OVERVIEW OF THE WAIVER PROGRAM

The Home and Community Based Services (HCBS) Waiver for Persons with Mental Retardation provides services as an alternative to institutional care in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). The waiver program provides a broad range of residential, day, therapy, respite, personal assistance, and other services (e.g., environmental accessibility modifications and specialized equipment, supplies, and assistive technology).

Participation in the waiver program is limited to individuals who:

- Meet ICF/MR level of care criteria;
- Are eligible for Medicaid; and,
- Have been assessed as having needs that can be satisfactorily met by the services available through the waiver program while assuring the enrollee's health and welfare.

TennCare is the Medicaid lead agency that is responsible for the operation of the Waiver program. TennCare contracts with the Division of Mental Retardation Services (DMRS) in the Department of Finance and Administration as the state agency that conducts and administers the day to day operations of the Waiver, as specified in the Interagency Agreement (attached), under the supervision of TennCare. TennCare monitors and provides oversight of the performance of DMRS in administration of the Waiver.

Through its regional offices, DMRS serves as the point of entry for the waiver. DMRS regional offices conduct intake activities including submission of the Pre-Admission Evaluations (PAEs) for ICF/MR level of care eligibility determination by the Bureau of TennCare, which is the State Medicaid Agency. Medicaid financial eligibility is determined by the Tennessee Department of Human Services through contract with the Bureau of TennCare.

Waiver services are provided by individuals or organizations that meet provider qualifications, and have a provider agreement with the Division of Mental Retardation Services and the Bureau of TennCare. Support Coordination, including facilitation of the planning process, is provided through contractual agreements with Independent Support Coordination agencies that provide no other waiver services except Support Coordination. A process for certification of competency for these Independent Support Coordinators (ISCs) will be implemented. Services are provided in accordance with a plan of care (Individual Support Plan or ISP), which is developed using a person centered planning approach during which standardized assessments and professional assessments as needed are conducted, risks are assessed, and desired outcomes are identified. Waiver services are identified that will meet the desired outcomes and address identified risks.

Over the past several months, TennCare and DMRS have collaborated to improve the quality of services and the service delivery system. In addition, very significant changes have been made in the organizational infrastructure and in the quality management process. A comprehensive Quality Management System, as described herein, has been developed to monitor the provision of waiver services and to ensure the health and safety of waiver enrollees. The overall direction for these changes was described in the document "A Blueprint for Improving the Service Delivery System for Person with Mental Retardation in Tennessee", which formed the foundation for Tennessee's plan of correction for the issues identified during the Centers for Medicare and Medicaid Services (CMS) reviews of Tennessee's HCBS waiver programs for individuals with mental retardation. Each month TennCare and DMRS submit a Quality Management Data Report to CMS and an updated "Blueprint Workplan" which documents progress in implementing the "Blueprint".

Many of the actions identified in the "Blueprint Workplan" are reflected in this waiver application; including revised service definitions; an enhanced Quality Management system; revised policies for training, health care oversight, standardized assessments, Individual Service Plan development, personal funds management, sanctions, recoupment, and protection from harm requirements which are being incorporated into the new Provider Manual. Other changes include organizational restructuring and revision of internal policies and procedures (e.g., a new Individual Support Plan review policy), creation of DMRS Agency Teams, and Mandated Technical Assistance for providers. In addition, a revised rate structure has been developed and a new provider agreement has been executed.

The following section provides a description of the Quality Management System with references to the Blueprint.

QUALITY MANAGEMENT SYSTEM

(Blueprint: II.H.1)

I. INTRODUCTION AND BACKGROUND

In the fall of 2002, an interagency group (eventually called the QA/QI Steering Committee) was formed to develop an integrated quality assurance and improvement (QA/QI) system for the State of Tennessee. The Committee was comprised of a cross-section of stakeholders including staff from the Division of Mental Retardation Services (DMRS) and Bureau of TennCare, providers, family members, and representatives from other advocacy groups such as the Council on Developmental Disabilities.

As its first task the QA/QI Steering Committee created outcomes and indicators of quality and analyzed the current QA process as potential measurements of the new outcomes and indicators. The analysis showed the gaps and redundancies in the current processes. Ten workgroups were developed to improve existing processes and create new processes where needed. **Attachment 1** contains a description of the workgroups. The workgroups included staff from TennCare and DMRS, individuals, family members, providers and representatives from advocacy organizations.

Recognizing that significant changes had to be made, TennCare and DMRS developed a detailed "Blueprint" or action plan to improve the quality of services and supports provided to enrollees and their families. The Blueprint incorporated the work of the QA/QI Committee and the workgroups.

Other factors have also contributed to the development of the quality management system, most notably the CMS Quality Framework for Home and Community-Based Waiver Services (HCBS) and the Interim Procedural Guidance. The Framework created seven domains of quality along with key quality management functions that should be in state's oversight processes for waiver services (**Attachment 2**). The four quality monitoring (QM) functions included processes for design, discovery, remediation and improvement. Through implementation of the Interim Procedural Guidance, CMS further urged states to develop QM systems that would use the four QM functions and through an ongoing dialogue provide CMS with evidence of effective state oversight of HCBS services.

The Quality Management System (QMS) that is described in this document incorporates the processes developed by the ten workgroups along with concepts from the Quality Framework and Interim Procedural Guidance. Also incorporated are applicable sections of the Blueprint which is referenced throughout this document.

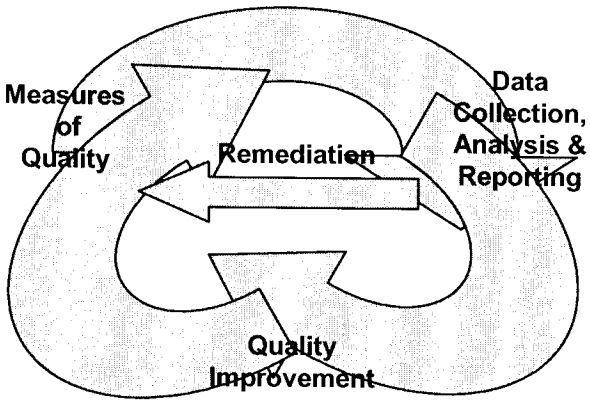
Note that the QMS is a "work in progress" and will be modified as a number of the processes described in the Blueprint are implemented. Therefore, periodically this version of the QMS will be updated and disseminated to keep everyone apprised as to further developments in the system.

II. DESCRIPTION AND PURPOSE OF THE QUALITY MANAGEMENT SYSTEM

Section A: QMS Defined

QMS is a system where measurements of quality are set that reflect the agency mission and important outcomes for individuals, information or data collected, integrated and analyzed, and measures the outcomes to identify where things are going well and where improvements in services and supports to individuals are needed. QMS is not a static process; there is no beginning or end point. Rather it is an ongoing circle of measurement, discovery, taking action, implementing strategies for improvements and back to measuring to determine if the strategy has been successful. The QMS applies to all people receiving DMRS services and supports regardless of funding source. Information about the quality of services and supports can be presented across all individuals as well as for specific groups such as by Waiver recipients, individuals funded through State funds, or class members.

