

ANNUAL
REPORT



FY 2011-2012

STATE OF TENNESSEE





STATE OF TENNESSEE

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

FROST BUILDING, 1ST FLOOR
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NASHVILLE, TENNESSEE 37243

Greetings Fellow Tennesseans,

Thank you for your interest in the services and supports that are provided by the Department of Intellectual and Developmental Disabilities. Our employees work hard every day to assure that Tennesseans with intellectual and developmental disabilities live fulfilling and rewarding lives.

Our FY 2011 – 2012 Annual Report speaks to our ongoing commitment to partner with people who use our services, their family members and friends. We provide leadership and direction for a system that offers numerous services so that people:

- are employed in jobs of their choosing;
- live in homes similar to those in their neighborhoods;
- develop meaningful relationships; and
- become a part of the communities where they live.

To those who serve as advocates for our initiatives, thank you for your ongoing partnerships as you assist us with fulfilling our mission. To the citizenry of our state, please know that we appreciate your support of our initiatives and your continued interest in the further development of needed services and supports.

Sincerely,

Debra K. Payne



Vision

Support all Tennesseans with intellectual and developmental disabilities to live a fulfilling and rewarding life.

Mission

Through person centered practices, persons with intellectual and developmental disabilities experience optimal health as a cornerstone for quality of life.

DIDD provides leadership and direction in a service delivery system that offers a continuum of services and supports so that persons with intellectual and developmental disabilities will be gainfully employed to their maximum ability, live in quality homes, develop meaningful relationships, and are part of the community in which they live.

DIDD is purposefully and systematically structured so that people are supported, quality services are designed and managed, and evidence-based practice is used to continue to improve services provided to people with intellectual and developmental disabilities and their families.

Organizational Framework

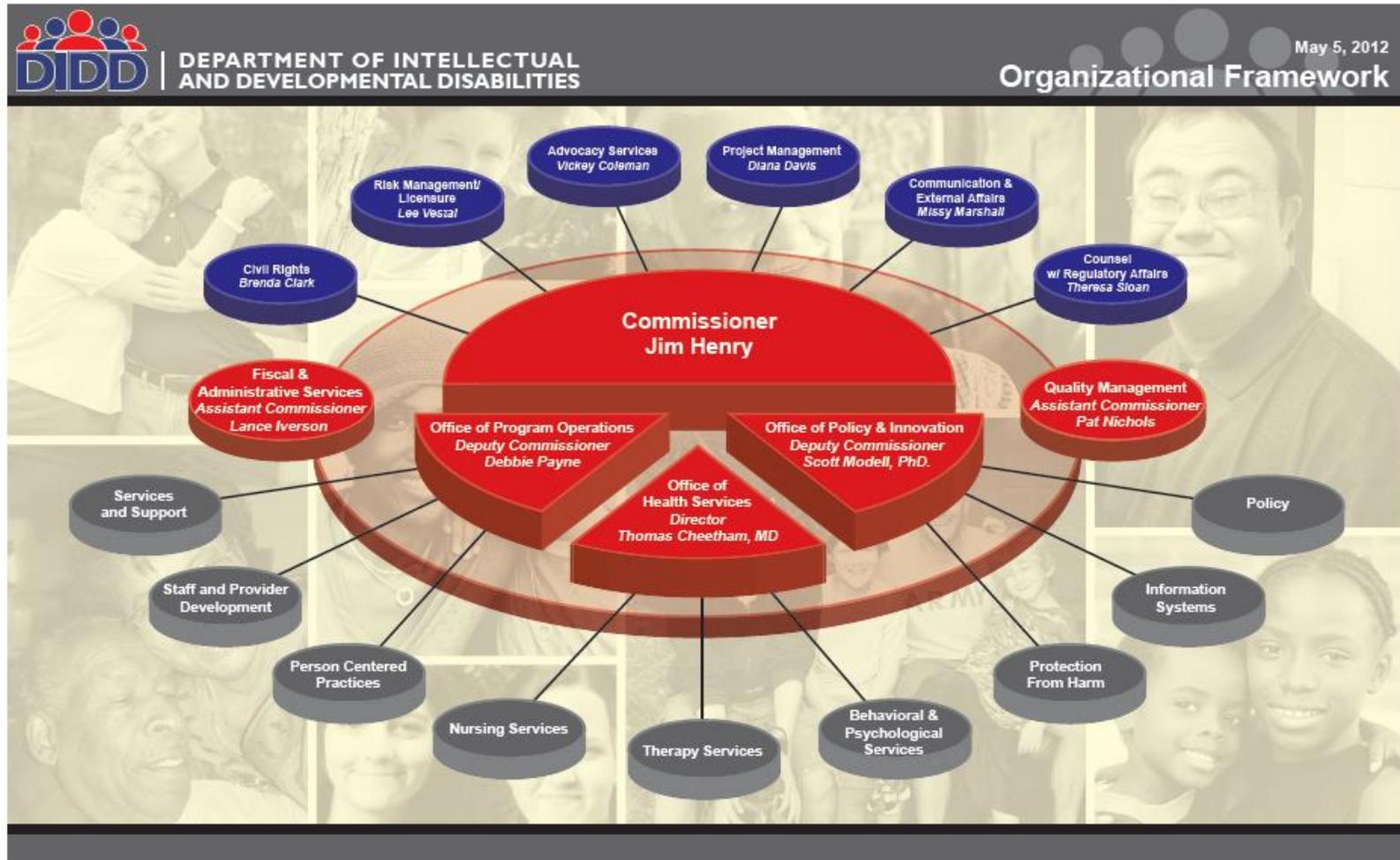


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Office of the Commissioner

The Department of Intellectual and Developmental Disabilities (DIDD) is the state agency responsible for administering services and support to Tennesseans with intellectual and developmental disabilities. DIDD administers services directly or through contracts with community providers.

DIDD was formerly a division of the Department of Finance and Administration before the Tennessee Legislature established it as an independent department effective January 15, 2011. The Office of the Commissioner is located in Nashville, Tennessee. This Central Office has been organized by the Commissioner with an appointed executive management team that has the leadership and expertise necessary to fulfill the vision of DIDD. The Central Office is a dynamic team of Deputy Commissioners, Assistant Commissioners, and Directors identified as experts in the various disciplines of serving persons with intellectual disabilities.

Services and Supports

DIDD strives to partner with the people it supports, their family members, and friends. This partnership begins when individuals or family members ask for assistance from DIDD. The Bureau of TennCare contracts with DIDD to operate three Medicaid Home and Community Based Services (HCBS) Waiver programs for persons with intellectual disabilities. Waiver programs allow individuals to receive long-term care in their homes and the community. As the state's agency that administers services and supports for people with intellectual disabilities, it is the responsibility of DIDD to: assist eligible individuals and families in obtaining the services and supports available; assist and support other state and community agencies to provide services and supports; monitor the services and supports to ensure health and safety; and, help individuals know and understand the rights and protections available under DIDD policy and state and federal laws.

Statewide Planning and Policy Council

The Statewide Planning and Policy Council for DIDD was established by the Tennessee Legislature in 2011. The council assists in planning a comprehensive array of high-quality prevention, early intervention, treatment, and habilitation services and supports; advising DIDD on policy and budget requests; and developing and evaluating services and supports.

DIDD Advocacy Services

Advocacy Services are a resource for persons supported and their families to assist in improving their quality of life, services and supports, and to assist in improving in DIDD's delivery system. Advocacy provides mediation and education, serves as a liaison with the federal court monitor's office to address class members' issues, and works with DIDD representatives, provider agencies and other external stakeholders to address issues and concerns related to persons supported. Advocacy also tracks and trends any identified systemic patterns in complaint issues in order to work toward resolution.

When contacted by families or persons supported, the Advocacy staff will assist people individually. For example, a person seeking his GED was assisted and a family requiring resolution with housing subsidy issues was successfully supported. Additional services provided in FY 2011–2012 through the Advocacy office included: attending Circle of Support meetings as requested, helping families to submit required documents Intake processing, participating in discussions for conservatorship matters, and maintaining ongoing contact with families and persons supported including home visits or site visits at mental health and respite centers.

Success Story

The Advocacy office was informed of a situation in which a brother and sister were living in a home that was environmentally unsafe. They lived with a family member who loved them, yet had little understanding of why the home was unsafe. Tennessee Adult Protective Services had also been alerted for intervention in this situation. It was determined that the siblings would greatly benefit from having a court appointed conservator who would support them to make decisions regarding their future living situation, as well as whether or not DIDD services were the best alternative for them. DIDD assisted with the court proceedings, and the Advocate continued to have involvement until the situation was resolved; the court named an appropriate conservator and the brother and sister were moved into a safe, supported living situation.

Highlights and Accomplishments

- Started the Families Roundtable Gatherings as a venue for families to openly express their concerns.
- Developed Family Survey to assess satisfaction with DIDD services.
- Initiated meetings with provider agencies as a means of open communication with DIDD.
- Initiated a Volunteer Program.

DIDD Communications and External Affairs

The Office of Communications and External Affairs handles day-to-day stakeholder communications, interdepartmental communications planning, and participates as an active member of the Governor's Communications and Legislative offices. Additionally, this office provides publications management, talking points/briefing documents, as well as DIDD website design. Overall, DIDD Office of Communications and External Affairs is the point-of-contact for all legislative inquiries, requests from news media outlets (both print and broadcast), as well as questions from the public and families regarding the Medicaid Home and Community Based Services (HCBS) Waiver programs. The unit is also responsible for coordinating departmental special events, public relations campaigns, and accommodating any requests to tour its developmental centers: Greene Valley, Clover Bottom or the Harold Jordan Center.

Outreach to Families

DIDD considers family outreach a key component to success in positive relations with the community and people seeking DIDD services. Key staff are dedicated to provide outreach and training to special educators, persons supported, family members, and to respond to legislative inquiries. During FY 2011-2012, DIDD was represented by the Office of Communications and External Affairs by participating in statewide special education and advocacy forums, statewide disability conferences, summit fairs and resource and transition cooperatives. Representative staff are available for presentations and training upon request by any entity seeking information about DIDD and services for persons with intellectual disabilities.

Highlights and Accomplishments

- **Open Line (September 2011):** Commissioner Henry established this newsletter for DIDD providers, employees, and advocates. The Office of Communications and External Affairs is responsible for producing and editing the newsletter. *Open Line* is sent on a weekly basis and has become a highly successful forum of communication for the entire DIDD team.
- **Direct Support Professional (DSP) Shadowing Initiative (September 2011-November 2011):** The Office of Communications and External Affairs constructed guidelines for the Commissioner's directive that every DIDD employee spend a day in the community with a DSP. The Office of Communications and External Affairs also facilitated scheduling dates and times with employees and agencies, as well as tracked overall employee compliance.
- **Passage of House Bill 2365/Senate Bill 2227 (February 2012):** Direct Support Professionals will now be able to honor the wishes of persons supported and their families or conservators, by extending to them the same authorization that licensed personnel (doctors, nurses) have to follow legally authorized Universal Do Not Resuscitate Orders.
- **Passage of House Bill 2364/Senate Bill 2226 (March 2012):** Local admissions review boards at Clover Bottom, Greene Valley, and Harold Jordan Center, will now become a single, centralized statewide admissions review committee for voluntary admissions into the developmental centers.
- **Passage of House Bill 2363/Senate Bill 2225 (April 2012):** Transferred facility licensure functions from the Department of Mental Health to DIDD.

Data

Sixty-six statewide family training sessions were held in the evenings and on Saturdays with an overall attendance of 422 persons. The purpose of these trainings was to provide instruction for persons seeking services, as well as their families and caregivers on how to access the DIDD service delivery system. The forums provided information on what persons and their families should expect from their assigned state case manager and what it means to be on the DIDD waiting list for services. Trainings were co-presented with family members and/or staff from the Arc of Tennessee and Disability Pathfinder.

In addition to these trainings, the unit responded to approximately 302 federal and state legislative inquiries. All inquiries are researched and followed-up with an e-mail and/or phone call within 24 hours. Inquiries are also entered into a tracking system to assure timely and appropriate follow-up response.

DIDD Risk Management and Licensure

The Risk Management unit within the Office of Risk Management and Licensure responds to and evaluates allegations of criminal wrongdoing and fiscal mismanagement arising from a statewide network of over 400 DIDD community providers. This unit also responds to similar allegations involving departmental staff and performs comprehensive annual evaluations and audits of Regional and Central Office functions. Organizational units subject to assessment include state operated homes, Resource Centers, Regional Offices and Developmental Centers. Compliance is evaluated against contract mandates, policy requirements, the Bureau of TennCare guidelines, state statute, and federal Medicaid regulations.

DIDD's licensure responsibilities arose out of legislation introduced in January 2012, which recognized that DIDD "...has jurisdiction and control over the intellectual and developmental disabilities facilities of the state, regardless of the names by which the facilities are known." and that "Licensing of these facilities shall be the responsibility of the Department of Intellectual and Developmental Disabilities under Title 33, Chapter 2, Part 4." This Act, which was signed by the Governor in May 2012, reassigns licensure responsibility of these facilities from the Department of Mental Health and Substance Abuse (DMHSA) to DIDD.

The Licensure unit within the Office of Risk Management and Licensure exercises DIDD's authority to license and adopt rules for licensing of services and facilities operated for the provision of intellectual disability and personal support services. This includes facility compliance with life safety standards.

DIDD Legal Counsel and Regulatory Relief

The Office of General Counsel (OGC) represents DIDD on civil service and human resource issues; handles all DIDD hearings before administrative law judges; maintains and litigates all provider sanctions appeals cases; and assists persons with intellectual and developmental disabilities and their families in obtaining conservators in compliance with court ordered provisions. The OGC also assures DIDD compliance with statutory and regulatory requirements, advises DIDD staff on legal matters, and provides interpretation of statutory provisions applicable to DIDD, which includes appropriate legal measures to be taken. Further, OGC provides litigation support for interagency matters, drafts and reviews department contracts, provides legislative assistance, and oversees the Medicaid Affairs Unit, the Director of Federal Lawsuit compliance and compliance with federal HIPAA statutes

Highlights and Accomplishments

- Joined a collaborative effort between state health service agencies to review and compile statewide Record Disposition Authorities (RDAs). All records held by DIDD will be assigned RDA's and governed by retention periods according to state standards.
- OGC staff chaired grant review committee. Thorough review resulted in cost savings of over \$2,000,000 for DIDD.
- FY 2011-2012, there were a total of 161 individual conservatorship cases processed by OGC.
- OGC opened 41 cases for appeals of Abuse Registry placements.
- OGC provided training or spoke in public forums for DIDD, community and contracted providers on various legal topics including current litigation, conservatorship training, and attorney client confidentiality.
- Implemented Abacus data management software in the OGC.
- Collaborative efforts were initiated by OGC that assisted in resolutions reached with the Tennessee Department of Housing Authority (TDHA) concerning persons-supported by DIDD. TDHA and DIDD now exchange documents to aid the TDHA staff when conflicts arise with the signing of rental agreements and to aid DIDD providers in being kept abreast of which DIDD persons supported receive TDHA housing benefits. This sharing of information enables DIDD and its providers to preplan when renewals of lease contracts are due and aids TDHA in determining who should be the signatory on leases and renewals.

Medicaid Affairs Unit

The Medicaid Affairs Unit addresses different areas regarding Medicaid funded services. This unit is responsible for DIDD's application and representation in the Grier Revised Consent Decree and the Preadmission Screening Resident Review process for persons either enrolled in or seeking services in programs DIDD offers.

Grier Revised Consent Decree

Grier began as a federal class action law suit which was filed in U.S. District Court on behalf of present and future Medicaid recipients under the name **Daniels v. White**. It claimed that Tennessee's Medicaid Program violated the requirements of the Medicaid Act and the 14th Amendment to the U.S. Constitution. The original Plaintiffs asserted that Tennessee's Medicaid Program failed to provide them with adequate notice and procedural protection upon denial of their claims. These issues were resolved through a consent decree in 1986.

On October 26, 1999, the Grier Revised Consent Decree was entered as the result of a settlement conference. It became effective on August 1, 2000, after clarification of terms and technical errors. Primarily, the Grier Revised Consent decree outlines compliance requirements for those entities contracted under the Bureau of TennCare to provide services (services which receive federal funding either in whole or in part). It also offers procedural protection to waiver recipients who have experienced a denial regarding these services. DIDD provides Medicaid Waiver funded programming, thus is under Grier compliance requirements.

Highlights and Accomplishments

- Statewide, there was a cost avoidance for FY 2011-2012 of \$1,078,967.75. The monthly average was \$89,913.98.
- Service denial rates have dropped three percent since 2009 for a FY 2011-2012 average of five percent, thus ninety-five percent service requests were approved.
- There was a statewide average of 24 hearings held with the Bureau of TennCare per month.
- There were a total of 44 directives received statewide.

Preadmission Screening Resident Review (PASRR) Process

The Federal Nursing Home Reform Law, Omnibus Budget Reconciliation Act of 1987 (OBRA), requires that a Preadmission Screening Resident Review (PASRR) evaluation be completed on all persons prior to admission to a Medicaid-certified nursing facility (NF). The PASRR screening must be completed for all persons regardless of payer source or level of reimbursement for NF services. In accordance with the Rules of the Tennessee Department of Finance and Administration, the Bureau of TennCare, General Rule 1200-13-01-.02(132), March 2012 (Revised), all person-centered PASRR evaluations must properly identify and determine the health care and rehabilitative treatment options that promote quality of life for persons with intellectual disabilities and related conditions. DIDD is bound by these regulations to assist in evaluations and service placement for persons who have intellectual disabilities.

