0	0
166	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	100%	0%	0%	0%
167	Outcome B. Provider staff are trained and meet job specific qualifications.	100%			0%	100%			0%
168	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%	0%	0%	0%	87%	0%	0%	12%
169	Outcome C. Provider staff are adequately supported.								
170	Domain 10: Administrative Authority and Financial Accountability	100%	0%	0%	0%	90%	10%	0%	0%
171	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	87%	12%	0%	0%

**F**  
**QA Summary for QM Report (thru 6/12 data)**

Performance Overview- Calendar Year 2011 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	33%	29%	37%		14%	0%	70%
Proficient	44%	48%	37%		72%	0%	20%
Fair	19%	20%	13%		14%	67%	10%
Significant Concerns	4%	3%	13%		0%	33%	0%
Serious Deficiencies	0%	0%	0%		0%	0%	0%
Total # of Providers	89	61	8		7	3	10

**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- Community Options, East Tennessee Personal Care Services, Frontier Health; Middle- Bios, Guardian Community Living, Skills Development Services; West- Faith Specialized Care Services, McNairy County Developmental Services, St. John's Community Services.

**East Region:**

Community Options Inc.- The 2012 QA survey resulted in the agency receiving a score of 52. This places them in the Proficient range of performance. Compared with their 2011 QA survey results, this is a 2 point decrease in compliance and was specific to Domain 5. The agency should focus efforts in the areas of: ensuring medications are available and that MARs are accurate.

Personal funds reviewed at Community Options Inc.: A total of 4 accounts were reviewed, and all 4 were considered to be fully accounted for with no financial issues noted.

Frontier Health- The 2012 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. This is the same rating they achieved during their 2010 survey.

Personal funds reviewed at Frontier Health: A total of 7 accounts were reviewed, and all 7 were considered to be fully accounted for with no financial issues noted.

**Middle**

**Region:**

Skills- Day/Res, PA Scored Exceptional on the QA survey. No Domains scored less than Partial Compliance. For the 30 new hires, Criminal Background and the 3 required registry checks scored 100% compliance. Licenses were current for all clinical staff. All training modules for the new hires achieved 100% compliance. For the 20 tenured employees reviewed, training for CPR, First Aid and Medication Administration recertification was 100% compliant. There were no personal funds reimbursement issues identified for 3/3 individuals reviewed.

BIOS- Day/Res, PA Scored Fair on the QA survey. No Domains scored less than Partial Compliance however, Outcome 5.B. scored Minimal Compliance due to issues regarding start and stop dates for medications not being followed, MARs not initialed, ongoing medication refusals for one person not reported to the prescribing practitioner, lack of appropriate oversight and monitoring for one person who self-administers, MARs not available for review for one person, required components missing from MARs and PRN medications not listed on the MAR with the date, time, reason and outcome noted when administered. An ISP was not available in the home during one of the home visits; a sanction will occur. For the 53 new hires, Criminal Background Checks achieved a compliance rating of 100% and the 3 required registry checks scored 98.1% compliance. The license was current for one clinical staff. All training modules for the new hires achieved at or above 98% compliance. For the 20 tenured employees reviewed, training for CPR and First Aid was 90% compliant and Medication Administration recertification was 100% compliant. There were no personal funds management issues identified for the 3 individuals reviewed.

Guardian- Day/Res, PA Scored Fair on the QA survey. No Domains scored less than Partial Compliance however, Outcome 5.B. scored Minimal Compliance due to issues regarding the sliding scale Insulin protocol not being followed and Lantus not administered by LPNs as ordered on an ongoing basis for one individual, discrepancies between the MARs maintained on paper and in the Therap computer system for one individual, changes in medications did not occur in a timely manner for 3 individuals and isolated issues where medications were not initialed with no corresponding documentation or Medication Variances completed. Outcome 9.D. scored Noncompliance as the Middle Tennessee Advisory Board did not meet during the past year. For the 93 new hires, Criminal Background Checks and the 3 required registry checks scored 100% compliance. The licenses were current for 44 clinical staff persons. All training modules for the new hires achieved at or above 96.6% compliance. For the 20 tenured employees reviewed, training for CPR and First Aid was 95% compliant and Medication Administration recertification was 100% compliant. For the three clinical records reviewed, supervision of the PTAs by a PT did not occur in accordance with supervision guidelines; recoupment will occur. Documentation did not fully support the billing of LPN services for 2 months for 1 individual; recoupment will occur. Personal funds reimbursement issues were identified for 2 of 3 individuals reviewed due to receipts not being consistently maintained for personal spending and food stamp spending not being supported fully by receipts for one month for one individual.

