

# Data Management Report

June 2016

# 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-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1	East	1943	1951	1950	1953	1962	1963	1957	1962	1957	1979	1985	
2	Middle	1888	1890	1884	1892	1889	1889	1889	1888	1892	1901	1910	
3	West	1084	1086	1091	1092	1097	1101	1095	1104	1113	1118	1124	
4	Statewide	4915	4927	4925	4937	4948	4953	4941	4954	4962	4998	5019	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Approved waiver participants per calendar year.		5072	5072	5072	5072	5072	5072	5072	5072	5072	5072	5072	5072
5	Unduplicated waiver participants.	4947	4976	4981	4998	5024	5043	4967	4989	5019	5052	5087	
6	# of slots remaining for calendar year	125	96	91	74	48	29	105	83	53	20	-15	5072

CAC Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
7	East	515	518	515	513	514	509	508	506	505	500	498	
8	Middle	554	551	549	551	550	544	542	541	538	538	536	
9	West	747	748	748	745	744	742	740	744	743	738	736	
10	Statewide	1816	1817	1812	1809	1808	1795	1790	1791	1786	1776	1770	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Approved waiver participants per calendar year.		1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923
12	Unduplicated waiver participants.	1828	1830	1831	1833	1838	1838	1797	1801	1801	1802	1803	
13	# of slots remaining for calendar year	95	93	92	90	85	85	126	122	122	121	120	1923

SD Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
14	East	386	389	396	396	402	405	405	412	406	408	403	
15	Middle	441	443	449	451	456	457	456	460	459	460	457	
16	West	337	335	337	339	339	338	342	341	345	347	352	
17	Statewide	1164	1167	1182	1186	1197	1200	1203	1213	1210	1215	1212	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Approved waiver participants per calendar year.		1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
19	Unduplicated waiver participants.	1202	1215	1234	1247	1259	1266	1212	1228	1241	1253	1266	
20	# of slots remaining for calendar year	600	587	568	555	543	536	590	574	561	549	536	

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

DIDD Demographics Full State Funded (CS Tracking)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
21	East	4	4	4	4	4	4	4	4	4	4	3	
22	Middle	1	1	1	1	1	1	1	1	1	1	1	
23	West	1	1	1	1	1	1	1	1	1	1	1	
24	HJC FAU (Forensic)	6	5	5	5	5	5	3	5	5	6	6	
25	HJC BSU (Behavior)	4	4	4	4	3	4	4	4	4	3	4	
26	Statewide	16	15	15	15	14	15	13	15	15	15	15	0

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

DIDD recipients in private ICF/IID receiving state funded ISC srvs		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
27	East	63	63	64	64	61	63	62	62	61	61	0	0
28	Middle	32	30	32	36	39	40	39	40	39	39	0	0
29	West	0	0	0	0	0	0	0	0	0	0	0	0
30	Statewide	95	93	96	100	100	103	101	102	100	100	0	0

Developmental Center census		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
31	GVDC	86	84	81	75	68	68	68	67	66	64	61	
32	CBDC	15	6	6	6	0	0	0	0	0	0	0	
33	HJC- Day One (ICF)	5	6	6	6	6	6	6	5	5	6	6	
34	Total	106	96	93	87	74	74	74	72	71	70	67	0

DIDD community homes ICF/IID census		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
35	East	63	63	63	63	63	61	61	61	63	63	63	
36	Middle	18	28	28	28	34	34	34	35	35	35	36	
37	West	48	48	48	48	48	48	48	46	47	46	47	
38	TOTAL	129	139	139	139	145	143	143	142	145	144	146	0

DIDD SERVICE CENSUS*		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
39	Total receiving DIDD funded services	8241	8254	8262	8273	8286	8283	8265	8289	8289	8318	8229	0

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

Census by Region	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	3060	3072	3073	3068	3074	3073	3065	3074	3062	3079	3013	
Middle	2964	2964	2964	2980	2983	2980	2974	2979	2978	2989	2956	
West	2217	2218	2225	2225	2229	2230	2226	2236	2249	2250	2260	
Total	8241	8254	8262	8273	8286	8283	8265	8289	8289	8318	8229	

**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.

<b>ALL Waiver Enrollments</b>	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
1 CAC	1	2	1	2	5	0	2	3	0	1	1		18
2 SD Waiver	12	13	19	13	12	7	13	14	13	12	13		141
3 Statewide Waiver	23	20	15	18	26	19	9	22	29	33	37		251
4 Total Waiver Enrollments	36	35	35	33	43	26	24	39	42	46	51	0	410

<b>CAC Waiver Enrollments</b>	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
5 East	1	2	0	1	4	0	0	0	0	1	1		10
7 Middle	0	0	1	0	1	0	2	0	0	0	0		4
8 West	0	0	0	1	0	0	0	3	0	0	0		4
9 Grand Total CAC Waiver	1	2	1	2	5	0	2	3	0	1	1	0	18

<b>SD Waiver Enrollments</b>	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
10 East	3	5	7	3	6	4	6	9	1	6	2		52
11 Middle	6	6	7	5	5	3	2	3	4	3	7		51
12 West	3	2	5	5	1	0	5	2	8	3	4		38
13 Grand Total SD Waiver	12	13	19	13	12	7	13	14	13	12	13	0	141

<b>SD Waiver Aging Caregiver</b>	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
Aging Caregiver is included in Total SD Waiver Count Above													
East	0	2	2	0	2	2	3	4	0	4	0		19
Middle	0	1	0	2	1	0	0	0	1	0	1		6
West	0	1	2	0	1	0	2	0	1	0	2		9
Total	0	4	4	2	4	2	5	4	2	4	3	0	34

**Statewide Waiver Enrollments by Referral Source**

<b>Crisis</b>	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
14 East	5	2	3	1	11	2	1	5	5	6	6		47
15 Middle	2	6	4	4	2	1	6	3	3	3	8		42
16 West	3	5	4	3	1	5	0	5	4	6	7		43
17 Total	10	13	11	8	14	8	7	13	12	15	21	0	132

Secondary Enrollment Source of Crisis:

<b>APS</b>	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
18 East	0	1	0	1	1	0	0	0	0	1	1		5
19 Middle	0	1	1	0	0	0	0	0	0	0	1		3
20 West	0	0	0	1	0	0	0	0	0	0	0		1
21 Total	0	2	1	2	1	0	0	0	0	1	2	0	9

<b>CHOICES</b>	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
22 East	0	0	0	0	0	0	0	0	0	0	0		0
23 Middle	0	0	1	0	0	0	0	0	0	0	1		2
24 West	0	0	0	0	0	0	0	0	0	0	0		0
25 Total	0	0	1	0	0	0	0	0	0	0	1	0	2

<b>CORRECTIONAL FACILITY</b>	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
26 East	0	0	0	0	0	0	0	0	0	0	0		0
27 Middle	0	0	0	0	0	0	0	0	0	0	0		0
28 West	0	0	1	0	0	0	0	1	0	1	0		3
29 Total	0	0	1	0	0	0	0	1	0	1	0	0	3

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

<b>DCS Enrollments</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
30	East	1	0	0	1	2	2	1	2	0	0	1		10
31	Middle	4	0	0	0	0	0	0	0	2	2	1		9
32	West	0	1	1	2	1	0	0	0	2	0	1		8
33	<b>Total</b>	5	1	1	3	3	2	1	2	4	2	3	0	27
<b>DC Transitions into Statewide</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
34	GVDC	0	0	0	0	0	0	0	0	0	0	0		0
35	HJC	0	0	0	0	0	0	0	0	0	0	0		0
36	<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>ICF Transfer Enrollments</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
37	East	1	1	0	0	0	0	0	0	0	0	1		3
38	Middle	0	0	0	0	0	0	0	0	0	0	0		0
39	West	1	0	0	0	3	0	0	0	1	0	0		5
40	<b>Total</b>	2	1	0	0	3	0	0	0	1	0	1	0	8
<b>MH Enrollments</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
41	East	1	1	0	1	0	0	0	1	1	1	0		6
42	Middle	0	0	0	1	0	1	0	0	0	2	0		4
43	West	0	0	1	2	2	2	0	0	1	2	0		10
44	<b>Total</b>	1	1	1	4	2	3	0	1	2	5	0	0	20
<b>PASRR NON NF</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
45	East	0	0	0	0	0	1	0	1	0	0	0		2
46	Middle	0	0	0	0	0	0	0	0	0	0	0		0
47	West	0	0	0	0	0	0	0	0	0	0	0		0
48	<b>Total</b>	0	0	0	0	0	1	0	1	0	0	0	0	2
<b>PASRR in NF</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
49	East	1	0	0	1	0	1	0	1	0	0	0		
50	Middle	2	0	0	0	0	2	0	0	0	2	0		
51	West	0	0	0	0	0	0	0	0	0	0	0		
52	<b>Total</b>	3	0	0	1	0	3	0	1	0	2	0	0	10
<b>SD Waiver Transfers</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
53	East	1	0	1	0	1	0	0	2	6	6	5		22
54	Middle	0	3	0	1	2	1	1	0	2	2	5		17
55	West	1	1	1	1	1	1	0	2	2	1	2		13
56	<b>Total</b>	2	4	2	2	4	2	1	4	10	9	12	0	52
<b>Total by Region</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
57	East	10	4	4	4	14	6	2	12	12	13	13		94
58	Middle	8	9	4	6	4	5	7	3	7	11	14		78
59	West	5	7	7	8	8	8	0	7	10	9	10		79
60	<b>Grand Total Statewide Waiver</b>	23	20	15	18	26	19	9	22	29	33	37	0	251

**Analysis**

There were 51 waiver enrollments for May 2016. Thirteen people enrolled into the SD waiver, of those, three were under the Aging Caregiver bill. Thirty-seven people enrolled into the Statewide waiver. There was one CAC enrollment.

**B Waiver Disenrollments**

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
<b>CAC Waiver</b>													
61 Voluntary	0	0	1	0	0	0	0	0	0	1	0		2
62 Involuntary- Death	4	3	5	8	6	9	7	3	4	8	8		65
63 Involuntary- Safety	0	0	0	0	0	0	0	0	0	0	0		0
64 Involuntary- Incarceration	0	0	0	0	0	0	0	0	0	0	0		0
65 Involuntary- NF > 90 Days	0	0	0	0	0	1	0	0	0	0	0		1
66 Involuntary- Out of State	0	0	0	0	0	0	0	0	0	0	0		0
67 Total Disenrolled	4	3	6	8	6	10	7	3	4	9	8	0	68
<b>SD Waiver</b>													
68 Voluntary	1	0	3	0	0	4	3	5	11	9	11		47
69 Involuntary- Death	0	1	2	0	1	0	0	1	1	0	5		11
70 Involuntary- Safety	0	0	0	0	0	0	0	0	0	0	0		0
71 Involuntary- Incarceration	0	0	0	0	0	0	0	0	0	0	0		0
72 Involuntary- NF > 90 Days	0	0	0	1	0	1	0	0	0	0	0		2
73 Involuntary- Out of State	0	1	1	1	1	0	0	0	0	0	0		4
74 Total Disenrolled	1	2	6	2	2	5	3	6	12	9	16	0	64
<b>Statewide Waiver</b>													
75 Voluntary	4	0	0	1	2	1	2	3	3	2	3		21
76 Involuntary- Death	6	6	10	4	9	9	12	12	7	5	8		88
77 Involuntary- Safety	0	0	0	0	0	0	0	0	0	0	0		0
78 Involuntary- Incarceration	0	0	0	0	0	0	0	0	0	0	0		0
79 Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	0	0	0		0
80 Involuntary- Out of State	0	2	0	2	0	0	0	0	0	0	0		4
81 Total Disenrolled	10	8	10	7	11	10	14	15	10	7	11	0	113
82 Total Waiver Disenrollments:	15	13	22	17	19	25	24	24	26	25	35	0	245

**Analysis:**

For May 2016, there were 35 waiver discharges. Eight people were discharged from the CAC waiver. In the SD waiver, sixteen people were discharged, 11 of those being transferred to the Statewide Waiver. The Statewide waiver had eleven discharges.

