

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Departmental Instruction 316 (QM) 20
Quality Improvement, Quality Assurance, and Risk Management
for Individuals with Developmental Disabilities

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BACKGROUND

The Americans with Disabilities Act (ADA) and the *Olmstead* decision require serving individuals with developmental disabilities (DD) in the most integrated setting appropriate to their needs and consistent with their informed choice. To support integration, the Commonwealth implements a quality management system that includes quality improvement, risk management, and quality assurance policies, procedures, and performance measures.

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PURPOSE

The purpose of this DI is to describe the framework for and components of the state's quality management system for individuals with DD who receive services licensed, funded, or operated by the Department of Behavioral Health and Developmental Services (DBHDS). This system encompasses activities to ensure that all services for individuals with DD are of good quality, meet their needs, and help them achieve positive outcomes, including avoidance of harm, stable community living, increased integration, independence, and self-determination in all life domains and to ensure that appropriate services are available and accessible for individuals who receive these services. These activities include collection and evaluation of data to identify and respond to trends to ensure continuous quality improvement.

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DEFINITIONS

The following definitions apply to this DI:

COMMUNITY
INTEGRATION
MANAGER

State facility staff trained to coordinate discharge and transition from training centers to the community.

COMPUTERIZED
HUMAN RIGHTS
INFORMATION
SYSTEM (CHRIS)

The DBHDS database that contains data related to serious incidents, deaths, and abuse and neglect allegations.

**CONTINUOUS
QUALITY
IMPROVEMENT
(CQI)**

An ongoing process of data collection and analysis for the purpose of improving programs, services, and processes.

EIGHT DOMAINS

The eight data domains outline the key focus areas of the DBHDS quality management system (QMS): (1) safety and freedom from harm; (2) physical, mental and behavioral health and well-being; (3) avoiding crises; (4) stability; (5) choice and self-determination; (6) community inclusion; (7) access to services; and (8) provider capacity.

**HOME AND
COMMUNITY BASED
SERVICES WAIVERS**

Home and Community-Based Services (HCBS) waivers provide Virginians enrolled in Medicaid long-term services and supports the option to receive community-based services as an alternative to an institutional setting. Virginia's CMS-approved HCBS waivers include the Community Living (CL) Waiver, the Family and Individual Support (FIS) Waiver, and the Building Independence (BI) Waiver.

**HUMAN RIGHTS
REGULATIONS**

The *Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services*, 12 VAC 35-115 (Human Rights Regulations), requires specific actions to protect the rights of each individual, including freedom from abuse, neglect and exploitation, and establishes remedies when rights are violated or are in dispute. The DBHDS Office of Licensing verifies the implementation of corrective action plans to address abuse, neglect, critical incidents, or deaths.

**OFFICE OF
LICENSING
INFORMATION
SYSTEM
(CONNECT)**

The DBHDS database (formerly OLIS) that contains data related to providers licensed by DBHDS, including data collected pursuant to the adequacy of individualized supports and services, corrective actions, and provider quality improvement plans.

**INDIVIDUAL FAMILY
SUPPORT PROGRAM
(IFSP)**

A program administered by DBHDS to assist individuals with DD and their families to access person-centered and family-centered resources, supports, services and other assistance in accordance with DBHDS regulation, *Operation of the Individual and Family Support Program*, 12 VAC35-230.

LIBRARY

The DBHDS library website is a mechanism through which DBHDS publishes its progress towards enhancing the system of behavioral health and developmental services in Virginia.

NATIONAL CORE INDICATORS

National Core Indicators (NCI) are standard performance measures used in a collaborative effort across states to assess the outcomes of services provided to individuals and families and to establish national benchmarks. Core indicators address key areas of concern including employment, human rights, service planning, community inclusion, choice, health and safety.

DMAS QUALITY MANAGEMENT REVIEW (QMR)

Coordinated reviews of performance measures and activities implemented jointly by DBHDS and the Department of Medical Assistance Services (DMAS) to ensure that the waivers are being implemented as intended through review of waiver program data and quality improvement activities.