McNairy County Developmental Services – Day/Res provider scored 54 of 54/ Exceptional Performance on the QA survey exited 6/28/12; only Outcome 4A with Indicator 4A5 were scored other than SC/Y” due to an observed lack of privacy caused by environmental issues in the day site women’s restroom. This agency has been a Star Provider since 2009 and scored 54 of 54 on its last survey in 2010. TDMH and DOH licenses for services reviewed and clinical staff credentials were present and current throughout the review period.

QP items reviewed scored greater than 85% for the 18 new staff; training modules reviewed also scored greater than 85% and a sample of 20 tenured staff achieved 100% compliance with training requirements.

A review of personal funds revealed no significant issues; 4 people are due some reimbursement for missing documentation and uneven split of expenses between housemates.

**Day / Residential Providers: (cont.)**

**West Region:**

St. John's Community Services – Day/Res provider scored 54 of 54/Exceptional Performance on the QA survey exited 6/8/12; only one Indicator, 5B2, scored “no” due to the discovery of undocumented medication variances and to a series of variances that continued for one month for one person prior to being discovered by agency staff. The agency scored 50 of 54/Proficient, on its 2011 survey with Domains 3 and 4 scoring in Partial Compliance. TDMH and DOH licenses for services reviewed and clinical staff credentials (RN oversight of healthcare only) were present and current throughout the review period.

QP items reviewed scored greater than 85% for the 64 new staff; all training reviewed for these new staff and for a sample of 20 tenured staff also scored greater than 85%. A review of personal funds reflected no significant issues; 3 people are due small reimbursement for math errors, uneven split in food and supply expenses, and missing receipts or personal funds logs.

Faith Specialized Care Services – Day/Res provider scored 48 of 54/Proficient on their first full QA survey which exited June 8, 2012; no Domain scored less than PC; all Outcomes scored PC or SC with the exception of 3C (MC) and 9C (NC). Outcome 3C issues identified included not meeting the DIDD benchmark for completion of background and registry checks, inaccurate completion of reportable incident forms, and a poorly functioning agency Incident Review Committee. The Outcome 9C issue was almost complete absence of evidence of implementation of the supervision plan across all services. TDMH licenses for services reviewed and clinical staff credentials (RN oversight of healthcare only) were present and current throughout the review period.

QP items reviewed scored greater than 85% for the 27 new staff with the exception of criminal background and registry checks which were present but not always completed timely. Review of training for these new staff reflected nine modules did not meet the DIDD benchmark for reasons including training completed late, training evidence maintained was insufficient, and training was not present or had expired. Sanction-warnings for both qualified provider processes and for new staff training

were sent to the agency on 6/15/12.

A review of personal funds revealed no significant issues; 4 people are due some reimbursement for issues such as math errors, missing receipts, and uneven split of expenses between housemates.

Follow-up on actions taken from previous reporting period:

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

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**Personal Assistance:**

**Providers reviewed:** East- ContinuCare; Middle- Care Focus, Now I Lay Me Down to Sleep; West- no reviews.

East Region:

ContinuCare Health Services-The 2012 QA survey resulted in the agency receiving a score of 42. This places them in the Exceptional range of performance. This is the same rating they achieved during their 2010 survey.

East TN Personal Care Services -The 2012 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. Compared to their 2010 QA survey results, this is a 16 point increase in compliance. This increase is due in large part to the agency adding Day services during the past year. As a result, Domains 7 and 8 were reviewed during the 2012 QA survey and accounted for 12 of the 16 point increase in compliance. Lastly, when comparing the 2010 and 2012 QA survey results, the provider achieved increased compliance within Domains 2 and 5 (going from a PC in both Domains in 2010 to SC in 2012).

