

WELCOME!!!



**CardinalCare**  
Virginia's Medicaid Program



# DMAS & DBHDS Quality Review Team (QRT) Quarterly Collaboration

*SFY 25, Quarter 4*

Facilitated by:

Alrica Thornton, Quality Analyst

*Office of Community Living*



# Objectives

1

Present CMS Approved data for the DD HCBS Waiver

2

Collaborate to address barriers

3

Develop solutions & increase remediation efforts

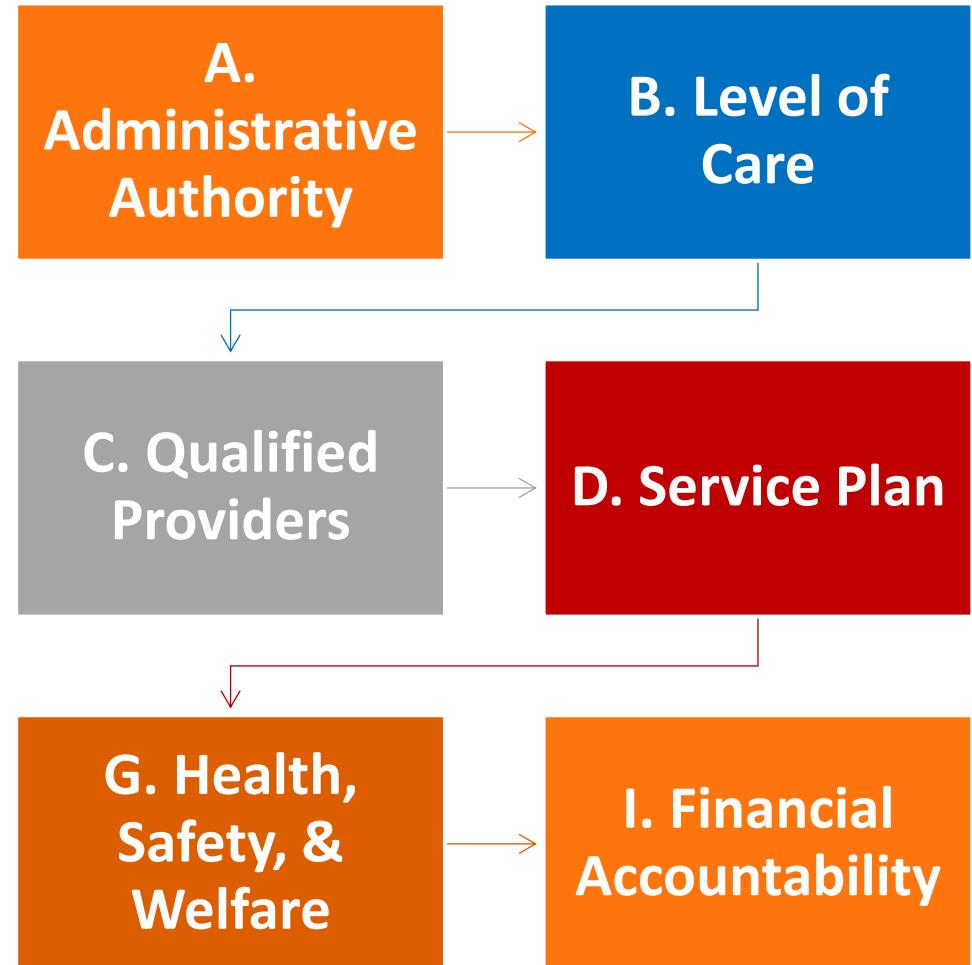
4

Optimize services for our members

5

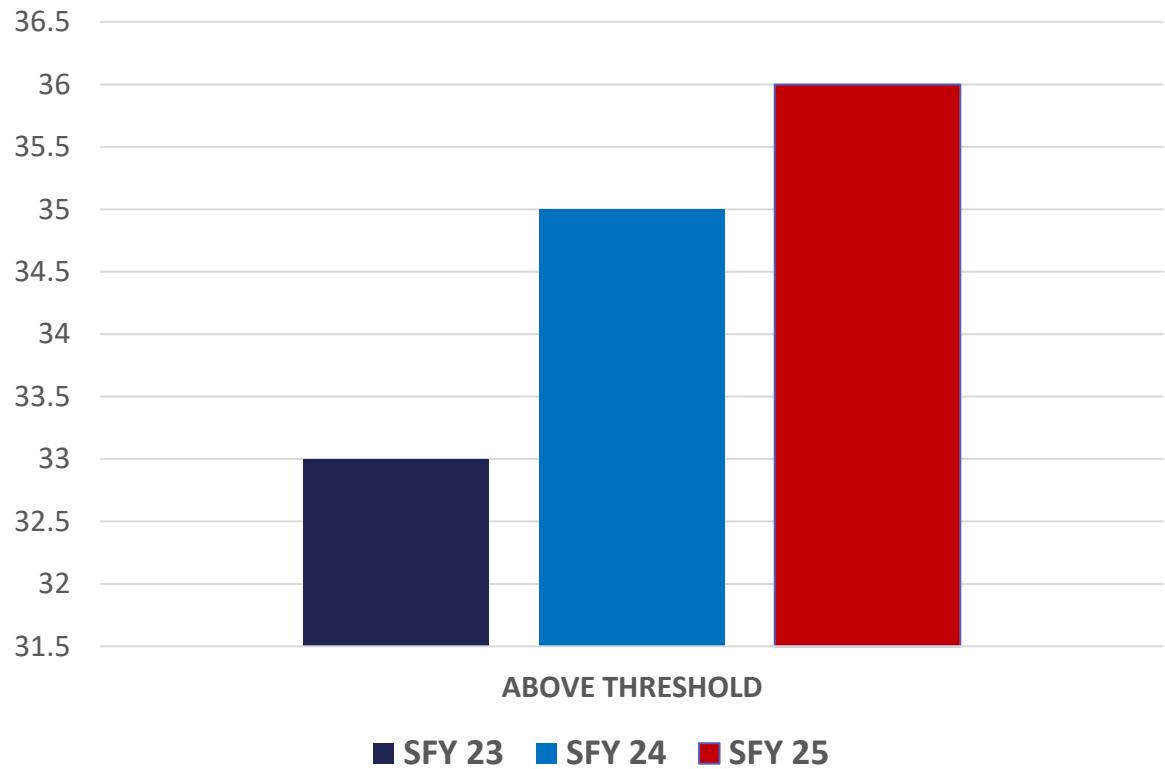
Prioritize & plan for improvement with monitoring the overall success of each stakeholder impacted by the DD HCBS Waiver

