

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**

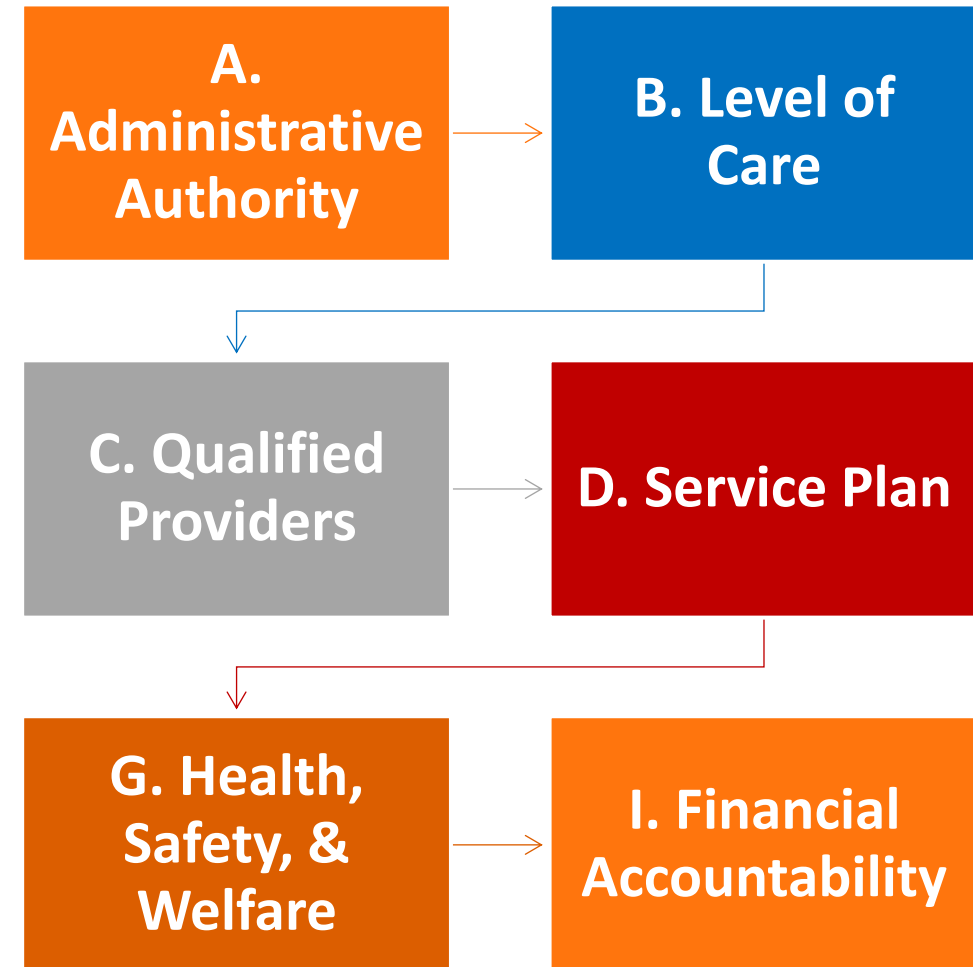
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**Optimize services for our
members**

