

Data Management Report

July 2015

Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
1 East	2412	2418	2416	2421	2423	2433	2432	2430	2435	2445	1920	1931
2 Middle	2422	2425	2420	2424	2418	2416	2417	2417	2420	2416	1849	1883
3 West	1556	1552	1548	1545	1546	1545	1552	1553	1553	1558	1081	1086
4 Statewide	6390	6395	6384	6390	6387	6394	6401	6400	6408	6419	4850	4900

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Approved waiver participants per calendar year.	6595	6595	6595	6645	6645	6645	6645	6645	6645	6645	5072	5072
5 Unduplicated waiver participants. Maintenance of Effort (MOE): 6062	6494	6509	6522	6540	6552	6570	6414	6424	6444	6467	4860	4923
6 # of slots remaining for calendar year	101	86	73	105	93	75	231	221	201	178	212	149

CAC Waiver

Arlington* Waiver Monthly Active Participants	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
7 East	3	3	3	3	3	3	3	3	3	3	521	518
8 Middle	2	2	2	2	2	2	2	2	2	2	549	554
9 West	287	286	285	285	284	283	281	281	281	282	750	749
10 Statewide	292	291	290	290	289	288	286	286	286	287	1820	1821

* Converted to CAC Waiver May 2015

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
11 Approved waiver participants per calendar year.	344	344	344	344	344	344	344	344	344	344	1923	1923
12 Unduplicated waiver participants. Maintenance of Effort (MOE): 289	300	299	299	299	299	299	288	288	288	289	1821	1827
13 # of slots remaining for calendar year	44	45	45	45	45	45	56	56	56	55	102	96

SD Waiver Monthly Active Participants	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
14 East	378	379	384	385	385	389	389	383	385	382	383	386
15 Middle	418	419	417	421	425	425	427	427	433	433	432	435
16 West	325	322	324	330	331	330	330	334	332	333	335	334
17 Statewide	1121	1120	1125	1136	1141	1144	1146	1144	1150	1148	1150	1155

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
18 Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
19 Unduplicated waiver participants. Maintenance of Effort (MOE): 1116	1179	1186	1194	1210	1226	1231	1155	1161	1172	1175	1182	1190
20 # of slots remaining for calendar year	623	616	608	592	576	571	647	641	630	627	620	612

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

DIDD Demographics Full State Funded (CS Tracking)	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
21 East	5	4	4	4	4	4	4	4	4	4	3	3
22 Middle	1	1	1	1	1	1	1	1	1	1	1	1
23 West	1	1	1	1	1	1	1	1	1	1	1	1
24 HJC FAU (Forensic)	5	4	5	6	7	7	6	6	6	6	6	5
25 HJC BSU (Behavior)	2	1	3	4	3	3	1	2	4	4	3	4
26 Statewide	14	11	14	16	16	16	13	14	16	16	14	14

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

DIDD recipients in private ICF/IID receiving state funded ISC srvs	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
27 East	64	66	66	66	67	67	64	64	62	62	62	60
28 Middle	18	32	32	32	32	32	31	31	31	31	30	30
29 West	25	22	0	0	0	0	0	0	0	0	0	0
30 Statewide	107	120	98	98	99	99	95	95	93	93	92	90

Developmental Center census	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
31 GVDC	116	114	114	109	108	98	97	97	96	96	95	91
32 CBDC	23	21	21	20	20	20	20	19	19	19	19	18
33 HJC- Day One (ICF)	3	3	4	4	4	2	5	5	3	3	5	5
34 Total	142	138	139	133	132	120	122	121	118	118	119	114

DIDD community homes ICF/IID census	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
35 East	52	52	52	55	55	63	62	62	62	62	64	63
36 Middle	16	16	16	16	15	15	15	15	15	15	15	16
37 West	48	47	47	48	48	48	48	48	47	47	47	47
38 TOTAL	116	115	115	119	118	126	125	125	124	124	126	126

DIDD SERVICE CENSUS*	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
39 Total receiving DIDD funded services	8182	8190	8165	8182	8182	8187	8188	8185	8195	8205	8171	8220

*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.

There were 29 waiver enrollments. 8 people enrolled into the SD Waiver and 21 enrolled into the Statewide Waiver. There were a total of 16 discharges. 10 from the Main Waiver and 4 from the SD Waiver and 2 from the Arlington Waiver.

A Waiver Enrollment Report

Data Source:

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

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	FYTD
ALL Waiver Enrollments													
1 SD Waiver	5	7	11	12	15	7	6	5	9	3	5	9	94
2 Statewide Waiver	38	17	11	16	12	19	16	9	18	23	19	36	234
Arlington/CAC										1	1	2	4
3 Total Waiver Enrollments	43	24	22	28	27	26	22	14	27	27	24	47	331
SD Waiver Enrollments													
4 East	1	5	5	3	7	3	3	3	1	0	0	5	36
5 Middle	0	2	4	4	5	4	1	0	8	0	2	2	32
6 West	4	0	2	5	3	0	2	2	0	3	3	2	26
7 Grand Total SD Waiver	5	7	11	12	15	7	6	5	9	3	5	9	94
Statewide Waiver Enrollments													
Crisis													
8 East	9	3	2	7	3	6	3	2	2	10	5	6	58
9 Middle	7	4	2	0	0	2	3	1	2	2	2	1	26
10 West	5	0	1	1	1	0	0	1	3	1	1	0	14
11 Total	21	7	5	8	4	8	6	4	7	13	8	7	98
Transfers from SD to Statewide													
12 East	2	2	1	1	1	2	2	1	6	0	3	1	22
13 Middle	4	2	0	2	2	0	0	2	0	2	0	2	16
14 West	2	1	1	0	0	2	0	0	0	1	0	1	8
15 Total	8	5	2	3	3	4	2	3	6	3	3	4	46
DCS Enrollments													
16 East	1	3	2	1	1	3	2	0	0	3	0	1	17
17 Middle	0	0	0	0	0	0	2	2	1	0	2	3	10
18 West	3	1	0	0	1	2	1	0	0	1	1	0	10
19 Total	4	4	2	1	2	5	5	2	1	4	3	4	37
PASRR Referral Only													
20 East	0	0	0	1	0	0	0	0	0	0	0	0	1
21 Middle	0	0	0	0	0	0	0	0	0	0	0	0	0
22 West	0	0	0	0	0	0	0	0	0	0	0	0	0
23 Total	0	0	0	1	0	0	0	0	0	0	0	0	1
Nursing Home with PASRR referral													
24 East	1	0	2	0	0	0	1	0	0	0	1	0	5
25 Middle	0	0	0	0	0	0	1	0	0	1	1	0	3
26 West	0	0	0	0	0	0	0	0	1	0	0	0	1
27 Total	1	0	2	0	0	0	2	0	1	1	2	0	9
Nursing Home (non PASRR)													
28 East	0	0	0	0	0	0	0	0	0	0	0	0	0
29 Middle	0	0	0	0	0	0	0	0	0	0	0	0	0
30 West	0	0	0	0	0	0	0	0	0	0	0	0	0
31 Total	0	0	0	0	0	0	0	0	0	0	0	0	0
DC Transitions into Statewide													
32 GVDC	0	0	0	0	0	0	0	0	0	0	0	1	1
33 CBDC	0	0	0	0	0	0	0	0	0	0	0	0	0
34 HJC	1	0	0	0	0	1	0	0	0	0	0	0	2
35 Total	1	0	0	0	0	1	0	0	0	0	0	1	3
MH Enrollments													
36 East	0	0	0	2	2	0	1	0	1	1	1	1	9
37 Middle	2	0	0	1	0	0	0	0	0	0	1	0	4
38 West	0	0	0	0	1	0	0	0	1	1	0	0	3
39 Total	2	0	0	3	3	0	1	0	2	2	2	1	16
ICF Transfer Enrollments													
40 East	0	0	0	0	0	0	0	0	1	0	1	1	3
41 Middle	0	0	0	0	0	0	0	0	0	0	0	18	18
42 West	1	1	0	0	0	1	0	0	0	0	0	0	3
43 Total	1	1	0	0	0	1	0	0	1	0	1	19	24
Total by Region													
44 East	13	8	7	12	7	11	9	3	10	14	11	11	116
45 Middle	14	6	2	3	2	3	6	5	3	5	6	24	79
46 West	11	3	2	1	3	5	1	1	5	4	2	1	39
47 Grand Total Statewide Waiver	38	17	11	16	12	19	16	9	18	23	19	36	234

B Waiver Disenrollments

Arlington/CAC Waiver		Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	FYTD
48	Voluntary	0	0	0	0	1	1	0	0	0	0	0	1	3
49	Involuntary- Death	1	1	1	0	0	0	2	0	0	0	3	4	12
50	Involuntary- Safety	0	0	0	0	0	0	0	0	0	0	0	0	0
51	Involuntary- Incarceration	0	0	0	0	0	0	0	0	0	0	0	0	0
52	Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	0	0	0	0	0
53	Involuntary- Out of State	0	0	0	0	0	0	0	0	0	0	0	0	0
54	Total Disenrolled	1	1	1	0	1	1	2	0	0	0	3	5	15

SD Waiver		Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	FYTD
55	Voluntary	3	1	1	2	0	1	0	1	1	1	1	2	14
56	Involuntary- Death	2	0	0	0	3	1	0	1	1	0	0	0	8
57	Involuntary- Safety	1	0	0	0	0	0	0	0	0	0	0	0	1
58	Involuntary- Incarceration	0	0	0	0	0	0	0	0	0	0	0	0	0
59	Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	0	0	0	0	0
60	Involuntary- Out of State	0	0	0	0	0	0	1	0	0	0	0	1	2
61	Total Disenrolled	6	1	1	2	3	2	1	2	2	1	1	3	25

Statewide Waiver		Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	FYTD
62	Voluntary	3	0	4	1	7	0	1	1	2	2	1	4	26
63	Involuntary- Death	13	9	10	8	15	9	8	10	12	9	7	10	120
64	Involuntary- Safety	0	0	0	0	0	0	0	0	0	0	0	0	0
65	Involuntary- Incarceration	0	0	0	0	0	0	0	0	0	0	0	0	0
66	Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	1	0	0	1	2
67	Involuntary- Out of State	2	0	2	0	0	0	2	0	0	0	0	0	6
68	Total Disenrolled	18	9	16	9	22	9	11	11	15	11	8	15	154

69	Total Waiver Disenrollments:	25	11	18	11	26	12	14	13	17	12	12	23	194
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Analysis:

There were a total of 47 enrollments into waiver services. Nine into the Self Determination waiver and 36 into the Statewide Waiver and 2 into the CAC Waiver. There were a total of 23 disenrollments. Five from the Arlington/CAC waiver, three from the Self Determination waiver and 15 from the Statewide waiver.

