



2025 Data Quality Monitoring Plan Annual Update

March 13, 2026

A Life of Possibilities for All Virginians

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Executive Summary

The Department of Behavioral Health and Developmental Services (DBHDS) continues to demonstrate its commitment to ensuring its ability to ensure that its data sources and data source systems produce valid and reliable data. As noted in the SFY23 *Data Quality Monitoring Plan (DQMP)*, data source and data source system assessment is but one piece of a comprehensive process. This process includes the assessment process as well as the following steps:

- Measure validation which serves to ensure that all measures used as part of the DBHDS Developmental Disabilities (DD) Quality Management System (QMS) meet established specifications
- Data process documents which serve to document data origination, management and use, business area ownership, and data quality concerns and mitigating strategies employed to address them (for all datasets used to assess data, as part of the DD QMS).
- Data attestations that serve to attest to data source and data source system ability to produce valid and reliable data, with appropriate mitigation strategies.

The *DQMP Annual Update* is intended to focus on progress toward addressing the outcome of the most recent data source or data source system assessment; a few other items of note have been included. REACH has now fully been subsumed by Virginia Crisis Connect (VCC), as of Oct. 2024. Therefore, all data source system activities previously conducted through the REACH datastore, now occur through VCC. The PAIRS data source system datasets have not been used to assert compliance with the DOJ SA since 2024, so it has been formally excluded from this report. In 2025, the OCQM Consultant determined that business/program area successfully addressed all *Actionable Recommendations* and associated *Completion Criteria* within the Consolidated Employment Spreadsheet (CES) WaMS Individual and Family Support program (IFSP), and Support Coordinator SCQR), therefore those reports have also not been included in this Annual Update.

This document details DBHDS progress toward addressing Office of Clinical and Quality Management (OCQM) consultant data quality concerns identified through the SFY23 assessment process. It is important to note that this document does not serve as an assessment of the activities performed to date but serves to chronicle all of the important work completed by DBHDS business/program area and information technology personnel, the work planned for execution, and strategies employed to address data quality concerns where additional system enhancements require a bit more time to address or where system replacement is needed (for additional information regarding how DBHDS addresses needs for system enhancement or replacement, please review data process documents and associated data attestations for datasets used to assert data validity and reliability.

An overview of findings and progress toward addressing those findings has been provided below, in the form of tables and charts. Findings from the SFY23 DQMP fall into the following data quality categories: backend structure, data validation, key documentation, manual data processing, training, and user interface. In this section, a brief synopsis of findings per category has been provided. For more specific details regarding findings per data source and data source system, detailed in Table 1 above, please review the respective data source and data source system assessments completed by OCQM personnel or OCQM data system analyst consultants.

Table 1. Data Quality Categories

DQ Category	Description
Backend Structure	Processes for creating the structure and logic that receives requests from users and return the appropriate data back to the user
Data Validation	The process, activities and mechanisms used to ensure data accuracy and consistent application of business rules, resulting in quality data. It includes building checks into a data source or data source system, process or report to ensure the logical consistency of input, stored data, and output.
Key Documentation	Written documentation that is created, managed, and maintained that records data source and data source system essential processes related procedures for data inputs, outputs, and data ownership. These documents may include but are not limited to data dictionaries, process maps, business rules, standard operating procedures, business glossaries, data governance and data ownership.
Manual Data Processing	When a data entry, data cleaning, or data reporting is completed via a manual process.
Training	Activity implementation or document development designed to educate the user, business area, and other stakeholders on processes, procedures or protocols.
User Interface	The interactivity, design (look, usability and intuitive nature) of the data source or data source system while using the system. These may include user ability to input information or get it out of the system, use of navigational components used to move through each area of the system, informational components designed to understand system constraints and the interconnectedness of areas within the system for actions such as pre or auto population when the same information is needed in various areas of the system.

In SFY23, there were 10 data sources and data source systems assessed (including 4 new modules). In Table 2 below, a brief synopsis of findings per category, per data source or data source system has been provided. For more specific details regarding findings per data source and data source system, please review the respective data source and data source system assessments completed by OCQM personnel or OCQM data system analyst consultants.

Table 2. Data Source Systems Assessed

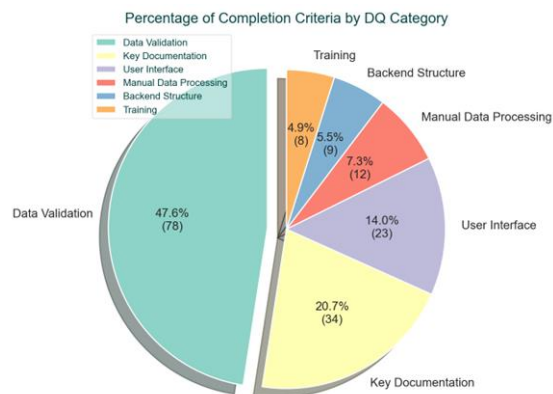
Source System	DQ Category(-ies)	Replacement Status
Avatar	Key Documentation, Training, Data Validation (N=3)	Planned Replacement
Consolidated Employment Spreadsheet (CES)	Key Documentation, Training, Data Validation, User Interface, Backend Structure, Manual Data Processing (N=6)	N/A
CHRIS-Human Rights (HR)	Data Validation (N=1)	Planned Replacement
CHRIS-Serious Incident Report (SIR)	Data Validation (N=1)	Planned Replacement
Children in Nursing Facilities (CNF) Spreadsheet	Backend Structure, Key Documentation, Data Validation, User Interface, Manual Data Processing (N=5)	N/A
CONNECT	Backend Structure, User Interface, Key Documentation, Data Validation, Training (N=5)	Planned Replacement
WaMS Customized Rate Module	Manual Data Processing, User Interface, Key Documentation, Data Validation, Training (N=5)	N/A
WaMS Individual and Family Support Program (IFSP) Module	Data Validation, Manual Data Processing (N=2)	Complete
WaMS Regional Support Team (RST) Module	Key Documentation, Training, Data Validation, User Interface, Manual Data Processing (N=5)	Complete
Virginia Crisis Connect (VCC)	Data Validation, Key Documentation, Manual Data Processing, User Interface (N=4)	N/A
Waiver Management System (WaMS) Individual Support Plan (ISP) proper	Data Validation, User Interface, Key Documentation (N=3)	N/A
WaMS Waitlist Module	Key Documentation, Data Validation, Training (N=3)	N/A

Data Source and Data Source System Assessment Results

Data source system and data source assessments result in the identification of data quality concerns, overarching recommendations for quality improvement, and completion criteria (actions to be taken to address data source and data source system data validity and reliability concerns). In figure 1 below, the percentage of completion criteria is depicted by data quality category. In SFY23/24, the top three greatest areas of need identified fell into the data validation, key documentation, and user interface DQ categories.

Figure 1. Percentage of Completion Criteria by Data Quality Category

The following chart displays the total percentage of completion criteria (N=175) which fall into the aforementioned categories of data quality improvement.



In Table 3, below, progress related to data source system and data source assessment, by DQ category, is broken down by overarching recommendation and completion criteria noted in SFY24 assessments as well as progress

noted by the business/program area as part of the SFY25 Annual Update cycle For more information and descriptions of the data labels used in this visual, and other visuals used in this report, please see the [Data Dictionary](#) in the report Appendix.

Table 3. Outcome and Status Totals by Data Quality Recommendation Categories

Totals by DQ Recommendation Categories

DQ Category	DQ Recommendations			Completion Criteria			Annual Update on Internal Progress		
	Recs	Met Recs	% Met Recs	Criteria	Met	% Met Criteria	Completed	In Progress	% Completed
Key Documentation	22	10	45%	34	12	35%	19	15	86%
User Interface	14	6	43%	23	7	30%	9	14	56%
Data Validation	39	16	41%	78	19	24%	48	30	81%
Training	6	2	33%	8	2	25%	3	5	50%
Manual Data Processing	8	2	25%	12	3	25%	8	4	89%
Backend Structure	5	1	20%	9	1	11%	6	3	75%
Total	94	37	39%	164	44	27%	93	71	57%

Overall Progress and Updates for All Sources and Data Sources Systems

This section of the report further details overall agency progress with the DQ recommendations. This information is presented in two sections to display relevant information for:

- Systems that have received a follow-up review in addition to their initial review where recommendations were made; and
- Systems that have only received an initial review and no subsequent follow-up reviews







For data source systems and data sources with initial and follow-up assessments, Table 4 summarizes the number of overarching recommendations and related completion criteria that have been determined to be 'Met' by the OCQM consultants of August 2025, as well as progress toward meeting recommendations and completion criteria remaining unmet (based on business/program area report).

Table 4. Outcomes and Status Totals by Source System (2+ Assessments)

System	OCQM/DQV Assessments		Totals by Source System (2+ Assessments)						Annual Update on Internal Progress		
	Assessments	Last Eval	DQ Recommendations			Completion Criteria			Complete	In Progress	% Complete
			Recs	Met Recs	% Met	Criteria	Met	% Met CC			
CNF	3	5/27/2025	8	6	75%	18	15	83%	15	3	83%
SCQR	2	5/1/2025	1	1	100%	1	1	100%	1	0	100%
VCC	2	1/30/2025	6	0	0%	14	4	50%	7	7	50%
IFSP	2	11/30/2024	3	3	100%	3	3	100%	3	0	100%
REACH	2	9/1/2023	4	1	25%	9	2	22%	2	7	22%
PAIRS	2	8/31/2023	4	0	0%	4	0	0%	0	4	0%
CES	3	8/24/2023	9	9	100%	17	17	100%	17	0	100%
CHRIS-HR	2	8/24/2023	5	0	0%	9	0	33%	3	6	33%
CHRIS-SIR	2	8/24/2023	4	0	0%	7	0	14%	1	6	14%
Avatar	3	8/4/2023	6	3	50%	14	6	100%	14	0	100%
WaMS	3	8/4/2023	9	2	22%	20	5	35%	7	13	35%
Total	26	5/27/2025	58	25	43%	112	53	47%	69	46	62%

Table 5 below summarizes information related to data source systems, data sources or data source system modules with only one assessment. It is important to note that these systems will not have any 'Met' recommendations or completion criteria either because the data source or data source system was determined to have "met" all assessment recommendations and completion criteria or the data source or data source system does not come due for reassessment until SFY26/27. These data source systems and data sources will however have internal (DBHDS) action plans and progress updates presented in this report.

Table 5. Outcomes and Status Totals by Source System (One Assessment)

Totals by Source System (One Assessment)							
Data is from the most recent assessments.							
System	OCQM/DQV Assessments		DQ Recommendations		Annual Update on Internal Progress		
	Assessments	Last Eval	Recs	Criteria	Complete	In Progress	% Complete
CR	1	8/17/2023	5	14	10	4	
RST	1	8/16/2023	6	12	0	12	
Waitlist	1	8/15/2023	3	8	5	3	
CONNECT	1	7/18/2023	8	23	17	6	
OLIS	1	6/1/2019	4	4	0	4	
Total	5	8/17/2023	27	65	33	29	

DBHDS Business Owner Action Plans & Updates (by Source System)

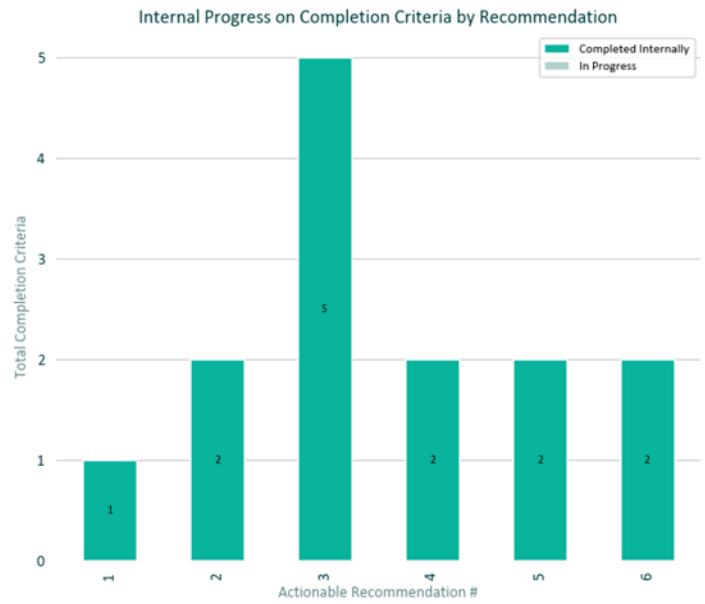
This section provides detailed information including:

- Recommendations (in their entirety) deemed to be complete, as of September 2025
- Recommendations with some but not all completion criteria deemed to be complete. as of August 2025
- Recommendations where none of the completion criteria have been assessed by the OCQM consultant as complete
- Details regarding a recap of the completion criteria, its status and action plans, updates, and future plans (provided by the business/program area).

Avatar

As of the last assessment, there were a total of six Actionable Recommendations for Avatar data quality improvement. The bar graphs below depict progress as assessed by OCQM consultants (left) in SFY23 and progress since the assessment, as reported by the business/program area (right) for the SFY25 annual update.

Criteria Statuses (per recommendation) for the Avatar source system.



Recommendations With All Completion Criteria Met

- Recommendation #1: Establish and document standard data entry requirements across facilities (Must be completed before Actionable Recommendation #2)
- Recommendation #2: Establish a process by which each new user is oriented to the Avatar System (Must be completed after Actionable Recommendation #1)
- Recommendation #5: Ensure that there is no catastrophic loss of information due to over-reliance on the Avatar system administrator

Recommendations With All Completion Criteria Work Still in Progress

- Recommendation #3: Implement effective data entry validation controls on the source system
- Recommendation #4: Improve instructional labels for search fields and align search input requirements with field format
- Recommendation #6: Remove unused screens/data fields from Avatar forms

Recommendation #3: Implement effective data entry validation controls on the source system

There was a total of five completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: In progress Estimated Completion Date: 12/31/2026 Description: Numeric fields (should) only accept numeric responses.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • No additional update can be provided until the vendor provides a solution. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Previously submitted Innovation I-22915 (to address the correction of Military fields) was escalated to the Netsmart Senior Client Alignment Executive on 07.08.2025.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<ul style="list-style-type: none"> In the meantime, the business/program continues to run deficiency reports to identify instances where numeric fields accept characters other than numbers.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: In progress Estimated Completion Date: 9/30/2026 Description: Time fields (should) only accept times that align with the business rules and standards set for that field. For example, fields that are meant to record the time that an event occurred in the past should not accept future times.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> No additional update can be provided until the vendor provides a solution. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Innovation I-23436(dates to align with business rules) that was previously submitted has been escalated to the Netsmart Senior Client Alignment Executive on 07.08.2025
<p>Criterion #: 3 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: In progress Estimated Completion Date: 9/30/2026 Description: Date fields (should) only accept dates that align with the business rules and standards set for that field. For example, a date field that is meant to record the date that an event occurred should not accept future dates.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> No additional update can be provided until the vendor provides a solution. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Previously submitted Innovation I-23436 (dates to align with business rules) was escalated to the Netsmart Senior Client Alignment Executive on 07/08/2025.
<p>Criterion #: 4 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: In progress Estimated Completion Date: 9/30/2026 Description: The system (should) prevent the entry of incompatible responses.</p> <ol style="list-style-type: none"> Date fields for events that should occur within an encounter should not accept dates that fall outside of that encounter. Date fields that record a date in the patient's life should not permit dates prior to the patient's date of birth, or after their date of death. Fields with responses that are dependent upon data entered in another field should not permit responses that are incompatible with the response entered in the other field (e.g. "smoking status assessment" date should not be permitted to be entered if "smoking status assessment performed" response is "No".) 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Previously submitted innovation to introduce conditional logic and data validation constraints, I-23436 (dates to align with business rules), was escalated to the Netsmart Senior Client Alignment Executive on 07.08.2025. Practitioner credentials are confirmed prior to billing using the NPI information, in the billing module. Services are reported in the client ledger or client charge input. When a new provider is set up, the system allows for credentials as a category and discipline. These are required fields. The billing credentials are added in a different area in the system and are verified before added.
<p>Criterion #: 5 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Data validation controls implemented on fields (should) meet the requirements of the business area</p> <ol style="list-style-type: none"> Phone number fields should allow for the entry of country codes, when necessary. Physical Address fields should allow for the entry of different countries and states, when necessary. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Fully implemented USPS address validation tool will flag invalid mismatches in city/state/zip. USPS address validation is in both Production and User Acceptance Training (UAT) as of July 2024.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<ul style="list-style-type: none"> c. Physical Address towns/cities, counties, and states should automatically populate with the entry of ZIP code information. d. Only valid city-state-ZIP code, combinations should be entered in address fields. e. Values should only auto-populate when deemed necessary by the business area. 	

Recommendation #4: Improve instructional labels for search fields and align search input requirements with field format

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS met one criterion (50%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: Met Estimated Completion Date: Not applicable Description: Search fields that require special instructions to return results (should) display the correct instructions.</p>	Not Applicable
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: In progress Estimated Completion Date: 9/30/2026 Description: Formatting requirements for search field input text (should) match the format of the data selections for that field.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • No additional update can be provided until the vendor provides a solution. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Previously submitted innovation expired and was replaced on 12/4/24 by Innovation I-23437 "Allow Search on Provider First Name."

Recommendation #6: Remove unused screens/data fields from Avatar forms

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

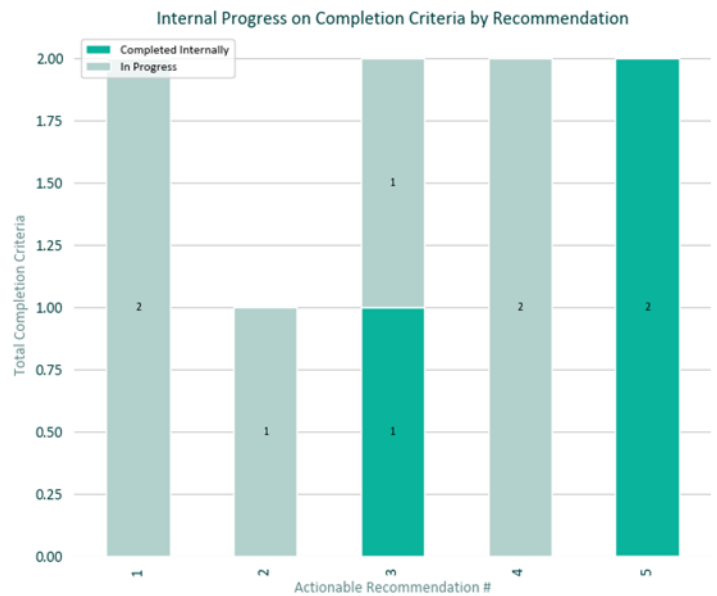
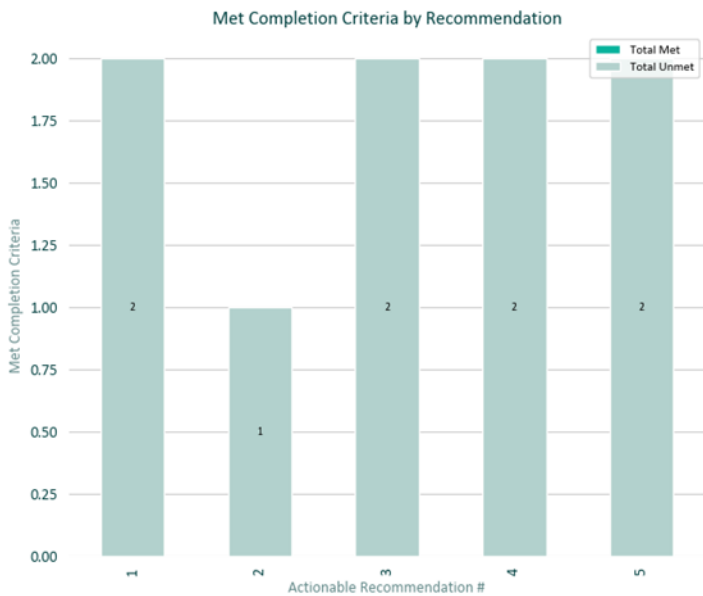
Recommendation #6 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: In progress Estimated Completion Date: 12/31/2026 Description: The business area (should) identified the following concerns:</p> <ul style="list-style-type: none"> a. There are data fields and form sections that are functional but not currently in use by the agency, for all forms used by the agency. b. There are data fields and form sections that are not functional and not currently in use by the agency, for all forms used by the agency. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The team is unable to disable fields in core forms/products and removing them would conflict with future updates. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The team will look into changing registry settings to adjust the fields. • The team will hide these fields but, in the meantime, the team has provided training to instruct that certain fields are to be ignored or completed only in certain circumstances. • Once the RFP vendor has been chosen as part of the implementation of a new system, data fields will be

Recommendation #6 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	outlined in training materials and training. This is an on-going effort.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Data fields and sections of forms that were identified as not currently in use by the agency should be removed.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> User roles have been refined, and form access has been changed (such that users cannot access unused forms) based on which roles use which forms. There are no end users with custom roles, so users have access to only forms used. Training material has been outlined for data fields to be populated per form. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Once the RFP vendor has been chosen as part of the implementation of a new system, data fields will be outlined in training materials and training. This is an on-going effort.

Computerized Human Rights Information System-Human Rights (CHRIS-HR)

As of the SFY24 Annual Update, there were a total of five Actionable Recommendations for CHRIS-HR data quality improvement. The bar graphs below depict progress as assessed by OCQM consultants (left) in SFY23 and progress since the assessment, as reported by the business/program area (right) for the SFY25 annual update.

Criteria Statuses (per recommendation) for the CHRIS-HR source system.



