A NOTE FROM
COMMISSIONER BRAD TURNER

In my time so far as Commissioner of DIDD, I've been humbled and inspired by the dedication of our department, our partners, and the people supported across the state working to ensure Tennessee is the best place to live and work for people with disabilities.

It has been a year of transition, progress, and innovation for the department. As I've said before, I'm fortunate to follow in the footsteps of leaders who paved the way for its success and closed the chapter on institutional care in large, congregate settings for the state. This annual report exemplifies the ongoing transformation of our community-based service delivery system and our investment in expanding opportunities in the areas that matter the most to the people we support and their families.

Persons with disabilities statewide are reaching their lifelong goals for independence in their own communities, becoming valued employees in jobs they love, improving their health outcomes, and being empowered to advocate for themselves. Moving forward with the help of community stakeholders and partners, we will continue to strive to set the bar for the nation in Employment First efforts, Enabling Technology initiatives, Seating and Positioning services, and overall person-centered excellence.

As a father of a daughter with disabilities who is growing up in our great state, I'm proud of Tennessee's leadership and the work we're doing to break down barriers so that everyone can truly live the lives they envision for themselves.

Brad Turner, Commissioner
Department of Intellectual and Developmental Disabilities
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The Department of Intellectual and Developmental Disabilities (DIDD) provides community-based services and supports to nearly 7,300 Tennesseans with intellectual and developmental disabilities. It does this through the operation and oversight of three 1915(c) Home and Community Based Services (HCBS) waivers: The Statewide Waiver, the Self-Determination Waiver, and the Comprehensive Aggregate Cap (CAC) Waiver. The department also administers support to more than 4,400 families through the Family Support Program and operates 37 Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). It provides further support through 3 regional seating and positioning clinics and the Harold Jordan Center.

Mission: To become the nation’s most person-centered and cost-effective state support system for people with intellectual and developmental disabilities.

Vision: Support all Tennesseans with intellectual and developmental disabilities to live the lives they envision for themselves.

FY 2018 – 2019

Amid the state’s change in administration, DIDD experienced transition itself during Fiscal Year 18–19. After more than 40 years of supporting people with intellectual and developmental disabilities, Commissioner Debra K. Payne retired January 19th. Under her leadership, DIDD reached a number of milestones to improve the lives of Tennesseans with disabilities, including seeing the end to two decades-old lawsuits and being a part of hundreds of people successfully transitioning out of institutional care and into communities statewide.

Following Commissioner Payne’s departure, Brad Turner was appointed by Governor Bill Lee to become the 3rd Commissioner of the department at the start of 2019. Commissioner Turner has a daughter with disabilities and brings years of professional experience in working with healthcare organizations and families with disabilities to the job.

The department continues to be recognized as a national leader in person-centered practices, employment first efforts, and Enabling Technology initiatives. It was acknowledged at The National Association of People Supporting Employment First (APSE) conference as being, “a model state and the architects of initiatives that lead to more community inclusion.”

DIDD worked diligently to renew its Person-Centered Excellence Network Accreditation from the Council on Quality and Leadership this year and partners closely with hundreds of community providers statewide to provide an array of programs to support people of all varying disabilities and physical complexities to live happy, healthy, and more independent lives of their choosing in their communities.

A large part of the year ahead will be focused on collaboration with TennCare to develop the new Katie Beckett Program and prepare for its implementation, which will offer new services and supports for children with disabilities or complex medical needs and their families.

The department will also continue to cultivate and expand Enabling Technology opportunities for more Tennesseans with disabilities to reach their independence goals and gain greater access to their communities. Those initiatives include identifying ways to improve transportation access and technology support on the job for people who want to work.

Furthermore, DIDD will build upon its strong partnerships with other state agencies, self-advocates, and stakeholders, and strengthen its outreach with businesses statewide to work toward bridging the employment gap for people with disabilities.
## FY 18-19 BUDGET HIGHLIGHTS

### Total Budget

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<thead>
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<th>Description</th>
<th>Amount</th>
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<tr>
<td>Total Budget (non-waiver and waiver)</td>
<td>$885,544,600</td>
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<tr>
<td>Waiver</td>
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<tr>
<td>Non-Waiver</td>
<td>$734,514,400</td>
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### Waiver Population

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<th>SD</th>
<th>CAC</th>
<th>STATEWIDE</th>
<th>Total</th>
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<tr>
<td></td>
<td>1,100</td>
<td>1,538</td>
<td>4,645</td>
<td>7,283</td>
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### Full Time Employment

- Family Support: 4,470
- Harold Jordan Center: 10
Accreditation and Person-Centered Practices

Person-Centered Excellence Network Accreditation
DIDD received Person-Centered Excellence (PCE) Network Accreditation from the Council on Quality and Leadership (CQL) on January 15th, 2019. This began the 2nd Accreditation term for DIDD with CQL and initiated a continuing journey toward supporting Tennesseans with intellectual and developmental disabilities to live the lives that they desire. Maintaining its status as the first state service-delivery system in the nation to receive Person-Centered Excellence Accreditation from CQL requires partnership with people supported, families, advocacy organizations, the provider network, and DIDD employees.