DBHDS QUALITY MANAGEMENT SYSTEM (QMS)

The QMS shall be based on the DBHDS vision, mission, and strategic plan and shall incorporate nationally recognized quality principles. When fully implemented, the system's infrastructure shall be:

- Cross-disability;
 - Supported through the organization's leadership, which is:
 - Committed to the success of the quality management plan;
 - Supportive of the organizational culture of quality improvement;
 - Prepared to designate resources for critical support mechanisms; and
 - Willing to give authority to staff to make changes;
 - Person and family-centered;
 - Characterized by employees and providers who are continuously learning and empowered as innovative change agents;
 - Effective in utilizing data for ongoing quality improvement; and
 - Sustainable and continuous.
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CASE MANAGEMENT QUALITY RECORD REVIEW

A process through which data related to service plans for individuals receiving waiver services, including data collected on the number, type, and frequency of case manager contacts, is collected and reported.

INDIVIDUAL AND PROVIDER QUALITY SERVICE REVIEW (QSR)

Review conducted for evaluation of services at individual, provider, and system-wide levels to evaluate: whether individuals' needs are being identified and met through person-centered planning and thinking; whether services are being provided in the most integrated setting appropriate to the individuals' needs and consistent with their informed choice; and whether individuals are having opportunities for integration in all aspects of their lives. QSRs also assess the quality and adequacy of providers' services, quality improvement and risk management strategies, and provide recommendations to providers for improvement.

**REGIONAL
EDUCATION
ASSESSMENT CRISIS
SERVICES
HABILITATION
(REACH)**

The statewide crisis system of care that is designed to meet the crisis support needs of individuals who have DD and are experiencing crisis events originating from behavioral or mental health support needs which put them at risk for homelessness, incarceration, hospitalization, and danger to self or others.

**REGIONAL SUPPORT
TEAM (RST)**

A group of professionals with expertise in serving individuals with DD in the community, including individuals with complex behavioral and medical needs. The RST works to review individual cases and to resolve identified barriers to community living.

**WAIVER
MANAGEMENT
SYSTEM (WAMS)**

The DBHDS database that collects data related to individuals on the DD waivers, waitlist, and service authorizations.

**CMS - APPROVED
WAIVER QUALITY
IMPROVEMENT
PLAN**

The CMS-approved plan by which the state describes the mechanisms it will use to engage in HCBS waiver systems improvement activities based upon the information gathered from various sources and strategies. The Virginia quality improvement plan includes evaluation of level of care; development and monitoring of individual service plans; assurance of qualified providers; identification, response and prevention of occurrences of abuse, neglect and exploitation; and administrative oversight of all waiver functions, including contracting and financial accountability. Data reviews occur at the local, regional, and state levels and are completed by DBHDS, the DMAS, and the community services boards (CSBs), respectively.

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RESPONSIBLE AUTHORITY

**DBHDS DIVISION
OF THE CHIEF
CLINICAL OFFICER**

The commissioner directs the quality management system, and the DBHDS Division of the Chief Clinical Officer (CCO) is responsible for ensuring compliance with this DI as follows:

- The senior director of clinical quality management is responsible for ongoing interpretation and monitoring of this DI.
 - The CCO and senior director of clinical quality management are the designated co-chairs of the Quality Improvement Committee (QIC).
 - The community quality improvement director and facility quality improvement director are responsible for collaborating with DBHDS personnel, regional community quality councils, and other QIC subcommittees and workgroups to ensure that the quality management system is communicated, implemented and evaluated.
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SPECIFIC GUIDANCE

**QUALITY
MANAGEMENT
SYSTEM**

The Commonwealth's Quality Management System (QMS) shall encompass activities to ensure that all services for individuals are of good quality, meet

individual needs, and help individuals achieve positive outcomes, including avoidance of harm, stable community living, increased integration, independence, and self-determination in all life domains (e.g., community living, employment, education, recreation, healthcare, and relationships). The QMS shall include activities to ensure that appropriate services are available and accessible for individuals with DD who receive services licensed, funded, or operated by DBHDS. The QMS is comprised of: (1) quality assurance; (2) quality improvement; and (3) risk management.