Highlights and Accomplishments

- For the FY 2011-2012, 420 onsite DIDD PASRR evaluations were completed.
- October 13, 2011: Completed and submitted the Centers for Medicare and Medicaid Services (CMS) TN PASRR State Fact Sheet, and the TN PASRR Level II Assessment Tool for Preadmission Screening and Resident Review to include the additional activities of daily living (ADL) and instrumental activities of daily life (IADL) assessment questions. This was completed in collaboration with the Bureau of TennCare and the TN Department of Mental Health and Substance Abuse Services.
- March 8, 2012: Completed the TN 2011 PASRR CMS Annual Report for two mandatory discharge groups: (a) short-term residents who no longer need NF services, but do require SS; and (b) residents who need neither NF services nor SS.
- May 1, 2012: The PASRR Technical Assistance Center (PTAC) in their "Review of State Preadmission Screening and Resident Review (PASRR) Policies and Procedures" for CMS, ranked TN as one of just 7 states achieving seventy-six percent to one hundred percent comprehensiveness in the implementation of PASRR policies, procedures and best practices for persons supported.
- June 5, 2012: Developed and submitted to CMS and PTAC, the DIDD person-centered "PASRR Transition and Diversion Considerations" resource materials for community-based planning in collaboration with the Bureau of TennCare and the TN Department of Mental Health and Substance Abuse Services. These materials were developed to provide resource tools to enable states to improve strategies for successfully diverting and transitioning persons from nursing facilities.

Federal Lawsuit Compliance and HIPAA Compliance

The Federal Lawsuit and HIPAA Compliance Director works directly with the Attorney General's office to monitor compliance with three federal lawsuits. This position also oversees compliance with federal HIPAA regulations and acts as the Tennessee Quality Initiative (TQI) Director.

Highlights and Accomplishments

Arlington Lawsuit

- On January 3, 2012, a hearing in front of U.S. District Court Judge Jon Phipps McCalla regarding the State's Updated and Amended Motion to Vacate All Outstanding Orders and to Dismiss the Case with the federal court, as well as the Parties' opposition motions, took place.
- On February 21, 2012, DIDD filed pleadings to include a Motion to Strike the Monitor's Testimony with Memorandum in Support, DIDD rebuttal declarations, and objections and counter-designations of the depositions filed by the Department of Justice.
- On June 18, 2012, a hearing in front of Judge Jon Phipps McCalla regarding all Outstanding Orders and to Dismiss the Case took place.
- September 4, 2012, Judge McCalla issued his "Order denying Defendants' Amended Motion to vacate and Dismiss". U.S. District Court Judge Jon McCalla ordered the parties complete mediation with a Magistrate Judge within ninety (90) days of entry of the order to develop "objective and measurable exit criteria for the dismissal of this action".

GVDC & Clover Bottom Lawsuit

- December 2011: The Quality Review Panel conducted a 2011 Annual System Review of Clover Bottom Developmental Center the week of December 12th. On February 17, 2012, the formal report of the findings was published. The Panel noted compliance in a significant number of areas.

HB v. Emkes

- The implementation of the confidential settlement is complete.

Health Insurance Portability and Accountability Act (HIPAA)

- A HIPAA Compliance reminder was sent to all DIDD Providers and DIDD staff on separate occasions.

DIDD Office of Civil Rights

DIDD's Office of Civil Rights (OCR) monitors compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, sex, age, and disability in programs or activities that receive federal financial assistance. The following federal regulations are monitored by DIDD OCR:

Title VI of the Civil Rights Act of 1964, prohibits discrimination on the basis of race, color, or national origin;

Title VII of the Civil Rights Act of 1964, prohibits discrimination in employment;

Subtitle A of Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, [both] regulations prohibit discrimination against otherwise qualified individuals on the basis of disability;

Title IX of the Education Amendments of 1972, prohibits discrimination on the basis of sex (gender) in federally-assisted education programs;

Section 508 of the Rehabilitation Act of 1973, prohibits discrimination on the basis of disability in electronic information and technology in federally-assisted programs and activities.

OCR carries out its stated mission through conducting individualized inquiries and follow up on issues, voluntary dispute resolution, mediation services, compliance reviews, policy development, and providing technical assistance to ensure understanding of and compliance with federal non-discrimination laws and regulations.

Highlights and Accomplishments

- OCR received and reviewed 252 Title VI Self Surveys from DIDD service providers.
- OCR conducted 30 Respectful Workplace Investigations during the reporting period.
- OCR conducted 12 Level Four Grievance Hearings.

Customer Focused Services

Customer Focused Services (CFS) provides a safe and supportive avenue for stakeholders and persons receiving DIDD services or their legal representative to report complaints and find resolution. DIDD staff serve as a neutral party to resolve complaints and issues. DIDD staff also serve as the designated Ombudsman for persons receiving long-term care services whether in an Intermediate Care Facilities for the Intellectually Disabled (ICF/IID) facility or in a Home and Community Based Services Waiver program. Customer Focused Services Ombudsman responsibilities include receiving, investigating, and resolving complaints affecting persons supported in all DIDD programs.

Individual Success Stories

CFS staff served as a neutral party to support a young man who wanted to move from a very restrictive environment into his own home. The man also became self-employed and is extremely happy with his new life and opportunities.

CFS staff served as a neutral party to assist a young man to gain the skills needed in order to become independent to live in his own home with minimal staff. This young man has a full time job and is very happy and active in his community.

CFS staff served as a neutral party to assist two sisters who were in a situation in which access to finances were being restricted. Through the support and intervention of the staff, control of personal finances was regained. These ladies now go shopping as they choose, thus creating a larger community experience.

Highlights and Accomplishments

- CFS staff conducted 48 Focus Group meetings.
- CFS staff trained over 200 service provider staff in Conflict Resolution strategies.
- CFS staff conducted over 300 conflict resolution interventions.
- CFS staff conducted 6 family informational meetings to educate families on how to file complaints and gain assistance from DIDD.
- CFS staff conducted an average of 30 daily telephonic or on-line problem solving consultation with DIDD service providers, individuals receiving DIDD services or their legal representative.
- CFS staff conducted 11 court requested mediations.

Consumer Experience Surveys

DIDD contracts with The Arc of Tennessee to conduct consumer experience surveys for persons supported in DIDD residential and community programs. The Arc of Tennessee developed a survey called "*People Talking to People*" (PTP) in which face-to-face interviews are conducted with persons supported and the people who know them best. PTP employs 27 part-time interviewers across Tennessee. Twenty of the 27 interviewers have diagnosed disabilities including Cerebral Palsy, Dilated Cardio Myopathy, general disability from military service, mental illness, Intellectual Disability, Polio, Spinal Muscular Atrophy, and Traumatic Brain Injury. PTP is an innovative program to assure quality services for the people who receive them. PTP is leading by example to promote a more inclusive and integrated local and statewide community, while continuing to better the support service system as a whole.

The PTP program also conducts over-the-phone consumer satisfaction surveys with individuals receiving nurse case management services through Volunteer State Health Plan, Inc., (VSHP). VSHP is an independent licensee of the BlueCross BlueShield Association and a licensed HMO affiliate of its parent company BlueCross BlueShield of Tennessee. Founded in 1993, the Chattanooga-based company focuses on managing care and providing quality health care products, services, and information for government programs.

Individual Success Stories

About the People Talking to People Program

The mother of a person served indicated that they are very happy with the services they're receiving: "I'd rate our services as a "10" on a scale from 1 to 10."

A person served was able to move into a home that was constructed with a specialized sensory room of her own.

He has a great sense of humor, a great wit, and can converse on a wide range of subjects. I think he would be a great spokesperson because he proves that many persons with developmental and intellectual disabilities can function at a very high level.

About the VSHP Select Community Nurse Case Management- Telephone Interview Responses

"10 plus! She is amazing and brings joy to our family! C. looks so forward to her coming."

"She should have a 20! She is wonderful and, we would never want to lose her!"

"We are happy with the nurse Case Manager. I truly feel all the VSHP Nurse Case Managers provide a valuable medical service."

"They are hard workers and go the extra mile to get what she needs."

"Our nursing case manager should get a 10+! She is phenomenal and has made a difference in our family's life."

Highlights and Accomplishments

- PTP interviewers conducted 1779 validated consumer directed interviews during the reporting period.
- PTP interviewers conducted 458 telephone interviews with individuals receiving VSHP Select Community Case Management Services.

Data

The Consumer Experience Survey revealed:

- **Respect/Dignity:** Ninety-eight point six percent of the individuals interviewed report they are treated with respect by others.
- **Access to Care:** Ninety-nine point six percent of the individuals interviewed report their needs such as personal assistance, equipment, and community access being met.
- **Community Inclusion:** Eighty-three point two percent of the individuals interviewed report they can participate in activities and events outside their homes when and where they want.

DIDD Fiscal and Administrative Services

Fiscal and Administrative Services facilitate the operations of DIDD by providing Central Office fiscal support, budget development, human resources, contract agreements, facilities management, and specialized services for DIDD HCBS Medicaid Waiver providers as well as general TennCare-related business support. These functions are necessary to support the oversight and multiple programs of DIDD for the benefit of Tennesseans who have an intellectual or other developmental disability.

Highlights and Accomplishments

- Closed FY 2011-2012 on time and within budget.
- Began the process of centralizing fiscal and procurement functions within the DIDD Central Office reporting to the Assistant Commissioner of Fiscal and Administrative Services. This process began with incorporating the Middle Tennessee fiscal and procurement staff within the Central Office.
- Began a contract review committee to review provider contracts and recommend ending any contract that is no longer useful.
- Acquired 10 of the 11 properties and submitted necessary requests to secure the eleventh property upon which the Middle Tennessee Homes will be constructed.
- Completed the new ICF/IID floor plans template for remaining homes.
- Started the process of centralizing the Human Resources and payroll functions within DIDD. The centralizing will be accomplished in four phases (Middle, West, East, and GVDC). Phase one, Middle, was completed at the end of June 2011 resulting in one downward reclassification, one position relocation and one position abolishment. Phase two, West, will be completed by June 2013 resulting in the abolishment of two positions and one position relocation. Phase 3 and 4, East and West, are slated to be completed by December 2013, status of positions undecided at this time.
- On June 30, 2012, DIDD finished up a statewide Reduction in Force (RIF) that resulted in 18 positions being abolished and three being reclassified for the Fiscal centralization. At the beginning of the RIF, eight employees were identified as being affected. Of the eight, six employees were placed in other positions in DIDD and only two were laid off.
- Managed the process for all staff to do SMART job plans. The job plans were written and uploaded into Edison by June 30, 2012.

DIDD Office of Program Operations

The Office of Program Operations provides management of the HCBS Medicaid Waiver programs through the development of provider applications, policies and procedures, and the provision of technical assistance to contracted providers to ensure compliance with waiver requirements. In addition, this office is responsible for provider recruitment, enrollment, and orientation.

Furthermore, the Office of Program Operations works with DIDD regional staff regarding provider management issues. During FY 2011-2012, the Person-Centered Planning unit was housed within the Office of Program Operations. This unit oversees support coordination for persons supported in the Statewide and Arlington waivers. Support coordination services include ongoing assessment, development, evaluation, and revision of individual support plans. These services also include assistance with selection of service providers and the provision of general education regarding the waiver program. Contracted providers, independent of other service providers, render these services. This unit also develops and implements case management services for individuals on the waiting list or enrolled in the Self-Determination Waiver. Case Management is similar to support coordination but is provided by state employees. The Office of Program Services is also responsible for the Intake Process, maintenance of the waiting list, and case management for people on the waiting list. The Office of Program Operations is also directly responsible for the oversight and management of DIDD's two developmental centers and several state-owned and operated community homes located throughout Tennessee.

Home and Community-Based Services (HCBS) Medicaid Waivers

Home and Community Based Services Medicaid Waiver programs were developed as an alternative to services provided in an institutional setting and are the primary source of supports and services for people with intellectual disabilities who live in the community.

DIDD manages three HCBS Waiver programs statewide: the Statewide Waiver, the Arlington Waiver, and the Self Determination Waiver. The Arlington Waiver was developed for members of a specified protected class and is only open to those persons. The Statewide Waiver provides a comprehensive array of services based on the person's needs.

The Statewide Waiver and the Arlington Waiver offer residential options whereas the Self Determination Waiver program has not to date. Additional information on the Self Determination is described following this section.

Examples of services that persons may be eligible to receive through the Statewide Waiver program and the Arlington Waiver program include:

- Support Coordination
- Residential Services (Residential Habilitation, Supported Living, Family Model Support and Medical Residential)
- Day Services (Employment, Community Based Day and Facility Based Day)
- Behavior Services
- Physical, Occupational and Speech Therapy Services, Nursing and Nutrition Services, Orientation and Mobility Services

- Respite Services and Behavioral Respite Services
- Personal Assistance
- Transportation

Tennessee Self-Determination Medicaid Waiver Program

The Self-Determination Waiver program offers services to persons with intellectual disabilities who have moderate service needs that can be satisfactorily met with a cost-effective array of home and community services that complement other supports available to them in their homes and communities. In addition to Case Management services provided by DIDD, persons may be eligible to receive the following services through the Tennessee Self-Determination Waiver program:

- Day Services (Employment, Community Based Day and Facility Based Day Services)
- Behavior Services
- Physical, Occupational and Speech Therapy Services, Orientation and Mobility Services, Nursing and Nutrition Services
- Respite and Behavioral Respite Services
- Personal Assistance
- Transportation
- Case Management

DIDD Waiting List

DIDD manages a waiting list for individuals seeking HCBS Medicaid Waiver services. Individuals are assessed and prioritized to receive services based on the most critical of needs (crisis, urgent, active and deferred). Each of the four categories of need have specific criteria applied to an individual's unique situation. People in the crisis category are given priority for the HCBS Medicaid Waiver program enrollment. Enrollment is contingent on approved funds available for the program.

FY 2011-2012 began with a statewide waiting list of 6,892 people and ended with 7,179 on the list. This was a net increase of 287 people. At the Regional level, the East Region possessed the largest portion of the list with 2,510 people by year end, the Middle Region had 2,192 and the West Region had 2,477 people on their list.

Case Management Services

Case Management services are available to people on the DIDD Waiting List. DIDD state employees provide Case Management services and provide persons with information about DIDD programs and services, provide assistance in completing eligibility application forms, gather information to assess service needs, connect people to generic community services, provide ongoing contact and assistance as needed or requested, and refers people to advocacy organizations and support groups as needed or requested.

Supported Employment

DIDD believes in a strong workforce for individuals with intellectual disabilities. FY 2011-2012 was a year for building opportunities for persons supported to explore and secure employment. Community partnerships with sister state agencies, such as the Department of Labor and Workforce Development, Department of Education, Department of Mental Health, Division of Rehabilitation Services, the Council on Developmental Disabilities, and community stakeholders were sealed with a common goal to start a partnership for an Employment First State Leadership Program.

To gain insight into opportunities and challenges, DIDD convenes the Tennessee Employment Consortium (TEC) on a quarterly basis. Composed of a wide array of partners, TEC has served as employment advisory board to DIDD for a decade. To promote employment for people who receive DIDD services, as well as for all Tennesseans with disabilities, DIDD is the central point of coordination for the Tennessee Ticket to Work Initiative and is working directly with the Social Security Administration's Office of Employment Supports Program to increase the use of the Ticket in Tennessee.

Success Story

In April of 2012, it was announced that DIDD was selected as a Grantee for the Employment First State Leadership Mentor Program. The federal Office of Disability Employment Policy (ODEP) of the U.S. Department of Labor selected DIDD as one of three grantees to be designated as a Protégé State as part of the Employment First State Leadership State Mentor Program (EFLSMP). Iowa Vocational Rehabilitation and the Office of Developmental Disabilities of the Oregon Department of Human Services were also selected to receive Protégé grants. The overarching goal of EFLSMP is to increase the number of Tennesseans with disabilities who are employed.

Funded at \$100,000, Tennessee's EFLSMP proposal is grounded in strong collaborations between DIDD, Department of Labor and Workforce Development, Department of Education, Department of Mental Health, Division of Rehabilitation Services, the Council on Developmental Disabilities and other community partners. Additional funding may be available beyond the initial grant period.

In addition to receiving technical assistance from national experts in employment of people with significant disabilities, Tennessee will receive mentoring from officials in Washington State, which will receive an EFLSMP grant to mentor all three Protégé States. Each of the three Protégé grantees will be assisted to develop and implement their strategic plan and will have access to on-site, customized technical assistance from national subject-matter experts to help them achieve their goals.

Highlights and Accomplishments

- Received a grant for the Employment First State Leadership Mentor Program.
- Created and implemented employment survey of DIDD Day Service providers.
- Developed a web-based employment data collection system.

- Sponsored employment events that focused on partnerships with other state agencies such as the Division of Rehabilitation Services and the Department of Labor and Workforce Development.
- Assisted Local Workforce Investment Areas to become Employment Networks in Social Security's Ticket to Work program.
- Assisted in connecting state Career Centers with DIDD Employment and Day Service providers. From securing employment to exploring training opportunities, Tennesseans with intellectual and developmental disabilities benefited from an ever-expanding array of choices.