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

C Developmental Center-to-Community Transitions Report

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	FYTD
Greene Valley													
Census [June 2014 116]	116	114	114	109	108	98	97	97	96	96	95	91	FYTD
Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges													
Death	0	2	0	2	1	2	1	0	1	0	0	1	10
Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to community state ICF	0	0	0	3	0	8	0	0	0	0	1	1	13
Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	2	2
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Discharges	0	2	0	5	1	10	1	0	1	0	1	4	25
Clover Bottom													
Census [June 2014 27]	22	21	21	20	20	20	20	19	19	19	19	18	FYTD
Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges													
Death	0	1	0	1	0	0	0	1	0	0	0	1	4
Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to community state ICF	5	0	0	0	0	0	0	0	0	0	0	0	5
Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Discharges	5	1	0	1	0	0	0	1	0	0	0	1	9
Harold Jordan Center													
Census [June 2014 8]	10	8	11	13	14	12	12	13	13	13	14	14	FYTD
Admissions													
HJC Day One (ICF)	0	0	1	0	1	0	2	0	0	0	1	1	6
HJC FAU (SF)	1	0	1	1	1	0	0	0	0	0	0	0	4
HJC BSU (SF)	1	0	2	2	1	0	2	1	2	0	0	1	12
Total Admissions	2	0	4	3	3	0	4	1	2	0	1	2	22
Discharges													
Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Intertransition within HJC Units	0	0	0	0	0	0	2	0	2	0	0	0	4
Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to waiver program	0	0	1	0	0	2	0	0	0	0	0	1	4
Transition back to community	0	2	0	1	2	0	2	0	0	0	0	1	8
Total Discharges	0	2	1	1	2	2	4	0	2	0	0	2	16
East Public ICF Homes													
Census [June 2014 52]	52	52	52	55	55	63	62	62	62	62	64	63	FYTD
Admissions	0	0	0	3	0	8	0	0	0	0	2	0	13
Discharges													
Death	0	0	0	0	0	0	1	0	0	0	0	1	2
Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Discharges	0	0	0	0	0	0	1	0	0	0	0	1	2
Middle Public ICF Homes													
Census [June 2014 11]	16	16	16	16	15	15	15	15	15	15	15	16	FYTD
Admissions	5	0	0	0	0	0	0	0	0	0	0	1	1
Discharges													
Death	0	0	0	0	1	0	0	0	0	0	0	0	1
Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to public state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Discharges	0	0	0	0	0	0	0	0	0	0	0	0	0
West Public ICF Homes													
Census [June 2014 48]	48	47	47	48	48	48	48	48	47	47	47	47	FYTD
Admissions	0	0	0	1	0	0	0	0	0	0	0	1	2
Discharges													
Death	0	1	0	0	0	0	0	0	1	0	0	1	2
Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to public state ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Discharges	0	1	0	0	0	0	0	0	0	0	0	1	2

Analysis:

Green Valley had four discharges leaving the census at 91. CBDC decreased to 18. HJC had two admissions and two discharges maintaining a census of 14. ETCH had one discharge for a new census of 63. WTCH remained at 47 with one admission and one discharge.

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 REGION DATA		Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
1	# of Crisis cases	33	33	31	24	25	22	13	21	32	30	35	33
2	# of Urgent cases	419	402	353	324	263	248	249	234	230	215	214	213
3	# of Active cases	1507	1520	1573	1575	1559	1533	1500	1457	1430	1367	1327	1330
4	# of Deferred cases	534	530	537	565	624	658	663	662	670	684	686	683
5	Wait List Total	2493	2485	2494	2488	2471	2461	2425	2374	2362	2296	2262	2259
MIDDLE REGION DATA		Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
6	# of Crisis cases	11	10	12	8	13	20	25	23	21	33	51	42
7	# of Urgent cases	281	283	251	231	198	181	173	169	169	171	178	176
8	# of Active cases	1512	1509	1521	1516	1517	1492	1418	1401	1378	1346	1336	1288
9	# of Deferred cases	382	381	400	415	438	469	524	542	560	577	580	594
10	Wait List Total	2186	2183	2184	2170	2166	2162	2140	2135	2128	2127	2145	2100
WEST REGION DATA		Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
11	# of Crisis cases	4	8	8	6	4	4	5	9	6	11	8	12
12	# of Urgent cases	21	15	15	15	13	11	9	9	9	9	11	11
13	# of Active cases	1777	1782	1753	1723	1655	1614	1577	1548	1517	1409	1296	1262
14	# of Deferred cases	347	347	314	332	342	378	407	434	454	544	618	633
15	Wait List Total	2149	2152	2090	2076	2014	2007	1998	2000	1986	1973	1933	1918
STATEWIDE DATA		Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
16	# of Crisis cases	48	51	51	38	42	46	43	53	59	74	94	87
17	# of Urgent cases	721	700	619	570	474	440	431	412	408	395	403	400
18	# of Active cases	4796	4811	4847	4814	4731	4639	4495	4406	4325	4122	3959	3880
19	# of Deferred cases	1263	1258	1251	1312	1404	1505	1594	1638	1684	1805	1884	1910
20	Wait List Total	6828	6820	6768	6734	6651	6630	6563	6509	6476	6396	6340	6277
21	Monthly net effect	-122	-8	-52	-34	-83	-21	-67	-54	-33	-80	-56	-63
Additions													
22	Crisis cases added	1	10	14	4	5	11	10	9	8	11	26	7
23	Urgent cases added	2	4	4	6	8	2	4	2	7	8	14	7
24	Active cases added	3	17	22	17	12	14	9	13	16	10	20	16
25	Deferred cases added	1	5	12	11	4	4	3	10	9	9	10	8
26	Total # Added	7	36	52	38	29	31	26	34	40	38	70	38
Removals													
27	For Enrollment into the SD Waiver	6	6	9	12	16	7	8	6	4	7	4	10
28	For Enrollment into the Statewide Waiver	34	14	9	12	10	14	16	4	11	21	13	31
29	Moved into Private ICF Home	0	0	1	1	1	1	2	0	1	1	0	0
30	Moved into ICF home	0	0	0	0	0	0	0	0	0	0	0	1
31	Deceased	11	7	3	2	9	4	12	4	5	4	4	6
32	Moved out of state	3	2	4	3	11	5	15	8	3	2	0	2
33	Moved out of Region	1	1	0	0	3	2	1	0	0	2	0	0
34	Not eligible for services	2	0	0	0	2	2	2	2	0	0	0	1
35	Other	15	1	47	9	0	5	2	27	2	1	5	3
36	Receiving other funded services	1	1	0	0	0	0	0	0	0	2	3	1
37	Requested to be removed	8	5	3	6	7	6	14	5	4	5	10	3
38	Unable to locate	48	7	28	27	53	6	21	32	43	73	87	43
	Total Number Removed this Month	129	44	104	72	112	52	93	88	73	118	126	101

Analysis:

Monthly Snapshot

Comparison	East	Middle	West
Crisis	33	42	12
Urgent	213	176	11
Active	1330	1288	1262
Deferred	683	594	633
WL Total	2259	2100	1918

Added	East	Middle	West
Crisis	1	5	1
Urgent	4	2	1
Active	7	3	6
Deferred	5	3	0
WL Total	17	13	8

The wait list for June was 6277, a net decrease of 63 from May 2015. East had 2259, Middle had 2100 and West had 1918. Thirty-eight people were added while 101 people were removed.

D Protection From Harm/ Complaint Resolution

Data Source:

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

Complaints by Source- Self Determination Waiver	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
1 Total # of Complaints	1	0	4	1	0	0	6	0	0	1	0	1
2 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
3 % from TennCare	N/A											
4 # from a Concerned Citizen	0	0	0	0	0	0	1	0	0	0	0	0
5 % from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	N/A	17%	N/A	N/A	N/A	N/A	N/A
6 # from the Waiver Participant	0	0	0	0	0	0	0	0	0	0	0	0
7 % from the Waiver Participant	N/A											
8 # from a Family Member	1	0	4	1	0	0	2	0	0	0	0	0
9 % from a Family Member	100%	N/A	100%	100%	N/A	N/A	33%	N/A	N/A	N/A	N/A	N/A
10 # from Conservator	0	0	0	0	0	0	2	0	0	1	0	1
11 % from Conservator	N/A	N/A	N/A	N/A	N/A	N/A	33%	N/A	N/A	100%	N/A	100.0%
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	1	0	0	0	0	0
16 % from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	17%	N/A	N/A	N/A	N/A	N/A

Complaints by Source - Statewide Waiver	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
17 Total # of Complaints	19	18	18	8	6	16	12	16	38	29	8	7
18 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
19 % from TennCare	N/A											
20 # from a Concerned Citizen	2	4	2	1	1	0	1	2	1	4	2	0
21 % from a Concerned Citizen	11%	22%	11%	13%	17%	N/A	8%	9%	4%	17%	9%	N/A
22 # from the Waiver Participant	1	0	0	0	1	2	0	2	0	1	0	1
23 % from the Waiver Participant	5%	N/A	N/A	N/A	17%	13%	N/A	9%	N/A	4%	N/A	14%
24 # from a Family Member	6	5	6	2	1	6	8	1	4	15	3	1
25 % from a Family Member	32%	28%	33%	25%	17%	38%	67%	6%	11%	52%	38%	14%
26 # from Conservator	9	6	4	4	3	5	3	10	33	4	2	4
27 % from Conservator	47%	33%	22%	50%	50%	31%	13%	43%	87%	17%	25%	57%
28 # Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
29 % from Advocate (Paid)	N/A											
30 # from PTP Interview	1	3	6	1	0	3	0	1	0	5	1	1
31 % from PTP Interview	5%	17%	33%	13%	N/A	19%	N/A	4%	N/A	22%	13%	14%

Complaints by Source - Arlington Waiver/ CAC as of 6/2015	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
32 Total # of Complaints	1	0	4	3	6	1	2	5	1	0	0	2
33 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
34 % from TennCare	N/A											
35 # from a Concerned Citizen	0	0	1	0	0	0	0	2	0	0	0	0
36 % from a Concerned Citizen	N/A	N/A	25%	N/A	N/A	N/A	N/A	40%	N/A	N/A	N/A	N/A
37 # from the Waiver Participant	1	0	3	1	0	0	2	3	1	0	0	0
38 % from the Waiver Participant	100%	N/A	75%	33%	N/A	N/A	100%	60%	100%	N/A	N/A	N/A
39 # from a Family Member	0	0	0	0	0	0	0	0	0	0	0	0
40 % from a Family Member	N/A											
41 # from Conservator	0	0	0	2	6	1	0	0	0	0	0	2
42 % from Conservator	N/A	N/A	N/A	67%	100%	100%	N/A	N/A	N/A	N/A	N/A	100%
43 # Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
44 % from Advocate (Paid)	N/A											
45 # from PTP Interview	0	0	0	0	0	0	0	0	0	0	0	0
46 % from PTP Interview	N/A											