Recommendations With All Completion Criteria Met

- Not applicable

Recommendations With All Completion Criteria Work Still in Progress

- Recommendation #1: Data Quality Concern 1: Multiple profiles can be easily created for the same individual
- Recommendation #2: Data Quality Concern 2: Multiple records/reports for the same case/incident can be created by hitting the save button more than once while the system is "thinking"
- Recommendation #3: Data Quality Concern 3: Records (for individuals and for abuse reports) can be overwritten easily due to lack of business rules and poor design
- Recommendation #4: Data Quality Concern 4: Abuse reports and complaints can be entered for an individual after a death report has been entered
- Recommendation #5: Data Quality Concern 5: Lack of validation controls

Recommendation #1: Data Quality Concern 1: Multiple profiles can be easily created for the same individual

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/24/2023 Current Status: In progress; undergoing system replacement Estimated Completion Date: 8/1/2026 Description: Give each profile a distinct ID, create a system-generated unique ID that is truly unique across the platform.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • DBHDS has implemented an update in CHRIS HR. A Social Security number is required for each individual, so that a unique identifier is linked to that individual. This will assist provider to mitigate the creation of multiple profiles for that same individual. Furthermore, IT is engaged in a project to clean-up existing CHRIS data and create multiple profiles for that same individual. Furthermore, IT is engaged in a project to clean up existing CHRIS data. • Incident Management 101 Training provides detailed directions on how to create a unique ID in the CHRIS application and how to avoid creating a duplicate ID in error. There is an additional demonstration. • The IMU Overview Protocol was updated to include action steps to complete when multiple identification numbers are identified. See steps listed below in criterion #2. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • A replacement system (VIPRS) has been identified; it will be designed to prevent duplicate profiles and include business rules. • Through the Enterprise Data Warehouse (EDW), individuals will receive a Master Patient Index which is a unique ID assigned to everyone. This further ensures uniqueness for the purposes of reporting.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/24/2023 Current Status: In progress; undergoing system replacement Estimated Completion Date: 8/1/2026 Description: Add advanced business rules and data validation to ensure that duplicate profiles cannot be created.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The progress with respect to having advanced business rules is that the CHRIS users have access to the Navigating CHRIS User Guide, a comprehensive set of directions to assist users with entering data. The Guide can be downloaded from the Help section in CHRIS. When an individual has multiple identification numbers under one provider record, IMU will complete a Helpdesk ticket to Merge IDs within CHRIS. The ticket will include a word document with the following information: provider name, number, individual name, the identity of the ID under which all others will be merged and a screenshot of the IDs related to the ticket. The most current ID will be retained, unless otherwise requested by the provider. IMU will notify the provider and provide technical assistance to mitigate the recurrence of providers creating multiple IDs. IMM tracks ticket(s) to completion. Incident Management 101 Training provides detailed directions on how to create a unique ID in the CHRIS application and how to avoid creating a duplicate ID in error. There is an additional demonstration. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> A replacement system (VIPRS) has been identified; it will be designed to prevent duplicate profiles and include business rules. Through the EDW, individuals will receive a Master Patient Index which is a unique ID assigned to each individual. This further ensures uniqueness for the purposes of reporting.

Recommendation #2: Data Quality Concern 2: Multiple records/reports for the same case/incident can be created by hitting the save button more than once while the system is "thinking"

There was a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/24/2023 Current Status: In progress; undergoing system replacement Estimated Completion Date: 8/1/2026 Description: Implement validation and business rules that prevent the creation of duplicate records when the save button is pressed multiple times while the system is processing.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Duplicative complaint and abuse reports are mitigated through daily review of reports by Regional Managers. When a provider enters a report that appears to be duplicate, the Manager or assigned Advocate will confirm the details with the provider directly. When it is confirmed that the report is a duplicate, the Manager will relay the CHRIS Abuse or Complaint Counter ID number to the

	<p>Associate Director for Community Operations who will review, compare and confirm the duplicate reports before deleting the duplicate record.</p> <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The concern related to multiple reports for the same incident is mitigated through ongoing review of reports by OHR advocates, in real-time. Duplicate cases are identified and removed so they are not included in data reporting. • A replacement system (VIPRS) has been identified; it will be designed to prevent duplicate profiles and include business rules. • Through the EDW individuals will receive a Master Patient Index which is a unique ID assigned to each individual. This further ensures uniqueness for the purposes of reporting.
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Recommendation #3: Data Quality Concern 3: Records (for individuals and for complaints/reports) can be overwritten easily due to lack of business rules and poor design

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/24/2023 Current Status: In progress; In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: SFY26 Description: Until the system can be replaced, add controls to individual fields (such as the location field) to help enhance the system's design.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The system no longer displays details of the most recent record. Instead, the user must now select the specific case number/incident, or select "new", thus requiring them to be more deliberate about record updates and new reports. • Complaint and abuse reports are locked from additional data entry by providers once closed. The record is then flagged, "Case Close: Read Only Record". • Users have access to online guides and training to assist with system navigation; this includes the Navigating CHRIS User Guide, a comprehensive set of directions to assist users with entering data. The Guide can be downloaded from the Help section in CHRIS. • The OHR facilitates quarterly live-virtual training sessions titled "Reporting in CHRIS: Abuse, Neglect, Exploitation, & Human Rights Complaints" that provides step by step instruction and demonstration. • This change, along with communicated expectations for end users that open reports are intended to be updated to reflect new information, has eliminated the issue concerning overwritten records. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • An incident management system replacement (VIPRS) has been identified and is in development; tentatively slated for deployment July 2027.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/24/2023</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Several tooltips have been added. To guide users towards more accurate data entry, when additional subcategories of Neglect were added, this included a brief description

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: 8/1/2026</p> <p>Description: Develop clear field labels, helpful tooltips, and error messages to guide users towards accurate data entry.</p>	<p>to help providers differentiate between the multiple options.</p> <ul style="list-style-type: none"> Also, to prevent loss of data on the <i>Investigation Tab</i>, a reminder for providers to "Ensure that the accused staff person(s) name has been entered and saved on the <i>Accusation tab</i>" was included. If the accused staff person(s) name (or unknown, if not known) is not entered and saved, the system user will be unable to save the investigation report and will lose any data entered on this tab. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Users have access to on-line guides and training to assist with system navigation; this includes the Navigating CHRIS User Guide, a comprehensive set of directions to assist users with entering data. The Guide can be downloaded from the Help section in CHRIS. The OHR facilitates quarterly live-virtual training sessions titled "Reporting in CHRIS: Abuse, Neglect, Exploitation, & Human Rights Complaints" that provides step by step instruction and demonstration. An incident management system replacement (VIPRS) has been identified and is in development; tentatively slated for deployment July 2027. Further improvements will be addressed through the new system replacement, VIPRS.

Recommendation #4: Data Quality Concern 4: Abuse incidents and complaints can be entered for an individual after a death report has been entered

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/24/2023</p> <p>Current Status: In progress; undergoing system replacement</p> <p>Estimated Completion Date: 8/1/2026</p> <p>Description: Develop and enforce data validation rules that prevent the entry of abuse incidents and complaints for individuals who have a recorded death report. These rules should include checks to ensure that such entries are not allowed in the system.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> There are instances where a SIR or abuse report will be entered after an individual's death. This most often happens with abuse reports and occurs when apparent abuse or neglect is identified as part of the investigation into the death. In such cases, the provider is advised that they need to enter the alleged abuse/neglect into CHRIS as an abuse report and complete their investigation per 12VAC35-115-175. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> To mitigate against erroneous data entry, each abuse report is reviewed by a human rights advocate; incorrect entries are identified and corrected. To date, these reviews have not identified issues with incident dates reported as occurring after an individual's death. An incident management system replacement (VIPRS) has been identified and is in development; tentatively slated for deployment July 2027. Further improvements will be addressed through the new system replacement, VIPRS.
<p>Criterion #: 2</p> <p>DQ Category: Data Validation</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p>

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Last Evaluation Date: 8/24/2023 Current Status: In progress; undergoing system replacement Estimated Completion Date: 8/2/2026 Description: Implement real-time alerts or notifications for users attempting to enter abuse incidents or complaints for deceased individuals. These alerts should inform users that such entries are prohibited and provide guidance on the appropriate actions to take.</p>	<ul style="list-style-type: none"> There are instances where a SIR or abuse report will be entered after an individual's death. This most often happens with abuse reports and occurs when apparent abuse or neglect is identified as part of the investigation into the death. In such cases, the provider is advised that they need to enter the alleged abuse/neglect into CHRIS and complete their investigation per 12VAC35-115-175. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> To mitigate against erroneous data entry, each abuse report is reviewed by a human rights advocate; incorrect entries are identified and corrected. To date, these reviews have not identified issues with incident dates reported as occurring after an individual's death. An incident management system replacement (VIPRS) has been identified and is in development; tentatively slated for deployment July 2027. Further improvements will be addressed through the new system replacement, VIPRS.

Recommendation #5: Data Quality Concern 5: Lack of validation controls

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

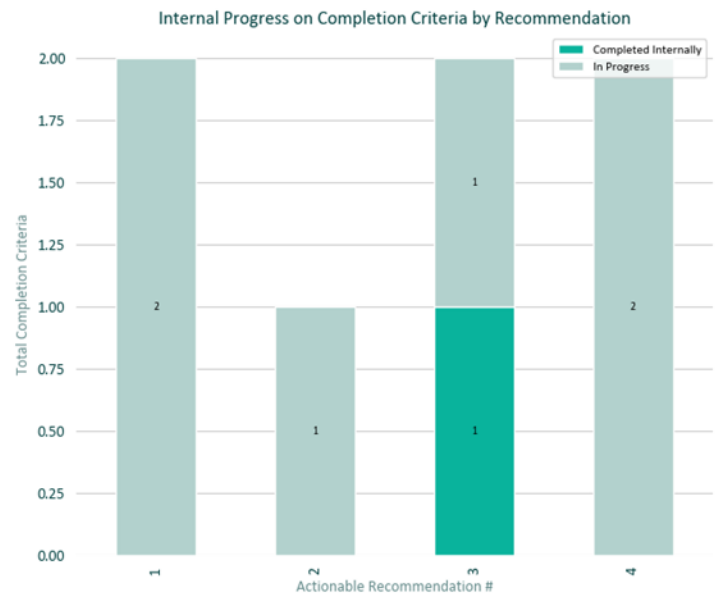
Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/24/2023 Current Status: In progress; In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: SFY26 Description: Information about how and why incidents occurred (should) not to be recorded in free-text boxes, to make aggregation for analysis feasible.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Data on the types of abuse and neglect alleged and substantiated are recorded in pre-defined check boxes and dropdown lists. Additional categories of abuse types were added in February 2023 to improve data aggregation. Specific details of each abuse event are recorded in text fields to capture the full details of each event. This information is used for individual case follow-up and not aggregate reporting. Providers logging into the system see a list of the services for which they are licensed. They first select the licensed service where the incident occurred; they then see a list of only those specific locations that are licensed under that service. The provider may select (but cannot modify) the location where the incident occurred. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> An incident management system replacement (VIPRS) has been identified and is in development; tentatively slated for deployment July 2027. Further improvements will be made through the new system replacement, VIPRS.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/24/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: SFY26 Description: Add controls to individual fields (such as location) to prevent erroneous data from being entered.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Data on the types of abuse and neglect alleged and substantiated are recorded in pre-defined check boxes and dropdown lists. Additional categories of abuse types were added in February 2023 to improve data aggregation. Specific details of each abuse event are recorded in text fields to capture the full details of each event. This

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p>information is used for individual case follow-up and not aggregate reporting.</p> <ul style="list-style-type: none"> Providers logging into the system see a list of the services for which they are licensed. They first select the licensed service where the incident occurred; they then see a list of only those specific locations that are licensed under that service. The Provider may select (but cannot modify) the location where the incident occurred. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> An incident management system replacement (VIPRS) has been identified and is in development; tentatively slated for deployment July 2027. Further improvements will be addressed through the system replacement, VIPRS.

Computerized Human Rights Information System-Serious Incident Report (CHRIS-SIR)

As of the SFY24 Annual Update, there were a total of four Actionable Recommendations for CHRIS-SIR data quality improvement. The bar graphs below depict progress as assessed by OCQM consultants (left) in SFY23 and progress since the assessment, as reported by the business/program area (right) for the SFY25 annual update.

Criteria Statuses (per recommendation) for the CHRIS-SIR source system.



Recommendations With All Completion Criteria Met

- Not applicable

Recommendations With All Completion Criteria Work Still in Progress

- Recommendation #1: Data Quality Concern 1: Multiple profiles can be easily created for the same individual
- Recommendation #2: Data Quality Concern 2: Multiple records/reports for the same case/incident can be created by hitting the save button more than once while the system is "thinking"

- Recommendation #3: Data Quality Concern 3: Records (for individuals and for complaints/reports) can be overwritten easily due to lack of business rules and poor design
- Recommendation #4: Data Quality Concern 4: Abuse incidents and complaints can be entered for an individual after a death report has been entered

Recommendation #1: Data Quality Concern 1: Multiple profiles can be easily created for the same individual.

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/24/2023 Current Status: In progress; undergoing system replacement Estimated Completion Date: 8/1/2026 Description: Give each profile a distinct ID, create a system-generated unique ID that is truly unique across the platform</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • DBHDS has implemented an update in CHRIS SIR. A Social Security number is required for each individual, so that a unique identifier is linked to that individual. This will assist provider to mitigate the creation of multiple profiles for that same individual. Furthermore, IT is engaged in a project to clean up existing CHRIS data. • Incident Management 101 Training provides detailed directions on how to create a unique ID in the CHRIS application and how to avoid creating a duplicate ID in error. There is an additional demonstration. • The IMU Overview Protocol was updated to include action steps to complete when multiple identification numbers are identified. See steps listed below in criterion #2. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • A replacement system (VIPRS) has been identified; it will be designed to prevent duplicate profiles and include business rules. • Through the Enterprise Data Warehouse (EDW), individuals will receive a Master Patient Index which is a unique ID assigned to each individual. This further ensures uniqueness for the purposes of reporting.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/24/2023 Current Status: In progress; undergoing system replacement Estimated Completion Date: 8/1/2026 Description: Add advanced business rules and data validation to ensure that duplicate profiles cannot be created.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The progress with respect to having advanced business rules is that the CHRIS users have access to the Navigating CHRIS User Guide, a comprehensive set of directions to assist users with entering data. The Guide can be downloaded from the Help section in CHRIS. • When an individual has multiple identification numbers under one provider record, IMU will complete a Helpdesk ticket to Merge IDs within CHRIS. The ticket will include a word document with the following information: provider name, number, individual name, the identity of the ID under which all others will be merged and a screenshot of the IDs related to the ticket. The most current ID will be retained, unless otherwise requested by the provider. IMU will notify the provider and provide technical assistance to mitigate the recurrence of providers creating multiple IDs. IMM tracks ticket(s) to completion • Incident Management 101 Training provides detailed directions on how to create a unique ID in the CHRIS

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p>application and how to avoid creating a duplicate ID in error. There is an additional demonstration.</p> <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • A replacement system (VIPRS) has been identified; it will be designed to prevent duplicate profiles and include business rules. • Through the EDW, individuals will receive a Master Patient Index which is a unique ID assigned to each individual. This further ensures uniqueness for the purposes of reporting.

Recommendation #2: Data Quality Concern 2: Multiple records/reports for the same case/incident can be created by hitting the save button more than once while the system is "thinking"

There is a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/24/2023</p> <p>Current Status: In progress; undergoing system replacement</p> <p>Estimated Completion Date: 8/1/2026</p> <p>Description: Implement validation and business rules to prevent the creation of duplicate records when the save button is pressed multiple times while the system is processing.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The IMU Process Overview was updated to include data validation actions. i.e., Duplicative Deaths/Serious Incident reports are mitigated through daily review of reports by Incident Management Specialists. When a provider enters DSIs that are triage and found to be duplicate, these DSIs will be appropriately labeled by the IMS to improve data validity. When using the DW-0123 CHRIS Incident Reports, the fields are coded to exclude DSIs that are labeled "Pending Duplicate" from the data totals. The DSIs will display a blank for the LS Action Taken on DW80a. These DSIs will be removed from the DW-0123 reports. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The concern related to multiple reports for the same incident is mitigated through the daily review of each serious incident report by IMU specialists. Specialists review each report to triage the incident and to verify data quality. Duplicate reports are flagged and removed from data reports. • A replacement system (VIPRS) has been identified; it will be designed to prevent duplicate profiles and include business rules. • Through the EDW individuals will receive a Master Patient Index which is a unique ID assigned to each individual. This further ensures uniqueness for the purposes of reporting.

Recommendation #3: Data Quality Concern 3: Records (for individuals and for complaints/reports) can be overwritten easily due to lack of business rules and poor design

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/24/2023</p> <p>Current Status: In progress; In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: SFY26</p> <p>Description: Until the system can be replaced, add controls to individual fields (such as the location field) to help enhance the system's design.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The system no longer displays details of the most recent record. Instead, the user must now select the specific case number/incident, or select "new", thus requiring them to be more deliberate about record updates and new reports. • DSIs are locked from additional data entry once closed. The record is then flagged, "Case Close: Read Only Record". • Users have access to online guides and training to assist with system navigation; this includes the Navigating CHRIS User Guide, a comprehensive set of directions to assist users with entering data. The Guide can be downloaded from the Help section in CHRIS. • Incident Management 101 Training is available to new and existing providers. Training is held quarterly and includes a demonstration on how to enter and update an Individual Profile, a death and serious incident report. • This change, along with communicated expectations for end users that open reports are intended to be updated to reflect new information, has eliminated the issue concerning overwritten records. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • An incident management system replacement (VIPRS) has been identified and is in development; tentatively slated for deployment July 2027.
<p>Criterion #: 2</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/24/2023</p> <p>Current Status: In progress; In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: 8/1/2026</p> <p>Description: Develop clear field labels, helpful tooltips, and error messages to guide users towards accurate data entry.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Several tooltips have been added. To guide users towards more accurate data entry, when additional subcategories of Neglect were added, this included a brief description to help providers differentiate between the multiple options. • Also, to prevent loss of data on the <i>Investigation Tab</i>, a reminder for providers to "Ensure that the accused staff person(s) name has been entered and saved on the Accusation tab" was included. If the accused staff person(s) name (or unknown, if not known) is not entered and saved, the system user will be unable to save the investigation report and will lose any data entered on this tab. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Users have access to on-line guides and training to assist with system navigation; this includes the Navigating CHRIS User Guide, a comprehensive set of directions to assist users with entering data. The Guide can be downloaded from the Help section in CHRIS. • An incident management system replacement (VIPRS) has been identified and is in development; tentatively slated for deployment July 2027. Further improvements will be addressed through the new system replacement, VIPRS.

Recommendation #4: Data Quality Concern 4: SIRs can be entered for an individual after a death report has been entered

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

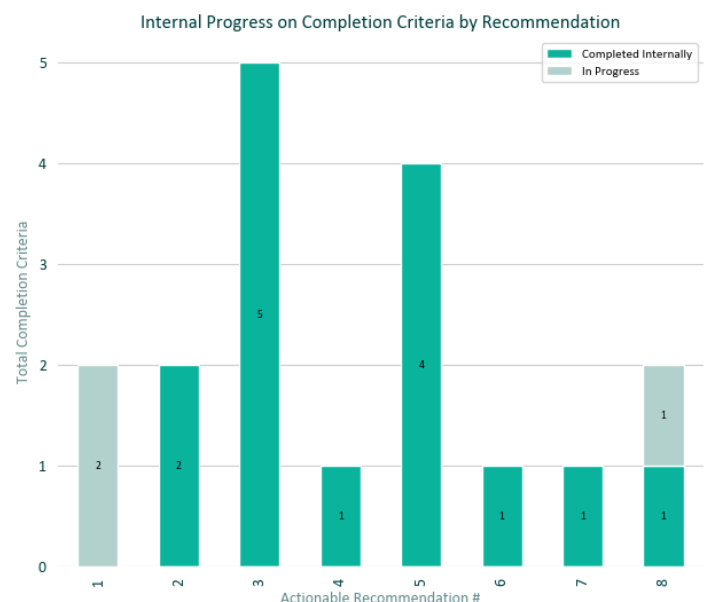
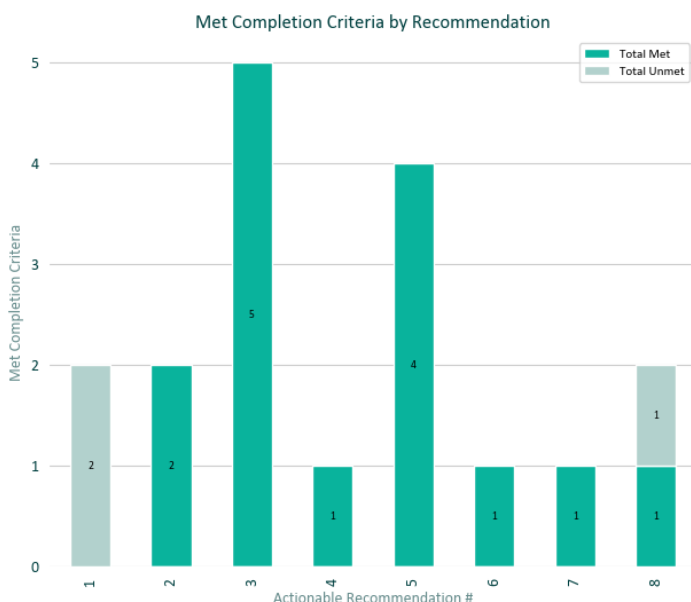
Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/24/2023 Current Status: In progress, undergoing system replacement Estimated Completion Date: 8/1/2026 Description: Develop and enforce data validation rules that prevent the entry of SIRs for individuals who have a recorded death report. These rules should include checks to ensure that such entries are not allowed in the system.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • There are instances where a SIR or abuse/neglect report will be entered after an individual’s death. This most often happens with abuse/neglect reports and occurs when apparent abuse or neglect is identified as part of the investigation into the death. In such cases, the provider is advised that they need to enter the alleged abuse/neglect into CHRIS and complete their investigation per 12VAC35-115-175. • Similarly, the OL may advise a provider to report SIRs identified as part of the death investigation. In such cases, the provider is advised that they need to enter SIRs that occurred prior to the death into CHRIS in accordance with 12VAC35-105 and 12VAC35-46. To mitigate against erroneous data entry, SIRs are reviewed by the Incident Management Specialist each business day; incorrect entries are identified and corrected <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • To mitigate against erroneous data entry, each abuse/neglect report is reviewed by a human rights advocate; incorrect entries are identified and corrected. To date, these reviews have not identified issues with incident dates reported as occurring after an individual’s death. An incident management system replacement (VIPRS) has been identified and is in development; tentatively slated for deployment July 2027. Further improvements will be addressed through the new system replacement, VIPRS.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/24/2023 Current Status: In progress, undergoing system replacement Estimated Completion Date: 8/1/2026 Description: Implement real-time alerts or notifications for users attempting to enter SIRs for deceased individuals. These alerts should inform users that such entries are prohibited and provide guidance on the appropriate actions to take.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • There are instances where a SIR or abuse/neglect report will be entered after an individual’s death. This most often happens with abuse/neglect reports and occurs when apparent abuse or neglect is identified as part of the investigation into the death. In such cases, the provider is advised that they need to enter the alleged abuse/neglect into CHRIS and complete their investigation per 12VAC35-115-175. • Similarly, the OL may advise a provider to report SIRs identified as part of the death investigation. In such cases, the provider is advised that they need to enter the SIR into CHRIS in accordance with 12VAC35-105 and 12VAC35-46. To mitigate against erroneous data entry, SIRs are reviewed by the Incident Management Specialist each business day; incorrect entries are identified and corrected. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • To mitigate against erroneous data entry, each abuse/neglect report is reviewed by a human rights

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p>advocate; incorrect entries are identified and corrected. To date, these reviews have not identified issues with incident dates reported as occurring after an individual's death.</p> <ul style="list-style-type: none"> An incident management system replacement (VIPRS) has been identified and is in development; tentatively slated for deployment July 2027. Further improvements will be addressed through the new system replacement, VIPRS.