Middle Region:

Now I Lay Me Down To Sleep- Day/Res, PA Scored Significant Concerns on the QA survey. Outcome 2.B. scored Minimal Compliance due to issues regarding documentation for PA and Day Services, implementation of the plan and service provision for the three individuals reviewed. Outcome 5.A. scored Minimal Compliance due to physicals not completed timely for 2/3 individuals, TD screenings not completed timely, and no documentation was provided to the prescribing practitioner during psychotropic medication reviews. Domain 9 scored Noncompliance due to HIPAA violations in 3/3 records due to using old documents to copy new information on, which included names, dates of birth and social security numbers of other individuals. Other issues included no self-assessment process had been completed for the past year, no comprehensive quality improvement plan was developed or implemented, training completed late, and unannounced supervisory visits were not occurring at the homes of individuals receiving Personal Assistance services. Domain 10 scored Noncompliance due to billing issues identified for 2/3 individuals reviewed; recoupment will occur. For the 10 new hires, Criminal Background and the 3 required registry checks scored 90% compliance. New hire training achieved 77.8% compliance for Maltreatment of Vulnerable Adults and Children and Safety At Home In The Community, 66.7% for Introduction to Developmental Disabilities, 44.4% compliance for Mock Fire Drill, and 55.6% for Training Specific to the Needs of the individual. The 4 tenured employees reviewed, training for CPR and First Aid was 75% compliance; a sanction will occur. The agency is not serving as Representative Payee for any of the individuals reviewed. A review was requested and completed. Minor changes were made to the new hire personnel grid. All other issues remain.

Care Focus- Day/Res, PA Scored Proficient on the QA survey. No Domains scored less than Partial Compliance. For the 20 new hires, Criminal Background and the 3 required registry checks scored 90% compliance. The license was current for one clinical staff. All training modules for the new hires achieved at or above 89.5% compliance. For the tenured employees reviewed, training for CPR, First Aid and Medication Administration recertification was at or above 90% compliance. Personal funds reimbursement issues were identified for 1 individual reviewed due to a small amount of food stamp spending not being supported by receipts. The agency is acting as rep payee for only one individual.

Follow-up on actions taken from previous reporting period:

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

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**ISC Providers:**

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

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**Clinical Providers: Behavioral-Nursing-Therapies**

**Behavioral Providers:**

Behavioral: East- no reviews; Middle- Jeanette Bunt; West- Demetric Poke.

**Middle Region:**

Jeanette Bunt- Clinical/Behavior Scored Proficient on the QA survey due to the requirement of obtaining a Substantial Compliance score in Domain 2 in order to obtain an Exceptional Performance rating. No domains scored less than Partial Compliance however, Outcome 2.A. scored Minimal Compliance due to issues regarding required areas the Behavior Services Assessment Reports not being properly addressed, lacking specific information when addressing operational definitions of target and replacement behaviors, not completing all required sections on the Behavior Support Plans and concerns with clinical procedures to increase or decrease behavior. The agency had no new hires. No billing issues were identified.

**West Region:**

Demetric Poke – Independent provider of Behavior Analyst services scored 34 of 36/ Proficient on her first full QA survey exited 6/19/12; no Domain or Outcome scored less than PC. No licenses are required for Behavior Services providers; DIDD approval for the BA was present. As a tenured provider, no training was required.

Liming Zhou – Independent provider of Behavior Analyst services scored 36 of 36/ Exceptional Performance on the QA survey exited 6/26/12; only Outcome 2D with Indicator 2D7 were scored other than SC/"Y" due lack of communication with the ISC regarding ISPs that did not accurately reflect the Behavior services as authorized and planned. The agency is a Star Provider and has scored 100% on all surveys since 2006.

No licenses are required for Behavior Services providers; DIDD approval for the BA was present. As a tenured provider, no training was required. D approval of the two Behavior Analysts was present.

**Follow-up on actions taken from previous reporting period:**

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

**Nursing Providers:**

**Nursing:** East- no reviews; Middle- no reviews; West- no reviews.

**Therapy Providers:**

**Therapy:** East- Focus on Function, Tennessee Therapy Solutions; Middle- no reviews; West- no reviews.

**East Region:**

TN Therapy Solutions-The 2012 QA survey resulted in the agency receiving a score of 36. This places them in the Exceptional range of performance. This is the same rating they achieved during their 2010 survey.

Focus on Function-The 2012 QA survey resulted in the agency receiving a score of 36. This places them in the Exceptional range of performance. This is the same rating they achieved during their 2011 survey. No Domains scored less than Partial Compliance. The licenses were current for the two clinical staff. There were no new staff hired during past year.