Complaints by Issue- Self Determination Waiver		Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
47	Total Number of Complaints	1	0	4	1	0	0	6	0	0	1	0	1
48	# Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
49	% Behavior Issues	N/A											
50	# Day Service Issues	0	0	1	0	0	0	0	0	0	0	0	0
51	% Day Service Issues	N/A	N/A	25%	N/A								
52	# Environmental Issues	0	0	0	0	0	0	0	0	0	0	0	0
53	% Environmental Issues	N/A											
54	# Financial Issues	1	0	0	0	0	0	0	0	0	0	0	0
55	% Financial Issues	100%	N/A										
56	# Health Issues	0	0	1	0	0	0	1	0	0	1	0	0
57	% Health Issues	N/A	N/A	25%	N/A	N/A	N/A	17%	N/A	N/A	100%	N/A	N/A
58	# Human Rights Issues	0	0	1	0	0	0	1	0	0	0	0	0
59	% Human Rights Issues	N/A	N/A	25%	N/A	N/A	N/A	17%	N/A	N/A	N/A	N/A	N/A
60	# ISC Issues	0	0	0	0	0	0	0	0	0	0	0	0
61	% ISC Issues	N/A											
62	# ISP Issues	0	0	0	0	0	0	0	0	0	0	0	1
63	% ISP Issues	N/A	100%										
64	# Staffing Issues	0	0	1	1	0	0	4	0	0	0	0	0
65	% Staffing Issues	N/A	N/A	25%	100%	N/A	N/A	67%	N/A	N/A	N/A	N/A	N/A
66	# Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	0
67	% Therapy Issues	N/A											
68	# Transportation Issues	0	0	0	0	0	0	0	0	0	0	0	0
69	% Transportation Issues	N/A											
70	# Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0
71	% Case Management Issues	N/A											
72	# Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
73	% Other Issues	N/A											

Complaints by Issue - Statewide Waiver		Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
74	Total Number of Complaints	19	18	18	8	6	16	12	16	38	29	8	7
75	# Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
76	% Behavior Issues	N/A											
77	# Day Service Issues	1	0	0	0	0	0	0	0	0	1	0	0
78	% Day Service Issues	5%	N/A	3%	N/A	N/A							
79	# Environmental Issues	1	2	0	1	0	1	1	0	3	2	0	0
80	% Environmental Issues	5%	11%	N/A	13%	N/A	6%	8%	N/A	8%	7%	N/A	N/A
81	# Financial Issues	2	1	1	0	0	3	0	4	4	3	3	1
82	% Financial Issues	11%	6%	6%	N/A	N/A	19%	N/A	25%	11%	10%	38%	14%
83	# Health Issues	1	1	2	0	0	1	1	1	4	5	0	1
84	% Health Issues	5%	6%	11%	N/A	N/A	6%	8%	6%	11%	17%	N/A	14%
85	# Human Rights Issues	3	3	5	1	0	1	0	4	2	7	1	1
86	% Human Rights Issues	16%	17%	28%	13%	N/A	6%	N/A	25%	5%	24%	13%	14%
87	# ISC Issues	0	1	0	0	0	0	0	1	2	0	0	0
88	% ISC Issues	N/A	6%	N/A	N/A	N/A	N/A	N/A	6%	5%	N/A	N/A	N/A
89	# ISP Issues	0	0	2	0	0	1	0	0	1	1	0	0
90	% ISP Issues	N/A	N/A	11%	N/A	N/A	6%	N/A	N/A	3%	3%	N/A	N/A
91	# Staffing Issues	10	9	7	5	5	9	9	5	22	9	4	4
92	% Staffing Issues	53%	50%	39%	63%	83%	56%	75%	31%	58%	31%	50%	57%
93	# Therapy Issues	0	1	1	0	0	0	0	1	0	1	0	0
94	% Therapy Issues	N/A	6%	6%	N/A	N/A	N/A	N/A	6%	N/A	3%	N/A	N/A
95	# Transportation Issues	1	0	0	1	1	0	1	0	0	0	0	0
96	% Transportation Issues	5%	N/A	N/A	13%	17%	N/A	8%	N/A	N/A	N/A	N/A	N/A
97	# Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0
98	% Case Management Issues	N/A											
99	# Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
100	% Other Issues	N/A											

Complaints by Issue - Arlington Waiver	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
101 Total Number of Complaints	1	0	4	3	6	1	2	5	1	0	0	2
102 # Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
103 % Behavior Issues	N/A											
104 # Day Service Issues	0	0	1	0	0	0	0	0	0	0	0	0
105 % Day Service Issues	N/A	N/A	25%	N/A								
106 # Environmental Issues	0	0	0	0	0	0	0	0	0	0	0	1
107 % Environmental Issues	N/A	50%										
108 # Financial Issues	0	0	0	1	5	0	0	0	0	0	0	0
109 % Financial Issues	N/A	N/A	N/A	33%	83%	N/A						
110 # Health Issues	0	0	0	0	0	0	0	0	0	0	0	0
111 % Health Issues	N/A											
112 # Human Rights Issues	1	0	0	1	0	1	0	0	0	0	0	0
113 % Human Rights Issues	100%	N/A	N/A	33%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A
114 # ISC Issues	0	0	0	0	0	0	0	1	0	0	0	0
115 % ISC Issues	N/A	20%	N/A	N/A	N/A	N/A						
116 # ISP Issues	0	0	0	0	0	0	0	0	0	0	0	0
117 % ISP Issues	N/A											
118 # Staffing Issues	0	0	2	1	1	0	2	1	1	0	0	1
119 % Staffing Issues	N/A	N/A	50%	33%	17%	N/A	100%	20%	100%	N/A	N/A	50%
120 # Therapy Issues	0	0	0	0	0	0	0	2	0	0	0	0
121 % Therapy Issues	N/A	40%	N/A	N/A	N/A	N/A						
122 # Transportation Issues	0	0	1	0	0	0	0	0	0	0	0	0
123 % Transportation Issues	N/A	N/A	25%	N/A								
124 # Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0
125 % Case Management Issues	N/A											
126 # Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
127 % Other Issues	N/A											

Analysis:

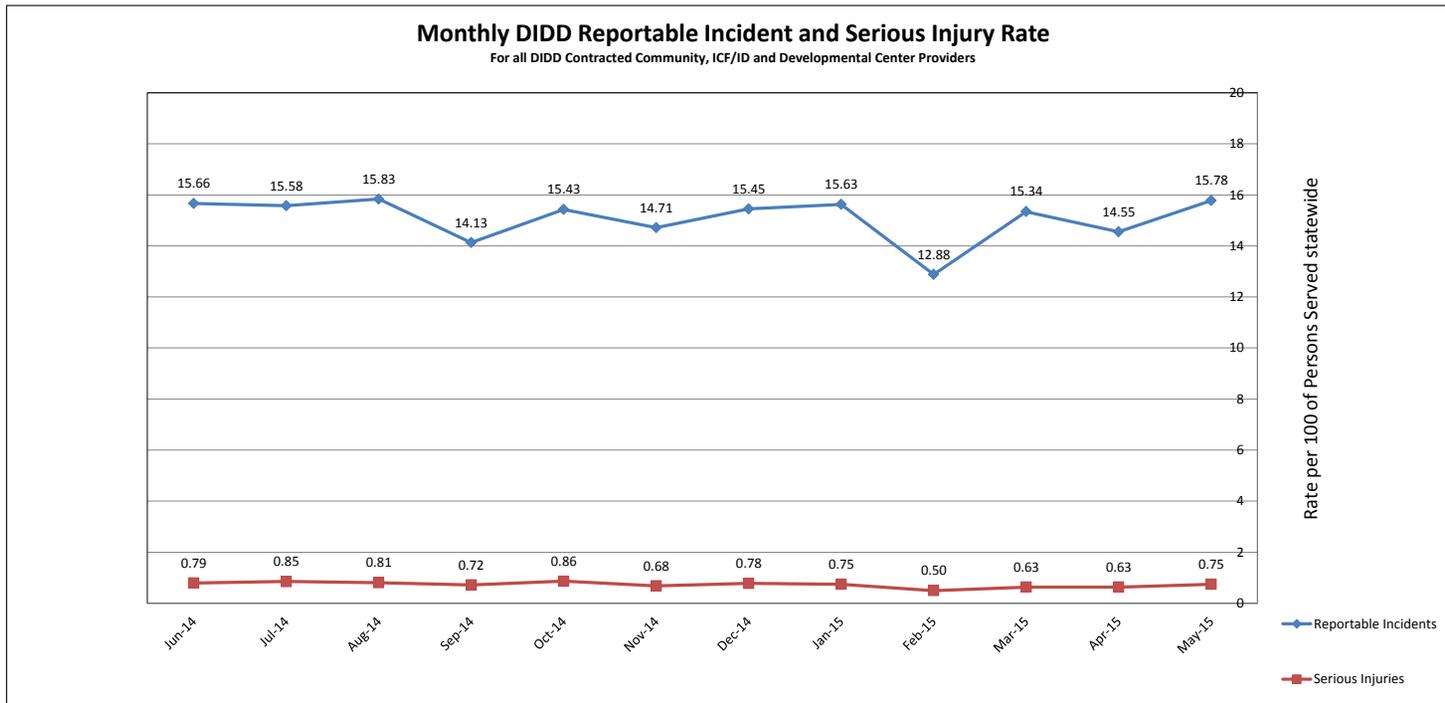
CUSTOMER FOCUSED SERVICES ANALYSIS FOR May 2014 Report.

There were 8 complaint issues statewide. That is a decrease of 22 from April 2015. All of these complaints were in the Statewide waiver: East, 3 West 1, and Middle 4. There were Zero complaints from the Arlington Waiver and all of those participants are now in the CAC waiver so data will no longer be reported as Arlington Waiver. There were Zero SD Waiver complaints. These issues were resolved without intervention meetings. There were 80 complaint issues between families, people we support and providers which required Advocacy intervention activities. This is a decrease from April .The most common intervention issues are resolved when there is a face to face meeting with all involved and solutions are sought in a person centered manner. All 8 complaints this month were resolved within 30 days for 100% compliance.

THE MAIN COMPLAINT ISSUES involved staffing issues and Human Rights . These complaints were generally about the Conservator's dis-satisfaction with the services being provided to their individual. One individual in West also had 2 complaints about her services which were resolved. CFS also resolves issues that arise from the People Talking to People surveys. CFS OFFERS Dispute Resolution Workshops and Conservatorship Forums to provide educational opportunities to stakeholders and new family meetings will be added in the near future.

FOCUS GROUPS WERE HELD IN KNOXVILLE, MEMPHIS, GREENEVILLE , NASHVILLE AND JACKSON PARTICIPATION NUMBERS ARE VERY HIGH IN ALL LOCATIONS. This month each group worked very hard on identifying and practicing coping strategies. There is great team building with providers, staff, regional office staff, Behavioral analysts, ISCs and a few family members. There has been a noticeable increase on the part of individuals to be more proactive in COS meetings and to take advantage of PCP opportunities. There will be a joint Karaoke party/dance in Jackson to celebrate successes of Jackson-Memphis Focus groups.