Children in Nursing Facilities (CNF)

As of the SFY25 reassessment, there were a total of eight Actionable Recommendations for CNF data quality improvement. The bar graphs below depict progress as assessed by OCQM consultants (left) in SFY25 and progress since the assessment, as reported by the business/program area (right) for the SFY25 annual update.

Criteria Statuses (per recommendation) for the CNF source system.



Recommendations With All Completion Criteria Met

- Recommendation #2: Document business rule for data entry
- Recommendation #3: Implement effective data validation controls in the source system
- Recommendation #4: Establish a data dictionary for the CNF source system
- Recommendation #5: Protect the underlying format of the source system
- Recommendation #6: Develop a process by which unique identifiers for individuals are assessed for uniqueness in the source system
- Recommendation #7: Document the data entry process

Recommendations With Completion Criteria Work Still in Progress

- Recommendation #1: Revise the data model used to organize data within the CNF Spreadsheet.
- Recommendation #8: Eliminate manual effort in data entry and loading process.

Recommendation #1: Revise the data model used to organize data within the CNF Spreadsheet

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Backend Structure Last Evaluation Date: 5/27/2025 Current Status: In progress Estimated Completion Date: SFY26 Description: A data model (should be) documented that includes the following:</p> <ol style="list-style-type: none"> Definitions of the entities that will be used to provide structure to the source system. Descriptions of the relationships between entities. A list of data elements that need to be collected for each entity. Descriptions of the relationships between data elements. A design that prevents redundant data entry, especially for "static" individual data. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> "Biography" SharePoint List has been created. Next step is making the connection between the two SharePoint Lists. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The owners are continuing to work on documenting and implementing a revised data model. To date, the model has been expanded to include a "Biography" SharePoint list which reduces the need to repetitively input demographic information in the "single form."
<p>Criterion #: 2 DQ Category: Backend Structure Last Evaluation Date: 5/27/2025 Current Status: In progress Estimated Completion Date: SFY26 Description: The data model should be implemented in the source system.</p> <ul style="list-style-type: none"> Currently, the data entry process in SharePoint involves multiple users accessing a single form. This creates a problem when updating an individual's review status since it requires reentering the first and last name for each new entry. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> "Biography" SharePoint List has been created. Next step is making the connection between the two SharePoint Lists. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The data model has been expanded to include a "Biography" SharePoint list which eliminates the need to repetitively input demographic information into the "single form."

Recommendation #8: Eliminate manual effort in data entry and loading process

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS met one criterion (50%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #8 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 2 DQ Category: Manual Data Processing Last Evaluation Date: 7/18/2023 Current Status: In progress Estimated Completion Date: TBD Description: If applicable, the data loading process (should be) automated and does not require manual effort.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The OIH met with IT team to share the "Updated Data dictionary.xlsx" and the data entities of CNF SharePoint List. The two teams discussed the overall data input process and data lineage. Weekly meetings were put on hold while other DBHDS source systems are prioritized for integration into the new EDW. The meetings will resume once the integration of CNF data is scheduled as part of the Enterprise Data Warehouse ingestion plan. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> To further reduce manual effort and improve the data entry process, the Office of Transition Network Supports

Recommendation #8 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	(OTNS) is currently collaborating with IT to automate its data source system.

CONNECT

As of the SFY24 assessment, there were a total of eight Actionable Recommendations for CONNECT data quality improvement. The bar graphs below depict data source system assessment results, as assessed by OCQM consultants (left) in SFY24 and progress since the assessment, as reported by the business/program area (right) for the SFY24 Annual Update, as the SFY25 assessment remains in progress.

Criteria Statuses (per recommendation) for the CONNECT source system.



Recommendations With All Completion Criteria Met

- None

Recommendations With Completion Criteria Work Still in Progress

- Recommendation #1: Application Performance Impacting Data Loss and Duplication of Records
- Recommendation #2: Establish a Data Dictionary for Workflow Processes
- Recommendation #3: Streamline Security Access for Data Error Correction
- Recommendation #4: Decreased Efficiency in Data Lookup and Inconsistencies with Data Entry Due to Multiple Data Entry Screens
- Recommendation #5: Restrict Flexibility to Deviate from Process Guides
- Recommendation #6: Enhance Comprehensive Logging of Historical Data
- Recommendation #7: Reduce Manual Effort when Correcting Records and Performing Data Clean-up
- Recommendation #8: Ambiguity in Identifying Responsible Entity and Misleading Modification Timestamps in DSI History

Recommendation #1: Application performance impacting data loss and duplication of records

There was a total of four completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Backend Structure Last Evaluation Date: 7/18/2023 Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Estimated Completion Date: TBD Description: Conduct a thorough analysis of the application to identify specific areas where performance issues are impacting data entry. This may involve reviewing system logs, analyzing response times, and gathering user feedback to pinpoint the root causes. Specifically:</p> <ul style="list-style-type: none"> • Notable sluggishness in the performance of the CONNECT system, which necessitates users having to make multiple clicks to save data or refresh a new page. • System performance experiences delays when saving pages and navigating between different pages and records, resulting in the unintended creation of multiple item records. Users may mistakenly assume that they have successfully entered data, only to realize that the data was not saved. Consequently, they may unknowingly enter data multiple times, leading to the generation of duplicate records. • Persistent slow performance has caused a significant number of data entry errors, including the duplication of multiple CAP items. These duplications are not immediately apparent at the time the CAP is issued, which means that providers may remain unaware of the duplicates until a later stage in the CAP process. To address this issue, the provider must individually respond to each duplicate case for the response to be received and the duplicates to be deleted. • In the event of a system stall, which may go unnoticed by the user, it becomes impossible to retrace the steps or resume from where they left off. • CONNECT inability to recognize system activity until it is refreshed. • Users occasionally have to log in and out again if they have inadvertently clicked on a button more than once. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Worked with the vendor to address overall system performance by decreasing the size of entities loaded into the extensible mark-up language (XML) when users click to open records. This included removing historical information for location modifications and application history from the XML and replacing that data with a link that allows users to load the data back into the XML if it is needed. • Below are the areas of improvement that were to be addressed in the 'CONNECT_AR_Large Entity Efficiency - Goal and Scope.docx' file. After approval of the goal and scope document, the vendor, GL Solutions, informed us they would not be completing any further projects on the system performance until after the migration to GL Suite 7 in mid-2025. • They did implement in an "internal" project some additional shrink/expand functionality to help with record speed in the meantime. The data that was updated with shrink functionality includes information modifications, provider communications, licenses older than 3 years, and previous location associations. • Migration to GLSuite7 was completed in March of 2025. Previously reported performance issues of system freezing and connection loss during data entry have been resolved. However, issues of slow loading records and long save times persist, though has improved somewhat with the transition to the new version of the software. Additionally, several projects have been identified to address design related improvements in the system to expedite user data entry for inspections, licensing reports, CAP responses, and location data management. • Migration to GLSuite7 was completed in March of 2025. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The goal and scope of the work was approved to be closed. Once we transition to GL Suite 7 and the cloud based server, this project may not be needed at all. • Expectations: Project 01 – Large Entity Efficiency To accommodate the performance goal stated, the following areas for improvement have been identified: 1) Hide XML Objects, 2) Service Application, 3) Service License, 4) Location Modification o Provider License, 5) Children's Residential Service Application, and 6) Children's Residential Service License • Identify Impact Rules, substitutions, and websites to be analyzed and action taken to ensure all function as needed when objects are hidden

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<ul style="list-style-type: none"> • Queries required to see hidden data will be customized queries. Customized queries will require a spec and will be approved by the client • Implement Solutions-All impacted rules, etc. will be updated to function with this hidden XML • Client Training- Any change impacting how the system is viewed or used will include training for the change. This may happen at different times depending on the implementation of changes • We will re-assess at that time and establish a new goal and scope if additional work on performance is needed. • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. • Continue to document system performance related issues and report to CONNECT vendor for resolution. • Order projects to complete system re-design in areas where data entry steps can be streamlined: Inspections; Licensing Reports; CAP Responses; Location Data Management. ETA for future project completion is unknown. The Office of Licensing is limited by the vendor in the number of projects that can be ordered concurrently. Projects are prioritized by state and agency initiatives, as well as cost and level of effort. • The Office of Licensing is working with the CONNECT vendor to order a series of projects referred to by the vendor as Agency Transformation. Objectives of this initiative will include business process overhaul and design changes to problem area processes. This work will take a considerable amount of time and resources to complete. We expect the projects to kick off within this fiscal year. Initial estimates to complete the work is 6 months to 1 year – this timeline may increase once full scope of work is determined. • Migration to GL Suite 7 is underway and scheduled to be completed in late January 2026.
<p>Criterion #: 2</p> <p>DQ Category: Backend Structure</p> <p>Last Evaluation Date: 7/18/2023</p> <p>Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025</p> <p>Estimated Completion Date: TBD</p> <p>Description: Work closely with the vendor to optimize the application's performance. This may involve identifying and resolving code inefficiencies, optimizing database queries, improving network infrastructure, or implementing caching mechanisms to enhance data entry speed and responsiveness. Specifically:</p> <ul style="list-style-type: none"> • Notable sluggishness in the performance of the CONNECT system, which necessitates users having to make multiple clicks to save data or refresh a new page. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Worked with the vendor to address overall system performance by decreasing the size of entities loaded into the XML when users click to open records. This includes removing historical information for location modifications and application history from the XML and replacing that data with a link that allows users to load the data back into the XML if it is needed. • DBHDS has worked with the vendor to incorporate all changes that are possible in the current version of GL6. • IMS Update - Decision was made to build new IMS system in-house. • Migration to GLSuite7 was completed in March of 2025. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<ul style="list-style-type: none"> System performance experiences delays when saving pages and navigating between different pages and records, resulting in the unintended creation of multiple item records. Users may mistakenly assume that they have successfully entered data, only to realize that the data was not saved. Consequently, they may unknowingly enter data multiple times, leading to the generation of duplicate records. Persistent slow performance has caused a significant number of data entry errors, including the duplication of multiple CAP items. These duplications are not immediately apparent at the time the CAP is issued, which means that providers may remain unaware of the duplicates until a later stage in the CAP process. To address this issue, the provider must individually respond to each duplicate case for the response to be received and the duplicates to be deleted. In the event of a system stall, which may go unnoticed by the user, it becomes impossible to retrace the steps or resume from where they left off. CONNECT inability to recognize system activity until it is refreshed. Users occasionally have to log in and out again if they have inadvertently clicked on a button more than once. 	<p>marketplace, while also evaluating feasibility of building in-house solution.</p> <ul style="list-style-type: none"> IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized. Continue to document system performance related issues and report to CONNECT vendor for resolution. IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion. No changes can be made to the incident management process steps in CONNECT until they are addressed in the source IMS system as CONNECT is not the data source for death and serious incident reporting.
<p>Criterion #: 3 DQ Category: User Interface Last Evaluation Date: 7/18/2023 Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Estimated Completion Date: TBD Description: Evaluate the user interface (UI) and user experience (UX) design to identify any elements that may contribute to data entry issues. Simplify and streamline the UI to minimize user frustration and improve efficiency. Consider implementing features such as auto-saving, smart defaults, or keyboard shortcuts to expedite data entry and reduce manual effort. Specifically:</p> <ul style="list-style-type: none"> Notable sluggishness in the performance of the CONNECT system, which necessitates users having to make multiple clicks to save data or refresh a new page. System performance experiences delays when saving pages and navigating between different pages and records, resulting in the unintended creation of multiple item records. Users may mistakenly assume that they have successfully entered data, only to realize that the data was not saved. Consequently, they may unknowingly enter data multiple times, leading to the generation of duplicate records. Persistent slow performance has caused a significant number of data entry errors, including the duplication of 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Enhancements for the UI and UX are documented as discovered and reviewed by leadership bi-weekly for approval. Tasks are then submitted to the vendor to complete the change. These enhancement tasks are typically completed within 2 weeks upon submission to the vendor. The CONNECT Management Plan includes directions for how users can submit feedback for areas of improvement. Many of the issues with the user interface are inherent in the overall structure of the system itself and not easily resolved. Some of the system performance issues are targeted to be addressed with the new version GLSuite7. Migration to GLSuite7 was completed in March of 2025. IMS Update - Decision was made to build new IMS system in-house. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The vendor, GL Solutions, is rolling out a new version of the GL Suite software. GLSuite7 offers several new features for how data is saved, workflow features, and process guide integration that will mitigate many of the user experience related frustrations. Implementation of GL7 is targeted for mid-2025. Updating requirements for a new licensing system to include issues identified here; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>multiple CAP items. These duplications are not immediately apparent at the time the CAP is issued, which means that providers may remain unaware of the duplicates until a later stage in the CAP process. To address this issue, the provider must individually respond to each duplicate case for the response to be received and the duplicates to be deleted.</p> <ul style="list-style-type: none"> • In the event of a system stall, which may go unnoticed by the user, it becomes impossible to retrace the steps or resume from where they left off. • CONNECT inability to recognize system activity until it is refreshed. • Users occasionally have to log in and out again if they have inadvertently clicked on a button more than once. 	<ul style="list-style-type: none"> • IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized. • Continue to document system performance related issues and report to CONNECT vendor for resolution. • IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion. • OL Leadership will continue to support system enhancements and projects to improve current system functionality and data entry for the duration of life of the CONNECT application.
<p>Criterion #: 4 DQ Category: Backend Structure Last Evaluation Date: 7/18/2023 Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Estimated Completion Date: TBD Description: Perform load testing to simulate heavy usage scenarios and assess how the application performs under such conditions. Monitor application performance continuously to identify any performance degradation or bottlenecks. This allows for proactive measures to be taken before data entry issues arise.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • GL Solutions uses a software program called Redgate to monitor the applications Production environment. This program reports all SQL tasks that are running beyond normal response times to the GL Solutions Admin team. The events are reviewed daily, and tasks are created internally by GL Solutions to resolve. • Migration to GLSuite7 was completed in March of 2025. • When performance issues are identified using this process, tasks created by GL Solutions to resolve issues of performance degradation are scheduled to begin immediately and receive high priority 24-hour support until resolved. • IMS Update - Decision was made to build new IMS system in-house. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. • IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized. • Continue to document system performance related issues and report to CONNECT vendor for resolution. • IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion. • OL Leadership will continue to support system enhancements and projects to improve current system

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	functionality and data entry for the duration of life of the CONNECT application.

Recommendation #2: Establish a data dictionary for workflow processes

There was a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Key Documentation Last Evaluation Date: 7/18/2023 Current Status: TBD Estimated Completion Date: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Description: A comprehensive data dictionary (should be) available, providing extensive details regarding the contents of the data tables in the source system. This includes:</p> <ol style="list-style-type: none"> a. The complete list of data element names. b. The specific data types or formats associated with each data element. c. Descriptions and business definitions clarifying the contents of each data element. d. Indication of whether the data is sourced from the system itself or generated by users. e. Identification of the system from which data is imported for each data element. f. Thorough business definitions for each unique response value within fields that are constrained to predefined lists of options, such as dropdown menus. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The Self-Document Specification (SDS) is the data dictionary for the CONNECT (GLSuite6) application. The SDS includes all required data points as detailed in this recommendation. This task is completed and the SDS for the Death and Serious Incident Reporting business process can be attached (See SDS - Death and Serious Incident Reporting, as an example and proof that this document contains all required information for a data dictionary). • This is part of the CONNECT application. • Completion Criteria for this item has been met. No further action will be taken. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The Office of Licensing is currently working with the EDW Team to create a formal data dictionary for CONNECT to eventually gain access to the data for data warehouse. This item is still marked as resolved because the SDS data dictionary format does meet the requirements of the recommendation.

Recommendation #3: Streamline the security access for data error correction

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 7/18/2023 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Conduct a comprehensive review of the existing security settings and access privileges in the system. Identify any areas where the security access may be overly restrictive or cumbersome, leading to difficulties in correcting data errors.</p> <ul style="list-style-type: none"> In certain workflow processes like the DSI process, users who possess the necessary editing privileges experience a waiting period of twenty-four hours for corrections to be reflected in the records and reports generated. This delay attributed to their security access level. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Security settings are reviewed by leadership on an on-going basis, and adjustments are made in real-time to allow or restrict access to fields. When data entry errors occur, if the staff does not have access to correct the error themselves, the escalation path is for the staff to contact their manager, who is available during all working hours, and who can correct most data entry errors on records immediately. The 24-hour waiting period for corrections to be reflected has to do with the BI reports in CONNECT that display data from the records. The data tables for the BI reports are updated by scheduled jobs overnight, so when changes are made to a record, the changes are reflected on the record right away, but they are not reflected in those BI reports until the next day. The jobs that update the data tables for the BI reports can be triggered manually. To address this issue, we added the BI report refresh commands to the main screen menu in CONNECT and granted security access to them to the users so they can refresh the reports as needed to see changes reflected right away instead of waiting overnight. This update was implemented in the production environment on 03/07/2024. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> TBD
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 7/18/2023 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: TBD Description: Work with the vendor to reduce the time required to re-generate the report, following correction of data errors.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The jobs to refresh BI reports were added to the Main screen menu in CONNECT and made available for all managers to refresh the reports on an as needed basis. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> <u>TBD</u>

Recommendation #4: Decreased efficiency in data lookup and inconsistencies with data entry due to multiple data entry screens

There was a total of three completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 7/18/2023 Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Estimated Completion Date: TBD Description: Streamline the data entry forms by removing any unnecessary fields or redundant information. Design the forms to</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Changes to reports are not tracked in the CHRIS system where the report data is entered, therefore CONNECT does not receive any information regarding the specific changes made by providers. The CHRIS system, where providers enter this data, does not include any validation or fields to ensure that when providers indicate updates will be provided, or that updates have been provided, that those updates/changes are documented or tracked for the IMU team to review. There is not a good solution to

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>be intuitive and user-friendly, allowing users to easily enter data without confusion or errors.</p> <ul style="list-style-type: none"> History logs dispersed across multiple tabs- In the case of the Incident Management Unit (IMU), their responsibility involves reviewing updates from CHRIS, requiring them to open each tab related to the update individually to locate where the update was made. As a result, they cannot view the collective history on a single main page, leading to inefficiencies in the process. Moreover, users may receive reports from the Incident Management Specialist indicating that an update for a specific incident has been applied. However, upon inspection of the report, they struggle to locate the actual updates, leading to significant time being spent on searching for the update. There is currently a section available for providers to indicate that they have provided updates, however providers do not consistently document these updates. Although CHRIS sends a report flagging updates, it fails to specify the location of the record. Furthermore, in the DSI workflow process, when a user performs data entry under inspections for a CAP record, there are multiple "tabs" for data entry that need to be completed for that specific data-entry process and each tab can display the same elements. Both data entry tabs include an approval status field with the same categorical response options. If one of those same field types is not entered in any one of the tabs, this could impact the approval status on the inspection report. 	<p>this data entry gap until the IMS system solution is implemented.</p> <ul style="list-style-type: none"> To help combat this in CONNECT, the IMU users do receive an email with every data transfer of reports from CHRIS to CONNECT that includes which records are "updated" vs. "new", and for those updated records, it includes which screens specifically were updated. From there, the users can navigate directly to those screens under those reports and view the screen audit log history to see exactly what was changed. This is not new functionality and was implemented at the time of go-live in the CONNECT system. The data structure of CONNECT does not allow for a single collective history on a single main page of an entire record, changes are tracked screen by screen and field by field. Migration to GLSuite7 was completed in March of 2025. IMS Update - Decision was made to build new IMS system in-house. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Requested changes around fields and redundant information for Death and Serious Incident reports need to be updated in CHRIS before it can be changed in CONNECT to match since CHRIS is the data source system of that data. Any additional updates to change tracking will need to be coordinated as part of the IMS system replacement requirements since CONNECT is not the source system of this data. The workflow process for data entry under inspections for a CAP record impacts more process than just the DSI workflow process. Leadership conducted meetings to determine how to simplify this process and consolidate steps to remove redundancies and consolidate data entry screens. The scope of this project was reviewed by the vendor, and it has been determined that revision will be extensive, requiring 8 projects. Initiation of this work is pending transition to GL7. The transition is scheduled to be completed by end of 2024, and these projects will be a top priority item beginning in 2025. Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. Continue to document system performance related issues and report to CONNECT vendor for resolution. progress, but currently unknown. IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion. No changes can be made to the incident management process steps in CONNECT until they are addressed in the source IMS system as CONNECT is not the data source for death and serious incident reporting.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<ul style="list-style-type: none"> • Order projects to complete system re-design in areas where data entry steps can be streamlined: Inspections; Licensing Reports; CAP Responses; Location Data Management. ETA for future project completion is unknown. The Office of Licensing is limited by the vendor in the number of projects that can be ordered concurrently. Projects are prioritized by state and agency initiatives, as well as cost and level of effort. • IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized. • The Office of Licensing is working with the CONNECT vendor to order a series of projects referred to by the vendor as Agency Transformation. Objectives of this initiative will include business process overhaul and design changes to problem area processes. This work will take a considerable amount of time and resources to complete. We expect the projects to kick off within this fiscal year. Initial estimates to complete the work is 6 months to 1 year – this timeline may increase once full scope of work is determined.
<p>Criterion #: 2 DQ Category: User Interface Last Evaluation Date: 7/18/2023 Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Estimated Completion Date: TBD Description: If possible, consolidate multiple data entry screens into a single interface.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Leadership conducted meetings to determine how to simplify processes, consolidate steps, and integrate system automation to prevent bad data entry and remove duplicative data entry screens where possible. The outcome of those meetings is documented below in the "Future and Ongoing Action Steps." • Migration to GLSuite7 was completed in March of 2025. • IMS Update - Decision was made to build new IMS system in-house. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Scope of the project was reviewed with the vendor. It has been determined that revision will be extensive, requiring 8 projects. Initiation of this work is pending transition to GL7, scheduled to be completed by end of 2024; these projects will be a top priority item beginning in 2025. • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. • IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion. No changes can be made to the incident management process steps in CONNECT until they are addressed in the source IMS system as CONNECT is not the data source for death and serious incident reporting. • Order projects to complete system re-design in areas where data entry steps can be streamlined: Inspections;