**C Developmental Center-to-Community Transitions Report**

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

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
<b>Greene Valley</b>													
83 Census [June 2015 88]	86	83	81	75	68	68	68	67	66	64	61		
Discharges													
84 Death	0	0	0	1	0	0	0	1	1	1	2		6
85 Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0		0
86 Transition to community state ICF	0	0	1	0	0	0	0	0	0	0	0		1
87 Transition to private ICF	1	1	1	4	3	0	0	0	0	0	0		10
88 Transition to waiver program	1	2	0	1	4	0	0	0	0	1	1		10
89 Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0		0
90 Total Discharges	2	3	2	6	7	0	0	1	1	2	3	0	27
<b>Clover Bottom</b>													
91 Census [June 2015 18]	16	6	6	6	0	0	0	0	0	0	0		
Discharges													
92 Death	0	0	0	0	0	0	0	0	0	0	0		0
93 Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0		0
94 Transition to community state ICF	2	10	0	0	6	0	0	0	0	0	0		18
95 Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0		0
96 Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0		0
97 Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0		0
98 Total Discharges	2	10	0	0	0	0	0	0	0	0	0		12
<b>Harold Jordan Center</b>													
99 Census [June 2015 14]	15	15	15	15	14	15	13	14	14	15	16		
Admissions													
100 HJC Day One (ICF)	0	1	0	0	0	0	0	0	0	0	0		1
101 HJC FAU (SF)	1	0	0	0	1	0	0	2	0	0	0		4
102 HJC BSU (SF)	0	0	1	0	1	1	0	0	0	1	1		5
103 Total Admissions	1	1	1	0	2	1	0	2	0	1	0		9
Discharges													
104 Death	0	0	0	0	0	0	0	0	0	0	0		0
105 Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0		0
106 Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0		0
107 Transition to waiver program	0	1	1	0	1	0	2	1	0	0	0		6
108 Transition back to community	0	0	0	0	0	0	0	0	0	0	0		0
109 Total Discharges	0	1	1	0	1	0	2	1	0	0	0		6
<b>East Public ICF Homes</b>													
110 Census [June 2015 63]	63	63	63	63	63	61	61	61	63	63	63		
111 Admissions	0	0	1	0	0	0	0	0	2	0	0		3
Discharges													
112 Death	0	0	1	0	0	2	0	0	0	0	0		3
113 Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0		0
114 Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0		0
115 Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0		0
116 Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0		0
117 Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0		0
118 Total Discharges	0	0	1	0	0	2	0	0	0	0	0		3

<b>Middle Public ICF Homes</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
119	Census [June 2015 16]	18	28	28	28	34	34	34	35	35	35	36		
120	Admissions	2	10	0	0	6	0	0	1	1	0	1		9
Discharges														
121	Death	0	0	0	0	0	0	0	0	1	0	0		1
122	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0		0
123	Transition to public state ICF	0	0	0	0	0	0	0	0	0	0	0		0
124	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0		0
125	Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0		0
126	Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0		0
127	<b>Total Discharges</b>	0	0	0	0	0	0	0	0	1	0	0		1
<b>West Public ICF Homes</b>		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
128	Census [June 2015 47]	48	48	48	48	48	48	48	46	47	46	47		
129	Admissions	0	0	0	0	0	0	0	0	1	0	1		2
Discharges														
130	Death	0	0	0	0	0	0	0	2	0	1	0		3
131	Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0		0
132	Transition to public state ICF	0	0	0	0	0	0	0	0	0	0	0		0
133	Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0		0
134	Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0		0
135	Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0		0
136	<b>Total Discharges</b>	0	0	0	0	0	0	0	2	0	1	0		3

**Analysis:**

There were 3 discharges from GVDC leaving a new census for May of 61. One admission to HJC raises the census to 16, ETCH homes remained at 63, MTCH had one admission going up to 36 and WTCH had one admission for a new census of 47.

STATEWIDE DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	92	95	78	81	80	80	83	76	88	111	120	0
# of Urgent cases	407	396	398	396	384	376	377	371	372	369	366	0
# of Active cases	3766	3694	3651	3571	3542	3474	3433	3378	3276	3147	3135	0
# of Deferred cases	1975	2002	2030	2062	2085	2135	2146	2143	2182	2186	2192	0
<b>Wait List Total</b>	<b>6240</b>	<b>6187</b>	<b>6157</b>	<b>6110</b>	<b>6091</b>	<b>6065</b>	<b>6039</b>	<b>5968</b>	<b>5918</b>	<b>5813</b>	<b>5813</b>	<b>0</b>
June 2015 - 6277												
Monthly net effect	-37	-53	-30	-47	-19	-26	-26	-71	-50	-105	0	

												FY Total	
<b>Additions</b>													
Crisis cases added	11	10	5	3	15	6	3	4	11	9	13	0	90
Urgent cases added	15	12	14	14	13	13	6	14	14	15	11	0	141
Active cases added	23	23	19	18	16	20	16	21	19	25	16	0	216
Deferred cases added	16	10	12	12	15	10	7	11	25	15	11	0	144
<b>Total # Added</b>	<b>65</b>	<b>55</b>	<b>50</b>	<b>47</b>	<b>59</b>	<b>49</b>	<b>32</b>	<b>50</b>	<b>69</b>	<b>64</b>	<b>51</b>	<b>0</b>	<b>591</b>

												FY Total	
<b>Removals</b>													
For Enrollment into the SD Waiver	8	10	19	13	21	6	14	14	12	12	12	0	141
For Enrollment into the Statewide Waiver	16	19	15	15	28	17	7	20	18	25	25	0	205
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0	2	0	0	0	0	3
Moved into a Private ICF home	3	1	2	0	0	1	0	2	1	0	0	0	10
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	1	1	1	0	3
Deceased	5	4	7	1	1	3	6	3	3	2	3	0	38
Moved out of state	4	3	4	3	3	6	2	1	0	1	0	0	27
Not eligible for services	0	2	1	0	1	1	1	1	1	0	0	0	8
Other	0	1	0	1	2	1	1	1	1	3	4	0	15
Receiving other funded services	1	0	1	0	1	0	1	0	0	2	1	0	7
Requested to be removed	2	6	3	1	7	6	3	2	4	2	0	0	36
Unable to locate	64	62	28	60	13	34	23	75	78	121	5	0	563
<b>Total Number Removed this Month</b>	<b>103</b>	<b>108</b>	<b>80</b>	<b>94</b>	<b>78</b>	<b>75</b>	<b>58</b>	<b>121</b>	<b>119</b>	<b>169</b>	<b>51</b>	<b>0</b>	<b>1,056</b>

Comparison	East	Middle	West	Statewide
Crisis	44	38	38	120
Urgent	222	135	9	366
Active	1215	981	939	3135
Deferred	701	739	752	2192
WL Total	2182	1893	1738	5813

Added	East	Middle	West	Statewide
Crisis	5	4	4	13
Urgent	7	4	0	11
Active	11	2	3	16
Deferred	8	1	2	11
WL Total	31	11	9	51

EAST REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	31	25	21	27	27	29	31	19	27	38	44	
# of Urgent cases	217	217	227	230	223	221	216	220	217	217	222	
# of Active cases	1309	1279	1269	1225	1218	1218	1218	1219	1222	1219	1215	
# of Deferred cases	682	684	686	688	689	689	687	686	689	689	701	
<b>Wait List Total</b>	<b>2239</b>	<b>2205</b>	<b>2203</b>	<b>2170</b>	<b>2157</b>	<b>2157</b>	<b>2152</b>	<b>2144</b>	<b>2155</b>	<b>2163</b>	<b>2182</b>	<b>0</b>
June 2015 -2259												
Net effect on Grand Total List	-20	-34	-2	-33	-13	0	-5	-8	11	8	19	

												FY Total	
<b>Additions</b>													
# of Crisis cases added	3	3	3	1	5	2	1	3	2	4	5		32
# of Urgent cases added	7	6	8	11	4	4	4	8	8	4	7		71
# of Active cases added	10	12	8	8	5	10	8	7	7	13	11		99
# of Deferred cases added	8	5	5	9	4	3	1	2	6	6	8		57
<b>Total # Added to the Wait List</b>	<b>28</b>	<b>26</b>	<b>24</b>	<b>29</b>	<b>18</b>	<b>19</b>	<b>14</b>	<b>20</b>	<b>23</b>	<b>27</b>	<b>31</b>	<b>0</b>	<b>259</b>

												FY Total	
<b>Removals</b>													
For Enrollment into the SD Waiver	3	5	7	3	6	4	5	9	1	6	2		51
For Enrollment into the Statewide Waiver	10	8	3	5	12	7	2	12	6	8	7		80
For Enrollment into the CAC Waiver	0	0	0	0	0	0	0	0	0	0	0		0
Moved into Private ICF home	1	0	1	0	0	1	0	0	1	0	0		4

Moved into DIDD ICF home	0	0	0	0	0	0	0	0	1	0	0	1
Deceased	2	3	2	0	1	1	2	1	1	1	1	15
Moved out of state	1	0	1	3	3	4	0	0	0	1	0	13
Not eligible for services	0	1	1	0	1	1	0	1	0	0	0	5
Other	0	0	0	0	0	0	0	0	0	0	0	0
Receiving other funded services	0	0	0	0	0	0	1	0	0	0	1	2
Requested to be removed	0	0	0	0	0	1	2	0	2	0	0	5
Unable to locate	32	43	11	52	8	0	6	3	1	4	1	161
<b>Total Number Removed this Month</b>	49	60	26	63	31	19	18	26	13	20	12	337
<b>MIDDLE REGION DATA</b>	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	46	47	41	41	37	37	34	38	37	44	38	
# of Urgent cases	174	165	156	159	159	152	152	144	144	133	135	
# of Active cases	1202	1166	1161	1155	1154	1109	1101	1055	1032	985	981	
# of Deferred cases	654	683	686	685	685	730	733	727	735	740	739	
<b>Wait List Total</b>	2076	2061	2044	2040	2035	2028	2020	1964	1948	1902	1893	0
June 2015	-2100											
Net effect on Grand Total List	-24	-15	-17	-4	-5	-7	-8	-56	-16	-46	-9	

												FY Total
<b>Additions</b>												
# of Crisis cases added	5	4	1	1	5	3	1	1	1	5	4	31
# of Urgent cases added	3	5	4	3	8	6	1	4	4	5	4	47
# of Active cases added	2	4	3	5	4	6	5	1	7	2	2	41
# of Deferred cases added	2	4	3	0	2	5	3	3	6	4	1	33
<b>Total # Added to the Wait List</b>	12	17	11	9	19	20	10	9	18	16	11	152

												FY Total
<b>Removals</b>												
For Enrollment into the SD Waiver	1	3	6	7	13	2	3	3	3	3	6	50
For Enrollment into the Statewide Waiver	3	9	6	5	8	4	5	3	4	8	9	64
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0	0	0	0	0	1
Moved into Private ICF home	1	1	0	0	0	0	0	2	0	0	0	4
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0	0	0	0
Deceased	2	1	3	0	0	2	2	0	2	1	2	15
Moved out of state	3	1	1	0	0	2	1	1	0	0	0	9
Not eligible for services	0	1	0	0	0	0	1	0	0	0	0	2
Other	0	0	0	0	1	0	1	1	1	1	4	9
Receiving other funded services	0	0	0	0	0	0	0	0	0	1	0	1
Requested to be removed	1	3	2	1	1	4	1	1	2	0	0	16
Unable to locate	24	14	10	0	0	13	6	56	21	46	0	190
<b>Total Number Removed this Month</b>	35	33	28	13	24	27	20	67	33	60	21	361

WEST REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	15	23	16	13	16	14	18	19	24	29	38	
# of Urgent cases	16	14	15	7	2	3	9	7	11	19	9	
# of Active cases	1255	1249	1221	1191	1170	1147	1114	1104	1022	943	939	
# of Deferred cases	639	635	658	689	711	716	726	730	758	757	752	
<b>Wait List Total</b>	1925	1921	1910	1900	1899	1880	1867	1860	1815	1748	1738	0

June 2015 -1918

Net effect on Grand Total List	7	-4	-11	-10	-1	-19	-13	-7	-45	-67	-10	
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**Additions**

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FY Total
# of Crisis cases added	3	3	1	1	5	1	1	0	8	0	4		27
# of Urgent cases added	5	1	2	0	1	3	1	2	2	6	0		23
# of Active cases added	11	7	8	5	7	4	3	13	5	10	3		76
# of Deferred cases added	6	1	4	3	9	2	3	6	13	5	2		54
Total # Added to the Wait List	25	12	15	9	22	10	8	21	28	21	9	0	180

**Removals**

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FY Total
For Enrollment into the SD Waiver	4	2	6	3	2	0	6	2	8	3	4		40
the Statewide Waiver	3	2	6	5	8	6	0	5	8	9	9		61
For Enrollment into the CAC Waiver	0	0	0	0	0	0	0	2	0	0	0		2
Moved into Private ICF home	1	0	1	0	0	0	0	0	0	0	0		2
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0	1	1		2
Deceased	1	0	2	1	0	0	2	2	0	0	0		8
Moved out of state	0	2	2	0	0	0	1	0	0	0	0		5
Not eligible for services	0	0	0	0	0	0	0	0	1	0	0		1
Other	0	1	0	1	1	1	0	0	0	2	0		6
Receiving other funded services	1	0	1	0	1	0	0	0	0	1	0		4
Requested to be removed	1	3	1	0	6	1	0	1	0	2	0		15
Unable to locate	8	5	7	8	5	21	11	16	56	71	4		212
<b>Total Number Removed this Month</b>	19	15	26	18	23	29	20	28	73	89	18	0	358

