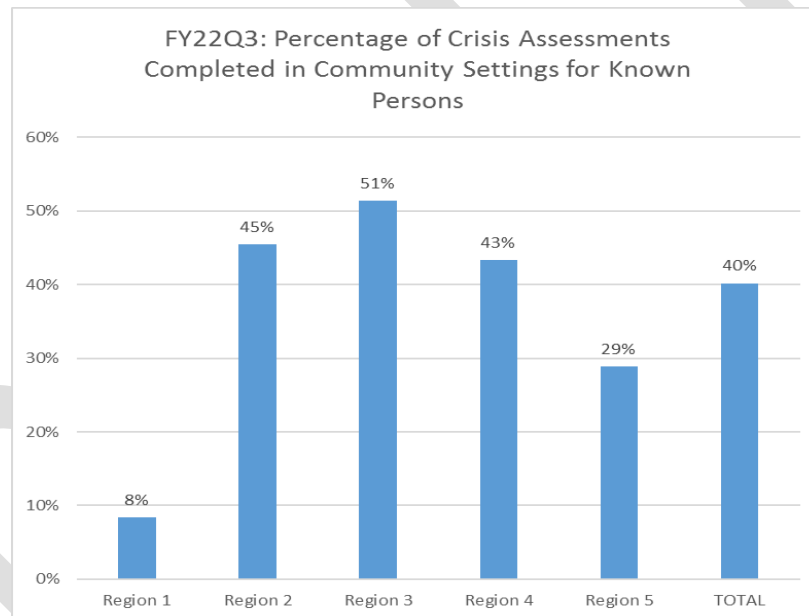


## Supplemental Crisis Report: Quarter III-FY22

This report provides supplemental data to the quarterly Adult and Children’s REACH Data Summary Reports. The data contained in this report correspond to specific compliance indicators agreed upon between the Commonwealth of Virginia and the United States Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. The first report of this nature was developed for data collected in and prior to the third quarter of fiscal year 2020 (FY20Q3).

### REACH Crisis Assessments in Community Settings

The REACH programs provide crisis assessments to persons with DD that are experiencing a behavioral health crisis in various settings. The full array of REACH crisis assessments and their locations is available in both the quarterly Adult and Children’s REACH Data Summary Reports. The data provided below speak to the percentage of persons that are known to the system that receive REACH crisis assessments at home, the residential setting, or other community setting, in comparison to crisis assessments completed in emergency rooms/departments or CSB locations. It is most desirable that persons in crisis receive a crisis assessment in the location in which the crisis event occurs, as opposed to being removed from their community setting to be assessed in a different location.

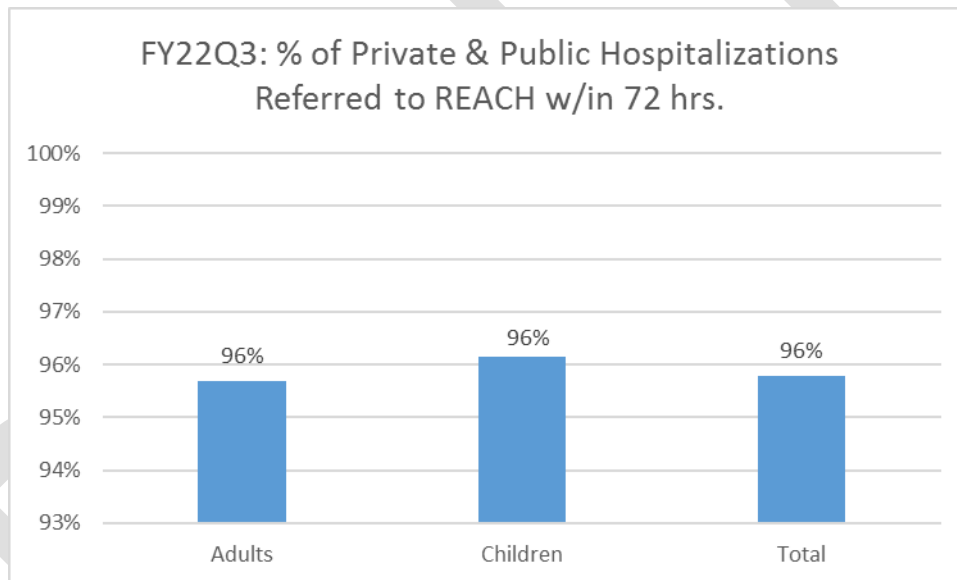


The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator target has been set of **86% of children and adults who are known to the system will receive REACH crisis assessments at home, the residential setting, or other community setting (non-hospital/CSB location); filing reference 7.8**. As displayed above, 40% of persons received REACH crisis assessments in a community location in FY22Q3 as opposed to 36% in FY22Q2. This data continues to indicate that the target has not been met for this indicator. These data should not be confused with the crisis assessment data included in the Adult and Children’s REACH Data Summary Reports, as those data include all persons receiving a crisis assessment as opposed to just persons known to the system in the previous graphical display.

## Hospitalizations

The Commonwealth tracks admissions to state operated psychiatric hospitals, and REACH tracks those to private hospitals as it is made aware. Numerous facets of hospitalization data are analyzed, including but not limited to determining if timely referrals have been made to REACH and examining trends on numbers of persons hospitalized and their associated lengths of stay.

It is critical that persons with a DD diagnosis admitted to psychiatric hospitals are referred promptly to the REACH program. The REACH program can assist hospitals in discharge planning and in offering needed services in the community, such as mobile supports or providing a step down admission to a crisis therapeutic home. A related compliance indicator is as follows: **95% of children and adults admitted to state-operated and private psychiatric hospitals who are known to the CSB will be referred promptly (within 72 hours of admission) to REACH; filing reference 7.13.** As displayed below, approximately 96% of known adults and children that were hospitalized during the quarter were referred to REACH within the required 72-hour timeframe; for children. With both populations combined, the percentage is 96% of adults and children known to the CSB that were hospitalized were referred to REACH within 72 hours, which is meeting this compliance indicator for this quarter.

