

Completion of this questionnaire is required under the CSB Performance Contract Agreement and is directly tied to **VD1 35.7** of the Department of Justice (DOJ) Settlement Agreement.

This questionnaire should be completed in conjunction with review of the 2024 QRT End of Year Report. This questionnaire seeks your input regarding the DD Waivers' Performance Measures found not to be in compliance in SFY 2024. Even if your agency did NOT receive a citation from the relevant reviewing entity in SFY 2024 for a performance area covered in the report, please use your professional judgement to provide feedback on the reason(s) for noncompliance.

**Question Title**

\* 1. Name of the person completing questionnaire

**Question Title**

\* 2. Title of the person completing this questionnaire

DS Director

Other Staff Designee (please specify title)

**Question Title**

\* 3. Name of CSB/BHA

**Question Title**

\* 4. **Performance Measure C5:** Number and percent of non-licensed/non-certified provider agency DSPs who have criminal background checks as specified in the policy/regulation with satisfactory results.

Please indicate the following:

- I agree with the primary reason for noncompliance identified in the QRT EOY Report.
- I disagree with the primary reason for noncompliance identified in the QRT EOY Report.

**Question Title**

\* 5. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

- Staffing turnover
- Time/workload demands of Support Coordinator/Provider
- Training issue
- Length of time for background check process
- Lack of internal audit
- Other (please specify)

**Question Title**

\* 6. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider RoundTable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area.
- Other (please specify)

**Question Title**

\* 7. **Performance Measure C9:** Number and percent of provider agency direct support professionals (DSPs) meeting competency training requirements. Please indicate the following:

- I agree with the primary reason for noncompliance with the PM identified in the report
- I disagree with the primary reason for noncompliance with the PM identified in the report

**Question Title**

8. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

- Staffing turnover
- Time/workload demands of Support Coordinator/Provider
- Training issue
- Lack of knowledge of training expectations
- Lack of internal audit
- Other (please specify)

**Question Title**

\* 9. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider RoundTable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area.
- Other (please specify)

**Question Title**

\* 10. **Performance Measure D1:** Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes (DMAS). Please indicate the following:

- I agree with the primary reason for noncompliance identified in the QRT EOY Report
- I disagree with the primary reason for noncompliance identified in the QRT EOY Report.

**Question Title**

11. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

- Support Coordinator/staff turnover
- Time/workload demands of Support Coordinator/Provider
- Training issue - Support Coordinator/Provider may not recognize when the Plan needs to be updated
- Easier to keep the same goals from year to year
- Changes are made to support the person but not added (documented) until the Plan is due to be updated
- Primary focus is on changes needed to support the individual's health and safety
- Lack of internal audit

**Question Title**

\* 12. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider RoundTable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area.
- Other (please specify)

**Question Title**

\* 13. **Performance Measure D3:** Number and percent of individuals whose Plans for Support includes a risk mitigation strategy when the risk assessment indicates a need. Please indicate the following:

- I agree with the the primary reason for noncompliance identified in the QRT EOY Report.
- I disagree with the primary reason for noncompliance identified in the QRT EOY Report

**Question Title**

14. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

- Support Coordinator turnover
- Time/workload demands of Support Coordinator/Provider
- Training issue - Support Coordinator/Provider may not recognize when the Plan needs to be updated
- Easier to keep the same goals from year to year
- Changes are made to support the person but not added (documented) until the Plan is due to be updated
- Primary focus is on changes needed to support the individual's health and safety
- Lack of internal audit

**Question Title**

\* 15. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider RoundTable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area.

**Question Title**

\* 16. **Performance Measure D6:** Number and percent of individuals whose service plan was revised, as needed, to address changing needs. Please indicate the following:

- I agree with the primary reason for noncompliance identified in the QRT EOY Report.
- I disagree with the primary reason for noncompliance identified in the QRT EOY Report.

**Question Title**

17. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

- Support Coordinator turnover
- Time/workload demands of Support Coordinator/Provider
- Training issue - Support Coordinator/Provider may not recognize when the Plan needs to be updated
- Easier to keep the same goals from year to year
- Changes are made to support the person but not added (documented) until the Plan is due to be updated
- Primary focus is on changes needed to support the individual's health and safety
- Lack of internal audit

**Question Title**

\* 18. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider RoundTable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area.

**Question Title**

\* 19. **Performance Measure G1:** Number and percent of closed cases of abuse/neglect/exploitation for which DBHDS verified that the investigation conducted by the provider was done in accordance with regulations. Please indicate the following:

- I agree with the primary reason for noncompliance identified in the QRT EOY Report
- I disagree with the primary reason for noncompliance identified in the QRT EOY Report.