D Protection From Harm/Incident Management													
Data Source:													
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.													
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.													
Incidents / East													
	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	YTD
1 # of Reportable Incidents	559	518	528	511	522	524	525	567	432	524	508	551	6269
2 Rate of Reportable Incidents per 100 people	17.26	15.99	16.28	15.67	16.05	16.11	16.08	17.39	13.25	16.08	15.56	16.88	16.1
3 # of Serious Injuries	28	23	21	28	25	19	26	24	14	13	21	25	267
4 Rate of Incidents that were Serious Injuries per 100 people	0.86	0.71	0.65	0.86	0.77	0.58	0.8	0.74	0.43	0.40	0.64	0.77	0.7
5 # of Incidents that were Falls	36	25	27	26	33	27	32	27	20	20	20	34	327
6 Rate of Falls per 100 people	1.08	0.77	0.83	0.80	1.01	0.83	0.98	0.83	0.61	0.61	0.61	1.04	0.8
7 # of Falls resulting in serious injury	10	12	9	13	5	11	15	8	1	6	8	12	110
8 % of serious injuries due to falls	35.7%	52.2%	42.9%	46.4%	20.0%	57.9%	57.7%	33.3%	71.0%	46.2%	38.1%	48.0%	45.8%
Incidents / Middle													
	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	YTD
15 # of Reportable Incidents	451	446	465	411	467	404	455	447	376	457	450	451	5280
16 Rate of Reportable Incidents per 100 people	14.33	14.18	14.77	13.01	14.83	12.84	14.46	14.21	11.96	14.44	14.26	14.29	14.0
17 # of Serious Injuries	17	37	31	11	32	20	33	25	21	23	19	26	295
18 Rate of Incidents that were Serious Injuries per 100 people	0.54	1.18	0.98	0.35	1.02	0.64	1.05	0.79	0.67	0.73	0.60	0.82	0.8
19 # of Incidents that were Falls	32	35	28	21	36	24	35	41	31	31	31	28	373
20 Rate of Falls per 100 people	1.02	1.11	0.89	0.66	1.14	0.76	1.11	1.3	0.99	0.98	0.98	0.89	1.0
## # of Falls resulting in serious injury	8	16	15	5	11	8	19	11	11	11	10	14	139
22 % of serious injuries due to falls	47.1%	43.2%	48.4%	45.5%	34.4%	40.0%	57.6%	44.0%	52.4%	47.8%	52.6%	53.8%	47.2%
Incidents / West													
	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	YTD
29 # of Reportable Incidents	370	409	402	323	372	370	383	365	329	376	331	390	4420
30 Rate of Reportable Incidents per 100 people	15.27	16.83	16.62	13.50	15.36	15.27	15.85	15.09	13.6	15.53	13.58	16	15.2
31 # of Serious Injuries	25	15	19	24	19	21	10	17	9	20	16	15	210
33 Rate of Incidents that were Serious Injuries per 100 people	1.03	0.62	0.79	1.00	0.78	0.87	0.41	0.7	0.37	0.83	0.66	0.62	0.7
37 # of Incidents that were Falls	18	24	39	27	21	29	15	14	18	18	18	23	264
39 Rate of Falls per 100 people	0.74	0.99	1.61	1.13	0.87	1.2	0.62	0.58	0.74	0.74	0.74	0.94	0.9
40 # of Falls resulting in serious injury	10	7	9	10	6	9	4	4	5	4	12	8	88
41 % of serious injuries due to falls	40.0%	46.7%	47.4%	41.7%	31.6%	42.9%	40.0%	23.5%	55.6%	20.0%	75.0%	53.3%	43.1%
D Protection From Harm/Incident Management													
Incidents / Statewide													
	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	YTD
44 # of Reportable Incidents	1380	1373	1395	1245	1361	1298	1363	1379	1137	1357	1289	1392	15969
45 Rate of Reportable Incidents per 100 people	15.66	15.58	15.83	14.13	15.43	14.71	15.44	15.63	12.88	15.34	14.55	15.71	15.1
46 # of Serious Injuries	70	75	71	63	76	60	69	66	44	56	56	66	772
47 Rate of Incidents that were Serious Injuries per 100 people	0.379	0.85	0.81	0.72	0.86	0.68	0.78	0.75	0.5	0.63	0.63	0.75	0.7
48 # of Incidents that were Falls	85	84	94	74	90	80	82	82	69	69	69	85	963
49 Rate of Falls per 100 people	0.96	0.95	1.07	0.84	1.02	0.91	0.93	0.93	0.78	0.78	0.78	0.96	0.9
50 # of Falls resulting in serious injury	28	35	33	28	22	28	38	23	17	21	30	34	337
51 % of serious injuries due to falls	40.0%	46.7%	46.5%	44.4%	28.9%	46.7%	55.1%	34.8%	38.6%	37.5%	53.6%	51.5%	43.7%



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

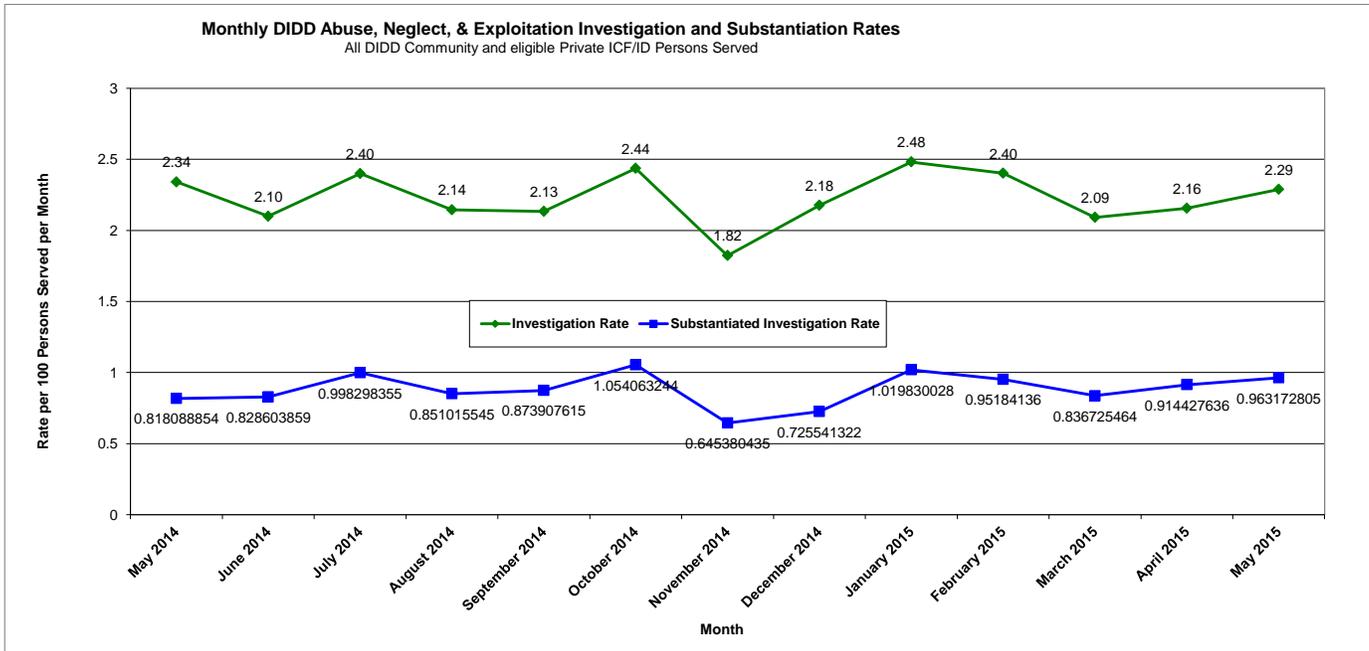
The monthly statewide rate of reportable incidents per 100 persons supported for March 2015 increased from 14.55 to 5.78. The rate of Serious Injury per 100 persons supported increased from 0.632 to 0.75. The rate of Falls per 100 persons supported increased to 0.96. The number of Serious Injuries due to Falls increased from 30 to 34. The percentage of Serious Injuries due to Falls was 51.5%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for June 2013 – May 2015 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, June 2013 – May 2014, was 14.49 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, May 2014 – April 2015, is 15.08 per 100 persons supported. Analysis showed an increase of 0.59 in the average incident rate reported when the two annual periods are compared.

D Protection From Harm/Investigations

		Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
East Region													
1	Census	3239	3240	3243	3261	3252	3253	3253	3261	3261	3259	3265	3259
2	# of Investigations	54	61	53	61	75	65	62	62	66	52	56	64
3	Rate of Investigations per 100 people	1.67	1.88	1.63	1.87	2.31	2.00	1.91	1.90	2.02	1.60	1.72	1.96
4	# of Substantiated Investigations	15	19	21	22	32	21	17	17	22	17	15	19
5	Rate of Substantiated Investigations per 100 people	0.46	0.59	0.65	0.67	0.98	0.65	0.52	0.52	0.67	0.52	0.46	1
6	Percentage of Investigations Substantiated	28%	31%	40%	36%	43%	32%	27%	27%	33%	33%	27%	30%
Middle Region													
7	Census	3148	3149	3152	3162	3153	3160	3160	3145	3145	3164	3156	3139
9	# of Investigations	68	75	67	70	72	43	60	80	69	77	74	79
10	Rate of Investigations per 100 people	2.16	2.38	2.13	2.21	2.28	1.36	1.90	2.54	2.19	2.43	2.34	2.52
11	# of Substantiated Investigations	31	42	33	30	26	17	26	47	38	40	39	40
12	Rate of Substantiated Investigations per 100 people	0.98	1.33	1.05	0.95	0.82	0.54	0.82	1.49	1.21	1.26	1.24	1
13	Percentage of Investigations Substantiated	46%	56%	49%	43%	36%	40%	43%	59%	55%	52%	53%	51%
West Region													
14	Census	2423	2427	2418	2388	2418	2419	2419	2419	2419	2421	2437	2427
7/30/2014	# of Investigations	63	79	69	57	68	53	70	77	77	61	61	59
16	Rate of Investigations per 100 people	2.60	3.26	2.85	2.39	2.81	2.19	2.89	3.18	3.18	2.52	2.50	2.43
17	# of Substantiated Investigations	27	27	21	25	35	19	21	26	24	17	27	26
18	Rate of Substantiated Investigations per 100 people	1.11	1.11	0.87	1.05	1.45	0.79	0.87	1.07	0.99	0.70	1.11	1.07
19	Percentage of Investigations Substantiated	43%	34%	30%	44%	51%	36%	30%	34%	31%	28%	44%	44%
Statewide													
20	Census	8810	8816	8813	8811	8823	8832	8832	8825	8825	8844	8858	8825
21	# of Investigations	185	215	189	188	215	161	192	219	212	190	191	202
22	Rate of Investigations per 100 people	2.10	2.44	2.14	2.13	2.44	1.82	2.17	2.48	2.40	2.15	2.16	2
23	# of Substantiated Investigations	73	88	75	77	93	57	64	90	84	74	81	85
24	Rate of Substantiated Investigations per 100 people	0.83	1.00	0.85	0.87	1.05	0.65	0.72	1.02	0.95	0.84	0.91	0.96
25	Percentage of Investigations Substantiated	39%	41%	40%	41%	43%	35%	33%	41%	40%	39%	42%	42%



D Protection From Harm/Investigations

Analysis:

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

During the month of May, 2015, 202 investigations were completed across the State. Sixty-four (64) of these originated in the East Region, seventy-nine (79) in the Middle Region, and fifty-nine (59) in the West Region.

Statewide, investigations were opened at a rate of 2.29 investigations per 100 people served, which is a slight increase from 2.16 of the previous month. The East Region opened investigations at a rate of 1.96 investigations per 100 people served. The Middle Region opened investigations at a rate of 2.52 investigations per 100 people served. The West Region opened investigations at a rate of 2.43 per 100 people served. The Middle Region opened investigations at a higher rate this month. Previously the West Region has consistently opened investigations at a higher rate.

