



The State of Tennessee

Department of Finance and Administration

Division of Intellectual Disabilities Services

Annual Report July 1, 2009 – June 30, 2010





**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF INTELLECTUAL DISABILITIES SERVICES
ANDREW JACKSON BUILDING
500 DEADERICK STREET, 15th FLOOR
NASHVILLE, TENNESSEE 37243**

Dear Reader:

The Division of Intellectual Disabilities Services (DIDS) is the state agency responsible for services for Tennesseans with intellectual disabilities. Programs designed by DIDS are provided with funding from state revenues as well as various grants and federal Medicaid Waiver monies. In an effort to be transparent and to provide information to stakeholders the DIDS Compliance Unit created the Annual Report.

The purpose of the annual report is to present performance based data about the Division's various service delivery systems. Where possible, data from Fiscal Year 2009–2010 is trended with data from the previous two fiscal years. The narrative and data, when taken together, should provide the reader with an extensive overview of the DIDS program.

It is my hope, as the DIDS Deputy Commissioner, that you will find this Annual Report to be informative and useful.

Sincerely,

A handwritten signature in black ink, appearing to read "James R. Finch".

James R. Finch, Ed.D., Deputy Commissioner
Division of Intellectual Disabilities Services

The State of Tennessee is an equal opportunity, equal access, affirmative action employer.

Table of Contents

ANNUAL REPORT OVERVIEW --- FY 2009 - 2010	1
Fiscal Year 2009-2010: A Year of Transition.....	1
Person-Centered Practices	2
Budget	3
Leadership Changes	3
CMS’ Renewal of Home and Community Based Services Programs	3
Tennessee Family Support Program.....	3
THE PEOPLE DIDS SERVES	7
People in the Community.....	7
People in Developmental Centers.....	8
Waiting List.....	9
Waiting List Demographics	10
Where the Money Goes	11
Waiver Program Expenditures	11
Family Support Services Program.....	12
Residential Services	13
QUALITY IMPROVEMENT – AN ORGANIZATIONAL MINDSET	15
Regulatory Relief	15
Employment Opportunities	15
Resource Centers	15
Behavioral Services.....	16
Quality Assurance.....	17
Integration of Processes	17
Star Award Program.....	17
Quality Assurance Feedback Questionnaires	17
Pursuit of Grant Funding	17
Working Smarter.....	18
Policy Development	18
Data Driven Decisions	18
Outreach Programs	19
DIDS Office of Consumer and Family Services	19
Consumer Experience Surveys.....	20
Staff Development.....	20
Health Supports	22
Nursing Services	22
Assessment.....	22
Technical Assistance/Training/Education	22
Assurance	22
Mortality.....	22

Death Rate	22
Death Reviews	23
Status of Federal Lawsuits.....	23
United States v. State of Tennessee (Arlington).....	23
People First v. Clover Bottom.....	24
Brown et. al. v. Tennessee Department of Finance and Administration	24
SERVICE SYSTEM PERFORMANCE AND ANALYSIS.....	25
Quality Assurance Reviews.....	25
Review of Data Resulting from QA Review in Fiscal Year 2009-2010	25
HCBS Waiver Performance Reviews.....	28
Protection from Harm.....	28
Complaint Resolution System.....	29
The Incident Management System	30
The Investigation System.....	32
SUMMARY	35
The Year in Review	35
Looking to the Future.....	35

Tables

Table 1: DIDS Census by Program per Month.....	7
Table 2: Persons on Waiting List for Waiver Services by Category	9
Table 3: Family Training in FY 2009-10.....	20
Table 4: Death Rates (Unadjusted).....	22

Charts

Chart 1: Tennessee Family Support Program –Disabilities Served by Percentage.....	5
Chart 2: DIDS Census Receiving Services at End of FY 2010	8
Chart 3: Statewide DIDS Developmental Center Census	8
Chart 4: DIDS Wait List Census through FY 2010	9
Chart 5: DIDS Wait List Census for Waiver Services at End of FY 2010	9
Chart 6: Waiting List Demographics for Waiver Services – June 2010**	10
Chart 7: Division Expenditures	11
Chart 8: Provider Waiver Billing.....	12
Chart 9: FY 2009-10 Tennessee Family Support Program Summary	13
Chart 10: FY 2009-10 Family Support Program Expenditures by Service Type	13
Chart 11: Residential Services – Single Person Placements.....	14
Chart 12: Residential Services – Single Person Placements by Level of Need	14
Chart 13: Quality Assurance Performance Levels Across Years.....	26
Chart 14: Number of Quality Assurance Surveys Completed FY 2009-10.....	26
Chart 15: Quality Assurance Performance across Regions	27
Chart 16: Quality Assurance Performance Levels by Provider Type.....	27
Chart 17: Domains Statewide, Percentage of Providers in Substantial Compliance across Years	28
Chart 18: Complaints Filed by Source.....	29
Chart 19: Complaints Filed by Issue.....	29
Chart 20: Average Monthly Rate of Incidents per 100 People	31
Chart 21: Average Monthly Serious Injury Rate per 100 People	32
Chart 22: Substantiated Investigations of Abuse, Neglect and/or Exploitation Rate.....	32
Chart 23: Validated Reportable Staff Misconduct Allegations Rate	33

ANNUAL REPORT OVERVIEW --- FY 2009 - 2010

The Division of Intellectual Disabilities Services (DIDS) is responsible for services and supports for Tennesseans with intellectual disabilities. Its constitutional authority derives from the general welfare clause of the Preamble of the U.S. Constitution, and the common benefit clause of Article I Section 2 of the Tennessee Constitution. Its legislative authority derives from Title 33, Chapter 5 of the Tennessee Code Annotated.

The Division's mission is to lead the state in developing and maintaining a system of supports and services for persons with intellectual disabilities which corresponds to its vision that those Tennesseans will have healthy, secure and meaningful lives surrounded by family and friends in their community.

The Division is led by Deputy Commissioner James R. Finch, Ed.D. under the direction of the Department of Finance and Administration. Programs designed by DIDS are financed from state revenues, grants and federal Medicaid Waiver monies. The state Medicaid Agency, the Bureau of TennCare, provides oversight for the DIDS Home and Community-Based Medicaid Waivers through its Division of Developmental Disability Services. The Medicaid Waiver programs are sanctioned and monitored by the federal Centers for Medicare and Medicaid Services (CMS).

The Division operates across Tennessee with Regional Offices in the three grand divisions of West, Middle and East Tennessee. The DIDS Central Office, based in Nashville, provides direction for programs, as well as administrative support to the Regional Offices. The programs DIDS oversees are Family Support Services and three community-based waiver programs funded with state and federal resources. In addition to community-based services, the Division operates three Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and 12 four-person homes. The intermediate care facilities are located one per region: Arlington Developmental Center in Arlington (West), Clover Bottom Developmental Center in Nashville (Middle), and Greene Valley Developmental Center in Greeneville (East). The 12 community homes, each licensed as an ICF/MR, are located in the Arlington area of West Tennessee.

FISCAL YEAR 2009-2010: A YEAR OF TRANSITION

The fiscal year began with a change in name from Department of Finance and Administration Division of Mental Retardation Services to Division of Intellectual Disabilities Services. This reflected national moves to strike the term "mental retardation" from programs serving persons with intellectual disabilities.

As system-wide service delivery progressed toward a community-based, person-centered culture in the developmental center and community arenas, the number of people residing in large, institution-like facilities declined.

- ✧ Among the ICFs/MR, Arlington Developmental Center moved toward closure in 2010 as construction of 12 state-owned and operated community homes was completed and Arlington residents occupied them
- ✧ In East Tennessee, construction on five community homes neared completion for residents of Greene Valley Developmental Center
- ✧ Meanwhile, the Division announced plans to close Clover Bottom Developmental Center and began intensive efforts to assist implementation of its residents' decisions to move into either waiver-supported community programs or smaller community ICFs/MR

Options for community services remained viable as the Statewide and Arlington waivers were renewed in compliance with the Centers for Medicare and Medicaid Services (CMS) requirements focusing on resolution of individuals' issues and systemic changes to improve overall services quality.

Challenges were faced by the Division as availability of state revenues failed to meet budgeted levels, and top Division leadership changed. Budgetary pressure to reduce services costs led to consideration of companion reductions in regulatory burdens on providers.

Highlights of DIDS activities during Fiscal Year 2009-2010 include:

Person-Centered Practices

In FY 2008-09, DIDS 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. DIDS continued moving toward a person-centered system of support in FY 2009-10 to realize success for people using services.

This initiative is funded by the Tennessee Council on Developmental Disabilities and Centers for Medicare and Medicaid Services (CMS) Real Choice Systems Change grants. The effort is facilitated by Supports Development Associates and the National Association of State Directors of Developmental Disability Services. Three residential waiver service providers and their associated partners, including Independent Support Coordinators, DIDS Regional Office staffs, advocates and DIDS Central Office staff, complete training, receive support and on-the-job learning and implement Person-Centered Tools and Skills to determine what Tennessee's barriers are to being a Person-Centered System. When barriers are identified, they are categorized and participants begin action-planning to remove the barriers.

As a result of this program's learned processes, DIDS has made several changes in its requirements for:

- ✧ Individual Support Plan organization and content
- ✧ Plan Implementation Communication Tool (PICT)
- ✧ Person-Centered Outcomes and Action Steps that meet Regulatory Requirements training module
- ✧ Assessing Risk using Person-Centered Thinking tools and skills

In addition, use of Positive and Productive meeting techniques has become standard practice for most DIDS meetings.

A priority for DIDS this year has been building training capacity within the state for the program. Seven people, including ISCs, DIDS staff and provider employees, became Credentialed Trainers for Person-Centered Thinking Training. These people have become the driving force in expanding the initiative statewide among all services and support coordination providers. Training for Person-Centered Thinking is now offered monthly in each region. Self-advocate training, "People Planning Together", was also introduced, and there are 13 people credentialed to provide this training to self-advocates statewide.

Person-Centered Thinking and Practices evolved to be a cornerstone of DIDS' 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.

Budget

The State Budget for FY 09-10 was \$29.9 billion of which \$835.6 million was allocated for DIDS operations. This included \$6.1 million in supplemental appropriations for Community Services Network of West TN. Actual expenditures, however, totaled \$857.4 million or 2.6% over budget. The State budget also included \$2.5 million in capital project funding for planning for the West and Middle Regional Offices and \$1.8 million in capital maintenance funding for Clover Bottom and Greene Valley.

Leadership Changes

Following retirement of Deputy Commissioner Stephen H. Norris in October 2009, less than a year before gubernatorial elections, an interim deputy commissioner was followed by James R. Finch, Ed.D. as the new deputy commissioner in March 2010. Management changes also extended to Assistant Commissioner as well as other senior level directors and managers in the Central and Regional Offices and Developmental Centers.

CMS' Renewal of Home and Community Based Services Programs

Two of the State's federally-funded Home and Community Based Services waiver programs, the Statewide Waiver and the Arlington Waiver, expired in December 2009. The Centers for Medicare and Medicaid Services (CMS) extended the programs nearly six months while evaluating the State's performance history and other supporting documentation submitted with renewal applications. At stake during the delay were service definition changes to allow DIDS to reduce costs of providing certain services and thus meet state budget reduction requirements.

In June 2010, CMS approved a five-year renewal of both programs. DIDS and TennCare immediately completed work on amendments to the waivers and the Self-Determination waiver to harmonize all three on service definitions and performance measures.

Tennessee Family Support Program

The Family Support Program was initially established in 1989 by the Department of Mental Health and Developmental Disabilities Division of Mental Retardation Services with an annual allocation of \$108,000. The Program is designed to support persons with severe and developmental disabilities to remain with families in their home and local communities. The Program was formalized in 1992 with the General Assembly passage of legislation (Tennessee Code Annotated, Sections 33; 33-1-101 and 33-5-201 through 33-5-211).

The Family Support Program is based on a strong volunteer foundation, using more than 200 statewide volunteers. A State Family Support Council assists the Division in setting program policy, providing program oversight, and resolving program implementation issues. The State Council is comprised of 15 members appointed by the Division, most of who are persons with severe or developmental disabilities or their parents or primary care givers. Local and District Councils provide program oversight.

The Family Support Program is administered at the local level through contracts with private, non-profit agencies competitively bidding for the opportunity to participate. The Program is available in all 95 counties with each county having a population-based monetary allocation. A minimum allocation is set for those counties with small populations.

Historically, the Family Support Program has been funded with recurring state appropriations. Over the two decades of the Program's operation, annual budget allocations gradually increased until peaking at \$7.6 million in FY 2005. However, the Program is now facing possible elimination. Because the

administration leveraged one-time American Recovery and Reinvestment Act federal stimulus funds throughout the state in FY 2009-10, state money was made available to fund the Family Support Program.

Threatened with elimination, the Program's survival was supported by grassroots efforts to educate state legislators about Program successes. The Family Support agencies, volunteer Council members, persons served and their families wrote many letters to Legislators, spoke on local radio stations, and interviewed at local news stations.