The following diagram shows the ongoing circle of the QMS:

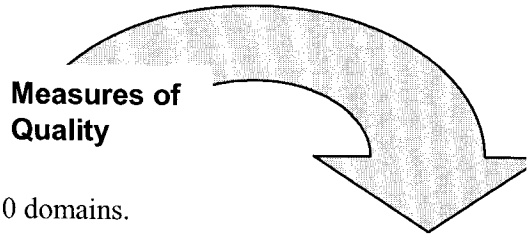


Section B: QMS Principles

The following principles form the cornerstones of the Quality Management System:

a. The system must produce improvement(s) in the delivery of services;
b. All tools, processes and protocols developed must be implemented statewide;
c. All tools, processes and protocols developed must be applicable to and effective for **all** persons receiving services, including those receiving state-funded and Medicaid waiver funded services;
d. The system should include the least amount of duplicative processes as possible;
e. The system must include a database capable of collecting and producing reliable information for analysis and reporting purposes;
f. Reports produced describing QM activities and trend analysis must be widely available;
g. The QM system must highlight positive practices;
h. The QM system must include effective sanctioning options for serious health and safety issues identified and failure to correct issues and problems in a timely and sustainable way.

Section C: Measures of Quality



Domains: QMS is based on a foundation of the following10 domains.

1. Access and Eligibility
2. Individual Planning and Implementation
3. Safety and Security
4. Rights, Respect and Dignity
5. Health
6. Choice and Decision-Making
7. Relationships and Community Membership
8. Opportunities for Work
9. Provider Capabilities and Qualifications
10. Administrative Authority and Financial Accountability

These domains form the basis of most of the monitoring processes described in Section D: Data Sources below.

Measurements: Within each domain are outcomes and indicators that provide more detailed measures of performance on the following three levels:

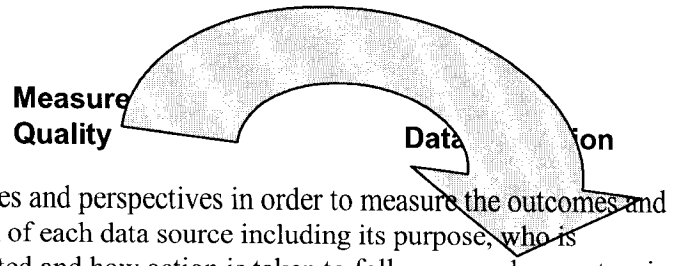
- **Person-centered indicators** – are the measures of the quality services and supports provided to people in such areas as essential safeguards, effective intake and eligibility, person-centered service planning, and implementation of the Individual Support Plan (ISP). Person-centered indicators are measured through Individual Support Coordination (ISC) / case manager monitoring of the implementation of the plan of care (Individual Support Plan or ISP), consumer and family surveys and QA provider surveys.

- **Provider indicators** – are the measures to determine the level of provider performance in achieving outcomes and in maintaining compliance with applicable rules, regulations and policies. Provider indicators are primarily evaluated through QA survey findings, provider staff satisfaction surveys, and analysis of information collected through the incident management system including data on incidents, critical incident investigations, and the complaint resolution process.

- **Systemic indicators** – are the measures of the overall quality of services and supports delivered. A systems indicator tool has been developed to define the information to be collected, use and analysis of the information, schedule of reports to be produced and responsibilities for collection and analysis of data.

Attachment 3 shows the complete set of the Quality Management System Outcomes and Indicators.

Section D: Data Sources



Data are collected from a variety of sources and perspectives in order to measure the outcomes and indicators. The following is a description of each data source including its purpose, who is responsible, how often the data are collected and how action is taken to follow-up and correct serious issues. **Attachment 4** contains a matrix of all the data sources.

- **DMRS QA Survey (Blueprint: II.F.1; II.H.2.d; II.M.6 and II.H.2.f):** The purpose of DMRS QA surveys is to evaluate service provider performance in meeting the person-centered outcomes for each domain and to determine compliance with the provider agreement. Most of the outcomes and indicators shown in **Attachment 3** are incorporated in the QA Survey.

  Staff from the DMRS QA Unit conduct annual provider performance surveys of all residential service providers, day service providers, Independent Support Coordination agencies, home health providers, personal assistance providers and early intervention providers. Survey results highlight exemplary performance as well as identify areas where the provider must make improvements.

  Each year, a thirty-three per cent (33%) sample of "clinical services only providers" is selected for review to ensure that all clinical providers are surveyed to evaluate performance at least every three (3) years. Clinical providers with identified performance issues will be surveyed annually or more frequently.

  For each agency or clinical services only providers surveyed, a ten per cent (10%) representative sample of service recipients will be selected for onsite review with a minimum of 4 and a maximum of 15 of the provider's service recipients observed. Sample size may be increased to determine the scope of any issues identified within the sample population. Survey tools designed to measure identified outcomes and performance indicators are utilized.

  Results are reported for each provider. Compilation of data obtained via provider performance surveys also provides information about the overall effectiveness of the service delivery system. A monthly report of trends across all providers surveyed is generated along with a summary for the annual quality improvement report.

  Regional Office Agency Teams, described more fully in Section F (Follow-up Actions and Quality Improvement), are responsible for following up to ensure that providers have made necessary changes for continued compliance with the Outcomes and Indicators specified in the QA Survey.

- **Independent Support Coordination (ISC) Monitoring (Blueprint: II.G.2.d; II.H.2.e):** Independent Support Coordinators (ISCs) assist individuals in identifying their needs and preferences, and selecting, obtaining and coordinating services using paid and natural supports. Ongoing monitoring by ISCs is essential since they are closest to the person and are in the best position to determine a) if services are being implemented as identified in the ISP, and b) if the services described in the plan are meeting the individual's needs. Monitoring is accomplished

through monthly face-to-face Monitoring Visits and completion of a Monthly Status Review of the ISP. Information is gathered using standardized processes and tools across all ISC agencies. Information gathered can be used to identify individual issues and trends on a provider, regional and statewide level. The following QMS Domains are covered through the process: Individual Planning and Implementation, Safety and Security, Rights, Respect and Dignity, Health, Choice and Decision-Making, and Relationships and Community Membership.

Issues identified during the monitoring process are reported by the ISC to provider management and the DMRS Regional Office. As with a number of other monitoring processes, Regional Office Agency Teams are responsible for follow-up on these issues.

For individuals receiving services through the Self Determination Waiver, State Case managers perform these functions.

- **Individual Satisfaction Surveys:** Canvassing individuals to obtain their input on the quality of their services and supports is a key element of any quality management system. The following are the two surveys conducted as part of the QMS:

  - Surveys conducted by providers: Provider agencies (including ISC agencies) are responsible for canvassing individuals annually and using that information to improve the quality of services and supports. Aggregated data from these surveys are reviewed as a part of the QA Survey.

  - DMRS Consumer Survey **(Blueprint: II.H.2.a; II.K.2):** Employing the Consumer Experience Survey (CES), the survey is conducted annually through face-to-face interviews conducted by an independent organization. The process is being phased in with an increasing sample over a three year period. The independent organization will collect and analyze the data culminating in an annual report to DMRS. Trends will be reported by region and statewide as part of the annual quality improvement report. The sample will ultimately include all individuals receiving community-based services and it is planned to eventually include individuals living in the Developmental Centers.

    Because the survey is confidential, information about each person is not shared. However, serious issues jeopardizing the person's health and welfare will be reported through the DMRS incident management system. The consumer survey is under development and is projected to begin implementation in September 2004.

- **Family Survey (Blueprint: II.H.2.a; II.K.2):** The family survey is under development and is expected to be implemented in the current fiscal year.

- **Direct Support Professional (DSP) Survey (Blueprint: II.H.2.b):** This survey obtains DSPs' input on the level of training, supervisory support and other concerns to identify statewide strategies to support staff. The mail out survey is sent to every DSP by DMRS. The first survey was completed in 2004 and will serve as a baseline for gauging whether improvement strategies to address DSP issues have been effective. The aggregated data will identify trends that will be reported on a regional and statewide basis.