This survey was completed by the East Tennessee QA team as the office is located in their region. The agency only provides services for individuals in the Middle Tennessee region.

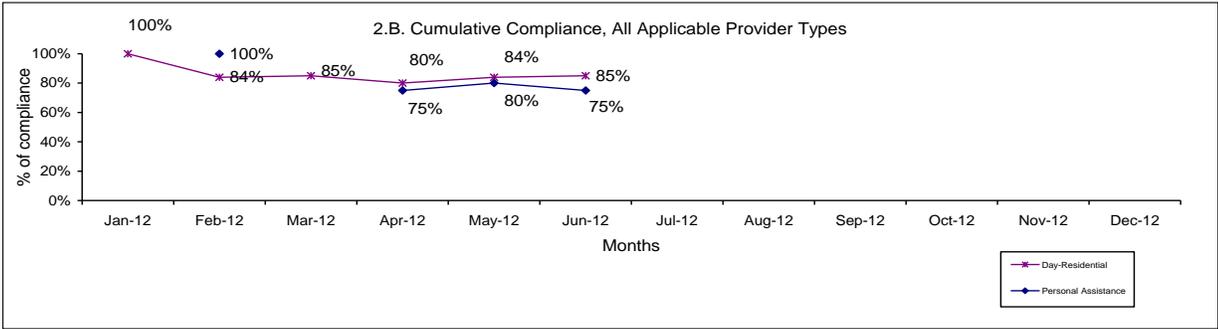
**Follow-up on actions taken from previous reporting period:**

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

**Special Reviews:**

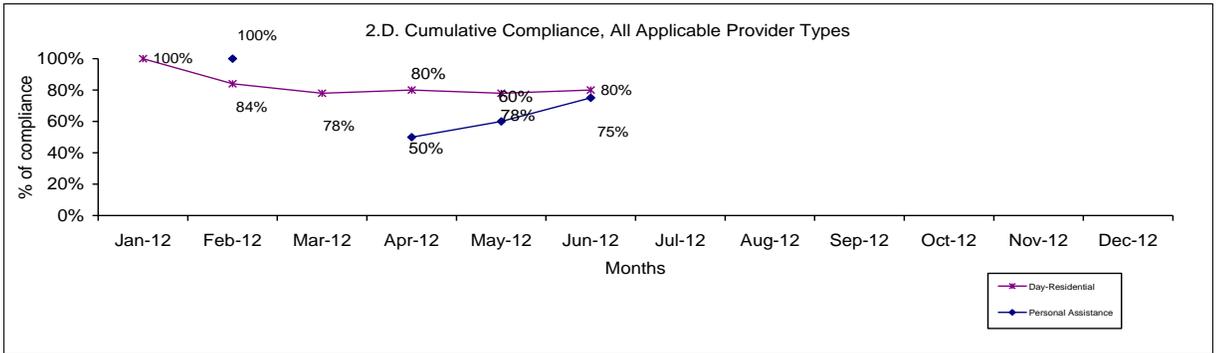
**Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)**

Provider Type	% of Providers in Compliance
Day-Residential	88%
Personal Assistance	66%



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

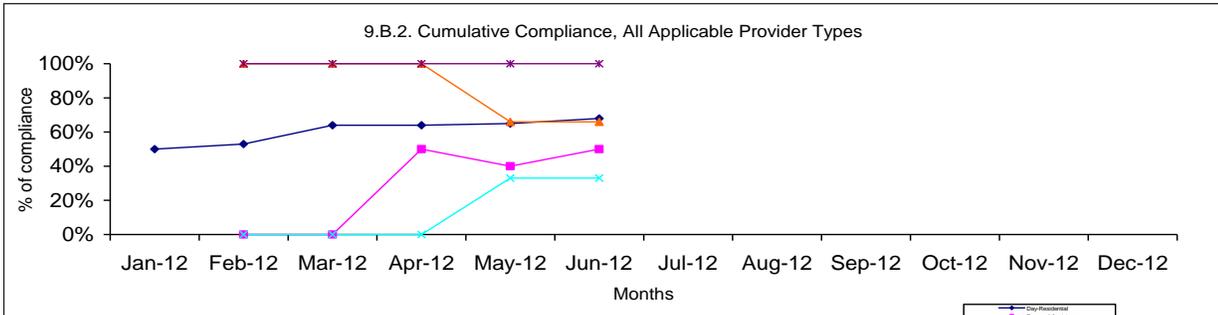
Provider Type	% of Providers in Compliance
Day-Residential	88%
Personal Assistance	100%