The Division continues to promote state funding for this cost-effective program because:

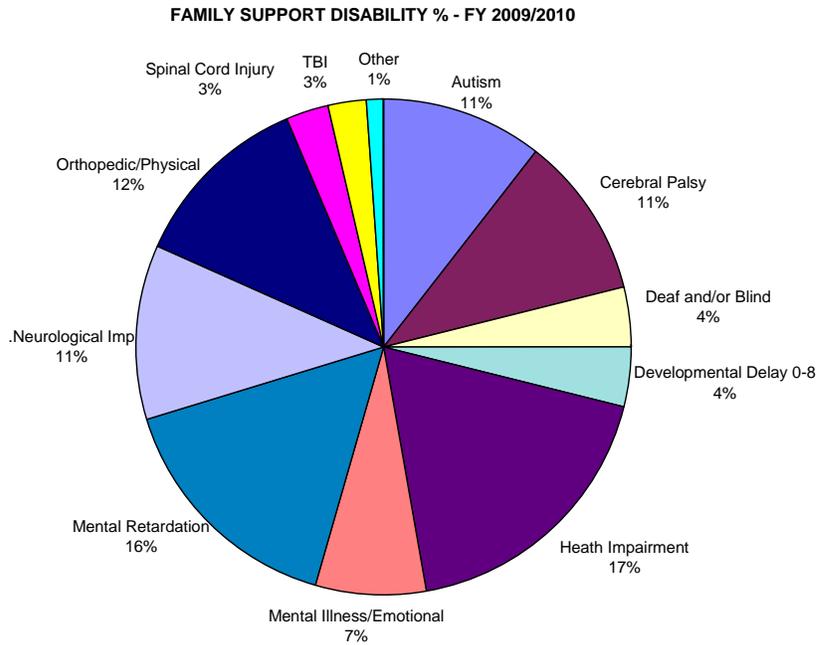
- ✧ Family Support is the only program in Tennessee providing services to persons of all ages with all types of disabilities. Persons supported by the Program have disabilities such as autism, cerebral palsy, deafness and/or blindness, developmental delay, neurological impairment, orthopedic impairment, spinal cord injuries, and traumatic brain injury
- ✧ Of the 4,156 persons who received services from the Family Support Program in FY 2009-10, most had disabilities that would not qualify them for other programs. Those with intellectual disability who received support from the Program may be on the waiting list for Home and Community Based waiver services but do not meet "crisis" criteria needed to receive priority for those services. The Family Support Program itself has a waiting list of over 6,200 persons
- ✧ The Program receives overwhelmingly positive reviews from persons supported by services and their families
- ✧ The Program is very cost-effective:
 - The average cost of services received per individual during FY 10 was \$1,302
 - By helping people remain with their families in their homes and local communities, the Program minimizes risks that families must seek more costly services outside of the family setting such as nursing homes

Other Family Support Program accomplishments were:

- ✧ Family Support agencies developed a website for the agencies and people served by the Program and their families – <http://www.tnfamilysupport.org/>
- ✧ District and State Council volunteers conducted programmatic monitoring visits for seven agencies, resulting in recommendations for the agencies to improve outreach efforts and assure all required forms are filed and signed
- ✧ Nineteen agencies underwent a DIDS fiscal audit with good results. Two agencies had recommendations to utilize the service categories in the Family Support Guidelines
- ✧ The State Family Support Council met four times to give guidance and oversight to the Tennessee Family Support Program
- ✧ The nine Family Support District Councils and 22 Local Councils met quarterly to provide oversight to contracted agencies
- ✧ The State Family Support Council revised the Family Support Guidelines to include:
 - Changes to quarterly reporting form and Service Plan
 - New form for Medical Travel
 - Instructions for who can/cannot provide respite or personal assistance services

- ✧ Directions that individuals receiving services under any waiver must be placed at the bottom of the Family Support waiting list
 - DIDS Family Support Program staff provided training in each of the nine developmental districts on the history of the Family Support Program – “*Yesterday and Today*”. Approximately 40 volunteers attended these trainings. Also about 70 participants from 10 Local Councils received this overview.

Chart 1: Tennessee Family Support Program –Disabilities Served by Percentage



THE PEOPLE DIDS SERVES

PEOPLE IN THE COMMUNITY

DIDS contracts with approximately 470 service providers to provide a range of supports in community residence settings, the funding for which comes from federal, state, and local resources. Federal and state-funded Home and Community-Based waiver programs enable the state to use Medicaid funds to provide services to more than 7,400 individuals. DIDS, in partnership with the Bureau of TennCare, operates these waivers. The federal government provides 63 percent of this funding, and the state government provides the remaining 37 percent.

A new residential alternative in Tennessee for persons who choose to live in community settings are state-owned and operated four-person community homes, which are licensed as Intermediate Care Facilities for the Mentally Retarded (ICF/MR). A total of 48 Arlington area persons are in the process of moving into 12 West Tennessee Community Homes. Five of a projected 16 East Tennessee Community Homes are nearing completion and will serve a total of 64 Greeneville area residents. Nine community homes are projected for future construction in Middle Tennessee to serve a total of 36 residents.

The state government also provides funding for more than 4,000 persons in the Family Support program. Local organizations such as the United Way and individual contributors provide additional support to local service providers. The Medicaid Waiver program, however, is by far the largest source for funding services.

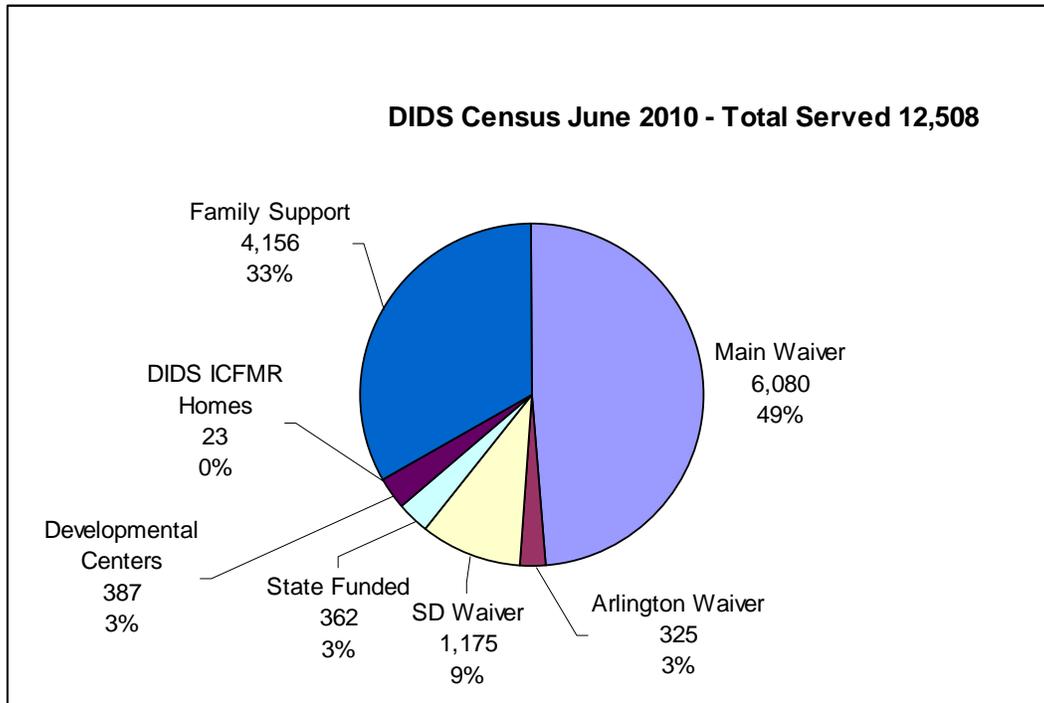
The following table gives specific monthly census numbers of persons enrolled in each DIDS community program during FY 2009-10. The chart on the following page shows the distribution of the census for DIDS community programs.

Table 1: DIDS Census by Program per Month

	Jul 2009	Aug 2009	Sep 2009	Oct 2009	Nov 2009	Dec 2009	Jan 2010	Feb 2010	Mar 2010	Apr 2010	May 2010	Jun 2010
Main Waiver	6,067	6,068	6,062	6,058	6,058	6,053	6,031	6,048	6,050	6,056	6,062	6,080
Arlington Waiver	317	316	319	322	324	323	321	319	320	320	322	325
SD Waiver	1,199	1,198	1,187	1,190	1,182	1,177	1,177	1,177	1,168	1,174	1,170	1,175
State Funded	374	372	376	385	377	384	385	382	377	371	358	362
Public ICF/MR Community Homes	12	12	12	12	12	12	12	12	12	12	16	23
Developmental Centers	444	442	441	432	426	422	421	417	415	413	399	387
Family Support*			2,769			3,235			3,577			4,156
Census Total	8,413	8,408	11,166	8,399	8,379	11,606	8,347	8,355	11,919	8,346	8,327	12,508

*Note: Family Support (state-funded) census is only updated quarterly.

Chart 2: DIDS Census Receiving Services at End of FY 2010

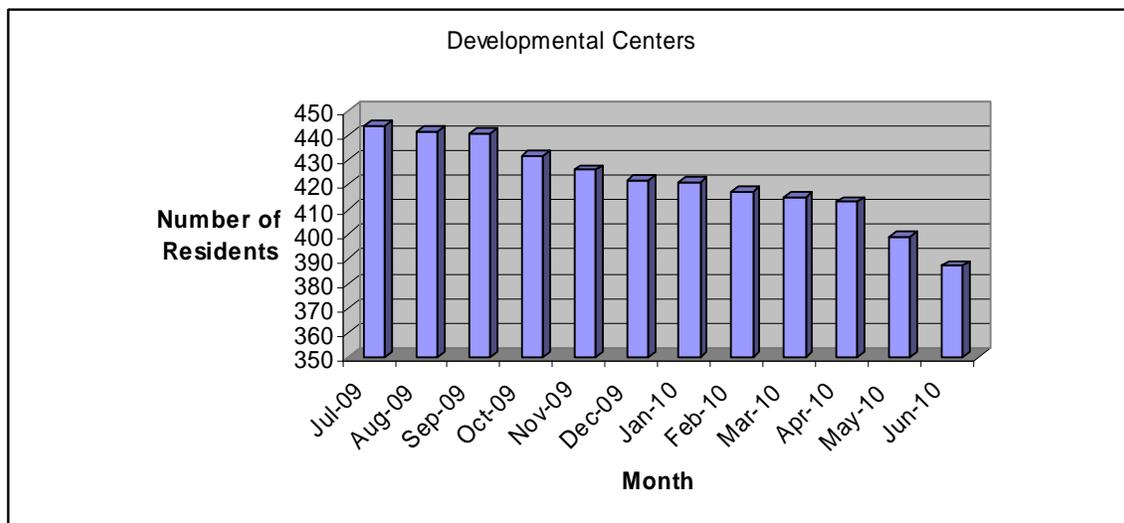


PEOPLE IN DEVELOPMENTAL CENTERS

The three developmental centers, Greene Valley Developmental Center, Clover Bottom Developmental Center and Arlington Developmental Center, are located in each of the state’s three grand divisions. In addition, the Harold Jordan Center on the Clover Bottom Developmental Center campus is a facility for persons with intellectual disabilities who have been charged with a crime.

In accordance with federal lawsuits (Clover Bottom lawsuit Settlement Agreement and Arlington lawsuit Remedial Order), DIDS continued through FY 2009-10 to assist those in all three developmental centers and Harold Jordan to move to community-based residential settings. The result was a net decrease in developmental center residents of 57 persons.

Chart 3: Statewide DIDS Developmental Center Census



WAITING LIST

The Division manages a waiting list for individuals seeking Medicaid waiver services. Individuals are assessed and prioritized to receive services based on criticality of need. Each of the four level of need categories (crisis, urgent, active, and deferred) has specific criteria applied to an individual's unique situation. People in the crisis category are given priority for waiver program enrollment.

During FY 2009-10, the Division experienced a phenomenon shared nationally, which is persons with intellectual disabilities are living longer and their family caregivers are aging. As a result, waiting lists for supports in the community are growing. Overall, a net 400 additional persons were added to Tennessee's waiting list in FY 2009-10.