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p>Licensing Reports; CAP Responses; Location Data Management. ETA for future project completion is unknown. The Office of Licensing is limited by the vendor in the number of projects that can be ordered concurrently. Projects are prioritized by state and agency initiatives, as well as cost and level of effort.</p> <ul style="list-style-type: none"> • IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized. • The Office of Licensing is working with the CONNECT vendor to order a series of projects referred to by the vendor as Agency Transformation. Objectives of this initiative will include business process overhaul and design changes to problem area processes. This work will take a considerable amount of time and resources to complete. We expect the projects to kick off within this fiscal year. Initial estimates to complete the work is 6 months to 1 year – this timeline may increase once full scope of work is determined.
<p>Criterion #: 3 DQ Category: User Interface Last Evaluation Date: 7/18/2023 Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Estimated Completion Date: TBD Description: Create a single interface for data lookup that allows users to search and retrieve information from the centralized database. Implement search filters, sorting options, and advanced search capabilities to enhance efficiency and accuracy.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • A data transfer interface was established, as part of the installation of the CONNECT application, with the goal of getting the death and serious incident report data into a single system for the IMU team to review and triage reports. • This design did effectively create a single data lookup point for users to search and retrieve information regarding reports of deaths and serious incidents. This was implemented prior to the data assessment and included the following functions: <ul style="list-style-type: none"> ○ Transferring the data for reports of death and serious incidents into CONNECT centralizes the data in one database so the Incident Management Unit (IMU) does not have to use two systems to review and triage reports. ○ There are several queries available to the IMU to retrieve information from the database. ○ The search tools do include the ability to sort and filter results. ○ The CHRIS Import Interface Specification documents the process and specific data elements transferred from CHRIS to CONNECT. • The CONNECT and CHRIS databases are still separate, and this does mean that the IMU manager must run reports weekly to ensure the databases remain in sync. Any consolidation of these systems into a single database will need to be decided by the system owners and is being taken into consideration in the RFI noted below in the Future and Ongoing Action Steps. • IMS Update - Decision was made to build new IMS system in-house.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. • IMS Update - Decision has been made to build new • IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion. No changes can be made to the incident management process steps in CONNECT until they are addressed in the source IMS system as CONNECT is not the data source for death and serious incident reporting • IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized.

Recommendation #5: Restrict flexibility to deviate from process guides

There was a total of four completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 7/18/2023 Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Estimated Completion Date: TBD Description: Develop an automated process guide that enforces the correct sequence of steps. This guide should provide clear instructions and prompts for users to follow, ensuring they cannot progress to the next step without completing the current one.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The integrated process guides in CONNECT are core to the GL Suite software application the functionality cannot be modified at the request of DBHDS Office of Licensing. • The vendor does accept continuous improvement (CI) suggestions for future core builds of the application when appropriate. • Enforcing the correct sequence of steps will remove system flexibility when exceptions need to be made for things like emergency regulatory changes or when variances are needed. • Additionally, a single business process can vary in how it is processed depending on several factors, for instance the service type for which the process is being completed. • Leadership evaluates common data entry errors found via look behind and data validation processes and adjusts the system, or provides additional staff training, when needed. • The process guides will not be updated to enforce the correct sequence of steps. Instead, the Office of Licensing evaluates common data entry errors found via look behind and data validation processes and provides staff training and job aids when needed.

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<ul style="list-style-type: none"> The documented look behind protocols for each area of CONNECT are in the following documents: Incident Management Data Validations, Audits, Look Behinds, and Trainings; Investigations-Reports-QA Look Behind Process; SIU-Quarterly Individual Supervision Process; OL Look Behind Processes <u>Future and Ongoing Actions Steps</u> <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> No further action can be taken until the system is replaced.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 7/18/2023 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Implement error handling mechanisms to address situations where users attempt to skip steps. Display clear error messages or notifications when users try to move forward without completing a required step. Provide guidance on how to correct the error and proceed with the correct sequence.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Clear error messages have been implemented in key areas of most processes in CONNECT to ensure steps are not skipped. We continue to evaluate the need for validation and error messages and incorporating them where appropriate. However, there are limitations to this kind of validation that must be considered as well. Validation rules are all or nothing, once they are in place there is no way to bypass them when needed. Enforcing the correct sequence of steps via validation rules and error messages will remove system flexibility when exceptions need to be made for things like emergency regulatory changes or when variances are needed. Leadership evaluates common data entry errors found via look behind and data validation processes and adjusts the system, or provides additional staff training, when needed. Additional system validations and error messages will not be implemented at this time. Instead, the Office of Licensing evaluates common data entry errors found via look behind and data validation processes and provides staff training and job aids when needed. The documented look behind protocols for each area of CONNECT are in the following documents Look Behind for Regulatory Compliance - Incident Management - Investigations <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> TBD

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 3</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 7/18/2023</p> <p>Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: Complete</p> <p>Description: Utilize appropriate user access controls to limit the ability to bypass steps or modify the automated process guide. Ensure that only authorized users with the necessary privileges can access and modify the guide.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The process guides will not be updated to enforce the correct sequence of steps. Instead, the Office of Licensing evaluates common data entry errors found via look behind and data validation processes and provides staff training and job aids when needed. • Clear error messages were implemented in key areas of most processes in CONNECT during the installation of the application, prior to the data assessment, to ensure steps are not skipped. We continue to evaluate the need for validation and error messages and incorporating them where appropriate. For example, we will be adding a validation rule to the inspections screen to ensure users choose the appropriate action for CAP Issued or No Further Action in the upcoming project slated for 2025. • However, there are limitations to this kind of validation that must be considered as well. Validation rules are all or nothing, once they are in place there is no way to bypass them when needed. • Enforcing the correct sequence of steps via validation rules and error messages will remove system flexibility when exceptions need to be made for things like emergency regulatory changes or when variances are needed. • Leadership evaluates common data entry errors found via look behind and data validation processes and adjusts the system, or provides additional staff training, when needed. • This action is completed. Additional system validations and error messages will not be implemented at this time. Instead, the Office of Licensing evaluates common data entry errors found via look behind and data validation processes and provides staff training and job aids when needed. The Office of Licensing and CONNECT admin users do not have access to modify process guides. The Community Provider Application Analyst has the training and ability to modify sub-steps of process guides if needed and approved by leadership, but only the vendor can modify main steps, remove steps, or change the order of steps in the process guides. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • TBD
<p>Criterion #: 4</p> <p>DQ Category: Training</p> <p>Last Evaluation Date: 7/18/2023</p> <p>Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: Complete</p> <p>Description: Educate users about the importance of following the automated process guide and the implications of skipping steps. Conduct training sessions and provide user manuals that emphasize the significance of adhering to the prescribed sequence for accurate data entry.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Office of Licensing Leadership and the CONNECT System Manager developed formal training and refresher courses for staff. These trainings focus on the importance of following the system integrated process guides and the implications of skipping or not following steps. • The CONNECT System Manager and the CONNECT Application Analyst began working with business area SMEs in June 2024 to create and consolidate additional job aide resources, or user manuals, (outside of CONNECT). These additional resources will be made available to staff in a single Teams location for easy access. These resources will be integrated into staff

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p>trainings as they are finalized. ETA for completion of this effort is June 2025.</p> <ul style="list-style-type: none"> New hire training, on the CONNECT system, as well as refresher training for existing staff was implemented in February 2024. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> TBD

Recommendation #6: Enhance comprehensive logging of historical data

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #6 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 7/18/2023 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Request the vendor's assistance in rectifying the errors in the history logs. Ask for their guidance and support in identifying the root cause of the errors and implementing necessary corrections. This may involve system updates, database modifications, or adjustments to the logging mechanism to ensure accurate and reliable data recording.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The vendor has completed tasks 516283 and 519570 to correct issues with the audit log history for screens in CONNECT and the history is no longer logging events as numerical (property ID) values. A new task was reported to the vendor to update the data logged while the issue was occurring to show the user interface (UI) labels instead of property value ID numbers. The assigned task number was 527151 and work was completed in March 2024. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> TBD
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 7/18/2023 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Conduct regular quality assurance checks to ensure that historical logs are consistently capturing and retaining all necessary information. Implement checks and balances to identify and rectify any discrepancies or missing data promptly.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The vendor completed the issue tasks reported for this in September and November of 2023. Quality assurance checks are now completed weekly by OL management to ensure the historical logs are consistently capturing and retaining all necessary information. Any issues identified with the audit log will be reported to the vendor immediately. No new issues have been discovered since the issue was resolved at the end of 2023. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> TBD

Recommendation #7: Reduce manual effort when correcting records and performing data clean-up

There was a total of five completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #7 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Backend Structure Last Evaluation Date: 7/18/2023</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Worked with the vendor to address overall system performance by decreasing the size of entities loaded into the XML when users click to open records. This included removing historical information for location modifications

Recommendation #7 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025</p> <p>Estimated Completion Date: TBD</p> <p>Description: Identify and address the root causes of delays or system slowness to minimize the occurrence of delays that contribute to the creation of duplicate records.</p> <ul style="list-style-type: none"> Delays in the system/ the system are slow result in multiple records of items being created, for example, multiple CAP items. This is not immediately apparent the time the CAP is issued; therefore, the provider may see the duplicates. Then, to respond, the provider must call to have the duplicate CAP items deleted or manually respond to each duplicate created, for the response to be received and for management to manually delete it. 	<p>and application history from the XML and replacing that data with a link that allows users to load the data back into the XML if it is needed.</p> <ul style="list-style-type: none"> DBHDS has worked with the vendor to incorporate all changes that are possible in the current version of GL6. As a result of this assessment, Leadership conducted meetings to determine how to simplify the inspections and CAP processes, consolidate steps, and integrate system automation to prevent bad and duplicated data, and remove duplicative data entry screens where possible. The outcome of those meetings is documented below in the "Future and Ongoing Action Steps". Migration to GLSuite7 was completed in March of 2025. Previously reported performance issues of system freezing and connection loss during data entry have been resolved. However, issues of slow loading records and long save times persist, though has improved somewhat with the transition to the new version of the software. Additionally, several projects have been identified to address design related improvements in the system to expedite user data entry for inspections, licensing reports, CAP responses, and location data management. IMS Update - Decision was made to build new IMS system in-house. <p><u>Future and Ongoing Action Items:</u></p> <ul style="list-style-type: none"> Scope of the project was reviewed with the vendor. It has been determined that revision will be extensive, requiring 8 projects. Initiation of this work is pending transition to GL7. The transition is scheduled to be completed by end of 2024, and these projects will be a top priority item beginning in 2025. Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion Continue to document system performance related issues and report to CONNECT vendor for resolution. Order projects to complete system re-design in areas where data entry steps can be streamlined: Inspections; Licensing Reports; CAP Responses; Location Data Management. ETA for future project completion is unknown. The Office of Licensing is limited by the vendor in the number of projects that can be ordered concurrently. Projects are prioritized by state and agency initiatives, as well as cost and level of effort. IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are

Recommendation #7 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p>pursuing a sole source contract while funding for a replacement system is finalized.</p> <ul style="list-style-type: none"> The Office of Licensing is working with the CONNECT vendor to order a series of projects referred to by the vendor as Agency Transformation. Objectives of this initiative will include business process overhaul and design changes to problem area processes. This work will take a considerable amount of time and resources to complete. We expect the projects to kick off within this fiscal year. Initial estimates to complete the work is 6 months to 1 year – this timeline may increase once full scope of work is determined.
<p>Criterion #: 2 DQ Category: User Interface Last Evaluation Date: 7/18/2023 Current Status: TBD Estimated Completion Date: TBD Description: Simplify the response submission process by offering a user-friendly interface. Ensure that providers can easily respond to CAP items without having to manually address each duplicate individually. This could involve providing checkboxes or selection options to indicate which duplicates are being responded to.</p> <ul style="list-style-type: none"> Delays in the system/ the system are slow result in multiple records of items being created, for example, multiple CAP items. This is not immediately apparent the time the CAP is issued; therefore, the provider may see the duplicates. Then, to respond, the provider must call to have the duplicate CAP items deleted or manually respond to each duplicate created, for the response to be received and for management to manually delete it. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> As a result of this assessment, Leadership conducted meetings to determine how to simplify the inspections and CAP processes, consolidate steps, and integrate system automation to prevent bad and duplicated data, and remove duplicative data entry screens where possible. The outcome of those meetings is documented below in the “Future and Ongoing Action Steps”. Migration to GLSuite7 was completed in March of 2025. IMS Update - Decision was made to build new IMS system in-house. <p><u>Future and Ongoing Action Items:</u></p> <ul style="list-style-type: none"> Scope of the project was reviewed with the vendor. It has been determined that revision will be extensive, requiring 8 projects. Initiation of this work is pending transition to GL7. The transition is scheduled to be completed by end of 2024, and these projects will be a top priority item beginning in 2025. Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion Order projects to complete system re-design in areas where data entry steps can be streamlined: Inspections; Licensing Reports; CAP Responses; Location Data Management. ETA for future project completion is unknown. The Office of Licensing is limited by the vendor in the number of projects that can be ordered concurrently. Projects are prioritized by state and agency initiatives, as well as cost and level of effort. IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized.

Recommendation #7 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<ul style="list-style-type: none"> The Office of Licensing is working with the CONNECT vendor to order a series of projects referred to by the vendor as Agency Transformation. Objectives of this initiative will include business process overhaul and design changes to problem area processes. This work will take a considerable amount of time and resources to complete. We expect the projects to kick off within this fiscal year. Initial estimates to complete the work is 6 months to 1 year – this timeline may increase once full scope of work is determined.
<p>Criterion #: 3 DQ Category: Data Validation Last Evaluation Date: 7/18/2023 Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Estimated Completion Date: TBD Description: Collaborate with the vendor and internal DBHDS QA team to enhance the User Acceptance Testing (UAT) process. Together, create comprehensive test cases and scenarios to ensure thorough system testing. Work with the vendor to generate mock data (if needed) or create relevant data during testing that could cause issues to the system. QA from both the vendor and DBHDS can collaborate with the business to define test case scenarios, reviewing them before testing starts and reviewing test results with business.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The vendor collaborates with the DBHDS business SMEs and QA to identify the UAT testing scenarios at the beginning of a project, this is already in place and occurs during the Goal and Scope review and approval, which is the very first phase of a project. The vendor has implemented changes to project phases to enhance the user acceptance testing phase, and they presented these changes to the business on 8/22/2023. DBHDS has created a share point location to compile and document system impacts and project checklists for different types of projects. IMS Update - Decision was made to build new IMS system in-house. <p><u>Future and Ongoing Actions Steps:</u></p> <ul style="list-style-type: none"> There is no timeline for this item because it will be an ongoing effort between the Office of Licensing and the CONNECT vendor; efforts and changes have already been implemented, and the Office of Licensing will continue to seek improvements to this process. Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized.
<p>Criterion #: 4 DQ Category: Backend Structure Last Evaluation Date: 7/18/2023 Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Estimated Completion Date: TBD Description: If a record's status is corrected and saved, but the incident remains closed, introduce an automatic reopening mechanism. The system should detect when a corrected status has been saved and automatically reopen the record to ensure it appears in the licensing specialist queue.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> If a user incorrectly changes the status of a DSI to a closed status, such as No Action, and clicks save, the system will close the incident. If the error is caught same day, the status can simply be changed back to the appropriate status, and the close date can be removed by that staff. If the status is left that way overnight, the record will be sent to the CHRIS system and closed, requiring the user to follow the steps to re-open the incident. The steps to re-open an incident require the user to set the status to Re-Open, the system then automatically

Recommendation #7 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<ul style="list-style-type: none"> In the event that a user incorrectly changes the status of a DSI record, such as selecting "no action" instead of the appropriate status like "pending agency action" without considering future updates from the provider, it results in the incident being erroneously closed. Even if the status is subsequently corrected and saved, the incident remains closed. To rectify this, the user must reopen the record and update it to the appropriate status. Failure to do so prevents the record from appearing in the licensing specialist queue, hindering their ability to review and address the incident accordingly. Although the record is still within the system and not lost, it does not reach the appropriate queue as intended. 	<p>sends the action to CHRIS to re-open the incident. This automation was in place prior to this assessment.</p> <ul style="list-style-type: none"> There is no way to validate that the user selects the correct status option because this determination is made by the user's evaluation of the data, it is not based off any specific field or data point that can be validated against. For this reason, no change to this process will be made in the system based on this assessment. The CHRIS Import Interface Specification and the SDS for the Death and Serious Incident Reporting business process include all system automation rules for re-opening death and serious incidents. See: SDS - Death and Serious Incident Reporting; CHRIS Import Interface Specification. IMS Update - Decision was made to build new IMS system in-house. <p><u>Future and Ongoing Actions Steps:</u></p> <ul style="list-style-type: none"> Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion. No changes can be made to the incident management process steps in CONNECT until they are addressed in the source IMS system as CONNECT is not the data source for death and serious incident reporting. IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized.
<p>Criterion #: 5 DQ Category: Data Validation Last Evaluation Date: 7/18/2023 Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025 Estimated Completion Date: TBD Description: Automate the execution of complex corrective actions that are required to resolve data quality issues.</p> <ul style="list-style-type: none"> Despite the presence of data reviews, queries, and reports for data validation, correcting user-related data entry errors or reversing automated system actions in CONNECT can be a complex process. Depending on the workflow, it often requires following multiple manual steps meticulously to rectify or revert a record, sometimes involving intricate procedures. Depending on the workflow process the correction and updating of data 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> As a result of this assessment, Leadership conducted meetings to determine how to simplify the inspections and CAP processes, consolidate steps, and integrate system automation to prevent bad and duplicated data, and remove duplicative data entry screens where possible. The purpose of this review was to identify primary areas of user-related data entry errors, and to update the process and screens to prevent those data entry errors in the first place. The review also focused on how to expedite and automate the steps required to rectify user-related data entry errors to simplify those steps when they are required. The outcome of those meetings is documented below in the "Future and Ongoing Action Steps" Migration to GLSuite7 was completed in March of 2025. IMS Update - Decision was made to build new IMS system in-house.

Recommendation #7 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>entry errors can either be performed by the user or upper management.</p>	<p><u>Future and Ongoing Action Items:</u></p> <ul style="list-style-type: none"> • Scope of the project was reviewed with the vendor. It has been determined that revision will be extensive, requiring 8 projects. Initiation of this work is pending transition to GL7. The transition is scheduled to be completed by end of 2024, and these projects will be a top priority item beginning in 2025. • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. • IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion • Order projects to complete system re-design in areas where data entry steps can be streamlined: Inspections; Licensing Reports; CAP Responses; Location Data Management. ETA for future project completion is unknown. The Office of Licensing is limited by the vendor in the number of projects that can be ordered concurrently. Projects are prioritized by state and agency initiatives, as well as cost and level of effort • IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized. • The Office of Licensing is working with the CONNECT vendor to order a series of projects referred to by the vendor as Agency Transformation. Objectives of this initiative will include business process overhaul and design changes to problem area processes. This work will take a considerable amount of time and resources to complete. We expect the projects to kick off within this fiscal year. Initial estimates to complete the work is 6 months to 1 year – this timeline may increase once full scope of work is determined.