**D Protection From Harm/ Complaint Resolution**

**Data Source:**

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

Complaints by Source- Self Determination Waiver	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
<b>1 Total # of Complaints</b>	0	1	1	0	0	1	0	1	0	0	0	0
<b>2 # from TennCare</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>3 % from TennCare</b>	N/A											
<b>4 # from a Concerned Citizen</b>	0	0	0	0	0	0	0	1	0	0	0	0
<b>5 % from a Concerned Citizen</b>	N/A	100%	N/A	N/A	N/A	N/A						
<b>6 # from the Waiver Participant</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>7 % from the Waiver Participant</b>	N/A											
<b>8 # from a Family Member</b>	0	1	1	0	0	0	0	0	0	0	0	0
<b>9 % from a Family Member</b>	N/A	100%	100%	N/A								
<b>10 # from Conservator</b>	0	0	0	0	0	1	0	0	0	0	0	0
<b>11 % from Conservator</b>	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A
<b>13 # Advocate (Paid)</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>14 % from Advocate (Paid)</b>	N/A	N/A	0%	N/A								
<b>15 # from PTP Interview</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>16 % from PTP Interview</b>	N/A											

Complaints by Source - Statewide Waiver	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
<b>17 Total # of Complaints</b>	3	12	6	6	7	2	5	5	15	4	15	15
<b>18 # from TennCare</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>19 % from TennCare</b>	N/A											
<b>20 # from a Concerned Citizen</b>	0	0	3	1	0	1	0	0	4	0	3	3
<b>21 % from a Concerned Citizen</b>	N/A	N/A	50%	17%	N/A	50%	N/A	N/A	27%	N/A	20%	20%
<b>22 # from the Waiver Participant</b>	1	0	0	0	1	0	0	0	0	0	0	0
<b>23 % from the Waiver Participant</b>	33%	N/A	N/A	N/A	14%	N/A						
<b>24 # from a Family Member</b>	0	1	1	4	2	1	2	1	7	2	2	2
<b>25 % from a Family Member</b>	N/A	8%	17%	67%	29%	50%	40%	20%	47%	50%	13%	13%
<b>26 # from Conservator</b>	1	11	2	1	0	0	3	4	4	2	10	10
<b>27 % from Conservator</b>	33%	92%	33%	17%	N/A	N/A	60%	80%	27%	50%	67%	67%
<b>28 # Advocate (Paid)</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>29 % from Advocate (Paid)</b>	N/A											
<b>30 # from PTP Interview</b>	1	0	0	0	4	0	0	0	0	0	0	0
<b>31 % from PTP Interview</b>	33%	N/A	N/A	N/A	57%	N/A						

Complaints by Source - CAC	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
<b>32 Total # of Complaints</b>	1	2	6	2	3	5	5	17	0	11	6	6
<b>33 # from TennCare</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>34 % from TennCare</b>	N/A											
<b>35 # from a Concerned Citizen</b>	0	1	2	2	0	1	1	0	0	4	2	2
<b>36 % from a Concerned Citizen</b>	N/A	50%	33%	100%	N/A	20%	20%	N/A	N/A	36%	33%	33%
<b>37 # from the Waiver Participant</b>	0	0	1	0	0	0	1	0	0	3	0	0
<b>38 % from the Waiver Participant</b>	N/A	N/A	17%	N/A	N/A	N/A	20%	N/A	N/A	27%	N/A	N/A
<b>39 # from a Family Member</b>	0	0	1	0	0	0	1	3	0	0	0	0
<b>40 % from a Family Member</b>	N/A	N/A	17%	N/A	N/A	N/A	20%	18%	N/A	N/A	N/A	N/A
<b>41 # from Conservator</b>	1	1	2	0	2	4	2	13	0	4	4	4
<b>42 % from Conservator</b>	100%	50%	33%	N/A	67%	80%	40%	76%	N/A	36%	67%	67%
<b>43 # Advocate (Paid)</b>	0	0	0	0	1	0	0	0	0	0	0	0
<b>44 % from Advocate (Paid)</b>	N/A	N/A	N/A	N/A	33%	N/A						
<b>45 # from PTP Interview</b>	0	0	0	0	0	0	0	1	0	0	0	0
<b>46 % from PTP Interview</b>	N/A	6%	N/A	N/A	N/A	N/A						

Complaints by Issue- Self Determination Waiver	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
47 Total Number of Complaints	0	1	1	0	0	1	0	1	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0
51 % Day Service Issues	N/A											
52 # Environmental Issues	0	0	0	0	0	0	0	0	0	0	0	0
53 % Environmental Issues	N/A											
54 # Financial Issues	0	0	0	0	0	0	0	0	0	0	0	0
55 % Financial Issues	N/A											
56 # Health Issues	0	0	1	0	0	0	0	0	0	0	0	0
57 % Health Issues	N/A	N/A	100%	N/A								
58 # Human Rights Issues	0	1	0	0	0	0	0	1	0	0	0	0
59 % Human Rights Issues	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	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	0
63 % ISP Issues	N/A											
64 # Staffing Issues	0	0	0	0	0	1	0	0	0	0	0	0
65 % Staffing Issues	N/A	N/A	N/A	N/A	N/A	100%	N/A	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-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
74 Total Number of Complaints	3	12	6	6	7	2	5	5	15	4	11	
75 # Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	
76 % Behavior Issues	N/A	0%										
77 # Day Service Issues	0	0	0	0	0	1	0	0	0	1		
78 % Day Service Issues	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	25%	0%	
79 # Environmental Issues	0	0	0	2	1	0	0	1	2	0	1	
80 % Environmental Issues	N/A	N/A	N/A	33%	14%	N/A	N/A	20%	13%	N/A	9%	
81 # Financial Issues	0	3	1	1	0	0	2	0	4	0	1	
82 % Financial Issues	N/A	25%	17%	17%	N/A	N/A	40%	0%	27%	N/A	9%	
83 # Health Issues	0	1	0	0	0	0	1	0	1	0	2	
84 % Health Issues	N/A	8%	N/A	N/A	N/A	N/A	20%	N/A	7%	N/A	18%	
85 # Human Rights Issues	2	2	1	0	2	1	0	1	3	1	2	
86 % Human Rights Issues	67%	17%	17%	N/A	29%	50%	N/A	20%	20%	25%	18%	
87 # ISC Issues	0	0	0	0	0	0	0	0	0	0	0	
88 % ISC Issues	N/A	0%										
89 # ISP Issues	0	0	0	0	1	0	0	0	0	0	0	
90 % ISP Issues	N/A	N/A	N/A	N/A	14%	N/A	N/A	N/A	N/A	N/A	0%	
91 # Staffing Issues	1	6	4	3	3	0	2	3	4	2		
92 % Staffing Issues	33%	50%	67%	50%	43%	N/A	40%	60%	27%	50%	0%	
93 # Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	
94 % Therapy Issues	N/A	0%										
95 # Transportation Issues	0	0	0	0	0	0	0	0	1	0		
96 % Transportation Issues	N/A	7%	N/A	0%								
97 # Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	
98 % Case Management Issues	N/A	0%										
99 # Other Issues	0	0	0	0	0	0	0	0	0	0	0	
100 % Other Issues	N/A	0%										

Complaints by Issue - CAC	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
101 Total Number of Complaints	1	2	6	2	3	5	5	17	0	11	6	
102 # Behavior Issues	0	0	0	0	0	0	1	0	0	4	0	
103 % Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	20%	N/A	N/A	36%	N/A	
104 # Day Service Issues	0	0	0	0	0	0	0	1	0	0	0	
105 % Day Service Issues	N/A	6%	N/A	N/A	N/A							
106 # Environmental Issues	0	0	0	0	1	0	1	5	0	0	0	
107 % Environmental Issues	N/A	N/A	N/A	N/A	33%	N/A	20%	29%	N/A	N/A	N/A	
108 # Financial Issues	0	0	1	1	0	1	0	1	0	2	0	
109 % Financial Issues	N/A	N/A	17%	50%	N/A	20%	N/A	6%	N/A	18%	N/A	
110 # Health Issues	0	0	1	0	0	0	1	2	0	0	1	
111 % Health Issues	N/A	N/A	17%	N/A	N/A	N/A	20%	12%	N/A	N/A	17%	
112 # Human Rights Issues	0	0	3	0	0	0	1	1	0	1	1	
113 % Human Rights Issues	N/A	N/A	50%	N/A	N/A	N/A	20%	6%	N/A	9%	17%	
114 # ISC Issues	0	0	0	0	0	0	0	0	0	0	0	
115 % ISC Issues	N/A											
116 # ISP Issues	0	0	0	0	0	0	0	0	0	0	0	
117 % ISP Issues	N/A											
118 # Staffing Issues	1	2	1	1	2	4	1	6	0	4	4	
119 % Staffing Issues	100%	100%	17%	50%	67%	80%	20%	35%	N/A	36%	67%	
120 # Therapy Issues	0	0	0	0	1	0	0	0	0	0	0	
121 % Therapy Issues	N/A											
122 # Transportation Issues	0	0	0	0	1	0	0	1	0	0	0	
123 % Transportation Issues	N/A	6%	N/A	N/A	N/A							
124 # Case Management Issues	0	0	0	0	1	0	0	0	0	0	0	
125 % Case Management Issues	N/A											
126 # Other Issues	0	0	0	0	1	0	0	0	0	0	0	
127 % Other Issues	N/A											

**Analysis:**

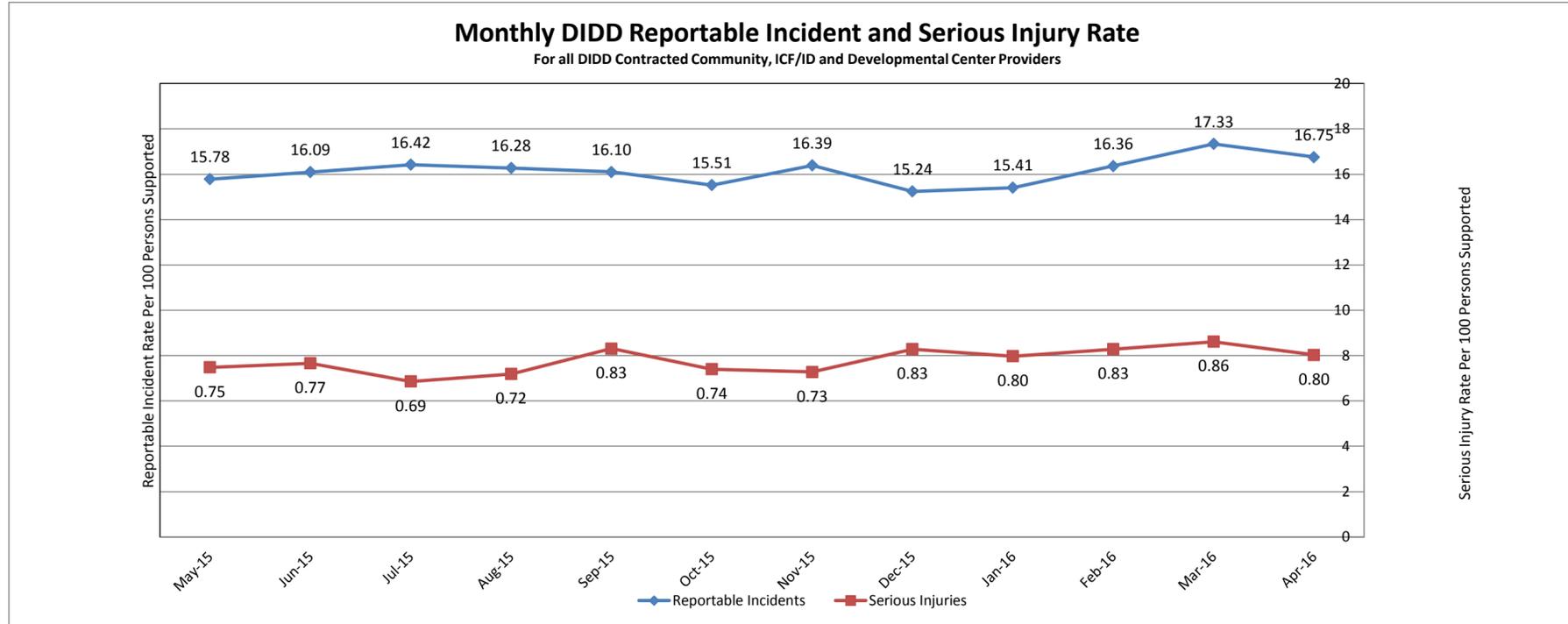
**CUSTOMER FOCUSED SERVICES ANALYSIS FOR May 2016 Report.**

There were 21 complaint issues statewide. That is an increase of 6 from April 2016. There were ZERO SD Waiver complaints. There were 6 CAC waiver complaints. There were 15 Statewide Waiver complaints. The issues were Behavioral, Human Rights and Staffing related. These issues were resolved without intervention meetings. There were 56 complaint issues between families, people we support and providers which required Advocacy intervention activities. (this does not include the Director's) 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 21 complaints this month were resolved within 30 days for 100% compliance.