**Question Title**

20. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

- Staff turnover
- Time workload demands of Support Coordinator/Provider
- Training Issues
- Lack of knowledge around abuse/neglect/exploitation
- Allegations not reported
- Lack of internal audit
- Other (please specify)

**Question Title**

\* 21. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider RoundTable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area.
- Other remediation (please specify)

**Question Title**

\* 22. **Performance Measure G4:** Number and percent of individuals who receive annual notification of rights and information to report abuse/neglect/exploitation. Please indicate the following:

- I agree with the primary reason for noncompliance identified in the QRT EOY Report
- I disagree with the primary reason for noncompliance identified in the QRT EOY Report.

**Question Title**

23. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

- Staff turnover
- Time workload demands of Support Coordinator/Provider
- Training Issues
- Lack of knowledge around annual notification of rights of abuse/neglect/exploitation
- Lack of internal audit for compliance
- Other (please specify)

**Question Title**

\* 24. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider RoundTable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area
- Other remediation (please specify)

**Question Title**

\* 25. **Performance Measure G10:** Number and percent of participants 19 years and younger who had an ambulatory or preventive care visit during the year. Please indicate the following:

- I agree with the primary reason for noncompliance identified in the QRT EOY Report
- I disagree with the primary reason for noncompliance identified in the QRT EOY Report

**Question Title**

26. If you disagree with the primary reason for noncompliance, what are alternative/supplemental reasons for noncompliance?

- Inaccurate reflection of last ambulatory or preventive care visit
- Time workload demands of Support Coordinator/Provider
- Training Issues
- Lack of knowledge around annual ambulatory or preventive care requirement
- Individual/family unwilling/unable to attend care visit
- Other (please specify)

**Question Title**

\* 27. How has your CSB remediated this area of noncompliance? Please select all that apply.

- We have not remediated this area of noncompliance yet.
- We have referred providers to DBHDS for training.
- We have attended Provider RoundTable/SC meetings with discussion on the topic.
- We have attended a DBHDS training/received technical assistance on this topic.
- We have worked with individual providers to remediate noncompliance in this area.
- We have not received a citation in this area
- Other remediation (please specify)

**Question Title**

28. Do you have any additional feedback on any PM not expressly solicited in previous questions?

**Question Title**

\* 29. Please provide overall feedback on the QRT EOY Report on a scale from 1-5 where (5) is the best possible score and (1) is the worst.

	5	4	3	2
Overall Report Structure and Format	Overall Report Structure and Format <b>5</b>	Overall Report Structure and Format <b>4</b>	Overall Report Structure and Format <b>3</b>	Overall Report Structure and Format <b>2</b>
Executive Summary and Conclusions	Executive Summary and Conclusions <b>5</b>	Executive Summary and Conclusions <b>4</b>	Executive Summary and Conclusions <b>3</b>	Executive Summary and Conclusions <b>2</b>
Part I. Data Provenance for Health and Safety Measures	Part I. Data Provenance for Health and Safety Measures <b>5</b>	Part I. Data Provenance for Health and Safety Measures <b>4</b>	Part I. Data Provenance for Health and Safety Measures <b>3</b>	Part I. Data Provenance for Health and Safety Measures <b>2</b>
Part II. State Fiscal Year 2024 Quality Review Team Reporting	Part II. State Fiscal Year 2024 Quality Review Team Reporting <b>5</b>	Part II. State Fiscal Year 2024 Quality Review Team Reporting <b>4</b>	Part II. State Fiscal Year 2024 Quality Review Team Reporting <b>3</b>	Part II. State Fiscal Year 2024 Quality Review Team Reporting <b>2</b>
Appendix A: Acronym Guide	Appendix A: Acronym Guide <b>5</b>	Appendix A: Acronym Guide <b>4</b>	Appendix A: Acronym Guide <b>3</b>	Appendix A: Acronym Guide <b>2</b>
Appendix B: Data Source Index	Appendix B: Data Source Index <b>5</b>	Appendix B: Data Source Index <b>4</b>	Appendix B: Data Source Index <b>3</b>	Appendix B: Data Source Index <b>2</b>
Overall Feedback on Tool/Ease of Use	Overall Feedback on Tool/Ease of Use <b>5</b>	Overall Feedback on Tool/Ease of Use <b>4</b>	Overall Feedback on Tool/Ease of Use <b>3</b>	Overall Feedback on Tool/Ease of Use <b>2</b>

**Question Title**

30. Do you have any additional feedback on the overall QRT EOY Report and/or the QRT CSB Review Questionnaire Feedback tool you would like to share?