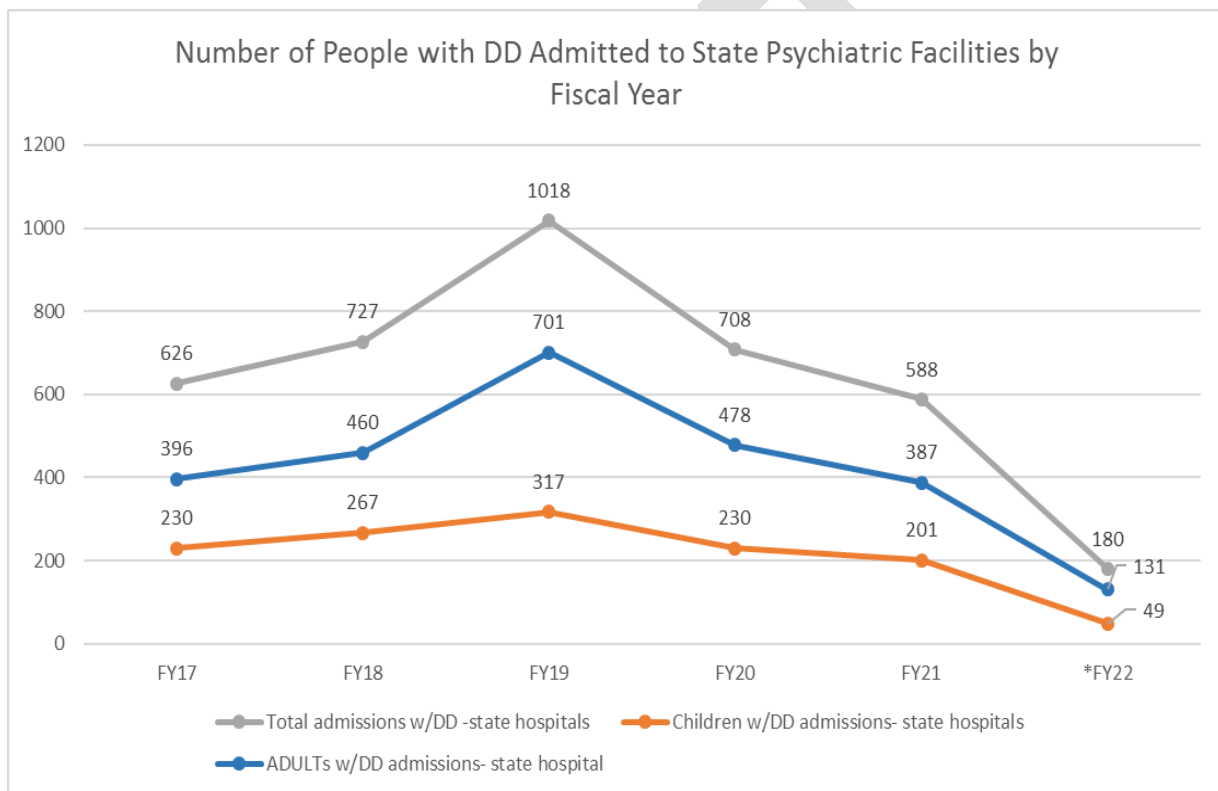


Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population hospitalized compared to all admissions can be reviewed. There are several compliance indicators surrounding tracking the number of admissions, trends, lengths of stay, and comparisons of DD admissions to admissions of the larger, non-DD population. A compliance indicator surrounding hospitalization data requires that **documentation indicates a decreasing trend in the total and percentage of total admissions as compared to population served and lengths of stay of individuals with DD who are admitted to state-operated and known by DBHDS to have been admitted to private psychiatric hospitals; filing reference 8.6.** An additional compliance indicator related to the following graphical displays in this “Hospitalizations” section of this report reads as follows (*filing reference 8.7*):

**For individuals with DD who are admitted to state-operated psychiatric hospitals and those known by DBHDS to have been admitted to private psychiatric hospitals, DBHDS will track the lengths of stay in the following categories:**

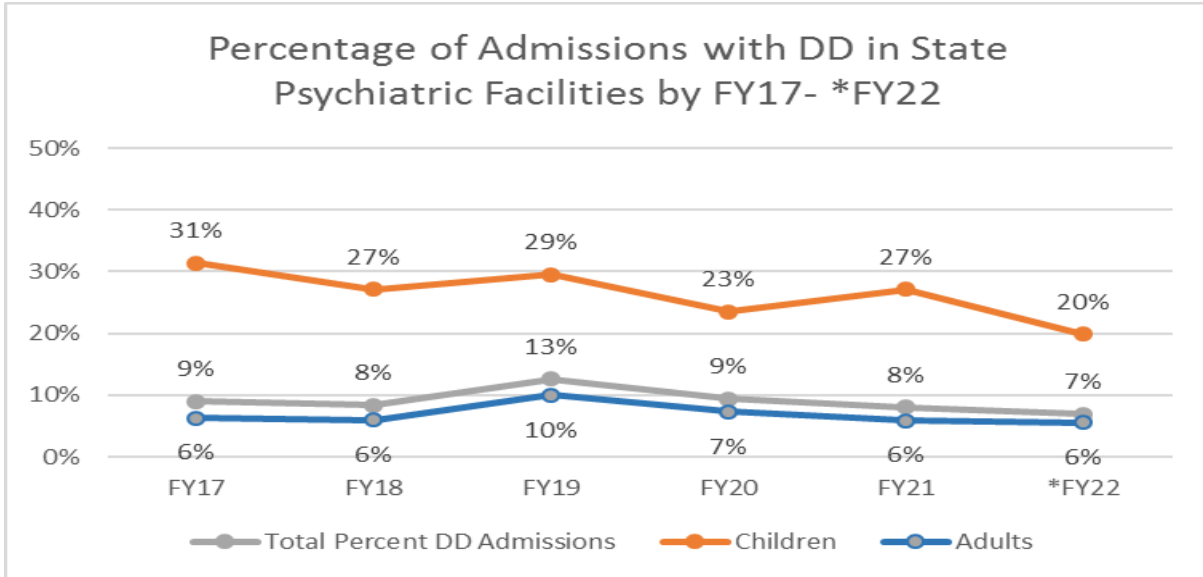
- those previously known to the REACH system and those previously unknown;
- admissions of adults and children with DD to psychiatric hospitals as a percentage of total admissions; and
- median lengths of stay of adults and children with DD in psychiatric hospitals.

Trend data from fiscal years 2017 through the second quarter of fiscal year 2022 on the number of admissions of persons with a developmental disability into a state hospital is available in the graphical display that follows. This is broken down into both age populations (adults and children) and displayed as a total below.