**THE MAIN COMPLAINT ISSUES** involved staffing supervision, management of the services, transitions, Health and Human Rights issues. These complaints involved complainants being unhappy with providers who did not involve them in their decisions or untrained staff or poor levels of supervision. Most interventions were held due to ongoing communication issues between Conservators and Provider agencies. CFS also resolves issues that arise from the People Talking to People surveys.

**FOCUS GROUPS WERE HELD IN KNOXVILLE, MEMPHIS, GREENEVILLE AND JACKSON PARTICIPATION NUMBERS ARE VERY HIGH IN ALL LOCATIONS.** This month each group is working on employment, social activities and learning how to identify and deal with difficult feelings. There is great team building with providers, staff, regional office staff, Behavioral analysts, ISCs and a few family members

<b>D Protection From Harm/Incident Management</b>													
<b>Data Source:</b>													
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.													
<b>Incidents / East</b>													
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
1 # of Reportable Incidents	559	590	538	527	535	518	454	467	618	635	599		6040
2 Rate of Reportable Incidents per 100 people	17.13	18.05	16.4	16.07	16.34	15.75	13.81	14.26	18.82	19.4	18.21		16.7
3 # of Serious Injuries	25	25	30	34	24	27	29	32	29	31	22		308
4 Rate of Incidents that were Serious Injuries per 100 people	0.77	0.76	0.91	1.04	0.73	0.82	0.88	0.98	0.88	0.95	0.67		0.9
5 # of Incidents that were Falls	31	37	31	34	24	38	33	33	25	45	37		368
6 Rate of Falls per 100 people	0.95	1.13	0.95	1.04	0.73	1.16	1	1.01	0.76	1.37	1.12		1.0
7 # of Falls resulting in serious injury	11	13	14	13	9	14	11	12	9	17	10		133
8 % of serious injuries due to falls	44.0%	52.0%	46.7%	38.2%	37.5%	51.9%	37.9%	37.5%	31.0%	54.8%	45.5%		43.4%
<b>Incidents / Middle</b>													
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
15 # of Reportable Incidents	470	468	529	517	475	492	492	530	530	552	502		5557
16 Rate of Reportable Incidents per 100 people	14.83	14.67	16.58	16.21	14.84	15.37	15.34	16.57	16.55	17.23	15.62		15.8
17 # of Serious Injuries	25	18	25	32	22	21	22	23	26	28	34		276
18 Rate of Incidents that were Serious Injuries per 100 people	0.79	0.56	0.78	1.00	0.69	0.66	0.69	0.88	0.81	0.87	1.06		0.8
19 # of Incidents that were Falls	39	26	32	35	43	35	39	34	35	38	44		400
20 Rate of Falls per 100 people	1.23	0.82	1	1.10	1.34	1.09	1.22	1.06	1.09	1.19	1.37		1.1
## # of Falls resulting in serious injury	13	6	10	12	15	10	12	10	9	14	13		124
22 % of serious injuries due to falls	52.0%	33.3%	40.0%	37.5%	68.2%	47.6%	54.5%	35.7%	34.6%	50.0%	38.2%		44.7%
<b>Incidents / West</b>													
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
29 # of Reportable Incidents	401	401	382	390	373	452	390	376	429	362	401		4357
30 Rate of Reportable Incidents per 100 people	16.43	16.50	15.71	16.00	15.30	18.52	15.98	15.43	17.53	14.72	16.29		16.2
31 # of Serious Injuries	18	18	9	13	20	17	24	11	19	18	16		183
33 Rate of Incidents that were Serious Injuries per 100 people	0.74	0.74	0.37	0.53	0.82	0.7	0.98	0.45	0.78	0.73	0.65		0.7
37 # of Incidents that were Falls	21	28	21	28	29	24	27	0.26	23	17	32		250.26
39 Rate of Falls per 100 people	0.86	1.15	0.86	1.15	1.19	0.98	1.11	1.07	0.94	0.69	1.30		1.0
40 # of Falls resulting in serious injury	8	8	6	1	9	7	12	4	9	7	10		81
41 % of serious injuries due to falls	44.4%	44.4%	66.7%	7.7%	45.0%	41.2%	50.0%	36.4%	47.4%	38.9%	62.5%		44.1%
<b>D Protection From Harm/Incident Management</b>													
<b>Incidents / Statewide</b>													
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
44 # of Reportable Incidents	1430	1459	1449	1434	1383	1462	1336	1373	1577	1549	1502		15954
45 Rate of Reportable Incidents per 100 people	16.12	16.42	16.28	16.1	15.51	16.36	14.95	15.41	17.65	17.33	16.75		16.3
46 # of Serious Injuries	68	61	64	79	66	65	75	71	74	77	72		772
47 Rate of Incidents that were Serious Injuries per 100 people	0.77	0.69	0.72	0.89	0.74	0.73	0.84	0.8	0.83	0.86	0.80		0.8
48 # of Incidents that were Falls	91	91	84	97	96	97	99	93	83	100	113		1044
49 Rate of Falls per 100 people	1.03	1.02	0.94	1.09	1.08	1.09	1.11	1.04	0.93	1.12	1.26		1.1
50 # of Falls resulting in serious injury	32	27	30	26	33	31	35	26	27	38	33		338
51 % of serious injuries due to falls	47.1%	44.3%	46.9%	32.9%	50.0%	47.7%	46.7%	36.6%	36.5%	49.4%	45.8%		44.0%



**PFH Analysis: Incident Management**

**Chart: Monthly Rate: Reportable Incidents and Serious Injuries.**

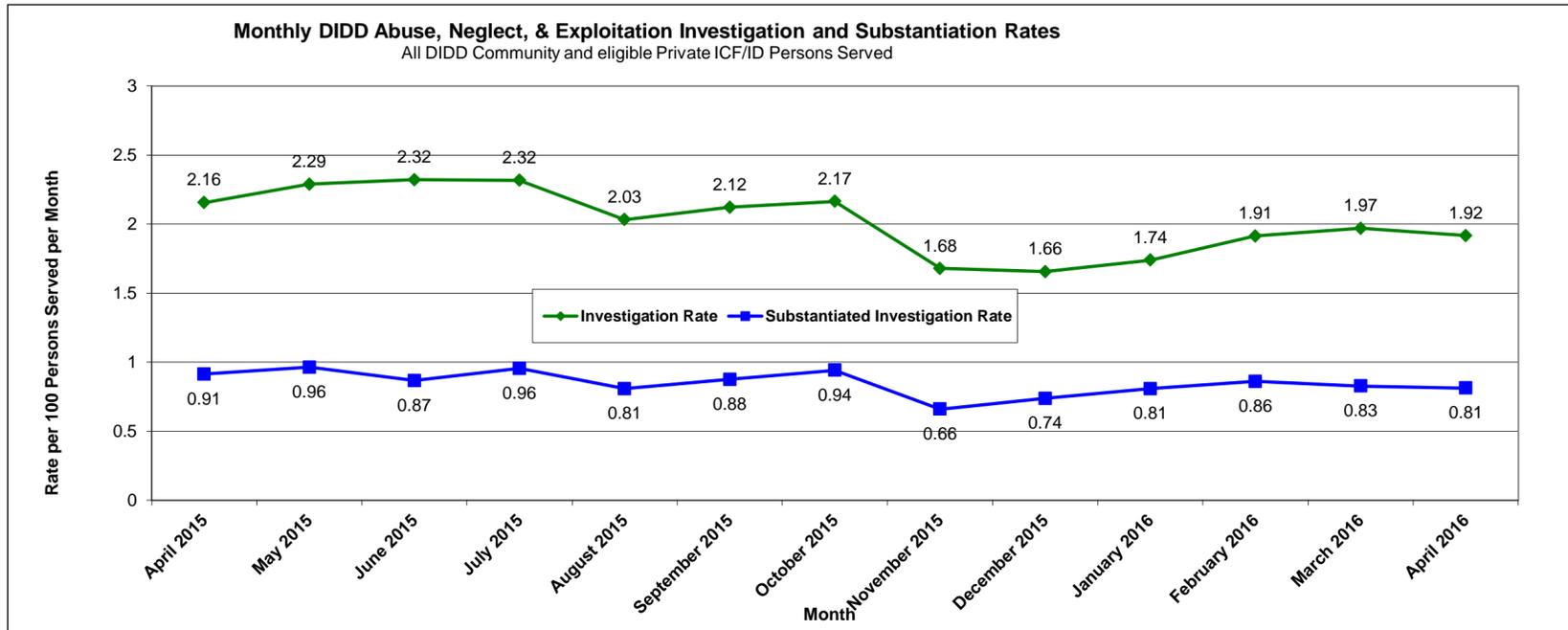
The monthly statewide rate of reportable incidents per 100 persons supported for April 2016 decreased from 17.33 to 16.75. The rate of Serious Injury per 100 persons supported decreased from 0.86 to 0.80. The rate of Falls per 100 persons supported increased from 1.12 to 1.26. The number of Serious Injuries due to Falls decreased from 38 to 33. The percentage of Serious Injuries due to Falls was 45.8%.

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

The rate of reportable incidents per 100 persons supported for May 2014 – April 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, May 2014 – April 2015, was 15.06 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, May 2015 – April 2016, is 16.03 per 100 persons supported. Analysis showed an increase of 0.97 in the average incident rate.

**D Protection From Harm/Investigations**

East Region		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1	Census	3263	3268	3280	3280	3275	3288	3288	3275	3284	3273	3290	
2	# of Investigations	65	69	57	61	55	47	39	51	68	52	52	
3	Rate of Investigations per 100 people	1.99	2.11	1.74	1.86	1.68	1.43	1.19	1.56	2.07	1.59	1.58	
4	# of Substantiated Investigations	23	28	22	22	27	19	13	25	34	17	18	
5	Rate of Substantiated Investigations per 100 people	0.70	0.86	0.67	0.67	0.82	0.58	0.40	0.76	1.04	0.52	0.55	
6	Percentage of Investigations Substantiated	35%	41%	39%	36%	49%	40%	33%	49%	50%	33%	35%	
<b>Middle Region</b>		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
7	Census	3170	3190	3191	3191	3201	3201	3202	3199	3203	3204	3214	
8	# of Investigations	78	67	64	71	64	54	61	51	52	69	70	
9	Rate of Investigations per 100 people	2.46	2.10	2.01	2.23	2.00	1.69	1.91	1.59	1.62	2.15	2.18	
10	# of Substantiated Investigations	30	28	28	31	33	25	32	27	26	37	35	
11	Rate of Substantiated Investigations per 100 people	0.95	0.88	0.88	0.97	1.03	0.78	1.00	0.84	0.81	1.15	1.09	
12	Percentage of Investigations Substantiated	38%	42%	44%	44%	52%	46%	52%	53%	50%	54%	50%	
13													
<b>West Region</b>		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
14	Census	2440	2430	2431	2431	2438	2441	2441	2437	2447	2460	2461	
15	# of Investigations	63	70	60	57	74	49	48	53	51	55	50	
16	Rate of Investigations per 100 people	2.58	2.88	2.47	2.34	3.04	2.01	1.97	2.17	2.08	2.24	2.03	
17	# of Substantiated Investigations	24	29	22	25	24	15	21	20	17	20	20	
18	Rate of Substantiated Investigations per 100 people	0.98	1.19	0.90	1.03	0.98	0.61	0.86	0.82	0.69	0.81	0.81	
19	Percentage of Investigations Substantiated	38%	41%	37%	44%	32%	31%	44%	38%	33%	36%	40%	
<b>Statewide</b>		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
20	Census	8873	8888	8902	8902	8914	8935	8936	8911	8934	8937	8976	
21	# of Investigations	206	206	181	189	193	150	148	155	171	176	172	
22	Rate of Investigations per 100 people	2.32	2.32	2.03	2.12	2.17	1.68	1.66	1.74	1.91	1.97	1.92	
23	# of Substantiated Investigations	77	85	72	78	84	59	66	72	77	74	73	
24	Rate of Substantiated Investigations per 100 people	0.87	0.96	0.81	0.88	0.94	0.66	0.74	0.81	0.86	0.83	0.81	
25	Percentage of Investigations Substantiated	37%	41%	40%	41%	44%	39%	45%	46%	45%	42%	42%	



**D Protection From Harm/Investigations**

**Analysis:**

**PFH Analysis: Investigations**

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

During the month of April, 2016, 172 investigations were completed across the State. Fifty-two (52) of these originated in the East Region, seventy (70) in the Middle Region, and fifty (50) in the West Region.