DIDD Medicaid Waiver Residential Supports

DIDD offers a variety of residential settings to meet the needs of persons supported in the HCBS Medicaid Waiver programs. Each setting has unique services and supports that are provided in order for people to live fulfilling lives in the community. Below are the four basic types of residential supports available and the most distinct differences between the types of services under each model.

Residential Habilitation: requires that no more than four persons live in the home unless the home was in existence prior to July 1, 2000. The provider owns or rents on behalf of the persons living in the home. Room and board charges are applicable but can be no more than eighty percent of the year's maximum Supplemental Security Income (SSI) payment. Most often, the provider arranges housemates and selects the staff. Each home must be licensed.

Supported Living: provides more individual control of the home in which three or fewer persons reside. Persons supported have assistance to rent or own the dwelling of their choice, pay their own bills, choose housemates and participate in the selection of their staff. Choice is a large part of the supported living experience. Supported living represents the largest number of people receiving a residential service. A housing inspection is required initially and at regular intervals thereafter. The provider who supports the person must obtain a license to provide the service.

Medical Residential: is a specialized residential habilitation or supported living service for people who require skilled nursing services on an ongoing basis. This service requires additional licensing by the Department of Health for the medical component. The home would be either licensed or inspected as required.

Family Model Residential Services: are modeled after the adult foster care program. Persons supported live in the home of the caregiver family. Room and board charges are applicable but can be no more than seventy percent of the year's maximum Supplemental Security Income (SSI) payment. No more than three persons may be supported for this service in the home. For children under 18 in a Medicaid Waiver program, it is the primary residential service available and the service of choice for a minor. This service is well-suited to meet the needs of adults as well and generally provides greater consistency and longevity of caregivers. The contracted provider is licensed for the service and subcontracts with the families that provide the service.

What a Person Supported in Residential Services is Saying

When Roger was at his apartment, he had staff with him at all times and two staff during parts of the day. The reasoning for this level of supervision was due to his "negative reputation". Roger expressed dissatisfaction with his life. His support team felt that using Person-Centered Practices to identify what was working in Roger's residential life and his day life would be beneficial. Roger shared his desires of being supported to find a job, develop relationships, and have more control over his life, especially when he was at home.

During this process of discovery and listening to Roger, the support team agreed that Roger did not need additional staff during any part of the day. This was followed with developing a supervision plan in his home that included 30 minutes of time that he could go and visit friends in the

apartment complex without supervision. From there it was increased to an hour. The team also supported Roger in getting a cell phone so that he could be in contact with staff if needed. He is extremely responsible with using his phone.

As time passed, Roger has developed more independence and accepted the responsibility that goes with that increased independence. He is now in the process of pursuing steps to regain his competency; he rides his bike to places he enjoys and is very responsible and uses safety precautions, i.e. wears a helmet, doesn't ride close to dusk, wears a safety bracelet and always carries his cell phone. In addition, the Department of Human Services, Vocational Rehabilitation Services has re-opened his case and are moving forward in assisting him with a job.

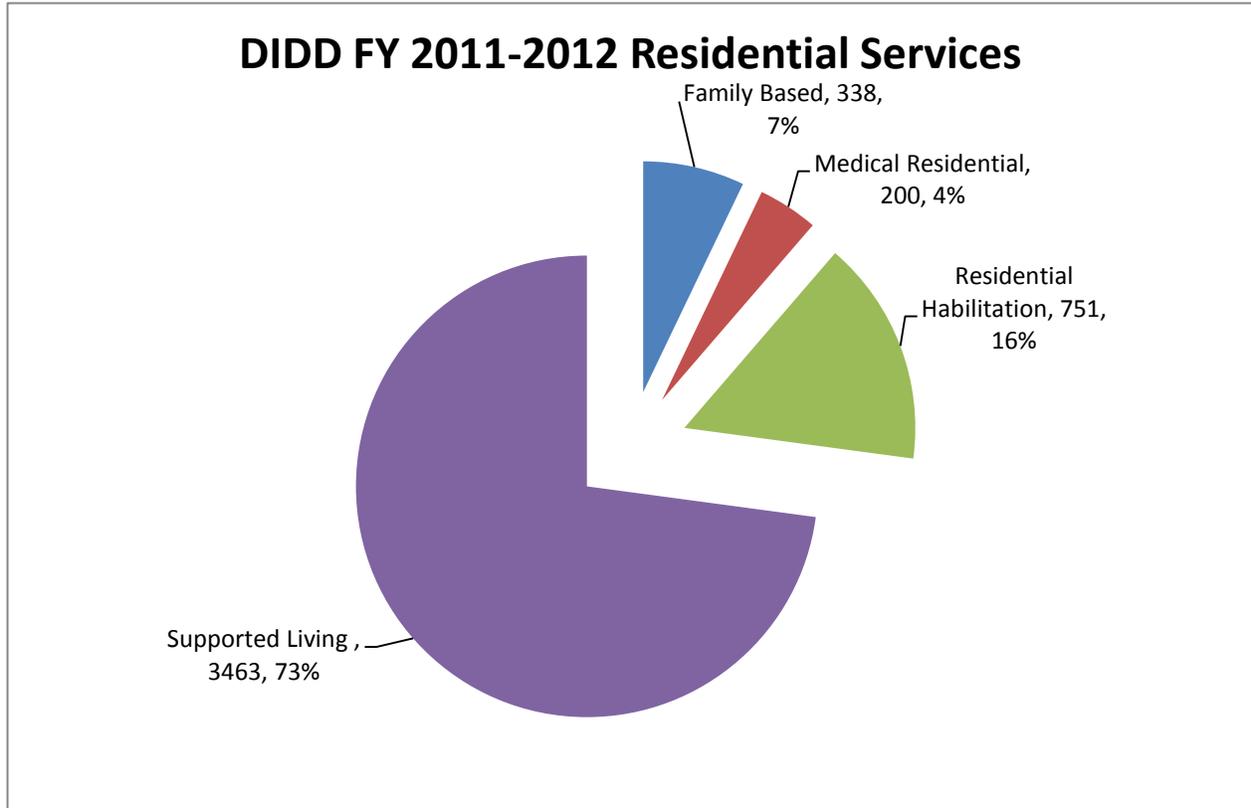
Previously, Roger's life in his apartment held very little meaning to him. He didn't have much to look forward to. Changes really started when his support team truly listened to him and acted on what they heard. As a result, Roger's home life is moving forward. Roger's life is a work in progress, but he is closer to that goal today than yesterday.

Highlights and Accomplishments

- During FY 2011-2012, DIDD moved 154 people into residential homes.
- Beginning in May of 2012, DIDD began using the Supports Intensity Scale (SIS) as the uniform assessment required by the Centers for Medicare and Medicaid Services (CMS) for determining appropriate level of need for residential and day services. It will take until 2015 for all persons supported to have completed their first SIS assessment. Thereafter, the assessment will be completed every three years or as a person's circumstances change.
- In June of 2011, DIDD was provided an opportunity to utilize authorized funding to establish a Housing Foundation to acquire and maintain housing stock to be utilized by persons with intellectual disabilities in West Tennessee. The Board of Directors was selected, and the first meeting was held in November of 2011. The Housing Foundation continues with its organizational decisions as it considers how best to carry out its mission.
- DIDD employs two full-time Housing Inspectors, as well as contracting with Kingsport Housing Authority for the inspection of all supported living homes. Each year over 2,000 homes are inspected and approved for the continuing habilitation needs of persons supported.

Data

At the end of the FY 2011-2012, 4,752 people were enrolled in a residential service. The chart below identifies the census and percentages of each residential model at the end of the fiscal year.



Person Centered Practices

In the fiscal year of 2008-2009, DIDD initiated “Becoming a Person Centered Organization” to transform to a system of support that recognizes what is Important To people and how to balance that with what is Important For people. DIDD continues to move forward in becoming a person centered system.

This initiative is funded by the Tennessee Council on Developmental Disabilities and Centers for Medicare and Medicaid Services (CMS) Real Choice Systems Change Grant. The effort is facilitated by Support Development Associates and the National Association of State Directors of Developmental Disabilities Services. Three residential providers participated in the initiative during FY 2011-2012. The residential service provider staff work closely with Independent Support Coordinators, Advocates, DIDD Central and Regional Office staff, and ancillary providers during this process. The groups complete training, receive support and on-the-job learning and implement Person Centered Tools. They work together to identify barriers within the system that affect Person Centered Practices, and once the barriers are identified the groups work together to begin action planning to remove the barriers.

Person Centered Practices has evolved to be a cornerstone of DIDD’s strategic support of its mission. The Tennessee Council on Developmental Disabilities continues to be a driving force in ensuring the work continues along with the work of the Tennessee Credentialed Trainers.

What Families and People Supported are Saying

“This has changed my life.” - PR

“I now understand how important rituals and routines are. I will pay more attention to what’s important to my child.” - AM

“I feel like people look up to me now and listen to me because I am able to tell people what’s important to me.” - DR

“I like being a Self -Advocate because I can help others, because it’s their life!” - TG

“I’m glad I am a trainer, because people listen to me. My life is better because I say what I want to say.” - JG

Highlights and Accomplishments

- Relationship building and enhanced communication between the various providers, DIDD Regional and Central Office employees, and Independent Support Coordinators.
- Increased consistent use of the Person Centered Thinking Tools in ISP and COS meetings.
- More people are becoming trained in Person Centered Thinking.
- Providers are starting to see the benefits of Person Centered Practices.
- ISP was revised to include Person Centered Prompts and information is sorted in a bulleted format.
- ISP Training has been updated to make it more Person Centered.
- The first Tennessee Gathering was held in May 2011, and it allowed people an opportunity to share the learning that has occurred as a result of this project. The second Tennessee

Gathering is scheduled for October 2012. All of the providers who have participated in this effort attended, and they were able to share their experiences and learn from each other.

Data

- There are 13 Credentialed Person Centered Thinking Trainers across the state. Approval was granted to credential eight additional Person Centered Thinking Trainers.
- There are 15 credentialed People Planning Together Trainers who are Self-Advocates.
- The People Planning Together (Self-Advocates) classes are held quarterly across the state. Two hundred and twenty people participated in the classes.
- There are approximately 170 coaches developed or currently receiving coaches' support across the state. Coaches spread Person Centered Practices across the state by teaching Direct Care Staff and others the benefits of using the PCP Tools and how to apply the tools in their work.
- The Person Centered Thinking Classes are offered in each region on a monthly basis. The classes are open for anyone to attend.
- A new ISP training curriculum was developed, called Person Centered ISP Facilitation. This class is offered in each region on a monthly basis, and it is a requirement for all ISC's and Case Managers.
- Three new Person Centered Organization (PCO) sites were identified and began the project. The new sites are learning about how to make changes in provider management and leadership that will affect organizational policy, practice, and program outcomes. The previous PCO sites continued their work with Person Centered Practices.

Tennessee Family Support Program

In 1992, at the urging of disability advocates and families, The Tennessee legislature established the Family Support Program. The program is funded by state dollars and designed to assist individuals with a severe disabilities and their families to remain together in their homes and communities. Family Support is not a substitute for more comprehensive services provided under other programs, including the HCBS Waiver programs, the Bureau of TennCare, Medicare, or private insurance.

The primary purpose of the program is to support:

- Families who have school-aged or younger children with severe disabilities.
- Adults with severe disabilities who choose to live with their families.
- Adults with severe disabilities not supported by other residential programs funded by state or federal funds.

Services can include but are not limited to: respite care, day care services, home modifications, equipment, supplies, personal assistance, transportation, homemaker services, housing costs, health-related needs, nursing, and counseling. Services are flexible and responsive to families and their needs. An essential element of the Family Support Program is family and persons supported involvement. Local and District Councils have been established and meet on a regular basis to oversee and provide advice on the distribution of local services.

What Families and People Supported are Saying

"Thank you for your support in helping with E.M.'s needs in such tough economic times. Her new wheelchair is nice and much needed to get her around town. We appreciate your kindness!"

-Sincerely, D.M.

"Dear Family Support Program,

Thank you immensely for your kind assistance in helping us pay for Katherine's respite every month. Your support means a great deal to my husband and me..."

Highlights and Accomplishments

- The Tennessee Respite Coalition received a federal grant to serve families across the state. They graciously invited the Family Support agencies to refer families for respite funding. Families can receive up to \$600 for respite care.
- During FY 2011-2012, 3,689 surveys were sent to families in the program. There was a fifty percent return and the responses were very positive.
- DIDD issued an application statewide on November 2011 for the coordination of the Family Support Program for FY 2012 up to FY 2015. The District and State Councils reviewed the provider applications and submitted their recommendations to the Commissioner.
- On March 14, 2012, the Disability Days on the Hill highlighted the Family Support Program. Lt. Governor Ron Ramsey spoke at the ceremony and gave his full support to the mission of the program. "Any program that keeps family with family is a good program. Throughout the years, the Family Support Program has proved both a money saver and quality of life booster to the disabled and those who love them. I look forward to helping the cause in

whatever way I can.” The families and advocates did a wonderful job in educating Legislators about the importance of the program and funding was restored for next year.

Data

- For FY 2011-2012, 4,634 individuals received assistance through the Family Support Program.
- The average expenditure per individual was \$1,354.
- There were 3,712 individuals waiting for Family Support Program services.
- The most widely utilized service is respite care.

DIDD from the Heart of Tennessee Program

DIDD's From the Heart of Tennessee (FTHOT) program is an employment program where persons supported craft and produce a variety of products such as bird houses, greeting cards, works of art, and dog treats. DIDD partners with 6 contracted providers who have developed adaptive work stations where employees utilize customized tools to create the products that are sold.

Products developed by the program are sold at Tennessee State Parks and other partnered community businesses. The program is an avenue for creativity, productivity, and independence for the employees.

What Employees are Saying

"I really like putting these birdhouses together. I like to paint." – Michael

"We going to be paid to work on the birdhouses? Great!!" – Capri

"Can I do birdhouses today? I really enjoy doing the birdhouses." – Gregg

"I really like building them. People tell me what a good job I do. I'm proud that I am the only one that can do a certain part of the assembly." Chris

"When I go to the Welcome Center, I tell them I made these birdhouses. We are really proud." – Harold

"I hear from people how good I sand and paint the birdhouses." – Valarie

Highlights and Accomplishments

- Developed Logo birdhouses and birdfeeders specific to the various parks or vendors.
- Developed Fundraiser birdhouses for the Pancreatic Cancer Society and Relay for Life.
- Two additional provider agencies added to the FTHOT program.
- Independent Opportunities, Inc. in Jamestown developed a product to be sold as a Fundraiser for the York Institute.
- Developed the "Birdfeeder" to expand the product base.

Data

Four of the five agencies that have been in the program for four years produced 836 birdhouses and birdfeeders this fiscal year. Note that new orders arrive on a continuous basis. In addition, it is anticipated that additional State Parks will carry the products. The introduction of the birdfeeder will bolster sales in addition, there is generally a surge in sales during the holiday season.

DIDD Regional Offices

DIDD maintains Regional offices in each grand region of the state. Under the management of the Office of Program Operations, each Regional Office is supervised by a Regional Director.

The West Tennessee Regional Office (WTRO) has two offices. The primary Regional Office is located in Arlington while a satellite office is located in Jackson.

The Middle Tennessee Regional (MTRO) has one office located on the Clover Bottom campus in Nashville.

The East Tennessee Regional Office (ETRO) has four offices. The primary Regional Office is located in Knoxville while satellite offices are located in Chattanooga, Johnson City, and Greeneville.

The Regional Offices were restructured to increase supports and enhance partnerships with providers via creation of the following additional units: Accreditation Team, Person-Centered Practices and Provider Support.

Regional Office Organization

Administrative Services Unit

The areas of responsibility for Administrative Services Unit in the Regional Office include human resource functions and working with providers when payment claims are denied or additional information is needed to process claims. Regional Office Administrative Services Units review and authorize service requests identified in the Individual Support Plan, which is required for all persons enrolled in the HCBS Waiver programs. These units also provide appeal notices when service requests are denied. Health information for persons supported is managed through this unit as well for both state operated ICF/IID facilities and HCBS Waivers programs. Finally, this unit also assures that Facilities Management is provided for all state properties utilized by DIDD.

Case Management and Transition Teams

Case Management is provided in each region by state employed case managers. Case Managers provide individuals and families with information regarding DIDD programs and services, assist families and persons seeking services, and assess the person's service needs. In addition, for individuals enrolled in the Self Determination Waiver program the Case Manager assists in developing and monitoring the Individual Support Plan; and the coordination of all paid and non-paid services

Transition Teams monitor and implement a person's transition from one residential setting to another, or from a Developmental Center into the community. Transition Teams conduct reviews to ensure compliance with all applicable lawsuit and DIDD requirements.

Regional Provider Support Team

The Regional Provider Support Team (RPST) provides support for New Providers as they begin to provide services, follow up activities related to the DIDD quality assurance provider surveys to

focus on overall system improvement, and follow up on individual and provider issues. The RPST , under the direction of the Regional Operations Director, coordinates technical assistance activities for providers that perform below acceptable compliance in the health and safety domains monitored by Quality Assurance. They also provide technical assistance in DIDD requirements for any domain if requested by a provider. Each Regional Quality Management Committee (RQMC) reviews performance data and makes decisions regarding actions to be taken for agencies requiring assistance. All quality management system partners are responsible for follow-up activities to ensure implementation of corrective actions.