Data collection and analysis is an important component of the Accreditation work. They guide the development of Accreditation plans that impact statewide and regional initiatives. Data is collected through:

- Personal Outcome Measures Interviews with people supported
- Basic Assurance Reviews, which examine the systems and practices of the provider network
- Focus groups with people supported, direct support professionals, and family members
For Fiscal Year 2018-19, the Accreditation team completed 151 Personal Outcome Measures interviews and 15 Basic Assurance Reviews. This data collection indicated that DIDD has made the largest improvements in the following Basic Assurance factors: Rights Protection and Promotion, Natural Support Networks, Staff Resources and Supports, and Positive Services and Supports. Personal Outcome Measures data indicated improvements in multiple indicators, as noted in the chart.

During the fall of 2018, Statewide and Regional Person-Centered Excellence (PCE) Plans were developed with the help of self-advocates, providers, and state employees. Over the 2019-2022 Accreditation term, DIDD will be working to improve how it supports people in the areas of:

- Person-Centered Assessment and Discovery
- Person-Centered Planning
- Supports and Services
- Community Connections
- Workforce
- Quality and Accountability

The Accreditation Team also provides support to all CQL Accredited Organizations in Tennessee. This number has increased from 3 providers at the time of DIDD's initial Accreditation to 12 providers currently supporting people throughout Tennessee.

Along with these plans, work continues in earnest on completing actions ensuring the principles of Accreditation are fully embedded throughout DIDD's service delivery system. This includes Provider Manual and Policy updates; as well as ongoing training focused on the Personal Outcome Measures and Basic Assurances.
National Core Indicators
National Core Indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. DIDD, in partnership with the Arc Tennessee, completes these surveys annually. Prior to the start of these interviews, an informational session is held in each region to support people to understand what some of the questions may be, how to let the interviewer know if a break is needed or what to do if the person does not understand the question, as well as emphasize the value of their input because the tool provides invaluable information to DIDD. 408 surveys were completed during this fiscal year. The NCI survey is published annually and is shared at the regional focus groups. An NCI Staff Stability Survey was also conducted and evaluated 108 out of 134 day and residential providers with DIDD funded services who completed the survey. This past year, DIDD providers produced an 81% return rate. That reflects an increase of 8% over the previous year’s response rate of 73%.

This data provides outcomes and goals for these divisions to work on with supports and services as well as celebrations in strengths. These reports have also been used to support legislative changes that impact things like staff stability and self-determination work.

Person-Centered Practices
One of the primary goals of DIDD is to be a person-centered service-delivery system. This is achieved by working with the people receiving supports and the provider network through Person-Centered Practices (PCP). PCP’s goal is to encourage a new way of thinking and to inspire a change in the people DIDD supports and the providers they choose to support them.

Many providers across Tennessee took on the challenge of becoming a Person-Centered Organization (PCO). The PCO project is a partnership with the Council on Developmental Disabilities and the Learning Community. Becoming a PCO involves an organizational change in their mission and values to use PCP. A PCO is continuously striving to learn and improve their organization through meeting annual expectations. The organization identifies Coaches and Leaders who meet quarterly to discuss how to help people supported become a valued member of the community and how to engrain PCP into everyday life. There are PCOs in every region of Tennessee. As part of their commitment to be a PCO, they meet quarterly with the Person-Centered Practices Unit and work toward their improvement goals.
**Self-Advocacy**

One instrumental part of Accreditation is its partnership with Self-Advocate Mentors (SAM). This program partners with people that receive support through DIDD funding to gather invaluable information in order to learn about opportunities to improve the DIDD service-delivery system. DIDD partners with 17 Mentors across the state. They meet quarterly to have continuing education on topics related to speaking up for others, practicing their skills for facilitating focus groups, and identifying other opportunities to teach others about self-advocacy. In 2019, the Self-Advocate Mentors began hosting and presenting at Self-Advocate Outreach groups in each grand region. The Self-Advocate Mentor chooses the topic they want to present and facilitates the meeting, including distributing materials, resources, etc. Several SAMs have also taken on other roles across the state such as serving on Regional Human Rights Committees, Policy and Planning Councils, Community Advisory Councils, and re-establishing DIDD area Focus Groups in their communities.

Another key initiative in Self-Advocacy has been People Planning Together (PPT) Workshops. PPT is a workshop taught by people receiving services, for people receiving services. The interaction between the trainers and people supported provides a powerful dynamic. This training has been beneficial for people to learn how to advocate for their visions and goals for the future. It was determined that additional advocacy training was needed, so a workgroup developed a new training in self-advocacy. This training is called Advocates in Motion and will be piloted and implemented during the 2019-20 fiscal year.
DIDD’s Enabling Technology Program experienced significant growth as it entered its second year and has already seen life-changing results within the service delivery system. The department has celebrated the successes of numerous people who have gained new levels of independence through their use of technology at home, at work, and in the community. It’s also reached several notable milestones, including but not limited to:

- Two Enabling Technology Model Homes, in Greeneville and Nashville, are now open for tours to educate all stakeholders. The second model home, located in Nashville, showcases how a 100-year old house can be converted to a contemporary, technology-supported home.