- **Independent Support Coordination Survey (Blueprint: II.H.2.c):** This survey obtains ISC input on key aspects of their jobs including their understanding of the HCBS waiver, complaint and appeals processes, training needs, etc. in order to identify statewide strategies to improve support coordination. This mail out survey is sent to every ISC by DMRS. The first survey was

completed in 2004 and will serve as a baseline for gauging whether improvement strategies to address ISC issues have been effective. The aggregated data will identify trends that will be reported on a regional and statewide basis.

- **DMRS Utilization Review (Blueprint: II.M.6):** Both DMRS and TennCare are developing additional processes for Utilization Review.

- **Level of Care (LOC) Determinations:** Initial LOC determinations are performed by TennCare utilizing Pre-Admission Evaluations (PAEs). Reevaluations of LOC are completed by Independent Support Coordinators (ISCs) and case managers who are Qualified Mental Retardation Professionals (QMRPs). Timely completion is tracked through the DMRS Client Information Tracking System.

- **Protection from Harm (Blueprint: II.I; II.H.2-5):** This system encompasses the following components:

  - **Incident Management** – Reportable incidents are reported to the DMRS Protection from Harm Unit by providers, DMRS staff, individuals, families, and others. Information from each incident report is reviewed and entered into the Incident and Investigation or "I & I" database which forms the basis for the tracking and trending described below.

  - **Investigations** - Certain reportable incidents are subject to investigation by the provider or the DMRS Investigations unit within Protection from Harm. The Protection from Harm Unit maintains data on investigation dispositions. Twice a year data on rates of substantiated investigations are calculated by provider. This information is used by the region to trigger the need for technical assistance, and by the QA Team for the annual provider survey. If the substantiation rate is at or above a specific level it triggers a review of the provider's overall performance by the DMRS Central and Regional Office.

  - **Complaints Resolution System** – Complaints about services and supports come to either the Central or Regional Office from multiple sources including individuals, family members, providers, and others. While complaints are generally handled at the regional level, the Complaints Coordinator in the DMRS Central office tracks all complaints and oversees the system to ensure that there is timely and satisfactory resolution. A monthly log is generated to track each complaint, its disposition and timeliness. The monthly report also displays trends by region and statewide.

Additional Protection from Harm Tracking and Trending Reports:

- Once a month the Protection from Harm unit issues a management report on incident reporting, investigation and complaint trends by region and statewide. These reports are used by the DMRS management team to take actions when significant trends are identified. An annual trend analysis of incidents, serious injuries, and investigation types and substantiation rate is also developed by provider, region and statewide **(Blueprint: II.I.4).** Provider specific data are used by the QA Survey team as part of the annual survey of each agency.

- Provider specific data are also available on a real time basis (twice daily) to Central and Regional Offices as part the "Incident Alert System." The Incident Alert System is a means for the Regional Office to flag a serious incident or series of incidents for follow-up,

investigation and/or technical assistance to providers.

- **TennCare Quality Monitoring and Utilization Review Activities (Blueprint: II.H.4-5; II.H.8):** The purpose of TennCare annual state assessments, follow-up surveys, focused surveys, and other oversight activities is to evaluate the performance of DMRS as the administrative agency for services provided through Home and Community Based Services waivers for individuals with mental retardation and developmental disabilities and compliance of DMRS and provider agencies with state and federal regulations and guidelines. TennCare annual state assessments are conducted each year on a random sample of waiver enrollees in each DMRS region. The annual state assessment includes an onsite visit to the waiver enrollee's home to interview the enrollee and direct care staff, to assess the home environment, and to review the enrollee's medical records and onsite visits to all the providers of waiver services to review the enrollee's medical and other records. As part of the annual state assessment, additional information may also be obtained from DMRS regarding claims adjudication, service authorizations, incidents and investigations, resolution of complaints, appeals, and DMRS quality assurance activities.

  In addition, on an ongoing basis TennCare staff:

  - Receive complaints regarding the provision of waiver services, log them into the TennCare complaint system database, make appropriate referrals, and track the complaints until resolution.
  - Perform monthly reviews of a sample of investigations completed by DMRS to evaluate whether investigation performance standards were met.
  - Review DMRS quality, utilization, and other reports prepared on a monthly or other basis regarding the provision of waiver services.
  - Have access to DMRS information systems with the ability to retrieve data and request ad hoc reports.
  - Participate in intradepartmental and other ad hoc and standing committees.
  - Review and approves DMRS policies as well as other information to be distributed to enrollees and providers regarding the provision of waiver services.
  - Provide technical assistance and policy direction to DMRS staff regarding state and federal program requirements.

- **Individual Assessments (ICAP) (Blueprint: II.B.):** ICAP is one of the assessment processes implemented for each individual to identify his or her needs in preparation for the ISP meeting. Due to the importance of assessment as part of the planning process, completion of ICAPs is tracked monthly by DMRS. Data on ICAPs is collected and reported to DMRS by an independent agency. Timely completion of ICAP assessments is reported monthly by region and statewide. Agencies that are consistently out of compliance with time requirements are subject to mandated technical assistance and other sanctions.

- **Individual Support Planning including Risk Management (Blueprint: II.H.2.i)**: All individuals who receive supports and services through DMRS are required to have an annual risk assessment. This assessment is embedded within the ISP planning process, and its intent is to identify potential risks in order to create an environment that establishes appropriate safeguards without limiting personal experiences. This process includes a minimum of the following components: risk assessment through the identification of risk factors and analysis and planning, risk review, and risk training, technical assistance, and monitoring/support. Once implemented, the number of risk assessments completed and the number and types of risks identified during the support planning process will be reported by ISCs and case managers to DMRS and data

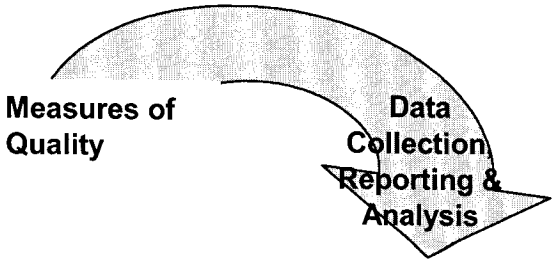
analyzed for trends. Risk trend data will be compared to incident trend data to determine efficacy of risk prevention policies and strategies.

The success of individual strategies to ameliorate individual risks identified through risk assessment are evaluated by the individual, his family and significant others, providers and the ISC as part of the on-going planning and monitoring of services.

- **Other State Agencies Involved in Ensuring Delivery and Quality of Services:** Other state agencies involved in quality assurance activities for persons with mental retardation include:

  - **Department of Mental Health and Developmental Disabilities (DMHDD):** DMHDD conducts licensure surveys and grants licenses to entities providing services to persons with mental retardation in accordance with Title 33. DMHDD is also responsible for the provision of mental health services through the Behavioral Health Organization system and the delivery of services in State-operated mental health facilities.
  - **Department of Health (DOH):** The DOH provides licensure to home health agencies and professional support service agencies. In addition, DOH licenses Physicians, Psychiatrists, Psychologists, Registered Nurses, Licensed Practical Nurses, Physical Therapists, Occupational Therapists, Speech and Language Pathologists and Dieticians who may participate in provision of services to persons with mental retardation.
  - **Department of Human Services (DHS), Adult Protective Services (APS):** APS conducts investigations when allegations of abuse, neglect and exploitation are reported for adults, per the APS statutes of Tennessee.
  - **Department of Education:** The Department of Education in partnership with DMRS funds and monitors services to high risk infants and toddlers. DMRS and DOE participate jointly in monitoring and providing technical assistance to providers of Early Intervention Services.
  - **Department of Children's Services (DCS):** DCS conducts investigations when allegations of abuse, neglect and exploitation are reported for children, per the Child Protective Services (CPS) statutes of Tennessee.
  - **Office of the Comptroller, Division of State Audit:** State Audit monitors the performance of each of the State departments and agencies listed above to ensure that compliance is maintained with State and Federal Regulations. State audit evaluates TennCare's performance as the entity responsible for administrative oversight of waiver lead agencies in operation of waiver programs.