**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	88%
Personal Assistance	66%
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-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
# of Individual Personal Funds													
1	Accounts Reviewed	N/A	10	21	13	21	11						
# of Individual Personal Funds													
2	Accounts Fully Accounted For	N/A	7	21	11	20	11						
# of Personal Funds Accounts													
3	Found Deficient	N/A	3	0	2	1	0						
% of Personal Funds Fully													
4	Accounted for	N/A	70%	100%	85%	95%	100%						
% of Personal Funds Found													
5	Deficient	N/A	30%	0%	15%	5%	0%						

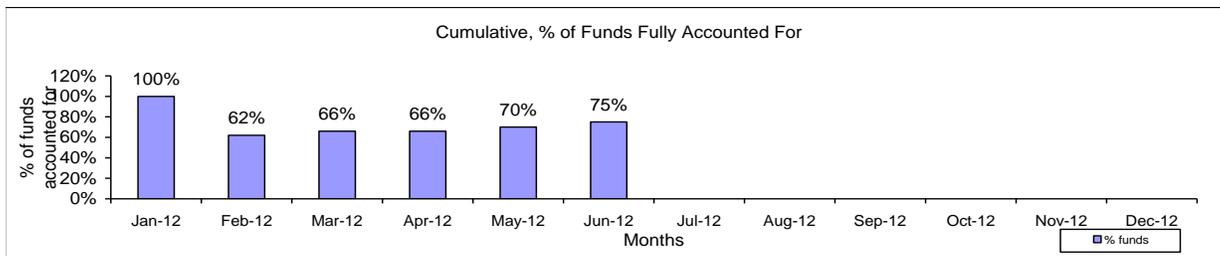
Personal Funds - Middle		Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
# of Individual Personal Funds													
6	Accounts Reviewed	N/A	14	16	20	6	10						
# of Individual Personal Funds													
7	Accounts Fully Accounted For	N/A	6	6	11	4	8						
# of Personal Funds Accounts													
8	Found Deficient	N/A	8	10	9	2	2						
% of Personal Funds Fully													
9	Accounted for	N/A	43%	38%	55%	67%	80%						
% of Personal Funds Found													
10	Deficient	N/A	57%	63%	45%	33%	20%						

Personal Funds - West		Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
# of Individual Personal Funds													
11	Accounts Reviewed	3	2	20	16	4	13						
# of Individual Personal Funds													
12	Accounts Fully Accounted For	3	2	12	10	4	13						
# of Personal Funds Accounts													
13	Found Deficient		0	8	6	0	0						
% of Personal Funds Fully													
14	Accounted for	100%	100%	60%	63%	100%	100%						
% of Personal Funds Found													
15	Deficient	0%	0%	40%	38%	0%	0%						

Personal Funds - Statewide		Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
# of Individual Personal Funds													
16	Accounts Reviewed	3	26	57	49	31	34						
# of Individual Personal Funds													
17	Accounts Fully Accounted For	3	15	39	32	28	32						
# of Personal Funds Accounts													
18	Found Deficient		11	18	17	3	2						
% of Personal Funds Fully													
19	Accounted for	100%	58%	68%	65%	90%	94%						
% of Personal Funds Found													
20	Deficient	0%	42%	32%	35%	10%	6%						

Cumulative Funds Data		Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
# of Individual Personal Funds													
21	Accounts Reviewed	3	29	86	135	166	200						
# of Individual Personal Funds													
22	Accounts Fully Accounted For	3	18	57	89	117	149						
# of Personal Funds Accounts													
23	Found Deficient		11	29	46	49	51						
% Funds Accounted for,													
24	Cumulatively	100%	62%	66%	66%	70%	75%						
% Funds Deficient, Cumulatively													
25		0%	38%	34%	34%	30%	26%						

Region	% of Personal Funds Fully Accounted For
East	100%
Middle	80%
West	100%
Statewide	94%



**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.