Table 2: Persons on Waiting List for Waiver Services by Category

	Jul 2009	Aug 2009	Sep 2009	Oct 2009	Nov 2009	Dec 2009	Jan 2010	Feb 2010	Mar 2010	Apr 2010	May 2010	Jun 2010
Crisis	51	64	70	66	81	75	71	69	69	77	91	84
Urgent	713	707	725	724	732	736	730	742	751	751	749	751
Active	4,257	4,260	4,297	4,329	4,357	4,374	4,391	4,415	4,440	4,460	4,459	4,474
Deferred	995	1,006	999	1,007	1,017	1,033	1,039	1,044	1,064	1,096	1,104	1,107
Total	6016	6037	6091	6126	6187	6218	6231	6270	6324	6384	6403	6416

Chart 4: DIDS Wait List Census through FY 2010

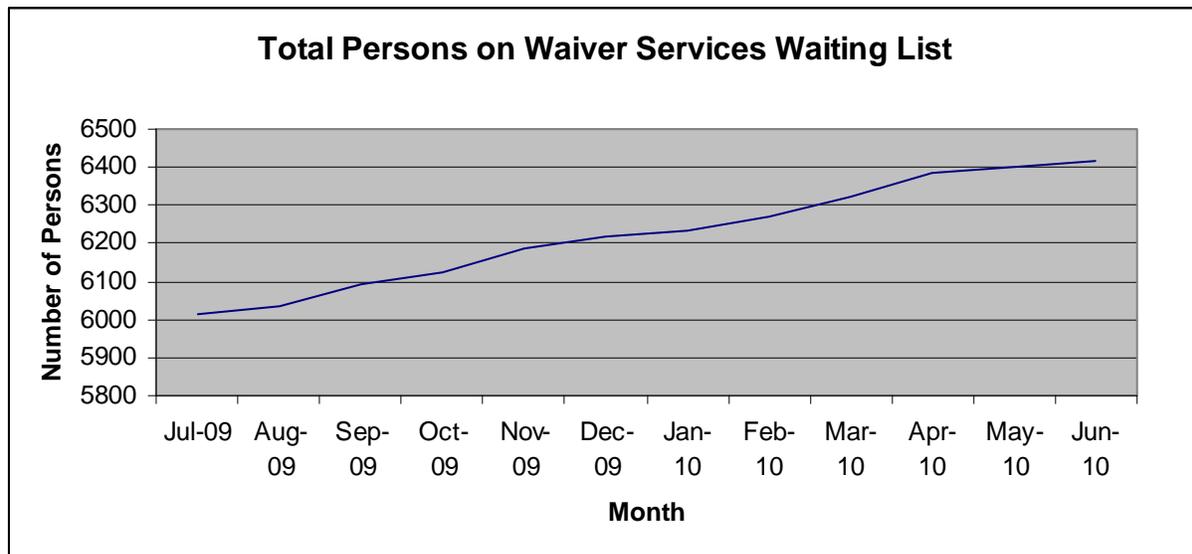
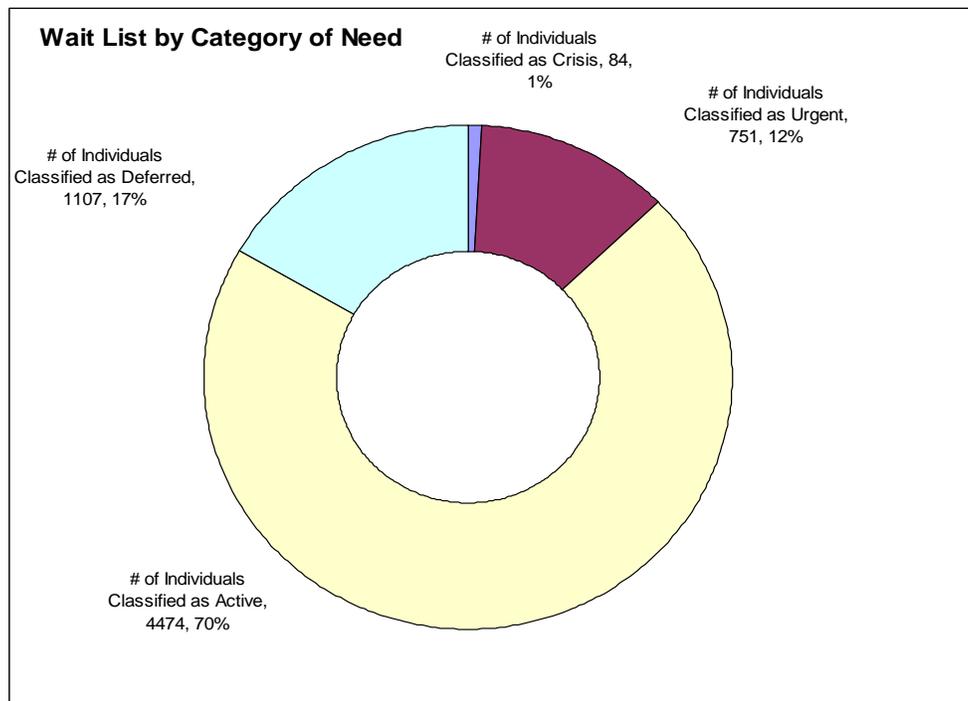


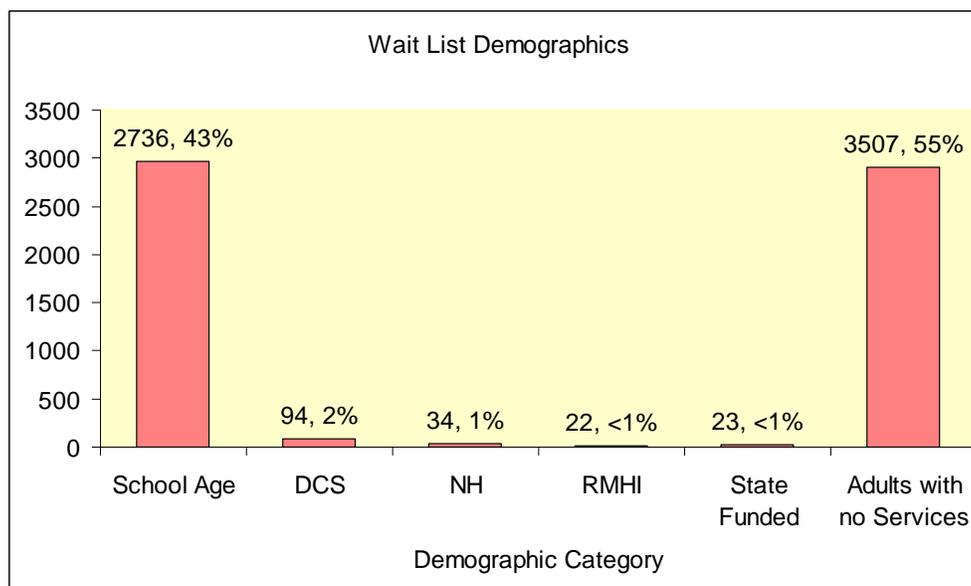
Chart 5: DIDS Wait List Census for Waiver Services at End of FY 2010



Waiting List Demographics

The Division maintains demographic information on people who are seeking services. The wait list was subdivided by categories of people who have an intellectual disability and are in one of the following: school aged children (age 0-22), children in DCS custody, persons in nursing homes, persons in regional mental health centers, persons receiving DIDS state-funded services, and adults with no services. The chart below identifies the percentage of those populations on the DIDS Waiting List as of June 30, 2010.

Chart 6: Waiting List Demographics for Waiver Services – June 2010**

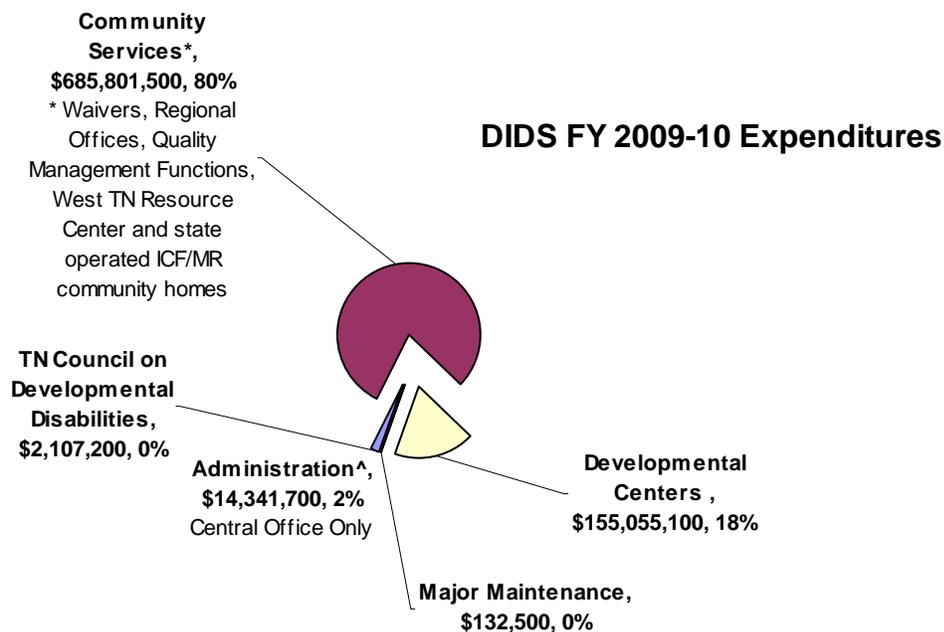


*** Note: During FY 2009-2010, classification of "School Age Children" on the Waiting List was changed from ages 0 THROUGH 22 to ages 0 TO 22. At 22 or over, individuals are now classified as adults. This resulted in the overall waiting list population of school age children to show an approximate 200 person decrease in January 2010, while the adult population showed a parallel roughly 200-person increase.*

WHERE THE MONEY GOES

The following chart shows of the \$857,438,000 in DIDS FY 2009-10 expenditures, 80 percent was spent on community services, compared to the 71 percent of the Division's FY 2008-09 expenditures spent on community services. Concurrently, 18 percent of expenditures for FY 2009-10 were by the State's three developmental centers, compared to 22 percent of the Division's budget spent on developmental centers the prior fiscal year.

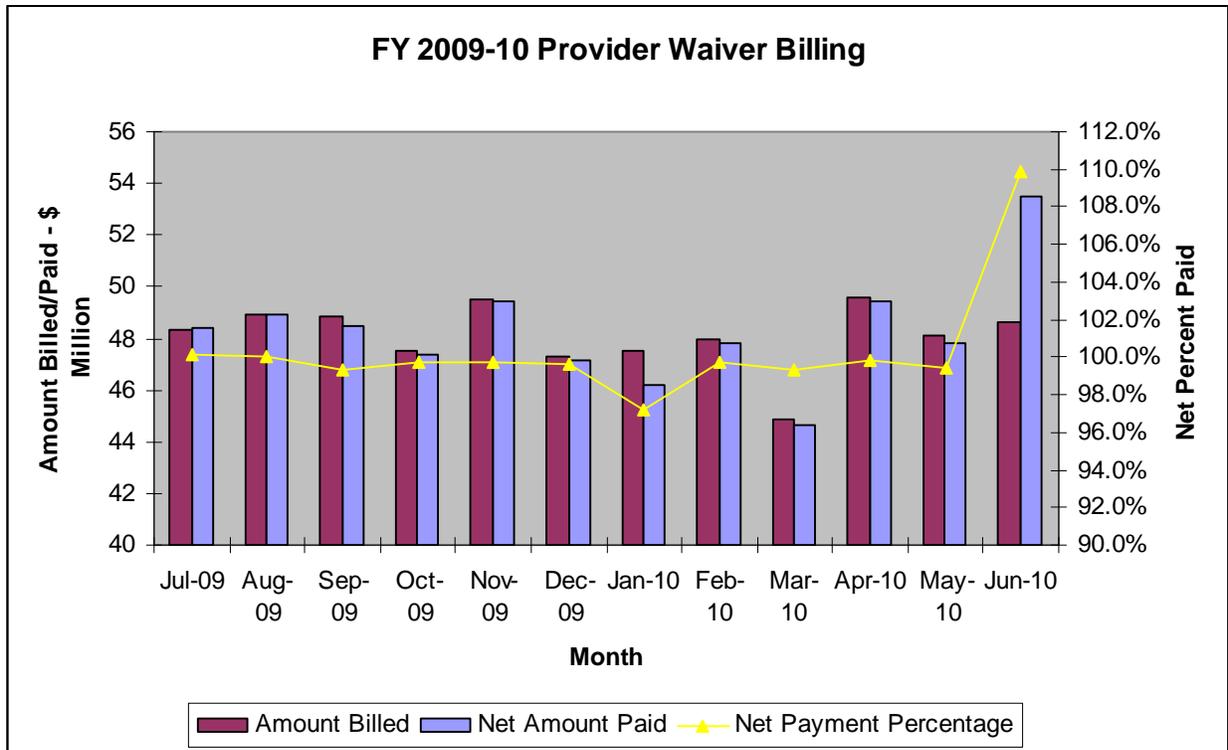
Chart 7: Division Expenditures



Waiver Program Expenditures

By agreement of contracted waiver services providers, the Division serves as a clearinghouse for reimbursement claims submitted to TennCare. The Division managed an average of about \$48 million per month in billed claims for services provided to persons enrolled in the three waivers. While a majority of the 32,000+ claims submitted monthly were paid fully and promptly (average 99.1% each month), administrative staff processed over \$2.6 million in corrected billing adjustments, recoupments for previous incorrect or unsupported claims, sanctions for non-compliance with waiver requirements, patient liability owed to the state, and claims initially denied for payment due to incomplete information. For providers, the net result of this activity was an overall reimbursement rate of virtually 100% of claims filed.

Chart 8: Provider Waiver Billing



Note: In June 2010, over \$5 million in upwardly adjusted rates for FY 2008 claims was processed and paid, causing the percent payment rate to providers to appear in that month to exceed 100%.