# Developmental Disability Home Community Based Services (DD HCBS) Waiver Assurances:

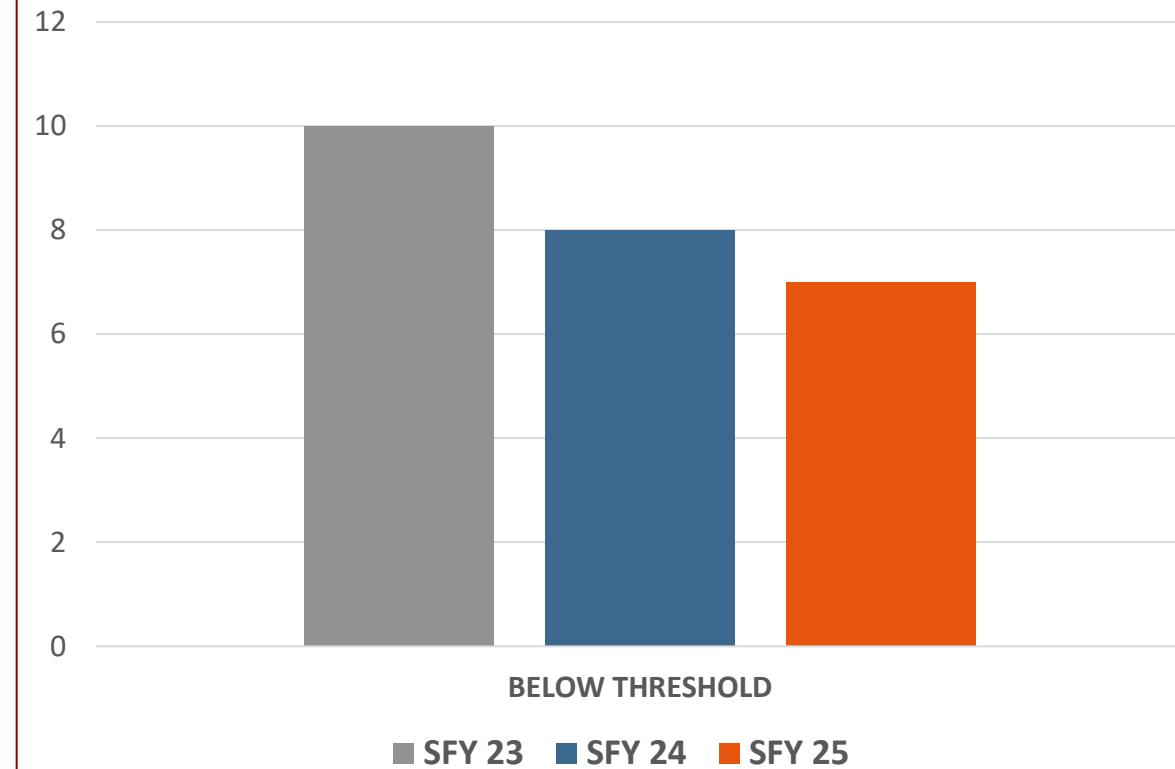


# Overall Performance – 3 Year Overview

## Total Measures Above Threshold



## Total Measures Below Threshold



# A. Administrative Authority

The Administrative Authority Assurance measures oversight of the performance of all waiver functions.

# A. Administrative Authority Summary

**No deficiencies to report for Quarter 4 & SFY 25!!!**



## B. Level of Care

The Level of Care (LOC) Assurance evaluates a waiver applicant's / existing participant's LOC consistent with care provided in a hospital, NF or ICF/IID.



## B. Level of Care Summary

***No deficiencies for Q4 & SFY 25 quarter!***

## C. Qualified Providers

The Qualified Providers Assurance ensures all waiver services are provided by qualified providers.

# C. Qualified Providers Summary

## C4. Number and percent of non-licensed/non-certified provider agencies that meet waiver provider qualifications.

- SFY 25, Q4 = 100%
- SFY 25: 83%
- Small Fiscal Year Sample: 10/12

## C. Qualified Providers Summary

---

- C9. Number and percent of provider agency direct support professionals (DSP's) meeting competency training requirements

CL: 62/99= **63%**

FIS: 48/54= **89%**

BI: =2/7 **29%**

SFY 25,Q4 Total: 112/160 = **70%**

### Common Issues:

- ✗ Not in record
- ✗ Not completed annually
- ✗ Proficiency boxes not checked

**SFY 25 Total: 433/565 = 75%**

## C. Qualified Providers Summary

**C10. # of services facilitators  
meeting training requirements  
and passing competency testing**

Q4: CL: 1/1 = 100%

SFY Total: 5/6 = **83%**

**Small sample**

# D. Service Plan

The Service Plan Assurance monitors the adequacy of service plans for waiver participants.