Statewide, investigations were opened at a rate of 1.92 investigations per 100 people served, which is a slight decrease from the previous month. The East Region opened investigations at a rate of 1.58 investigations per 100 people served. The Middle Region opened investigations at a rate of 2.18 investigations per 100 people served. The West Region opened investigations at a rate of 2.03 per 100 people served. The Middle Region opened investigations at a higher rate this month. Typically the West Region consistently opens investigations at a higher rate.

Seventy-three (73), or 42%, of the 172 investigations opened statewide in April, 2016, were substantiated for abuse, neglect, or exploitation. This was the same percentage as the prior reporting period, which was also 42%. The East Region substantiated the lowest percentage of investigations 35% (18 substantiated investigations), compared to the 40% substantiated in the West Region (20 substantiated investigations) and the 50% substantiated in the Middle Region (35 substantiated investigations). The East Region had the lowest number of substantiated investigations in the previous reporting month, at 17.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served was 0.81 during April, 2016. The Middle Region substantiated investigations at the highest rate per 100 substantiating 1.09 investigations per 100 people served. The Middle Region showed a slight decrease from to 1.15 to 1.09. The West Region substantiated investigations at a rate of 0.81 per 100 people served in its region. The West region showed the same rate as the previous month. The East Region substantiated investigations at a rate of 0.55 per 100 people served in its region. The East Region showed a slight increase from 0.52 to 0.55.

E Due Process / Freedom of Choice												
Data Source:												
Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.												
East Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>1 SERVICE REQUESTS</b>												
2 Total Service Requests Received	2667	2663	2620	2449	2539	2285	2625	2436	2689	2876	2943	
3 Total Adverse Actions (Incl. Partial Approvals)	67	76	75	52	54	67	71	65	74	116	64	
4 % of Service Requests Resulting in Adverse Actions	3%	3%	3%	2%	2%	3%	3%	3%	3%	4%	2%	
5 Total Grier denial letters issued	53	53	47	36	34	38	49	30	37	56	44	
<b>6 APPEALS RECEIVED</b>												
<b>7 DELIVERY OF SERVICE</b>												
8 Delay	0	0	0	1	1	0	0	0	0	0	0	
9 Termination	0	0	0	0	0	0	0	0	1	0	0	
10 Reduction	0	0	0	0	0	0	0	0	0	0	0	
11 Suspension	0	0	0	0	0	0	0	0	0	0	0	
12 Total Received	0	0	0	1	1	0	0	0	1	0	0	
<b>13 DENIAL OF SERVICE</b>												
14 Total Received	3	1	2	8	1	3	2	0	2	5	5	
<b>7/30/2014 Total Grier Appeals Received</b>	3	1	2	9	2	3	2	0	3	5	5	
16 Total Non-Grier Appeals Received	1	0	0	2	0	1	0	0	0	0	0	
17 Total appeals overturned upon reconsideration	0	0	0	0	0	0	0	0	0	0	1	
<b>18 TOTAL HEARINGS</b>	3	2	4	3	1	5	7	2	4	2	4	
<b>19 DIRECTIVES</b>												
20 Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
21 Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	3	
22 Other	0	0	0	0	0	0	1	0	0	1	0	
<b>23 Total Directives Received</b>	0	0	0	0	0	0	1	0	0	1	3	
24 Overturned Directives	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	
26 Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>27 LATE RESPONSES</b>												
28 Total Late Responses	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	
30 Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0	\$0.00	0	
<b>31 DEFECTIVE NOTICES</b>												
32 Total Defective Notices Received	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	
34 *fine amount is based on timely responses									0	0	0	
<b>35 PROVISION OF SERVICES</b>												
36 Delay of Service Notifications Sent (New)	0	0	3	2	0	0	0	0	4	0	1	
37 Continuing Delay Issues (Unresolved)	0	0	0	1	1	1	0	1	1	5	2	
38 Total days service(s) not provided per TennCare ORR	0	0	0	132	0	0	0	4	0	0	0	
39 Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0	\$0	\$2,000	\$0	\$0	\$0	

<b>Middle Region</b>		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>40</b>	<b>SERVICE REQUESTS</b>												
<b>41</b>	Total Service Requests Received	2558	2217	2191	2084	2289	2617	2621	2731	2868	3175	3291	
<b>42</b>	Total Adverse Actions (Incl. Partial Approvals)	73	87	46	32	74	124	104	127	200	155	171	
<b>43</b>	% of Service Requests Resulting in Adverse Actions	3%	4%	2%	2%	3%	5%	4%	5%	7%	5%	5%	
<b>44</b>	Total Grier denial letters issued	46	63	40	34	32	41	41	31	58	75	46	
<b>45</b>	<b>APPEALS RECEIVED</b>												
<b>46</b>	<b>DELIVERY OF SERVICE</b>												
<b>47</b>	Delay	1	0	0	0	0	0	0	1	0	1	1	
<b>48</b>	Termination	0	0	0	0	0	0	0	0	0	0	0	
<b>49</b>	Reduction	0	0	0	0	0	0	0	0	0	0	0	
<b>50</b>	Suspension	0	0	0	0	0	0	0	0	0	0	0	
<b>51</b>	Total Received	1	0	0	0	0	0	0	1	0	1	1	
<b>52</b>	<b>DENIAL OF SERVICE</b>												
<b>53</b>	Total Received	8	3	0	2	1	1	2	3	6	8	1	
<b>54</b>	<b>Total Grier Appeals Received</b>	9	3	0	2	1	1	2	4	6	9	2	
<b>55</b>	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	
<b>56</b>	<b>Total appeals overturned upon reconsideration</b>	0	2	0	0	0	0	0	0	3	2	0	
<b>57</b>													
<b>58</b>	<b>TOTAL HEARINGS</b>	0	2	1	1	1	2	1	3	3	3	1	
<b>59</b>	<b>DIRECTIVES</b>												
<b>60</b>	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
<b>61</b>	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	1	0	1	0	
<b>62</b>	Other	0	0	0	0	0	0	0	0	0	0	0	
<b>63</b>	<b>Total Directives Received</b>	0	0	0	0	0	0	0	1	0	1	0	
<b>64</b>	Overtured Directives	0	0	0	0	0	0	0	0	0	0	0	
<b>65</b>	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
<b>66</b>	<b>Cost Avoidance (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>67</b>	<b>LATE RESPONSES</b>												
<b>68</b>	<b>Total Late Responses</b>	0	0	0	0	0	0	0	0	0	0	0	
<b>69</b>	<b>Total Days Late</b>	0	0	0	0	0	0	0	0	0	0	0	
<b>70</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>71</b>	<b>DEFECTIVE NOTICES</b>												
<b>72</b>	<b>Total Defective Notices Received</b>	0	0	0	0	0	0	0	0	0	0	0	
<b>73</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>74</b>	*fine amount is based on timely responses										0	0	
<b>75</b>	<b>PROVISION OF SERVICES</b>												
<b>76</b>	Delay of Service Notifications Sent (New)	0	0	0	0	0	0	2	1	0	1	1	
<b>77</b>	Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	1	0	0	0	1	
<b>78</b>	<b>Total days service(s) not provided per TennCare ORR</b>	0	0	0	0	0	0	11	1	0	0	0	
<b>79</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$6,378	\$500	\$0	\$0	\$0	

West Region		Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>80</b>	<b>SERVICE REQUESTS</b>												
<b>81</b>	Total Service Requests Received	2426	2327	2578	2183	2425	1780	1909	1690	2065	1641	2445	
<b>82</b>	Total Adverse Actions (Incl. Partial Approvals)	231	137	116	166	146	101	100	141	131	119	163	
<b>83</b>	% of Service Requests Resulting in Adverse Actions	10%	6%	5%	8%	6%	6%	5%	8%	6%	7%	7%	
<b>84</b>	Total Grier denial letters issued	125	117	105	115	96	91	85	63	107	88	123	
<b>85</b>	<b>APPEALS RECEIVED</b>												
<b>86</b>	<b>DELIVERY OF SERVICE</b>												
<b>87</b>	Delay	0	0	0	0	0	0	0	0	0	0	0	
<b>88</b>	Termination	0	0	0	0	0	0	0	0	0	0	0	
<b>89</b>	Reduction	0	0	0	0	0	0	0	0	0	0	0	
<b>90</b>	Suspension	0	0	0	0	0	0	0	0	0	0	0	
<b>91</b>	Total Received	0	0	0	0	0	0	0	0	0	0	0	
<b>92</b>	<b>DENIAL OF SERVICE</b>												
<b>93</b>	Total Received	10	12	11	5	7	7	9	3	2	1	2	
<b>94</b>	<b>Total Grier Appeals Received</b>	10	12	11	5	7	7	9	3	2	1	2	
<b>95</b>	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	
<b>96</b>	<b>Total appeals overturned upon reconsideration</b>	3	4	5	4	3	1	6	3	1	0	0	
<b>97</b>	<b>TOTAL HEARINGS</b>	2	4	9	5	4	2	6	2	2	1	2	
<b>98</b>	<b>DIRECTIVES</b>												
<b>99</b>	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
<b>100</b>	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0	0	0	0	0	0	
<b>101</b>	Other	0	0	2	0	0	0	0	0	0	0	0	
<b>102</b>	<b>Total Directives Received</b>	2	1	2	0	0	0	0	0	0	0	0	
<b>103</b>	Overtured Directives	0	0	0	0	0	0	0	0	0	0	0	
<b>104</b>	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
<b>105</b>	<b>Cost Avoidance (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>106</b>	<b>LATE RESPONSES</b>												
<b>107</b>	Total Late Responses	0	0	0	0	0	0	0	0	0	0	0	
<b>108</b>	Total Days Late	0	0	0	0	0	0	0	0	0	0	0	
<b>109</b>	Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0	\$0.00	0	
<b>110</b>	<b>DEFECTIVE NOTICES</b>												
<b>111</b>	Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0	0	
<b>112</b>	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>113</b>	*fine amount is based on timely responses												
<b>114</b>	<b>PROVISION OF SERVICES</b>												
<b>115</b>	Delay of Service Notifications Sent (New)	2	0	1	2	3	3	1	2	6	4	2	
<b>116</b>	Continuing Delay Issues (Unresolved)	1	3	2	2	2	4	4	2	3	4	5	
<b>117</b>	<b>Total days service(s) not provided per TennCare ORR</b>	0	0	0	0	0	0	0	0	0	0	0	
<b>118</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

	Statewide	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>119</b>	<b>SERVICE REQUESTS</b>												
<b>120</b>	Total Service Requests Received	7651	7207	7389	6716	7253	6682	7155	6857	7622	7692	8679	
<b>121</b>	Total Adverse Actions (Incl. Partial Approvals)	371	300	237	250	274	292	275	333	405	390	398	
<b>122</b>	% of Service Requests Resulting in Adverse Actions	5%	4%	3%	4%	4%	4%	4%	5%	5%	5%	5%	
<b>123</b>	Total Grier denial letters issued	224	233	192	185	162	170	175	124	202	219	213	
<b>124</b>	<b>APPEALS RECEIVED</b>												
<b>125</b>	<b>DELIVERY OF SERVICE</b>												
<b>126</b>	Delay	1	0	0	1	1	0	0	1	0	1	1	
<b>127</b>	Termination	0	0	0	0	0	0	0	0	1	0	0	
<b>128</b>	Reduction	0	0	0	0	0	0	0	0	0	0	0	
<b>129</b>	Suspension	0	0	0	0	0	0	0	0	0	0	0	
<b>130</b>	Total Received	1	0	0	1	1	0	0	1	1	1	1	
<b>131</b>	<b>DENIAL OF SERVICE</b>												
<b>132</b>	Total Received	21	16	13	15	9	11	13	6	10	14	8	
<b>133</b>	<b>Total Grier Appeals Received</b>	22	16	13	16	10	11	13	7	11	15	9	
<b>134</b>	Total Non-Grier Appeals Received	1	0	0	2	0	1	0	0	0	0	0	
<b>135</b>	<b>Total appeals overturned upon reconsideration</b>	3	6	5	4	3	1	6	3	4	2	1	
<b>136</b>	<b>TOTAL HEARINGS</b>	5	6	10	6	6	9	14	7	9	6	7	
<b>137</b>	<b>DIRECTIVES</b>												
<b>138</b>	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
<b>139</b>	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0	0	1	0	1	3	
<b>140</b>	Other	0	0	2	0	0	0	1	0	0	1	0	
<b>141</b>	<b>Total Directives Received</b>	2	1	2	0	0	0	1	1	0	2	3	
<b>142</b>	Overtured Directives	0	0	0	0	0	0	0	0	0	0	0	
<b>143</b>	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
<b>144</b>	<b>Cost Avoidance (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>145</b>	<b>Cost Avoidance (Total Month-Estimated)</b>	\$0	\$0	\$68,345	\$106,892	\$65,179	\$2,187	\$7,391	\$47,584	\$331,794	\$139,447	\$12,584	
<b>146</b>	<b>Cost Avoidance (FY 2016-Estimated)</b>	\$1,011,891	\$1,011,891	\$97,672	\$204,563	\$269,743	\$271,929	\$279,321	\$326,905	\$658,698	\$798,145	\$810,729	
<b>147</b>	<b>LATE RESPONSES</b>												
<b>148</b>	Total Late Responses	0	0	0	0	0	0	0	0	0	0	0	
<b>149</b>	Total Days Late	0	0	0	0	0	0	0	0	0	0	0	
<b>150</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0	\$0.00	0	
<b>151</b>	Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0	0	
<b>152</b>	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>153</b>	*fine amount is based on timely responses												
<b>154</b>	<b>PROVISION OF SERVICES</b>												
<b>155</b>	Delay of Service Notifications Sent (New)	2	0	4	4	3	3	3	3	10	5	4	
<b>156</b>	Continuing Delay Issues (Unresolved)	1	3	2	3	3	5	5	3	4	9	8	
<b>157</b>	<b>Total days service(s) not provided per TennCare ORR</b>	0	0	0	132	0	0	11	5	0	0	0	
<b>158</b>	<b>Total Fines Accrued (Estimated)</b>	\$0	\$0	\$0	\$102,635	\$0	\$0	\$6,378	\$2,500	\$0	\$0	\$0	

**Appeals:**

The DIDD received 9 appeals in April compared to 15 received in March, which is a 40% decrease in volume. Fiscal Year 2015 averaged 15.6 appeals received per month.