Eighty-five (85), or 42%, of the 202 investigations opened statewide in May, 2015, were substantiated for abuse, neglect, or exploitation. This remained the same compared to the prior reporting period, which was also 42%. The East Region substantiated the lowest percentage of the investigations 30% (19 substantiated investigations), compared to the 44% substantiated (26 substantiated investigations) in the West Region and the 51% substantiated (40 substantiated investigations) in the Middle Region. The East Region had the lowest number of substantiated investigations in the previous reporting month, at 19.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served was 0.96 during May, 2015. The Middle Region substantiated investigations at the highest rate per 100 substantiating 1.27 investigations per 100 people served. The Middle Region showed an increase from 1.24 to 1.27. The West Region substantiated investigations at a rate of 1.07 per 100 people served in its region. The West region showed a decrease from 1.11 to 1.07. The East Region substantiated investigations at a rate of 0.58 per 100 people served in its region. The East Region showed an increase from 0.46 to 0.58.

E Due Process / Freedom of Choice

Data Source:

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

	East Region	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
1 SERVICE REQUESTS													
2 Total Service Requests Received		2911	2682	2523	2631	2577	2183	2560	2682	2535	3533	2510	2535
3 Total Adverse Actions (Incl. Partial Approvals)		86	79	78	97	72	87	72	51	61	109	59	89
4 % of Service Requests Resulting in Adverse Actions		3%	3%	3%	4%	3%	4%	3%	2%	2%	3%	2%	4%
5 Total Grier denial letters issued		62	54	54	55	60	54	60	38	44	71	41	43
6 APPEALS RECEIVED													
7 DELIVERY OF SERVICE													
8 Delay		0	0	0	0	0	1	0	0	0	0	0	0
9 Termination		0	0	0	0	0	0	0	0	0	0	0	0
10 Reduction		0	0	0	0	0	0	0	0	0	0	0	0
11 Suspension		0	0	0	0	0	0	0	0	0	0	0	0
12 Total Received		0	0	0	0	0	1	0	0	0	0	0	0
13 DENIAL OF SERVICE													
14 Total Received		7	9	5	4	9	1	4	5	1	5	3	0
7/30/2014 Total Grier Appeals Received		7	9	5	4	9	2	4	5	1	5	3	0
16 Total Non-Grier Appeals Received		1	2	2	0	0	0	1	0	0	0	0	0
17 Total appeals overturned upon reconsideration		0	1	0	0	0	0	0	0	1	0	0	0
18 TOTAL HEARINGS		9	9	6	7	10	7	8	7	8	8	13	6
19 DIRECTIVES													
20 Directive Due to Notice Content Violation		0	0	0	0	0	0	0	0	0	0	0	0
21 Directive due to ALJ Ruling in Recipient's Favor		1	3	0	0	0	0	1	0	1	0	0	0
22 Other		2	0	0	0	1	0	0	0	0	1	0	0
23 Total Directives Received		3	3	0	0	1	0	1	0	1	1	0	0
24 Overturned Directives		0	0	0	0	0	0	0	0	0	0	0	0
25 MCC Directives		0	0	0	0	0	0	0	0	0	0	0	0
26 Cost Avoidance (Estimated)		\$44,523	\$0	\$0	\$0	\$37,139	\$0	\$0	\$0	\$0	\$54,655	0	\$0
27 LATE RESPONSES													
28 Total Late Responses		0	0	0	0	0	0	0	0	0	0	0	0
29 Total Days Late		0	0	0	0	0	0	0	0	0	0	0	0
30 Total Fines Accrued (Estimated)		0	0	0	0	0	0	\$0.00	\$0.00	0	\$0.00	0	0
31 DEFECTIVE NOTICES													
32 Total Defective Notices Received		0	0	0	0	0	0	0	0	0	0	0	0
33 Total Fines Accrued (Estimated)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
34 *fine amount is based on timely responses				0	0								
35 PROVISION OF SERVICES													

36	Delay of Service Notifications Sent (New)	0	0	0	0	2	0	0	0	0	0	0
37	Continuing Delay Issues (Unresolved)	1	0	0	0	0	0	0	0	0	0	0
38	Total days service(s) not provided per TennCare ORR	0	0	0	0	13	0	0	0	0	0	0
39	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$9,543	\$0	\$0	\$0	\$0	\$0	\$0

	Middle Region	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
40	SERVICE REQUESTS												
41	Total Service Requests Received	2530	2609	2289	2154	2363	2075	1879	1985	1975	2334	2558	1728
42	Total Adverse Actions (Incl. Partial Approvals)	32	64	52	40	77	53	49	62	26	68	73	59
43	% of Service Requests Resulting in Adverse Actions	1%	2%	2%	2%	3%	3%	3%	3%	1%	3%	3%	3%
44	Total Grier denial letters issued	54	54	76	41	62	53	53	38	50	45	55	69
45	APPEALS RECEIVED												
46	DELIVERY OF SERVICE												
47	Delay	1	0	1	1	1	1	3	1	0	1	0	0
48	Termination	0	0	0	0	0	0	0	0	0	0	0	0
49	Reduction	0	0	0	0	0	0	0	0	0	0	0	0
50	Suspension	0	0	0	0	0	0	0	0	0	0	0	0
51	Total Received	0	0	1	1	1	1	3	1	0	1	0	0
52	DENIAL OF SERVICE											0%	
53	Total Received	1	1	5	1	2	3	2	2	0	3	1	4
54	Total Grier Appeals Received	1	1	6	2	3	4	5	3	0	4	1	4
55	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0
56	Total appeals overturned upon reconsideration	0	0	0	0	0	0	0	0	0	0	0	0
57													
58	TOTAL HEARINGS	2	1	0	0	1	0	0	0	2	1	2	0
59	DIRECTIVES												
60	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	0
61	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	0	0
62	Other	2	0	0	0	0	0	0	0	0	0	0	0
63	Total Directives Received	2	0	0	0	0	0	0	0	0	0	0	0
64	Overtured Directives	0	0	0	0	0	0	0	0	0	0	0	0
65	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	0
66	Cost Avoidance (Estimated)	\$67,430	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
67	LATE RESPONSES												
68	Total Late Responses	0	0	0	0	2	0	0	0	0	0	0	0
69	Total Days Late	0	0	0	0	6	0	0	0	0	0	0	0
70	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$600	\$0	\$0	\$0	\$0	\$0	\$0	0
71	DEFECTIVE NOTICES												
72	Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0	0	0
73	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
74	*fine amount is based on timely responses												
75	PROVISION OF SERVICES												
76	Delay of Service Notifications Sent (New)	1	0	1	0	1	1	3	0	0	1	0	0
77	Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	0	0	0	0	0	0
78	Total days service(s) not provided per TennCare ORR	0	0	3	6	5	0	36	0	0	1	0	0

79 Total Fines Accrued (Estimated)	\$0	\$0	\$1,500	\$3,000	\$2,500	\$0	\$20,166	\$0	\$0	\$500	\$0	\$0
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	West Region	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
80	SERVICE REQUESTS												
81	Total Service Requests Received	2266	2635	2735	2434	2754	2062	2286	1898	2143	2623	2308	2261
82	Total Adverse Actions (Incl. Partial Approvals)	234	182	191	235	209	197	192	119	101	105	179	165
83	% of Service Requests Resulting in Adverse Actions	10%	7%	7%	10%	8%	10%	8%	6%	5%	4%	8%	7%
84	Total Grier denial letters issued	121	128	115	132	148	141	133	81	75	88	118	88
85	APPEALS RECEIVED												
86	DELIVERY OF SERVICE												
87	Delay	0	0	0	0	0	0	0	0	1	0	1	0
88	Termination	0	0	0	0	0	0	0	0	0	0	0	0
89	Reduction	0	0	0	0	0	0	0	0	0	0	0	0
90	Suspension	0	0	0	0	0	0	0	0	0	0	0	0
91	Total Received	0	0	0	0	0	0	0	0	1	0	1	0
92	DENIAL OF SERVICE												
93	Total Received	4	8	7	8	9	4	12	6	6	4	10	9
94	Total Grier Appeals Received	4	8	7	8	9	4	12	6	7	4	11	9
95	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0
96	Total appeals overturned upon reconsideration	3	6	0	4	2	2	1	1	3	1	0	2
97	TOTAL HEARINGS	3	8	4	2	8	3	6	7	7	5	4	6
98	DIRECTIVES												
99	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	0
100	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	1	0	1
101	Other	0	0	0	0	0	0	0	0	0	0	0	0
102	Total Directives Received	0	0	0	0	0	0	0	0	0	1	0	1
103	Overtured Directives	0	0	0	0	0	0	0	0	0	0	0	0
104	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	0
105	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
106	LATE RESPONSES												
107	Total Late Responses	0	0	0	0	0	0	0	0	0	0	0	0
108	Total Days Late	0	0	0	0	0	0	0	0	0	0	0	0
109	Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0	\$0.00	0	0
110	DEFECTIVE NOTICES												
111	Total Defective Notices Received	0	0	1	0	0	0	0	0	0	0	0	0
112	Total Fines Accrued (Estimated)	\$0	\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
113	*fine amount is based on timely responses		0									0	0
114	PROVISION OF SERVICES												
115	Delay of Service Notifications Sent (New)	1	2	1	3	2	1	1	1	5	4	3	2
116	Continuing Delay Issues (Unresolved)	1	1	0	1	2	2	1	1	1	4	5	3
117	Total days service(s) not provided per TennCare ORR	0	0	0	0	54	0	0	0	0	0	0	47