Licensing issues, protection from harm issues and monitoring issues are addressed by central office and regional office staff. DMRS and TennCare jointly respond to Comptroller audit findings.



Section E: Reporting and Analysis (Blueprint: II.H.2.g and II.H.3)

An important goal of the QMS is to provide accurate, timely and relevant information to individuals, families, and managers in DMRS and TennCare in easy to access, understandable and useful formats. Information will be used to:

- Identify and remediate serious health and safety issues and allow service delivery patterns and trends to be identified, analyzed and appropriately addressed;
- Make provider contract decisions;
- Assist individuals and families to make decisions about providers;
- Make system-wide, long lasting service improvements.

Data are collected from the various systems described above in order to report on specific outcomes and indicators. Information on the outcomes and indicators is provided on three levels:

- ❑ "**Real Time**" information is available to providers, support coordinators / case managers and essential State staff to ensure timely remediation when issues of health and safety (e.g., critical incidents, serious monitoring or licensing deficiencies) are identified.

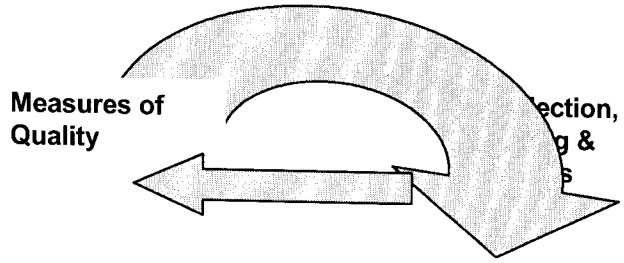
- ❑ **Monthly and Quarterly Management Reports**: These reports are used by managers in the regions and central office and other entities such as CMS and the Courts to identify trends and take proactive action to correct different issues identified.

- ❑ **Provider Performance Assessment Reports:** Quality information about provider performance must be readily accessible to individuals and families so they can make informed decisions about services and supports and to DMRS for contract decisions. At this time information about the providers such as results of QA Surveys can be obtained by mail. Future plans include making information easily available such as in hard copy, through email and the web.

- ❑ **Positive Practices:** Currently provider practices that effectively promote quality of services are identified in QA Survey reports. Future plans include making this information more readily available through such venues as the DMRS web site and through links to the DMRS web site on the TennCare web page.

Data Elements Being Tracked by the DMRS Compliance Unit: The following is a chart displaying the data sources along with the type of report and frequency:

Data Source		Reports		Frequency
QA Survey	→	o By provider o Trends by region/statewide	→	o Annual o Monthly/Annual Summary
ISC Monitoring	→	o By individual o Trends by region/statewide	→	o Monthly o Monthly/Annual Summary
Provider's Consumer Survey	→	o By individual o Trends by provider	→	o Annual
DMRS Consumer Survey	→	o Trends by region/statewide	→	o Annual
Family Survey	→	o Trends by region/statewide	→	o Monthly o Monthly/Annual Summary



Section F: Follow-up Actions

Everyone throughout the system is responsible for following-up to ensure that actions are taken to correct serious health and safety issues. The following are overall responsibilities at each level of the organization:

- **Service Providers are** responsible for taking effective action necessary to remediate individual issues identified by any source, for identifying and revising any management practices when necessary to prevent reoccurrence of issues, and for identifying indicators and reporting data to demonstrate performance.

- **Independent Support Coordinators and DMRS are** responsible for monitoring corrective actions intended to resolve issues specifically for the person receiving services that impact the development and implementation of the plan of care or affect the person's ability to be healthy and safe in the community. A standard reporting tool for ISCs to report unresolved issues has been developed.

- **DMRS Regional Office Agency Teams** are responsible for monitoring corrective action implementation at the service provider level and for providing technical assistance to provider agencies. Data produced from the QA database pertaining to complaints, surveys and critical incident investigations will be used to evaluate quality initiatives.

- **TennCare** is responsible for monitoring, overseeing, and evaluating DMRS' performance, including, ensuring that systemic improvement initiatives are developed and that QM initiatives are implemented.

The following actions are taken when serious issues are identified through the various data sources:

- **Immediate Jeopardy: (Blueprint: II.H.2.k)**: In DMRS, issues requiring immediate correction or resolution may be identified from any of the data sources described in this document. Immediate Jeopardy situations are those that have caused or have the potential to cause imminent harm to the individual. Resolution of Immediate Jeopardy situations must be initiated immediately and must be completed no later than 2 days following identification of the issue. A standard form is used to report these situations. DMRS Agency Teams are responsible for following these issues to resolution and for reporting resolution.

- **High Risk Review: (Blueprint: II.I.2)** Another DMRS process - high risk review - is initiated to address a pattern of serious incidents or injuries at a provider agency. Once the criteria are met, providers are required to conduct a high risk review using a standardized Risk Analysis and Planning tool and process to determine if the agency needs to take any proactive action. Incident summaries to trigger the high risk review process are generated monthly by the DMRS Protection from Harm Unit. The effectiveness of the providers' High Risk Review process is monitored

through the QA Survey.

- **Technical Assistance (Blueprint: II.F.2):** DMRS is responsible for providing effective Technical Assistance (TA) to providers via the TA protocols that have been developed and are uniformly available statewide. Per DMRS policy ("Time Limited Technical Assistance") technical assistance may be requested by the provider or be recommended or mandated by DMRS. Technical Assistance includes:

  - Support in analyzing the cause of problems that have been identified by the provider and/or DMRS;
  - Providing suggested resources;
  - Assistance in developing an action plan;
  - Assistance in developing methods to track performance in areas targeted for technical assistance.

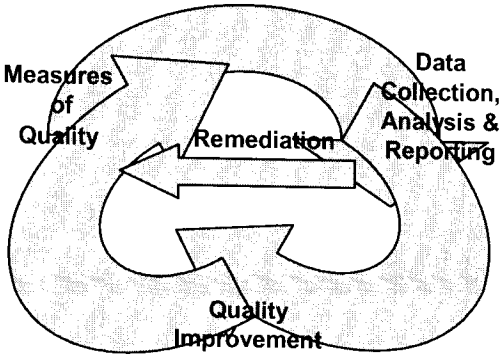
  Technical assistance is provided by "Agency Teams" located in each DMRS Regional Office. Regional Office staff assigned to the team are knowledgeable about the provider as well as state and federal requirements. The Agency Teams use results of QA Surveys and other data sources to assist agencies in the development of compliance plans that outline strategies for improved service delivery. Agency teams report on the provision of TA to a Regional Management Oversight Committee.

  Mandated technical assistance is required for providers with performance issues that meet the level of serious inability to provide for the health and welfare of individuals served. TA is time limited and demonstrated compliance must be achieved within a specified time period. If not achieved, the provider is subject to sanctions up to and including cancellation of the provider's contract.