The DIDD received 8679 service requests in April compared to 7692 for the previous month, which is an increase of 12.8% in volume. The average of service requests received during Fiscal Year 2015 was 7227 per month, indicating that April experienced a 20.1% increase in volume based on this average.

5% of service plans were denied statewide in April, which is consistent with the previous month. The average of service plans denied per month during Fiscal Year 2015 was 4.3%.

**Directives:**

3 directives were received statewide during this month, which were all received in the East Region. Each directive was the result of the region's denials being overturned per TennCare's medical necessity review. The services regarded BEH ANLYST, BA PRES, SL4-IND and CBDay-6 for the ISP year

**Cost Avoidance:**

April experienced a cost avoidance of \$12,583.99. Statewide, total cost avoidance is \$810,728.90 for this fiscal year.

**Sanction/Fines:**

There were no sanctioning/fining issues statewide during this month.

**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	14				59			
2	Total Census of Providers Surveyed	772				2452			
3	# of Sample Size	105				366			
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	<b>Domain 2: Individual Planning and Implementation</b>								
8	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	92%	7%	0%	0%	89%	8%	1%	0%
9	Outcome B. Services and supports are provided according to the person's plan.	78%	21%	0%	0%	69%	23%	5%	1%
11	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	57%	28%	14%	0%	64%	28%	5%	1%
12	<b>Domain 3: Safety and Security</b>								
13	Outcome A. Where the person lives and works is safe.	78%	21%	0%	0%	84%	15%	0%	0%
14	Outcome B. The person has a sanitary and comfortable living arrangement.	78%	21%	0%	0%	91%	8%	0%	0%
###	Outcome C. Safeguards are in place to protect the person from harm.	64%	35%	0%	0%	45%	49%	3%	1%
16	<b>Domain 4: Rights, Respect and Dignity</b>								
17	Outcome A. The person is valued, respected and treated with dignity.	92%	7%	0%	0%	96%	3%	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.	100%	0%	0%	0%	77%	12%	5%	3%
21	<b>Domain 5: Health</b>								
22	Outcome A. The person has the best possible health.	85%	14%	0%	0%	75%	22%	1%	0%
23	Outcome B. The person takes medications as prescribed.	53%	30%	7%	7%	50%	37%	8%	3%
24	Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	94%	5%	0%	0%
25	<b>Domain 6: Choice and Decision-Making</b>								
26	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	98%	1%	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	<b>Domain 7: Relationships and Community Membership</b>								
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	<b>Domain 8: Opportunities for Work</b>								
33	Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	100%	0%	0%	0%
34	Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	94%	5%	0%	0%
35	<b>Domain 9: Provider Capabilities and Qualifications</b>								
36	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	64%	28%	7%	0%	66%	28%	5%	0%
37	Outcome B. Provider staff are trained and meet job specific qualifications.	64%	35%	0%	0%	66%	32%	1%	0%
	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	69%			30%	65%			34%
38	Outcome C. Provider staff are adequately supported.	71%	28%	0%	0%	64%	33%	1%	0%
39	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	78%	21%	0%	0%	93%	6%	0%	0%
40	<b>Domain 10: Administrative Authority and Financial Accountability</b>								
41	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	57%	35%	7%	0%	57%	33%	8%	0%
42	Outcome B. People's personal funds are managed appropriately.	15%	84%	0%	0%	41%	49%	7%	1%

Personal Assistance		Statewide				Cumulative / Statewide			
43	# of Personal Assistance Providers Monitored this Month					3			
44	Total Census of Providers Surveyed					174			
45	# of Sample Size					20			
46	% of Individuals Surveyed					11%			
47	# of Additional Focused Files Reviewed					0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
<b>Domain 2: Individual Planning and Implementation</b>									
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.					66%	33%	0%	0%
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					100%	0%	0%	0%
51	Domain 3: Safety and Security								
52	Outcome A. Where the person lives and works is safe.					100%	0%	0%	0%
53	Outcome C. Safeguards are in place to protect the person from harm.					0%	100%	0%	0%
54	Domain 4: Rights, Respect and Dignity								
55	Outcome A. The person is valued, respected and treated with dignity.					100%	0%	0%	0%
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.					100%	0%	0%	0%
60	Outcome B. The person takes medications as prescribed.					100%	0%	0%	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.					66%	33%	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.					66%			33%
69	Outcome C. Provider staff are adequately supported.					66%	33%	0%	0%
70	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.					100%	0%	0%	0%
71	Domain 10: Administrative Authority and Financial Accountability								
72	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					66%	33%	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 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	1				11			
97	Total Census of Providers Surveyed	29				414			
98	# of Sample Size	4				61			
99	% of Individuals Surveyed	14%				15%			
100	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
101	Domain 2: Individual Planning and Implementation								
102	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	0%	0%	100%	0%	36%	27%	36%	0%
103	Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	72%	18%	9%	0%
104	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	0%	100%	0%	27%	63%	9%	0%
105	Domain 3: Safety and Security								
106	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
107	Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	90%	9%	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%	85%	0%	14%	0%
111	Domain 6: Choice and Decision-Making								
112	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	90%	9%	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.	0%	100%	0%	0%	36%	45%	18%	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%
117	Outcome C. Provider staff are adequately supported.					100%	0%	0%	0%
118	Domain 10: Administrative Authority and Financial Accountability								
119	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Nursing		Statewide				Cumulative / Statewide			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
120	# of Clinical Providers Monitored for the month								
121	Total Census of Providers Surveyed								
122	# of Sample Size								
123	% of Individuals Surveyed								
124	# of Additional Focused Files Reviewed								
125	Domain 2: Individual Planning and Implementation								
126	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
127	Outcome B. Services and supports are provided according to the person's plan.								
128	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
129	Domain 3: Safety and Security								
130	Outcome A. Where the person lives and works is safe.								
131	Outcome C. Safeguards are in place to protect the person from harm.								
132	Domain 4: Rights, Respect and Dignity								
133	Outcome A. The person is valued, respected, and treated with dignity.								
134	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
135	Domain 5: Health								
136	Outcome A. The person has the best possible health.								
137	Outcome B. The person takes medications as prescribed.								
138	Outcome C. The person's dietary and nutritional needs are adequately met.								
139	Domain 6: Choice and Decision-Making								
140	Outcome A. The person and family members are involved in decision-making at all levels of the system.								
141	Domain 9: Provider Capabilities and Qualifications								
142	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
143	Outcome B. Provider staff are trained and meet job specific qualifications.								
144	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
145	Outcome C. Provider staff are adequately supported.								
146	Domain 10: Administrative Authority and Financial Accountability								
147	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Clinical Providers- Therapy		Statewide				Cumulative / Statewide			
148	# of Clinical Providers Monitored for the month	4				9			
149	Total Census of Providers Surveyed	191				402			
150	# of Sample Size	22				49			
151	% of Individuals Surveyed	12%				12%			
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.	50%	50%	0%	0%	33%	55%	11%	0%
155	Outcome B. Services and supports are provided according to the person's plan.	25%	75%	0%	0%	11%	66%	22%	0%
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	50%	50%	0%	0%	33%	66%	0%	0%
157	Domain 3: Safety and Security								
158	Outcome A. Where the person lives and works is safe.	75%	25%	0%	0%	77%	22%	0%	0%
159	Outcome C. Safeguards are in place to protect the person from harm.	25%	50%	25%	0%	44%	44%	11%	0%
160	Domain 4: Rights, Respect and Dignity								
161	Outcome A. The person is valued, respected, and treated with dignity.	75%	25%	0%	0%	88%	11%	0%	0%
162	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	100%	0%	0%	0%
163	Domain 6: Choice and Decision-Making								
164	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
165	Domain 9: Provider Capabilities and Qualifications								
166	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	25%	50%	25%	0%	22%	66%	11%	0%
167	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	88%	11%	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%	75%			25%
169	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	83%	16%	0%	0%
170	Domain 10: Administrative Authority and Financial Accountability								
171	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	88%	11%	0%	0%

**QA Summary for QM Report (thru 4/2016 data)**

<b>Performance Overview- Calendar Year 2016 Cumulative:</b>							
<b>Performance Level</b>	<b>Statewide</b>	<b>Day-Residential</b>	<b>Personal Assistance</b>	<b>Support Coordination</b>	<b>Behavioral</b>	<b>Nursing</b>	<b>Therapy</b>
Exceptional Performance	18%	19%	33%	N/A	27%	N/A	N/A
Proficient	50%	49%	67%	N/A	46%	N/A	56%
Fair	31%	31%	N/A	N/A	27%	N/A	44%
Significant Concerns	1%	1%	N/A	N/A	N/A	N/A	N/A
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	82	59	3	N/A	11	N/A	9

**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- AKM of Tennessee, Community Health of East Tennessee, D & S Residential Services; Middle- AdvanceCare Health Services, Hilltoppers, Hope Services, Middle Tennessee Supported Living, RHA Health Services, Tennessee Supported Living, RHA Health Services, Sitters and More, Starcare of Tennessee; West- A Southern Tradition, McNairy County Developmental Services, St. John's Community Services, West Tennessee Family Solutions, West Tennessee Family Solutions.

**East Region:**

Community Health of East Tennessee: The 2016 QA survey resulted in the agency receiving a score of 50. This places them in Proficient range of performance. Compared to their 2015 survey results, this is a 2-point increase in compliance results, this is a 2-point increase in compliance (48-Proficient in 2015). This increase in compliance was specific to improvements in Domains 5 (PC-SC) and 10 (PC-SC); however, agency performance in Domain 2 decreased from SC to PC performance in Domain 2 decreased from SC to PC during the current survey period. The provider should focus efforts to ensure the following:

Provision of services and supports is documented in accordance with the plan.

- The ISC is informed of emerging risk issues or other indicators of need for revision to the individual plan.
- Appropriate records relating to the person are maintained.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.
- Staff receive appropriate training.
- Members of the Board receive orientation and training in a timely manner.

Personal funds accounts: of the 4 accounts reviewed, 0 contained issues.

AKM of Tennessee, Inc.-E: The 2016 QA survey resulted in the agency receiving a score of 44. This places them in the Fair range of performance. Compared to their 2015 survey results, this is a 4-point increase in compliance (40-Fair in 4-point increase in compliance (40-Fair in 2015). This increase in compliance was specific to improvements in Domains 4 (PC-SC) and 10 (MC-PC).

The provider should focus efforts to ensure the following:

- Documentation indicates appropriate monitoring of the plan's implementation.
- The ISC is informed of emerging risk issues or other indicators of need for revision to the individual plan.
- Homes and work environments are assessed and reassessed regarding personal and environmental safety issues.
- A system of inspection and maintenance of vehicles used for transportation is implemented.
- An ongoing monitoring process is implemented to assure that living environments are sanitary and comfortable.
- Trends in medication variances are analyzed and prevention strategies are implemented.
- Medications are provided and administered in accordance with physician's orders.
- Medication administration records are appropriately maintained.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.

Personal funds accounts: of the 4 accounts reviewed, 2 contained issues.

The provider should focus efforts to ensure the following:

- Check numbers of deposits are documented in the financial record.
- Receipts are maintained as required.
- Logs are maintained as required.

D&S Residential: The 2016 QA survey resulted in the agency receiving a score of 44. This places them in Fair range of performance. Compared to their 2015 survey results, this is a 12-point increase in compliance (32-Significant Concerns in 2015). This increase in compliance was specific to improvements in Domains 2 (MC-PC), 4 (PC-SC), 5 (MC-PC), 8 (PC-SC), 9 (MC-PC) and 10 (MC-PC).