Compliance Unit

The Regional Office Compliance Unit collects information and data from quality assurance surveys, investigations, and incident reports for input into the provider data management reports to analyze and measure success in achieving outcomes and identify improvements. Regional Compliance Units monitor court mandated requirements to ensure provider compliance and submits data to central office compliance staff who compile statewide data reports for DIDD management. Regional Compliance units are also responsible for implementing the DIDD mortality review process.

Protection from Harm Unit

The Regional Office Protection from Harm (PFH) Unit and Investigation Follow Up Unit track all substantiated investigations of abuse, neglect and exploitation of providers. The unit ensures that the provider's responses are followed to a resolution per the corrective action plan. The unit also conducts monthly reviews of Protection from Harm profiles and other data reports as part of the Regional Abuse Neglect Prevention Committee (ANPC). The Regional Office PFH Incident Management Unit provides technical assistance in PFH matters to Provider Incident Management Directors, provides training in Protection from Harm upon request to provider staff, prepares Provider Protection from Harm Profiles, reviews reported incidents and follows up as needed.

Person-Centered Practices Team

The Regional Office Person-Centered Practices Team enhances efforts to support people with disabilities to increase their personal self-determination and improve independence.

Accreditation Team

The Regional Accreditation Team reviews DIDD's progress toward initiatives of placing people at the center of the planning, policy and program practices as DIDD strives to become the first accredited state service delivery system.

Staff Development Unit

The Staff Development Unit coordinates and administers required and supplemental training for both DIDD staff and network provider staff through both the College of Direct Support (CDS) and classroom training in order to ensure a robust qualified and competent workforce exists for supporting people with disabilities who are supported by DIDD.

Clinical and Operations Unit

Regional Clinical Units consult with providers for proper treatment and care of persons supported in the HCBS Waiver programs in areas that include nursing; nutrition; vision; dental; behavioral; speech, language, and hearing; orientation and mobility, occupational therapy; and physical therapy.

Regional Offices Statewide Highlights and Accomplishments

- One hundred percent of all Regional Office employees participated in the Job Shadowing Project in the fall of 2011 to become better familiar with the Direct Service Professional's role.
- All persons whose services exceeded the benefit limits established 2/15/11 on Personal Assistance Services, Personal Assistance Services provided by two staff, and Nursing Services were successfully transitioned to services within the Waiver limits.
- Three OCR complaints relating to the benefit limits were successfully closed.
- Transition Teams coordinated with other regions via weekly Inter-Region Transition Policy Implementation Teleconference ensuring region-to-region transitions were processed consistently.
- Successful completion of Smart Job Plans.

West Tennessee Regional Office Highlights and Accomplishments

- WTRO partnered with the Department of Health sharing resources available for the provision of training to nursing facilities for persons supported who are class members in the Arlington Lawsuit. Weekly enrollment discussions decreased to a more efficient monthly basis bearing the same results.
- WTRO demonstrated an increase in efficiency as reported by a Central Office Audit regarding the Review of Medication Administration Program. Typical reviews went from taking two days to a new time frame of ½ day.
- Developed a Community Transitions Administrative Procedures Manual to enhance communication and follow-through on interoffice concerns between transitions and Administrative Services.
- Reviewed and revised the Nursing Orientation Checklist developed for Nurses who are new to supporting persons with developmental disabilities.
- Successfully completed Person-Centered Thinking training within identified time frames for all WTRO staff.
- Documented seventy-five percent reduction in Risk Management and Licensure audit findings from previous year.
- Successfully reduced the Central Warehouse Inventory. The target goal was to reduce inventory to no more than \$50K of goods. The goal was met with an additional twenty-one percent reduction.
- Successfully implemented TIMS (MAS 500) at the Central Warehouse on time and under budget.

Middle Tennessee Regional Office Highlights and Accomplishments

- The Intake Unit conducted the first DIDD informational meeting for families of people on the Waiting List. The meeting was held at the *Tennessee School for the Blind* on June 27th. DIDD was able to connect families of those on the waiting list with much needed resources. The focus of the meeting was Behavior Services. An *MCO* representative, as well as *TennCare* contracted Behavior providers spoke with the families and explained how to access behavior services through insurance companies.
- MTRO partnered with Supports Associates and two providers during the Person-Centered Organization Project.
- Supported Employment data collection results revealed that MTRO maintained a twenty percent employment rate among persons supported.
- In November 2011, the Day Services Unit held a Supported Employment event to roll out the new grant between the Department of Labor Workforce and Development and DIDD. Fifty-seven people attended the event.
- In April 2012, the Day Services Unit held an Employment Challenge Event for providers. Ninety people attended the event representing DIDD, the Department of Rehabilitation Services, Labor and Workforce Development, UT-CDE, Vanderbilt Kennedy Center, career centers and the provider community.
- Nineteen post-placement monitoring reviews were completed in FY 2011-2012.
- The Transition Unit assisted the last five persons supported at Clover Bottom Developmental Center who were expected to transition to community services to transition to HCBS Waiver community providers. The 42 persons who remain at Clover Bottom will transition to the Middle Tennessee ICF/IID homes upon their completion.
- MTRO began offering the Medication Administration Training Certification Course and Recertification Course four times a month for a total of 24 classes in FY 2011-2012.
- One hundred percent of MTRO employees participated in Customer Service training and Person-Centered Thinking training.

East Tennessee Regional Office Highlights and Accomplishments

- ETRO utilized Person-Centered Tools to work with providers to address system issues (process mapping, what's working and not working, 4+1). Fifty percent of Operations staff have completed Coaches Support Training and are using the tools when working with providers.
- A Person-Centered Facilitation curriculum was developed for people with High Risk behaviors to address behavioral, medical or other barriers. Thirty people and 15 provider agencies participated in the successful facilitation.
- ETRO started a Clinical Review Committee for persons with significant risk issues. The Committee includes therapeutic supports, behavior analysis, psychological supports, nursing supports, medical supports, service authorization, training and personal outcomes staff, Regional Provider Support Team staff, and others as needed to focus on team-oriented action-centered approaches to address risks and concerns for persons supported.

- Strategic training was developed for Customer Service Training with Regional Intake and Case Management, Complaint Resolution, Administrative Support Staff, and Management and Executive Staff.
- Eighty percent of East Regional Office staff were trained in Person Centered Thinking.
- In October 2011, the *Strategies to Assist People to Live Within Their Means* Workgroup was formed. Products of this workgroup include: *Household Costs Resource Handbook* - tips for Direct Support Professionals for cost savings; Curriculum for MR Housing called *House Cost Subsidy*; *Housemate Bulletin* and *Vacancy report* were combined; *Property Destruction Environmental Assessment*, a tool for planning transitions for people with destructive behavior history. Project information is located on the DIDD website.
- East Tennessee Supported Employment Data collection results reveal an eighteen and a half percent employment rate among persons supported aged 22 to 61.
- Regional Therapeutic Services Team and Regional Day Services Coordinator partnered to present Meaningful Day Training to 172 provider personnel from fifteen agencies in 2011.
- Regional Day Services Coordinator developed a weekly activities calendar to capture meaningful activities for the East Tennessee Homes.
- Completed 64 post placement monitoring reviews at East Tennessee Homes and other ICF/IID providers and five post placement monitoring reviews at HCBS Waiver providers.
- During the FY 2011-2012, Regional nurses conducted 108 initial classes (787 participants) and 47 recertification classes (753 participants) in Medication Administration training attended by 42 different providers.

DIDD Resource Centers

Services provided at the resource centers vary between regions based on need and may consist of assistive technology assessment, customized design, fabrication and fitting of seating and positioning equipment; operation of a durable medical equipment lending library; speech language pathology services; occupational and physical therapy services; dental services; behavioral analysis services; physical nutritional management team services and enteral nutrition team services and, nursing services. In addition, medical specialty clinic space is available for medical specialty providers to serve the Arlington Class members and others with intellectual disabilities in the West region. For persons supported in state operated ICF/IID facilities and homes, the resource centers provide clinical therapy services.

West Tennessee Resource Center (WTRC)

Highlights and Accomplishments

- The Resource Center was able to reduce expenses by eliminating the contract for medical specialty services with UT Health Sciences.
- The Resource Center has two providers who intermittently use the medical clinic space, offering access to medical specialty services that may not be easily managed in other clinical settings.
- Implementation of an efficient dedicated referral email address, allowing for timely triage, assignment and tracking through completion.
- All Resource Center staff were consolidated through relocation into one building.
- The Resource Center staff hosted an Open House for providers and DIDD staff.
- The Resource Center conducted a mentoring session with a selected group of Middle Resource Center staff.
- Partnered with the MTRO Assistive Technology (AT) clinic staff for very valuable technical assistance throughout the fiscal year.
- By the end of FY 2011-2012, the Resource Center was very close to finalizing a contractual agreement with UT Health Sciences for the utilization of field placement students in the areas of OT, PT, and SLP bringing about the possibility for further expansion of clinicians skilled in the field of intellectual disabilities.
- Assisted the West Tennessee Homes in achieving a Quality Tier Rating on the Community Status Review conducted by the federal court monitor, favorable rating in Quality Review Panel Reviews.

Middle Tennessee Resource Center (MTRC)

Highlights and Accomplishments

- Provided therapy, dental, nursing, behavioral, assistive technology and psychology services for 42 people living at Clover Bottom Developmental Center and also the persons supported at the Harold Jordan Center.
- Private pay authorization and Medicare coding has been received for the customized seating systems which are contoured specifically for the person's actual body size and shape.
- Forensic Evaluations are now being completed by MTRC with existing staff, therefore enabling MTRC to discontinue outsourcing this function with a cost savings to DIDD.
- Medicare provider application has been completed and will be instrumental in providing professional services from the Resource Center to those who seek specific service regardless if they are receiving other services from DIDD.
- The MTRC team is comprised of professional level employees with extensive experience and training in the area of intellectual and developmental disabilities.

East Tennessee Resource Center (ETRC)

Highlights and Accomplishments

- Provided therapy services, dental, nursing, assistive technology services, and psychology services to people living at Greene Valley Developmental Center which assisted in an excellent ICF/IID survey.
- Involved in Central Office research project involving dental and psychology team underway with Dental Desensitization program focusing on reducing restrictions and decreasing the need for hospital dentistry.
- Forensic training completed by all psychology staff; able to receive and complete forensic referrals.
- Development of partnership with ETRO therapy team.
- Psychiatric Consultation Team developed in conjunction with East Regional Medical Director and ETRO Director of Behavior services.
- Medicare coding received for the custom molded seating systems fabricated in assistive technology. (In conjunction with WTRC, MTRC and Central office staff) Once revenue contracts are approved with each community vendor, the Resource Center will be able to sell these seating systems to Durable Medical Equipment providers that will bill insurance of the individual.

DIDD Developmental Centers

DIDD operates two Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID): the Clover Bottom Developmental Center located in Nashville and Greene Valley Developmental Center located in Greeneville, Tennessee. These developmental centers are Medicaid certified facilities that provide 24-hour residential care to support and maintain the physical, intellectual, social, and emotional capabilities of persons with an intellectual disability. A third facility in Nashville, the Harold Jordan Center, is a smaller residential program that provides specialized services. While the Harold Jordan Center is located on the Clover Bottom developmental center campus, it is not a Medicaid certified ICF/IID facility at the present time; it is a state-funded facility. Current plans are to seek recertification of a part of the facility at the Harold Jordan Center as an ICF/IID with open access to the community, while other parts of the building continue to provide secure state-funded forensic and behavior stabilization services.

The developmental centers are primarily responsible for ensuring the daily health, safety, and welfare of on-site residents, while also providing for their daily services and supports. The services typically provided are personalized care, self-help training, ambulating, communication and socialization skills, intensive care for personalized habilitation training in self-help, language development, and motor skills for persons with intellectual disabilities. Medical treatment is also provided to persons who live at the facility.

Clover Bottom Developmental Center

DIDD provides facility-based, long-term care at the Clover Bottom Developmental Center (CBDC), located in Nashville.

Highlights and Accomplishments

- Achieved recertification as an ICF/IID with the fewest findings ever cited for a developmental center in Tennessee.
- Successful shift from facility-based to daily community-based activities for persons supported.
- Staff were trained in Person-Centered Thinking and implemented tools routinely in individual and systems meetings.
- Implementation of a new person-centered Individual Support Plan and Progress Review process.
- Completed the transitions of all persons moving to HCBS Waiver programs or private ICF/IID providers.
- Consolidated all on-campus living arrangements to four homes.

Greene Valley Developmental Center

DIDD provides facility-based, long-term care at the Greene Valley Developmental Center (GVDC), located in Greeneville.

Highlights and Accomplishments

- Thirty-seven employees completed the 2 day Person Centered Thinking course and 19 employees completed the second Person Centered Coaches class giving GVDC a total of 27 coaches representing various homes and departments. Focused workgroups have developed and implemented training related to Person Centered Training overview of tools, use of “Learning Logs”, implementation of a Person Centered Support Planning, and development of “Personal Profiles” for each person served.
- Protection from Harm accomplishments for FY 2010-2011 to FY 2011-2012 show that serious injuries declined by sixty-two percent, episodes of choking declined from three to zero, the average number of incidents per person went from 1.9 to 1.6, and the average number of incidents per person involved in an incident went from 2.6 to 2.4.
- Received positive surveys from ICF/IID, Licensure, and the Quality Review Panel.
- Assisted 48 persons in successfully transitioning to their new homes in the community.
- Implemented two new computer systems for Pharmacy and Inventories which will improve tracking, cost control, and enhance billing capabilities.
- Briarwood Habilitation program was established to provide four homes on GVDC campus with day program services. Responsibilities for staff include for training objectives and job plans for persons in each of the homes served, transportation assistance to and from home and the classroom, meal assistance and supervision for persons supported and training opportunities for 24 people.
- On June 13th, 2012 Maple Cottage was re-opened with Greenwood Cottage in its entirety (staff and persons supported) moving in. This redistributes homes across campus so that they will be in close proximity to each other, making transition and transportation and sharing easier to accomplish. It also brings the persons living in Maple into a more house like environment with close neighbors that they have an opportunity to socialize with more frequently.
- Due to the consolidation of many homes across GVDC campus, a “Life Affecting Programs and Plans Training” tracking tool has been put in place to assist in making staff training information available to all parties who require it to complete their job assignments by only having to look at one document instead of many.
- Efforts were successful in reducing total infections by approximately fifty-six percent when comparing FY 2010-2011 to FY 2011-2012.
- Greene Valley’s “Chain Link Fence” was removed in October 2011. The Advisory Council’s No Barrier List scored a major victory with the removal of the fence which surrounded the front of the campus.
- The Homes at GVDC improved their appearance and energy efficiency with new windows, doors, and shutters. Improvements were also made in heating and cooling systems across

buildings, as well as, a major upgrade to the Medical Treatment Unit and a new deck egress being built for one home.

- OSHA Report—Reduced staff OSHA Illness Accident numbers, thereby reducing workmen compensation claims by sixty percent for the past year, January-December 2011.

Harold Jordan Center

The Harold Jordan Center (HJC) is a facility located on the Clover Bottom Developmental Center campus that provides 24-hour residential services to adults with intellectual disabilities with serious psychiatric and/or behavioral conditions who have had significant difficulty residing in the community. Some people supported at HJC have active legal charges and were admitted for the evaluation and training of their competency to assist in their own defense. Others supported at HJC are being assisted to develop the skills to return to a safer life with needed supports and services in the community.

Highlights and Accomplishments

- Implemented a 60-day turn-around on all forensic referrals for evaluation of and training toward competency to stand trial.
- Successfully completed transitions into community-based waiver services for several persons who had lived in HJC for many years.
- Assisted in transitioning out persons who resided at Middle TN Mental Health Institute long-term.
- Completed a positive site visit by the Quality Review Panel of our compliance with the Settlement Agreement.
- Shifted day services away from all facility-based to more community-based activities.

DIDD Homes

DIDD provides residential community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) homes that provide 24-hour support and maintain the physical, intellectual, social, and emotional capabilities of persons supported. These homes are located in typical communities throughout the state. The homes meet all applicable federal and state code requirements for ICF/IID homes, are wheelchair accessible, and have the added safety measure of fire sprinkler systems.

State employees are responsible for ensuring the daily health, safety, and welfare of persons supported, while also providing daily services and supports. The services typically provided include personalized care, self-help training, ambulating, communication and socialization skills, intensive care for personalized habilitation training in self-help, language development, sensory stimulation, and motor skills.

West Tennessee Homes

The West Tennessee state owned and operated ICF/IID homes provide long-term residential support to persons that previously resided at the Arlington Developmental Center.

There are 12 homes with up to four people living in each. Each home is in West Tennessee and was established through the court ordered Arlington Settlement Agreement. The ICF/IID homes are located in residential neighborhoods in the Arlington area and within four miles of the West Tennessee Resource Center and the West Tennessee Regional Office. All 12 ICF/IID homes were operational in October 2010.