Recommendation #8: Ambiguity in identifying responsible entity and misleading modification timestamps in DSI history

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #8 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Backend Structure Last Evaluation Date: 7/18/2023</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • There was an issue of the historical data audit logs not logging system changes correctly raised by users prior to

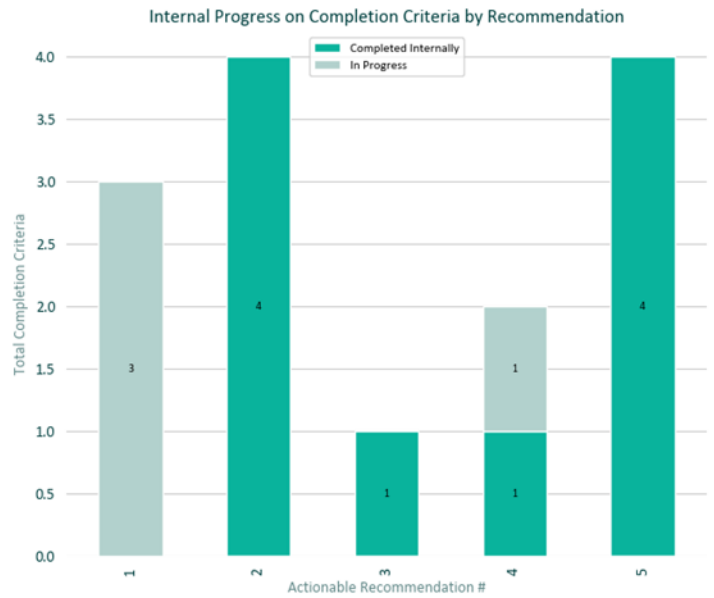
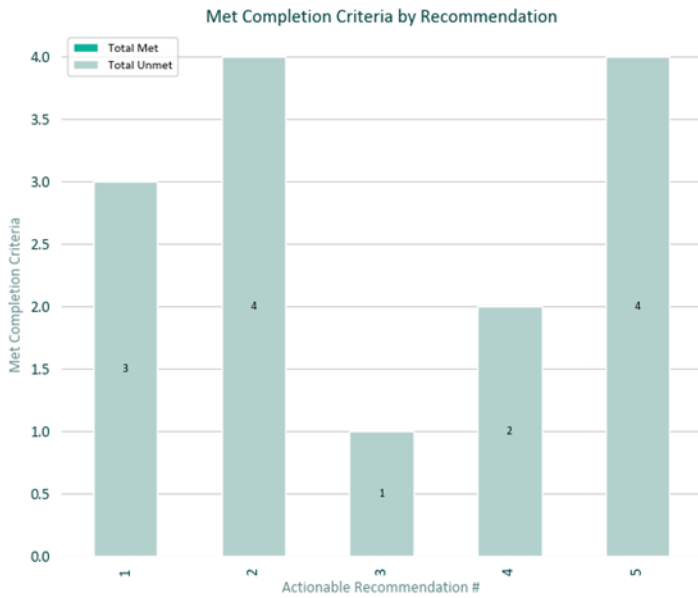
Recommendation #8 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025</p> <p>Estimated Completion Date: TBD</p> <p>Description: Enhance the logging and audit trails within the DSI system to accurately capture relevant information about responsible entities and modification timestamps. Ensure that these logs are easily accessible and searchable for analysis and verification purposes.</p>	<p>this data assessment taking place. The issue was still in progress with the vendor at the time of this data assessment, which is why users raised it as a system issue during the data assessment. The vendor completed the issue tasks reported for this in September and November of 2023. The issues were reported prior to the assessment and were resolved shortly after the assessment.</p> <ul style="list-style-type: none"> • The CONNECT application audit log does capture responsible parties as far as it is able to do so, but it can only record the information available. • Changes made to screens by staff log the responsible staffs name and the specific changes that staff made. • Changes made by providers, or by staff in the CHRIS application, are not captured in CONNECT, they are captured in CHRIS. Providers do not access CONNECT to enter DSI information. The data is transferred from CHRIS to CONNECT, so CONNECT captures these changes as being made by the CHRIS Import Interface – which is accurate, and it is the information available to the CONNECT application. • Changes made by automated business rules in CONNECT are captured as Admin, Administrator, which is the GL Suite application user group. • IMS Update - Decision was made to build new IMS system in-house. <p><u>Future and Ongoing Actions Steps:</u></p> <ul style="list-style-type: none"> • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. • IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized. • IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion. No changes can be made to the incident management process steps in CONNECT until they are addressed in the source IMS system as CONNECT is not the data source for death and serious incident reporting.
<p>Criterion #: 2</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 7/18/2023</p> <p>Current Status: TBD, as the Connect data source system assessment was in the process of being completed, as of August 2025</p> <p>Estimated Completion Date: TBD</p> <p>Description: Perform periodic data reconciliation between the source systems and the integrated data to identify any</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Periodic data reconciliation processes Continue to be in place. The tools to perform reconciliation were included in the design and developed during the installation of the CONNECT application. The reconciliation process is a manual process completed by the IMU Team Manager. • CONNECT includes interface status queries for each data transfer integration and those queries include record counts for data received. CHRIS data is reported in the

Recommendation #8 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>discrepancies related to responsible entities and modification timestamps.</p>	<p>DW80a report. The reports are used to reconcile data between the two data source systems. This is done as part of the Incident Management look-behind and is usually done daily as well.</p> <ul style="list-style-type: none"> • The reconciliation is completed as part of the Incident Management look behind process. See: Incident Management Data Validations, Audits, Look Behinds, and Trainings. • IMS Update - Decision was made to build new IMS system in-house. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Updating requirements for incident system; will issue an RFI to identify potential solutions that may exist in marketplace, while also evaluating feasibility of building in-house solution. • IMS Update - This project has been renamed to VIPRS and decision to include CONNECT replacement within the project has been made. ETA on this effort is still unknown. Current projections estimate at least 2-4 years for completion. No changes can be made to the incident management process steps in CONNECT until they are addressed in the source IMS system as CONNECT is not the data source for death and serious incident reporting. • IMS Update – CONNECT replacement will not be included in the VIPRS project (IMS System Replacement). The replacement of CONNECT remains an active plan although a timeline has not yet been established. The need for a new system has been clearly recognized. All vendor renewals have been exhausted, and we are pursuing a sole source contract while funding for a replacement system is finalized.

Waiver Management System-Customized Rates (WAMS CR) Module

Since the SFY24 assessment, there were a total of five Actionable Recommendations for WaMS CR module data quality improvement. The bar graphs below depict progress as assessed by OCQM consultants (left) in SFY24 and progress since the assessment, as reported by the business/program area (right) for the SFY25 annual update.

Criteria Statuses (per recommendation) for the CR source system.



Recommendations With All Completion Criteria Met

- Not applicable

Recommendations With Completion Criteria Work Still in Progress

- Recommendation #1: Implement an autosave functionality and reliable confirmation dialog box feature in WaMS to eliminate manual effort
- Recommendation #2: Document business processes and business rules to incorporate revised workflow procedures
- Recommendation #3: Establish a data dictionary for the Master CR Workbook
- Recommendation #4: Clarify Data Labels to Ensure Accurate Data Entry by Providing Sufficient Information for Respondents
- Recommendation #5: Eliminate manual effort and redundancy in workflow processes

Recommendation #1: Implement an autosave functionality and reliable confirmation dialog box feature in WaMS to eliminate manual effort

There was a total of three completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Manual Data Processing Last Evaluation Date: 8/17/2023 Current Status: TBD Estimated Completion Date: FY2028 Description: Work with the vendor to develop and integrate an automatic data saving feature that continuously saves user inputs in real-time as they work within the application.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The recommendation to add autosave functionality with a confirmation dialog was implemented but ultimately rolled back. After exploring this with FEI it was found that because of how the pages are structured, with many required fields in each section, autosave triggered validation checks too early. This caused repeated error messages and interrupted users' workflow, which made

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p>the feature more of a burden than help and users asked that it be turned off.</p> <ul style="list-style-type: none"> Autosave is not workable since a section cannot be saved manually or automatically until all required fields are completed. For this reason, the feature is not feasible as WaMS is currently designed. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The action plan for this recommendation is to prioritize for inclusion in the next iteration of WaMS, where the system architecture will be designed to support autosave functionality in a manner that both preserves required data integrity and enhances the user experience.
<p>Criterion #: 2 DQ Category: User Interface Last Evaluation Date: 8/17/2023 Current Status: TBD Estimated Completion Date: FY2028 Description: Work with the vendor to develop a reliable and responsive confirmation dialog box that accurately reflects user actions and system responses. Ensure that the dialog box clearly communicates the action being confirmed and provides users with appropriate feedback.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The recommendation to add autosave functionality, with a confirmation dialog, was implemented but ultimately rolled back. After exploring this with FEI it was found that because of how the pages are structured, with many required fields in each section, autosave triggered validation checks too early. This caused repeated error messages and interrupted users' workflow, which made the feature more of a burden than help and users asked that it be turned off. Autosave is not workable since a section cannot be saved manually or automatically until all required fields are completed. For this reason, the feature is not feasible as WaMS is currently designed. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The action plan for this recommendation is to prioritize for inclusion in the next iteration of WaMS, where the system architecture will be designed to support autosave functionality in a manner that both preserves required data integrity and enhances the user experience.
<p>Criterion #: 3 DQ Category: User Interface Last Evaluation Date: 8/17/2023 Current Status: TBD Estimated Completion Date: FY2028 Description: Examine the current system's activity detection algorithm to identify any potential shortcomings. Ensure that it is properly calibrated to detect various types of user interactions, including mouse movements.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Autosave is not workable since a section cannot be saved manually or automatically until all required fields are completed. For this reason, the feature is not feasible as WaMS is currently designed. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> This recommendation will be prioritized for inclusion in the next iteration of WaMS, where the system architecture will be designed to support autosave functionality in a manner that both preserves required data integrity and enhances the user experience.

Recommendation #2: Document business processes and business rules to incorporate revised workflow procedures

There was a total of four completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Key Documentation Last Evaluation Date: 8/17/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Conduct a thorough review of the existing Standard Operating Procedures (SOP) to identify all outdated information, including steps and screenshots, that need to be updated.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> All SOP's have been edited and finalized with updated screenshots. The provider guide was sent to DMAS. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Not applicable.
<p>Criterion #: 2 DQ Category: Key Documentation Last Evaluation Date: 8/17/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Ensure that the business glossary is updated to reflect any changes in the definitions of terms, ensuring consistency and clarity in the documentation.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Business glossary has been created, external to all SOP's and DMAS/DBHDS provider guides. WaMS User Guide has been updated. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> WaMS User Guide Update is an ongoing process, completed as the need arises.
<p>Criterion #: 3 DQ Category: Key Documentation Last Evaluation Date: 8/17/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns awaiting OCQM consultant verification Estimated Completion Date: Complete Description: Maintain comprehensive documentation encompassing all pertinent business rules that establish structure, control, or impact on the data entry process.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Business glossary has been created, external to all SOP's and DMAS/DBHDS provider guides WaMS User Guide has been updated. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> WaMS User Guide update is an ongoing process, completed as the need arises.
<p>Criterion #: 4 DQ Category: Key Documentation Last Evaluation Date: 8/17/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Store this documentation in an accessible location for all users responsible for inputting data into the source system, ensuring it is regularly updated to align with evolving business requirements.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> All SOP's, provider guides and other relevant documentation are stored on either the DBHDS website or in an area that is local to the relevant users. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The documentation is updated and reviewed annually or as needed throughout the year.

Recommendation #3: Establish a data dictionary for the Master CR Workbook

There was a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Key Documentation Last Evaluation Date: 8/17/2023</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The data dictionary for the Master CR workbook has been created.

<p>Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: Complete</p> <p>Description: A comprehensive data dictionary (should be) available, providing extensive details regarding the contents of the data stored in the Master CR Workbook. This includes:</p> <ol style="list-style-type: none"> The complete list of data element names and properties. The specific data types or formats associated with each data element. Descriptions and business definitions clarifying the contents of each data element. Indication of whether the data is sourced from the system itself or generated by users. Identification of the system from which data is imported for each data element. Thorough business definitions for each unique response value within fields that are constrained to predefined lists of options, such as dropdown menus. 	<p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The data dictionary for the Master CR workbook is reviewed/updated as needed.
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Recommendation #4: Clarify data labels to ensure accurate data entry by providing sufficient information for respondents

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/17/2023</p> <p>Current Status: TBD</p> <p>Estimated Completion Date: 1/7/2025</p> <p>Description: Introduce a designated field that allows providers to clarify if the time spent on an activity was distributed across multiple attempts rather than a single continuous session.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> No new or interim mitigating strategies provided for Annual Update. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Additional opportunities and guidance are given to providers to assist with navigating the current WaMS application. The Customized Rate WaMS module is currently in testing as of February 2026. Issues have been identified and are being corrected. Release is expected in March 2026. The user guide will be posted online at the point of release.
<p>Criterion #: 2</p> <p>DQ Category: Training</p> <p>Last Evaluation Date: 8/17/2023</p> <p>Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: 9/1/2024</p> <p>Description: For the field requiring specification of the support activity, offer guidance with descriptions and examples of the types of support activities that fall under this field. This helps providers understand the scope of the support activity.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> CR25-17 - Customized Rates Enhancements 2025 (including Source System Data Validation Controls (Accept Large Numbers) requirements have been provided to FEI Awaiting funding. User Guide will be published with updated changes <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The WaMS User Guide has been updated and is in draft, for review. It will be published during the 3rd quarter of SFY26.

Recommendation #5: Eliminate manual effort and redundancy in workflow processes

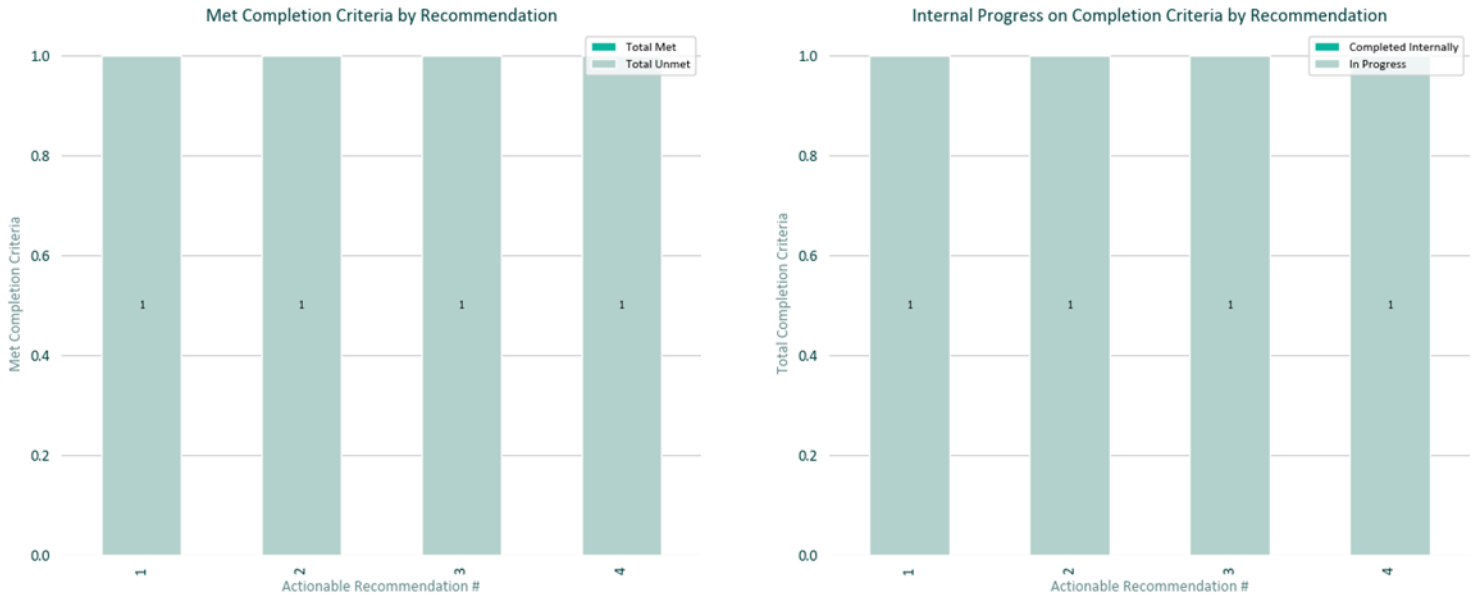
There was a total of four completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Manual Data Processing Last Evaluation Date: 8/17/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Once FEI updates the CR module to include the schedule of support, specifically within the CRRC decision tab of the CR application, this process should be assessed to ensure that implementation effectively automated the process within WaMS and that the process generates the schedule of support along with the NOA for the provider.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The business owner reviewed and tested the FEI updates, and they appear to have effectively automated this process within WaMS. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Not applicable.
<p>Criterion #: 2 DQ Category: Manual Data Processing Last Evaluation Date: 8/17/2023 Current Status: Not Met; due to inability to move forward with automation Estimated Completion Date: Not applicable Description: Engage in discussions with CONNECT/CHRIS vendors to establish a secure and authorized method of automated provider license verification and access to incident reporting when needed for the intake process or other Office of Licensing verification process(s). Work closely with CONNECT/CHRIS vendors to understand the technical requirements and any potential constraints related to this enhancement.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Providers are asked to submit a copy of their licenses and any incident reports. To eliminate manual effort and redundancy CR staff would need access to CHRIS and CONNECT. A request for access has been made in the past and denied for reasonable administrative cause. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> No new or interim mitigating strategies provided for Annual Update.
<p>Criterion #: 3 DQ Category: Manual Data Processing Last Evaluation Date: 8/17/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Streamline the intake form by assessing and potentially eliminating fields that can be automatically populated or are redundant.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The business owner has updated the intake form with necessary changes. These changes include elimination of several questions on the intake form that are redundant and already asked and answered in the WaMS application. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> N/A
<p>Criterion #: 4 DQ Category: Manual Data Processing Last Evaluation Date: 8/17/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Thoroughly test the automated support schedule feature to ensure its accuracy, functionality, and seamless integration with existing processes. Validate the feature's performance under various scenarios to identify and address any potential issues.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The business owner has reviewed and tested the FEI updates, and they appear to have effectively automated this process within WaMS. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Not applicable.

PAIRS

As of the SFY23 assessment, there were a total of four Actionable Recommendations for PAIRS data quality improvement. The bar graphs below depict progress as assessed by OCQM consultants (left) in SFY24 and progress since the assessment, as reported by the business/program area SFY25 annual update. However, it should be noted that as of 7/1/2021 PAIRS was no longer being used to assert compliance with the DOJ SA compliance indicators.

Criteria Statuses (per recommendation) for the PAIRS source system.



Recommendations With All Completion Criteria Met

- Not applicable

Recommendations With Completion Criteria Work Still in Progress

- Recommendation #1: Data Quality Concern 1: Prevent duplicate reports
- Recommendation #2: Data Quality Concern 2: Establish data validation controls and develop business rules
- Recommendation #3: Data Quality Concern 3: Develop system user resources (i.e., comprehensive systems documentation, user manual, data dictionary, and process maps)
- Recommendation #4: Data Quality Concern 4: Revitalizing data collection processes

Recommendation #1: Data Quality Concern 1: Prevent duplicate reports

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
Criterion #: 1 DQ Category: Data Validation	<u>SFY25 Annual Update on Action Items Taken To Date:</u>

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Last Evaluation Date: 8/31/2023</p> <p>Current Status: In progress; undergoing system replacement</p> <p>Estimated Completion Date: TBD (based on a phased implementation of incident management system replacement)</p> <p>Description: During the interview and shadowing steps, DQV found that while there is some initial validation, the system lacks advanced validation and business rules to prevent inaccurate data entry. IT noted that users frequently seek support because they create a duplicate report and have no way of fixing the issue. This duplication issue often arises when users update a report using the "follow up" screens, and no root-cause analysis has been conducted. A more concerning aspect is that erroneous records are sent to VOPA automatically via email, as there is no data cleaning prior to transmission.</p> <ul style="list-style-type: none"> Re-evaluate the data collection process to look for and make improvements; including taking a holistic look at the data being collected to consider incorporating new fields to capture data that are not currently being collected. 	<ul style="list-style-type: none"> Due to the resources being allocated to the future-state solution, modifications to the current application are unable to be made. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> With the Request for Proposals (RFP) 2024 concluded, again resulting in no discovery of a viable commercial solution, DBHDS Key Business and IT Stakeholders retooled the concept of solely replacing the Incident Management System into an opportunity to more closely integrate and streamline the DBHDS Office of Licensing business functions (ex. Service and Provider Licensure, Compliance Reporting, and Incident Investigation), the DBHDS Office of Human Rights functions (ex. Incident Investigation and Reporting), the Facility Services functions (ex. Incident Reporting) and critical data exchange with the Department of Medical Assistance Services (DMAS) MES system onto a more cohesive system platform with the aim of real-time data integration. The new platform is known as the Incident and Provider Reporting System (IPRS) and is tentatively slated for deployment July 2027. The IPRS (future-state solution) will promote improved data quality through the design and implementation of a new data repository, a unified user interface design inclusive of a streamlined set of data collection and compliance reporting fields, and rigorous data input validation.

Recommendation #2: Data Quality Concern 2: Establish data validation controls and develop business rules

There was a total of seven completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/31/2023</p> <p>Current Status: In progress; undergoing system replacement</p> <p>Estimated Completion Date: TBD</p> <p>Description: Users frequently update incorrect data manually. The business owner must read through narrative fields to find the data and then connect with the user to correct the issue. This is most likely due to a lack of systems documentation available to users.</p> <p>The documentation for the system is not very comprehensive and seems to be outdated. Furthermore, there is no comprehensive user manual that is provided from central office, leaving each facility to interpret procedures and definitions in its own way. Risk Managers are trained on reporting and data entry; however, they are not always the ones entering the data in the system.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Due to the resources being allocated to the future-state solution, modifications to the current application are unable to be made. No new or interim mitigating strategies provided for Annual Update. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The Facility Services Quality Team (Central Office) continues to review entries made into the application and provide facility level guidance as necessary. With the RFI 2024 concluded, again resulting in no discovery of a viable commercial solution, DBHDS Key Business and IT Stakeholders retooled the concept of solely replacing the Incident Management System into an opportunity to more closely integrate and streamline the DBHDS Office of Licensing business functions (ex. Service and Provider Licensure, Compliance Reporting, and Incident Investigation), the DBHDS Office of Human

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<ul style="list-style-type: none"> All data fields should have constraints (numeric only, date controls, drop downs, checkboxes) to prevent erroneous data from being entered into the system. Build advanced controls and business rules into the system to reduce the amount of manual labor that goes into auditing/fixing data. Consider reducing the number of narrative fields, if possible, by adding additional dropdowns and/or checkboxes to capture data that are currently documented as free text. A system log should be incorporated to capture all changes to data and for system rollbacks if necessary. 	<p>Rights functions (ex. Incident Investigation and Reporting), the Facility Services functions (ex. Incident Reporting) and critical data exchange with the Department of Medical Assistance Services (DMAS) MES system onto a more cohesive system platform with the aim of real-time data integration.</p> <ul style="list-style-type: none"> The new platform is known as the Incident and Provider Reporting System (IPRS) and is tentatively slated for deployment July 2027. The IPRS (future-state solution) will promote improved data quality through the design and implementation of a new data repository, a unified user interface design inclusive of a streamlined set of data collection and compliance reporting fields, and rigorous data input validation.