**CONTINUOUS
QUALITY
IMPROVEMENT
(CQI)**

The QMS shall collect and evaluate data to identify and respond to trends to ensure continuous quality improvement (CQI).

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PROCEDURES – CENTRAL OFFICE

**OFFICE OF
CLINICAL QUALITY
MANAGEMENT AND
QUALITY
IMPROVEMENT
COMMITTEE (QIC)**

The DBHDS Office of Clinical Quality Management is responsible for establishing the quality management framework and providing technical assistance and guidance across the QM system and as such has established that the CCO shall lead the QIC. Subcommittees of the QIC are:

- Mortality Review Committee (MRC);
- Risk Management Review Committee (RMRC);
- Case Management Steering Committee;
- Regional quality councils (RQCs); and
- Key performance area workgroups (KPAs), including:
 - Health, Safety and Wellbeing;
 - Community Inclusion and Integration; and
 - Provider Capacity and Competency.

The QIC shall ensure a process of CQI and be responsible for prioritization of needs and work areas. The QIC shall ensure that providers, case managers, and other stakeholders are informed of any quality improvement initiatives approved for implementation as the result of trend analyses based on information from investigations of reports of suspected or alleged abuse, neglect, serious incidents, deaths, and patterns in case management, NCI, QSRs, quality management reviews, housing, employment, community engagement and inclusion, RST, home and community-based setting, provider data summary, licensure citations, staff training and competency, crisis, IFSP, and other data.

**MORTALITY
REVIEW
COMMITTEE (MRC)**

The MRC shall focus on system-wide quality improvement by conducting mortality reviews of deaths of individuals with DD reported to DBHDS through its incident reporting system. The members of the MRC shall be appointed by the commissioner and shall include the chief clinical officer, the senior director of clinical quality management and others who possess appropriate experience, knowledge, and skills. The committee shall include at least one member with the clinical experience to conduct mortality reviews who is

otherwise independent of state government, a medical doctor, a nurse, DBHDS staff with quality improvement experience, and DBHDS staff with programmatic and operational expertise. The MRC shall collect and analyze mortality data to identify trends, patterns, and problems at the individual service-delivery and systemic levels. The team shall develop and oversee the implementation of quality improvement initiatives to reduce mortality rates to the fullest extent practicable. Additional duties shall be described in the MRC charter.

**RISK MANAGEMENT
REVIEW
COMMITTEE
(RMRC)**

The RMRC shall provide ongoing monitoring of incident data, including serious incidents and allegations and substantiations of abuse, neglect, and exploitation; and analysis of individual, provider, and system level data to identify trends and patterns and make recommendations to promote health, safety, and well-being of individuals. As a subcommittee of the QIC, the RMRC identifies and addresses risks of harm; ensures the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; and collects and evaluates data to identify and respond to trends to ensure continuous quality improvement. The RMRC ensures that approved quality improvement initiatives are implemented and reported to the QIC. Additional duties shall be described in the RMRC charter.

**REGIONAL QUALITY
COUNCILS (RQCs)**

The RQCs shall assess relevant data to identify trends and recommend responsive actions in their regions. Each RQC shall review and assess (i.e., critically consider) the data that is presented to identify: (1) possible trends; (2) questions about the data; and (3) areas in need of quality improvement initiatives. The RQC shall identify and record themes in meeting minutes. The RQC recommends at least one quality improvement initiative to the QIC annually. RQCs may request data to inform quality improvement initiatives. DBHDS shall provide the requested data, if available. If requested data is unavailable, RQCs may make recommendations for data collection to the QIC. As directed by the QIC, RQCs monitor regional status of statewide quality improvement initiatives implemented and report current status to the QIC annually. Additional duties shall be described in the RQC charter.