Highlights and Accomplishments

- For the second straight year, West Tennessee Homes were included on the Court Monitor's Quality Tier for ICF/IID agencies.
- A positive site visit was conducted by the Quality Review Panel for a gentleman who transitioned to the West Tennessee Homes.
- The Tennessee Department of Health found no citations for the most recent 6 locations surveyed.
- Persons supported successfully increased their activities in their communities over the previous year.
- Developed strategies collaborating with various disciplines, to decrease hospitalizations and emergency room visits.

Middle Tennessee Homes

The Middle Tennessee state owned and operated ICF/IID homes will provide long-term residential support to 36 persons that are currently residing or previously resided at the Clover Bottom Developmental Center.

The Middle Tennessee ICF/IID homes will be located in residential neighborhoods in the Nashville area. Phase One for building the first of four homes is slated to begin fall 2012. All nine, four-bed ICF/IID homes are anticipated to be operational by July 1, 2014.

East Tennessee Homes

The East Tennessee state owned and operated ICF/IID homes provide long-term residential support to 64 persons that are currently residing or previously resided at the Green Valley Developmental Center.

The 16 four-person, community-based ICF/IID homes in East Tennessee are mandated through the court ordered People First Settlement Agreement. The ICF/IID homes are located in community neighborhoods. Five of the 16 of the ICF/IID homes were operational in October 2010, eight more were operational in April 2012; and the remaining three will be operational in FY 2013-2014.

Highlights and Accomplishments

- East Tennessee Homes met one hundred percent occupancy in 13 homes in Greeneville/Greene County. All the homes have achieved ICF/IID certifications with no deficiencies. There are 38 individuals left in the referral pool interested in services.
- Family and conservator Satisfaction Survey rated the overall program satisfaction at ninety-nine point sixty-four percent (99.64%) satisfied.
- Fifty percent of persons supported by East Tennessee Homes are employed or participate actively in meaningful volunteer opportunities in their community.
- Staff participated in the Leadership and Coaches Support with Person Centered Practices. This organizational training continues through the next fiscal year.
- The September 2011 review of the home program by the court appointed Quality Review Panel yielded substantial compliance and an overall score of ninety-five percent.

What Persons Supported and their Families are Saying Across the State

Satisfaction surveys are given to families and individuals served to assure the DIDD customer service standards are being met adequately. Below are some of the responses received of person who reside in the community homes:

“There are no words to express how happy we are with (his) home. I have never seen him so happy and content as he is now. He takes great pride in being there and having his ‘place’”.

“The staff are very capable of taking care of my family member in a very top-notch way.”

“She loves her new home and is getting to go places. The staff are all great, they really care and treat them like family.”

“There are no words to express how happy we are with (his) home. I have never seen him as happy as he is now. He takes great pride in being there and having his "place." ”

“We are very thankful for the home and staff that take care of (him) and his friends. They go beyond what is expected and very much appreciated. We are so very satisfied.”

“The staff are capable of taking care of my family member in a very top notch way. I love the staff take care of my (family member). Please keep up the good work. “

“I am completely satisfied he is getting the best possible care available anywhere. All of the staff are wonderful and give excellent care of all who live there. “

“[He] is extremely happy in his home. He has a sense of pride and really enjoys our visits. The staff is wonderful and we're very grateful to everyone. Thank you!”

“It is very homey, very safe, and the people staffed there are the best and able to handle any problem. We are satisfied with the State of Tennessee monitoring. He is completely happy there and well cared for by angels. “

“We are very satisfied with his placement and feel it was the right choice as we had fought group home placement for a long time due to our bad experiences with group homes. It was not a choice we made easily, so we are so very happy that it has worked out so well for (person). His happiness and welfare are our main concern.”

“No one could ask for a better place. The staff is excellent, everyone. The home is always clean and neat. My brother is always clean and doesn't smell. He seems to really enjoy his home and seems to really love all of the staff.”

“We feel [person supported] is very happy and content in his home and surroundings. Our family is extremely satisfied with his progress emotionally and physically. We appreciate the efforts made on his behalf. Thank you all. “

Since their son has moved into the community Mr. and Mrs. R. have expressed that “they appreciate staff and staff takes very good care of J.”

Success Story of a Person who Moved to the Community

Prior to moving, Kenny's grandmother occasionally visited him and consistently sent him cards. The rest of his family was not involved in his life. However, since moving into the community, his aunt has encouraged his family to visit on multiple occasions. Kenny wanted to host an event for his family. With the assistance and support of the home staff in contacting the family and coordinating with all parties, the family chose to hold their family Thanksgiving celebration in the home. They cooked a traditional Thanksgiving meal and brought to Kenny's home. There are hopes that this will become an annual event. Furthermore, Kenny has met an uncle and siblings whom he had not previously met and his mother has visited him several times, along with another aunt, his grandmother and his siblings and their children (from as far away as Texas). They have been very responsive and loving towards Kenny and are now planning to sponsor a birthday party for him at his home. To keep a memory of these celebrations, Kenny has also maintained a scrapbook of pictures.

Donatella does not see her family often. Her family lives 2 ½ hours away which hinders frequent visits. Donatella and her staff discussed opportunities for her to connect to her community and for relationships close to home. One staff helped Donatella coordinate a school supply drive with a local elementary school. Once the school was contacted to begin the project, the school employees were grateful as they had never received volunteer help and donations. They immediately asked what they could do in return for Donatella and her home in the future. The school supply drive was very successful as numerous families had contacted the school to ask for assistance in obtaining supplies. Donatella visited the principal to make arrangements and to deliver the donations. Her picture was taken for publication in the county board of education's newsletter. A new community connection was made for Donatella where relationships were established.

DIDD Staff and Provider Development

DIDD believes that a strong provider network is built upon solid training systems. Through the provision of the nationally recognized College of Direct Support (CDS) as an online training resource, DIDD offers cost free training options to contracted provider staff. During FY 2011-2012, 1,058 additional staff persons were enrolled in the system, with an additional 129,321 lessons completed, representing an eighty-five percent completion rate of required and requested online training. The cumulative number of lessons completed in CDS was 1,013,463 at the end of FY 2011-2012.

The CDS online training program includes accessibility twenty-four hours a day, seven days a week for training and competency-based testing. The curriculum emphasizes core values, person-centered practices, protection of health and well-being. Interactive training modules are created by nationally recognized experts and updated for best practice.

In addition to the online training offered through College of Direct Support, DIDD creates and updates training materials used in classroom settings. Some training manuals and power point presentations are posted on the DIDD website for use by families and other interested parties. Staff development worked with the civil rights officer, clinicians, dieticians and nurses to provide resources on Title VI, Preventing Falls, Basic Nutrition, and Eating, Chewing and Choking Problems. These training materials are located on the family services and clinical web pages within the DIDD website

DIDD's Regional Office Staff Development units provided classroom training opportunities, promoted through calendars posted on DIDD's website. Classes are offered monthly and upon request can be held both at Regional Office locations or provider locations. Classroom training opportunities include the following:

Employment

CB Day/Discovery
Supported Employment
Job Coach Training

Protection from Harm

Incident Management
Risk Assessment
Abuse Prevention

Professional Growth

Effective Training Techniques
Sensitivity and Ethics
Rights and Choice

Therapeutic / Health

Diabetes and Nutrition
Nutrition Resources and Menu Planning
Physical Status Review (PSR)
Falls: Causes and Preventative Strategies
Challenges in Physical Management
Communication Overview
Sign Language
Medication Administration for Unlicensed Personnel

Person Centered Thinking

Person Centered Practices
Writing Outcomes / Action Steps
Person Centered ISP's

Independent Support Coordination

Revised training modules

Orientation

New Provider Orientation
Therapeutic Services Orientation
Title VI
Individual Rights and the ADA

Therapeutic / Health

Seizure Training
Dysphasia Overview / Swallowing Disorders
Supporting the Deaf / Blind
Universal Precautions / Infection Control
Healthcare Oversight Forms
Mealtime Challenges
Aspiration
CPR/AED, First Aid

What a Provider is Saying

“In a period of time when all of us are facing the tough economy and raises are often on hold as people simply try to hold onto their jobs, it is a good feeling to be able to offer our staff a chance to see a future in the field of disabilities, through better staff education. More than simply improving the training for our Direct Support Professional’s, I have seen the Guardian Community Living/College of Direct Support partnership raise morale and give Direct Support Professional’s a reason to stay longer on the job and to encourage friends to seek employment with our agency.”

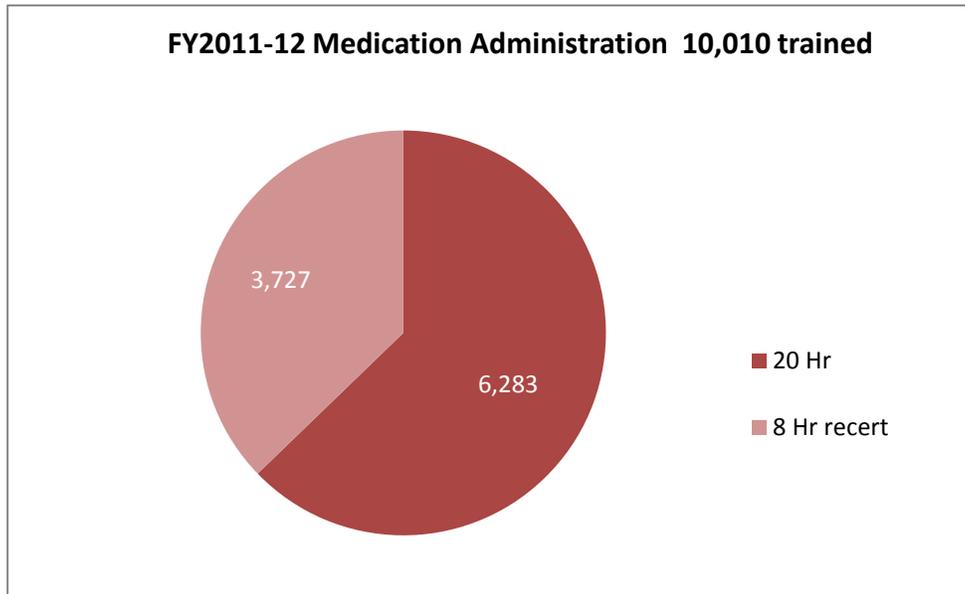
-Quote from provider staff development coordinator/CDS Administrator

Highlights and Accomplishments

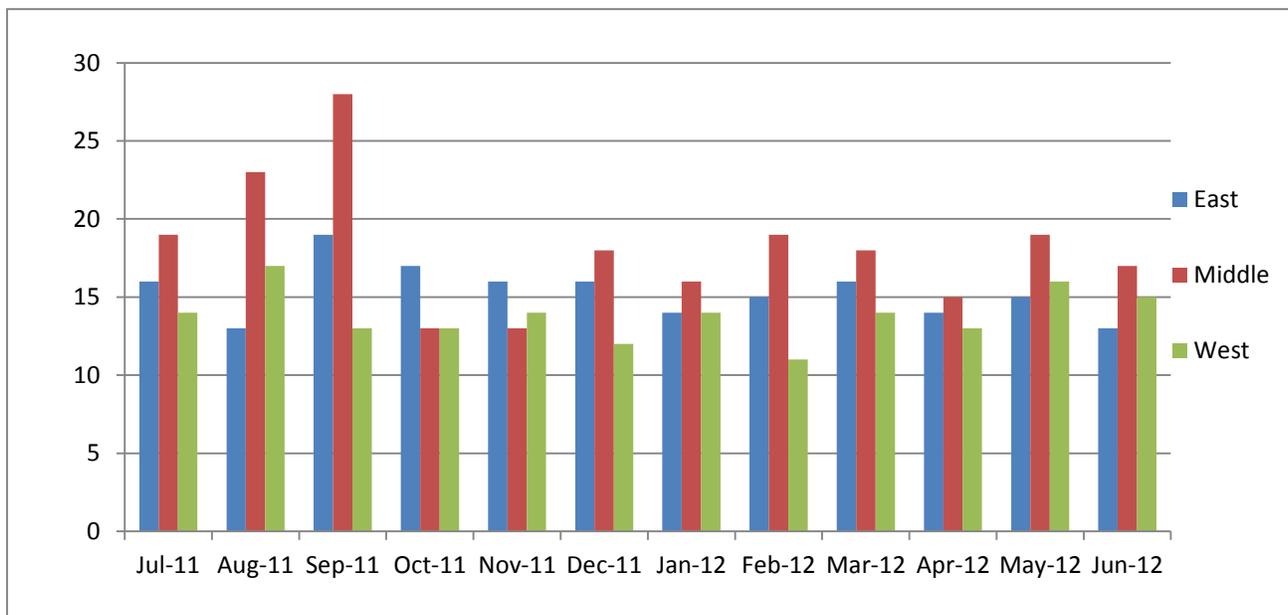
- Staff Development continues to partner with the Person Centered Thinking certified trainers and Self Advocates to offer improved Individual Support Plan training and self-advocacy training to improve the lives of persons supported. The number of classes and participants are tracked in the CDS system.
- DIDD continues to provide quality web-based training and the CDS learning management system to 145 provider agencies at no additional cost to those providers since DIDD took over the “help desk” function during FY 2011-2012.
- DIDD offered the opportunity to maintain access to the entire CDS curriculum, including an enhanced training management platform, plus the CDS “help desk” to all providers at a nominal charge at the beginning of January 2012.
- Staff Development trained all DIDD supervisory staff timely on S.M.A.R.T. job plans as Tennessee moves forward in implementing the TEAM Act changes to the state’s performance evaluation system and tracked those classes in the Edison Learning Management System.
- DIDD partnered with the Department of Human Resources to bring the LEAN government training resources and the TGMI leadership training to DIDD staff.
- Staff Development, working closely with Regional transition teams, provided additional training to 200+ staff transitioning with persons who moved out of Developmental Centers in East and Middle Tennessee into community homes. All the additional training was tracked in the CDS learning management system.
- As DIDD policies were written and implemented for the DIDD ICF/IID homes, the CDS Learning Management System was used for tracking the training of staff on those policies.
- During FY 2011-2012 Staff Development adopted a new calendar scheduling tool which improved the accessibility and timeliness of training updates in the three grand regions of Tennessee.
- The Webinar tool continues to be utilized to train as new IT systems were adopted by DIDD this fiscal year. (i.e. Outlook).
- During the Top to Bottom Review, Staff Development identified through process mapping where improvements could be made in scheduling, data collection and the payment of independent trainers of the Medication Administration for Unlicensed Personnel program.
- During FY 2011-2012, the Medication Administration for Unlicensed Personnel program conducted 568 twenty hour initial classes and 364 eight hour recertification classes; and

trained 6,283 provider staff in initial classes and an additional 3,727 staff in the recertification classes as training continues under the Tennessee Code Annotated exemption in partnership with DIDD certified RN trainers (see charts that follow).

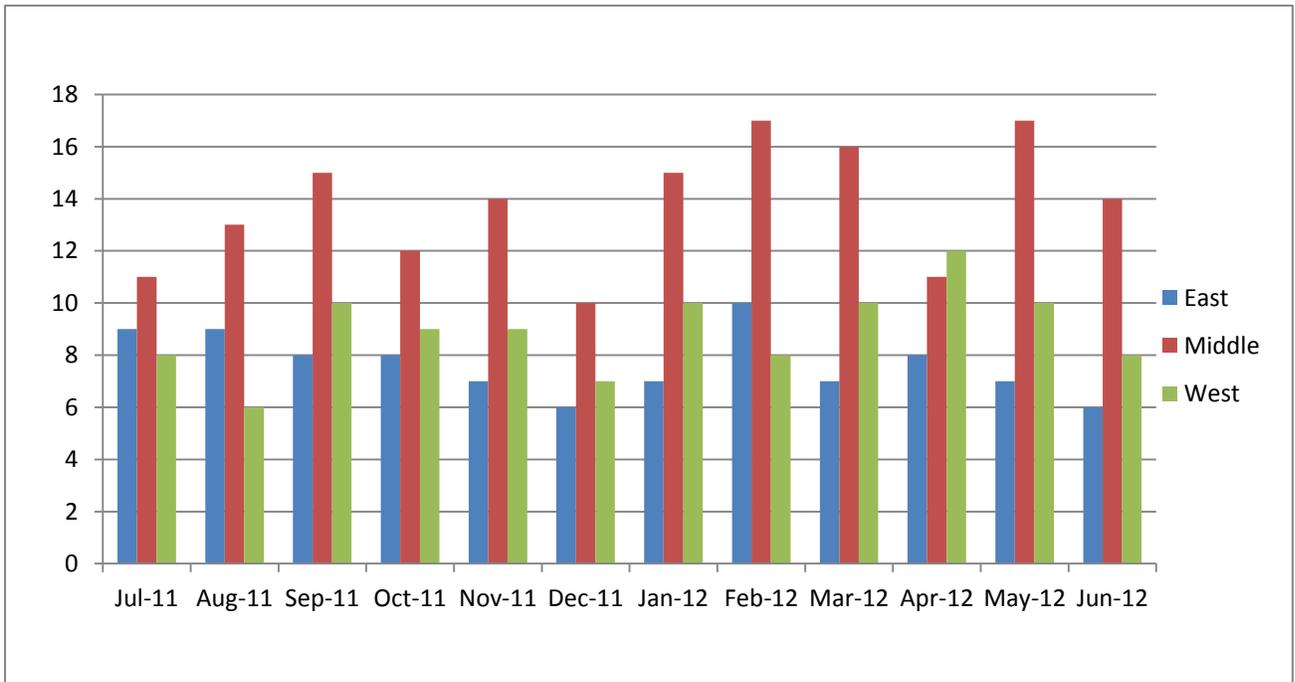
Data



20 Hour Medication Administration Classes by Region FY 2011-2012



8 Hour Medication Administration Classes by Region FY 2011-2012



DIDD Provider Development

DIDD is committed to assuring that persons requesting services can choose from a sufficient number of providers. Each provider is approved for one or more HCBS Waiver service and may operate in one or more of the three grand regions of East, Middle or West Tennessee. In addition to DIDD approval, various HCBS Waiver services may require external licenses or certifications that the provider must obtain. Prior to provision of any HCBS Waiver service, the provider is thoroughly reviewed and approved by DIDD for all required licenses and certifications.