Recommendation #3: Data Quality Concern 3: Develop system user resources (i.e., comprehensive systems documentation, user manual, data dictionary, and process maps)

There was a total of five completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Key Documentation Last Evaluation Date: 8/31/2023 Current Status: In progress; undergoing system replacement Estimated Completion Date: TBD Description: Ownership of this system seems to be two siloes: the business lacks knowledge of the technical side, and IT lacks knowledge of the business side. There are no formal process documents or communications procedures. There is no one performing the role of a business reporting analyst, and no outside analysts are helping with data collection process improvements.</p> <ul style="list-style-type: none"> Comprehensive systems documentation should be produced and should be made available to users on a centralized web-based location. Documentation should be produced in central office and distributed to facilities to ensure consistency. Build a robust user manual to enable users to be more self-sufficient and ensure that users all report in the same systematic way. Consider adding a data dictionary and data definitions to the documentation library. Process maps should also be constructed to clearly define the system processes as well as parties responsible for executing. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Due to the resources being allocated to the future-state solution, modifications to the current application are unable to be made. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The Facility Services Quality Team (Central Office) continues to review entries made into the application and provide facility level guidance as necessary. With the RFI 2024 concluded, again resulting in no discovery of a viable commercial solution, DBHDS Key Business and IT Stakeholders retooled the concept of solely replacing the Incident Management System into an opportunity to more closely integrate and streamline the DBHDS Office of Licensing business functions (ex. Service and Provider Licensure, Compliance Reporting, and Incident Investigation), the DBHDS Office of Human Rights functions (ex. Incident Investigation and Reporting), the Facility Services functions (ex. Incident Reporting) and critical data exchange with the Department of Medical Assistance Services (DMAS) MES system onto a more cohesive system platform with the aim of real-time data integration. The new platform is known as the Incident and Provider Reporting System (IPRS) and is tentatively slated for deployment July 2027. The IPRS (future-state solution) will promote improved data quality through the design and implementation of a new data repository, a unified user interface design inclusive of a streamlined set of data collection and

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p>compliance reporting fields, and rigorous data input validation.</p> <ul style="list-style-type: none"> • Due to the resources being allocated to the future-state solution, modifications to the current application are unable to be made. • A user manual, including a data dictionary and data definitions, will be included in the scope of the project.

Recommendation #4: Data Quality Concern 4: Revitalizing data collection processes

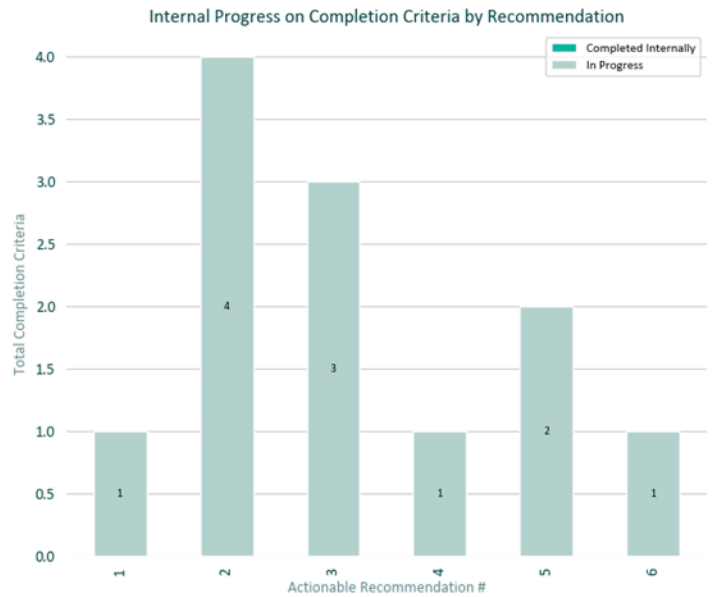
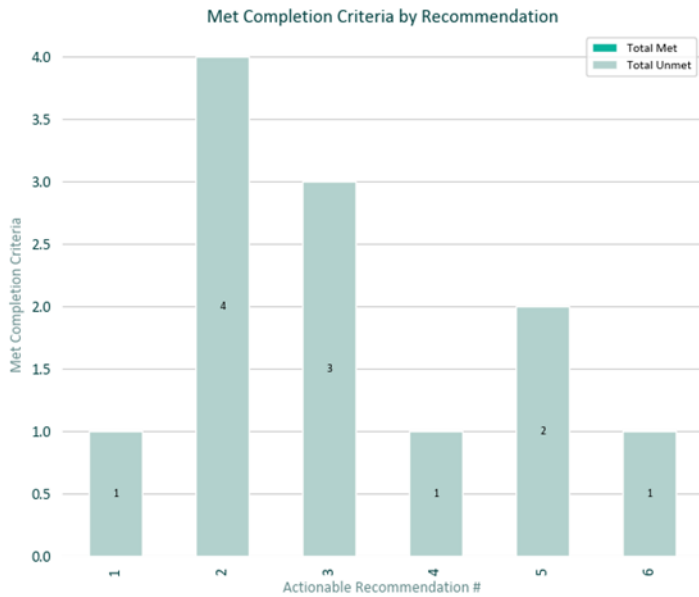
There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Manual Data Processing Last Evaluation Date: 8/31/2023 Current Status: In progress; undergoing system replacement Estimated Completion Date: TBD Description: The data collection processes (fields, field values, etc.) have not been changed since the system was created, potentially limiting the relevance and usefulness of the data. The PAIRS application was originally created specifically to report events requiring medical attention beyond first aid to the disAbility Law Center of Virginia (dLCV). The system collects data on injuries and deaths, but it does not collect serious incident data such as emergency room visits, or chronic illnesses.</p> <ul style="list-style-type: none"> • Data from the new web-based PAIRS system should be pulled into the Data Warehouse via an automated weekly process. Files should be delivered securely in a native format (no manual manipulation) with delivery failure notifications set up to go to both the business and IT. • Document the PAIRS database tables so that table structure is understood and can easily be mapped to the Data Warehouse. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Due to the resources being allocated to the future-state solution, modifications to the current application are unable to be made. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • With the RFI 2024 concluded, again resulting in no discovery of a viable commercial solution, DBHDS Key Business and IT Stakeholders retooled the concept of solely replacing the Incident Management System into an opportunity to more closely integrate and streamline the DBHDS Office of Licensing business functions (ex. Service and Provider Licensure, Compliance Reporting, and Incident Investigation), the DBHDS Office of Human Rights functions (ex. Incident Investigation and Reporting), the Facility Services functions (ex. Incident Reporting) and critical data exchange with the Department of Medical Assistance Services (DMAS) MES system onto a more cohesive system platform with the aim of real-time data integration. • The new platform is known as the Incident and Provider Reporting System (IPRS) and is tentatively slated for deployment July 2027. • The IPRS (future-state solution) will promote improved data quality through the design and implementation of a new data repository, a unified user interface design inclusive of a streamlined set of data collection and compliance reporting fields, and rigorous data input validation. • Due to the resources being allocated to the future-state solution, modifications to the current application are unable to be made.

Waiver Management System-Regional Support Teams (WAMS-RST) Module

As of SFY 24 assessment there were a total of five Actionable Recommendations for WaMS RST Module data quality improvement. The bar graphs below depict progress as assessed by OCQM consultants (left) in SFY24 and progress since the assessment, as reported by the business/program area (right) for the SFY25 annual update.

Criteria Statuses (per recommendation) for the RST source system.



Recommendations With All Completion Criteria Met

- Not applicable

Recommendations With Completion Criteria Work Still in Progress

- Recommendation #1: Submission of RST referrals on time
- Recommendation #2: Provide clarity around referral options
- Recommendation #3: Ensure data validation controls for data entry
- Recommendation #4: Mitigating data integrity risks and notification fatigue
- Recommendation #5: Establish a data dictionary for workflow processes

Recommendation #1: Submission of RST referrals on time

There is a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Key Documentation Last Evaluation Date: 8/16/2023 Current Status: In progress Estimated Completion Date: 9/1/26</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Updates to WaMS were delayed <ul style="list-style-type: none"> ○ Due to needing to make modifications to the Virginia Informed Choice (VIC) form, to address concerns with delayed approvals, which are embedded in WaMS with the RST module.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Description: Focus on improving approval processes, implementing efficient workflows, and adopting automation where appropriate.</p> <ul style="list-style-type: none"> a. Develop a process for regularly monitoring the pending approval queue. b. Establish an automated process by which each person in the approval process is alerted when their approval of the referral is needed. c. Furthermore, it's essential to raise awareness among stakeholders about the importance of timely data approvals and their implications for data quality and decision-making. 	<ul style="list-style-type: none"> o Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. o The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service Selection Guide) have been provided to DMAS for posting on Town Hall. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed.

Recommendation #2: Provide clarity around referral options

There was a total of four completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Training Last Evaluation Date: 8/16/2023 Current Status: In progress Estimated Completion Date: 12/31/26 Description: Ensure that users undergo a thorough comprehensive training on how to use the system, including understanding the available referral reasons and their appropriate usage.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Updates to WaMS were delayed <ul style="list-style-type: none"> o Due to needing to make modifications to the VIC form, to address, which are embedded in WaMS with the RST module. o Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. • The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service Selection Guide) have been provided to DMAS for posting on Town Hall. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • We are waiting to confirm when public comment will begin. • Once public comment ends, final edits to the VIC in WaMS will be included in the overall Change Request needed to enhance the system. The Change Request will include adding contextual help sections, enhanced instructions, and links where possible/needed. • The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<ul style="list-style-type: none"> Statewide training on the new forms is scheduled for February 12, 2026. A video related to its application in WaMS will be produced and posted online following the completion of the RST change request related to this study.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/16/2023 Current Status: In progress Estimated Completion Date: 8/1/26 Description: Set up data validation rules in the system that check for inconsistencies and alert users when they select inappropriate referral reasons based on their previous responses.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Updates to WaMS were delayed <ul style="list-style-type: none"> Due to needing to make modifications to the VIC form, to add validation rules that check for inconsistencies and to incorporate user alerts to be embedded in WaMS within the RST module. Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service Selection Guide) have been provided to DMAS for posting on Town Hall. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> We are waiting to confirm when public comment will begin. Once public comment ends, final edits to the VIC in WaMS will be included in the overall Change Request needed to enhance the system. The Change Request will include adding contextual help sections, enhanced instructions, and links where possible/needed. The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed.
<p>Criterion #: 3 DQ Category: User Interface Last Evaluation Date: 8/16/2023 Current Status: In progress Estimated Completion Date: 8/1/26 Description: Implement interactive tooltips within the form. When users hover over an option, a small pop-up should be provided to briefly explain the option and its appropriate usage, to prevent confusion.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Updates to WaMS were delayed <ul style="list-style-type: none"> Due to needing to make modifications to the VIC form, to enhance the user interface WaMS within the RST module. Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service Selection Guide) have been provided to DMAS for posting on Town Hall. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> We are waiting to confirm when public comment will begin. Once public comment ends, final edits to the VIC in WaMS will be included in the overall Change Request needed to enhance the system. The Change Request will include adding contextual help sections, enhanced instructions, and links where possible/needed.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<ul style="list-style-type: none"> The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed.
<p>Criterion #: 4 DQ Category: Key Documentation Last Evaluation Date: 8/16/2023 Current Status: In progress Estimated Completion Date: 8/1/26 Description: Add contextual help sections or links within the form. Clicking on these can provide explanations about the options whenever users face confusion.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Updates to WaMS were delayed <ul style="list-style-type: none"> Due to needing to make modifications to the VIC form, to WaMS within the RST module. Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service Selection Guide) have been provided to DMAS for posting on Town Hall. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> We are waiting to confirm when public comment will begin. Once public comment ends, final edits to the VIC in WaMS will be included in the overall Change Request needed to enhance the system. The Change Request will include adding contextual help sections, enhanced instructions, and links where possible/needed. The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed.

Recommendation #3: Ensure data completeness

There was a total of three completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Training Last Evaluation Date: 8/16/2023 Current Status: In progress Estimated Completion Date: 12/31/26 Description: Develop and provide guidance to users that explain to the user which forms, within the system, are prerequisites for the completion of the referral process.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Updates to WaMS were delayed <ul style="list-style-type: none"> Due to needing to make modifications to the VIC form, to enhance the user interface of the WaMS RST module. Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p>Selection Guide) have been provided to DMAS for posting on Town Hall.</p> <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • We are waiting to confirm when public comment will begin. • Once public comment ends, final edits to the VIC in WaMS will be included in the overall Change Request needed to enhance the system. The Change Request will include adding contextual help sections, enhanced instructions, and links where possible/needed. • The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed.
<p>Criterion #: 2</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/16/2023</p> <p>Current Status: In progress</p> <p>Estimated Completion Date: 8/1/26</p> <p>Description: Implement real-time validation for each field, within those prerequisite forms, to alert users immediately if they miss a required entry by displaying user-friendly error messages that explain why certain fields need to be completed and guide users as to what is missing and where it can be entered.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Updates to WaMS were delayed <ul style="list-style-type: none"> ◦ Due to needing to make modifications to the VIC form. ◦ Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. • The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service Selection Guide) have been provided to DMAS for posting on Town Hall. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • We are waiting to confirm when public comment will begin. • Once public comment ends, final edits to the VIC in WaMS will be included in the overall Change Request needed to enhance the system. The Change Request will include adding contextual help sections, enhanced instructions, and links where possible/needed. • The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed.
<p>Criterion #: 3</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/16/2023</p> <p>Current Status: Permanently on hold until a new system is procured</p> <p>Estimated Completion Date: Not possible in current system</p> <p>Description: Implement a mechanism that allows users to save progress and continue working on a form/process before leaving the form to resolve missing data. Develop and distribute clear instructions related to how to address missing data without having to exit the current form.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Updates to WaMS were delayed <ul style="list-style-type: none"> ◦ Due to needing to make modifications to the VIC form, to include data validation checks in the WaMS RST module. ◦ Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. • The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p>Selection Guide) have been provided to DMAS for posting on Town Hall.</p> <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • We are waiting to confirm when public comment will begin. • Once public comment ends, final edits to the VIC in WaMS will be included in the overall Change Request needed to enhance the system. The Change Request will include adding save functionality for users while in the process of editing a form in WaMS. • The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed. • It has been determined that the current WaMS system does not have the ability to save a form until all data is entered. This will be explored as a feature in the next WaMS or comparable system procured by DBHDS.

Recommendation #4: Eliminate repeat manual data entry

There was a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: Manual Data Processing</p> <p>Last Evaluation Date: 8/16/2023</p> <p>Current Status: In progress</p> <p>Estimated Completion Date: 8/1/2026</p> <p>Description: Automate the transfer of information such that when data is entered in one area, it should seamlessly populate to corresponding fields in other areas, where this same information is required, to reduce manual data entry, minimizing errors, and ensuring consistency.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Updates to WaMS were delayed <ul style="list-style-type: none"> ◦ Due to needing to make modifications to the VIC form, to include data validation checks in the WaMS RST module. ◦ Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. • The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service Selection Guide) have been provided to DMAS for posting on Town Hall. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • We are waiting to confirm when public comment will begin. • Once public comment ends, final edits to the VIC in WaMS will be included in the overall Change Request needed to enhance the system. The Change Request will include adding automated population across like fields to reduce manual data entry, minimize errors, and ensure consistency.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<ul style="list-style-type: none"> The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed.

Recommendation #5: Eliminate notification fatigue

There is a total of 2 completion criteria in this recommendation. As of 8/18/2025, DBHDS has met 0 criteria (0%). This recommendation is described in further detail below, including an explanation from the OCQM consultant in regard to why this recommendation is important for data quality and improvement.

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: User Interface</p> <p>Last Evaluation Date: 8/16/2023</p> <p>Current Status: Permanently on hold until a new system is procured</p> <p>Estimated Completion Date: Not possible in current system</p> <p>Description: Optimize the notification system by customizing the notifications based on the user's role and specific needs.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Updates to WaMS were delayed <ul style="list-style-type: none"> Due to needing to make modifications to the VIC form, to include data validation checks in the WaMS RST module. Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service Selection Guide) have been provided to DMAS for posting on Town Hall. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> We are waiting to confirm when public comment will begin. Once public comment ends, final edits to the VIC in WaMS will be included in the overall Change Request needed to enhance the system. The Change Request will include adding automated population across like fields to reduce manual data entry, minimize errors, and ensure consistency The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed. It has been determined that the current WaMS system does not have the ability to send alerts to individual users. This will be explored as a feature in the next WaMS or comparable system procured by DBHDS.
<p>Criterion #: 2</p> <p>DQ Category: User Interface</p> <p>Last Evaluation Date: 8/16/2023</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Updates to WaMS were delayed

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Current Status: temporarily on hold until a new system is procured</p> <p>Estimated Completion Date: Complexity level high, more information needed to determine if this is possible in current system</p> <p>Description: Prioritize critical notifications and limit non-essential alerts. Implement intelligent notifications that trigger only when necessary to ensure users pay attention to important updates.</p>	<ul style="list-style-type: none"> ○ Due to needing to make modifications to the VIC form, to include data validation checks in the WaMS RST module. ○ Due to a backlog of WaMS activity, updates to the RST module in WaMS are scheduled to occur between October and December 2025. <ul style="list-style-type: none"> ● The VIC form (and related Service Selection Guide) was piloted with two CSBs in June 2025. Final edits have been made and links to the VIC form (and related Service Selection Guide) have been provided to DMAS for posting on Town Hall. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> ● We are waiting to confirm when public comment will begin. ● Once public comment ends, final edits to the VIC in WaMS will be included in the overall Change Request needed to enhance the system. The Change Request will include adding automated population across like fields to reduce manual data entry, minimize errors, and ensure consistency ● The Virginia Informed Choice form was finalized through public comment and announced on January 9, 2026. Following its completion, a WaMS RST Module change request was submitted to address all recommendations. This request has been reviewed with the WaMS vendor and is currently being priced based on work that can be completed. ● It has been determined that the current WaMS system does not have the ability to implement this feature in the current system. This will be explored as a feature in the next WaMS or comparable system procured by DBHDS.

Recommendation #6: Establish a Data Dictionary

There was a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

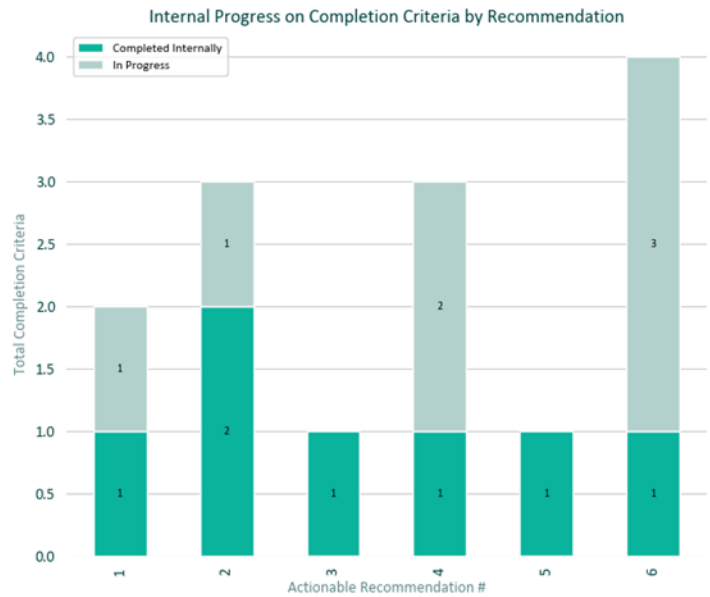
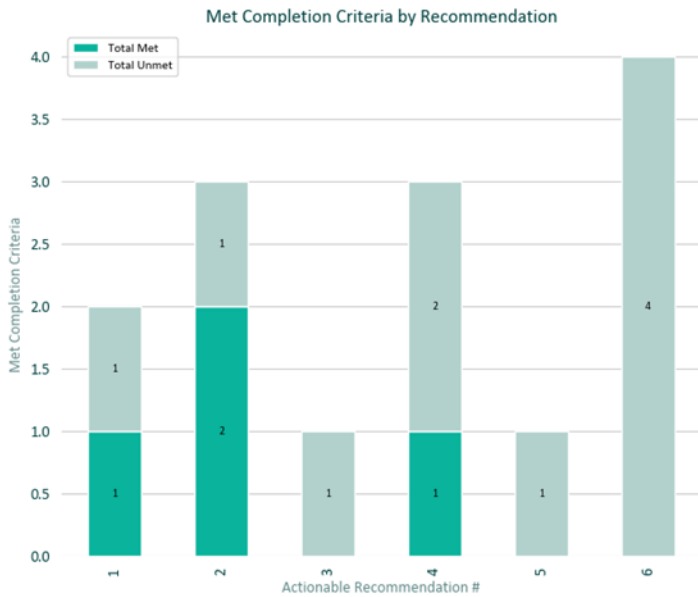
Recommendation # 6 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: Key Documentation</p> <p>Last Evaluation Date: 8/16/2023</p> <p>Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: Complete</p> <p>Description: A comprehensive data dictionary (should be) available, providing extensive details regarding the contents of the data tables in the source system. This includes:</p> <p>a. The complete list of data element names.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> ● The Data Dictionary has been created and definitions are 80% complete. It has been provided to EDW team. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> ● The Data Dictionary will always be a work in progress, as modules are added and/or updated. ● Data Team and EDW Team are working on Valid Values and completion of the definitions with Business Owners. ● The final copy has been added to SharePoint for ongoing updates and refinements.

Recommendation # 6 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<ul style="list-style-type: none"> b. The specific data types or formats associated with each data element. c. Descriptions and business definitions clarifying the contents of each data element. d. Indication of whether the data is sourced from the system itself or generated by users. e. Identification of the system from which data is imported for each data element. f. Thorough business definitions for each unique response value within fields that are constrained to predefined lists of options, such as dropdown menus. 	

Virginia Crisis Connect (VCC)

As of the SFY25 assessment, there were a total of six Actionable Recommendations for VCC data quality improvement. The bar graphs below depict progress as assessed by OCQM consultants (left) in SFY25 (January) and progress since the assessment, as reported by the business/program area (right) for the SFY25 annual update.

Criteria Statuses (per recommendation) for the VCC source system.