  Targeted Elements Assessment: As described in Section D (Data Sources), providers receive an annual performance assessment. As a follow-up measure, Agency Teams also conduct a follow-up review called a "Targeted Elements Assessment." Providers with substantial compliance on the QA survey are subject to a quarterly review. More frequent assessments are conducted for providers with more serious issues and/or those providers receiving mandated technical assistance. Agency teams report assessment results to a DMRS Regional Management Oversight Committee.

- **DMRS Central Office and Regional Office Monthly Management Meetings**: DMRS and TennCare management meet twice monthly to review the status of Blueprint/Quality Management initiatives and data for reports that are currently generated. Necessary actions are identified and assigned. The procedures that will formalize and guide the Quality Management functions of this group in the future are under development.

  Mortality Review: All suspicious and unexpected deaths are subject to death reviews that are conducted by the DMRS Regional Death Review Committees and reviewed by the DMRS Central Office medical staff. Twice annually, death reviews are reviewed by external sources with expertise in death review. When there are recommendations resulting from these reviews, they are implemented through revised policies and procedures.



Section G: Quality Improvement:

Each year DMRS publishes an Annual Quality Improvement Report, the purpose of which is to provide information about the service systems during the previous year and benchmark service improvement across the system. The report includes aggregated data collected throughout the year along with an analysis of the major trends and patterns that can be seen across data sources. In addition, the Annual Quality Improvement Report will also include strategies for improvement for trends and patterns observed (e.g., training, changes to policy, regulations).

ATTACHMENT 1
QA/QI IMPLEMENTATION WORKGROUPS

The Workgroups were comprised of representatives of DMRS and TennCare as well as family members, people with developmental disabilities, providers, and other relevant state and regional personnel.

Workgroup I: Develop surveys to canvass people with disabilities and families throughout the state. This task will involve a review of existing consumer and family surveys, the development of recommendations regarding the content of surveys that measure the relevant indicators, and an exploration of the process that should be used.

Workgroup II: Develop a survey of direct support staff to assess their satisfaction with their level of training, and other issues relevant to their support of individuals with developmental disabilities.

Workgroup III: Develop a survey of independent service coordinators to assess their satisfaction with training, authority, and so forth. Make improvements in the Individual Support Planning process. Determine the role of independent support coordinators in the oversight and monitoring of providers.

Workgroup IV: Develop an integrated provider monitoring system including consideration of several existing processes, specifically: QE Survey, Arlington Remedial Order audit tool, the Settlement Agreement Compliance Review tool (SACR), state licensing, and Regional Office nurses check list. The analysis will include review of other state tools, development of measures for other indicators, improvement of the specificity of items currently included and consolidation of like items.

Workgroup V: Develop a process to measure "systems" indicators and explore ways in which data from various QA processes can be integrated, analyzed, and acted upon. This group will also analyze existing sanctions for unsatisfactory provider performance and determine how such sanctions can be administered in a more consistent fashion.

Workgroup VI: Review the provider enrollment and qualification process including the role of the Gaps Analysis Survey

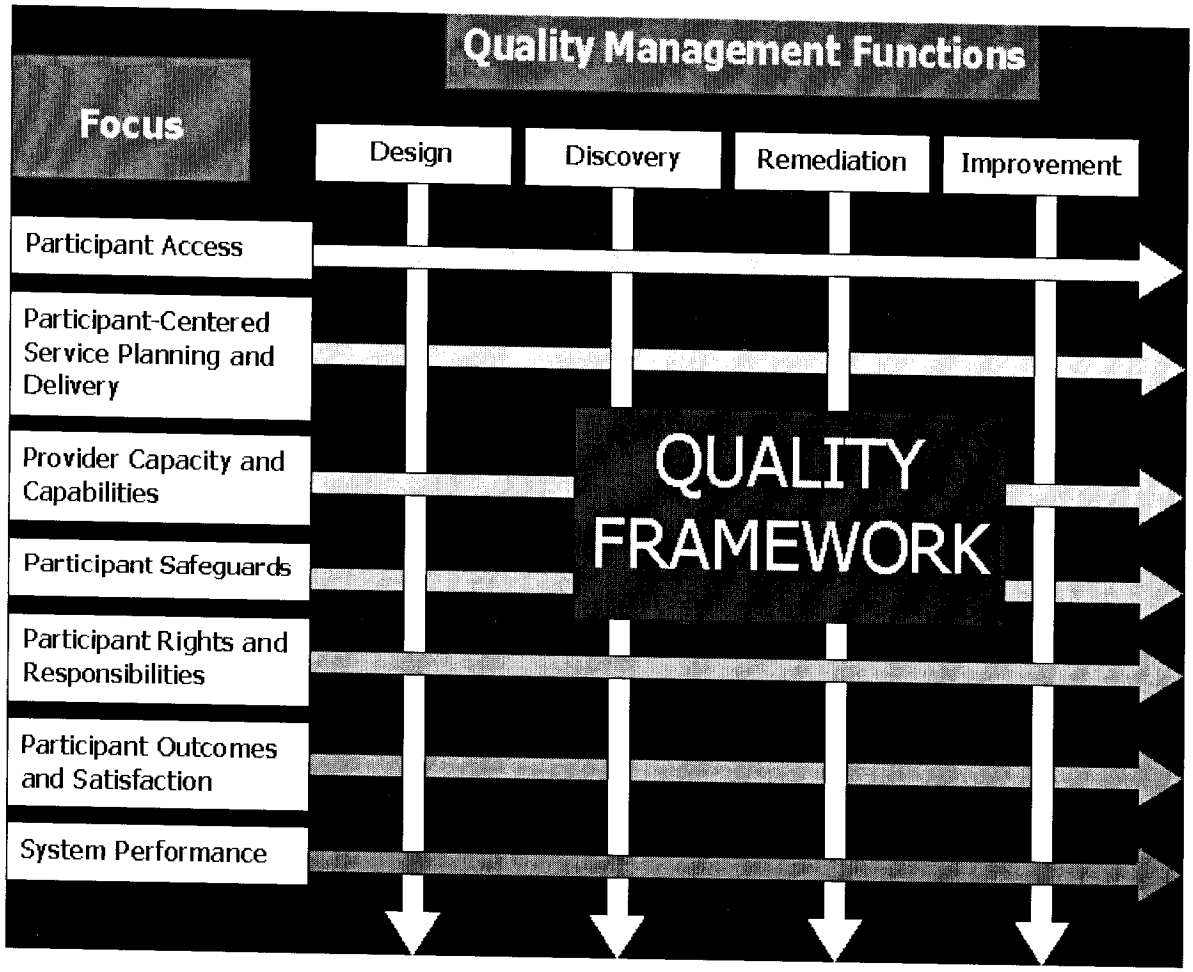
Workgroup VII: Create a streamlined system(s) for collecting and analyzing information about incidents including an analysis of the current complaint resolution system, the "I & I" database, and the Remedial Order Quality of Investigations tool.

Workgroup VIII: Analyze Valued Day Database and alternative means of collecting information about the employment of people with developmental disabilities.

Workgroup IX: Review the process for ensuring financial accountability (both at the agency and individual funds level) and determining the match of service utilization to individual needs.

Workgroup X: Analyze the process employed for assessing and accommodating individual risk. This activity will involve a review of existing assessment tools (e.g., the Regional Nurses Checklist), as well as tools used in other states.