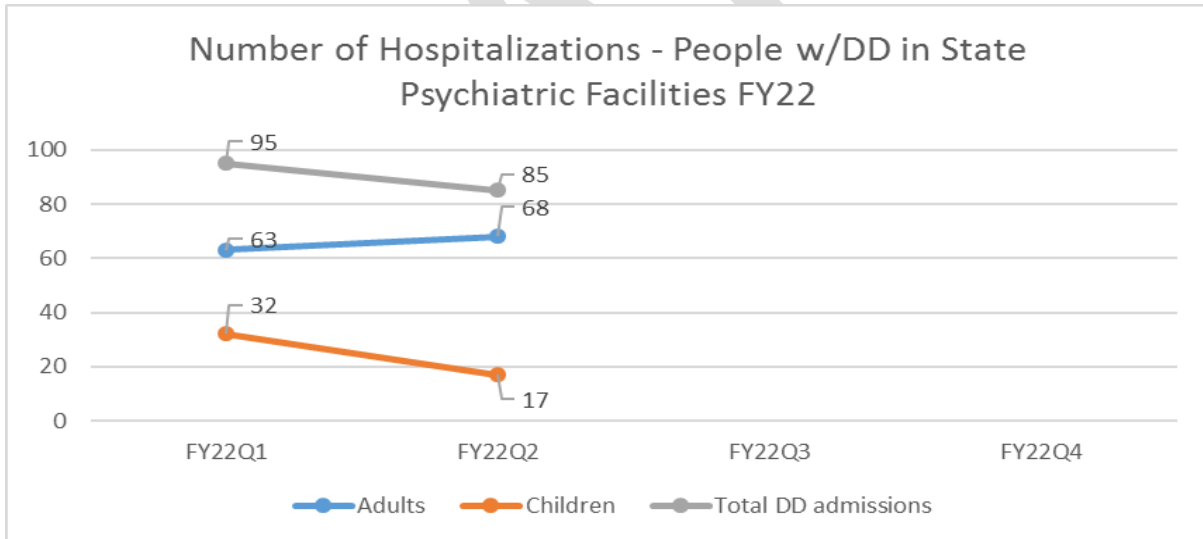
\*FY22: Only quarters' one and two data.

On the next page, these data are also displayed as a percentage of DD admissions to the entire sum of all individuals that were admitted to a state psychiatric facility in FY17 through the second quarter of fiscal year 2022.



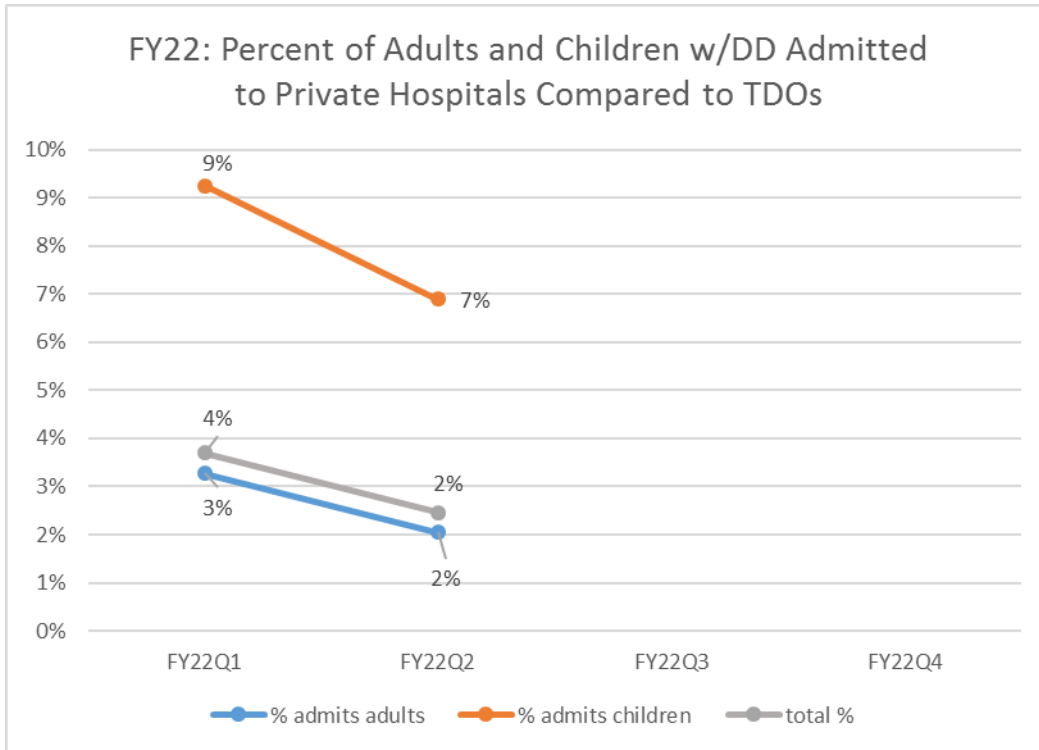
\*FY22: Only quarters' one and two data.

Trend data for quarters of the fiscal year 2022 will be displayed on the graph below as the year progresses.

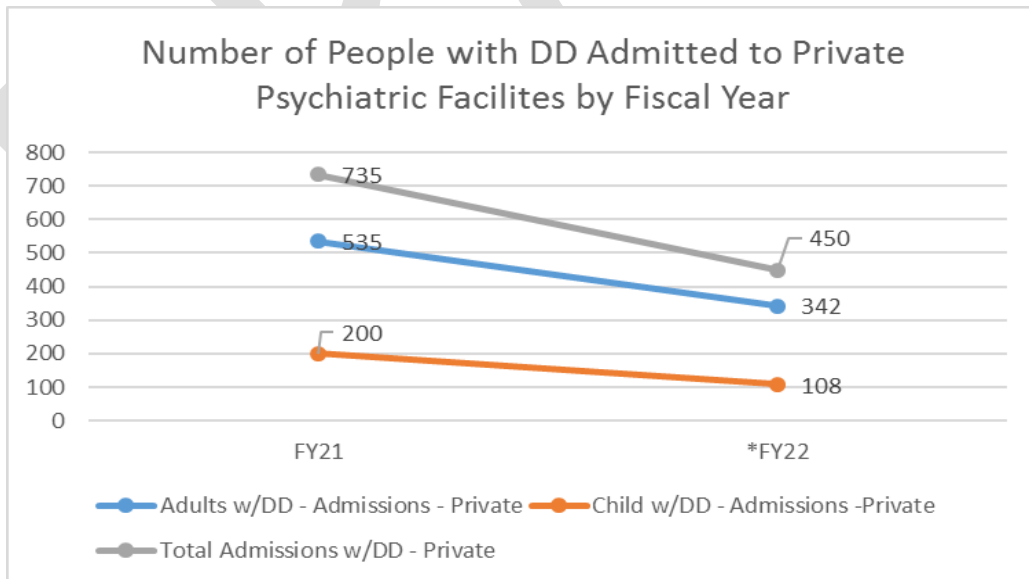


DBDHS is able to provide data on individuals with DD that become known to REACH either through an ES referral or through the private hospital, individual, family member, or other stakeholder referring the individual to REACH. DBDHS also has data available on the number of total Temporary Detention Orders (TDOs) issued each quarter for persons with and without a DD diagnosis. With that noted, individuals can be voluntarily hospitalized in private hospitals that DBHDS and REACH may not become aware of; thus, the data that follows should not be interpreted as including the entire representation of all persons hospitalized in private hospitals. The first set of data on the following page display the percentage of persons with DD that REACH is aware of that are hospitalized in private hospitals compared to private hospitalization TDOs for individuals with DD and without DD (all private hospitalization TDOs). The second chart displays the number of individuals with DD, as known to the REACH program, that were admitted in the fiscal year to a private hospital. Note: Fiscal year 2021 was

the first complete fiscal year that data was available, and data for subsequent fiscal years will continue to be added over time.