To better inform persons of the available provider network, DIDD maintains an online DIDD Provider Directory. The directory is divided by region identifying the name, administrative location, service approved to provide and contact information for the provider.

By June 30, 2012, DIDD had a statewide network of 427 providers. During FY 2011-2012, there were 25 providers added. In addition, the current provider network expanded as approximately 63 providers were approved to add a service(s). Of the approved expansions, during FY 2011-2012, 56 providers implemented the expansion by adding services. See data below for details.

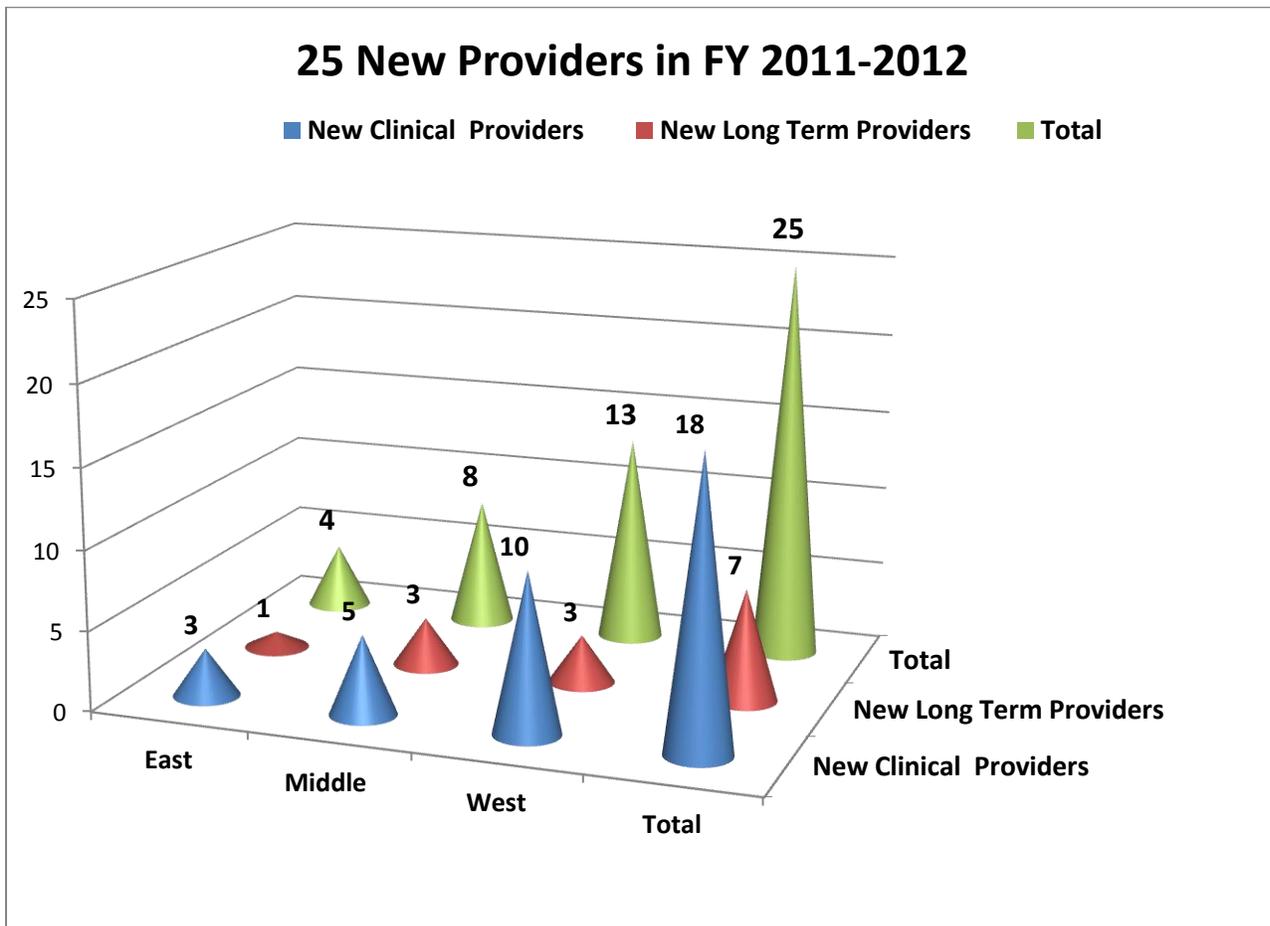
New provider orientation meetings are routinely held for persons interested in becoming a DIDD provider and for newly approved DIDD providers. Meetings are held regionally and centrally for providers to begin learning the DIDD service delivery system and statutory requirements.

Highlights and Accomplishments

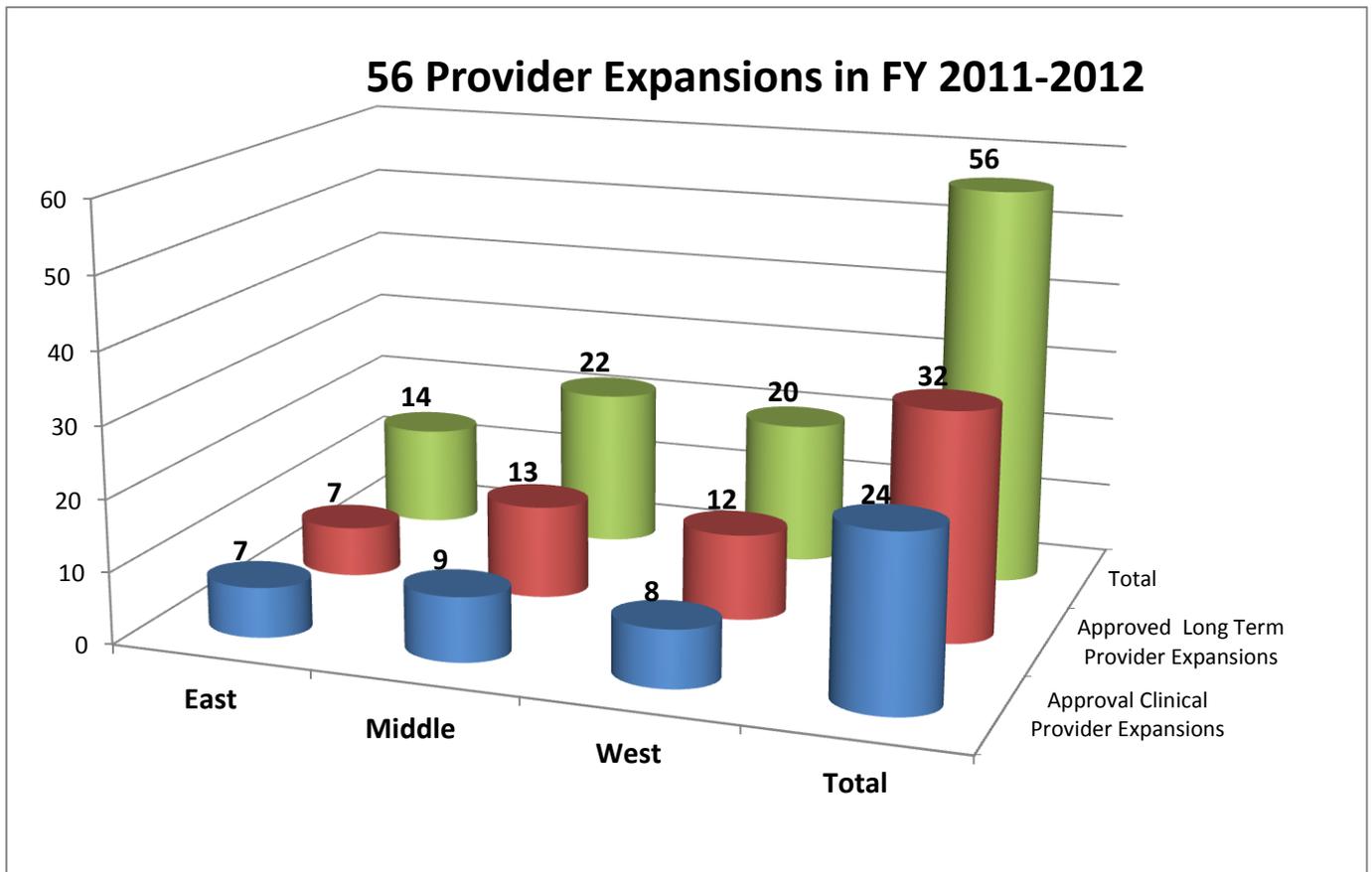
- Continued response to the request of stakeholders, updates to the online provider directory several times within a month; hence, providing as much as possible real time data for customers seeking information about the provider network and service delivery.
- Provider Development regularly updates the online Central Office orientation for new board chairs. During FY 2012-2013, Provider Development anticipates posting online the Regional provider orientation material.
- During FY 2011-2012, DIDD hosted a total of 13 new provider orientations in the three grand regions.
- Provider Development applied Person Centered Practices toward approving a provider for service(s) to accommodate the request of a person(s) receiving services.
- Provider Development made a recommendation to approve the majority of provider expansion applications in at least 30 days and no more than 60 days, partly due to ongoing improvement of the expansion application.

Data

In FY 2011-2012, 25 new providers were added to the DIDD provider system. Each new provider must be approved through DIDD’s approval process and attend New Provider Orientation training. The chart below shows that there were 18 new Clinical Providers statewide, ten in the West region, five in the Middle region and three in the East region. There were seven Long Term Providers added, three in both the West and Middle Regions and one in the East region. By region, East added a total of four, Middle eight and West thirteen.



Many DIDD providers expand operations as persons supported start new services and as their needs change. All expansions must be approved prior to service delivery. Throughout the fiscal year, there were 56 approved provider expansions. The chart below shows that 24 Clinical Providers expanded operations and 32 Long Term Providers created expansions. On a regional level, West had 20 total expansions, 12 Long Term Providers, and eight Clinical Providers. Middle had 22 total expansions, 13 Long Term Providers and 9 Clinical Providers. East had a total of 14 expansions with both Clinical and Long Term Providers having seven expansions each. DIDD encourages expansions as persons supported have needs that change. Rural areas of the state are typically areas in need of approved providers that can support individuals in remote areas.



DIDD Office of Health Services

The Office of Health Services consists of four broad clinical areas, each represented by a single clinician: nursing, therapeutic services, behavioral and psychological services, and medicine. Therapeutic services include physical therapy, occupational therapy, speech language pathology, audiology, nutrition, and orientation and mobility. Therapeutic service providers assist an individual in such areas as: improving balance when walking; communicating wants, needs and feelings; learning to eat a healthy diet; eating safely; adapting environments to meet physical and/or sensory needs; improving work-related skills; and developing independence in getting around with a visual impairment, to name only a few. Two important clinical disciplines exist only as placeholders within Health Services organization: dentistry and pharmacy. The clinical team is supported by an administrative assistant.

With the transition from Division to Department, and a new vision and mission statement emphasizing optimal health as a cornerstone for quality of life, came a greatly enhanced role for health and health promotion. Governor Haslam's Top to Bottom Review included 18 department goals, the majority being health related; therefore considerable effort has been devoted to achieve these. First, is to implement a health care strategic plan which emphasizes health promotion. This requires a sustainable clinical workforce and thus, further development of partnerships with the academic centers to build education and research opportunities. Because of limited training and experience for clinical students, exposing them to people with intellectual and developmental disabilities is an important goal. Providing better customer service to those clinicians who care for people with disabilities a directory of clinical providers is being developed for other experienced clinicians to reach out to support them. People who have a dual diagnosis (intellectual or developmental disability and a mental health need) have challenges in achieving appropriate supports. Therefore, identifying people with a dual diagnosis, determining where service gaps may exist and improving those services is another critical goal. People with disabilities are living longer, although still less than the general population, and addressing the aging population of people with intellectual and developmental disabilities is the final health goal.

Health Services staff review, approve, and process applications of potential clinical service providers. Incident and investigation reports and death reports submitted by the Regional Offices are reviewed to determine clinical issues to be addressed statewide from a prevention perspective. Limited technical assistance on clinical issues is provided across the state to supplement our regional discipline counterparts. An additional role is to educate regional staff, community providers, families and other stakeholders on health issues pertinent to individuals with intellectual and developmental disabilities. Examples of training in the past year include; monthly behavior seminars, clinical documentation, and an approach to identify health issues which result in challenging behavior.

Health care should be based on evidence based, best practices. However, high quality evidence often is not available because the intellectual and developmental disabilities research is lacking; therefore, together with our clinical colleagues in each of the three grand regions, we provide leadership on determining those practices.

Typically assessments are carried out by a single discipline. However, with the increasingly complex needs of persons supported a more collaborative, integrated clinical approach will achieve better outcomes. Consider eating as an example: the physical therapist would work to improve positioning; the occupational therapist on adaptive eating equipment; the nurse would consider medication side effects such as dry mouth or drowsiness; the speech language pathologist would address swallowing practices, including texture and consistency; and the behavior analyst would work to reduce high risk behaviors such as grabbing food. Given that aspiration pneumonia is a leading cause of death, eating safely is critical to people with intellectual and developmental disabilities.

Success Stories resulting from DIDD Integrated Health Supports

A person supported was experiencing multiple infections associated with an indwelling urinary catheter which led to multiple emergency room visits, and antibiotics. A specialty regional nurse advocated with the person's primary care provider and insurance provider to authorize the use of new technology; an antimicrobial catheter. The regional nurse specialist also provided in-service education on how to support the person who has a chronic health issue requiring an indwelling catheter. At this time the person has experienced no further infections. This is only one of many examples where Regional Nursing helps in managing the care of people we support in the role of prevention and health promotion.

Imagine you are a person who experienced the need for immediate surgery due to an acute abdominal blockage. However, because of having an intellectual disability, it was suggested by the health care provider, that the provider just take the person back to her home; the person was "old and had already lived a long time." The regional nurse, in collaboration with the circle of support, intervened on behalf of the person to arrange for a second opinion at another health care facility. The regional nurse acted quickly to make the necessary arrangements and within 24 hours of admission to the second facility for urgent surgical procedure the specialist reported that without removing the blockage, the person would have died. Thanks to the community collaboration by regional nursing, health care providers, Independent Support Coordinators, and the provider, the outcome for this person was lifesaving!

Customer Focused Service could not have been more important than in the case of a provider known nationally for helping individuals with disabilities and special needs, and their families for several decades. After being identified with failing health and safety system issues the provider sought assistance from Regional Nursing and other regional office staff which was provided through daily on-site assistance. The team's holistic focus was not to dictate to the provider but to assist and mentor in the process development of policies and plans to achieve health goals, to link people to needed health services and perform quality self-evaluations through the use of tools developed by the provider. This is another example of successful team partnerships with provider agencies.

Each Assistive Technology (AT) Clinic is staffed with experienced therapy staff including Assistive Technology Practitioners (ATP) certified by the Rehabilitation Engineering & Assistive Technology Society of North America (RESNA), physical therapists, occupational therapists, occupational

therapist assistants, and physical therapist assistants. The Custom Fabrication Shop staff includes custom design fabricators and rehabilitation technicians with extensive experience in the areas of construction, carpentry, upholstery, and electronics. A young woman was referred to the Assistive Technology Clinic (AT Clinic) in the Middle region for repairs to her manual wheelchair. However, it soon became clear she had a power wheelchair she did not use because it was very complicated for her, her family and caregivers to operate. Previously she had a power wheelchair she could drive with a joystick controlled by her chin. However, her current chair was built with a head array control system which neither her, nor her family wanted; so she did not drive for several years. AT Clinic staff devised a less expensive chin and joy stick solution and within minutes of first using it she was back driving and very happy. Being person centered and creative resulted in a less expensive solution which gave back her independence that more technology had taken away.

By advocating for direct support staff caring for people who are terminally ill, in order that they could honor the wishes of the person supported, DIDD was instrumental in legislation allowing the Physician's Orders for Scope of Treatment (POST) to apply to non-licensed personnel. This means the direct support professional is no longer required to perform cardiopulmonary resuscitation (CPR) when the person has a physician's do not resuscitate order as part of their end of life plan.