# D. Service Plan Summary

- **D1. Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes.**
  - **SFY 25, Q4 Total:  $272/340 = 80\%$**
  - **SFY 25 Total:  $679/1012 = 67\%$**

D1.	Q4 Sample	Q4 Total	Threshold
CL	189/236	80%	86%
FIS	70/91	77%	
BI	13/13	100%	

## D. Service Plan Summary (*cont.*)

- **D3. Number and percent of individuals whose Plan for Supports includes a risk mitigation strategy when the risk assessment indicates a need.**
  - **SFY 25, Q4 Total:  $270/328 = 82\%$**
  - **SFY 25 Total:  $646/965 = 67\%$**

D3.	Q4 Sample	Q4 Total	Threshold
CL	188/228	82%	
FIS	70/88	80%	86%
BI	12/12	100%	

# D. Service Plan Summary (cont.)

**D4. Number and percent of service plans that include a back-up plan when required for services to include in home supports, personal assistance, respite, companion, and shared living.**

**SFY 23: 69%**

**11/16**

**SFY 24: 89%**

**131/147**

**SFY 25: 91%**

**185/204**

**D6. Number and percent of individuals whose service plan was revised, as needed, to address changing needs (Individual Support Plan was updated/revised when individual's needs changed)**

**SFY 23: 71%**

**41/58**

**SFY 24: 81%**

**29/36**

**SFY 25: 98%**

**54/55**

**D7. Number and percent of individuals who received services in the frequency specified in the service plan**

**SFY 23: 79%**

**231/294**

**SFY 24: 87%**

**414/474**

**SFY 25: 89%**

**503/564**

**D11. Number and percent of individuals who received services in the amount specified in the service plan**

**SFY 23: 81%**

**239/294**

**SFY 24: 91%**

**432/474**

**SFY 25: 90%**

**527/584**

# G. Health & Welfare

The Health and Welfare Assurance monitors waiver participants health, safety, and welfare