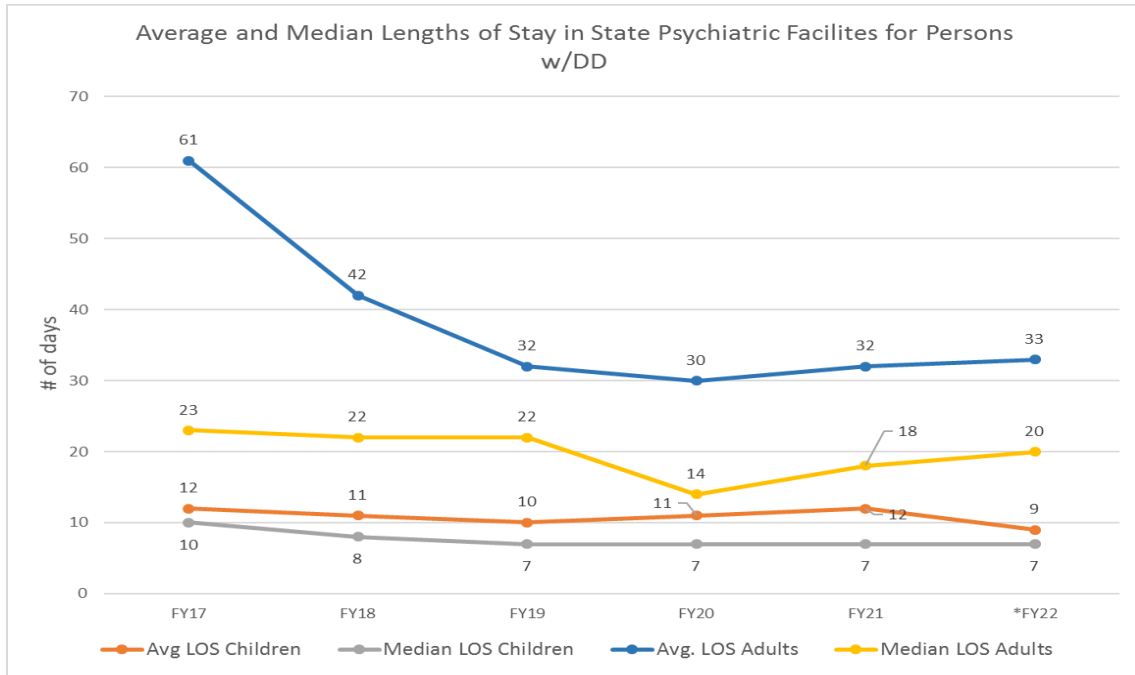
\*FY22: Only quarters' one and two data.



\*FY22 includes quarters 1-3 data

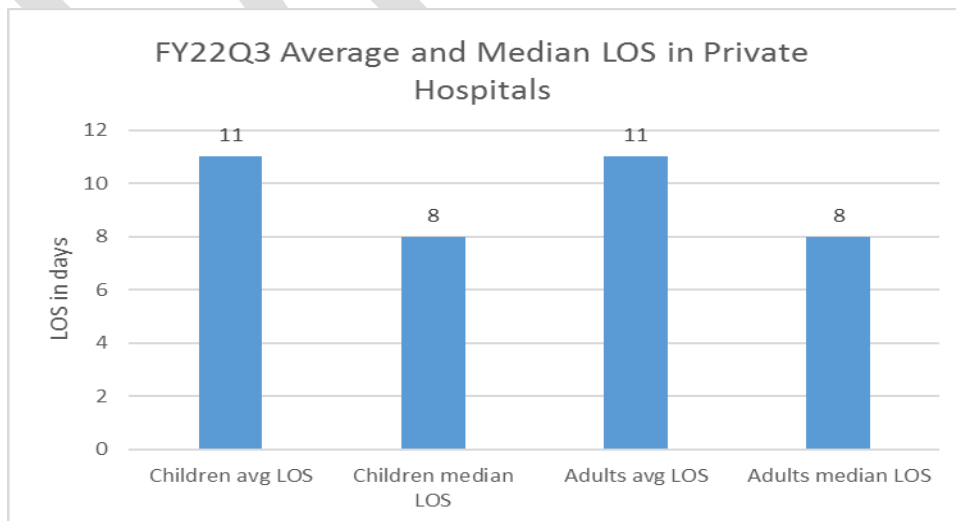
Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for persons admitted to state psychiatric hospitals. The average length of stay and

median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17-FY21 are displayed below. Quarters' one and two for FY22 is also displayed on the graph.