- Growing enthusiasm from the provider community and expansion of the network of participating Enabling Technology vendors, which leads to introduction of new technology options.

- The Enabling Technology team launched a Displacement Prevention Initiative, designed to deploy technology options to allow people to remain in their homes and communities despite the loss of family support due to illness or death.

- Collaboration between the Enabling Technology and Employment First teams was formalized to establish meaningful linkage between these two initiatives and bring technology supports to the workplace for greater independence.

- The department’s engagement of The Arc Tennessee and Vanderbilt Kennedy Center to develop and implement a rating system of inexpensive evidence-based apps to guide families and to make technology accessible to all who seek it resulted in two reports that will be disseminated to stakeholders.

- Tennessee facilitated the formation of a Consortium of Technology States, a 10-member group formed to share, problem-solve, and serve as a national catalyst for the increased use of Enabling Technology. Two national organizations, The National Association of State Directors of Developmental Disabilities Services (NASDDDS) and The Coleman Institute for Cognitive Disabilities, also participate in our quarterly sessions.

- In support of the Governor’s priority concerning rural, distressed counties, the department has extended its project to Hardeman County.

- On October 18, 2018, Governor Bill Haslam released a letter to Commissioner Payne commending the significance of our Enabling Technology initiative and implored our department to continue to identify new avenues for technology to remove barriers and provide more opportunities for Tennesseans with disabilities to live independently.
Provider Transformation
Three providers, CORE Services of Northeast Tennessee, Prospect, and Madison-Haywood Developmental Services, have made the commitment to transform their organizations’ culture and practices to become a Technology First provider. In partnership with the department’s regional Technology Champions and nationally recognized experts, these providers are preparing to not only offer Enabling Technology as a first option, but also to make Enabling Technology a sustainable enterprise and business model.

DIDD projects that by the end of the second quarter of this fiscal year, more than 50 people will be using Enabling Technology as a support option in some part of their lives. The beginning of beta testing of new technology, expected to begin during this second quarter, will augment these projections.

Success Stories Across the State
The department highlighted and shared a number of videos showcasing people’s stories in all corners of the state who are successfully utilizing technology to increase self-reliance and support them to reach their goals to live independently. One of those videos garnered national and international interest for the state’s Enabling Technology initiative. In the story, you hear from Brad Presnell and his hard-working family living in Northeast Tennessee. Brad was raised on a farm and always yearned to have his own home. His parents describe their worries and aspirations for him, ultimately supporting Brad’s dream which was largely made possible through his use of Enabling Technology. His video story struck a chord as it is not only about Enabling Technology, but also a family’s dream fulfilled. People, advocacy organizations, provider agencies, and legislators all took notice. As of August 2019, Brad’s story had more than 67 thousand views on Facebook and over 1000 shares.
2018 Enabling Technology Summit
At Tennessee’s 2nd Annual Enabling Technology Summit, more than 200 attendees heard from parents, people supported, direct support professionals, and national leaders who were early adopters of Enabling Technology and shared their organizations’ transformation to become Technology First providers.

Alice Brouhard, co-founder of Families at the Forefront of Technology, was our keynote speaker. Hers was a personal story about her daughter as well as an interactive and instructive presentation as she opened the audience’s eyes to the most easily accessed technology and how powerful it can be.

Future Endeavors – 2019-2020
Our Enabling Technology collaborations have taken on an international dimension. Two beta testing projects are about to launch, including work with Voiceitt, an Israeli company that developed software that will “translate” the speech of people who are difficult to understand into intelligible words or sentences. The department is also working with Eyedrivomatic, based in England, which has created software and hardware for people with motorized wheelchairs to use eye-gaze equipment to take control of their mobility.

The department also continues to look for ways to offer more independence for people with ID/DD, including the freedom to travel. That pursuit led us to the development of an Enabling Technology project in concert with AbleLink and The Orange Grove Center. The intent is to enable people to travel in their communities – to visit family, friends, the mall – without the need for staff to accompany or drive them. Furthermore, the Department will begin to assess if and how Enabling Technology has impacted Direct Support Professionals' work lives. The focus will be on retention and job satisfaction that can be reasonably attributed to the incorporation of Enabling Technology.
Employment First

Employment First means that employment in the general workforce should be the first and preferred option for people with disabilities. Tennessee has been a trailblazer in employment and the Employment 1st movement since the early 2000s and continued these assertive efforts with the convening of the Governor’s Employment First Task Force in 2013, after the signing of Executive Order No. 28. For nearly a decade, our state has been recognized for its aggressive approach toward improving access to, and the effectiveness of, services supporting employment opportunities and equitable wages for persons living with disability. The department has had great success in developing effective transition strategies for persons indicating a desire to work, adjusting existing program services to assist persons in their pursuit of competitive employment, and working with stakeholders to align policy and incentives that support a collective Employment 1st agenda.