## G. Health & Welfare Summary

- G1. Number and percent of closed cases of abuse/neglect/exploitation for which DBHDS verified that the investigation conducted by the provider was done in accordance with regulations

**Q4: Met threshold at 87%**

SFY 25: 88%

SFY 23: 82%

SFY 24: 80%

- G2. Number and percent of substantiated cases of abuse/neglect/exploitation for which the required corrective action was verified by DBHDS as being implemented

**Q4: Met threshold at 93%**

SFY 25: 84%

SFY 24: 92%

SFY 23: 96%

## G. Health & Welfare Summary (cont.)

---

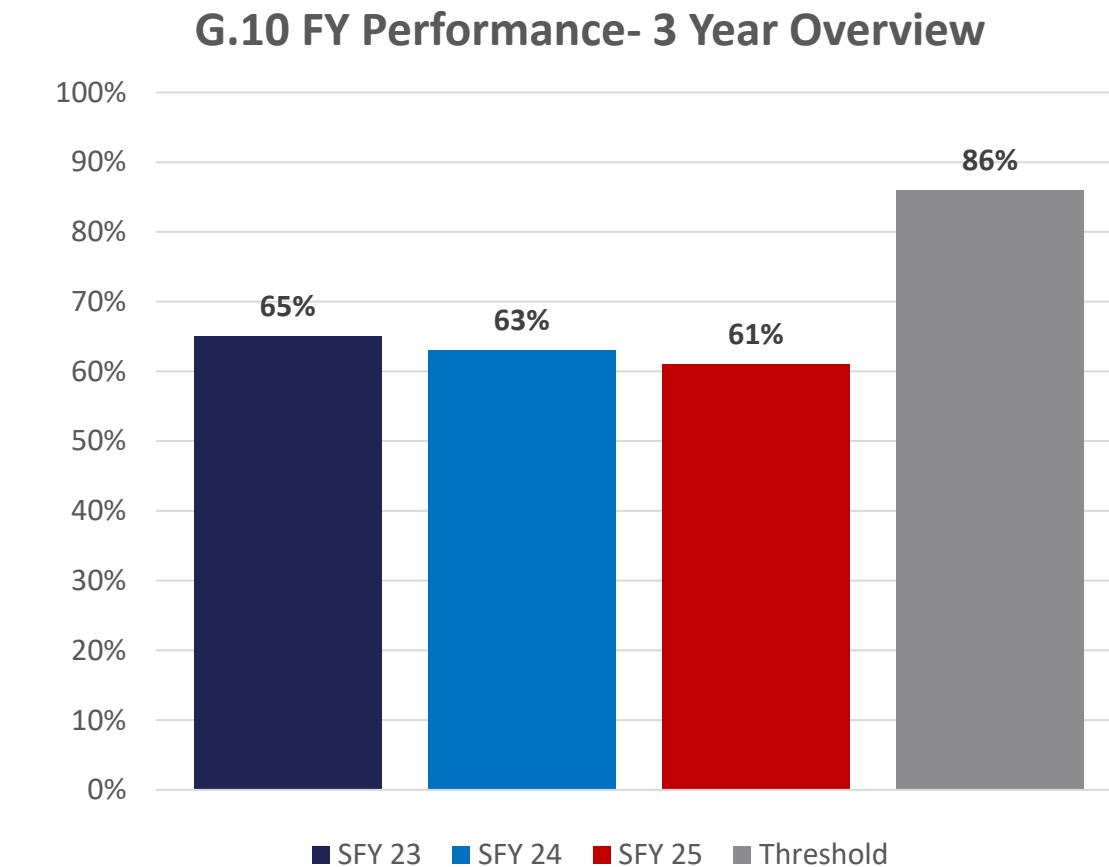
# IMPROVEMENT

- G4. Number and percent of individuals who receive annual notification of rights and information to report ANE
  - SFY 23: **66% (449/685)**
  - SFY 24: **82% (512/626)**
  - SFY 25: **90% (699/773)**
- **24% performance increase since SFY 23**



## G. Health & Welfare Summary (cont.)

- G10. Number and percent of participants 19 and younger who had an ambulatory or preventive care visit during the year.
- Reported Annually
- Slight decline since FY 23
- Consistently below threshold



# I. Financial Accountability

The Financial Accountability Assurance monitors claims and reimbursement.

# I. Financial Accountability Summary

---

**No deficiencies reported for Quarter 4 & SFY 25!!!**

# Q&A



Thank you for your participation & valuable feedback

**NEXT QRT MEETING 1/22/26 @ 1pm**