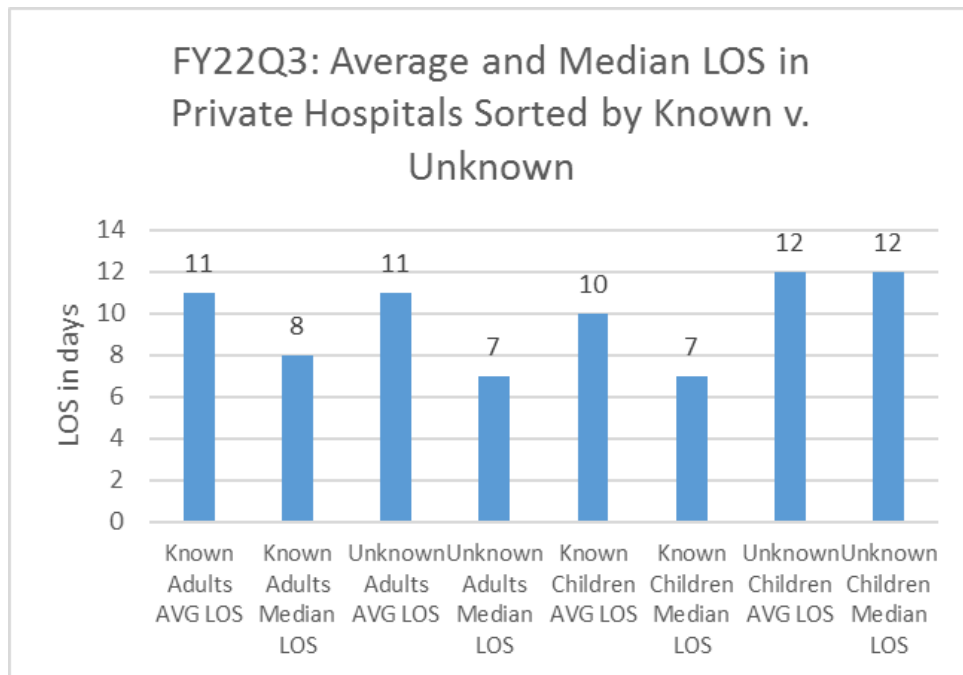


\*FY22: Only quarters' one and two data.

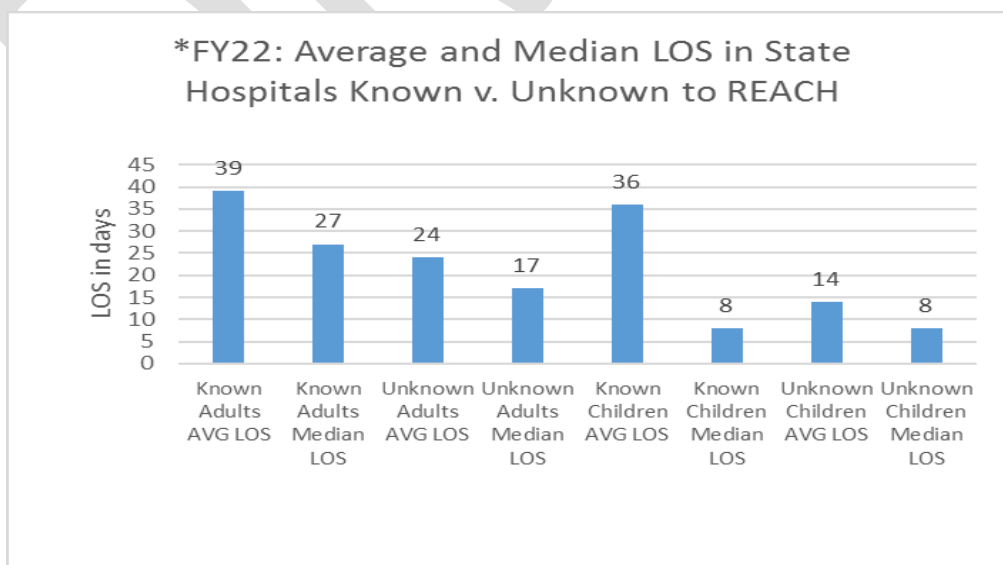
REACH is tracking lengths of stay for persons in a private psychiatric hospital as the REACH programs are made aware of such persons. The data for FY22Q3 for median length of stay was the same for adults being 8 days and children decreased from 11 to 8 days as compared to FY22Q2. In comparing the average length of stay in FY22Q2 to FY22Q3, the adults average length of stay increased slightly with the adults being an average length of stay from 10 to 11 days and the children's length of stay decreased from 14 to 11 days. This information for the current quarter under review is provided below.



REACH is capturing information for hospitalized persons based upon if they are accepting or refusing REACH services surrounding their hospitalization. If the person (or their decision maker, as applicable) accepts REACH services (“known”), REACH can participate in discharge planning and offer mobile supports in the community, or a step down stay at a crisis therapeutic home if indicated. An individual (or their decision maker) may elect to decline REACH services (“unknown”) when offered which is outside of the program’s control. Length of stay data for private hospitalizations for FY22Q3 are displayed below. In the context of the graphs that follow on average and median lengths of stay, accepting is displayed as “known” and refusing services is displayed as “unknown”.



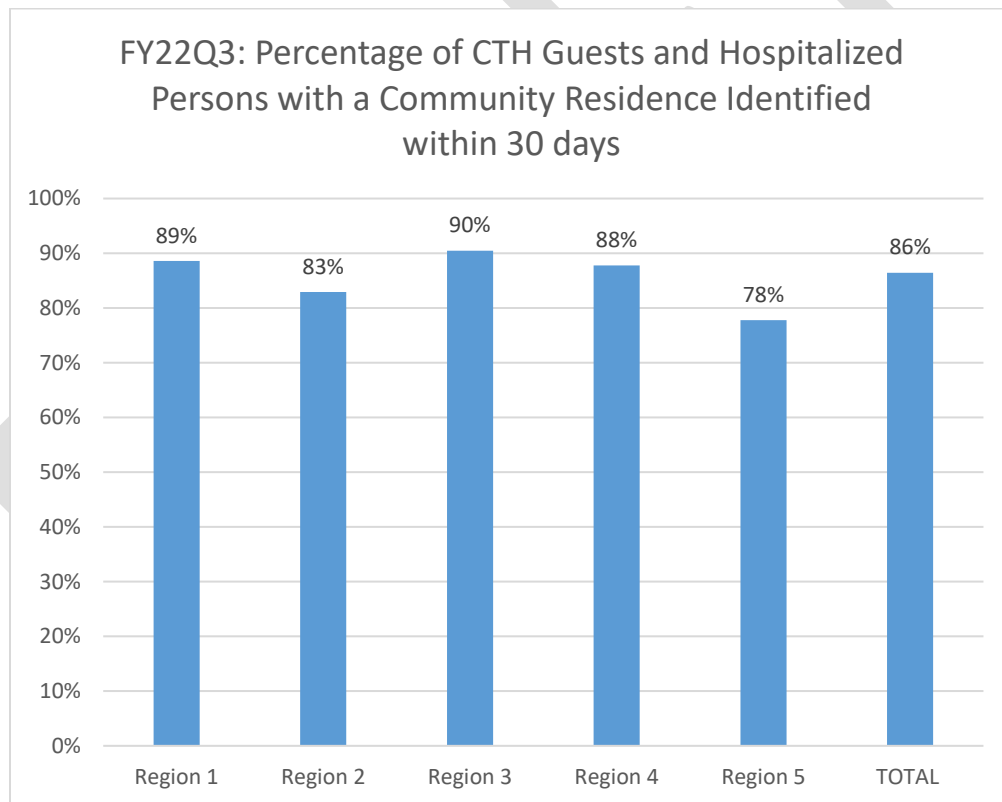
Length of stay data for FY22Q1 and Q2 are noted below for known versus unknown to REACH persons in state psychiatric facilities.