ATTACHMENT 2
CMS QUALITY FRAMEWORK



ATTACHMENT 3
QM OUTCOMES AND INDICATORS

Domain 1: Access and Eligibility
Outcome 1A: 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.
Person-Centered Indicators 1.A.1. The person and family members report they have an understanding of the HCBS waiver and other services. 1.A.2. The person and family members report they know how to gain access to services. 1.A.3. The person and family members report they are offered choice of available qualified providers. 1.A.4. The person and family members report they know how to appeal adverse decisions regarding access to and eligibility for services and participation in the HCBS waiver program.
Provider Indicators 1.A.6. The provider has an understanding of how the person can appeal adverse decisions regarding services and participation in the HCBS waiver program and makes the written policy regarding the TennCare appeal process available as needed to persons served. 1.A.7. ISCs report they are knowledgeable about available services, supports and funding mechanisms in the community. 1.A.8. ISCs support the person (assisted by family members) to exercise choice and facilitate access to selected services.
System Indicators 1.A.9. The provider has been furnished with information about the HCBS waiver program (e.g., service definitions, appeal rights, billing practices). 1.A.10. An adequate network of qualified providers is available.
Domain 2: Individual Planning and Implementation
Outcome 2A: The person's plan reflects his or her unique needs, expressed preferences and decisions.
Person-Centered Indicators 2.A.1. The person and family members report they are active participants in developing the plan to the extent they desire. 2.A.2. The person and family members report the plan reflects what is important to them. 2.A.3. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan. 2.A.4. The plan includes individualized supports and services to address the person's needs. 2.A.5. The person's financial resources are detailed in the plan. 2.A.6. The person is aware of the appeal process if he or she disagrees with the plan.

Provider Indicators
2.A.7. The ISC develops and distributes the initial plan and subsequent revisions in a timely manner.
System Indicators
2.A.8. Ongoing evaluation results in a streamlined and more accurate planning process. 2.A.9. Monitoring of providers assures that plans reflect individual needs and are developed in a timely manner.
Outcome 2B: Services and supports are provided according to the person's plan.
Person-Centered Indicators
2.B.1. The ISC arranges for and coordinates needed services identified in the plan in a timely manner. 2.B.2. The person's plan is implemented in a timely manner. 2.B.3. The person receives services and supports as specified in the plan.
Provider Indicators
2.B.4. Provider staff are knowledgeable about the person's plan. 2.B.5. Provider documents provision of services and supports in accordance with the plan.
System Indicators
2.B.6. Monitoring of providers assures that services and supports are provided in accordance with the plan.

Outcome 2C: Individual risk is assessed and adequate, timely intervention is provided.

Person-Centered Indicators

2.C.1. Individual risk (e.g., physical, behavioral) is assessed and addressed in the plan.

2.C.2. Supports and interventions address individual risk issues.

Provider Indicators

2.C.3. Provider staff are trained in risk management and demonstrate competence in risk identification and planning.

2.C.4. Provider staff report an understanding of and can accurately describe the assessed risk and the supports and interventions to be implemented

2.C.5 The ISC is knowledgeable about specific risk management issues involving individuals on their caseloads and the supports and interventions to be implemented.

2.C.6. The ISC ensures that the person's plan is revised when emerging risk issues are identified.

2.C.7. The ISC ensures that risk issues and the supports and interventions to be implemented are communicated and coordinated between providers.

System Indicators

2.C.8. Ongoing monitoring of providers assures that there is an effective process for individual assessment of risk.

2.C.9. Risk information is reviewed to determine trends and strategies for improvement are developed and implemented.

2.C.10. Competence in risk identification and planning is assured through training and monitoring of providers.

Outcome 2D: The person's plan and services are monitored for continued appropriateness and revised as needed.

Person-Centered Indicators

2.D.1. The person and family members report they are active participants in revising the plan.
2.D.2. The person and family members report that supports and services in the plan are revised as needed to address individual needs.

Provider Indicators

2.D.3. The ISC monitors implementation of the person's plan.

2.D.4. The ISC ensures that the person's plan is reviewed and revised according to the required schedule or as necessary to address emerging needs.
2.D.5. The provider has a process for reviewing and monitoring the implementation of the plan and progress toward desired goals.
2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation.
2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan.

System Indicators

2.D.8. Monitoring of providers assures that plans are revised to reflect individual needs and preferences.

Domain 3: Safety and Security

Outcome 3A: Where the person lives and works is safe.

Person-Centered Indicators

3.A.1. The person and family members report they feel safe in their home and community.

3.A.2. The person and family members report no environmental safety issues.

Provider Indicators

3.A.3. Providers respond to emergencies in a timely manner and have back up when regular staff are not available.

3.A.4. Provider staff report that the on-call system for emergencies is working.

3.A.5. Providers assess and reassess the home and work environment regarding personal safety and environmental safety issues.
3.A.6. Providers resolve safety issues in a timely manner.
3.A.7. Providers use a system of inspection and maintenance of vehicles used for transport

System Indicators

3.A.8. Providers' processes for resolving safety complaints and environmental safety problems are reviewed to determine trends and to develop and implement strategies for improvement.

Outcome 3B: The person has a sanitary and comfortable living arrangement.

Person-Centered Indicators

3.B.1. The person's place of residence and work/day site are well maintained and provide a sanitary and comfortable environment.

3.B.2. The provider implements an ongoing monitoring process to assure that the person is in a sanitary and comfortable living environment.

System Indicators

3.B.3. Information is reviewed to determine trends and to develop and implement prevention strategies.

Outcome 3C: Safeguards are in place to protect the person from critical incidents.

Person-Centered Indicators

3.C.1. The person and family members report they understand the reporting system for critical incidents and know what to expect when a report has been made.

3.C.2. The person and family members report they feel they that can report critical incidents without fear of retaliation.

3.C.3. The person and family members report timely investigation and appropriate resolution of critical incidents, if any.

Provider Indicators

3.C.4. The provider has developed and implemented incident management policies and procedures.

3.C.5. Provider staff are knowledgeable about the incident management policies and procedures.

3.C.6. Potential employees are screened to ensure that known abusers are not hired.

3.C.7. Provider staff report feeling safe to report critical incidents without fear of retaliation.

3.C.8. Reports of abuse, neglect, and other critical incidents are submitted and investigated in accordance with approved guidelines and are resolved in a timely manner.

3.C.9. Medication errors are reported and addressed in a timely manner.

3.C.10. The provider analyzes trends in medication errors and implements prevention strategies.

3.C.11. Providers review critical incidents to determine trends and develop and implement prevention and corrective strategies.

System Indicators

3.C.12. Known abusers are not hired.
3.C.13. The person is free from retaliation for reporting critical incidents.

3.C.14. Statewide critical incident trends are reviewed and strategies for prevention are developed and implemented.
3.C.15. Statewide trends in medication errors are analyzed and prevention strategies are implemented.
3.C.16. Providers are appropriately sanctioned for cited deficiencies involving the reporting, investigation, resolution, and follow-up of critical incidents.

Domain 4: Rights, Respect and Dignity

Outcome 4A: The person is valued, respected, and treated with dignity.

Person-Centered Indicators

4.A.1. The person and family members report that the person is valued, respected, and treated with dignity.

4.A.2. The person experiences positive interactions with others.

4.A.3. The person is recognized for his or her accomplishments.

Provider Indicators

4.A.4. Provider policies and procedures promote treatment of people with respect and dignity.

4.A.5. Providers demonstrate and provide supports that promote value, respect and fair treatment for persons they serve.

System Indicators

4.A.6. Agency mission and value statements promote respect, fair treatment and dignity for all persons.

4.A.7. Provider policies and procedures are monitored to ensure treatment of all people with respect and dignity.

Outcome 4B: The person has a positive image in the community.