Data Collection Update – Employment Rate Increase
While the department has been collecting employment data for over a decade, a new data collection effort began in April of 2017. This new survey system was intentionally designed to be short, focused and completed easily by our provider network to increase participation. Results have been outstanding with nearly 100% of all providers supporting persons in employment services responding. This most recent iteration of data collection is intentionally focused only on the essential components of our Employment First effort.

Specifically, the survey desires to understand which businesses and industries are hiring persons living with a disability, what are the wages people are earning, and how many hours are they typically working. This information has already proven to be valuable in that it allows us to better understand trend information in a more real-time environment and helps us better target resources in a way that supports employment outcomes.

In October of 2018, the department saw a 0.3% increase in Competitive Integrated Employment (CIE), bringing the rate to 17.9%.

Employment First State Leadership Mentoring Program
Tennessee has been a Core State leader in the Employment First State Leadership Mentoring Program (EFSLMP) through the U.S. Department of Labor’s Office of Disability Employment Policy (ODEP) since 2012. The federal resources and assistance provided by ODEP have been instrumental in the state’s progress on improving employment outcomes statewide.

This year, DIDD partnered with the Department of Mental Health and Substance Abuse Services (TDMHSAS) to focus those resources on those with behavioral health diagnosis.

That includes expanding Dual-Diagnosis (Individual Placement and Support (IPS) employment program, better placing people in IPS programs and developing training at American Job Centers. As of December 2018, IPS Supported Employment teams have served 643 people, 73 of whom were transition-aged youth. Twenty-five percent of those served have worked in Competitive Integrated Employment for 90 days or more. One of the goals of the Tennessee IPS Community is to expand the availability of this service to all 95 counties in Tennessee.
Tennessee Employment First Leadership Initiative
In fall of 2018, DIDD launched an Employment Mentorship program modeled after EFSLMP’s approach to provider transformation, called the Tennessee Employment First Leadership Initiative (TEFLI) to utilize in-state expertise within the department’s provider network and create a sustainable model for Employment First within the state.

TEFLI has now successfully completed its inaugural year with STAR Services, Emory Valley Center, and New Horizons as the participating providers mentored by the TEFLI Subject Matter Experts (SME). The first group of SMEs included St. John’s Community Services and Shelby Residential and Vocational Services (SRVS) in West Tennessee, and Core Services of Northeast Tennessee. All providers completed a detailed self-assessment to identify their strengths, areas of improvement, and received free technical assistance from SMEs to make comprehensive recommendations on ways to improve employment services and provide new job opportunities for people they support, including the use of enabling technology.

Expect Employment Report Presentation
The 2018 Expect Employment Report was presented to Gov. Bill Haslam by the Employment First Task Force at the University of Tennessee-Chattanooga in November 2018. Before the presentation, Haslam met several people with intellectual and developmental disabilities as he toured the campus where they work and volunteer with support from the Orange Grove Center. The tour allowed the Governor to see firsthand the types of services and partnerships outlined in the report that are working in Tennessee to support people on their paths to employment.

Day services Changes Update
Preparation for Day Services changes in the 1915(c) HCBS Waivers now enters its final stages with planned implementation for late 2019 or early 2020. The department has remained committed to a thoughtful and efficient implementation. As a result, the department has taken additional time to meet with stakeholder groups like Independent Support Coordinators, providers, and our partners at TennCare to make sure that thought is given to systems and processes that could be affected by the new services and the needed operational adjustments accompanying those changes.

Moreover, internal workgroups continue to meet and finalize affected processes, policies, protocols, and internal operating guidelines to ensure they are revised accordingly and ready for rollout in coordination with service implementation. To better ensure statewide continuity of support for these changes, the department has developed Day Service Champions in each DIDD regional office. These experts are dedicated to working with providers to understand the changes so that they are also able to make their own operational adjustments as needed.

The department has also been working to revise IT systems as a result of the changes in billing increments that accompany these new support options. The department is looking forward to the results of this system redesign and the full implementation of the changes, and is confident they will result in more community inclusion, increased employment rates, and higher wages for people supported, to name just a few of the expected benefits.
Regional Employment Efforts

DIDD’s Middle Regional Offices developed ways to highlight employment retention and build job skills for people supported. MTRO created an Employment Retention Award ceremony to recognize several people who have been employed for 5-10 years or more. The first ceremony will be held in fall of 2019. The regional offices also held their second Employment Gathering in May 2019, where more than 40 people supported were given the opportunity to gain interview experience with local employers and build job skills for future employment.

Our East Tennessee Regional Offices Employment First Coordinators presented a Chattanooga Mobile Technology initiative to several chambers of commerce throughout the region to showcase the ways technology can support people with disabilities in the workplace. The mission is as always to help participants find gainful employment and the department takes great pride in the effort needed to change the culture.