118	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$27,000	\$0	\$0	\$0	\$0	\$0	\$0	\$23,500
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	Statewide	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
119	SERVICE REQUESTS												
120	Total Service Requests Received	7707	7926	7547	7219	7694	6320	6725	6565	6653	8490	7376	6524
121	Total Adverse Actions (Incl. Partial Approvals)	352	325	321	372	358	337	313	232	188	282	311	313
122	% of Service Requests Resulting in Adverse Actions	5%	4%	4%	5%	5%	5%	5%	4%	3%	3%	4%	5%
123	Total Grier denial letters issued	237	236	245	228	270	248	246	157	169	204	214	200
124	APPEALS RECEIVED												
125	DELIVERY OF SERVICE												
126	Delay	1	0	1	1	1	2	3	1	1	1	1	0
127	Termination	0	0	0	0	0	0	0	0	0	0	0	0
128	Reduction	0	0	0	0	0	0	0	0	0	0	0	0
129	Suspension	0	0	0	0	0	0	0	0	0	0	0	0
130	Total Received	1	0	1	1	1	2	3	1	1	1	1	0
131	DENIAL OF SERVICE												
132	Total Received	12	18	17	13	20	8	18	13	7	12	14	13
133	Total Grier Appeals Received	12	18	18	14	21	10	21	14	8	13	15	13
134	Total Non-Grier Appeals Received	1	2	2	0	0	0	1	0	0	0	0	0
135	Total appeals overturned upon reconsideration	3	7	0	4	2	2	1	1	4	1	0	2
136	TOTAL HEARINGS	14	18	10	9	19	10	14	14	17	14	19	12
137	DIRECTIVES												
138	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	0
139	Directive due to ALJ Ruling in Recipient's Favor	1	3	0	0	0	0	1	0	1	1	0	1
140	Other	4	0	0	0	1	0	0	0	0	1	0	0
141	Total Directives Received	5	3	0	0	1	0	1	0	1	2	0	1
142	Overtured Directives	0	0	0	0	0	0	0	0	0	0	0	0
143	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	0
144	Cost Avoidance (Estimated)	\$111,953	\$0	\$0	\$0	\$37,139	\$0	\$0	\$0	\$0	\$54,655	\$0	\$0
145	Cost Avoidance (Total Month-Estimated)	\$111,953	\$51,751	\$0	\$41,431	\$172,465	\$73,350	\$11,574	\$94,644	\$166,830	\$70,258	\$258,103	\$66,961
146	Cost Avoidance (FY 2013-Estimated)	\$667,009	\$51,751	\$0	\$93,182	\$265,647	\$338,997	\$350,571	\$445,215	\$612,045	\$682,302	\$940,406	\$1,011,891
147	LATE RESPONSES												
148	Total Late Responses	0	0	0	0	2	0	0	0	0	0	0	0
149	Total Days Late	0	0	0	0	6	0	0	0	0	0	0	0
150	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$600	\$0	\$0	\$0.00	0	\$0.00	0	0
151	Total Defective Notices Received	0	0	1	0	0	0	0	0	0	0	0	0
152	Total Fines Accrued (Estimated)	\$0	\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
153	*fine amount is based on timely responses												
154	PROVISION OF SERVICES												
155	Delay of Service Notifications Sent (New)	2	2	2	3	5	2	4	1	5	5	3	2

156	Continuing Delay Issues (Unresolved)	2	1	0	1	2	2	1	1	1	4	5	3
157	Total days service(s) not provided per TennCare ORR	0	0	3	6	72	0	36	0	0	1	0	47
158	Total Fines Accrued (Estimated)	\$0	\$0	\$1,500	\$3,000	\$39,043	\$0	\$20,166	\$0	\$0	\$500	\$0	\$23,500

Appeals:

The DIDD received 13 appeals in May compared to 15 received in April which is a 15.4% increase in volume. The Fiscal year average is 15.2 received per month.

The DIDD received 6524 service requests in May compared to 7376 for the previous month, which is an 11.6% decrease in volume. The average of service requests received during this fiscal year is 7255 per month, indicating that May experienced a 10.1 % decrease in volume based on this average.

5% of service plans were denied statewide in May, which is an increase of 1% compared to the previous month. The average of service plans denied per month during this fiscal year is 4.2%.

Directives:

There were no directives received this month.

Cost Avoidance:

The West Region received an Initial Order where the Administrative Law Judge ruled in favor of DIDD regarding a request for SL6-IND and CBDay-6 from 3/13/15-12/12/15. The region had approved SL4-IND and CBDay-4 for same duration as the medically necessary alternative. This resulted in a cost avoidance of \$66,961.11.

Statewide, cost avoidance is \$66,961.11 for the month and \$1,011,890.83 for FY 2015.

Sanction/Fines:

The West region received an ORR regarding a delay of service appeal where TennCare determined 47 days of Nursing Services had not been provided, which will result in a fine of \$23,500.00, plus cost of services not provided.

Delay of Service:

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	8				61			
2	Total Census of Providers Surveyed	670				2502			
3	# of Sample Size	94				384			
4	% 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 %
7	Domain 2. Individual Planning and Implementation								
8	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	75%	25%	0%	0%	90%	9%	0%	0%
9	Outcome B. Services and supports are provided according to the person's plan.	62%	37%	0%	0%	70%	29%	0%	0%
11	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	50%	37%	0%	12%	67%	29%	1%	1%
12	Domain 3: Safety and Security								
13	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	80%	19%	0%	0%
14	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.	50%	37%	12%	0%	55%	37%	4%	1%
16	Domain 4: Rights, Respect and Dignity								
17	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
19	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
20	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	75%	25%	0%	0%	75%	21%	1%	1%
21	Domain 5: Health								
22	Outcome A. The person has the best possible health.	87%	0%	12%	0%	75%	22%	1%	0%
23	Outcome B. The person takes medications as prescribed.	71%	14%	14%	0%	66%	26%	7%	0%
24	Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	88%	9%	1%	0%
25	Domain 6: Choice and Decision-Making								
26	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
27	Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
28	Domain 7: Relationships and Community Membership								
29	Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
30	Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
32	Domain 8: Opportunities for Work								
33	Outcome A. The person has a meaningful job in the community.	85%	0%	14%	0%	92%	4%	2%	0%
34	Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	91%	8%	0%	0%
35	Domain 9: Provider Capabilities and Qualifications								
36	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	87%	0%	12%	0%	75%	21%	3%	0%
37	Outcome B. Provider staff are trained and meet job specific qualifications.	87%	0%	12%	0%	63%	32%	3%	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.	87%			12%	63%			36%
38	Outcome C. Provider staff are adequately supported.	75%	25%	0%	0%	75%	24%	0%	0%
39	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	62%	37%	0%	0%	90%	8%	1%	0%
40	Domain 10: Administrative Authority and Financial Accountability								
41	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	25%	75%	0%	0%	42%	52%	4%	0%
42	Outcome B. People's personal funds are managed appropriately.	42%	42%	14%	0%	39%	54%	6%	0%

Personal Assistance		Statewide				Cumulative / Statewide			
43	# of Personal Assistance Providers Monitored this Month					4			
44	Total Census of Providers Surveyed					144			
45	# of Sample Size					17			
46	% of Individuals Surveyed					12%			
47	# of Additional Focused Files Reviewed					0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
	Domain 2: Individual Planning and Implementation								
48	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
49	Outcome B. Services and supports are provided according to the person's plan.					50%	50%	0%	0%
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					25%	75%	0%	0%
51	Domain 3: Safety and Security								
52	Outcome A. Where the person lives and works is safe.					75%	25%	0%	0%
53	Outcome C. Safeguards are in place to protect the person from harm.					50%	50%	0%	0%
54	Domain 4: Rights, Respect and Dignity								
55	Outcome A. The person is valued, respected and treated with dignity.					100%	0%	0%	0%
56	Outcome C. The person exercises his or her rights.					100%	0%	0%	0%
57	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
58	Domain 5: Health								
59	Outcome A. The person has the best possible health.					50%	50%	0%	0%
60	Outcome B. The person takes medications as prescribed.					50%	0%	50%	0%
61	Outcome C. The person's dietary and nutritional needs are adequately met.					100%	0%	0%	0%
62	Domain 6: Choice and Decision-Making								
63	Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
64	Outcome B. The person and family members have information and support to make choices about their lives.					100%	0%	0%	0%
65	Domain 9: Provider Capabilities and Qualifications								
66	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					100%	0%	0%	0%
67	Outcome B. Provider staff are trained and meet job specific qualifications.					50%	50%	0%	0%
68	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					50%			50%
69	Outcome C. Provider staff are adequately supported.					50%	50%	0%	0%
70	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.					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.					25%	75%	0%	0%

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

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

I Provider Qualifications / Monitoring (II.H., II.K.)									
Clinical Providers- Behavioral		Statewide				Cumulative / Statewide			
96	# of Clinical Providers Monitored for the month	2				11			
97	Total Census of Providers Surveyed	94				568			
98	# of Sample Size	11				67			
99	% of Individuals Surveyed	12%				12%			
100	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
101	Domain 2: Individual Planning and Implementation								
102	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	0%	50%	50%	0%	18%	27%	45%	9%
103	Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	81%	0%	9%	9%
104	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	36%	54%	0%	9%
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.	50%	50%	0%	0%	81%	18%	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%	37%	25%	25%	12%
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%	63%	36%	0%	0%
115	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
116	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	100%			0%
117	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
118	Domain 10: Administrative Authority and Financial Accountability								
119	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	90%	9%	0%	0%

Clinical Providers- Nursing		Statewide				Cumulative / Statewide			
120	# of Clinical Providers Monitored for the month					1			
121	Total Census of Providers Surveyed					16			
122	# of Sample Size					4			
123	% of Individuals Surveyed					25%			
124	# of Additional Focused Files Reviewed					0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
125	Domain 2: Individual Planning and Implementation								
126	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
127	Outcome B. Services and supports are provided according to the person's plan.					100%	0%	0%	0%
128	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					100%	0%	0%	0%
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.					100%	0%	0%	0%
132	Domain 4: Rights, Respect and Dignity								
133	Outcome A. The person is valued, respected, and treated with dignity.					100%	0%	0%	0%
134	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
135	Domain 5: Health								
136	Outcome A. The person has the best possible health.					0%	100%	0%	0%
137	Outcome B. The person takes medications as prescribed.					0%	100%	0%	0%
138	Outcome C. The person's dietary and nutritional needs are adequately met.					0%	100%	0%	0%
139	Domain 6: Choice and Decision-Making								
140	Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
141	Domain 9: Provider Capabilities and Qualifications								
142	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					100%	0%	0%	0%
143	Outcome B. Provider staff are trained and meet job specific qualifications.					100%	0%	0%	0%
144	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					100%			0%
145	Outcome C. Provider staff are adequately supported.					100%	0%	0%	0%
146	Domain 10: Administrative Authority and Financial Accountability								
147	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					0%	100%	0%	0%

Clinical Providers- Therapy		Statewide				Cumulative / Statewide			
148	# of Clinical Providers Monitored for the month	4				11			
149	Total Census of Providers Surveyed	458				652			
150	# of Sample Size	40				70			
151	% of Individuals Surveyed	9%				11%			
152	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
153	Domain 2: Individual Planning and Implementation								
154	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	25%	75%	0%	0%	54%	45%	0%	0%
155	Outcome B. Services and supports are provided according to the person's plan.	25%	50%	25%	0%	27%	63%	9%	0%
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	25%	75%	0%	0%	36%	63%	0%	0%
157	Domain 3: Safety and Security								
158	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
159	Outcome C. Safeguards are in place to protect the person from harm.	50%	50%	0%	0%	54%	36%	0%	9%
160	Domain 4: Rights, Respect and Dignity								
161	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	90%	0%	0%	9%
162	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					50%	0%	0%	50%
163	Domain 6: Choice and Decision-Making								
164	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	81%	9%	0%	9%
165	Domain 9: Provider Capabilities and Qualifications								
166	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	75%	0%	25%	0%	63%	27%	9%	0%
167	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	90%	10%	0%	0%
168	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	80%			20%
169	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	71%	14%	14%	0%
170	Domain 10: Administrative Authority and Financial Accountability								
171	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	81%	18%	0%	0%

QA Summary for QM Report (thru 5/15data)

Performance Overview- Calendar Year 2015 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	26%	25%	25%	N/A	18%	N/A	27%
Proficient	49%	52%	25%	N/A	36.5%	100%	46%
Fair	24%	21%	50%	N/A	36.5%	N/A	18%
Significant Concerns	2%	2	N/A	N/A	9%	N/A	N/A
Serious Deficiencies	1%	N/A	N/A	N/A	N/A	N/A	9%
Total # of Providers	88	61	4	N/A	11	1	11

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-D & S Residential Services, Evergreen Life Services; Middle- Eldee, Inc., HATS, Volunteer Staffing, Inc.; West- Behavioral Services of Tennessee, St. John's Community Services, West Tennessee Family Solutions, Inc.