\*FY22: Only quarters’ one and two data.

## Identification and Development of Community based Residences

The REACH programs continue to work towards timely and appropriate discharge for persons that are admitted to REACH Crisis Therapeutic Homes (CTH), as well as are partners in discharge planning for persons that accept REACH services while hospitalized. Some individuals become known to the larger public system of developmental services (and REACH) only after they have been hospitalized, or after a hospitalization has been diverted and the person has been admitted to a REACH CTH. For individuals that have never been connected to a CSB and/or to REACH, activating basic services and associated funding stream(s) may take a protracted duration; achieving a discharge timeline of 30 days is highly unusual for persons with such a profile. A related compliance indicator is as follows: **86% of individuals with a DD waiver and known to the REACH system who are admitted to CTH facilities and psychiatric hospitals will have a community residence identified within 30 days of admission; filing reference 10.4 (also included in filing reference 11.1).** The data that follow display the percentage of persons admitted with a waiver into a CTH facility, as well as persons admitted into psychiatric hospitals that accepted REACH services, that have a community residence identified within 30 days. The data is calculated within and across all regions.



As demonstrated above, 86% of this group had a community residence identified within 30 days in FY22Q3, which is meeting the target for this compliance indicator for this quarter. This is an increase from the previous quarter (79%).

In FY18, DBHDS issued a Request for Proposal (RFP) to target the further development of residential providers that can support persons with complicated behavioral needs, as well as persons with co-occurring behavioral health disorders. Via this RFP process, multiple vendors were selected to serve this



unique population, which includes persons exiting training centers, persons that have contacted the REACH crisis system, persons that are stepping down from psychiatric hospitalizations, persons in out of state placements, and persons that require complex behavioral/behavioral health services to avoid crisis situations and/or admission to restrictive placements (such as a psychiatric hospital). RFP requirements stipulate person centered and trauma informed care practices, as well as incorporation of appropriate administrative oversight (including nursing, as appropriate, and behavior analysis services). Crisis prevention and stabilization services were also baked-in RFP requirements, as is working in concert with REACH. Based on the population served in these residences, some providers are also incorporating training components through a venerable certification process for individuals with dual diagnoses. A related compliance indicator is as follows: **DBHDS will increase the number of residential providers with the capacity and competencies to support people with co-occurring conditions using a person-centered/trauma-informed/positive behavioral practices approach to 1) prevent crises and hospitalizations, 2) to provide a permanent home to individuals discharged from CTHs and psychiatric hospitals; filing reference 10.3.** As noted in previous reports, seven homes have been brought online through the original FY18 RFP process which upon completion resulted in the opening of 34 new beds in the Commonwealth to serve people with DD who present with challenging behavior/mental health needs. At the time of this report, there are 29 out of 34 beds filled. Two providers are currently working to admit new residents to fill the available beds. Beyond these 34 beds across the seven homes, there are providers that have worked closely with DBHDS to continue to serve this population, totaling seven additional beds, with each bed full at the time of this report. The homes denoted are operational across all regions of the state. At the time of this report, DBHDS is involved in an additional (new) RFP process that closely parallels the parameters of the original FY18 RFP to develop more homes to support individuals with high behavior needs.

As it relates to resources for individuals that are hospitalized or without disposition at REACH CTHs and need a waiver as a resource for community based services, the emergency waiver slot process remains in use for Community Services Board and Behavioral Health Authorities. A related compliance indicator is as follows: **DBHDS will utilize waiver capacity set aside for emergencies each year to meet the needs of individuals with long term stays in psychiatric hospitals or CTHs; filing reference 10.2.**

As reported out in the Supplemental Crisis Report from FY22Q2, five persons had secured a waiver slot from FY22Q2 that did not yet have services activated. The current update for these people are available below (Table 1).

*Table 1: FY22Q2: update on emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed*

<b>Person receiving waiver slot from REACH, ATH, or hospitalization</b>	<b>Waiver service(s) accessed</b>
<b>Person 4</b>	Services not yet initiated
<b>Person 5</b>	Services not yet initiated
<b>Person 6</b>	Services not yet initiated
<b>Person 7</b>	Group home 6 beds or fewer
<b>Person 8</b>	Companion services, group home 4 beds or fewer, therapeutic consultation behavioral services

Thus far in FY22, there have been 57 emergency slots awarded, of which 20 (approximately 35%) were provided to people with long term stays in psychiatric hospitals, CTHs, or an Adult Transition Home

The waiver services for individuals that received an emergency slot in FY22Q3 are available in the table below (Table 2).

*Table 2: FY22Q3: emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed*

<b>Person receiving waiver slot from REACH, ATH, or hospitalization</b>	<b>Waiver service(s) accessed</b>
<b>Person 1</b>	Services not yet initiated
<b>Person 2</b>	Group home 4 or less
<b>Person 3</b>	Services not yet initiated
<b>Person 4</b>	Group home 4 or less
<b>Person 5</b>	Services not yet initiated
<b>Person 6</b>	Services not yet initiated
<b>Person 7</b>	Group home 4 or less

As it relates to avoiding institutionalization for individuals listed as Priority on the waiver waiting list, an associated compliance indicator reads as follows (*filing reference 29.26*):

*The Commonwealth ensures that at least 95% of applicants assigned to Priority 1 of the waiting list are not institutionalized while waiting for services unless the recipient chooses otherwise or enters into a nursing facility for medical rehabilitation or for a stay of 90 days or less. Medical rehabilitation is a non-permanent, prescriber-driven regimen that would afford an individual an opportunity to improve function through the professional supervision and direction of physical, occupational, or speech therapies. Medical rehabilitation is self-limiting and is driven by the progress of the individual in relation to the therapy provided. When no further progress can be documented, individual therapy orders must cease.*

During the 2<sup>nd</sup> quarter of FY22, 6 individuals were admitted to an ICF IID. Of these 6 individuals admitted to an ICF IID, none of them were on the Priority 1 waitlist.

Additionally, during the 2<sup>nd</sup> quarter of FY22, there were 113 individuals admitted to private psychiatric hospital (REACH aware) and 85 admitted to the state psychiatric hospitals. Of these 198 individuals in the first quarter, 15 individuals were on the Priority 1 waiting list.