The West Tennessee Regional Office continues its efforts to create opportunities for employment and showcase resources to support people achieve their life goals. They are working with community stakeholders and partners, including the University of Memphis Institute on Disability, to host a Transition Resource Fair in fall 2019. The fair will highlight community, employment, and many more resources to help obtain employment and skill building to become more independent.

Department as a Model Employer – Nate and Morgan’s story

The department’s communications division gained two more interns this year from the Lipscomb IDEAL post-secondary program. Nate joined our team in the fall of 2018 to gain experiences in a clerical setting and build writing and organizational skills. Nate’s desire is to work in a state office. Morgan has similar career aspirations but was more interested in the outreach and video side of DIDD’s communications work.

The communications interns are tasked with compiling news clips, job postings, and writing newsletter content. They also support the team at events for outreach and creating video or photo content. Each of them created final projects to showcase their success, the skills they learned on the job at DIDD, and explain how they hope to apply them to future careers.

Nate and Morgan both graduated in May 2019 from Lipscomb University. While they’re still currently seeking employment in their desired job settings, they’re both currently employed in their communities.
The Employment and Community First (ECF) CHOICES program provides services that support people with disabilities to find employment, independence, and engagement in their communities. ECF CHOICES is administered by TennCare through its contracted Managed Care Organizations, but DIDD plays a key role in the program. The department’s responsibilities within the program include quality management, intake and enrollment, and critical event management.

More than 2,700 people in Tennessee receive supports through the program. This year, the General Assembly passed an Aging Caregiver Law that expands enrollment to include people with developmental disabilities whose primary custodial caregiver is 80 years of age or older.

**Quality Management**

During FY 2018 – 19, the Division of TennCare and DIDD continued to work cooperatively to fully implement the quality monitoring process that TennCare had developed for many of the services provided under the ECF CHOICES program. Throughout the year, ECF surveyors, working as members of the DIDD regional Quality Assurance Units, conducted 36 consultative surveys. These survey experiences offered providers and Managed Care Organizations an opportunity to use the initial survey as a learning experience that allowed them to become familiar with the ECF quality monitoring tools and expectations.

In March 2019, DIDD began the second phase of the quality monitoring process by conducting annual surveys of established ECF providers. With consultation from TennCare, these surveys continued to be utilized as learning experiences. From March through June of 2019, DIDD conducted 28 annual surveys.

**Intake and Enrollment**

Approximately 880 referrals were received by DIDD during the fiscal year. The department assisted hundreds more people with Medicaid to connect with their Managed Care Organization at the point of contact with our department. DIDD initiated biennial outreach for over 2,000 non-Medicaid persons on the ECF CHOICES referral list to collect recent information regarding the specific circumstances of each person on the referral list.

**ECF Audit**

Every year, TennCare conducts audits of the department’s compliance with the Referral, Intake, and Enrollment functions, as well as Reportable Events as outlined in the interagency agreement regarding ECF CHOICES. The following are the results from those audits:

- A March 2019 audit indicates a 99% compliance rating for all cases reviewed within the Referral, Intake, and Enrollment functions of the department.
- In October 2018, DIDD received 100% compliance in TennCare’s audit of the department’s Reportable Events functions. The audit reviewed 100% of all Tier 1 Reportable Events that occurred between April 1, 2018, and June 30, 2018, and a 100% sample of Tier 2 Reportable Events during the same time period.

**Office of Administrative Appeals**

On November 4, 2018, the DIDD Office of Administrative Appeals (OAA) was established and rules governing the operation of this unit went into effect. The unit falls under the purview of DIDD’s Assistant Commissioner and General Counsel, but it operates independently of other units such as the Office of General Counsel and Protection from Harm. OAA is responsible for providing an opportunity for due process for individuals who are substantiated at the Class I level for abuse, neglect, misappropriation of property, or exploitation of a vulnerable person, or for individuals who have three or more Class II substantiations in separate investigations for incidents occurring or discovered within a 24-month period.

Class I is of a nature serious enough to call into question whether the offender should be entrusted with the care of vulnerable persons.

Wrongful conduct in the Class II category is of a nature that disciplinary action and/or additional training may reasonably be deemed sufficient to address.

The OAA due process system is a branched process. The first step is that an individual may request a file review to be conducted by an attorney within OAA. The assigned OAA attorney reviews the Protection from Harm investigative file and determines whether the substantiation(s) will be upheld, modified, and/or overturned, and a decision letter is issued to the individual. If an individual waives or does not request a file review within the prescribed timeframe, then the matter will automatically move forward to the next step in the process. The second step of the due process system applies to individuals who have been referred for placement on DIDD’s Substantiated Investigations Records Inquiry (SIRI) database and/or the Abuse Registry that is maintained by the State of Tennessee Department of Health.

These individuals are provided with an opportunity to request a hearing to be held before an Administrative Law Judge (ALJ) employed by the State of Tennessee Secretary of State’s Office.
Clinical Services

Introduction to the Division of Clinical Services
The Division of Clinical Services has the overall mission of holistically empowering the personal growth and wellness of each person supported through the DIDD system. The division carries out numerous functions to fulfill this mission in a person-centered manner. These functions include policy consultation, oversight and management of clinical intervention, education and training, systemic development, and direct clinical consultation and intervention.