East Region:

D & S Residential Services: The 2015 QA survey resulted in the agency receiving a score of 32. This places them in the Significant Concerns range of performance. Compared to their 2014 survey results, this is a 14-point decrease in compliance (46-Fair in 2014). This decrease in compliance was specific to issues identified in Domains 2 (PC-MC), 3 (SC-PC), 4 (SC-PC), 5 (SC-MC), 9 (PC-MC) and 10 (PC-MC). Domain 8 remained at partial compliance across both surveys. The provider should focus efforts to ensure the following:

- services and supports identified in Individual Support Plans are provided as authorized;
- documentation of provision of services and supports is in accordance with the plan (this is a repeat issue -2.B.5);
- the agency has a process for reviewing and monitoring the implementation of the plan and progress toward desired goals (this is a repeat issue- 2.D.5);
- documentation indicates appropriate monitoring of the plan's implementation (this is a repeat issue-2.D.6);
- issues that affect the appropriateness of an ISP are followed to resolution (this is a repeat issue-2.D.7);
- registry checks are completed within the required time frame;
- personal and professional reference checks are completed as required (this is a repeat issue-3.C.6);
- incidents are reported as required, including following time frames and directing the report to the appropriate party;
- all DIDD investigations are reviewed, including the development and implementation of planned corrective or preventive actions;
- trends in medication variances are analyzed and prevention strategies are implemented;
- rights restrictions and restricted interventions are reviewed and/or approved in accordance with DIDD requirements (this is a repeat issue-4.D.3);
- needed health care services and supports are provided;
- health care services and supports are coordinated among providers and family members;
- medication administration records adequately reflect all the medications taken by people;
- PRN orders define required parameters (this is a repeat issue-5.B.1);
- medications are provided and administered in accordance with physician's orders;
- medication administration records are appropriately maintained;
- there are supports to promote job success, career changes and advancement (this is a repeat issue- 8.A.5);
- organizational processes promote the development of supports and mentoring for employment staff on a systemic level (this is a repeat issue-8.A.6);
- appropriate records relating to the person are maintained (this is a repeat issue-9.A.3);
- an effective self-assessment process to monitor the quality and effectiveness of the supports and services is implemented (this is a repeat issue-9.A.5);
- information obtained from self-assessment activities is reviewed and utilized to develop and implement an internal quality improvement process to improve supports and services (this is a repeat issue-9.A.6);
- staff receive appropriate training (this is a repeat issue-9.B.2);
- staff meet job-specific qualifications in accordance with the Provider Agreement (this is a repeat issue-9.B.3);
- the supervision plan includes language that indicates all LPNs are supervised clinically by an RN (this is a repeat issue-9.C.2);
- the community advisory board reflects the diversity of the community that the organization serves and is representative of the people served; services are provided and billed for in accordance with DIDD requirements.
- A recoupment will be forthcoming due to issues identified with the documentation and provision of services.
- The agency will receive a sanction letter due to issues identified with staff qualifications and training of newly hired staff.
- Personal funds reviewed D&S: Of the 12 accounts reviewed, 9 contained issues. The following issues were identified:
 - bank accounts were not reconciled each month at one location;
 - internet and long distance charges were often allocated incorrectly between housemates;
 - paid invoices could not be tracked since the amount paid, check number and date were not written on the invoice;
 - change from purchases was not always accounted for in the record; deposits were not always identified with the source or check number (this has been a repeat issue since the 2012 QA survey-10.B.2);
 - gift cards were sometimes bought and used to purchase food; however, receipts were not always maintained;
 - implement written policies and procedures to manage and protect personal funds in accordance with DIDD requirements;
 - proper oversight and accounting of all funds belonging to the person was not always effective/occurring (this is a repeat issue-10.B.2);
 - In some instances people paid fees and charges that they should not have (this is a repeat issue-10.B.3).

Evergreen Life Services: The 2015 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Compared to their 2014 survey results, this is a 2-point Increase in compliance (48-Proficient in 2014). This Increase in compliance was specific to issues improvements in Domain 2 (PC-SC). The provider should focus efforts to ensure the following:

- inform the ISC of emerging risk issues or other indicators of need for revision to the individual plan (this is a repeat issue-2.D.7);
- trends in medication variances are analyzed and prevention strategies are implemented (this is a repeat issue-3.C.14);

- organizational processes promote the development of supports and mentoring for employment staff on a systemic level;
- organizational processes and practices ensure there are supports to promote opportunities for meaningful day activities;
- the board meets with a frequency sufficient to discharge their duties.
- A recoupment will be forthcoming due to issues identified with the documentation and provision of services.
- Personal funds reviewed Evergreen: Of the 6 accounts reviewed and 2 contained issues. The following issues were identified:
- Shared Monthly Expenses calculation for food and supplies equalization had not been reimbursed;
- food stamp receipts were missing;
- receipts were not always maintained;
- written policies and procedures to manage and protect personal funds in accordance with DIDD requirements were not always implemented.

Meritan: The 2015 QA survey resulted in the agency receiving a score of 48. This places them in the Proficient range of performance. Compared to their 2013 survey results, this is a 4-point decrease in compliance (52-Proficient in 2013). This decrease in compliance was specific to issues identified in Domains 8 (SC-PC), 9 (SC-PC) and 10 (SC-PC). The provider should focus efforts to ensure the following:

- services and supports identified in Individual Support Plans are provided as authorized;
- documentation indicates appropriate monitoring of the plan's implementation (this is a repeat issue-2.D.6);
- issues with Individual Support Plans are followed to resolution (this is a repeat issue-2.D.7);
- a Family Model Residential Service provider participates in Incident Review Committee meetings (this is a repeat issue-3.C.15);
- people have access to information and are supported to make choices/decisions;
- appropriate records relating to the person are maintained;
- an effective self-assessment process to monitor the quality and effectiveness of the supports and services is implemented;
- staff have received appropriate training; and services are provided and billed for in accordance with DIDD requirements.
- The agency requested a review of their survey results. A few minor changes will occur; however, this will not impact ratings or scoring of Indicators, Outcomes or Domains.
- A recoupment is forthcoming due to issues identified with the documentation and provision of services.
- The agency will receive a sanction-warning letter due to issues with the training of newly hired staff.
- Personal funds reviewed: Of the 4 accounts reviewed and 3 contained issues. The following issues were identified:
- food stamp receipts were missing; receipts were not always maintained;
- the agency Personal Property Inventory Policy should be changed to include items of \$50.00 or more (this is a repeat issue-10.B.1);

Middle Region:

HATS: Scored 48 Proficient on the QA Survey. No Domains scored less than Partial Compliance.

- The Criminal Background and the three State of Tennessee Registry Checks and the OIG Check were all completed with a rating of 100% compliance.
- Training modules were 93.9% compliant or above for the 33 new staff reviewed.
- Tenured Staff training was 100% compliant for the 18 staff reviewed.
- The agency needs to continue to refine the monthly review process to ensure that all outcomes and supports are addressed and monthly reviews are submitted to the ISC timely.
- Unannounced supervisory visits were not completed as required for the Personal Assistance homes reviewed.
- Minimal billing issues were noted for 3 of 11 individuals reviewed; recoupment occurred.
- A small personal funds management issue was noted for one out of four individuals due to the lack of maintenance of one receipt.

Volunteer Staffing ; Scored 50 Proficient on the QA Survey. No Domains scored less than Partial Compliance.

- The agency was 100% compliant for the timely completion of Criminal Background and the OIG Check.
- The three State of Tennessee Registry Checks were 97.8% complaint for the 46 new staff reviewed.
- All training modules were 88.4% compliant or higher.
- Tenured staff training was 100% compliant for the 20 staff reviewed.
- The agency's Incident Management Committee did not meet biweekly per DIDD requirements.
- Billing issues were identified due to billing for the wrong services, billing Community Based without providing the required time frame, billing Transportation when services were not provided, and billing PA services when the PA staff was not present; recoupment occurred.
- Personal Funds Management issues were identified for 3 of the 4 individuals reviewed. Issues included legal fees not split appropriately, failure to maintain receipts, and inappropriate charges.

Elldce: Scored 52 Exceptional on the QA Survey. No Domains scored less than Partial Compliance.

- The membership of the agency's Human Rights Committee had not been approved by the Middle Tennessee Regional Director.
- A bedroom monitor had been reviewed by the Committee.
- Criminal Background, State of Tennessee Registry Checks, OIG Checks, new employee training and tenured staff training were all 100% compliant.
- No billing issues were identified. The agency does not act at representative payee.

West Region:

West TN Family Solutions: Scored 50 of 54/Proficient on the QA survey exited June 11, 2015; no Domain or Outcome scored less than PC.

- Indicators scored "no" included 2B5 (BSP content), 2B3 (CB Day documentation), 3C10 (accurate completion of RIFs), and 10A1.
- Licenses for services reviewed and clinical staff credentials/approvals were present and current throughout the review period.
- QP items reviewed met DIDD's benchmark of 86% for the 34 new/clinical staff; training reviewed for these staff scored 100% in all modules but one, which scored 94%.
- For a sample of 20 tenured staff, training reviewed scored 100%.
- A review of personal funds reflected no significant concerns for the agency. Concerns related to one person who changed from Supported Living to Family Model Residential services were identified and dealt primarily with accurate accounting for furniture during the move and accurate room and board billing. Billing was corrected by the end of the survey; accounting for all furniture is due to the QA Accountant.
- For 6 of 7 people in the sample, billing issues related to day service documentation not supporting 6 hours of service and billing CB rather than IH Day were identified during the months reviewed; recoupment is pending.

Behavioral Services of TN: Provider scored 52 of 54/Proficient on the QA survey exited June 10, 2015; no Domain or Outcome scored less than PC.

- Indicators scored "no" included 2A4 (Annual Updates), 2A5 (BSPs), 2D6 (CSMRs/CSQRs), and 9D3 (quarterly meetings of Advisory Group).
- Licenses for services reviewed and clinical staff credentials/approvals were present and current throughout the review period.
- QP items reviewed met DIDD's benchmark of 86% or greater for the 87 new/clinical staff; training reviewed for these staff scored 100% in all modules but two, which scored 97 and 97%.
- For a sample of 20 tenured staff, training reviewed scored 90% or greater.
- One new staff was noted to have findings on her background check which placed her into the category of "prohibited staff"; a sanction is pending.
- A review of personal funds reflected the provider is proactive in finding and making necessary reimbursements to people. One of four people reviewed was reimbursed for a few missing receipts immediately after the survey exit.
- For 1 of 6 people in the sample, one billing error was noted where the provider documented services one day but billed for those services on the next day; recoupment is pending.

St. John's Community Services-TN: provider scored 50 of 54/Proficient on the QA survey exited June 11, 2015; no Domain or Outcome scored less than PC.