Family Support Services Program

Prior to FY 2009-10, Family Support funds were allocated by family. However, in some instances, the funds supported multiple persons in the same family with disabilities. This masked the true program cost and diminished relative assistance available to each individual. Therefore, the Family Support State Council began documenting program costs by individual. In FY 2009-10, the funds allocation by individuals served was:

- Funds spent on direct services: \$5,409,601 million
- Average expenditure per individual: \$1,302
- Received services: 4,156 individuals
- Waiting for services: 6,237 individuals

Chart 9: FY 2009-10 Tennessee Family Support Program Summary

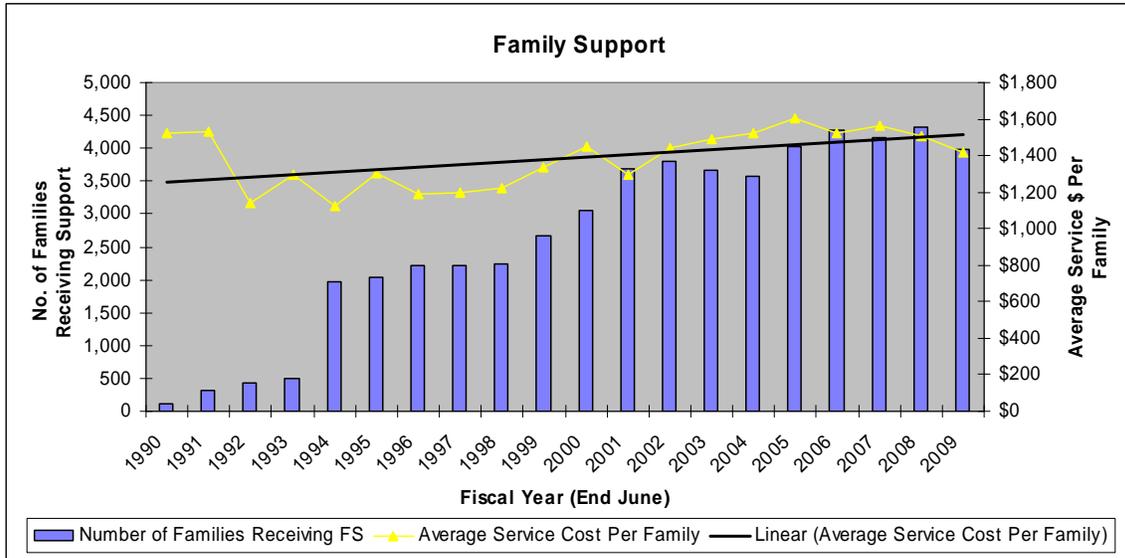
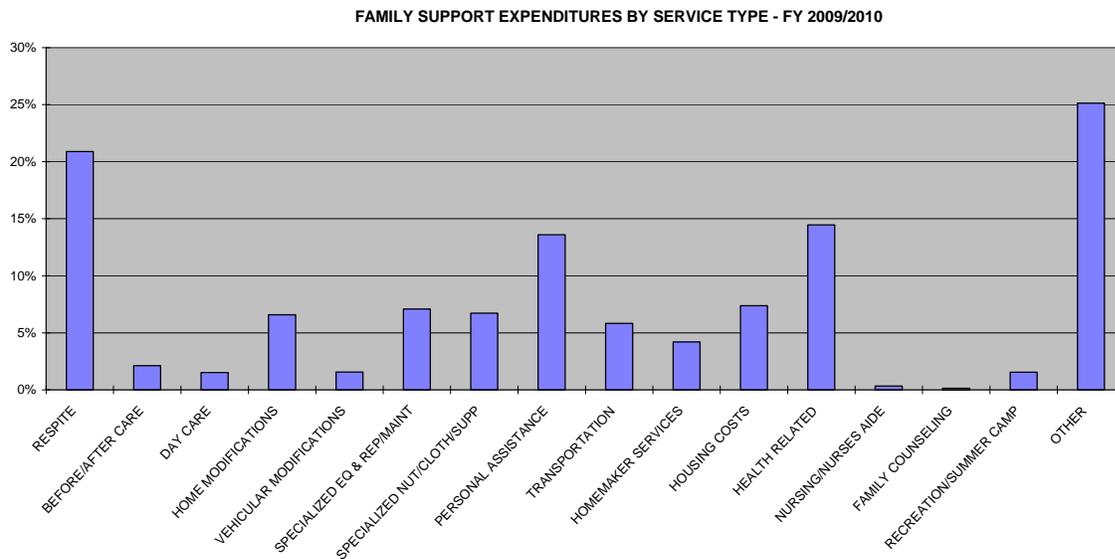


Chart 10: FY 2009-10 Family Support Program Expenditures by Service Type



Residential Services

Because waiver residential services are scheduled for 24 hours per day, seven days per week, they represent the highest cost of all waiver services. Of specific note in the area of waiver residential services during FY 2009-10 were the following:

- ✧ An additional 150 persons began receiving residential services
- ✧ The majority of persons receiving residential services live in Supported Living models. DIDS’ two housing inspectors and the contracted Kingsport Housing Authority inspected and passed more than 2,000 Supported Living homes statewide

- ✎ The Division reduced residential services costs by analyzing needs of persons living alone and assisting with finding housemates in two or three-person homes for 45 individuals. The 592 persons in a single person placement at the end of the year represent a total decrease of 222 persons in this high cost arrangement since January 1, 2007

Chart 11: Residential Services – Single Person Placements

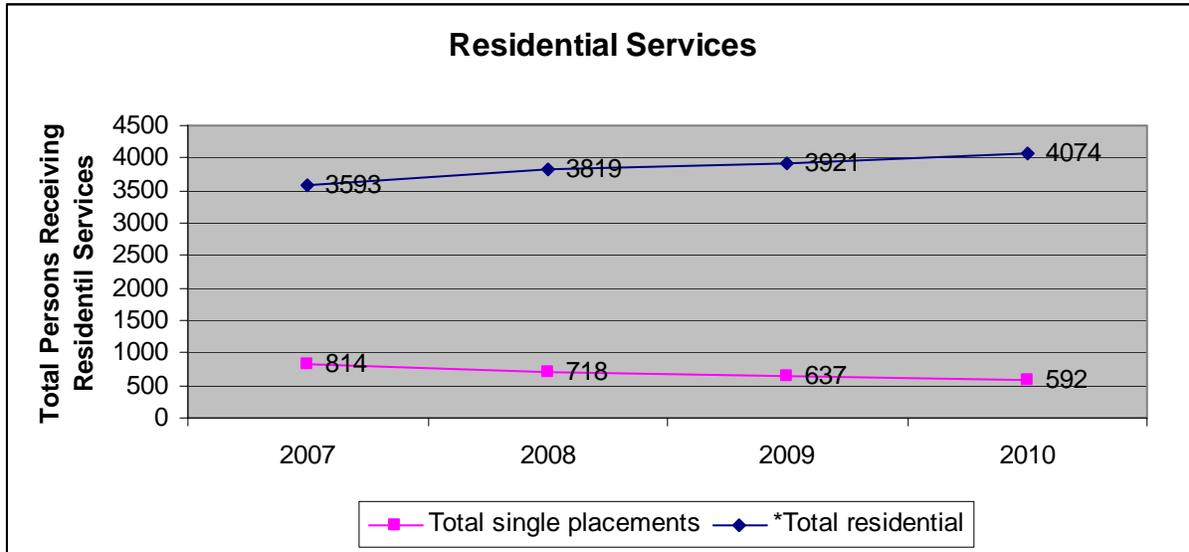
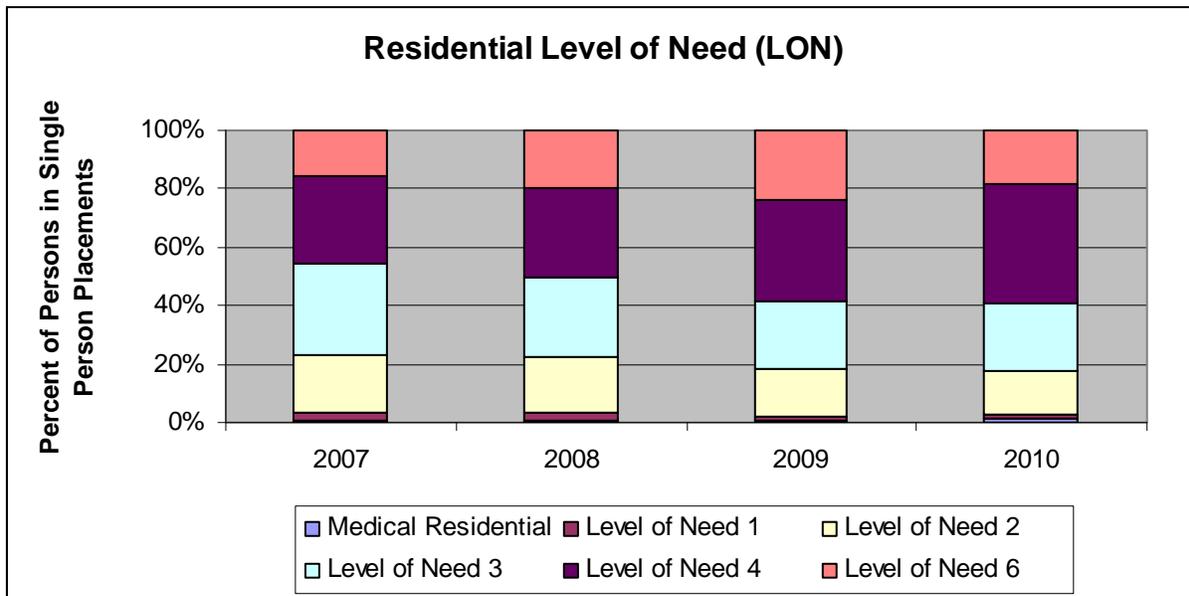


Chart 12: Residential Services – Single Person Placements by Level of Need



QUALITY IMPROVEMENT – AN ORGANIZATIONAL MINDSET

REGULATORY RELIEF

As budgetary restrictions and economic conditions forced the state and its contracted community providers to reduce overhead costs, DIDS responded by assessing its monitoring responsibilities and processes. What was initially a cooperative partnership effort between the Division and community providers, Regulatory Relief became formalized April 8, 2010 when legislation was passed that established a task force consisting of provider, DIDS, Bureau of TennCare, and Department of Mental Health and Developmental Disabilities representatives. The task force's charge was to "review the regulations of the residential and day provider agencies contracted by the Tennessee Division of Intellectual Disabilities Services (DIDS) to make initial recommendations with regard to relieving expensive and unnecessary regulations on such providers to the general assembly by January 1, 2011."

EMPLOYMENT OPPORTUNITIES

The goal of DIDS and of the Tennessee Employment Consortium (TEC) is to continually increase numbers of those in meaningful competitive employment. In FY 2009-10, approximately 1,477 adults served by the Division were gainfully employed in the community. Although this was reduced from 2009, the Day Services Unit, through its *Employment First* initiative, conducted outreach awareness through State and Regional Tennessee Employment Consortiums and Business Advisory Councils. Also, training and outreach was conducted with various stakeholders in efforts to ensure time in Day Services is effectively utilized so all participants have opportunities to discover and pursue their interests, talents, and potential as part of the local community.

RESOURCE CENTERS

West Tennessee, working toward an April 2011 deadline set by the Arlington Lawsuit 2006 Settlement Agreement, piloted a regional Resource Center to provide clinical services to lawsuit class members with intellectual disabilities. Using knowledge gained from the pilot, DIDS' plan to expand the Resource Center concept to the other two grand divisions and to include serving persons with developmental disabilities progressed.

The Resource Centers plan includes delivery of specific therapeutic services not otherwise readily available to individuals in the community with developmental disabilities. The Resource Centers plan to serve persons enrolled in HCBS waivers and persons living in state-run community homes, in private ICFs/MR, or independently. The most distinctive service the Centers will offer will be fitting for and manufacturing of customized seating and alternative positioning equipment primarily intended for persons with extraordinary physical challenges.

A Resource Centers Steering Committee, including private sector consultants, and Core Work Group began strategic planning for expanding the Resource Centers model to Middle and East Tennessee. Staffing, funding, organization, target clientele, policies, training, service delivery standards, and data systems supports continue to be addressed by the work group and management.

BEHAVIORAL SERVICES

Just as in other states, Tennessee focused on a growing population of persons with dual diagnoses and/or dangerous behaviors. Concurrently, the Division continued to raise the bar on expectations of professionalism among behavioral service providers and streamlined procedures for behavior supports planning.