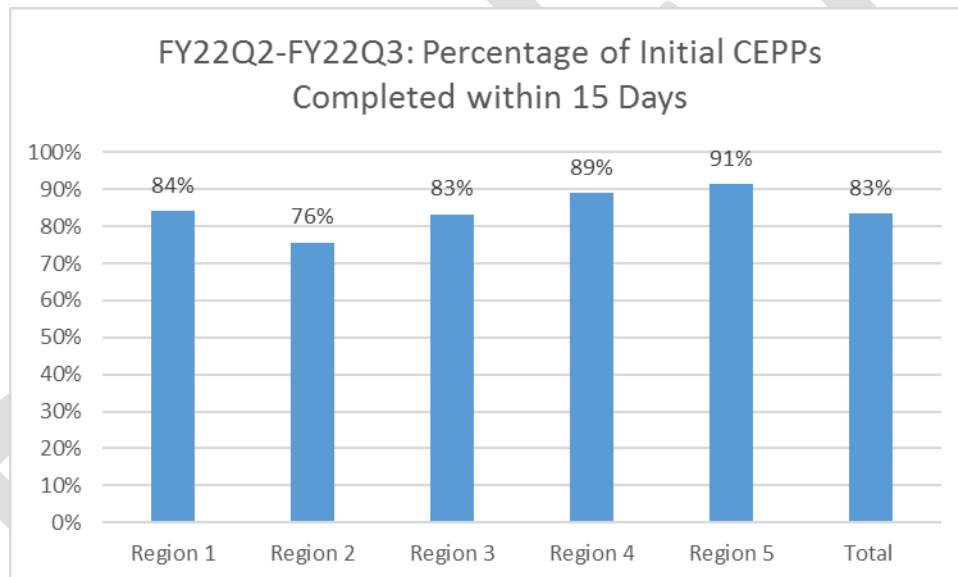
Finally, during the 1<sup>st</sup> quarter of FY22, there were 71 adults and 1 child that were screened for admission to a nursing facility. Two (2) of these people were on the Priority 1 waiting list.

The total number of people institutionalized from the Priority 1 waiting list was 17. The total number of people on the Priority 1 waiting list at the end of the quarter was 3,680. Therefore, DBHDS met the expectation as 99.5% of people on the Priority 1 waiting list were not institutionalized.

### **Crisis Education and Prevention Plans and REACH Employee Training**

During the course of crisis services, the REACH programs work with the individual and their system of supports to create a Crisis Education and Prevention Plan (CEPP). The CEPP is an individualized, client-specific written document that provides a concise, clear, and realistic set of supportive interventions to prevent or de-escalate a crisis and assist an individual who may be experiencing a behavioral loss of control. The goal of the CEPP is to identify problems that have arisen in the past or are emergent in order to map out strategies that offer tools for the circle of support to assist the individual in addressing and deescalating problems in a healthy way and provide teaching skills that the individual can apply

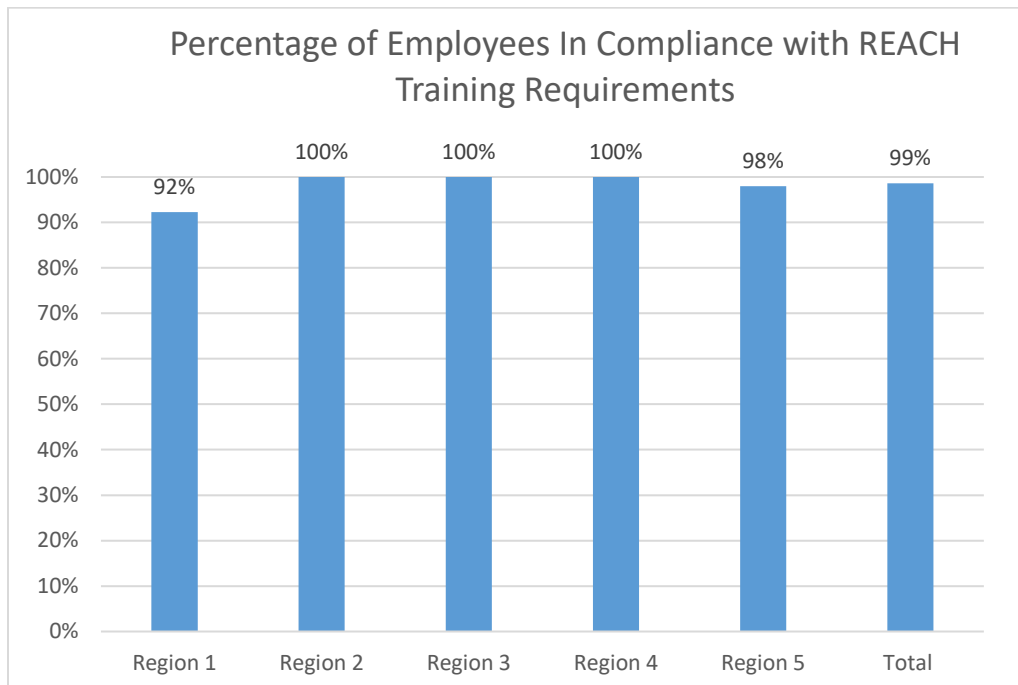
independently. REACH Program Guidelines outline the expectation that an initial CEPP is developed within 15 days of an individual’s first full enrollment into the REACH program. The initial CEPP is a working document that provides individualized guidelines for support while additional information is gathered and further interventions and linkages are explored. It should be noted that not every person that accesses REACH services through a call to the REACH hotline, or via mobile crisis supports, will elect to enroll into the program or participate in CEPP development. Additionally, some persons that receive REACH crisis services in the quarter may have had a CEPP created in a previous quarter. A specific compliance indicator related to mobile crisis services has been set which indicates that **86% of initial CEPPs are developed within 15 days of the assessment; filing reference 8.4**. The data displayed on the next page offer information on the percentage of CEPPs that were completed within 15 days of full enrollment into the program for individuals enrolled in the quarters under review. These data should not be confused with information that is displayed in table format in the Adult and Child REACH Data Summary Reports that outlines CEPPs completed for mobile supports as those data do not speak to a specific timeline for completion of a CEPP. Cumulatively, the REACH program did not meet the 86% percent requirement during these quarters, with 83% of initial CEPPs overall completed within the 15 days of mobile crisis enrollments across FY22Q2 and FY23Q3, with data displayed on the bar graph below. During the previous review of these data (FY21Q4-FY22Q1), the performance was 91%.