A Year of Transition
This year saw the passing of Dr. Thomas Cheetham, DIDD’s Deputy Commissioner of Health Services. In the wake of Dr. Cheetham’s death, the Division of Health Services has sought to expand on his legacy. In September 2018, the name of the division changed from the Division of Health Services to the Division of Clinical Services. The basic mission of the work unit did not change, but changes have occurred in how the mission is accomplished. The division has taken a clear turn toward assertive dissemination of health information and interdisciplinary collaboration between team members. It has also begun developing specific and measurable goals to improve the quality of clinical care across the state. While these goals have remained essentially the same, the Division of Clinical Services has made a commitment to effectiveness in achieving them so that persons supported receive optimal health care.

At the outset of the year, the Division of Clinical Services was organized around seven program areas. The seven program areas are described below:

1. Therapeutic Services – The Director of Therapeutic Services oversees the provision of physical therapy (PT), occupational therapy (OT), speech language pathology (SLP), audiology, nutrition, and orientation and mobility (O&M) services.
2. Seating and Positioning Clinics – DIDD has Seating and Positioning Clinics in each grand region of Tennessee and also operates a mobile unit to reach people who are unable to travel. These clinics have therapeutic staff who design wheelchairs and other equipment that promote comfort and functional ability for persons with severe physical impairments.
3. Nursing – The Director of Nursing and Assistant Director of Nursing manage the death review process and supervise the work of regional mortality nurses. They also manage the medication administration training program and provide consultative services throughout the DIDD system.
4. Psychiatry – The Statewide Director of Psychiatry provides direct and consultative psychiatric services to internal and external customers. The director provides direct psychiatric services in residential programs operated by DIDD, and heads the Regional Psychopharmacology Review Teams, a consultative service for persons living in DIDD-supported community settings.
5. Behavioral and Mental Health Services – The Coordinator of Behavioral and Mental Health Services tracks and manages the provision of behavioral/mental health services to promote the use of best practices and ensure that the rights of persons supported are protected.
6. Crisis and Forensic Services - During this year, the Division added a 6th area, renewing its focus on crisis and forensic services. A Coordinator of Crisis and Forensic Services was hired in March to identify gaps and strengthen relationships across crisis systems to fill those gaps. The coordinator will reach out to mobile crisis providers, psychiatric hospitals, law enforcement, emergency medical service providers, and the judicial system to establish these relationships.
7. Interdisciplinary Collaboration – Each of the foregoing program areas has its distinct responsibilities, but members of the clinical services team also work together to develop training, provide consultation, and develop policy. The Clinical Consultation Network is a weekly clinical education group that reviews a clinical case referred by a clinical services team member. The review is broadcast online to a statewide audience to heighten awareness of clinical practices and considerations.
**Therapeutic Services**

Therapeutic services are critical to the quality of life of many persons with intellectual and developmental disabilities. During FY 2018-2019, five new therapeutic services providers were brought onboard to provide an array of services, including environmental accessibility modifications, nutrition, and mobility services. The addition of these service providers will increase the availability and choice of services available to persons supported in the DIDD system.

Clinical service providers are required to conduct periodic self-assessments for quality assurance purposes. Many providers have historically struggled with this requirement, so this year the therapeutic services program created an online training to help them.

The DIDD clinical unit also supports clinical post-secondary students to complete their required fieldwork experiences with our department. By providing the internships, the department is preparing a new generation of professionals to provide high-quality therapeutic services to persons with ID/DD.

**Seating and Positioning Clinics**

One of the most evident examples of the critical role of therapeutic services are the department's Seating and Positioning Clinics in each grand region, as well as the mobile clinic. These clinics have therapeutic staff who design wheelchairs and other equipment that promote comfort and functional ability for persons with severe physical complexities. During the 2018-2019 fiscal year, the Seating and Positioning Clinics served hundreds of people through the creation of approximately 500 pieces of equipment and providing adjustments and repairs to hundreds more. They also completed the requirements to become fully operational outpatient clinics. The clinicians are credentialed and billing for therapy services through Medicare, Medicaid, and other major insurances. This has allowed the clinics to open eligibility for services to individuals with complex physical needs who are not currently served through the DIDD system but need the services offered through the clinics.

The Seating and Positioning Clinics have continued to campaign to ensure that Tennesseans are informed about the available services. Open Houses were held at each clinic to connect with communities and stakeholders statewide in an effort to ensure that people don’t fail to receive services because of a lack of awareness.

The department also highlighted two stories of people served by our Middle and West clinics, Michael and Darren. Michael was able to move from the use of a wheelchair that required the assistance of others to a power wheelchair that provided independent mobility. For Darren, his mom explains that seating and positioning supports have been transformative for his comfort and overall health. These types of outcomes are common in the Seating and Positioning Clinics and showcase why the program is so important.