Activities of particular note during FY 2009-10 include:

- ✧ Provider Manual changes in behavior services requirements, representing a shift from lengthy review and approval procedures, were implemented. Changes give behavior analysts more flexibility, resulting in unrestricted behavior support plans that can be quickly implemented and adjusted to respond to individuals' changing needs
- ✧ Concomitant with behavior analysts' increased flexibility, the roles of local and regional behavior support committees in behavior supports planning were adjusted
 - A behavior analyst can now write and implement behavior support plans with unrestricted interventions with the cooperation of the Circle of Support and consent of the individual or his/her legal representative. The behavior analyst now can adjust a plan with unrestricted intervention as the individual's needs change and without waiting on committee approval
 - A local behavior support committee is no longer required. Local peer review is now the responsibility of the behavior analysts
 - To protect consumers, a Regional Behavior Support Committee must now review and approve all plans with restricted interventions. Committees are chaired by a Board Certified Behavior Analyst
- ✧ A new Statewide Behavior Support Committee consisting of applied behavior analysis experts and chaired by the State Behavior/MH Coordinator now reviews behavior support plans with special individualized highly restrictive interventions
- ✧ The Psychiatric Planning Group, composed of psychiatrists, psychologists, behavior analysts, and nurses was instrumental in other behavioral issue initiatives:
 - Preliminary design of an intensive treatment service for waiver support of individuals with dual diagnosis or dangerous behaviors
 - Development of an educational approach to the natural development of healthy relationships, privacy issues, and intimacy among persons receiving services in the community
- ✧ DIDS initiated collaborative relationships with the Tennessee Department of Mental Health and Developmental Disabilities concerning forensic evaluations and mobile crisis services

The Division established a Behavioral Advisory Council (BAC) to help guide senior management in addressing issues of serving individuals with active challenging behaviors. Advisory members of the Council include representatives of five residential agencies serving this population.

QUALITY ASSURANCE

Integration of Processes

DIDS Quality Assurance furthered integration of its time-tested provider performance survey and tools with new processes developed to meet CMS' Version 3.5 waiver application performance measures. While Domains, Outcomes and Indicators of quality continued to focus on overall provider performance affecting service-delivery and protection of individuals, the newer waiver performance measures focused on discreet, numerical data around providers' staff qualifications and individuals' case records. This highlighted personnel practices and training and specific components of individuals' service plans, level of need determinations and certification, and specific health and welfare concerns.

Star Award Program

To reduce monitoring frequency and reward high-performing providers, DIDS continued its Star Award program to recognize outstanding performers and grant them relief from repetitive monitoring. The Division posts the current list of agencies meeting Three Star and Four Star criteria on its website: http://www.tn.gov/didd/quality_assurance/Four_Three_Star_Awards.html.

Quality Assurance Feedback Questionnaires

In June 2010, the Quality Assurance Unit implemented a feedback process for providers to share information about their experience with the survey process. Immediately following the annual survey, providers are asked to complete a questionnaire that focuses on each part of the survey process and allows for input about such. Information from these questionnaires is collated and analyzed so that the survey process and protocols may be improved each year.

PURSUIT OF GRANT FUNDING

In support of initiatives and to leverage funding sources to effectively serve persons with intellectual disabilities, the Division began pursuing programmatic grant opportunities. The following key steps were taken in FY 2009-10:

- ✧ Assisted TennCare in applying for a federal *Money Follows the Person* grant, resulting in an award for Tennessee to fund establishment costs and enhanced service matches for people transitioning from nursing homes to intellectual disability waiver programs
- ✧ Established a Grant Coalition comprised of DIDS grant-writing staff joined by provider agencies involved with local grant-writing and implementation
- ✧ Initiated partnership discussions to write and implement grant proposals with companion Tennessee organizations, including United Cerebral Palsy, The Tennessee Disability Coalition, The Kennedy Center, The Tennessee Arc, Tennessee Protection and Advocacy, and the West Tennessee Center for Independent Living

WORKING SMARTER

Policy Development

DIDS continually seeks ways to improve and streamline its internal operations, particularly emphasized with staff cuts driven by budget reductions. Among FY 2009-10 changes were the establishment of an Executive Policy Committee and a formalized policy review process. This resulted in improved participation in policy writing, more efficient completion of finished policies, and provider manual changes and rules. Outcomes included:

- ✧ DIDS Provider Manual Chapters 19 and 21 revisions - Public meeting regarding these revisions was held August 11, 2009
- ✧ Provider Manual Chapter 4 was finally approved July, 2009 and implemented
- ✧ Rule making hearing January 5, 2010

Data-Driven Decisions

Over the past five years, Division management has increasingly focused on data upon which to make thoughtful, informed decisions. Simultaneously, budget and staff cuts have driven state employees to seek new work efficiencies. This was added to existing urgencies to replace an aging, limited data system with efficient and auditable service authorization and claims processing tools.

After lengthy analysis of rapidly changing business processes and requirements for programmatic and fiscal data tracking, the Division awarded a \$6.7 million five-year contract in February 2010 to Netsmart Technologies, Inc. to access their hosted Avatar system. A comprehensive, fully-integrated, web-based business application, Avatar will be implemented in two phases with the following business functionality:

Phase 1

- ✧ Intake Processes, including pre-admission evaluations, financial eligibility, Individual Support Plans (ISP) review and approval, and denied service request appeals
- ✧ Waiting List case management
- ✧ Special Services, including Service Level Authorizations and service denials
- ✧ Trust Accounting

Phase 2

- ✧ Incidents and Investigations
- ✧ Quality Assurance surveys
- ✧ Case Management

Concurrent with customization of the Avatar system for state requirements, the DIDS Information Technology unit developed internal web-based systems to support management data analysis and automation of business processes:

- ✧ Development of the COSMOS application to support collection and analysis of waiver performance data
- ✧ Centralized, shared server environment accessible by all regional and central offices to store death reporting and review documentation that historically occupied hundreds of square feet in paper file space
- ✧ Shared website to support editing and review functions of the Division's Executive Policy Committee
- ✧ Expansion through security changes to the legacy system to allow regional office staff to access needed client record changes
- ✧ Centralized website to maintain equipment inventory
- ✧ Simplification of services accounts in conjunction with July 1, 2009 services rate changes
- ✧ Networking of ICF/MR community homes in West Tennessee, allowing staff direct access to Division business systems and data, and enable internet support of telephone and security systems

Information Technology projects that improved business interactions with the DIDS' provider network included:

- ✧ Re-design of the One Day Delay Billing report in the Provider Claims Processing system (PCP)
- ✧ Upgrade of the Substantiated Investigation Search (SIS) web application to add additional information for providers

OUTREACH PROGRAMS

DIDS Office of Consumer and Family Services

The Office of Consumer and Family Services (OCFS) provides outreach and training to special educators, consumers, and family members. Family training sessions were conducted statewide between April and June, 2010.

The purpose of these trainings was to educate persons with a diagnosis of an intellectual disability and their families on topics including:

- ✧ How to access the DIDS service delivery system
- ✧ What consumers and families should expect from assigned state case managers
- ✧ Conservatorship
- ✧ What it means to be on the DIDS Waiting List for services
- ✧ OCFS staff co-presented many of the trainings with family members and/or staff from the ARC of Tennessee. Post-training surveys afforded the attendees to provide feedback about the training quality to DIDS staff

Table 3: Family Training in FY 2009-10

Region - Locations	Number - Location of Training Sessions	Number of Persons Attending	Overall Average Evaluation Rating (out of 5.0 maximum)
West Tennessee	2 – Jackson, Memphis	44	4.9
East Tennessee	3 – Kingsport, Knoxville, Chattanooga	80	4.8
Middle Tennessee	3 – Franklin, Lewisburg, Nashville	65	4.7

In addition to these targeted training sessions, the Deputy Director of Constituent Services participated in 38 conferences, summit fairs, and Tennessee resource fairs as both a guest speaker and vendor. In all settings, information was distributed to inform attendees about the delivery system as well as resources.

Consumer Experience Surveys

The Division of Intellectual Disabilities Services (DIDS) contracts with the Arc of Tennessee to conduct consumer experience surveys for individuals receiving DIDS residential and community services. The Arc of Tennessee developed the survey program called “*People Talking to People: Building Quality and Making Change Happen*” that includes face-to-face and telephonic interviews with persons served. Survey interviews are conducted using the Center for Medicaid and Medicare Services (CMS) approved Participant Experience Survey. Beginning in July 2009, a total of 1,589 individuals were interviewed.

The survey addressed customer satisfaction in four primary areas:

- ✧ **Choice and Control:** “Do participants have input into the services they receive? Do they make choices about their living situations and daily activities?”
- ✧ **Respect/Dignity:** “Are participants being treated with respect by others?”
- ✧ **Access to Care:** “Are needs such as personal assistance, equipment, and community access being met?”
- ✧ **Community Inclusion:** “Do people receiving services participate in activities and events outside their homes when and where they want?”

Results

The full published results of the Year 6 consumer satisfaction surveys are published on the Division’s website: <http://www.tn.gov/didd/PeopleTalkingToPeople/PTP Year 6 2009 report 10-28-10.pdf>

STAFF DEVELOPMENT

DIDS continued to provide the College of Direct Supports (CDS) as an online training resource cost free to contracted providers’ staff. During FY 2009-10, 25,600 staff persons were enrolled in the system, with 771,000 lessons assigned and 662,000 lessons completed, representing a training completion rate of nearly 86%.

The CDS program includes:

- ✧ Interactive training modules reviewed by nationally recognized experts
- ✧ Curriculum that emphasizes core values, person-centered practices, protection of health and well-being

- ✧ Competency-based pre and post tests
- ✧ Accessibility 24 hours a day, seven days a week
- ✧ Training management and other Human Resource tools, which allow DIDS and provider organizations to:
 - Assign required and optional courses and lessons on an individual, organizational and departmental basis
 - Record and retain transcripts of the progress and accomplishments of each learner, organization, and department
 - Simplify the portability of training records of the individual learner

In addition to College of Direct Support online training, the Division's regional office Staff Development units provide classroom training opportunities, which they promote through quarterly calendars posted on the Division's website. Some of these classes are offered monthly while others are provided upon request. Classroom training includes:

- | | |
|--|--|
| <ul style="list-style-type: none"> ✧ Orientations <ul style="list-style-type: none"> ○ New Provider Orientation ○ Therapeutic Services Orientation ✧ Independent Support Coordination ✧ Person Centered <ul style="list-style-type: none"> ○ Person Centered Practices ○ Writing Outcomes and Action Steps ✧ Protection from Harm <ul style="list-style-type: none"> ○ Protection from Harm/Incident Management ○ Abuse Prevention ○ Risk Assessment ✧ Professional Growth <ul style="list-style-type: none"> ○ Intro to Developmental Disabilities ○ Sensitivity and Ethics ○ Effective Training Techniques ✧ Rights and Choice <ul style="list-style-type: none"> ○ Title VI ○ Individual Rights and the ADA ✧ Employment <ul style="list-style-type: none"> ○ CB Day/ Discovery ○ Supported Employment ○ Job Coach Training | <ul style="list-style-type: none"> ✧ Therapeutic / Health <ul style="list-style-type: none"> ○ Aspiration ○ Challenges in Physical Management ○ Communication Overview ○ CPR/AED ○ Diabetes and Nutrition ○ Dysphasia Overview / Swallowing Disorders ○ Falls: Causes and Preventive Strategies ○ First Aid ○ Healthcare Oversight Forms ○ Mealtime Challenges ○ Medication Administration for Unlicensed Personnel ○ Nutrition Resources and Menu Planning ○ Physical Status Review (PSR) ○ Seizure Training ○ Sign Language ○ Supporting the Deaf/Blind ○ Universal Precautions/Infection Control |
|--|--|

Medication Administration for Unlicensed Personnel is presented by state or independent registered nurses who are certified to train the Tennessee Department of Health-approved curriculum. In FY 2009-10, the Medication Administration program trained 4,702 staff in the 20-hour initial course and 3,929 staffs in the eight-hour recertification course for a total of 8,631 staffs trained.

DIDS also offers a Home Manager Technical Certificate Program in the West region. The 15 credit hour program was designed to develop competencies of individuals employed as home managers and to provide upward mobility opportunities for direct care staff. The course work is taught at Southwest Tennessee Community College, a Tennessee Board of Regents university, and students must complete 135 working hours under the supervision of a home manager mentor.

HEALTH SUPPORTS

Nursing Services

Regional nurses are responsible for assessment, oversight and education, including technical assistance and training.

Assessment

- ✧ Review and identify health service needs of individuals in the community and ICFs/MR through surveillance, consultation and data collection
- ✧ Review health status to identify health problems

Technical Assistance/Training/Education

- ✧ Inform, educate and empower DIDS staff, consumers, parents, physicians and allied healthcare providers about basic elements of health needs assessments and intervention options

Assurance

- ✧ Link to needed medical and mental health services, and assure the provision of health care
- ✧ Provide oversight/monitoring of the Medication Administration Training for Unlicensed Personnel
- ✧ Quality Assurance reviews and conciliation

Mortality

Death Rate

Annual death rates are calculated as the average of the number of deaths per month per 100 persons in the particular program. *Beginning in December 2008, all private ICFs/MR were required by statute to report residents' deaths to DIDS. Currently, those numbers are combined with the rates reported for the community HCBS waiver population. There were no deaths in the state-run ICF/MR homes throughout FY 2010.