Recommendations With All Completion Criteria Met

- Not applicable

Recommendations With Completion Criteria Work Still in Progress

- Recommendation #1: Prevent Duplication of Individual Records
- Recommendation #2: Add Backup Community Crisis Data Analyst and Document Processes
- Recommendation #3: Enhance Source System Data Functionality and Compatibility
- Recommendation #4: Perform User Interface Improvements and Establish Business Rules for Data Entry
- Recommendation #5: Improve the Case Chat/Texting Function

Recommendation #1: Prevent duplication of individual records

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met 1 criterion (50%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 1/30/2025 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Final training documentation and instructional videos for the search process (should be) developed</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Final training documentation and instructional videos for the search process were in November of 2024 and updated in April of 2025. Efforts focused on validation tools and open-office sessions with videos focused on basic data entry. <p>Future and Ongoing Action Steps:</p> <ul style="list-style-type: none"> Continued monitoring of staff utilization and data entry is occurring throughout Quarter 1 and Quarter 2 of SFY26 is being completed to determine training needs.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 1/30/2025 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: A documented audit process to regularly assess and address duplicate records using a methodology aligned with the system's case-based design should be implemented. A case-focused audit that respects the system's intentional structure and limitations while promoting continuous improvement in data quality and reporting accuracy is necessary.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> No new or interim mitigating strategies provided for Annual Update. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> No new or interim mitigating strategies provided for Annual Update.

Recommendation #2: Add backup community crisis data analyst and document processes

There was a total of three completion criteria in this recommendation. As of 8/18/2025, DBHDS has met 2 criteria (66%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Key Documentation Last Evaluation Date: 1/30/2025 Current Status: Met Estimated Completion Date: Not applicable Description: A CCDA guide (should be) developed with current information related to routine support tasks, data maintenance tasks, data reporting tasks, and any assigned additional technical and procedural support responsibilities.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The onboarding document for the CCDA role includes comprehensive information about system access (both user acceptance testing and production environments), key definitions, major modules, and reporting processes. This guide effectively covers routine support tasks, including details about semantic models, case queues, and reports and serves as a central reference for both the primary and backup CCDAs. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Not applicable
<p>Criterion #: 2 DQ Category: Key Documentation Last Evaluation Date: 1/30/2025 Current Status: In progress</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Following the initial use of VCC as a source system for reporting, the team has begun updating process

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Estimated Completion Date: 7/1/2026</p> <p>Description: A separate process documents for data collection, data cleaning, and data loading (should be) established. These documented processes should be reviewed periodically to ensure all information of the role and responsibilities is up to date.</p> <ul style="list-style-type: none"> Produce high-level document summarizing the workflow for non-technical users. An inventory of reports, including their completion status, version history, and associated documentation, (should be) created and maintained. A version control process for both scripts and documentation are suggested as a best practice for long-term consistency and updates (should be) established. The data team should explore Azure DevOps to establish a version control process and leverage its capabilities to create Git repositories for securely storing scripts and documentation. 	<p>documents to reflect the new workflows and data integrations.</p> <ul style="list-style-type: none"> These updates ensure alignment with the Data Governance process and improve clarity around VCC's role within the reporting infrastructure. Documentation revisions include updated data flow descriptions, revised report inventory details, and expanded user guidance to support both technical and non-technical stakeholders. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Continued review of documents and alignment with Data Governance and reporting needs occurs quarterly during the reporting process
<p>Criterion #: 3</p> <p>DQ Category: Key Documentation</p> <p>Last Evaluation Date: 1/30/2025</p> <p>Current Status: Met</p> <p>Estimated Completion Date: Not applicable</p> <p>Description: Formal documentation (should be) developed designating a qualified back-up or additional CCDA for all responsibilities currently performed by the CCDA.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> A backup CCDA has been formally designated and trained to ensure continuity of operations. The backup CCDA is familiar with system functionality, backend data access, and reporting processes. This ensures that essential responsibilities can be transitioned seamlessly in the event of staff unavailability <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Not applicable

Recommendation #3: Enhance source system data functionality and compatibility

There was a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: Manual Data Processing</p> <p>Last Evaluation Date: 1/30/2025</p> <p>Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: Complete</p> <p>Description: Add functionality to the source system to record these necessary data points as they relate to service delivery times and dates so that the data points match up when it comes time to create and send reports.</p> <ul style="list-style-type: none"> The system should automatically calculate the time between services and eliminate the need to manually run multiple reports and cross-reference them to obtain the necessary metrics. Eliminate the need to manually calculate service delivery times, instead automatically collecting the time between services (thus eliminating the need to run multiple 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The REACH enrollment process and associated underwent validation in June of 2025. The platform has passed data governance reviews, reflecting progress in aligning data for reporting. Reports requiring service delivery timelines (e.g., time from dispatch to resolution) still involve manual intervention and reconciliation. This limitation is particularly apparent during the ongoing pilot phase, where data points are being validated and cross-checked. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Currently refining reporting based on prior quarter reporting feedback.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
reports, crosswalk those reports, and do manual tallies of service delivery times and dates to obtain data needed for reporting.”	

Recommendation #4: Perform UI improvements and establish business rules for data entry

There was a total of three completion criteria in this recommendation. As of 8/18/2025, DBHDS has met 1 criterion (33%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: User Interface Last Evaluation Date: 1/30/2025 Current Status: In progress Estimated Completion Date: 2/13/2026 Description: The necessity of manually entering data twice (should be) eliminated through UI changes, such as implementation of check boxes instead of the free text fields and implementing data controls by making these check boxes required fields.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Extensive rules for required fields in REACH specific records have been implemented. • REACH leads now have access to comprehensive reporting tools that highlight missing or unresolved data. • Training videos for entering REACH specific records have been created and embedded in platform, as well as specific REACH data dictionaries. • Development of additional training materials and video tutorials is underway, with a focus on standardizing workflows and improving accuracy in diagnosis selection. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Following the initial deployment of the revised REACH platform, the Data Analyst and IT administrator have begun reviewing requested fields to validate alignment with reporting requirements and user needs. • Final validation and any necessary configuration changes will be completed in coordination with the ongoing mobile application development process
<p>Criterion #: 2 DQ Category: User Interface Last Evaluation Date: 1/30/2025 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Description: Users should be provided with explicit guidance on critical data entry decisions, including clear criteria for when to create new records and standardized protocols for diagnosis selection (e.g., differentiating between Developmental Disability and Intellectual Disability).</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • During the reassessment, the need for diagnoses entered as "Developmental Disability (DD)" to appear correctly in the diagnosis column or case details in the Mobile Dispatch Dashboard, which led some users to select inaccurate alternatives (e.g., "Intellectual Disability (ID)") or leave the field blank had been resolved. • After a responder accepts a case, some users advise the dispatcher's contact information disappears from the Mobile Dispatch Dashboard, preventing direct follow-ups for status updates or questions. • The Crisis Data Owner confirmed the chat module allows direct messaging between responders and dispatchers. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Ongoing review of reporting with user groups is being completed.
<p>Criterion #: 3 DQ Category: Key Documentation Last Evaluation Date: 1/30/2025 Current Status: In progress Estimated Completion Date: 6/30/2026 Description: A standardized documented auditing framework still needs to be completed. Regular auditing practices to ensure</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Initial review sessions with a subgroup of REACH staff have been completed, and their feedback is being incorporated into the updated process documentation. System updates to support REACH workflows are now live, allowing for more consistent data entry aligned with the proposed business rules.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>compliance with these rules (should be) formalized, leaving room for variation in user data entry behaviors.</p>	<ul style="list-style-type: none"> A draft auditing framework has also been outlined to support consistent adherence to new data entry standards, with implementation planning scheduled for the next phase of REACH reporting. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Continued monitor of progress with utilization.

Recommendation #5: Improve the case chat/texting function

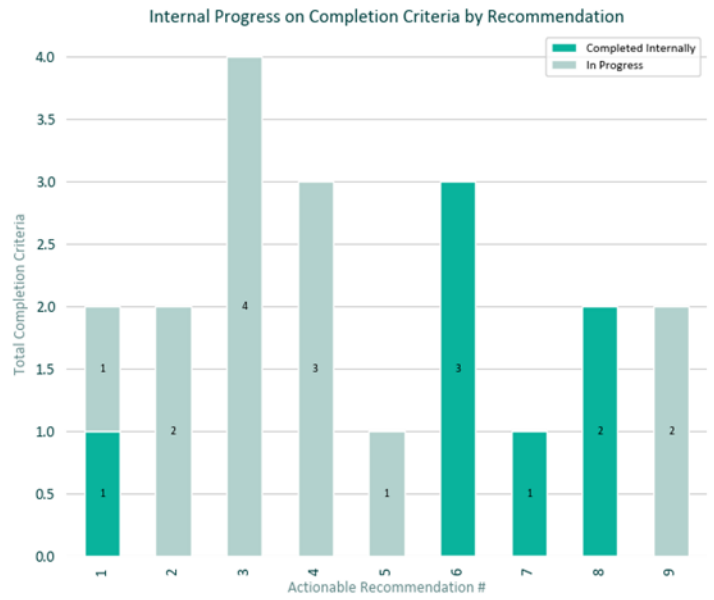
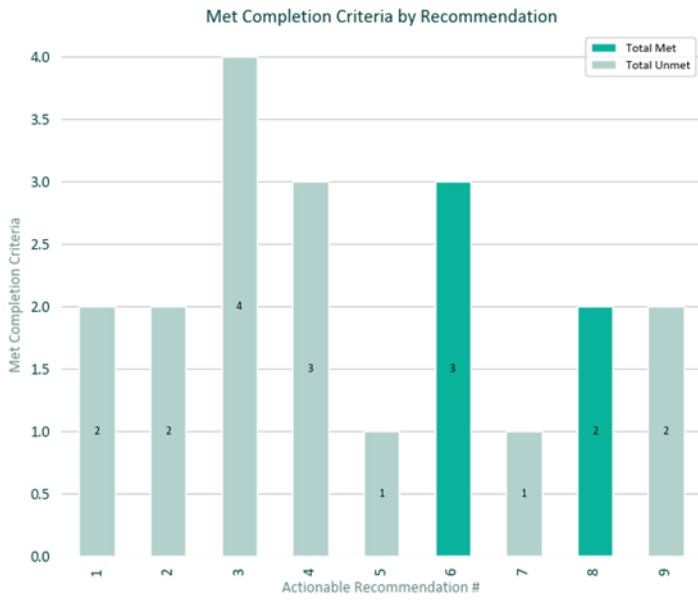
There was a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: User Interface Last Evaluation Date: 1/30/2025 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date:6/30/2026 Description: The case chat function (should be) improved; no longer requiring staff to utilize regular texting to discuss cases. The business area should work with the vendor to determine how to establish more direct messaging capability between a dispatcher and a responder, on a case specific basis and enhance the UI such that it is able to capture all interactions between the dispatcher and responder, on a case specific basis.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The technical update to restrict chat functionality to case-specific users has been implemented. Direct messaging between dispatchers and responders is fully functional within the app. However, users cannot reply to SMS messages in a way that integrates with the app. Despite this, some dispatchers and responders continue to use SMS for communication instead of the app's messaging feature. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The broader goal of ensuring all case-related communication occurs within the VCC platform is contingent on ongoing behavior change and training. Implementation of the mobile app will also improve communication within the VCC platform. Mobile Application should be live for all users by Quarter 3 of 2025.

Waiver Management System-Individual Support Plan (ISP), Proper

As of the SFY24 assessment, there were a total of nine Actionable Recommendations for WaMS ISP, proper data quality improvement. The bar graphs below depict progress as assessed by OCQM consultants (left) in SFY24 and progress since the assessment, as reported by the business/program area (right) for the SFY25 annual update.

Criteria Statuses (per recommendation) for the WaMS source system.



Recommendations With All Completion Criteria Met

- Recommendation #6: Ensure that MES Integration is functional
- Recommendation #8: Ensure RST and ISP 3.3 modules function correctly and comply with other actionable recommendations

Recommendations With Completion Criteria Work Still in Progress

- Recommendation #1: Implement an effective process to prevent duplicate individual records from being created
- Recommendation #2: Enhance data labels to provide sufficient information for respondents to reliably enter data in each field
- Recommendation #3: Implement effective data validation controls
- Recommendation #4: Establish a WaMS data dictionary for both the RavenDB document database and the WaMS data warehouse
- Recommendation #5: Ensure that ISPs are completed by their effective date
- Recommendation #7: Convert data elements intrinsic to the ISP that are being stored as attachments into designated WaMS forms
- Recommendation #9: Ensure that there is no catastrophic loss of information due to over-reliance on the WaMS System Administrator

Recommendation #1: Implement an effective process to prevent duplicate individual records from being created

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation # 1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: In progress Estimated Completion Date: 2028 Description: Proactively prevent record duplication during data entry.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • A Change Request (CR25-13) has been created, priced, and requirements established to remove the “Add Person” link. We are awaiting funds to move forward with procurement and a purchase order for FEI to begin the work. • In addition, a “Did You Know” (training tips provided to the users via the list serve and placed on the WaMS Home page/Training Section) communication will be created and the User Guide updated once in production. • The audit process and SOP on how to review for duplicates and handle/merge into one record has been established and implemented. Audit occurred 1/15/2025. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Audits will be conducted on a quarterly basis thereafter. • After pursuing funding approval to move forward with CR25-13, the CR was delayed due to a lack of funding following the priced estimate • When funding is allocated to complete the work, the current vendor can proceed. This will also be included in the procurement of a new system by FY2028.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: There (should be) a documented process by which individual records in WaMS are assessed for uniqueness.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The audit process has been established, to assess individual records for uniqueness, and implemented. • An audit process and SOP, to assess for duplicates and how to handle/merge into one record, has been developed and implemented. • Audit occurred 1/15/2025. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Audits will be conducted on a quarterly basis thereafter. • As part of the audit SOP, the RSS staff work with the CSBs to obtain correct final record information / complete form that is provided to FEI to complete.

Recommendation #2: Enhance data labels to provide sufficient information for respondents to reliably enter data in each field

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: User Interface Last Evaluation Date: 8/4/2023 Current Status: Not Met Estimated Completion Date: 10/1/26 Description: The user interface should be improved by incorporating details from guidance materials to provide clearer</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • After CR25-09 (FEI’s review of the system) was complete, due to enormity of the request it was determined that the work would need to be divided into two CRs to complete. • CR25-16-A has been approved/PO provided. • FEI has completed the work and added it to the UAT environment for testing. • The WaMS Administrator is awaiting test cases from FEI before testing can begin. • Also awaiting funding to be established.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>instructions on what information to enter into each field The following labels and the identified concerns include:</p> <ul style="list-style-type: none"> • Living Situation on Waiver, Start Date: users did not know which start date this refers to. • Living Situation on Waitlist, Start Date: users did not know which start date this refers to. • Goals, How Achieved: users were unclear if listing the steps from 'Steps to Achieve Goal' is sufficient or if more/different information is required in this pop-up field. • Strengths, Strength: unclear how much information is required • ISP, Representative, Individual has the following: unclear how to respond if individual has multiple representatives. • ISP, Medication, Location of Side Effect Information: data table assessment demonstrates lack of understanding of prompt (e.g. "internet", "on bottle", "in individual's file"). • ISP, Medical History, Serious Illnesses and/or chronic conditions of parents...significant others in the same household: SC thought this may include group home housemates. • Last Exam Dates, Date of last complete Physical/Dental Exam: does not define what a "complete" exam is. • ISP, Communication, Assistive Technology and modifications: Are any adaptive equipment or assistive technology supports used: unclear what counts as adaptive equipment/assistive tech ("Do glasses count?" – SC). • ISP, Employment, Services that could help address barriers: confusion about when this should be answered (e.g. "What if the individual has historically declined these services; do we still add them?"). • Interim Plan for Supports, What to Record: does not provide guidance on the expected information a user could enter. • Interim Plan for Supports: How often: does it not provide guidance on the expected information a user could enter. • Customized Rates, One to One Support, Duration (minutes): ambiguous (total duration, duration per episode, duration per day.) • Customized Rates, One to One Support, Specify: ambiguous as to what should be specified. • Customized Rates, Funding Need, "List any additional information that has not already been explained": unknown what additional information could possibly be provided. 	<p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Complete testing and implement by 12/31/25 • Pursue funding to implement CR. • These recommendations are planned for the new system once procured, developed, and implemented. Significant updates were made in ISP version 4.0 to integrate the Risk Awareness Tool into the ISP. As of January 2026, specifications are being drafted for version 4.1. While some clarifications were included in version 4.0, more are being explored and incorporated into the system for version 4.1, which includes adding tool tips and instructions to support clarifying elements completed by the Support Coordinator, as well as by providers.
<p>Criterion #: 2 DQ Category: User Interface Last Evaluation Date: 8/4/2023 Current Status: TBD Estimated Completion Date: 10/1/26 Description: The user interface (should provide) information about units of measurement and other details important to accurate data</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Change Request (CR25-13) has been placed on hold due to additional pricing considerations. FEI is seeking to add O&M charges to account for potential "customer service" impacts resulting from the change (e.g., increased calls to the Help Desk). This CR, which affects Service Authorizations and ISPs, will not move forward in the

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>entry (e.g. definitions, where necessary). The following labels and the identified concerns include:</p> <ul style="list-style-type: none"> In the "ISP, Medical History, Serious Illnesses and/or chronic conditions of parents, significant others in the same household" field, there is uncertainty if this includes group home housemates. The "Last Exam Dates, Date of last complete Physical/Dental Exam" field does not define what a "complete" exam means. In the "ISP, Communication, Assistive Technology and modifications, are any adaptive equipment or assistive technology supports used" field, it is unclear what qualifies as adaptive equipment/assistive tech. There is confusion about when to answer the "ISP, Employment, Services that could help address barriers" field (e.g., "What if the individual has historically declined these services; do we still add them?"). The "Interim Plan for Supports, What to Record" field lacks guidance on the expected information users should enter. The "Interim Plan for Supports, how often" field lacks guidance on the expected information users should enter. The "Customized Rates, On-to-One Support, Duration (minutes)" field is ambiguous (e.g., total duration, duration per episode, duration per day). The "Customized Rates, One-to-One Support, specify" field is ambiguous regarding what should be specified. The "Customized Rates, Funding Need, 'List any additional information that has not already been explained'" field leaves users uncertain about what additional information they can provide. 	<p>current system. Instead, this functionality will be included in the next version of WaMS.</p> <ul style="list-style-type: none"> In addition, a "Did You Know" (training tips provided to the users via the list serve and placed on the WaMS Home page/Training Section) communication will be created and the User Guide updated once in production. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> On Hold / to ensure with new version of WaMS. These recommendations are planned for the new system once procured, developed, and implemented. Significant updates were made in ISP version 4.0 to integrate the Risk Awareness Tool into the ISP. As of January 2026, specifications are being drafted for version 4.1. While some clarifications were included in version 4.0, more are being explored and incorporated into the system for version 4.1, which includes adding tool tips and instructions to support clarifying elements completed by the Support Coordinator, as well as by providers.

Recommendation #3: Implement effective data validation controls

There was a total of four completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: Not Met Estimated Completion Date: March 2026 Description: The date range should be restricted to prevent users from potentially selecting dates before the 1900s or far into the future. While the ISP in WaMS already has a control in place to prevent users selecting irrelevant time frames, other date fields that exist in the system, with wide date range, require validation controls.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> After CR25-09 (FEIs Review of the system) was completed, it was established due to enormity that the work would need to be divided into two CRs to complete. CR25-16-A has been approved/PO provided. FEI has completed the work and added it to the UAT environment for testing. The WaMS Administrator is awaiting test cases from FEI before testing can begin. This will be a significant testing effort involving SMEs, Data Analysts, and end users, and once complete. Also awaiting funding to be established.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
	<p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • CR25-16A is currently in UAT and ready to be tested. Once test cases received from FEI and after IFSP training module are completed, testing will begin (circa 9/30/25). It is anticipated to take at minimum 2-3 weeks of testing as this is a huge undertaking. Will include several testers from the Data and Analytics team. • FEI will provide the following information as part of this CR: <ul style="list-style-type: none"> ○ Date field ○ Date field location in the system ○ Screenshot of the date field ○ Recommended business rules for the date field Certain automated dates – such as “Last Modified”. Evaluation of these dates are not needed as they are system generated “time stamps” • Once the business rules have been approved by DBHDS through this CR, a new CR will be developed for the development (dev) and quality control (QC) effort associated with executing the new business rules. • This change is currently in User Acceptance Testing pending release to production in March 2026.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: In progress Estimated Completion Date: March 2026 Description: Data fields lacking validation controls for dropdown menu options and numeric values, and for those fields that lack conditional logic validation controls (should be implemented) to prevent errors at the point of data entry, to maintain data integrity by identifying and rejecting data that does not meet predefined criteria.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Change Request CR25-13 including Data Validation - County field address validation w/Zip and w/o Zip has been approved and priced. We are awaiting funding for FEI to begin the work. Once funding is secured, FEI will proceed. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The business/program area will provide FEI clarification on which dropdown menus to review. • Once clarifications are made, FEI will need CR to review the system / specific modules; subsequently providing recommendations on system update needs. • This change is currently in User Acceptance Testing pending release to production in March 2026.
<p>Criterion #: 3 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: Not Met Estimated Completion Date: March 2026 Description: Numeric fields only accept responses that are in alignment with the requirements of the business area.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • After CR25-09 (FEI's Review of the system) was completed, it was established due to enormity that the work would need to be divided into two CRs to complete. • CR25-16-A has been approved/PO provided. FEI has completed the work and added it to the UAT environment for testing. • The WaMS Administrator is awaiting test cases from FEI before testing can begin. This will be a significant testing effort involving SMEs, Data Analysts, and end users, and once complete. • Also awaiting funding to be established. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • This change is currently in User Acceptance Testing pending release to production in March 2026.
<p>Criterion #: 4 DQ Category: Data Validation</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p>

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Last Evaluation Date: 8/4/2023 Current Status: In progress Estimated Completion Date: 12/31/26 Description: Conditional logic is applied to prevent users from choosing logically incompatible responses (e.g., "Current Guardian" cannot be selected with "Current Physician").</p>	<ul style="list-style-type: none"> • After CR25-09 (FEI's Review of the system) was completed, it was established due to enormity that the work would need to be divided into two CRs to complete. • CR25-16-A has been approved/PO provided. FEI has completed the work and added it to the UAT environment for testing. • The WaMS Administrator is awaiting test cases from FEI before testing can begin. This will be a significant testing effort involving SMEs, Data Analysts, and end users, and once complete. • Also awaiting funding to be established. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • CR25-16-B is pending the completion of CR25-16-A. These CRs accomplish multiple recommendations in this report.