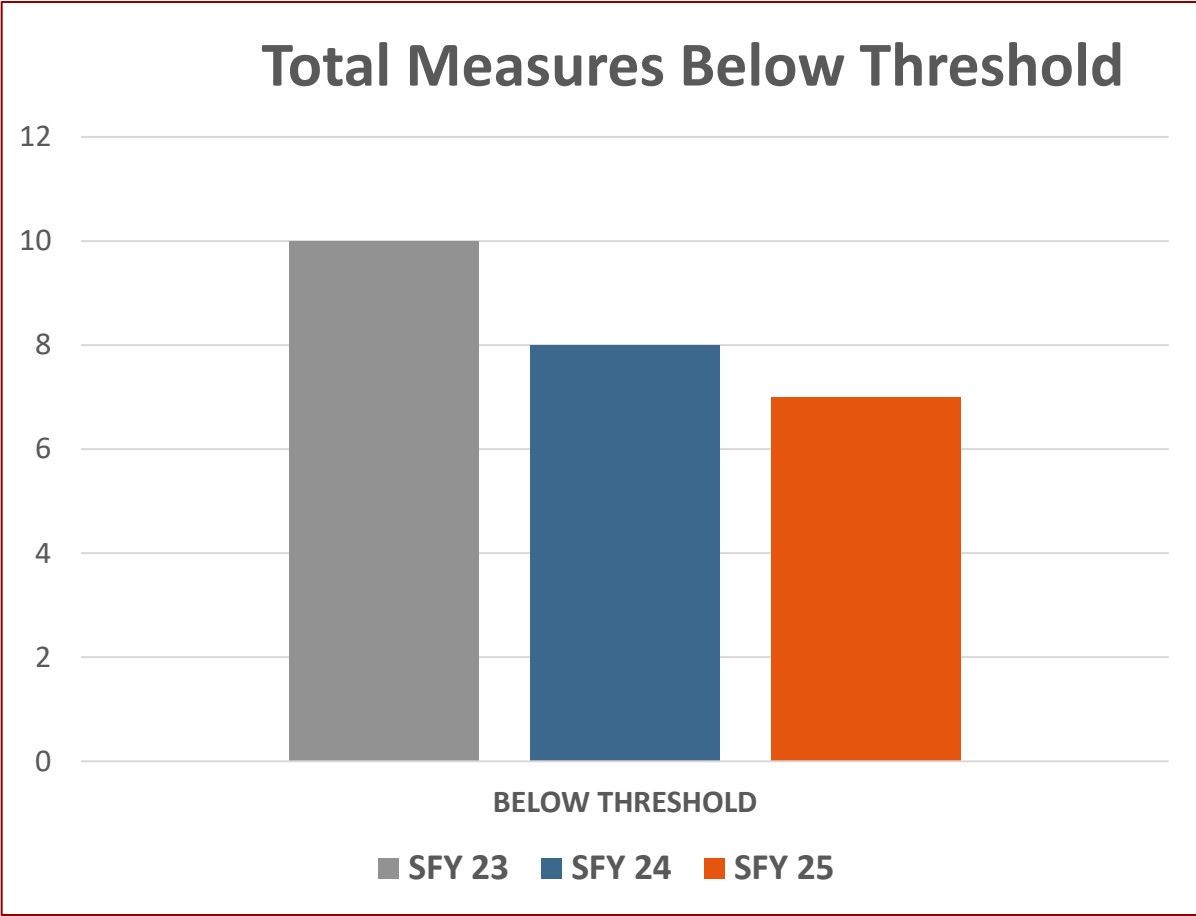
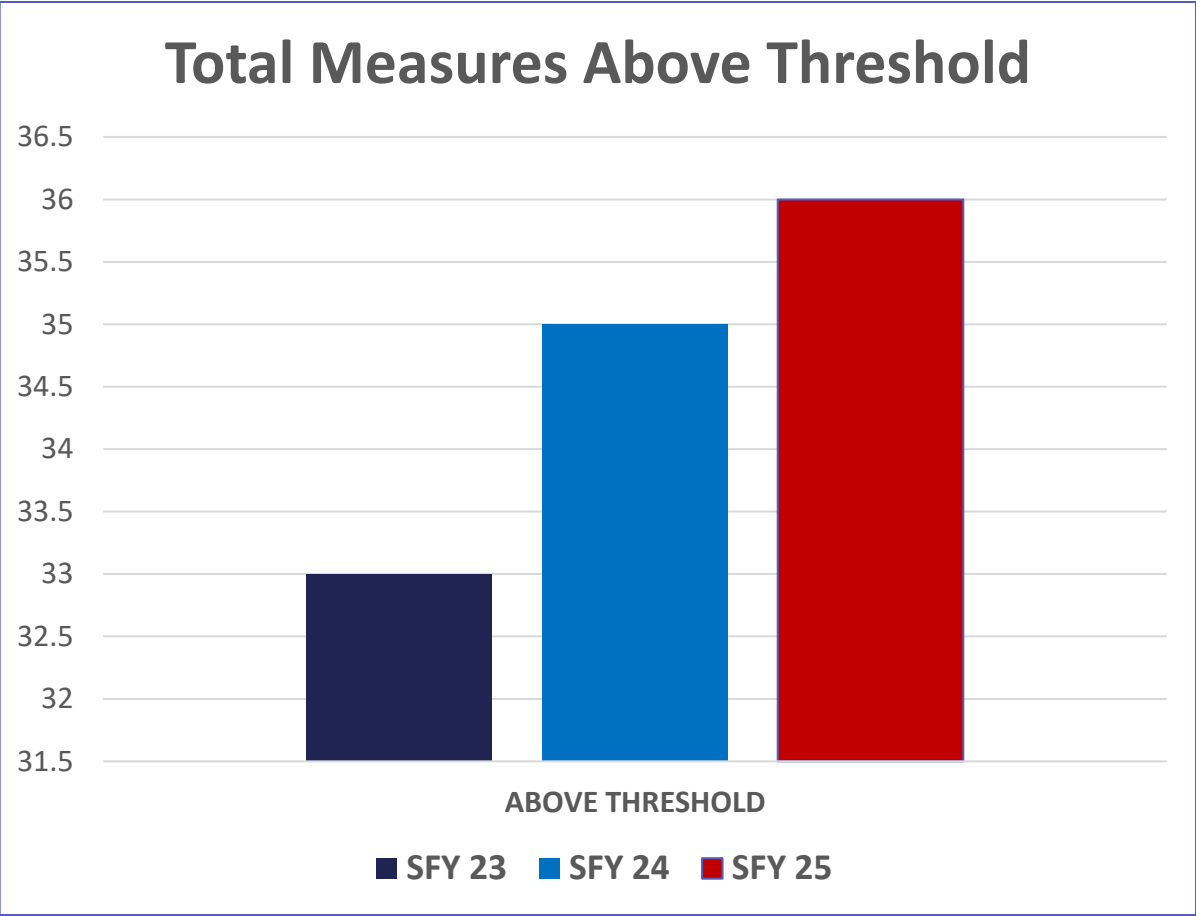
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**Prioritize & plan for
improvement with
monitoring the overall
success of each
stakeholder impacted by
the DD HCBS Waiver**