Person-Centered Indicators

4.B.1. The person has a positive image (e.g., does age appropriate activities, appearance, works and lives in typical settings) in the community.

4.B.2. The person is described in positive, affirming ways.

Provider Indicators

4.B.3. Provider staff support people to have a positive image within the community.

System Indicators

4.B.4. Provider services are monitored to ensure that people are supported to have a positive image within the community.

Outcome 4C: The person exercises his or her rights.

Person-Centered Indicators

4.C.1. The person and family members report they understand their rights.

4.C.2. The person has time, space and opportunity for privacy.

4.C.3. The person is encouraged to exercise personal control and choice related to his or her own possessions.

4.C.4. The person has appropriate clothing.

4.C.5. The provider implements an ongoing monitoring process to assure that the person has appropriate clothing.

4.C.6. The person has appropriate access to his or her own funds.

4.C.7. The person exercises his or her rights without inappropriate restriction.

4.C.8. The person and family members report they know whom to contact regarding problems and concerns.

4.C.9. The person and family members indicate that reported problems and concerns are resolved in a timely and courteous manner.

4.C.10. The person has a conservator if appropriate.

Provider Indicators

4.C.11. Providers support people to exercise their rights (e.g., voting).

System Indicators

4.C.12. Agency mission and value statements promote the concept that people can exercise their rights.

4.C.13. Provider policies and procedures are monitored to ensure there are no barriers to people exercising their rights.

Outcome 4D: The person's rights are protected, and restrictive interventions (physical, mechanical, and chemical) are not imposed without due process.

Person-Centered Indicators

4.D.1. The person's plan addresses positive behavior supports and any restrictive interventions (physical, mechanical, chemical).
4.D.2. The person and family members report that they knowingly and voluntarily gave consent to restrictive interventions and have the opportunity to refuse, withdraw, or modify approval.

Provider Indicators

4.D.3. Restrictive interventions are reviewed and approved by the human rights committee.
4.D.4. The provider imposes restrictive interventions in accordance with the person's behavior support plan.

System Indicators

4.D.5. Monitoring of providers assures that restrictive interventions are imposed in the least intrusive way, in accordance with the person's plan, and with the approval of human rights committees.

4.D.6. Restrictive intervention usage is reviewed to determine trends and the need for process improvement

4.D.7. Monitoring of human rights committees assures that the committees function effectively and in accordance with their defined roles.

4.D.8. Statewide trends on the use of restrictive interventions are reviewed and strategies for improvement are developed and implemented.

Domain 5: Health

Outcome 5A: The person has the best possible health.

Person-Centered Indicators

5.A.1. The person's plan addresses needed health care services and is updated, as needed, to address changing needs.

5.A.2. The person's plan addresses health risk factors and needed interventions and supports.
5.A.3. The person reports that he/she has been educated about health risks and is supported to develop healthy alternatives (e.g., smoking cessation, routine exercise).
5.A.4. Needed health care services and supports are provided.

5.A.5. Medical examinations are provided in accordance with TennCare guidelines.
5.A.6. Health care services and supports are coordinated among providers and family members.

Provider Indicators

5.A.7. The ISC and provider staff are knowledgeable about the person's health care needs and are able to identify common health care problems.

5.A.8. Provider staff take actions to address the person's emerging health problems or issues.

System Indicators

5.A.9. There is an adequate network of health care providers.

Outcome 5B: The person takes medications as prescribed.

Person-Centered Indicators

5.B.1. The person's record adequately reflects all the medications taken by the person.

Provider Indicators

5.B.2. Needed medications are provided and administered in accordance with physician's orders.

5.B.3. Only appropriately trained staff administer medication.

5.B.4. Medication administration records are appropriately maintained.

5.B.5. Storage of medication ensures appropriate access, security, separation, and environmental conditions.

Outcome 5C: The person's dietary and nutritional needs are adequately met.

Person-Centered Indicators

5.C.1. The person is educated about and supported to have good nutrition.

5.C.2. The person's residence has adequate quantities of nutritious food to meet dietary needs and preferences.

Provider Indicators

5.C.3. The provider implements an ongoing monitoring process to assure that the person's dietary and nutritional needs are adequately met.

System Indicators

5.C.4. Information is reviewed to determine trends and to develop and implement strategies to assure that dietary and nutritional needs are adequately met.

Domain 6: Choice and Decision-Making

Outcome 6A: The person and family members are involved in decision-making at all levels of the system.

Person-Centered Indicators

6.A.1. The person and family members decide who comprises their support planning team.

6.A.2. The person and family members are knowledgeable about and choose from among qualified providers.

6.A.3. The person and family members participate in the selection and evaluation of their direct support staff.

6.A.4. The person and family members report they feel free to express their concerns to providers and report that the provider acts upon their concerns.

Provider Indicators 6.A.5. Persons and family members participate on provider boards or advisory committees. 6.A.6. Provider management is responsive to questions and concerns from the person and family members. 6.A.7. On an ongoing basis, providers monitor satisfaction of the person and family members with services and supports. 6.A.8. Providers demonstrate that changes are made utilizing input from the person and family members.
System Indicators 6.A.9. Persons and family members are involved in quality management committees. 6.A.10. The opinions of the person and family members are solicited when policies or rules are being revised. 6.A.11. Persons and family members are involved in setting the DMRS agency mission and vision.
Outcome 6B: The person and family members have information and support to make choices about their lives.
Person-Centered Indicators 6.B.1 The person is supported to communicate choices. 6.B.2. The person makes choices about daily activities (e.g., choosing own videos or TV shows, selecting meals, deciding when to go to bed). 6.B.3. The person makes major life choices (e.g., employment, marriage, housing, and housemate). 6.B.4. The person makes choices regarding how to spend his or her own money.
Provider Indicators 6.B.5. The provider ensures that the person has information and support to make choices.
System Indicators 6.B.6. Providers are monitored to ensure that people are provided information and support to make choices.

Domain 7: Relationships and Community Membership
Outcome 7A: The person has relationships with individuals who are not paid to provide support. **Person-Centered Indicators** 7.A.1. The person has opportunities for meaningful contact with a broad range of other people in the community. 7.A.2. The person has meaningful relationships. **Provider Indicators** 7.A.3. The provider supports enable the person to have meaningful relationships with individuals who are not paid to provide support. **System Indicators** 7.A.4. Providers are monitored to ensure that people are supported to have meaningful relationships with individuals who are not paid to provide support.
Outcome 7B: The person is an active participant in community life rather than just being present.
Person-Centered Indicators 7.B.1. The person routinely participates in a variety of community activities. 7.B.2. The person networks with other people, groups, and organizations that share his or her interests.
Provider Indicators 7.B.3. The provider supports the person to be an active participant in community life.
System Indicators 7.B.4. Providers are monitored to ensure that people have appropriate supports to be active participants in community life.
Outcome 7C: The person has a valued role in the community.
Person-Centered Indicators 7.C.1. The person and family members report that the person holds a valued role in the community (e.g., volunteer, blood donor, good neighbor).
Provider Indicator 7.C.2. The provider supports the person to hold a valued role in the community.

System Indicators

7.C.3. Providers are monitored to ensure that people have appropriate supports to hold a valued role in the community.