**Crisis and Forensic Services**

On April 26, 2019, DIDD conducted an emergency services consultation between the Tusculum Police Department (located near Greeneville, TN), the East TN Regional Office, and local DIDD providers. The police department had requested the consultation because of the high number of calls they were receiving from some local providers. Each party was able to articulate their needs and limitations, and all left with a greater understanding of their role in crisis intervention. These types of emergency services consultations will continue to be a focus for the Crisis and Forensics program in the future.
Behavioral and Mental Health Services
DIDD employs or contracts with over 100 behavioral and mental health clinicians to provide behavior services to persons supported. During FY 2018-2019, DIDD has continued to provide leadership and accountability for these professionals. Through clinical support, education activities, and quality reviews of behavioral interventions, the Behavioral and Mental Health Services program seeks to ensure that persons supported through DIDD receive appropriate and effective behavior services.

On July 11, 2018, DIDD implemented a new Human Rights Review policy to ensure that whenever restrictions or restricted behavioral procedures are used that they 1) receive appropriate informed consent from the person supported or the legal representative authorized to provide the consent, and 2) that Human Rights Committees are used when conflicts occur between a legal representative and the person or other members of the Circle of Support. This was an ambitious policy as it required greater consideration of the risks and benefits of proposed procedures and a plan for fading their use over time. The Behavioral and Mental Health Services program took the lead in implementing this policy and conducted extensive training for community providers on benefit/risk analysis and fading plans. Internal Operating Guidelines were established to ensure consistent implementation of the policy across the three regions. The outcomes of this policy continue to be monitored and adjustments to this policy will be proposed as appropriate.

Harold Jordan Center
The Harold Jordan Center (HJC) provides unique, individualized clinical treatment to stabilize and treat a behaviorally complex population in order to improve quality of life and provide stepping stones for community re-integration. The HJC strives to treat people with the lowest amount of psychotropic medications necessary to manage psychiatric illness. This is done through therapeutic and behavioral interventions, a supportive environment, employment, education, and optimal health and psychiatric diagnostic assessment. It operates three programs: an eight-bed court ordered forensic program, a four-bed behavior stabilization unit, and an ICF/IID program for people with intellectual disabilities who also have a significant co-occurring behavioral/mental health diagnosis. This year, the HJC transitioned 13 people into less restrictive settings after a successful treatment experience.
In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Services (HCBS) Settings. The rule went into effect on March 17, 2014. The rule was designed to enhance the quality of HCBS, provide additional protections, and ensure full access to the benefits of community living. The focus of the rule is to determine the quality of the individual's experiences while receiving Medicaid-funded HCBS.

CMS requires that states comply with and remain in compliance with the HCBS Final Settings Rule. Tennessee's Statewide Transition Plan (STP), authored by TennCare, details Tennessee's plan to ensure initial and ongoing compliance.

The State of Tennessee required all HCBS Providers (Day and Residential) to complete and submit to their Contracted Agency (TennCare or DIDD) a Provider Self-Assessment by March 31, 2015. During self-assessment phase, agencies were required to provide evidence detailing how they planned to comply with the HCBS Settings Rule. Initially, states were to be in full compliance no later than March 17, 2019, however, CMS later extended that deadline to March 17, 2022.

Additionally, via the STP, Tennessee announced their plans to be in full compliance by March 2019. Upon initial count, there were 1,116 settings across the state reviewed for compliance. The deadline was accomplished; however, it was later determined that approximately thirteen providers failed to receive a HCBS Self-Assessment during the initial self-assessment process, a heightened scrutiny review or a self-assessment through the Provider Development Committee (PDC). A process was developed to assess these providers for compliance and all providers are now compliant.

It should be noted that Tennessee was the first state to have an approved STP by CMS and met compliance by the initially established deadline of March 2019. DIDD will continue to conduct ongoing monitoring via processes already in place and follow-up on issues to resolution as they are identified.

The Tennessee Council on Autism Spectrum Disorder (TNCASD) is gaining momentum and making progress on its outlined goals in the legislation with which it was created. Findings from the Centers for Disease Control's Community Report on Autism 2018 and the Tennessee Autism and Developmental Disability Monitoring Network (TN-ADDM) now show that 1 in 64 children in Tennessee are born with autism spectrum disorder. TNCASD works to establish a comprehensive statewide long-term plan for a system of care for people with autism spectrum disorder and their families.

The council operates through four working committees: Information/Resources for Individuals and Families; Early Intervention/Education; Health Care; and Aging/Adulthood. Council and community members make up each committee. The following page has the council's assessment and action item from each of the four committees this year:
Information/Resources for Individuals and Families:
Assessment: Information needed by individuals and families about services and supports for autism spectrum disorder are both inconsistent and difficult to access. No matter where a family lives, they should have access to accurate and up-to-date information (“no wrong-door”).

Action: The Autism Council supports policy changes to develop a “Lifespan Approach” that includes a resource map and timeline of suggested actions for families and individuals seeking resources, and this will provide additional information on legal and financial supports.