**CASE MANAGEMENT
STEERING
COMMITTEE
(CMSC)**

The CMSC oversees and coordinates various activities to strengthen the case management system and collaborates with the Provider Capacity and Competency Workgroup. The committee's overall goals are to:

- Ensure and oversee the coordination of all internal and external quality improvement activities that affect both the transactional and transformational components of case management;
- Identify strengths, weaknesses, and gaps in newly implemented products and processes; and
- Make recommendations for system improvement.

Additional duties shall be described in the CMSC charter.

**KEY PERFORMANCE
AREA (KPA)
WORKGROUPS**

The three KPA workgroups focus on ensuring quality service provision through the establishment of performance measures, evaluation of data, and recommendation of quality improvement initiatives relative to the eight domains. The charge of each KPA workgroup follows.

- The Health, Safety, and Wellbeing Workgroup is responsible for the collection and analysis of data as it relates to helping individuals achieve positive health outcomes, remain safe from harm, and avoid crises. The workgroup establishes goals and performance measures related to physical, mental, and behavioral health well-being. Data related to prevention strategies, wellness trends, and clinical outcomes are monitored.
- The Community Inclusion and Integrated Settings Workgroup is charged with promoting stable service provision in the most integrated settings appropriate to each individual's needs and consistent with the individual's informed choice and ensuring full access and participation in community life. The workgroup establishes goals and performance measures to help ensure the most integrated settings appropriate to the individuals' needs, community stability, individual choice, self-determination, and community inclusion.
- The Provider Capacity and Competency Workgroup is charged with improving availability of and access to services across the Commonwealth and facilitating provider training, competency, and quality service provision. The workgroup establishes goals and performance measures related to provider capacity, access to services, and provider competency.

Additional duties shall be described in the KPA workgroup charters.

**DATA COLLECTION
AND ANALYSIS**

DBHDS collects and analyzes reliable data to improve the availability, accessibility, and quality of services for individuals with DD who receive services licensed, funded, or operated by DBHDS using information gathered from multiple sources (e.g., NCI, providers, case managers, licensing, risk management, QSRs, quality management reviews, the crisis system, training center service and discharge plans, service plans for individuals receiving waiver services, RSTs, and the community integration manager).

Data is collected and analyzed in the following eight domains:

1. Safety and freedom from harm (e.g., neglect, abuse, injuries, use of seclusion or restraints, deaths, effectiveness of corrective actions, and licensing violations);
 2. Physical, mental, and behavioral health and well-being (e.g., access to medical care, including preventative care, and timeliness and adequacy of interventions, particularly in response to changes in status);
 3. Avoiding crises (e.g., use of crisis services, admissions to emergency rooms or hospitals, admissions to training centers or other congregate settings, contact with the criminal justice system);
 4. Stability (e.g., maintenance of chosen living arrangement, change in providers, work, or other day program);
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5. Choice and self-determination (e.g., service plans developed through person-centered planning processes, choice of services and providers, individualized goals, self-direction of services);
 6. Community inclusion (e.g., community activities, integrated work opportunities, integrated living options, educational opportunities, relationships with non-paid individuals);
 7. Access to services (e.g., waitlists, outreach efforts, identified barriers, service gaps and delays, adaptive equipment, transportation, geographic availability of services, cultural and linguistic competency);
 8. Provider capacity (e.g., caseloads, training, staff turnover, provider competency).
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**DATA REPORTING
AND KEY
INDICATORS**

DBHDS shall require training centers, CSBs, and licensed community providers to report on a regular basis, either through risk management or critical incident reporting requirements or through their quality improvement (QI) programs. Reported key indicators shall capture information regarding both positive and negative outcomes for both health and safety and community integration. Key indicators shall be selected from among the eight domains, as relevant.

DBHDS shall collect reliable data from case managers on the number, type, and frequency of case manager contacts with individuals receiving services. Reported key indicators shall capture information regarding both positive and negative outcomes for both health and safety and community integration.