Table 4: Death Rates (Unadjusted)

	FY 06-07	FY 07-08	FY 08-09	FY 09-10	Four-Year Average
Developmental Center and Community Death Rate	1.64 per 100	1.38 per 100	1.44 per 100	1.88 per 100	1.59 per 100
Developmental Center Death Rate	2.73 per 100	2.59 per 100	2.65 per 100	2.86 per 100	2.71 per 100
Community Death Rate	1.55 per 100	1.30 per 100	1.37 per 100	1.06 per 100*	1.32 per 100*

Persons living in developmental centers exhibit higher health risks than those residing in the community, as evidenced by the Physical Status Review/Health Risk Screen Tool (PSR). The PSR is a standardized health risk tool for assigning a degree of health risk, from low to moderate to high levels of severity. Therefore, it is reasonable to expect higher death rates at developmental centers due to the more medically fragile population.

Death Reviews

While all deaths of individuals receiving waiver services or residing in an ICF/MR must be reported to DIDS, only deaths meeting certain criteria must undergo a Death Review. The purpose of the Death Review, according to DIDS Mortality Policy, is to “conduct a comprehensive analysis of the relevant facts and circumstances, including the medical care provided, to identify practices or conditions which may have contributed to the death and to make recommendations, where necessary, to prevent similar occurrences.”

Death Reviews are required for:

- Any lawsuit class member residing in a developmental center
- Any death of HCBS services recipients or non-class member ICF/MR residents deemed “suspicious, unexpected or unexplained”

Death Reviews for persons served through HCBS waivers and non-developmental center ICFs/MR are conducted by DIDS regional office Death Review Committees. For persons who were residents of developmental center facilities, the reviews are conducted by the developmental center Death Review Committee.

In FY 2009-10, a total of 28 Death Reviews were completed by regional office and developmental center Death Review Committees. Of these, 12 were at developmental centers and the remaining 16 were for persons who died in the community.

STATUS OF FEDERAL LAWSUITS

United States v. State of Tennessee (Arlington)

On September 11, 2007, the Western District Federal Court approved the agreed upon definition for the “at-risk” category of the class. Since then, potential new class members have been screened and 580 new class members have been admitted to the class, more than doubling the number of living class members. Efforts to screen and admit new class members continue until Arlington Developmental Center (ADC) closes, per the 2006 ADC Settlement Agreement. In early FY 2009-10, the census at ADC was 66. At fiscal year end, the census was down to 34 residents, with about 26 of those planned to move into the four-bed State-owned and operated ICF/MR homes under construction. Five of these new ICF/MR homes are now serving former ADC residents. Arlington Developmental Center is expected to close soon.

On September 30, 2009 a significant achievement of this past year was the Court granting the State's motion to end its health care contract with Community Services Network of West Tennessee (CSN). That contract had been in place to serve class members' medical needs per Court Order in April 2000. For FY 2009-10, CSN's budget was \$19.86 million, of which \$17.5 million was State dollars. The Division worked very closely with TennCare to design a model to provide health care services oversight that would be mostly reimbursed with federal funds. By the end of June 2010, no class members were being served by CSN, and most had elected to enroll in a new nurse case management program under Select Community, a TennCare Managed Care Organization (MCO).

People First v. Clover Bottom

In December 2009 the State announced its intent to close Clover Bottom Developmental Center. Residents will be provided appropriate services and supports in alternative settings like small privately-operated Intermediate Care Facilities for the Mentally Retarded (ICFs/MR), community-based waiver services, state-operated ICFs/MR, or other appropriate placements. DIDS began efforts to build nine four-person ICF/MR licensed homes in and around Davidson County for medically fragile residents and two homes to serve behaviorally challenged residents.

The State and lawsuit Parties have been in mediation with the Quality Review Panel (QRP) to create new methodologies for the QRP as it reviews the State's compliance with the 1999 Court Ordered Settlement Agreement. In September 2009 agreement was reached about methodologies to be used to review Clover Bottom Developmental Center. Discussions continue on the methodology for reviewing services provided to class members residing in community settings.

Brown et. al. v. Tennessee Department of Finance and Administration

On February 8, 2010, United States Middle District Judge Robert Echols issued an order formally closing this case because "no written motion was filed to continue the Settlement Agreement pursuant to Section XII.B of the Settlement Agreement." The order culminated almost six years of the State's efforts to enroll class members on the Waiting List for services and provide annual restitution to them in accordance with the Settlement Agreement of 2004.

SERVICE SYSTEM PERFORMANCE AND ANALYSIS

QUALITY ASSURANCE REVIEWS

During FY 2009-10, Quality Assurance conducted and analyzed 170 provider reviews directed toward improvement of services throughout the system.

The survey tools focused on ten Quality Assurance Domains and related Outcomes, applied as applicable based upon the type of services an agency provides:

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

Data obtained from these Quality Assurance reviews are utilized to guide provider improvement and facilitate positive change.

Review of Data Resulting from QA Review in Fiscal Year 2009-2010

The chart below shows Quality Assurance Performance Levels cumulatively across all provider types and across multiple fiscal year periods.

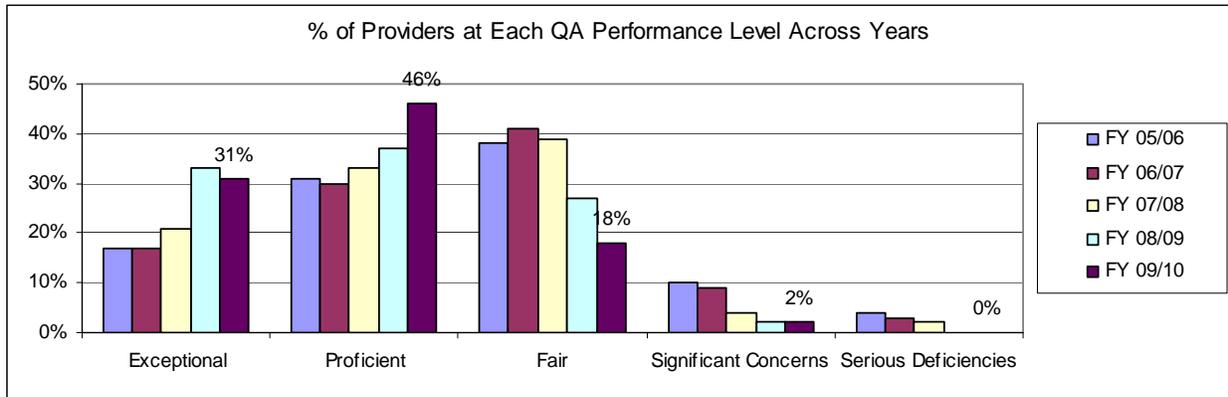
- ✎ The categories of Exceptional and Proficient performance show a trend toward increased performance across years
- ✎ The categories of Fair, Significant Concerns and Serious Deficiencies show trends toward reduced occurrence
- ✎ The most significant changes appear in FY 2008-09, partially attributed to continued refinement of the QA system to meet changing needs and utilization of meaningful data for decision making and system improvement

During the five years represented in the chart, several noteworthy QA system changes were implemented:

- ✎ Break-out of clinical services with distinct checklists in FY 2005-06
- ✎ Implementation of Three and Four Star designations for provider performance in FY 2006-07
- ✎ Utilization of Inter-Rater Reliability studies in recent years to improve the QA system and surveyor consistency

Percentages indicated on the graph specifically represent distribution of performance levels across all provider types for FY 2009-10. Compared to FY 2008-09 scores, percentages of providers scoring Exceptional Performance decreased slightly from 33%, Proficient ratings increased from 37%, and Fair ratings decreased from 27%.

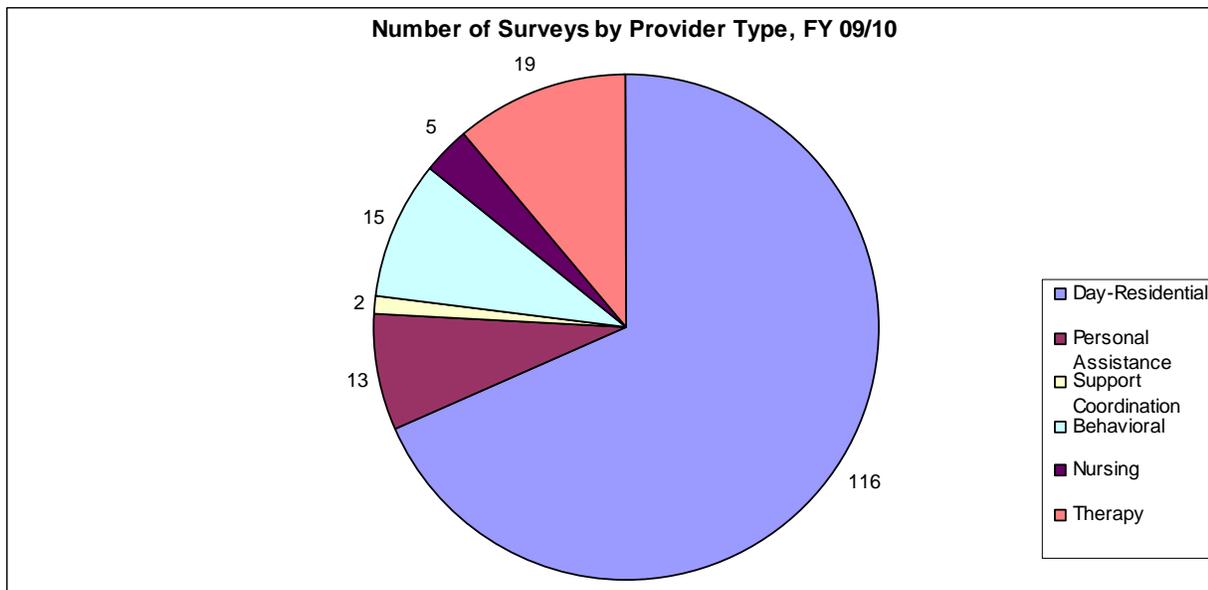
Chart 13: Quality Assurance Performance Levels Across Years



Quality Assurance surveys are conducted annually for the various types of providers, except for independent clinical providers (which may be surveyed every three years) and providers achieving either Three-star or Four-star status, which allows for these providers to be surveyed every other year.

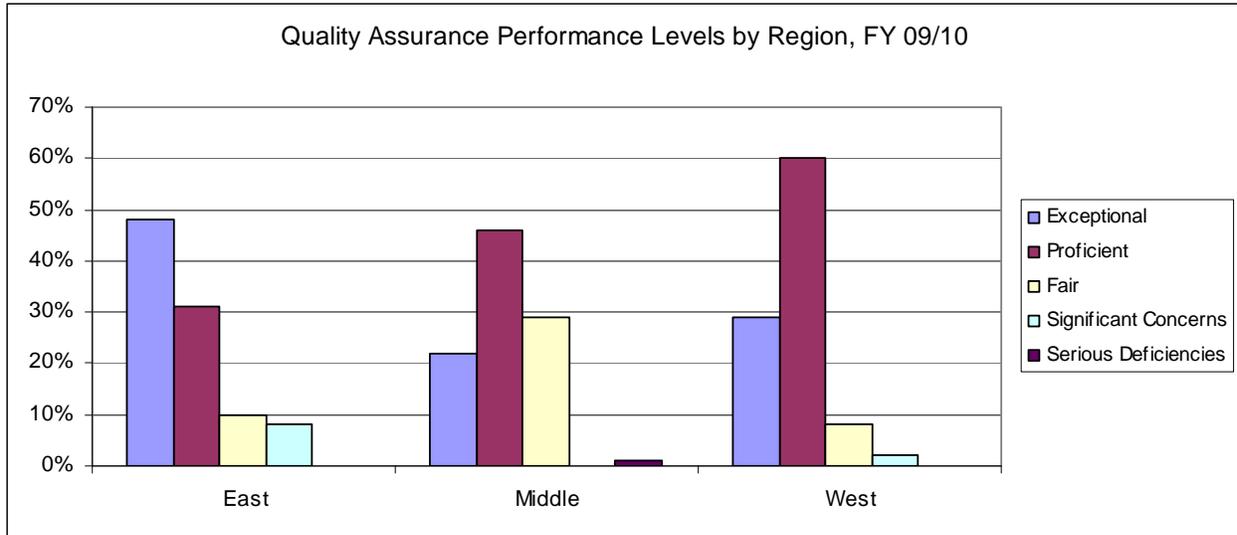
The following chart represents the distribution of 170 Quality Assurance surveys conducted among the various provider types in FY 2009-10.