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



Overall Performance – 3 Year Overview



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%**

SFY 25 Total: 433/565 = 75%

Common Issues:

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

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%	86%
FIS	70/88	80%	
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



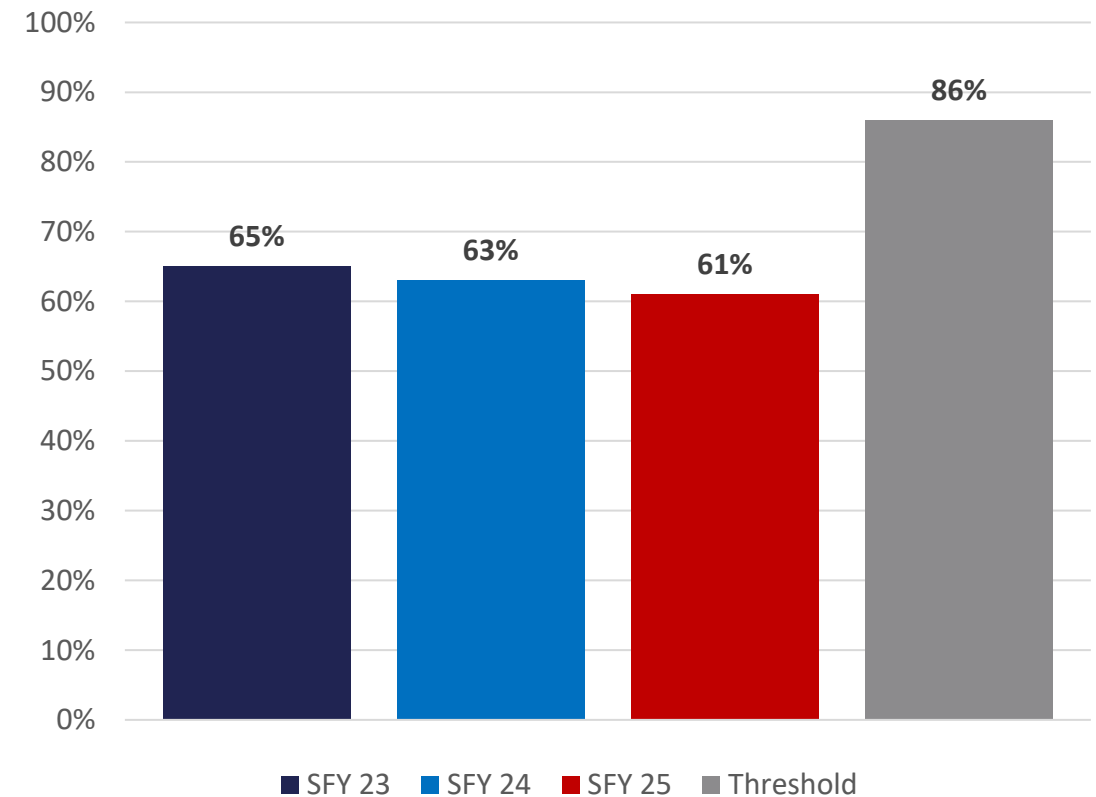
- SFY 23: **66% (449/685)**
- SFY 24: **82% (512/626)**
- SFY 25: **90% (699/773)**

- **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

G.10 FY Performance- 3 Year Overview



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