DBHDS, in collaboration with DMAS, shall monitor and evaluate data related to the following focus areas:

1. Health and safety and participant safeguards;
2. Assessment of level of care;
3. Development and monitoring of individual service plans, including choice of services and providers;
4. Assurance of qualified providers;
5. Whether identified needs of individuals enrolled on a waiver are met, as determined by DMAS quality management review (QMR);
6. Identification of and response to reported incidents of abuse, neglect, or exploitation, and verification of required corrective action in response to substantiated cases of abuse, neglect, or exploitation.

DBHDS shall collect and analyze reliable data from providers, individuals, guardians, or care providers via multiple data sets, including CHRIS, CONNECT, mortality reviews, WaMS, case management record reviews, REACH, individual and provider QSRs, DMAS quality management reviews, regional support teams, post-move monitoring look behinds, NCI, IFSP, enhanced case management, home and community-based settings, employment, community engagement and inclusion, and housing. Data from these sources helps DBHDS measure performance across each of the eight domains, monitor for trends, recommend quality improvement initiatives, and report to the DBHDS QIC for oversight and

system-level monitoring. Data collection and analysis informs development of initiatives to improve the availability, accessibility, and quality of services.

Key indicator performance measures shall be reviewed by the QIC with input from the RQCs. DBHDS shall use QSRs and other mechanisms to assess the adequacy of providers' quality improvement strategies. DBHDS shall provide technical assistance and other oversight to providers whose quality improvement strategies are determined to be inadequate.

DBHDS shall post reports, updated at least annually, on the library website <https://dojsettlementagreement.virginia.gov/> and on the DBHDS website <http://www.dbhds.virginia.gov/doj-settlement-agreement>. The reports shall detail the availability and quality of community services and service gaps. Reports shall include recommendations for improvement.

USE OF DATA

DBHDS shall collect and analyze consistent, reliable data to improve the availability and accessibility of services for individuals with DD who receive services licensed, funded, or operated by DBHDS, and the quality of services offered to individuals receiving services. DBHDS and other state and local agencies use data to:

1. Identify trends, patterns, strengths and problems at the individual, service-delivery, and systemic levels, including quality of services, service gaps, accessibility of services, addressing complex needs and the discharge and transition planning process;
 2. Develop preventative, corrective and improvement measures to address identified problems;
 3. Track the efficacy of preventative, corrective and improvement measures; and
 4. Enhance outreach, education and training efforts.
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**DATA QUALITY
MONITORING PLAN**

DBHDS shall develop and maintain a data quality monitoring plan to ensure that it is collecting and analyzing consistent, reliable data. The DBHDS Office of Data Quality and Visualization (DQV) shall assess the validity and reliability of data collected by and reported to DBHDS, and make recommendations to the commissioner on how data quality issues may be remediated, if needed.

**OFFICE OF
LICENSING**

The DBHDS Office of Licensing shall assess the adequacy of provider quality improvement programs by monitoring provider compliance with regulatory requirements and taking action to remedy specific problems or concerns that arise. The Office of Licensing publishes guidance on serious incident and quality improvement requirements. All licensed community providers, including CSBs, are required to develop and implement a quality improvement program, including root cause analysis, which identifies and addresses significant issues and is in compliance with the *Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Service, 12VAC35-105*

(Licensing Regulations). The licensure process shall also assess the adequacy of individualized supports and services provided to individuals receiving services in each of the eight domains, as relevant. Through inspections and investigations, the Office of Licensing shall monitor provider compliance with regulations requiring that data and assessments are reported to DBHDS and take appropriate action when noncompliance is identified.

**QUALITY SERVICE
REVIEWS (QSRs)**

QSRs shall be used to evaluate the quality of services at an individual, provider, and system-wide level and the extent to which services are provided in the most integrated setting appropriate to an individual's needs and choice. QSRs result in the collection of data and information through:

1. Face-to-face interviews with the individual, relevant professional staff and other people involved in the individual's life; and
2. Assessment, informed by face-to-face interviews, of treatment records, incident or injury data, key indicator performance data, compliance with service requirements and the contractual compliance of CSBs or other community providers.