Highlights and Accomplishments

- Established a new structure and developed new goals as a foundation for the Office of Health Services for the next several years.
- Restructured nursing services for a more consistent role statewide within specialized activities, starting first with the nurses who specialize in mortality issues.
- Recruited an outstanding Director of Behavioral and Psychological Services.
- Successful completion of obtaining Medicare coding approval for reimbursement for the custom molded seating systems in the Assistive Technology Clinics.
- Ensured a website link for the Assistive Technology Clinics was available for providers and persons supported.
- Strengthened credentialing and performance standards for behavior analysts.
- Established a Behavior Services Advisory Council to recommend systemic improvements of behavioral and psychological services.
- Successfully completed comprehensive clinical reviews for specified persons supported statewide as required for lawsuit compliance.
- Development of a new Medication Curriculum for Unlicensed Personnel to assist in regulatory relief for provider partners.
- Conducted 20 meetings attended by over 240 individual stakeholders to gather input for the strategic health care plan.
- Presented at the National Association of Dual Diagnosis (NADD) International Conference on collaboration between DIDD and Department of Mental Health and Substance Abuse.
- Presented at state, national and international conferences on the role of health care in Tennessee provided by DIDD.
- Exploration began for a new cost effective model to support people who have a dual diagnosis.

Deaths in the DIDD System

When people who are receiving services throughout the DIDD service system die, there is a process in place to conduct reviews of the deaths. This process identifies factors which may have contributed to the death and recommends necessary preventive measures to improve supports and services for all people who use the service system.

Data related to deaths are collected for each waiver as well as the developmental centers, community homes and ICF/IID facilities funded by DIDD.

The following table identified the deaths of people receiving DIDD services for FY 2011-2012.

DIDD Service Program	Number of Deaths
Arlington Waiver	13
Statewide Waiver	112
Self Determination Waiver	11
State ICF/IID Developmental Centers	10
State ICF/IID Community Homes	3
Total FY 2011-2012	149

DIDD Office of Policy and Innovation

The Office of Policy and Innovation strives to increase the quality of life of persons supported by balancing what is important to and for them. The Office of Policy and Innovation works diligently to ensure independence, good health and safety of persons supported through writing and revising policies, improving technology, and tracking, trending, and responding to incidents and investigations across the state. There are three divisions within the Office of Policy and Innovation. These include: Policy; Information Systems; and Protection from Harm.

Policy Division

The mission of the Policy Division is to develop policies, procedures and other guiding documents necessary for day-to-day operation of DIDD and contracted providers that are person-centered and focus on improving the quality of life for all Tennesseans with intellectual and developmental disabilities.

Success Story

DIDD has partnered with The Council on Quality and Leadership (CQL) to become the first accredited state system in the world to focus on individuals with intellectual and developmental disabilities. Through this initiative, DIDD will become an international model for service delivery. The core deliverables of this four-year project include capacity building, data gathering, network evaluation and network accreditation.

The Policy Division played a large role in this project and achieved several key deliverables prior to the project 'going-live'. These deliverables included researching and selecting an accreditation entity; creating the project work plan; finalizing the contract; and obtaining approval from the Fiscal Review Committee for a non-competitive contract.

DIDD hosted a ceremonial contract signing at its central office where the Commissioner, the Deputy Governor and CQL Officials signed a contract making DIDD's partnership with CQL official. In each of the state's three grand regions, DIDD hosted regional kick-off events to celebrate the start of the Network Accreditation Project. Staff representing DIDD and community providers also began receiving training in personal outcomes measures, a key component of capacity building.

Highlights and Accomplishments

- Applied for and was awarded \$43,200 for the National Data Management Project (i.e., National Core Indicators Project (NCI)) funded by the National Association of State Directors of Developmental Disabilities Services. DIDD was awarded the full amount requested, and will begin participating in the NCI project during FY 2013-2014. The purpose of this project is to expand the NCI performance measurement system. The NCI system comprises over 100 key outcome indicators that are designed to gather valid and reliable data across five broad domains: individual outcomes; family outcomes; health, welfare and rights; staff stability; and system performance.

- Applied for and was selected to participate in the Pilot Project for Health Surveillance of People with Intellectual Disabilities. This project is funded by the Centers for Disease Control and Prevention (CDC). The purpose of this project is to work with selected states that demonstrate potential for accessing health outcome data related to adults with an intellectual disability and to develop effective strategies for state-level surveillance in this population.
- Designed and implemented a new system for indexing DIDD policies and procedures for efficiency and consistency. Significant progress has been made in migrating existing Departmental policies to the new index.
- Collaborated with DIDD's web developer to design and implement a Policies and Procedures page on the DIDD's intranet site. This page will allow easy access for DIDD's staff to all policies and procedures.
- Proposed a strategy for maximizing federal financial participation for key Departmental initiatives, e.g., Project Titan and Network Accreditation: Person-Centered Excellence. Implementation of this proposal will result in cost avoidance for DIDD of approximately \$5,000,000.00.

Information Systems

The mission of the Information Systems Division is to support the ongoing business processes of DIDD and to identify and implement technological solutions that support organizational goals of maximizing operational efficiency and providing individuals with intellectual and developmental disabilities with an opportunity to lead healthy, secure, and meaningful lives.

Success Story

DIDD has embarked on an initiative to develop a single integrated database solution to address deficiencies in its aging information systems. These systems are used to track persons' supported demographic data, service authorization, billing information, case management, and incident and investigation data.

This initiative is called, Project Titan. During the initial phase of Project Titan, DIDD plans to achieve two main objectives:

1. Establish the necessary infrastructure and common framework needed to support a single integrated application system; and
2. Deploy the first modules of the new application, which will replace DIDD's current financial applications (e.g., CS Tracking, Provider Claims Processing, and People Tracking and Billing System (PTABS), and the Incident and Investigations system, and will establish an electronic Individual Support Plan.

DIDD has partnered with the newly formed Business Solutions Delivery (BSD) Unit within the Department of Finance and Administration. The BSD unit will provide Project Management support for this effort. In addition, DIDD received approval from the IT Assessment and Budget Review Committee in early June, and successfully acquired the software tools needed for this

implementation. The Project Team in conjunction with members of the BSD unit and Department of General Service's Central Procurement Office are currently engaged in securing an implementation vendor through the state's Request for Proposal (RFP) process.

Highlights and Accomplishments

- Partnered with TRICOR in order to share the cost of their TRICOR Inventory and Manufacturing System (TIMS). DIDD exchanged shared cost of TIMS for use of the system to support our warehouse and manufacturing operations in the regional offices. TIMS is a manufacturing and accounting system that allows DIDD to monitor and track inventory, and time and labor components within the regional Assistive Technology Clinics. By entering into an inter-agency partnership with TRICOR, DIDD was able to acquire a system that would have otherwise been unaffordable. DIDD successfully implemented the TIMS system in the clinical, maintenance, and central warehouses in the Middle region, as well as the central warehouse in the West region. Additional implementations in the remaining warehouses in the West and East regions are scheduled to be completed during FY 2012-2013.
- Completed changes to DIDD's billing systems in order to submit detailed claims to the Bureau of TennCare, and to allow DIDD's contracted providers to increase their claims billing frequency. By increasing the frequency of billing opportunities DIDD has allowed providers to have greater flexibility in how they manage their billing processes, and to have increased control over their cash flow for accounting and payroll.
- Implemented a new reporting tool to track Level 2 incidents within the Protection from Harm division. Previously, these incidents were tracked manually through a variety of spreadsheets. The new reporting tool provides the regional office staff with a system for reporting and tracking incidents that occur in the state operated Intermediate Care Facilities (ICF) facilities which do not meet the criteria for entry as a reportable incident in the Incident & Investigation system, but must still be reported for quality assurance purposes.
- Completed DIDD's email system migration to Microsoft Outlook. This migration kept DIDD in compliance with state requirements. This project was mandated and initiated by the Office of Information Resources.
- Completed the migration from the Novell Server to the Windows Server environment for all legacy applications. This migration ensured that critical business applications would continue to function once the Novell Server environment was discontinued as part of the state's long-term technology strategy.
- Completed Pharmacy System upgrade at the Green Valley Developmental Center. The pre-existing Pharmacy application had been inherited from the Department of Mental Health and was no longer supported by the technology vendor.
- Completed Legacy Systems 5010 Updates. This update ensured that DIDD's electronic billing systems remained in compliance with federal requirements.

Protection from Harm

The mission of the Protection from Harm Division is to significantly reduce the risk of abuse, neglect, exploitation and other incidents of harm to Tennesseans with intellectual and developmental disabilities. Through strategic planning and coordinated efforts, persons with intellectual and developmental disabilities will be able to achieve increased quality of life by leading safer lives. Protection from Harm has two Units: Incident Management and Investigations.

Highlights and Accomplishments

- Completed revisions to Chapter 18 of the *Provider Manual*. Three significant changes were made to Chapter 18. The revisions include: revising the administrative leave policy; eliminating the 59 second requirement for reporting manual restraints by requiring staff to report all manual restraints regardless of duration; and expanding the definition of exploitation to include exploitation of a person supported for personal gain or benefit. The newly revised chapter 18 went into effect June 1, 2012.
- Updated the Protection from Harm training modules to reflect changes in chapter 18 of the *Provider Manual*. The updated Protection from Harm training modules are available online and are being used for all upcoming trainings for providers, direct support professionals, and DIDD employees.

Incident Management

The Incident Management unit collects, reviews, and categorizes a variety of reportable incidents to track, trend, and respond to patterns.

Highlights and Accomplishments

- Regional Incident Management Coordinators began reporting to the Director of Incident Management for clinical oversight. This has allowed for important information to be shared quickly between the Regional and Central Offices and minimizes the potential for duplication of work efforts.
- Developed a process to begin documenting and tracking agencies that will be provided with technical assistance through the Regional Incident Management Coordinators. This will identify areas where improvements are needed in the incident management reporting system, leading to a better understanding of systemic issues, and helping to develop strategies for improvement.
- Revised the Reportable Incident Form. The previous Reportable Incident Form did not allow for reporting and tracking of specific reportable incidents. The revised Reportable Incident Form allows Incident Management to track and trend specific incidents, as well as provide more detailed information about an incident.
- Developed a Trending Data Report that is submitted monthly to the Deputy Commissioner of the Office of Policy and Innovation. This report identifies patterns and trends of specific incidents, allowing Protection from Harm to analyze the data regionally and statewide.

Incident Management Success Story

Tracking and trending incident data led to change and improvement for a woman named Lori who is supported by a provider that contracts with DIDD. Lori engages in intense challenging behaviors, and has a very complicated medical history. During the past year, DIDD received approximately five reportable incident forms related to Lori every month. The majority of incidents involved the use of manual restraint, mechanical restraint, hospitalization, or protective equipment. Throughout the year, approximately sixty-five percent of all reportable incidents received involving Lori reported the application of protective equipment.

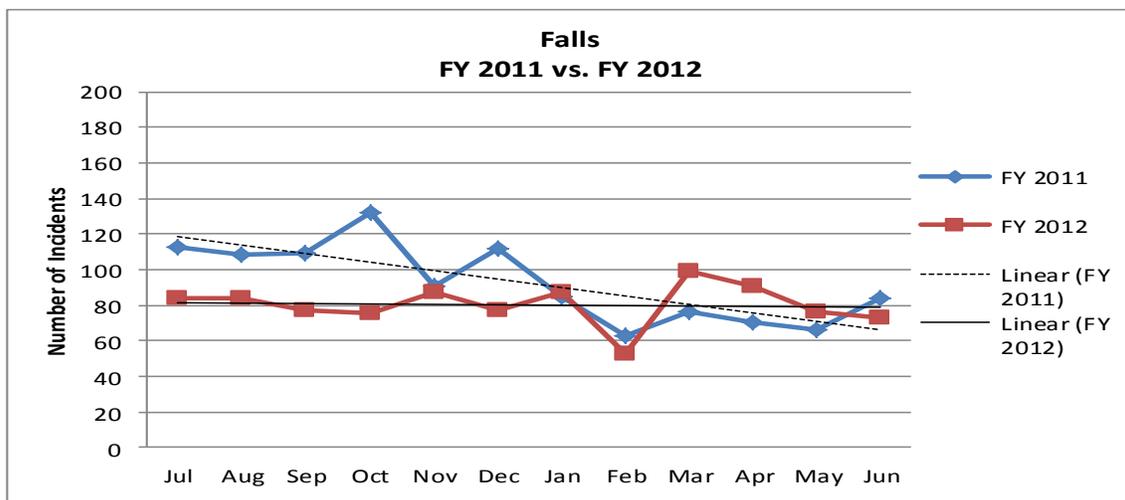
The Incident Management Tracking System revealed that there were as many as 14 incidents in a single month for the application of protective equipment. Incident Management staff notified appropriate clinicians and professionals who supported Lori. This group worked together to evaluate the services being provided to Lori. As a result of this collaborative effort, new assessments and behavior support plans were completed and implemented. The treatment plans were revised and Lori showed remarkable improvements. Within one year, the tracking system showed there was a fifty percent decrease in reportable incidents for Lori. Lori's quality of life improved as there were half as many challenging incidents occurring in her life.

Data

The following charts are Trending Data Reports submitted monthly to the Deputy Commissioner of the Office of Policy and Innovation. It is important for DIDD to track and trend specific incidents and interventions to ensure the safety of persons supported. Additionally, data tracking and review allows for identification of needed interventions across the state.

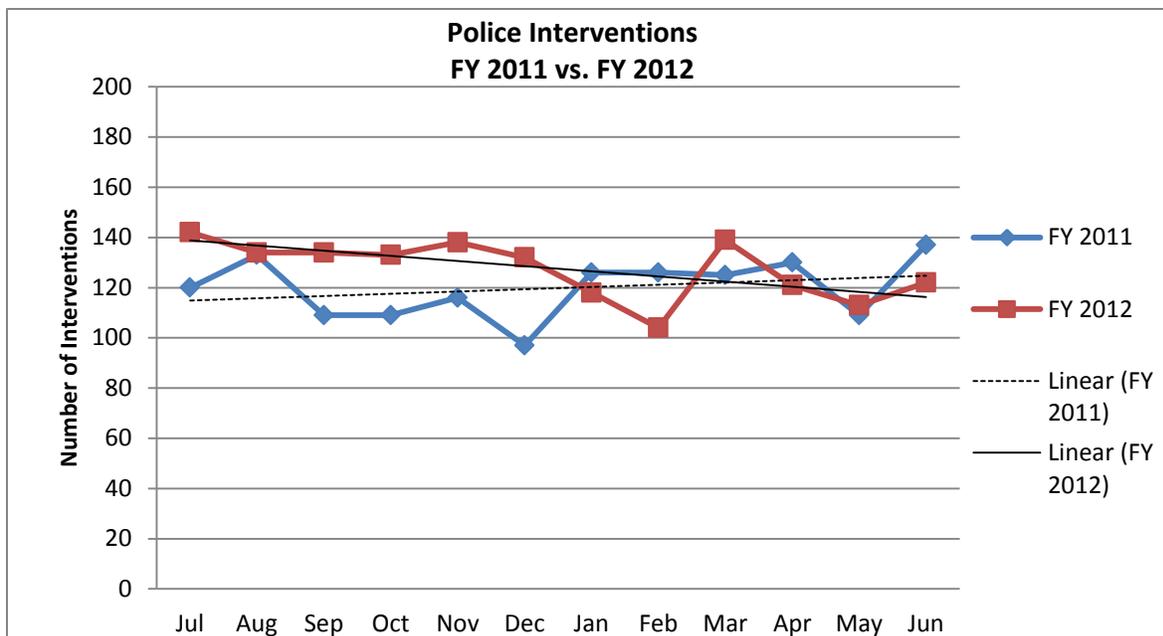
The following graph indicates that incidents of falls across the state decreased, following the same pattern from the previous fiscal year. The decrease in falls may be attributed to the Fall Prevention classes that have been provided to contracted providers on an ongoing basis over the last two years.

Chart 1: Falls from FY 2011 thru FY 2012



The Police Interventions chart for the FY 2011-2012 highlights a variance between the FY 2010-2011 and FY 2012. In FY 2010-2011, there was an increasing trend of incidents that included police involvement. However, in FY 2011-2012 the pattern began to shift downward. This downward trend may be attributed to the concerted statewide effort by regional behavior analysts providing assistance and support to providers when police intervention was utilized during an incident. The incidents were tracked for individuals who engage in challenging behaviors. Regional Behavioral Analysts then were able to support identified contracted providers by delivering behavioral interventions and technical assistance where needed. By identifying patterns such as these, the Protection from Harm system can allocate resources and develop strategies to assist providers as they support people with intellectual disabilities.

Chart 2: Police Interventions FY 2011 thru FY 2012



Investigations

The Investigation unit serves to quickly respond to allegations of abuse, neglect and exploitation by paid caregivers, and produce quality and timely investigative reports to the provider community that are useful in further reducing risks. The unit also works to remove abusive individuals from providing care through referrals to the state's Abuse Registry. In each of the three regions there are 15 investigators led by a senior investigator. Investigations are monitored on a quarterly basis by the State Quality Management Committee.

Highlights and Accomplishments

- Investigations staff attended a training to learn about challenging behaviors and appropriate crisis management techniques. This training was important for investigators because many investigations involve incidents where people with intellectual disabilities engage in challenging behaviors that place them and others at risk of harm. During an investigation, it is critical for an investigator to be familiar with appropriate behavior management techniques that are part of the person's behavior support plan to understand whether or not proper techniques were used by the implicated staff.