- Indicators scored "no" included 2B3 and 2B5 (accounting for all units of service authorized; day service documentation), 10A1 (billing), 10B1 (personal funds policies and procedures) and 10B3 (person paying appropriate fees and charges).
- Licenses for services reviewed and clinical staff credentials were present and current throughout the review period.
- QP items reviewed met DIDD's benchmark of 86% for the 118 new/clinical staff; training reviewed for these staff scored 100% with the exception of 2 modules, which each scored 97%.
- For a sample of 20 tenured staff, training reviewed scored 90% or greater.
- A review of personal funds reflected policies did not address a number of issues such as use of housing subsidies and advance of funds, and calculating room and board charges incorrectly which is a repeat issue. Evidence of correction is to be submitted to the QA Accountant.
- For 6 of 16 people in the sample, billing issues related to day service documentation not supporting 6 hours and billing CB rather than IH Day were identified during the months reviewed. A few units of Supported Living were billed without supporting documentation.

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.

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

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

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers:

Providers reviewed: : East- no reviews; Middle- no reviews; West- InTune Behavioral Consulting, Sympathetic Steps to Success.

West Region:

InTune Behavioral Consulting: Independent provider of Behavior services scored 34 of 36/Proficient on the QA survey exited June 3, 2015.

- Outcome 2A scored MC with Indicators 2A4 and 2A5 scoring "no" (Annual Updates and BSPs); also scoring "no" was 2D6 (CSMRs and CSQRs).
- As a behavior provider, no licensing for services was required. DIDD's approval letter for the BA was evident.
- As a tenured BA, no personnel or training items were reviewed.
- For 1 of 4 people in the survey sample, 3 units of BA services were overbilled on one occasion; recoupment is pending.

Sympathetic Steps to Success – Behavior provider scored 34 of 36/Proficient on the QA survey exited June 10, 2015; no Domain or Outcome scored less than PC.

- Indicators scored "no" included 2A4 (Annual Updates) 2D6 (CSMRs/CSQRs), and 3C6 (used private investigation company not licensed in TN for 1 of 2 background checks).
- As a behavior provider, no licensing for services was required. DIDD approval letters were evident for all BAs. Training for the two new BAs was present and timely.
- For 1 of 7 people in the survey sample, 1 unit of BA services was overbilled on one occasion; recoupment is pending.

Follow-up on actions taken from previous reporting period:

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

Nursing Providers:

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

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.

Therapy Providers:

East- no reviews; Middle- Communication Therapies, Inc., Speech Pathology Consultants; West- Independent Therapy Network, Rehab at Your Place.

Middle Region:

Communication Therapies – Clinical OT/SLP: Scored 32 Proficient on the QA Survey.

- No Domains scored less than Partial Compliance.
- Issues were identified with staff training not being documented consistently and/or the designated trainers not identified.
- The Criminal Background and the State of Tennessee Felony Offender Registry check were not completed timely for the one new staff; a sanction occurred.
- No billing issues were identified.

Speech Pathology Consultants; Scored 34 Proficient on the QA Survey, due to the requirement that Clinical Providers must score Substantial Compliance in Domain 2 for an Exceptional rating.

- Issues continue regarding assessments not containing the required information.
- 2.B. scored Minimal Compliance due to 5 out of 8 records documenting a delay in the initiation of services, under-utilization of approved units, and lack of documentation regarding staff instructions and/or mealtime interventions.
- The Criminal Background and State of Tennessee Registry Checks along with the OIG Checks were all completed timely with a compliance rating of 100%.
- Training was 100% compliant for the two new staff reviewed. There were no billing issues identified during the survey process.

West Region:

Rehab at Your Place: Provider scored 36 of 36/Exceptional Performance on the QA survey exited June 30, 2015.

- The only indicator scored “no” was 3C6 (background check for 1 of 2 new staff had been completed late).
- Licenses for services reviewed and clinical staff credentials/approvals were present and current throughout the review period. QP items reviewed scored 100% with the exception of criminal background checks which scored 50% due to the check being 3 days late for 1 of 2 new staff.
- Training for new staff scored 100%.
- For the sample of 4 people, no billing issues were identified during the months reviewed.

Independent Therapy Network – Clinical/therapy provider scored 30 of 36/Fair on the QA survey, coordinated between West and Middle, ending 6/19/15.

- Domain 9 and Outcome 9A scored MC; the remainder of the Domains and Outcomes scored PC or greater.
- Indicators scored “no” included 2A5 (clinical POCs), 2B5 (content of contact notes), and 9A5 and 9A6 (self-assessment and quality improvement planning).
- Licenses for services reviewed and clinical staff credentials/approvals were present and current throughout the review period. All staff but the owner were contracted and tenured.
- For 1 of 12 people in the sample, one unit of overbilling for one person was identified during the months reviewed.

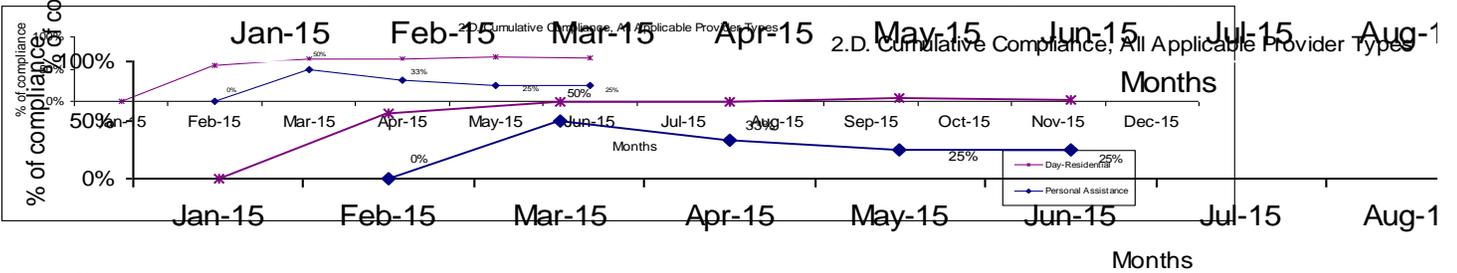
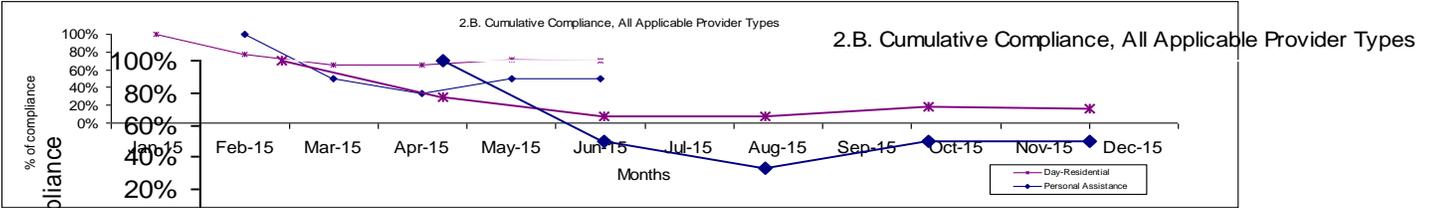
Special Reviews

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.)

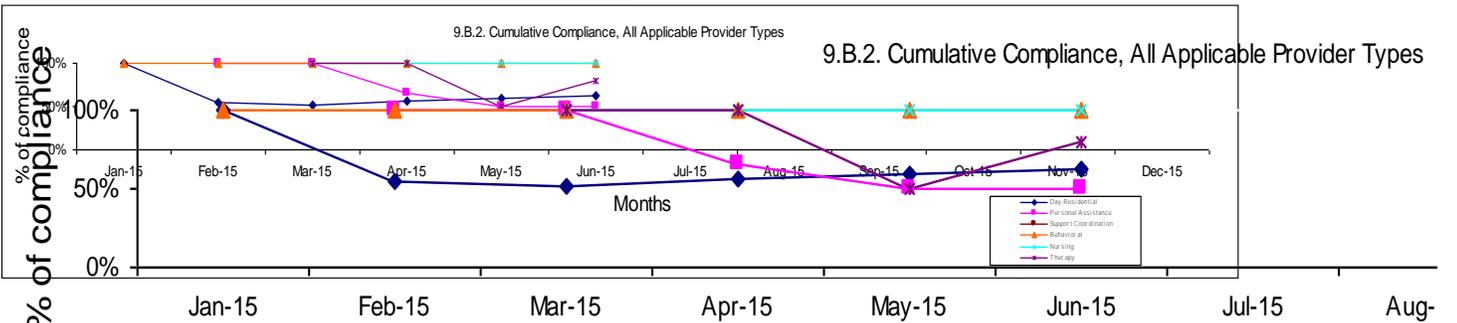
Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	62%	50%
Personal Assistance	N/A	N/A



Current Month:

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

Provider Type	% of Providers in Compliance
Day-Residential	87%
Personal Assistance	N/A
Support Coordination	N/A
Behavioral	100%
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-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
1	# of Individual Personal Funds Accounts Reviewed		6	8	19	13	22						
2	# of Individual Personal Funds Accounts Fully Accounted For		4	3	13	6	8						
3	# of Personal Funds Accounts Found Deficient		2	5	6	7	14						
4	% of Personal Funds Fully Accounted for		67%	38%	68%	46%	36%						
5	% of Personal Funds Found Deficient		33%	63%	32%	54%	64%						

Personal Funds - Middle		Jan-15	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
6	# of Individual Personal Funds Accounts Reviewed		20	20	12	28	16						
7	# of Individual Personal Funds Accounts Fully Accounted For		14	20	8	27	13						
8	# of Personal Funds Accounts Found Deficient		6	0	4	1	3						
9	% of Personal Funds Fully Accounted for		70%	100%	67%	96%	81%						
	% of Personal Funds Found Deficient		30%	0%	33%	4%	19%						

Personal Funds - West		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
11	# of Individual Personal Funds Accounts Reviewed			19	12	16	22						
12	# of Individual Personal Funds Accounts Fully Accounted For			17	12	13	19						
13	# of Personal Funds Accounts Found Deficient			2	0	3	3						
14	% of Personal Funds Fully Accounted for			89%	100%	81%	86%						
15	% of Personal Funds Found Deficient			11%	0%	19%	14%						

Personal Funds - Statewide		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
16	# of Individual Personal Funds Accounts Reviewed		26	47	43	57	60						
17	# of Individual Personal Funds Accounts Fully Accounted For		18	40	33	46	40						
18	# of Personal Funds Accounts Found Deficient		8	7	10	11	20						
19	% of Personal Funds Fully Accounted for		69%	85%	77%	81%	67%						
20	% of Personal Funds Found Deficient		31%	15%	23%	19%	33%						

Cumulative Funds Data		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
21	# of Individual Personal Funds Accounts Reviewed		26	73	116	173	233						
22	# of Individual Personal Funds Accounts Fully Accounted For		18	58	91	137	177						
23	# of Personal Funds Accounts Found Deficient		8	15	25	36	56						
24	% Funds Accounted for, Cumulatively		69%	79%	79%	79%	76%						
25	% Funds Deficient, Cumulatively		31%	21%	22%	21%	24%						

Region	% of Personal Funds Fully Accounted For
East	36%
Middle	81%
West	86%
Statewide	67%