QSRs shall evaluate whether an individual's needs are being identified and met through person-centered planning and thinking (including building on the individual's strengths, preferences, and goals), whether services are being provided in the most integrated setting appropriate to the individual's needs and consistent with their informed choice and whether individuals are having opportunities for integration in all aspects of their lives. These include living arrangements, work and other day activities, access to community services and activities, and opportunities for relationships with non-paid individuals. Information from QSRs shall be used to improve practice and the quality of services at the individual, provider, CSB, and system-wide levels.

PUBLICATIONS

DBHDS shall publish recommendations for best practices in monitoring serious incidents, including patterns and trends that may be used to identify opportunities for improvement. Such recommendations shall include the implementation of an incident management review committee that meets at least quarterly and documents meeting minutes and provider system level recommendations.

DBHDS shall publish guidance and recommendations on risk management requirements. DBHDS shall publish recommendations for monitoring, reducing, and minimizing risks associated with chronic diseases, identification of emergent conditions, and significant changes in conditions or behavior presenting a risk to self or others.

DBHDS shall publish information for families seeking DD services on how and where to apply for and obtain services. The information shall be updated annually and shall be provided to appropriate agencies for use in directing individuals with

DD who receive services licensed, funded, or operated by DBHDS to the correct point of entry to access services.

DBHDS shall publish on the agency's website information on the use of risk screening and assessment tools and risk triggers and thresholds. Information on risk triggers and thresholds utilizes at least four types of uniform risk triggers and thresholds specified by DBHDS for use by residential and day support service providers for individuals with DD.

DBHDS shall publish detailed guidance, with input from relevant professionals, about risks common to people with DD.

DBHDS shall publish written guidance for providers on developing and implementing the requirements of 12VAC35-105-620 governing provider quality improvement programs, including reviewing serious incidents as part of the quality improvement program.

Any guidance meeting the definition of 'guidance document' as defined in Code of Virginia § 2.2-4101 shall be developed and published for public comment in coordination with the DBHDS Office of Regulatory Affairs and in accordance with Code of Virginia § 2.2-4002.1.

DBHDS shall post reports, updated at least annually, on the library website or the DBHDS website on the availability and quality of services in the community and gaps in services and makes recommendations for improvement. Reports shall include annual performance and trend data as well as strategies to address identified gaps in services and recommendations for improvement strategies as needed and the implementation of any such strategies.

DBHDS shall maintain a written index of all records in the library that identifies the entities responsible for monitoring and ensuring that the records are made available. The Library Index specifies the following components for each record: identification and documentation of record locations; timeframe for collecting and updating records contained in the Library Index; identification of a custodian of the records who is responsible for oversight of the collection, storage, and updates; and a process to monitor and audit record completion.

TRAINING

DBHDS shall offer guidance and training to providers on proactively identifying and addressing risks of harm, conducting root cause analysis, and developing and monitoring corrective actions. DBHDS provides a statewide core competency-based training curriculum for all staff who provide services to persons with DD. The training includes person-centered practices, community integration and self-determination awareness, and required elements of service training. DBHDS shall ensure that the statewide training program includes adequate coaching and supervision of staff trainees.

DBHDS shall have a statewide core competency-based training curriculum for all staff who provide services to persons with DD. The training shall include person-centered practices, community integration and self-determination awareness, and required elements of service training.

DBHDS shall make training available for nurses and behavioral interventionists. This training shall include online resources, educational newsletters, electronic updates, regional meetings, and technical support that increases their understanding of: best practices for people with DD; common DD-specific health and behavioral issues, and methods to adapt support to address those issues; and the requirements of DD services in Virginia, including development and implementation of individualized service plans.

DBHDS shall ensure that all CSB executive directors, DD directors, case management supervisors, and case managers receive training on how to identify children and adults receiving active case management who are at risk for going into crisis. Training shall also be made available to CSB intake workers on how to identify children and adults presenting for intake who are at risk for going into crisis and how to arrange for crisis risk assessments to occur in the home or how to link them to REACH crisis services.

DBHDS shall provide a directive and training to state-operated psychiatric hospitals to require notification of CSBs and case managers whenever there is a request for an admission for a person with a diagnosis of DD.