The provider should focus efforts to ensure the following:

- Services and supports are provided as specified in the plan.
- Provision of services and supports is documented in accordance with the plan.
- The ISC is informed of emerging risk issues or other indicators of need for revision to the individual plan.
- All DIDD investigations are reviewed and planned corrective or preventive actions are developed and implemented.
- Trends in medication variances are analyzed and prevention strategies are implemented.
- Medications are provided and administered in accordance with physician's orders.
- Medication administration records are appropriately maintained.
- Appropriate records relating to the person are maintained.
- Staff receive appropriate training.

The agency submitted a request for a review of specific survey findings on 6/5/2016.

A Risk Management referral letter was sent to the provider on June 1, 2016 due to issues with residential, day, and personal assistance service billing.

Personal funds accounts: of the 10 accounts reviewed, 4 contained issues.

The provider should focus efforts to ensure the following:

- Check numbers of deposits are documented in the financial record.
- Receipts are maintained as required.
- Logs are maintained as required.
- The person does not pay late fees.

Middle Region:

Hope Services- Day/Res, Nursing, Personal Assistance: The exit conference was held on

May 6, 2016. The agency scored 52 Exceptional on the QA Survey; they scored 50 Proficient on the 2015 QA Survey.

- Domain 5 increased in the past year.
- Domain 3- Criminal Background and Registry checks were completed for the 16 new hires with a compliance rating of 100%.
- Domain 9- Training was at or above 90% for the new and tenured staff reviewed.
- Domain 10- There were no billing issues identified for the 7 individuals reviewed.
- Personal Funds Management - For four of four people reviewed, personal funds management issues were identified due to lack of maintenance of receipts and excessive payments for furniture delivery and removal. A referral to Risk Management is requested. Personal inventories were not updated and omitted items such as bedroom furniture, a television, vacuum cleaners, a refrigerator and a dryer.

AdvanceCare Health Services- Day/Res, Family Model: The exit conference was held on

May 5, 2016. This agency scored 50 Proficient on the QA Survey and 48 Proficient on the 2015 QA Survey.

- Domains 5 and 9 increased in the past year while Domain 3 decreased.
- Domain 3- During a visit to one home, a heavily soiled mattress was discovered. The mattress was replaced during the survey process.
- Criminal Background and Registry checks were completed for the 22 new hires with a compliance rating of 86.4%.
- Domain 9- Training was 100% for the new hires and tenured staff, with the exception of Medication Administration which scored 80% for the 8 tenured staff reviewed.
- Domain 10- There were no billing issues identified for the 4 individuals reviewed.
- Personal Funds Management - For two of three people reviewed, personal funds management issues were identified due to the individuals who are receiving Family Model services paying for household supplies.

Sitters & More- Personal Assistance, Day: The exit conference was declined. This provider scored 46 Fair on the QA Survey and 44 Fair on the 2015 QA Survey.

- Domain 10 decreased during the past year. All other Domains remained the same.
- Domain 2- Issues were identified with Monthly Reviews being verbatim or providing little information for four of the five individuals reviewed.
- Domain 3- Four situations were identified in which the Incident Management Committee did not meet per DIDD requirements. The exemption for holding meetings expired in August 2015.
- Criminal Background and Registry checks were completed for the 19 new hires with a compliance rating of 100%.
- Domain 5- Medications were being administered at one home. The agency, by policy, does not administer medications. There was no evidence of Medication Administration training and no physician's orders or Medication Administration Records were maintained. (staff did have Medication Administration training)
- Domain 9- Training was 78.9% or above for the new hires and 70.6% for the 17 tenured staff reviewed. A sanction will occur.
- Domain 10- Billing issues were identified for the one of the five individuals reviewed due to lack of documentation of Community Based Day services. A rate adjustment will occur.
- The agency does not serve as Representative Payee.

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Hilltoppers- Day/Res, Medical Residential, Family Model, Personal Assistance: The exit conference was held on May 6, 2016. This agency scored 50 Proficient on the QA Survey and 48 Proficient on the 2015 QA Survey.

- Domain 3- Criminal Background and Registry checks were completed for the 77 new hires with a compliance rating of 98.7%.
- Domain 5- Issues were identified with the completion/documentation of annual dental and physical examinations. Medications were not started timely and MARs had incomplete documentation and/or alterations to the MAR without an explanation documented.
- Domain 9- Training was 98.3% for the new hires and 95% for the tenured staff reviewed.
- Domain 10- Billing issues were identified for one of the 9 individuals reviewed due to a missing contact note for Personal Assistance services.

Personal Funds Management – For the five people reviewed, personal funds management issues were identified due to lack of maintenance of receipts, paying for home improvements, a non-sufficient fund fee, late fees, over charges for individuals receiving Family Model services and individuals paying for groceries who receive Family Model services

CSI – Caregiver Services- Day/PA: The exit conference was held on May 26, 2016. This agency scored 42 Fair on the QA Survey and 50 Proficient on the 2015 QA Survey.

- Domains 3, 4, 9, and 10 decreased during the past year.
- Outcome 3.C.- Although Criminal Background checks were completed timely (95.6% compliance for the 45 new employees), two employees had offenses which did not have clear dispositions documented. The agency had not requested exemptions.
- Outcome 4.D.- Consents for psychotropic medications nor a Human Rights Committee review of medications that the agency administered were completed.
- Outcomes 5.A. & 5.B.- Annual physical, dental, & follow-up appointments were not completed within the recommended timeframes. Information for the one individual seeing a psychiatrist, no documentation of the behavioral information was submitted. Physician's orders were not maintained for the individual for which this Indicator applied. Orders were obtained during the survey process.
- Outcome 9.B.- Training for Role of the DSP for the new employees was not completed per requirements. (65.9% compliance for 45 new hires)
- Outcome 10.A.- Billing issues were identified for 5 of the 8 individuals reviewed due to the agency billing for personal assistance services in excess of the services provided per the agency documentation. Recoupment occurred.
- The agency does not serve as Representative payee.

Mid-TN Supported Living- Day/Res, Nursing & Personal Assistance: The exit conference was held on May 13, 2016.

Scored 50 Proficient on the QA Survey. This provider scored 46 Fair on the 2015 QA Survey.

- Domains 2 & 4 increased from Partial to Substantial Compliance.
- Criminal Background and the State of Tennessee Registry Checks were 88.9% or above for the 9 new employees.
- Training was 88.2% or above for the new and tenured employees reviewed.
- Domain 5- Issues were noted with medications not being started in a timely manner, medications not administered as ordered, and issues with sliding scale insulin administration/documentation.
- Domain 10- Minor billing issues were identified for 1 of the 4 persons reviewed due to billing for the wrong service and billing for 1 day when no support was provided. Recoupment and a Rate Adjustment occurred.
- Personal Funds Management- For one of the three individuals reviewed, the bank account was in excess of the maximum allowable for 4 months, one receipt was unavailable and one incorrect portion of a bill was charged to the individual.

StarCare of Tennessee- Day/Res, Nursing: The exit conference was held on May 27, 2016. This provider scored 44 Fair on the QA Survey and 48 Proficient on the 2015 QA Survey.

- Domains 2, 4, & 9 decreased from Substantial to Partial Compliance and Domain 3 increased from Partial to Substantial Compliance.
- Criminal Background and the State of Tennessee Registry Checks were completed timely with a compliance rate of 94.4% or above for the 18 new employees reviewed.
- Domain 4- Two instances were identified in which a staff person incorrectly informed the person of negative consequences for behavior. The agency did not have the required approval to implement this form of restriction/intervention.
- Domain 5- Issues continue with the agency submitted information to the prescribing practitioner of psychotropic medications, orders not being available in the home, and clarification of orders needed.
- Domain 9- Training was not completed timely for the new staff. Compliance ratings were 82.4% and above. A sanction occurred.
- Domain 10- Billing issues were identified for 3 of the 4 individuals reviewed due to documentation not supporting the required amounts of time to bill Community-Based Day services. As the agency is already on the Risk Management referral list, this information will be sent to that office for follow-up.
- Personal Funds Management- Issues were identified for 4 of the 4 individuals reviewed. Issues included lack of maintenance of receipts, late fees assessed, and one instance of writing a check to a roommate that was unsupported.

RHA Health Services, LLC- Day/Res, Family Model, Personal Assistance: The exit conference was held on May 24, 2016. This provider scored 48 Proficient on the QA Survey and 48 Proficient on the 2015 QA Survey.

- All Domains remained the same.
- Criminal Background and the State of Tennessee Registry Checks were 100% compliant for the 10 new employees.
- Training was at/above 90% for all modules.
- Unannounced supervisory visits were not completed per requirements for the personal assistance or supported living homes.
- Domain 10- Billing issues were identified for 3 of the 5 individuals reviewed due to billing for the incorrect service and billing for Supported Living 4 services without documentation of the required staffing. As the agency is already on the Risk Management referral list, this information will be sent to that office for follow-up.
- Personal Funds Management- Small personal funds management issues were identified for 3 of the 4 individuals reviewed. Issues included lack of maintenance of receipts, non-sufficient funds charges, inaccurate room and board charges for the Family Model Home, grocery purchases for Family Model Homes and advance payment agreements not in place.

St. John's Community Services-TN – Residential/Day provider scored 52 of 54/Exceptional Performance on the QA survey exited 5/5/16.

- Compared to their 2015 survey results, this is a 2-point increase in compliance (50-Proficient in 2015) specific to improvements identified in Domain 2 (PC-SC).
- The agency needs to ensure:
  - DIDD directives, such as the need for an agency Crisis Intervention Policy reviewed by a Human Rights Committee, are attended to in a timely manner;
  - Only services adequately supported by documentation are billed; and
  - Persons' personal funds are managed appropriately.
- Outcome 10A, billing, scored PC.
  - At least one instance of overbilling was identified for 8 of the 15 people reviewed; recoupment is pending.
- Outcome 10B, personal funds management, scored PC.
  - Some policies and procedures previously identified as needed continue to not be present;
  - The provider was encouraged to seek out banks that do not charge or will waive monthly fees for use of reloadable debit cards;
  - The provider is proactive in finding and making necessary reimbursements to the person.

West Region:

A Southern Tradition – Residential/Day, single-person provider scored 42 of 54/Fair on their second full QA survey (consultation survey fall of 2014) finalized 5/20/16.

- Compared to their 2015 survey results, this is a 4-point decrease in compliance (46-Fair in 2015). Improvement in Domain 4 was noted (PC-SC); however, decreases were noted in Domains 2 (SC-PC), 9 (PC-MC) and 10 (PC-MC).
- The agency needs to ensure:
  - Documentation accounts for each unit of services authorized;
  - Documentation supports appropriate and monthly review of the person's plan;
  - Documentation reflects the provider safety and emergency policies and procedures are followed;
  - Documentation reflects regular reviews of service sites for safety and sanitation are completed per agency policy;
  - Criminal background and registry checks are completed timely for all new staff – a \$250/staff sanction is pending for personnel practices;
  - Documentation supports the provider's Incident Review Committee meets as required;
  - Evidence of current insurance coverage as required is maintained;
  - Appropriate records related to the person are maintained;
  - Processes for self-assessment and quality improvement planning are implemented;
  - Training is completed timely by all staff – a \$250/staff sanction is pending for new staff training;
  - Unannounced supervisory visits are completed as per DIDD requirements;
  - The Community Advisory Group meets at least quarterly;
  - Only services backed up by adequate documentation are billed; and
  - The person's personal funds are managed appropriately.
- Outcome 10A, billing, scored MC due to multiple instances of Day services billed without supporting documentation; a letter of recoupment for \$3196.18 was sent 6/13/16.
- Outcome 10B, personal funds management, scored PC.
  - A policy regarding the advancement of funds to the person is needed;
  - Advance agreement/s are needed for all instances where notations indicate the provider has advanced money to the person with the expectation of repayment;
  - Food stamp logs need to be maintained; and
  - Pertinent documentation, such as SSA/SSI award letters, food stamp letters, a copy of the person's Trust, etc., should be available for review.
  - A significant amount of reimbursement to the person is warranted as proper documentation was not maintained or presented for review.

West TN Family Solutions – Residential/Day provider scored 52 of 54/Proficient on the QA survey exited 5/20/16.