Chart 14: Number of Quality Assurance Surveys Completed FY 2009-10



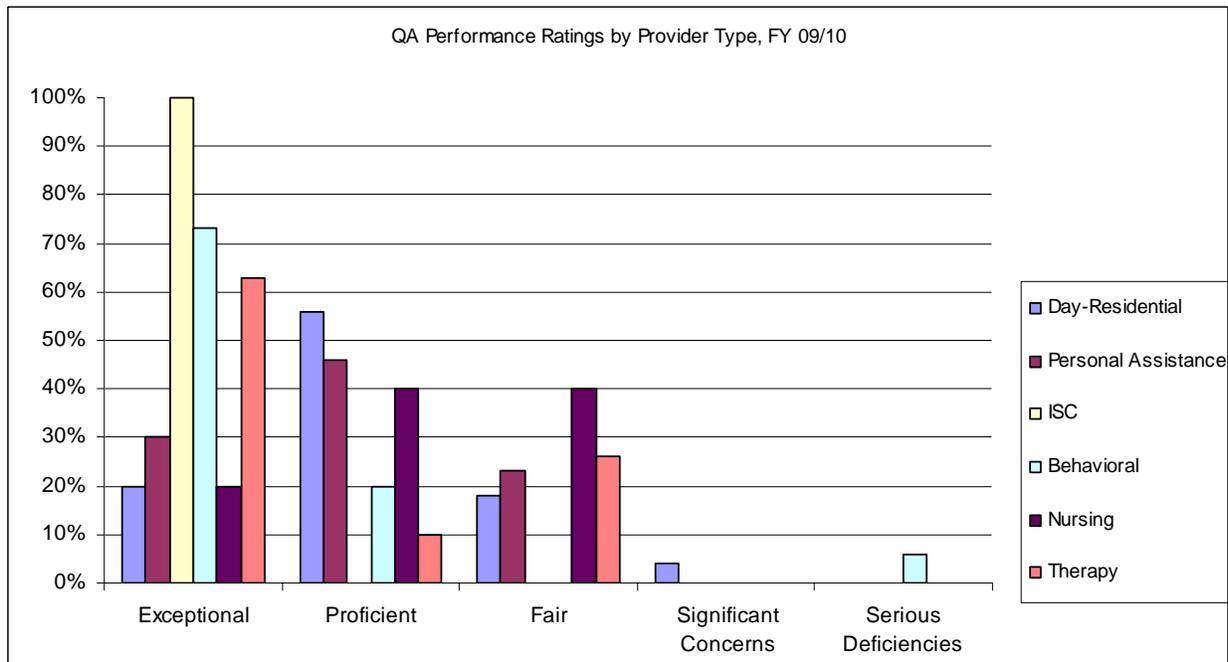
The next chart shows the distribution of Quality Assurance performance ratings regionally for FY 2009-10. Providers in the East region have shown an increase in Exceptional Performance ratings this fiscal year, while providers in the Middle and West regions have shown an increase in Proficient ratings in comparison to last year's data.

Chart 15: Quality Assurance Performance across Regions



The next chart shows the distribution of the various provider types reviewed by Quality Assurance among the QA performance levels in FY 2009-10. Across all provider types, 77% of providers scored within either the Exceptional Performance or Proficient levels, 18% were at the Fair level, with the remaining 5% distributed between the levels of Significant Concerns and Serious Deficiencies. Total ratings of Exceptional Performance decreased (from 33% to 31%) and Proficient Performance increased (from 37% to 46%) for FY 2009-10 in comparison to FY 2008-09.

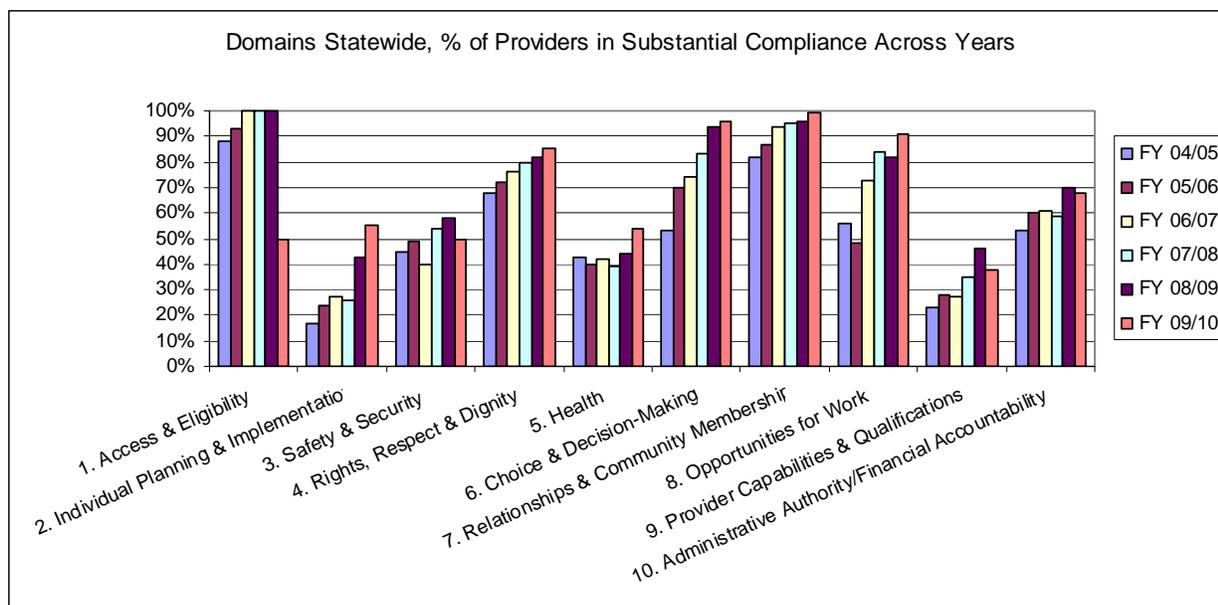
Chart 16: Quality Assurance Performance Levels by Provider Type



The following chart shows distribution of Substantial Compliance by Quality Assurance Domain across fiscal years.

- ✧ All Domains, except for Domain 1 (applicable only to ISC providers) have shown progress across the six survey-year periods, FY 2004-05 through FY 2009-10
- ✧ Domains 4, 6 and 7 have shown consistent improvement across all years
- ✧ The most significant improvements across years have been in Domain 2 (increase from 17% to 55%); Domain 6 (increase from 53% to 96%) and Domain 8 (increase from 56% to 91%)
- ✧ Domains showing reduced performance in FY 2009-10 were Domains 1, 3, 9 and 10

Chart 17: Domains Statewide, Percentage of Providers in Substantial Compliance across Years



HCBS Waiver Performance Reviews

The Quality Assurance Unit is also responsible for conducting individual record reviews to determine compliance with CMS-approved performance measures under the Level of Care, Health and Welfare, and Service Plans assurances. During FY 2009-10, the QA Unit conducted a total of 850 reviews, using a random sampling process for each of the three approved waivers.

The Quality Assurance Unit also conducted reviews for the Qualified Provider assurance of the waivers' performance measurement requirements. Both of these review processes were conducted in conjunction with the Quality Assurance reviews described above.

PROTECTION FROM HARM

The DIDS Protection from Harm (PFH) system is organized into three areas to include Complaint Resolution, Incident Management and Investigations. Regional and Statewide Quality Management Committees review provider-specific data collected in these arenas to make decisions regarding provider technical assistance and other actions. Staff also analyze trends in incidents, substantiated investigations, and complaints to identify areas for system improvement or training.

Complaint Resolution System

Virtually all service providers have established fully operational complaint resolution systems with complaint resolution coordinators. DIDS Complaint Resolution System staff provide oversight to this program, including consulting, training, and monitoring.

The Complaint Resolution System has a benchmark goal to satisfactorily resolve 90% all complaints within 30 days. In FY 2009-10, that goal was met every month with an annual average of 99% resolution within 30 days

To meet a strategic objective of reducing recidivism and increasing satisfactory results for persons receiving services by achieving long-term resolution of issues, the statewide director of the Complaint Resolution System coordinates a formal remediation process to address each unresolved complaint issue.

Complaints may be filed by various constituents on a variety of issues.

Chart 18: Complaints Filed by Source

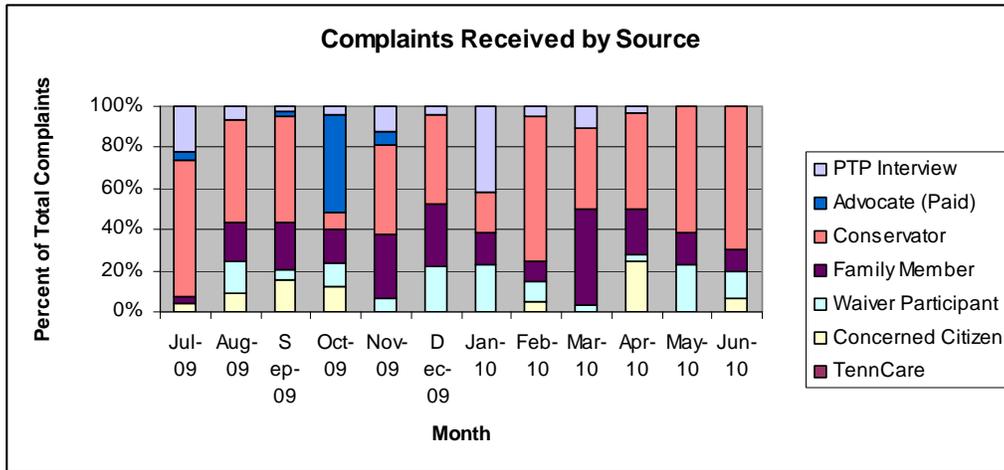
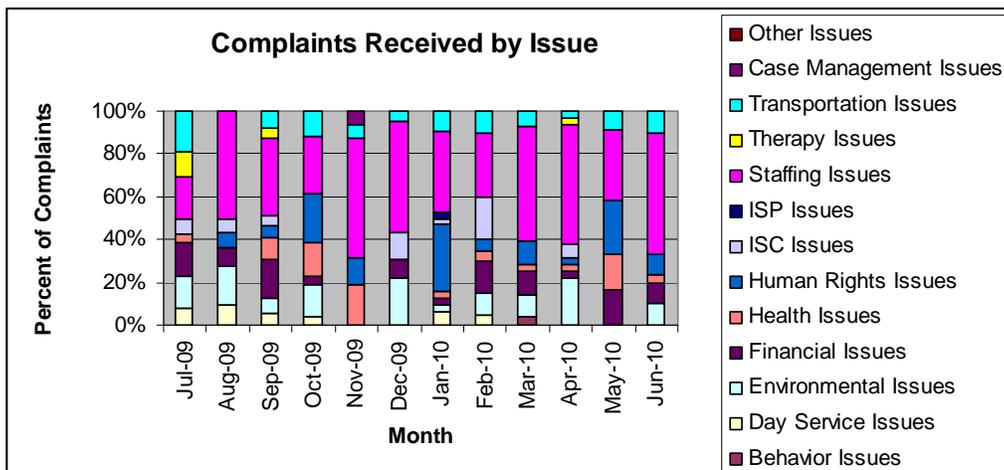


Chart 19: Complaints Filed by Issue



As evidenced in this chart, complaints regarding provider staff have historically and consistently been the majority.

The Incident Management System

Service providers' staff that witness or discover an incident are required to submit to DIDS' central office and to the responsible service provider written notice of "reportable" incidents. Such incidents are defined by DIDS in its Provider Manual as all allegations of abuse, neglect, exploitation, and staff misconduct, as well as those medical, behavioral, and psychiatric incidents that require an "external" intervention, such as an emergency room visit or intervention on the scene by police.

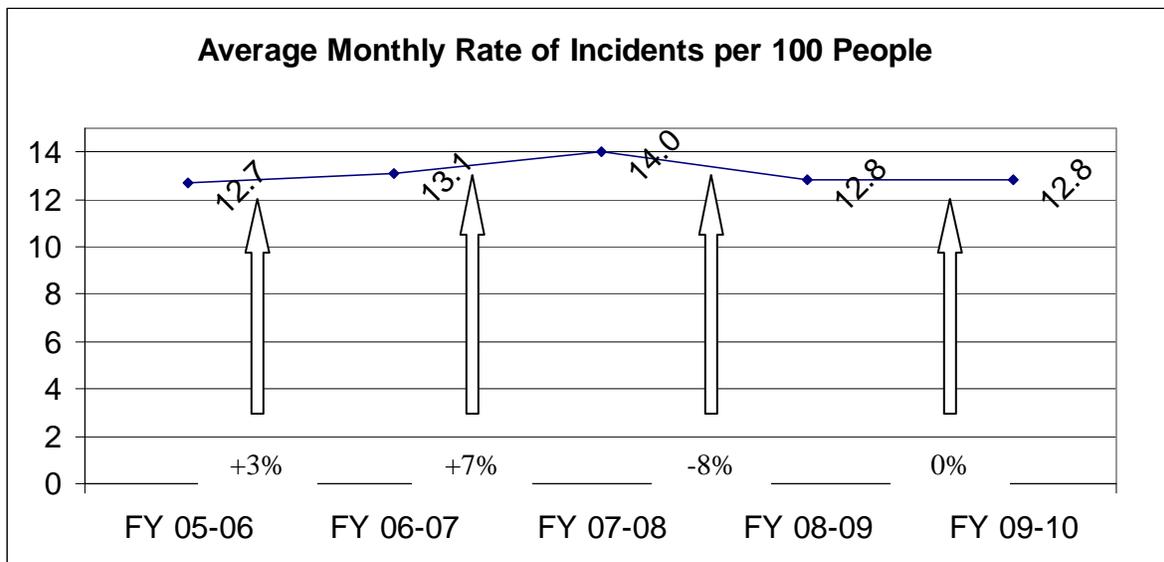
Service providers also must implement internal incident management processes and maintain personnel sufficient to review and respond to all reportable incidents. Providers must ensure each incident, and the initial response to the incident, is documented on the Reportable Incident Form. They must review all provider incidents weekly to identify management actions needed to address the incidents and prevent similar future incidents. Finally, providers must review trends or patterns in their incident data to identify at-risk persons supported by services and provider-level incident prevention planning strategies.