Early Identification/Education:
Assessment: Current training concerning the specific educational interventions for autism spectrum disorder are lacking and poorly coordinated for both families and educators.

Action: The Autism Council will advocate for policies that provide parent, teacher, and administrator training for both the early intervention (ages birth to 3 years old) and education systems (ages 3 to 22). In addition, the Autism Council recommends policies that support a family-centered collaborative approach for individuals, families, and educators concerning educational rights and responsibilities.

Health Care:
Assessment: There are inadequate screening initiatives and limited access to early diagnosis for autism spectrum for both young children at risk and older individuals who demonstrate symptoms and impairments. Too many find it difficult if not impossible to access high-quality intervention and treatment services.

Action: The Autism Council recommends the development of a System of Care (a coordinated network of community-based services) that is patient-centered, comprehensive, team-based, and accessible that supports the provision of comprehensive health services statewide. This includes policies in collaboration with the Department of Health, the Department of Intellectual and Developmental Disabilities, the Division of TennCare, and other state department council members that promote both services for patients and training for community health care providers, facilitated through technology, to treat individuals with autism spectrum disorder across the lifespan and support their families.

Aging and Adulthood:
Assessment: Training and transition from the educational system to the workforce needs improvement for individuals with autism spectrum disorder, and this contributes to the fact that studies indicate that up to 75% of adults who have received a post-secondary education with an autism spectrum disorder are not employed.

Action: The Autism Council will collaborate with Department of Human Services and the Department of Education to report on transition and employment services offered to individuals with autism spectrum disorder in Tennessee to better understand how the provision of services are determined. In addition, the council will promote policies to expand autism-specific training for Vocational Rehabilitation (VR) counselors and other employment service providers that serve those with autism spectrum disorder and provide information to potential employers concerning the benefits of employing persons with autism spectrum disorder.

The council is made up of three governor-appointed family members and/or self-advocates from each of the three grand regions of the state, and a representative from each state department involved with people with autism spectrum disorder during their lifespan. The Council operates under the administrative support of DIDD's Office of General Counsel.
Legislation Updates

DSP Wages
In FY 18-19, DIDD saw a successful and busy legislative session. The governor and General Assembly maintained funding that was instituted last year to promote recruitment and retainment of Direct Support Professionals (DSP) with $34 million in recurring and nonrecurring state and federal funds. The initial appropriation was allotted to boost DSP wages to $10 per hour.

Katie Beckett Program
With major support from families and advocates in Tennessee and around the nation, legislation was passed this year and the Katie Beckett program was signed into law. Subject to the approval of the Centers for Medicare and Medicaid Services (CMS), the Katie Beckett program would establish a two-part program to assist children under the age of 18 with disabilities or complex medical needs. These children would not qualify for services under the state’s current Medicaid programs because of their parent’s income or assets.

Almost $79 million dollars, $27.3 million in state funds and $49.5 million in federal funds, were appropriated to support the new program. DIDD and TennCare are currently working together to design the Katie Beckett program with input from families and stakeholders before implementation.

Social Media

Enabling Technology and Employment First efforts were at the forefront of our social media success this year. DIDD continues to create video and photo content to inform our followers and promote person-centered supports, independence, and community inclusion for all people with disabilities. In March, the department published a viral video on Facebook spotlighting Brad Presnell, a DIDD Enabling Technology Program participant, who is living in a home of his own in East Tennessee that gained more than 67 thousand views!

The department also expanded its outreach online in FY ‘18-19 by increasing its social media community on Facebook, Twitter, and Youtube, and adding Instagram, in an effort to reach a younger, growing audience. Content on each of the platforms has reached thousands of people nationally and internationally and has proved to be an effective tool in supporting our department’s mission and vision.
Campaigns
As part of our effort to engage with our followers on social media and recognize the valuable contributions of our employees, DIDD kickstarted multiple series designed to highlight staff in all regions and the work they do to support Tennesseans with disabilities to live fulfilling and rewarding lives. An example of a successful campaign is the #DIDDatWork monthly spotlight on the department's social media accounts that tells the unique stories of employees and the passions that drive them to excel in their jobs. Of note, one #DIDDatWork post on a longtime east Tennessee employee garnered more than a thousand engagements on Facebook in January 2019.

In March, DIDD's #Way2Work Employment First videos were recognized at a national level. The department's Deputy Director of Communications and External Affairs was asked to present to the President's Committee for People with Intellectual Disabilities (PCPID) in Washington D.C. on the state’s efforts to raise awareness on employment for people with disabilities.

Excellence in Customer Service Awards
Two DIDD employees were recognized this year by Governor Bill Lee's administration for their work and going above and beyond in their commitment to making life better for every Tennessean. DIDD's East Regional Plans Review Coordinator, Lori Shelton, and Quality Assurance Surveyor, Milan Miller, were among 46 state employees selected for the Fall 2018 and Spring 2019 Governor's Excellence in Service Award recipients.