Domain 8: Opportunities for Work
Outcome 8A: The person has opportunities to have a meaningful job in the community.
Person-Centered Indicators 8.A.1. The person's decision to work in the community and their work choices are periodically reviewed. 8.A.2. Supports are provided to assist the person to obtain employment in the community. 8.A.3. The person chooses where he or she works. 8.A.4. The person reports that he/she is satisfied with his/her job. 8.A.5. The person works in integrated community settings if he/she prefers.
Provider Indicators 8.A.6. The provider ensures that there are supports to promote job success and advancement. 8.A.7. The provider promotes the development of supports and mentoring for employment staff. 8.A.8. The provider communicates with the employer and other individuals to identify and solve work-related problems and provide supports.
System Indicators 8.A.9. Employment information is reviewed to determine trends and to develop and implement strategies to better assure that persons have meaningful jobs. 8.A.10. State policies support employment as a program priority.
Person-Centered Indicators 8.B.1. The person's day services and his or her preferences related to work are periodically reviewed. 8.B.2. The person has meaningful, age-appropriate day activities for socialization, recreation, and learning. 8.B.3. The person experiences opportunities to perform volunteer community activities if he or she chooses. **Provider Indicators** 8.B.4. The provider ensures that there are supports to promote opportunities for having meaningful day activities. **System Indicators** 8.B.5. Day activity information for individuals who choose not to work is reviewed to determine trends and to develop and implement strategies to better assure that persons have meaningful day activities.

Domain 9: Provider Capabilities and Qualifications
Outcome 9A: The provider meets and maintains compliance with applicable licensing and provider agreement requirements.
Provider Indicators 9.A.1. The provider meets and maintains compliance with applicable licensure, certification, and contract requirements. 9.A.2. The provider complies with requirements in the provider agreement. 9.A.3. The provider maintains appropriate records relating to the person. 9.A.4. The provider develops and implements a written management plan describing how the agency conducts its business and specifying the provider's processes for protecting the health, safety and welfare of persons whom it supports. 9.A.5. The provider has an effective internal quality assurance process to monitor the quality and effectiveness of the supports and services that are provided. 9.A.6. The provider reviews and utilizes information obtained from the internal quality assurance process to improve supports and services.
System Indicators 9.A.7. On-going monitoring assures that all providers meet and maintain compliance with applicable licensure, certification, and contract requirements. 9.A.8. On-going monitoring assures that all providers comply with requirements in the provider agreement. 9.A.8. There is uniform application of graduated sanctions to ensure correction of serious deficiencies. 9.A.10. Training is provided to providers regarding how to implement an effective internal quality assurance process that monitors the quality and effectiveness of the supports and services that are provided.
Outcome 9B: Provider staff competently provides quality services and supports in accordance with the person's plan.
Person-Centered Indicators 9.B.1. The person and family members report that provider staff competently provides quality services and supports.

Provider Indicators

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

9.B.3. Provider staff receive ongoing supervision consistent with their job function.

9.B.4. Provider staff meets job-specific qualifications in accordance with the provider agreement.

System Indicators 9.B.5. On going monitoring of providers assures that provider staff have been trained, meet job-specific qualifications, and are appropriately supervised.
Outcome 9C: Provider staff are adequately supported.
Provider Indicators 9.C.1. Provider staff report that supervisory staff are responsive to their concerns and provide assistance and support when needed.
System Indicators 9.C.2. Ongoing monitoring of provider staff satisfaction and support ensures that provider staff are adequately supported. 9.C.3. Technical assistance and support are furnished to provider staff when needed.
Outcome 9D: Organizations receive guidance from a representative board of directors or a community advisory board.
Provider Indicators 9.D.1. The composition of the board reflects the diversity of the community that the organization serves and is representative of the people served. 9.D.2. The members of the board receive orientation and training sufficient to effectively discharge their duties. 9.D.3. The board provides active, effective and ethical guidance for the organization.
Domain 10: Administrative Authority and Financial Accountability
Outcome 10A: Providers are accountable for DMRS requirements related to the services and supports that they provide.
Provider Indicators 10.A.1. The agency provides and bills for services in accordance with DMRS requirements. 10.A.2. People's personal funds are managed appropriately.
Outcome 10B: The Title XIX state Medicaid agency (TennCare) maintains administrative authority over the waiver.
System Indicators 10.B.1. TennCare retains responsibility for all policy decisions involving the waiver and does not delegate the authority to exercise administrative discretion in the administration or supervision of the waiver of the authority to issue policies, rules, and regulations on waiver program matters. 10.B.2. TennCare monitors implementation of policy decisions by the administrative agency (DMRS) for the waiver. 10.B.3. TennCare and DMRS carry out their respective responsibilities according to the terms of a written interagency agreement.

ATTACHMENT 4
DATA SOURCE MATRIX

Data Source	Person or Unit Responsible For Data Source	Purpose	QM Outcome/Indicator Reports	Report Frequency	Distribution List	Person or Unit Responsible for Taking Action	Oversight Authority
DMRS QA Survey	DMRS QA Unit	Provider monitoring	Provider reports	Annual	Provider; DMRS Regional Office (RO) Director and QA Director; DMRS Central Office (CO) Director and QA Director	DMRS RO Director and Agency Teams	DMRS CO QA Director
Independent Support Coordinator (ISC) Monitoring	ISC agencies/ Oversight by DMRS RO	Individual Support Plan monitoring	Individual reports	Monthly	Provider; DMRS RO Agency Teams	DMRS RO Agency Teams	
DMRS Consumer Survey	Independent Contractor/ oversight by DMRS CO	Individual perspective	Statewide and Regional Trends Report	Annual	DMRS CO	DMRS CO	DMRS CO
Family Survey	Independent Contractor/ oversight by DMRS CO	Family perspective	Statewide and Regional Trends Report	Annual	DMRS CO	DMRS CO	DMRS CO
Direct Support Professional (DSP) Survey	DMRS or independent contractor	DSP perspective		Every three years	DMRS CO	DMRS CO	DMRS CO
Independent Support Coordination Survey	DMRS or independent contractor	ISC perspective		Every three years	DMRS CO	DMRS CO	DMRS CO

Data Source	Person or Unit Responsible For Data Source	Purpose	QM Outcome/Indicator Reports	Report Frequency	Distribution List	Person or Unit Responsible for Taking Action	Oversight Authority
DMRS Utilization Review	DMRS Fiscal Services	Ensure appropriate use and billing for services		Annually	DMRS CO; DMRS RO; TennCare	DMRS CO	DMRS CO
TennCare Level of Care Evaluation	TennCare; DMRS CO; DMRS RO	Eligibility		Initially	DMRS RO; ISC	DMRS RO	DMRS RO
TennCare Level of Care Re-evaluation	DMRS CO; DMRS RO; ISC	Eligibility		Annually	DMRS RO; DMRS CO; ISC	DMRS CO; DMRS RO	DMRS CO
Protection from Harm	DMRS Protection from Harm Unit	Reportable Incidents	Reports by Individuals	Real Time	DMRS CO; DMRS RO	DMRS CO; DMRS RO	DMRS CO; DMRS RO
		Investigations	Regional Indicator Trends Report	Monthly	DMRS CO; DMRS RO	DMRS CO; DMRS RO	DMRS CO; DMRS RO
		Complaint Resolution System	Statewide Indicator Trends Report	Quarterly and Annually	DMRS CO; DMRS RO	DMRS CO; DMRS RO	DMRS CO; DMRS RO
TennCare Annual State Assessment	TennCare	To ensure the health and safety of waiver enrollees		Annually	DMRS CO	TennCare	TennCare
TennCare Utilization Review	TennCare	To ensure appropriate payment of claims and medical necessity of services		Ongoing	DMRS CO	TennCare	TennCare
ICAP	Provider	Assessment of individual levels of need for services		Every two years or as needed	DMRS RO; DMRS CO; ISC	DMRS RO	DMRS CO