DIDD Office of Quality Management

The Office of Quality Management includes the functions of Quality Assurance, Compliance, Fiscal Accountability Review (FAR) and ICF/IID Quality Improvement. In addition to these areas, this office oversees the DIDD Quality Management System which exists to provide a comprehensive systemic mechanism for ensuring that persons are offered services and supports that are person-centered and of high quality.

The Quality Assurance Unit of the DIDD is responsible for surveying contracted community-based providers to determine levels of performance related to the quality of services provided. Types of providers surveyed include those that provide day, residential, personal assistance, support coordination and clinical services. Survey data collected is used to assist in determining the level of quality across the service delivery system and make decisions about provider viability. This data is also incorporated into the DIDD quality management reports for distribution to interested persons.

The survey instruments that are used have been developed by the DIDD in conjunction with the Bureau of TennCare, the Centers for Medicaid Services and other stakeholders and are based on a set of quality outcomes and indicators that measure performance. Generally providers are surveyed annually with the exception of independent clinical services providers who are surveyed every three years. Regional Quality Assurance surveyors conduct the surveys.

What Providers are Saying

The current survey process and accompanying tools have been in use for eight years. Over the course of that time DIDD has seen continuous improvement in provider performance in the majority of agencies that are surveyed. Numerous agencies have become very positive over the years regarding their involvement in the survey process. This has been evidenced by comments such as the following that were made by providers during FY 2011-2012:

“As always, we appreciate the wonderful partnership that our agency and DIDD have maintained over the years. It is an honor and privilege to work with QA staff. The survey team conducted themselves with professionalism and in a supportive manner.”

“The survey team is concise, respectful and very business-like.”

“We appreciate the positive and corrective feedback received during and after the review. This motivates us to continue to make our best efforts to serve our persons to the best of our ability.”

Highlights and Accomplishments

From across the state, the Office of Quality Management has seen numerous examples of improvement within provider's services and supports:

- After the Quality Assurance (QA) survey, provider management staff began to track and resolve internal operations issues and by the next survey progressed from a performance level of Significant Concerns to Proficient performance.
- A provider hired new staff into key positions which led to improvements in oversight in supports and services. They implemented changes to internal processes based upon their own self-assessment data and utilized QA as an opportunity to address or implement changes.
- A provider that began with the person centered values participated in the Person Centered initiative. Through this process the provider improved in all aspects of service provision but specifically embraced the concepts to fully immerse individuals within the community and ultimately become a Star provider.
- A clinical provider progressed from a Fair performance rating to Exceptional Performance when the provider fully adopted a computerized system for all notes and monthly reviews which included clinical oversight.
- A provider went through the Good-to-Great program and as a result restructured many administrative functions and systems over the past two years. These changes have resulted in the provider performance rating increasing from Fair to Proficient.
- A provider has a very strong quality assessment and improvement planning process that is foundational to performance, resulting in an improvement from Proficient to Exceptional Performance.

Data

During FY 2011-2012, Quality Assurance conducted and analyzed 194 provider reviews directed toward improvement of services throughout the system.

The survey tools continued to focus on ten Quality Assurance Domains and related Outcomes, applied as applicable based upon the type of services given by a provider.

Domains:

Access and Eligibility	Individual Planning and Implementation
Safety and Security	Rights, Respect and Dignity
Health	Choice and Decision-Making
Relationships and Community Membership	Opportunities for Work
Provider Capabilities and Qualifications	Administrative Authority and Financial Accountability

Data obtained from these Quality Assurance reviews is used in a variety of ways including: facilitating positive change, promoting provider improvement and in Departmental planning.

Chart 1: Quality Assurance Performance Levels Across Years:

Quality Assurance Performance Levels cumulatively across all provider types across multiple fiscal years are shown in the chart below.

- The category of Exceptional Performance continues to show overall trends toward increased performance with subsequent reductions in both Proficient and Fair performance levels.
- A slight increase is noted in the percentage of providers performing in the category of Significant Concerns; however, again in FY 2011-2012 there were no providers performing in the Serious Deficiencies category.

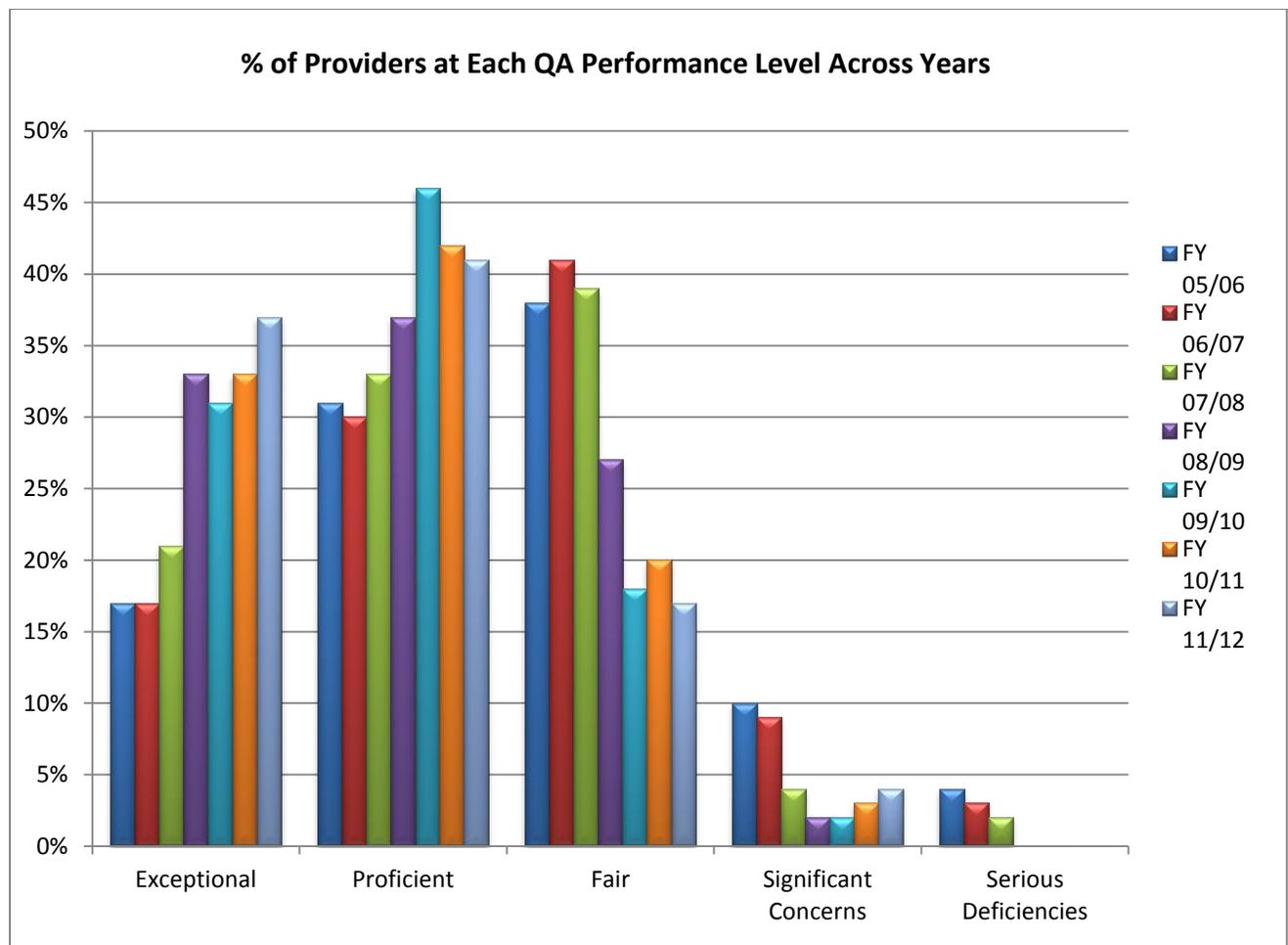


Chart 2: Number of Quality Assurance Surveys Completed, FY 2011-2012

The table below represents the distribution of the 194 Quality Assurance surveys conducted among the various provider types in FY 2011-2012. Quality Assurance surveys are conducted for the various types of providers annually, except for independent clinical providers (which may be surveyed every three years) and providers achieving either three-star or four-star status, the designation of which allows for these providers to be surveyed every other year.

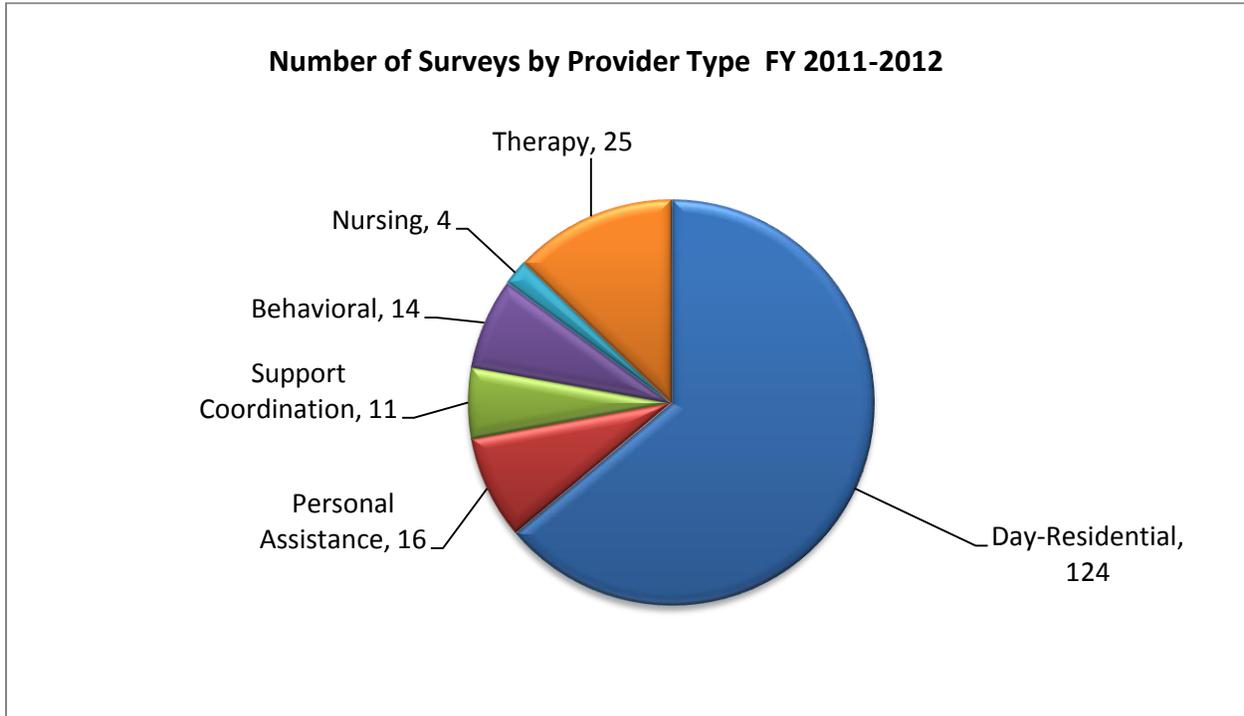
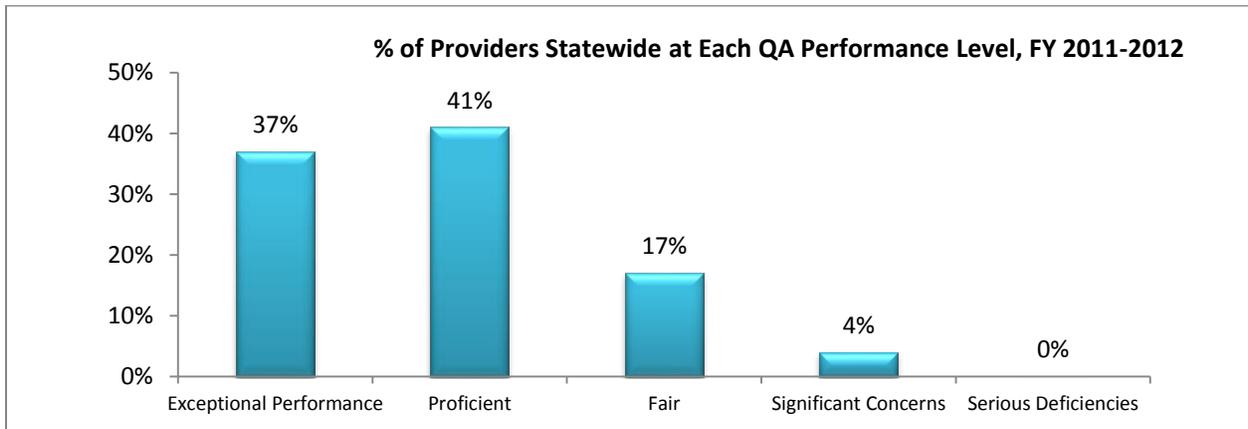


Chart 3: Percentage of Providers at Each Quality Assurance Performance Level

The chart represents the distribution of performance levels across all provider types for FY 2011-2012. In comparison, the percentage of providers achieving Exceptional Performance has increased from thirty-three percent in FY 2010-2011 to thirty-seven percent in FY 2011-2012. There has been a slight overall reduction in the percentage of providers performing in the Proficient and Fair categories.



HCBS Waiver Performance Reviews

The QA Unit is also responsible for conducting individual record reviews to determine compliance with CMS-approved performance measures in the assurance areas of Level of Care, Health and Welfare and Service Plans. During FY 2011-2012 the QA Unit conducted 896 reviews, utilizing a random sampling process for each of the three approved waivers.

The QA Unit also conducted reviews for the Qualified Provider assurance area as a part of the provider performance reviews.

The Compliance Unit

The Compliance Unit oversees the collection, analysis and distribution of data related to services and supports provided by DIDD. This includes data about census, waiting list, service authorizations, incidents and investigations, complaints, appeals, quality assurance surveys and CMS performance measures. This unit is also responsible for assuring that all required contract deliverables related to the three waiver programs are submitted to the Bureau of TennCare timely and correctly.

The unit also produces the Quality Management Report on a monthly basis. This report is used by DIDD and the Bureau of TennCare management to ensure statewide compliance on an ongoing basis with the Centers for Medicare and Medicaid Services.

The Compliance Unit produces the DIDD Data Management Report (DMR) on a monthly basis. This report is a collaborative report with information submitted by various disciplines throughout DIDD. Data for census, waiting list, service requests and authorizations, Protection from Harm statistics and Quality Assurance surveys are compiled for systems review. The data is also analyzed quarterly for noted trends.

Highlights and Accomplishments

- Secured increased levels of compliance with required performance levels in the Home and Community Based Services Waiver program outcome measures through continued review and follow up with appropriate DIDD staff.

The Fiscal Accountability Review Unit

During FY 2011–2012, the Fiscal Accountability Review (FAR) Unit was transferred to the Office of Quality Management. The FAR is responsible for conducting monitoring of contracted providers to assure that billing to and payments from DIDD are supported by the provider's documentation of provided services. This monitoring is required for all providers that bill for services in excess of \$300,000 per year. FAR also reviews for compliance with the state's Policy 22 requirements as well as for provider solvency and other special tests such as public accountability, board minutes, Title VI compliance, subcontracting, personal funds and Deficit Reduction Act compliance.

Quality Improvement DIDD Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

The Quality Improvement (QI) Liaison provides technical assistance to DIDD's ICF/IID home providers and the Harold Jordan Center. Assistance is provided for preparation for initial and annual federal and state ICF/IID program establishment and funding certification. Technical assistance is also rendered for federal court requirements and court mandated external reviews of DIDD providers. The ICF/IID liaison is also responsible for the oversight of data compilation from quality improvement internal reports. These internal reports provide data regarding person centered practices and outcomes achieved at DIDD's ICF/IID home providers and the Harold Jordan Center. Reports are ultimately analyzed by the ICF/IID office for trends related to the quality of services and supports. Guidance is also provided in the development, revision and/or implementation of policies, procedures and operations in regards to ICF/IID requirements that DIDD develops.

Highlights and Accomplishments

- A collaborative project with the Department of Health (DOH) ICF/IID survey teams to build an information sharing protocol between DIDD and DOH. Survey reviews and results, along with corrective action plans were provided by DOH to DIDD for both Private ICF/IID facilities and Departmental ICF/IID facilities. This new information sharing effort is now extended to the providers so that standards that were cited out of compliance most frequently and the solutions created to solve systemic issues can be analyzed and trended collectively.
- With the assistance of the DIDD Central Office ICF/IID Liaison, Regional ICF/IID QA staff began implementing peer reviews among themselves at their respective providers during FY 2011-2012 year to achieve consistency in the methods in which internal QA surveys are conducted. QA staff utilized the previously developed internal quality assurance tool that mirrored the survey instruments for the HCBS Waiver surveys used by Regional Office quality assurance staff.
- The DIDD Central Office ICF/IID Liaison met several times with DIDD ICF/IID Administrators over FY 2011-2012 year to assist in the formulation of statewide policies to establish consistency and prevent regional "drift". Thirteen statewide DIDD ICF/IID policies have been approved.
- The Quality Review Panel (QRP) reviewed paragraphs IV, V and IX in the Clover Bottom, et.al. vs Department of Justice lawsuit for the first time in several years at Greene Valley Developmental Center and Harold Jordan Center. Both providers had already exited paragraphs VI and VII (which applied to institutional services) in previous years. Final reports from the QRP were complimentary of services with very few recommendations rendered as a result of these reports.