- Compared to their 2015 survey results, this is a 2-point increase in compliance (50-Proficient in 2015). Improvements in Domains 2 and 10 (PC-SC) were noted; a decrease in compliance for Domain 9 (SC-PC) also was noted.
  - The agency needs to ensure:
    - BSARs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review;
    - Staff for whom a hiring exemption was requested are not assigned to work until approval is received;
    - Criminal background and required registry checks are provided timely for all new hires (sanction warning for new hires is pending);
    - Staff with questionable backgrounds are not assigned to work with a person until an exemption approval is received from DIDD (sanction for prohibited staff is pending);
    - Services provided by subcontracted staff are not billed without a current DIDD approved subcontract;
    - Orientation and training is provide to all new board members as required;
  - Outcome 10A, billing, scored SC.
    - Issues warranting recoupment were identified; however, the issues this year almost all related to billing for services before DIDD approved the subcontract and last year, day service billing was a significant issue for 6 of 7 people reviewed – this year overbilling of 6 units for one person constituted the total finding regarding billing for day services.
    - A letter of recoupment is pending.
  - Outcome 10B, personal funds management, scored SC.
- No need for any reimbursement was identified; persons' funds were considered fully accounted for

McNairy County Developmental Services – Residential/Day provider scored 52 of 54/Exceptional Performance on the QA survey exited 5/18/16.

- The agency was a 4 Star provider in 2015; compared to their 2014 survey results, this is a 2-point decrease in compliance (54-Exceptional in 2014) specific to issues identified in Domain 10 (SC-PC).
- Outcome 10A, billing, scored SC; isolated billing issues were identified for 1 of 6 people in the survey sample. A letter of recoupment for \$35.56 is pending.
- Outcome 10B, personal funds management, scored PC. The provider's oversight of one person's funds did not note that she continued to pay the utility bill for a home from which she moved in 2013 plus was paying all the utilities for her current home where she lives with a housemate. The agency was making corrections at the time of the survey.

Star Center- update: PA / Day provider requested a review of their 2016 QA Survey Report specific to findings for 9.C.2., agency supervision plan process. Notes were submitted as agreed upon; review revealed an alternative but acceptable means of documentation was used, yet only 2 of the monthly visits to one PA home were unannounced. No documentation was submitted regarding the completion of unannounced supervisory visits for staff providing PA to other people in the survey sample. No change was made to survey findings.

## Clinical Providers: Nursing-Behavioral-Therapies

**Behavioral Providers** Providers reviewed: East- no reviews; Middle- Angel Sutton; West- Applied Behavioral Diagnostics, Jason Grosser.

East- no reviews; Middle- no reviews; West- Liming Zhou.

**West Region:**

Liming Zhou – Board certified, independent provider of Behavior Services scored 30 of 36/Fair on the QA survey exited 5/18/16.

- Compared to the 2015 survey results, this is a 4-point decrease in compliance (34-Proficient in 2015) specific to issues identified in Domains 2 (PC-MC) and 9 (SC-PC).
- The agency needs to ensure:
  - Annual Updates, BSPs, CSMRs and CSQRs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review;
  - Communication efforts with ISCs are increased when concerns about the implementation of the BSP are noted for numerous months; and
  - Self-assessment and quality improvement planning processes are examined and improved as indicated.
- Outcome 10A, billing, scored SC. For the four people in the survey sample, no billing issues were noted.

**Nursing Providers:**

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

**Therapy Providers:**

Providers reviewed: East- Procure Home Health, Stellar Therapy; Middle- Rehab Resources; West- Nancy Williams.

**East Region:**

Stellar Therapy: The 2016 QA survey resulted in the agency receiving a score of 28. This places them in Fair range of performance. Compared to their 2015 survey results, this is a 4-point decrease in compliance (32-Proficient in 2015). This decrease in compliance was specific to issues identified in Domains 3 (SC-PC), 4 (SC-PC) and 9 (SC-PC). Also, it was noted that Domain 6 increased from a PC to a SC in 2016.

The provider should focus efforts to ensure the following:

- The agency has a process to ensure Physical Therapy, Speech Language Therapy, and Occupational Therapy assessments are completed as authorized and sent to the appropriate providers in a timely manner.
- Therapy services and supports identified in Individual Support Plans and the Plans of Care / physician orders are provided as authorized.
- Contact notes contain all DIDD required elements.
- Protection From Harm policies contain all required elements
- Potential employees are screened to ensure that known abusers are not hired.
- Prior written DIDD approval for subcontracted services is obtained.
- Appropriate records relating to the person are maintained.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.

There were two sanction-warning letters sent to the agency on May 24, 2016 regarding newly hired Staff Qualifications and Training.

Procure Home Health Services: The 2016 QA survey resulted in the agency receiving a score of 32. This places them in Proficient range of performance. Compared to their 2015 survey results, this is a 16-point increase in compliance (16-Serious Deficiencies in 2015). This increase in compliance was specific to improvements in Domains 2 (PC-SC), 3 (MC-PC), 4, (NC-SC) and 6 (NC-SC).

The provider should focus efforts to ensure the following:

- Emergency procedures and phone numbers are readily available.
- Agency Protection From Harm policy contains current definitions.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.

**Middle Region:**

Rehab Resources- Clinical Services Occupational & Physical Therapy: The exit conference was held on May 25, 2016. This provider scored 34 Proficient on the QA Survey and 32 Proficient on the 2015 QA Survey.

- Domain 10 increased from Partial to Substantial Compliance.
- The agency had no new staff.
- Issues continue to be identified with the resolution of equipment needs, therapy being provided in the location most relevant to the treatment goals, required re-assessments for 2 individuals not completed, repetitive exercises and ambulation activities being provided without adequate justification as skilled services, and the progress notes not documenting declining health needs and changes to selected interventions for 2 persons reviewed.
- A billing issue was identified for 1 of the 6 individuals reviewed due to billing for the wrong date. Recoupment occurred.
- The agency does not serve as Representative Payee.

**West Region:**

Nancy Williams – Speech/Language provider scored 30 of 36/Fair on the QA survey exited 5/18/16.

- Compared to the 2015 survey results, this is a 6-point decrease in compliance (36-Exceptional in 2015) specific to issues identified in Domains 2 (SC-PC), 3 (SC-PC) and 9 (SC-PC).
- The agency needs to ensure:
  - Goals in the Plans of Care are consistently measurable, functional and include expected progression with reasonable timelines;
  - Staff instructions are developed and revised timely;
  - Contact notes include measurable, objective information or data to reflect progress toward stated goals;
  - Monthly progress notes indicate appropriate monitoring of the plan's implementation;
  - The protection from harm policy is consistent with DIDD requirements (repeat issue); and
  - Self-assessment and quality improvement planning processes focus on organizational as well as individual items.
- Outcome 10A, billing, scored SC. For a sample of 6 people, no billing issues were noted.

**Follow-up on actions taken:**

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

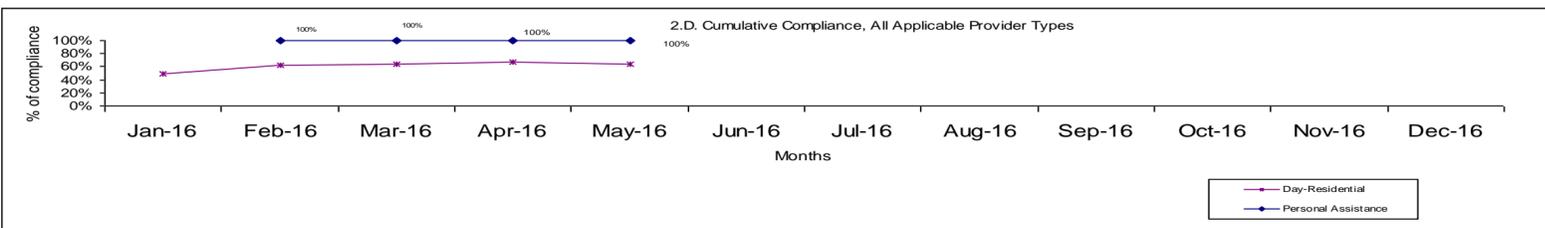
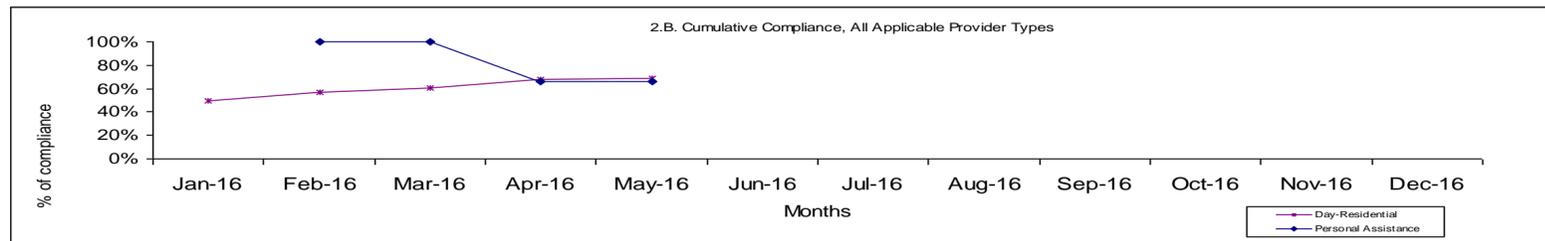
**Special Reviews**

**Current Month:**

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

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

Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	78%	57%
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	69%
Personal Assistance	N/A
Support Coordination	N/A
Behavioral	N/A
Nursing	N/A
Therapy	100%

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

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

Personal Funds - East		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
# of Individual Personal Funds	1												
Accounts Reviewed		5	14	25	25	18							
# of Individual Personal Funds	2												
Accounts Fully Accounted For		4	7	23	22	12							
# of Personal Funds Accounts	3												
Found Deficient		1	7	2	3	6							
% of Personal Funds Fully	4												
Accounted for		80%	50%	92%	88%	67%							
% of Personal Funds Found	5												
Deficient		20%	50%	8%	12%	33%							

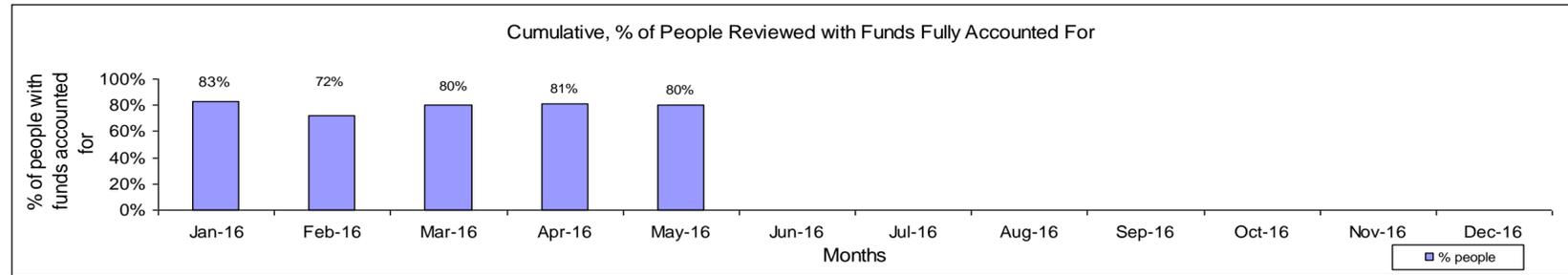
Personal Funds - Middle		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
# of Individual Personal Funds	6												
Accounts Reviewed			18	27	24	23							
# of Individual Personal Funds	7												
Accounts Fully Accounted For			12	23	20	17							
# of Personal Funds Accounts	8												
Found Deficient			6	4	4	6							
% of Personal Funds Fully	9												
Accounted for			67%	85%	83%	74%							
% of Personal Funds Found													
Deficient			33%	15%	17%	26%							

Personal Funds - West		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
# of Individual Personal Funds	11												
Accounts Reviewed			12	6	15	22							
# of Individual Personal Funds	12												
Accounts Fully Accounted For			12	4	12	20							
# of Personal Funds Accounts	13												
Found Deficient			0	2	3	2							
% of Personal Funds Fully	14												
Accounted for			100%	67%	80%	91%							
% of Personal Funds Found	15												
Deficient			0%	33%	20%	9%							

Personal Funds - Statewide		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
# of Individual Personal Funds	16												
Accounts Reviewed			44	58	64	63							
# of Individual Personal Funds	17												
Accounts Fully Accounted For			31	50	54	49							
# of Personal Funds Accounts	18												
Found Deficient			13	8	10	14							
% of Personal Funds Fully	19												
Accounted for			70%	86%	84%	78%							
% of Personal Funds Found	20												
Deficient			30%	14%	16%	22%							

Cumulative Funds Data		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
# of Individual Personal Funds	21												
Accounts Reviewed			50	108	172	235							
# of Individual Personal Funds	22												
Accounts Fully Accounted For			36	86	140	189							
# of Personal Funds Accounts	23												
Found Deficient			14	22	32	46							
% Funds Accounted for,	24												
Cumulatively			72%	80%	81%	80%							
% Funds Deficient, Cumulatively	25												
			28%	20%	19%	20%							

Region	% of Personal Funds Fully Accounted For
East	67%
Middle	74%
West	91%
Statewide	78%



**Analysis:**  
 The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.  
 See references under provider summaries above.

**Follow-up action taken from previous reporting periods:**  
 The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.