DBHDS will provide practice guidelines and a training program for case managers regarding the minimum elements that constitute an adequately designed behavioral program and what can be observed to determine whether the plan is appropriately implemented.

DBHDS shall provide training to those providers supporting children admitted to crisis therapeutic home facilities to assist the child in returning to their placement as soon as possible.

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PROCEDURES - FACILITIES

FACILITY DIRECTORS

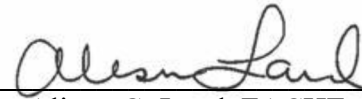
Training center directors shall ensure quality of services by ensuring that applicable regulatory requirements are met and by taking action to remedy specific problems or concerns that arise. All training centers are required to develop and implement a quality improvement program that includes root cause analysis and the use of other quality tools as deemed appropriate, which identifies and addresses significant issues and is in compliance with DI301 and DI401; requirements for annual review and update of the plan; processes for continuous monitoring and evaluation of the quality and effectiveness of services provided (on a systematic basis); the establishment and implementation of facility-wide quality improvement initiatives; and, the monitoring of the effectiveness of

implemented quality improvement initiatives. The training centers must maintain CMS certification and must maintain a quality improvement program in accordance with 42 CFR § 422.152. Staff shall assess the adequacy of individualized supports and services provided to individuals receiving services in each of the eight domains, as relevant. The director shall ensure that required data and assessments are reported to DBHDS Central Office as required.

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REFERENCES

- [Americans with Disabilities Act, 42 U.S.C., § 12101 et seq.](#)
 - [Olmstead v. L.C., 527 U.S. 581 \(1999\)](#)
 - *United States of America v. Commonwealth of Virginia* (United States District Court for the Eastern District of Virginia, Case No. 3:12-cv-00059).
 - Joint Filing of Complete Set of Agreed Compliance Indicators, filed January 14, 2020, *United States of America v. Commonwealth of Virginia* (United States District Court for the Eastern District of Virginia, Case No. 3:12-cv-00059).
 - §§ [37.2-100](#), [37.2-411](#), [37.2-419](#), [37.2-505](#), and [37.2-606](#) of the Code of Virginia.
 - [Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, funded, or operated by the Department of Behavioral Health and Developmental Services, 12 VAC 35-115.](#)
 - [Operation of the Individual and Family Support Program, 12 VAC 35-230.](#)
 - [Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services, 12 VAC 35-105.](#)
 - [DBHDS Regulatory Guidance Documents.](#)
 - §§ [2.2-4002.1](#) and [2.2-4101](#) of the Code of Virginia.
 - [DMAS Waivered Services: General Requirements for Participating providers \(12VAC30-120-1040\).](#)
 - [DMAS Waivered Services: Waiver Description and Legal Authority \(12VAC30-120-1005\).](#)
 - [DMAS Waivered Services: Supported Employment Services \(12VAC30-120-754\).](#)
 - [State Board of Behavioral Health and Developmental Services Policy 1044\(SYS\) 12-1, Employment First.](#)
 - [CMS Approved Quality Improvement Strategy as contained in Appendix H of the approved DD waivers applications.](#)
 - [Interagency Agreement: Increasing Access to Independent Living Options for Individuals with Developmental Disabilities \(DBHDS, Virginia Housing Development Authority \(VHDA\), Virginia Department of Housing and Community Development and DMAS, dated January 31, 2017.](#)
 - [Departmental Instruction 301 \(QM\) 99, Quality Management Program.](#)
 - [Departmental Instruction 401 \(RM\) 03, Risk and Liability Management.](#)
 - [https://dojsettlementagreement.virginia.gov/.](https://dojsettlementagreement.virginia.gov/)
 - [http://www.dbhds.virginia.gov/doj-settlement-agreement.](http://www.dbhds.virginia.gov/doj-settlement-agreement)
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Alison G. Land, FACHE
Commissioner

EFFECTIVE DATE: April 7, 2021

ATTACHMENT: YES NO