During FY 2009-10, DIDS recorded 12,932 reportable incident reports from providers.

Incident prevention activities completed during FY 2009-10 include:

- ✧ Quarterly regional provider Incident Management Coordinator training and discussion sessions to address topics identified by small study groups through reviews of selected incident reports. In 2009-10, the topics presented included:
 - Choking incident trends and recommended interventions
 - Quality Assurance: Multi-year trends by QA Domain
 - Reportable Staff Misconduct Protocol
 - Remembering When: Integrated Fire Prevention and Fall Prevention Training
 - DIDS Housing Safety Inspectors' overview of typical and "red flag" findings
 - Confidentiality
 - Safety Culture research project
 - Deaf Culture
 - Abuse Registry
- ✧ In coordination with DIDS Therapies staff, incorporation of several discrete choking prevention initiatives:
 - Online training curriculum for families
 - Focused review of day service programs
- ✧ Continued training as requested for Direct Support Professionals on fall prevention issues

Chart 20: Average Monthly Rate of Incidents per 100 People



DIDS activities that are believed to have contributed to overall increases in incident reporting from FY 2006 through FY 2008 are:

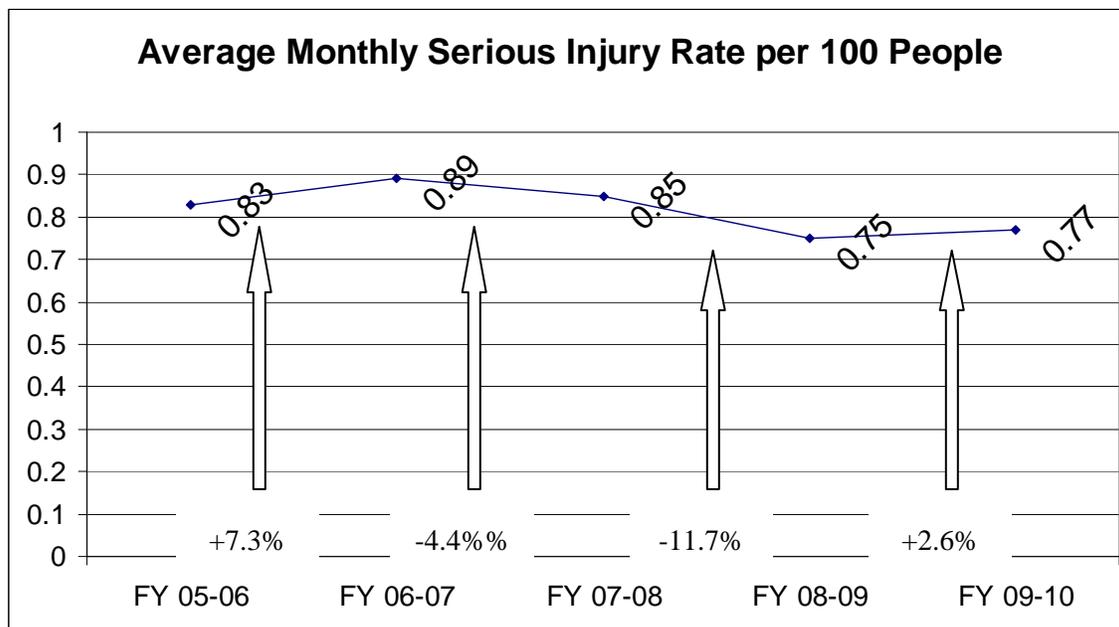
- Increased control over incident reporting, including DIDS audits of suspected under-reporting where indicated
- Greater emphasis on provider incident management systems, including increased training

The lower rates for FY 2009 and FY 2010 are likely due to two factors:

- ✧ Increase in proportionate number of persons receiving services through the Self-Determination (SD) Waiver. The SD Waiver reporting rate is about 25 percent or less of the incident reporting rate for the other waivers or private ICFs/MR, contributing to an overall lower average rate. DIDS continues to analyze this reduced rate to determine possible causes for it
- ✧ Addition of private ICF/MR providers to the scope of DIDS Protection from Harm incident-reporting. Private ICF/MR providers were incorporated on a region by region basis as follows:
 - West Region: March 2008
 - East Region: September 2009
 - Middle Region: February 2010

There is no direct evidence yet that private ICF/MR providers are reporting at a rate different than the overall rate, but this issue will continue to be monitored.

Chart 21: Average Monthly Serious Injury Rate per 100 People



While the rate of incidents hovers near 12.8 per 100 persons, the rate of serious injuries per 100 persons supported by services is much lower, dipping to a low of 0.75 per 100 in FY 2007-08. Only 6.1 percent of incidents resulted in a serious injury in FY 2009-10.

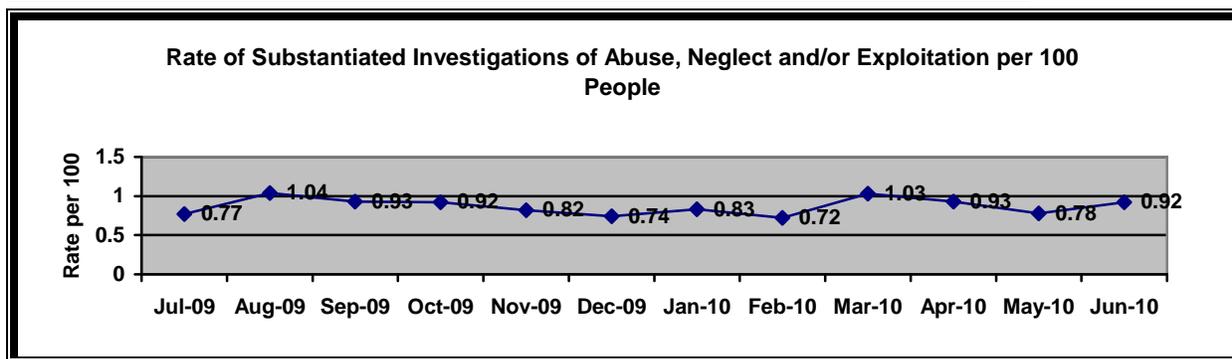
It has been the experience of DIDS that serious injuries have been consistently well-documented and reported to DIDS. Consistency in the definition of “serious injury” has contributed to a stable report rate.

The Division has worked with providers on injury prevention initiatives and training, and while it is not possible to pinpoint effects of these efforts on injury rates, there has been no increase in serious injury rates despite increases in service population age from year to year.

The Investigation System

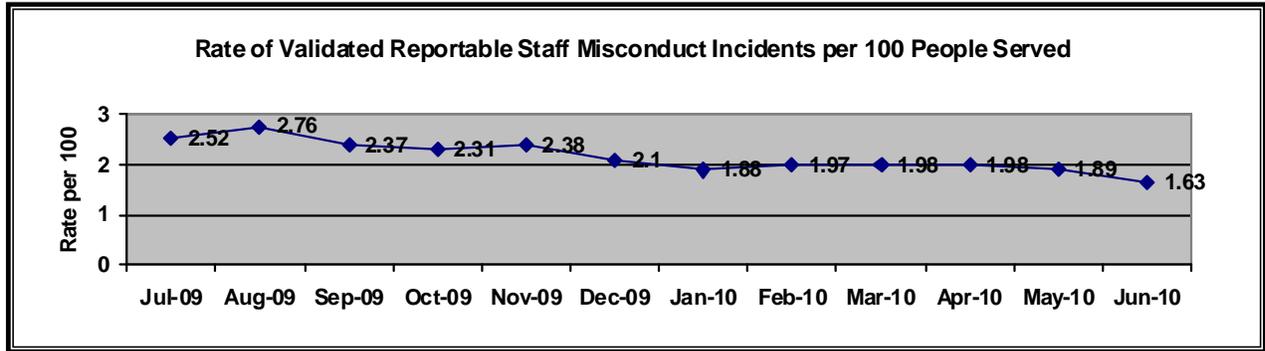
DIDS Regional Investigators completed 2,360 investigations in FY 2009-10. Investigators found preponderance to substantiate abuse, neglect or exploitation in 878, or 37% of these cases. Neglect, specifically supervision neglect, where a staff person is sleeping or otherwise not engaged in providing appropriate supports to a person supported by services, remains the most common type of substantiation.

Chart 22: Substantiated Investigations of Abuse, Neglect and/or Exploitation Rate



The Investigations Unit oversaw 1,172 investigations into allegations of Reportable Staff Misconduct (RSM), defined in the Provider Manual as “Actions or inactions which do not conform to acceptable standards of conduct related to the provision of services and/or the safeguarding of the person supported by services’ health, safety, general welfare and/or rights, and does not rise to the level of abuse, neglect or exploitation”. These RSM investigations were completed by contracted providers and approved by DIDS Investigations staff. Of the RSM allegations reported, 814 or 69% were found to be valid. Allegations related to supervision and unacceptable activities were validated at the highest rate.

Chart 23: Validated Reportable Staff Misconduct Allegations Rate



The DIDS Substantiated Investigation Search (SIS) web application enables providers to verify potential hires have not been identified as perpetrators in substantiated investigations within the DIDS service delivery system. While use of the system is not mandatory, it is used by 140 contracted agencies. Approximately 17,311 names have been submitted for a check through SIS since its inception (2006), and matches are found at about a 20% rate.

The Statewide Investigation Review Committee (IRC) reviewed 27 final investigation reports at the request of the Provider agencies. Fifteen final reports were upheld and 12 were overturned based on new or additional evidence not available at the time of the initial investigation.

During FY 2009-10, the DIDS Protection from Harm Unit successfully introduced Tennessee’s East and Middle regions’ private ICFs/MR to Protection from Harm oversight procedures. DIDS investigators now review Reportable Incident Forms from the private facilities to ensure reportable incidents are properly classified and addressed, and investigate all allegations of abuse, neglect, and exploitation at these facilities.

DIDS is an active participant in Tennessee’s Department of Health Abuse Registry. During FY 2009-10, a total of 89 former staff members of DIDS contract providers were placed on the registry as a direct result of the efforts of DIDS investigative staff, the Abuse Registry Referral Committee, and the DIDS Office of General Counsel.

During FY 2009-10, DIDS approved 302 of 310 provider requests for exceptions to required Administrative Leave during an investigation, as outlined in Chapter 18 of the Provider Manual . These requests were also approved by the individuals’ families or legal representative and accompanied by a plan to ensure the safety of the persons supported by services.

The clinical investigator provided direct assistance in 48 medical investigations and provided Protection from Harm staff statewide consultation in determining the egregiousness of medical incidents. The clinical investigator also referred various nursing professionals to the Board of Nursing when practice issues were apparent. Finally, the clinical investigator developed and provided training to DIDS staff and provider incident managers around issues such as Dehydration, Death Investigations, and Sexual Violence.

SUMMARY

THE YEAR IN REVIEW

Fiscal Year 2009-10 was characterized by enhancement of a person-centered culture, including:

- ✧ Declining population in congregate living facilities
- ✧ Expansion of community supports network
- ✧ Quality improvement among the community supports network
- ✧ New focus on ICFs/MR as small community-based providers
- ✧ Continued Family Support funding
- ✧ Development of Resource Centers to provide targeted clinical services
- ✧ Renewal of Home and Community Based waiver programs

Forward movement and successes were realized in spite of budgetary shortfall, lawsuit demands, and leadership changes.

LOOKING TO THE FUTURE

DIDS will build on the initiatives and changes of 2009-10 during the next fiscal year. Plans include:

- ✧ Change to full departmental status effective January 2011. The Tennessee Department of Intellectual and Developmental Disabilities (DIDD) will have a commissioner who will be a member of the Governor's cabinet
- ✧ Development of waiver services and specialized programs for persons with dual diagnoses and dangerous behaviors
- ✧ Assessment of needs of individuals with developmental disabilities, not currently served by state agencies
- ✧ Further definition of its role in working with private ICFs/MR. Training opportunities for ICF/MR staff will be expanded, while mortality reviews and Protection from Harm incident management will continue
- ✧ Three additional service agencies being funded under the Tennessee Council on Developmental Disabilities and Centers for Medicare and Medicaid Services (CMS) *Becoming a Person-Centered Organization* grant to train in and implement Person-Centered Practices. ISC agencies' staffs as well as DIDD staff will enhance the growing coach and leadership network
- ✧ Continued funding of the College of Direct Support to ensure provider participation in this expansive, portable, and more easily tracked system

Questions about any portion of the Report or requests for more information about DIDS can be directed to the Compliance Unit in the DIDS Office in Nashville at:

Division of Intellectual Disabilities Services

Attn: Compliance Unit

Andrew Jackson Building

500 Deaderick Street, 15th Floor

Nashville, Tennessee 37243

Or by phone:

Compliance Unit Director: Barbara Charlet

(615) 532-5959



Tennessee Department of Finance & Administration
Division of Intellectual Disabilities Services