Recommendation #4: Establish a WaMS data dictionary for both the RavenDB document database and the WaMS Data Warehouse

There was a total of three completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners. This recommendation is important for data quality and improvement.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Key Documentation Last Evaluation Date: 8/4/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete as WaMS Data Dictionary Description: A data dictionary (should) exist that provides detailed information about the contents of the WaMS RavenDB database, including:</p> <ol style="list-style-type: none"> a. The names of all data elements b. The data types or formats of each data element c. Descriptions of the contents of each data element including the business definitions d. The source of data for each data element (system versus user-generated) e. The origin of data for each data element (internal to WaMS vs. imported from another system) f. Business definitions for each unique response value in fields constrained to pre-defined lists of options (e.g. dropdown menus) 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Data Dictionary has been created. • Data Team and EDW Team are working on valid values and completion of the definitions with Business Owners. Final to live in SharePoint. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Data Dictionary definitions are 80% complete. It has been provided to EDW team. • The only remaining work is to finish definitions for the following modules: some ISP4 tables, RST, Service Auth, VIDES Template, Lookup and Lookup Service tables, as well as a few modules that are not actively used (Needed Service, Needed Service Requested, Wave, and Audit Table). • The Data Dictionary will always be a work in progress as modules are added and/or updated. • Definitions to be completed by 12/31/25
<p>Criterion #: 2 DQ Category: Key Documentation Last Evaluation Date: 8/4/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Data Dictionary has been created. • Data Team and EDW Team are working on valid values and completion of the definitions with Business Owners. Final to live in SharePoint.

Recommendation #4 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Estimated Completion Date: Complete</p> <p>Description: A data dictionary (should exist) that provides detailed information about the contents of the WaMS Data Warehouse, including:</p> <ol style="list-style-type: none"> The names of data elements The data types or formats of each data element Descriptions of the contents of each data element including relevant business definitions The origin of each data element (system versus user generated) Business definitions for each unique response value in fields constrained to pre-defined lists of options (e.g. dropdown menus) 	<p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Data Dictionary definitions are 89% complete. It has been provided to EDW team. The only remaining work is to finish definitions for the following modules: some ISP4 tables, RST, Service Auth, VIDES Template, Lookup and Lookup Service tables, as well as a few modules that are not actively used (Needed Service, Needed Service Requested, Wave, and Audit Table). The Data Dictionary will always be a work in progress as modules are added and/or updated. The Data Dictionary was finalized in March 2025 and is located in SharePoint for ongoing updates and refinement.
<p>Criterion #: 3</p> <p>DQ Category: Key Documentation</p> <p>Last Evaluation Date: 8/4/2023</p> <p>Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: Completed</p> <p>Description: Documentation (should exist) that describes the data flow between the RavenDB database instance and the WaMS data warehouse, including:</p> <ol style="list-style-type: none"> The method(s) used to extract, transform, and load data from the RavenDB database into the WaMS data warehouse The frequency of data transfers from the RavenDB database and the WaMS data warehouse The relationship between source system operational reports ("canned reports") and the RavenDB database The relationship between source system operational reports and the WaMS data warehouse The method(s) used to extract, transform, and load data from the WaMS data warehouse prior to distribution to DBHDS 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> The Data Warehouse, Data Team developed a Data Exchange Flow diagram, with FEI and the WaMS data analyst, July 2024. The WaMS Data Team will develop documentation to describe the data flow by December 31, 2025. <p><u>This was Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The Data team will be working to ensure DW/IT validate the flow to ensure it is accurate and that data is received and loaded properly by December 31, 2025 (and works in new EDW). The Data Exchange Flowchart is complete. The Data Warehouse Team is developing a companion document to describe the data flow.

Recommendation #5: Ensure that ISPs are completed by their effective date

There was a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/4/2023</p> <p>Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: Complete</p> <p>Description: ISPs in which all necessary components have been completed are in "ISP Completed" status or "Pending Provider Completion Status" to address the following identified concerns:</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Community Resource Consultants (CRCs) from the Office of Provider Network Supports have transitioned to a new method of monitoring ISP compliance based on these identified issues. As of SFY 24 Annual Update <ul style="list-style-type: none"> The CMSC will explore including the tracking and monitoring of ISP completion dates where timeframes have been exceeded and look to

Recommendation #5 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<ul style="list-style-type: none"> a. ISPs found to be stuck in the "Pending Support Coordinator Review" status, even though they contained all required components. b. Ensuring that ISPs are considered "complete" only if they are in the "Pending Provider Completion" or "Completed" status. c. Support coordinator concerns that they could not modify an ISP once it had been submitted resulting in some support coordinators not completing the ISP or creating a new interim plan for supports, effectively removing themselves from the planning process. 	<p>include these plans in the CAP process as a mitigation effort related to CSBs exceeding timeframes.</p> <ul style="list-style-type: none"> o A new method of calculating compliance is beginning on 7/1/2024 but the first CAPs resulting from this effort will be January 2025. o Complete a Change Request (CR) with FEI to request the inclusion of the date that ISPs are logged into 'pending provider completion' status because currently it is just the most recent date regardless of status. Credit is currently given for all ISPs completed. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The DBHDS Case Management Steering committee has implemented a process through which ISPs are monitored for completion on or before the effective date of each ISP. Improvement plans are requested when CSBs perform below target and are monitored by the committee for improvements. In addition, a video was prepared and released that communicates the method and steps needed to update the ISP.

Recommendation #6: Ensure that MES Integration is functional

There was a total of three completion criteria in this recommendation. As of 8/18/2025, DBHDS has met all the criteria for this recommendation, and it is no longer under review by OCQM. The DBHDS team will continue efforts to improve data quality for this source system but acknowledges that any major threats to data quality in this recommendation area have been successfully mitigated at this time.

Recommendation #7: Convert data elements intrinsic to the ISP that are being stored as attachments into designated WaMS forms

There was a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #7 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/4/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Convert attachments that store data critical to the ISP, informing policy at DBHDS, and decision-making into data elements that are entered directly in the source system.</p> <ul style="list-style-type: none"> a. At a minimum, this should include the Risk Awareness Tool (RAT). b. Reassess the ISP (where the RAT is included to ensure that the issue is resolved. 	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • The ISP has been updated to include The Risk Awareness Tool (RAT) in Part III / Part V in the 4.0 upgrade. This has replaced the RAT summary documents being attached in WaMS. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • Not Applicable

Recommendation #8: Ensure RST and ISP 3.3 modules function correctly and comply with other actionable recommendations

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met all the criteria for this recommendation, and it is no longer under review by OCQM. The DBHDS team will continue efforts to improve data quality for this source system but acknowledges that any major threats to data quality in this recommendation area have been successfully mitigated at this time.

Recommendation #9: Ensure that there is no catastrophic loss of information due to over-reliance on the WaMS System Administrator

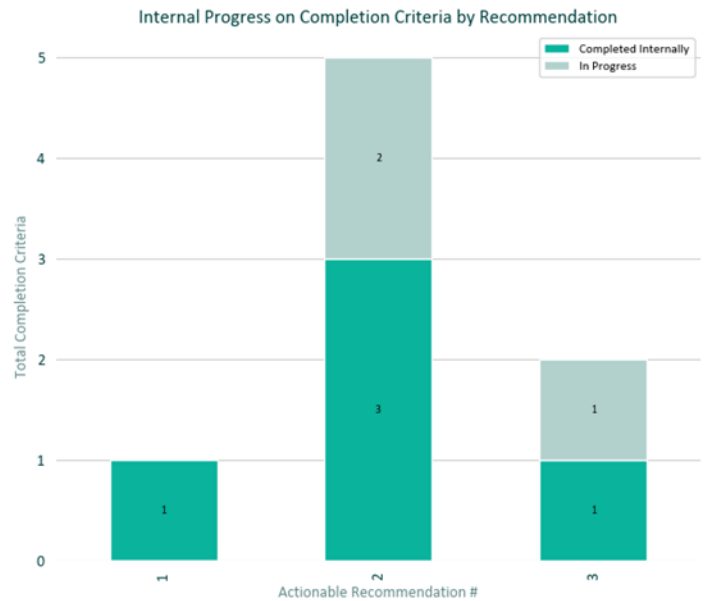
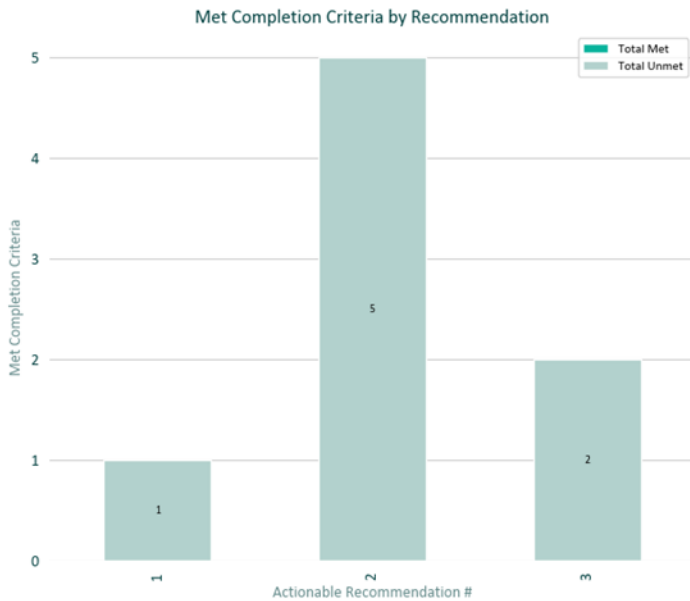
There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #9 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Key Documentation Last Evaluation Date: 8/4/2023 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Completed Description: There (should be) a system administrator guide exists with current information related to routine support tasks, data maintenance tasks, and any additional technical and procedural support responsibilities assigned to the system administrator.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • FEI provided a list of Admin Access for role in WaMS, to serve as a map for updating the WaMS Administrator Guide. • A request has been made to hire an additional staff member who will perform certain WaMS Administrator duties and serve as a backup. One of the main reasons for this request is limited bandwidth, which has prevented update and maintenance of the current System Administrator Guide. Once the position is approved and filled, work can resume to update and expand the guide. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The business/program area will meet with FEI to discuss and begin updating the WaMS Administrator Guide. • The WaMS Administrator Guide will be updated and completed by 12/31/2025, provided an additional staff member is approved and in place to share administrative responsibilities.
<p>Criterion #: 2 DQ Category: Key Documentation Last Evaluation Date: 8/4/2023 Current Status: OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Formal documentation (should exist) designating a qualified back-up system administrator for all responsibilities currently performed by the WaMS System Administrator.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • FEI provided a list of Admin Access for role in WaMS. To serve as a map for updating the Administrator Guide. • A request has been made to hire an additional staff member to perform certain WaMS Administrator duties and serve as a backup. Once the position is approved and filled, work can resume to update and expand the guide. • If the additional position is not approved, limited contingency measures could be put in place. These would include focusing on guided updates on only the most critical tasks and temporarily reassigning certain duties. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The business/program area will meet with FEI to discuss and begin updating the WaMS Administrator Guide. • The WaMS Administrator Guide will be updated and completed by 12/31/2025, provided an additional staff member is approved and in place to share administrative responsibilities.

Waiver Management System-Regional Support Teams (WaMS) Waitlist Module

As of the last assessment, there were a total of three Actionable Recommendations for WaMS Waitlist Module data quality improvement. The bar graphs below depict progress as assessed by OCQM consultants (left) in SFY24 and progress since the assessment, as reported by the business/program area (right) for the SFY25 annual update.

Criteria Statuses (per recommendation) for the Waitlist source system.



Recommendations With All Completion Criteria Met

- Not applicable

Recommendations With Completion Criteria Work Still in Progress

- Recommendation #1: Establish a data dictionary
- Recommendation #2: Develop and implement effective processes to prevent duplicate individual records from being created
- Recommendation #3: Establish system controls that can distinguish between different users with the same name

Recommendation #1: Establish a data dictionary

There was a total of one completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Key Documentation Last Evaluation Date: 8/15/2023 Current Status: In progress OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Data Dictionary has been created. • Business definitions are 80% complete.

Recommendation #1 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Estimated Completion Date: Complete</p> <p>Description: A comprehensive data dictionary (should be) available, providing extensive details regarding the contents of the data tables in the source system. This includes:</p> <ol style="list-style-type: none"> The complete list of data element names. The specific data types or formats associated with each data element. Descriptions and business definitions clarifying the contents of each data element. Indication of whether the data is sourced from the system itself or generated by users. Identification of the system from which data is imported for each data element. Thorough business definitions for each unique response value within fields that are constrained to predefined lists of options, such as dropdown menus. 	<p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Business definitions are 80% complete. The Data Dictionary for all modules has been provided to EDW team. The WaMS Data Team and Enterprise Data Warehouse team are working on Valid Values and are working with business owners to complete business definitions. Valid values refer to the permissible data that can be stored in a particular field or column. The values are determined by data types (date, numerical, etc.) and validation rules. An example would be a binary "YES/NO" field. By providing those values to the EDW they can ensure the field only allows for those two choices thus maintaining validity from system to system. They also do not necessarily need to be values, but they can represent the format of the value. An example of this would be a date field that is formatted MM/DD/YYYY. The final version of the business definitions will reside in SharePoint.

Recommendation #2: Develop and implement effective processes to prevent duplicate individual records from being created

There was a total of five completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/15/2023</p> <p>Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: Complete</p> <p>Description: Assign a unique identifier to everyone in the module. This can help prevent the creation of duplicate entries and facilitate efficient data management.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Audit process / SOP has been established and implemented. Audit process inception was 1/15/2025 <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The audit process is being conducted quarterly thereafter.
<p>Criterion #: 2</p> <p>DQ Category: Data Validation</p> <p>Last Evaluation Date: 8/15/2023</p> <p>Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns</p> <p>Estimated Completion Date: Complete</p> <p>Description: Develop and implement data validation checks at the point of data entry, to identify potential duplicates. The module should recognize similar information and alert users when a potential duplicate entry is being created.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> System currently does not allow users to enter duplicate based on Social Security Number when creating a new record/individual. Audit process / SOP has been established and implemented whereby duplicate records are identified using the data quality dashboard which monitors and flags records based on same SSN, Same Medicaid Number, Same DOB, First Name, and Last Name for each quarter. Audit process inception was 1/15/2025 <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> The audit process is being conducted quarterly.
<p>Criterion #: 3</p> <p>DQ Category: Training</p> <p>Last Evaluation Date: 8/15/2023</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Audit process / SOP has been established and implemented.

Recommendation #2 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Current Status: In progress Estimated Completion Date: 3/31/26 Description: Encourage users to search for existing records before creating new ones.</p>	<ul style="list-style-type: none"> • Audit process inception was 1/15/2025 • NOTE: Change Request (CR25-13) has been placed on hold due to additional pricing considerations. FEI's seeking to add O&M charges to account for potential "customer service" impacts resulting from the change (e.g., increased calls to the Help Desk). This CR, which affects Service Authorizations and ISPs, will not move forward in the current system. Instead, this functionality will be included in the next version of WaMS. A Change Request (CR25-13) has been created, priced, and requirements established to add remove the "Add Person" link. We are awaiting funds to move forward with procurement and a purchase order for FEI to begin the work. • In addition, a "Did You Know" (training tips provided to the users via the list serve and placed on the WaMS Home page/Training Section) communication will be created and the User Guide updated once in production. • Meeting with FEI on 2/7/25 to Create CRs to include removing the "Add Person" link for this recommendation. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • DID YOU KNOW (training tips provided to the users via the listserv and placed on the WaMS Home page/Training Section) to be created and User Guide Updated once in production. • DID YOU KNOW for this issue is being drafted and will include related tips for users. Planned for release on the Listserv by 2/28/26.
<p>Criterion #: 4 DQ Category: Data Validation Last Evaluation Date: 8/15/2023 Current Status: In progress; OCQM consultant to verify action(s) addresses business/program area needs and appropriately addresses data validity and/or reliability concerns Estimated Completion Date: Complete Description: Conduct periodic deduplication processes to identify and merge duplicate records, as a secondary step in the process. This can be done using algorithms that compare records based on specific criteria and merge duplicate records into a single, accurate entry.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • Audit process / SOP has been established and implemented whereby duplicate records are identified using the data quality dashboard which monitors and flags records based on same SSN, Same Medicaid Number, Same DOB, First Name, and Last Name for each quarter. • Audit process inception was 1/15/2025. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • The audit process is being conducted quarterly thereafter.
<p>Criterion #: 5 DQ Category: Training Last Evaluation Date: 8/15/2023 Current Status: TBD Estimated Completion Date: 6/1/2025 Description: Enforce standardized data entry practices to ensure consistency across multiple users entering data. Providing guidelines, training and templates for data entry can help maintain uniformity.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> • No new or interim mitigating strategies provided for Annual Update. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> • DID YOU KNOW (training tips provided to the users via the listserv and placed on the WaMS Home page/Training Section) to be created and User Guide Updated by Q4. • DID YOU KNOW for this issue is being drafted and will include related tips for users. Planned for release on the Listserv by 2/28/26.

Recommendation #3: Establish system controls that can distinguish between different users with the same name

There was a total of two completion criteria in this recommendation. As of 8/18/2025, DBHDS has met zero criteria (0%). Below is a summary of the completion criteria related to this recommendation, including the most current action plans and updates from the DBHDS business/program owners.

Recommendation #3 Completion Criterion Description	Action Plan & Updates, as Reported by the Business/Program Area
<p>Criterion #: 1 DQ Category: Data Validation Last Evaluation Date: 8/15/2023 Current Status: TBD Estimated Completion Date: 7/3/2024 Description: Implement a system-wide requirement for unique identifiers, for module users, beyond just names. This could include a combination of factors such as Date of Birth, unique ID numbers, or other distinguishing characteristics to accurately differentiate users.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> Users are currently able to distinguish between individuals with same names by DOB, SSN, Last 4 Medicaid #, etc. The system uses a unique identifier (the "Person's ID"). <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> Once WaMS is ingested in EDW everyone will have a unique ID that can be used across systems.
<p>Criterion #: 2 DQ Category: Data Validation Last Evaluation Date: 8/15/2023 Current Status: TBD Estimated Completion Date: 6/1/2025 Description: Establish controlled mechanisms that allow CSBs to access limited information from other boards for validation purposes. This can help in verifying staff input and ensuring data accuracy.</p>	<p><u>SFY25 Annual Update on Action Items Taken To Date:</u></p> <ul style="list-style-type: none"> After consideration and timing, this recommendation is not feasible in the current version of WaMS. The system architecture does not support the type of controls needed to distinguish between users with the same name nor recommend allowing CSBs limited access to other boards for validation. <p><u>Future and Ongoing Action Steps:</u></p> <ul style="list-style-type: none"> That said, the importance of this recommendation is recognized, and will ensure it is carried forward and included in the next version of WaMS so that the system can better support data validation and accuracy. Once WaMS is ingested in EDW everyone will have a unique ID that can be used across systems.

Conclusion

While many action plans remain in progress, it is clear that DBHDS has worked diligently over the last year to improve data quality (as demonstrated by the almost 500 comments on progress, provided above). The DBHDS Division of Administration's establishment of the Data Governance Program, now well underway, will begin to address many of the above concerns in the coming fiscal year. This committee will regularly track progress toward adherence to its seven dimensions of data quality; with business area data owners and stewards working together to track and address data quality concerns. The greatest opportunities for the Data Governance Team exist in the following areas:

- Vendor challenges with negotiating change requests when system enhancements/innovations (to make processes easier, more effective and efficient) are needed
- System replacement (e.g. CHRIS, PAIRS, Connect and WaMS)
- Establishing data validation controls
- Ensuring, alongside the business/program are, system user resources (i.e. business rules, data dictionaries, and process maps)

In addition to the three data source/data source system assessments that indicate that all Actionable Recommendations have been successfully met, it should be noted that two data sources/data source systems have successfully addressed 50% or more of their Actionable Recommendations (Avatar and CNF). Over the course of the next year, DBHDS expects to see great progress toward data quality enhancement, as DBHDS will work to complete reassessments for MRC, CONNECT, WaMS, CNF, Electronic Mortality Review Form (eMRF). VIPERS (as it will replace CHRIS), and AVATAR to validate that business/program area solutions appropriately meet the business/program areas' needs and support efforts to ensure the production of valid and reliable data. PAIRS will not be reassessed until after it has been absorbed into VIPERS (likely stage 3 of the VIPERS project). In September 2026 DBHDS will develop the DQMP that details any remaining data quality concerns and steps to be taken to address them.

Appendix

Data Dictionary

Data Label	Description
SFY	State Fiscal year July 1-June 30.
System	The name of the Source System that has been reviewed by the Office of Clinical Quality Management (OCQM) consultant.
Reviews	The total number of OCQM reviews that the System has received. A total of 1 indicates that the system has only been reviewed initially and has no follow-up reviews to determine progress towards satisfying the recommendations.
Last Eval	The date of the most recent OCQM evaluation in MM/DD/YYYY format.
Recs	The total number of data quality recommendations made by the OCQM consultant for the system.
Met Recs	The total number of data quality recommendations that have been determined to be "Met" and satisfied by the OCQM consultant (as part of a follow-up review).
% Met	The percentage of all DQ Recommendations which have been determined to be "Met" for this System.
Criteria	The total number of completion criteria for this system. Completion criteria are discrete actions and outcomes that are required to achieve an overall DQ Recommendation (a single DQ Recommendation may have 1 or more criteria).
Met	The total number of criteria that have been determined to be "Met" and satisfied by the OCQM consultant (as part of a follow-up review).
% Met CC	The percentage of all criteria which have been determined to be "Met" for this System.
Complete	The total number of criteria for which the business area owner of the System has reported that all action plan steps have been completed. This total includes all criteria regardless of their status (e.g. "Met" or "Unmet"). Any internally "completed" criteria that are "unmet" will be reviewed by the OCQM consultant in a follow-up evaluation and the results will determine if further action plan steps are required.
In Progress	The total number of criteria for which the business area owner of the System is reportedly continuing to work on action plan steps needed to satisfy the requirements. This total includes only "unmet" criteria.
% Complete	The percentage of all criteria which have been determined by the business area owner of the System to have completed action plan steps.