### REACH Employee Training

All REACH employees that provide any sort of direct or indirect clinical care to persons accessing REACH services are required to complete initial and ongoing employee training requirements. Initial employee training consists of, but is not limited to, completion of required DBHDS competencies, modules and associated competency based assessments on developmental disabilities and related topics, and shadowing/direct observation via seasoned REACH staff. The initial employee training sequence must be completed within 180 days of hire. After the new employee training process, all REACH staff are also required to contact a minimum of 12 hours of continuing education on topics that are pertinent to their ongoing professional development (e.g. developmental disabilities, person centered thinking, behavioral health disorders, positive behavior support, etc.). The graph on the following page displays the percentage of REACH staff region by region, as well as the total, that are in compliance with either

new or ongoing training requirements. A specific target indicator has been established that **86% of REACH staff will meet training requirements; filing reference 8.3**. These data are a representation of employee training compliance from 9/1/21- 3/1/22 and include both new and veteran REACH employees; data indicate that 99% of REACH employees are meeting training requirements.



### Assessing Risk for Crisis/Hospitalization

To foster proactive and preventative referrals to the REACH program, DBHDS initiated the Crisis Risk Assessment Tool (CAT) in FY21Q1. This tool and associated training are currently being utilized throughout CSBs/BHA in the Commonwealth.

The following compliance indicator speaks directly to training for CSB personnel on identifying risk for going into crisis for adults and youth:

**DBHDS will ensure that all CSB Executive Directors, Developmental Disability 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 will also be made available to intake workers at CSBs 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 link them to REACH crisis services; filing reference 7.5.**

A web-based training on the Crisis Risk Assessment Tool was made available to all target CSB staff through the Commonwealth of Virginia’s Learning Center (COVLC) on July 1, 2020. As of February 28, 2022, a total of 3,431 CSB/BHA staff have completed this training, with training occurring in all CSBs/BHA across the Commonwealth. This is an increase of 204 CSB/BHA personnel trained since the previous report (3,227 staff were trained as of October 2021).

Additionally, a related compliance indicator speaks to the requirement of timeliness of training for intake workers and case managers: **DBHDS will add a provision to the CSB Performance Contract requiring training on identifying risk of crisis for case managers and intake workers within 6 months of hire; filing reference 7.6.**

DBHDS completed a review of CSB staff that work with individuals with developmental disabilities to determine if targeted staff (e.g. intake workers, case managers) had completed this training within the required timeframe. DBHDS requested and received employee information, including hire and separation dates (if applicable) for such employees from all 40 CSBs for any staff member that was employed on or after July 1, 2020. These employee data were compared to COVLC training data to determine the percentage of staff that had completed the training either within 182 days of their hire (for staff hired on or after 7/1/2020), or within 182 days of the training becoming required (for staff hired prior to 7/1/2020). DBHDS established “182 days” for comparison purposes as this reflects approximately 6 months (or half) of the year in days, as “6 months” is noted in the indicator. Results of this comparison demonstrate the following:

- 75% of staff completed the training within 182 days of their hire (for those employed on 7/1/2020 or after) or within 182 days of the training becoming required (for those employed prior to prior to 7/1/2020)
- 76% of all staff completed the training (regardless of how long it took them to complete the training in comparison to their hire date)

DBHDS believes that compliance indicator 7.6 has been met as a provision was added to the CSB Performance Contract requiring training on the Crisis Risk Assessment Tool as written in this indicator; however, the data displayed above do not reflect that all required staff have received this training (compliance indicator 7.5). To improve training adherence, DBHDS has provided to each CSB the names of any staff that had not completed the required training with a request for expedited training for any staff out of compliance. DBHDS will review training data from the COVLC later in the spring of 2022 and provide performance feedback to CSBs on training progress accordingly.

Additionally, a related compliance indicator on quality review of identifying persons at risk of crisis and referring to REACH when indicated is as follows: **DBHDS will implement a quality review process conducted initially at six months, and annually thereafter, that measures the performance of CSBs in identifying individuals who are at risk of crisis and in referring to REACH where indicated; filing reference 7.7.** DBHDS believes it has met this indicator. **Data for this indicator were reported on in the FY22Q2 Supplemental Crisis Report. Per language in agreement above, these data will be reported out again in a future iteration of this report.**

### **Availability of Direct Support Professionals**

The data in the following section correspond to specific compliance indicators surrounding persons with developmental disabilities in the Commonwealth that are in the Support Level 7 category that are in need of in-home and personal care services in their homes. The first data of this nature was developed for data collected January 1, 2020 through June 31, 2020. This review period and data cover quarters 1 and 2 of fiscal year 2022 (7/1/21 through 12/31/2021). Quarters 3 and 4 (1/1/-6/30) will be made available in October and included in corresponding summary reports.

The table which follows (table 3), speaks to the following compliance indicator: *DBHDS will implement a quality review process for children and adults with identified significant behavior support needs (Support Level 7) living at home with family that tracks the need for in-home and personal care services in their*

homes. DBHDS will track the following in its waiver management system (WaMS): a. The number of children and adults in Support Level 7 identified through their ISPs in need of in-home or personal care services; b. The number of children and adults in Support Level 7 receiving the in-home or personal care services identified in their ISPs; and c. A comparison of the hours identified as needed in ISPs to the hours authorized; filing reference 7.21

Table 3: Persons in Support Level 7 in need of in home or personal care services (A), persons in Support Level 7 receiving in home or personal care services identified in their ISP (B), and comparison of hours authorized to hours identified in ISP for persons in Support Level 7 (C)

<b>Metric from compliance indicator 7.21</b>	<b>Associated data</b>	<b>Notes on data</b>
A. The number of children and adults in Support Level 7 identified through their ISP's in need of in home or personal care services.	308	Data includes all individuals currently identified as Support Level 7 recipients in WaMS.
B. The number of children and adults in Support Level 7 receiving the in home or personal care services identified in their ISP.	307	99.6% of individuals received some level of services as needs are identified in their ISP. One individual passed away during period in review.
C. A comparison of the hours identified as needed in ISPs to the hours authorized.	307	100% (307) of the persons reviewed had approved authorizations.

The table which follows addresses a related compliance indicator: ***Semi-annually, DBHDS will review a statistically significant sample of those children and adults with identified significant behavior support needs (Support Level 7) living at home with family. DBHDS will review the data collected in 7.21a-c and directly contact the families of individuals in the sample to ascertain a. If the individuals received the services authorized; b. What reasons authorized services were not delivered; and c. If there are any unmet needs that are leading to safety risks; filing reference 7.22***

DBHDS attempted to contact a statistically significant sample of 171 families as a part of this quality review. At the time of this report, 49 families provided a response to the DBHDS reviewer. Of the remaining individuals, the DBHDS reviewer left 73 messages for individuals providing information and requesting a return call. Thirteen (13) individuals did not have a phone number listed in WaMs; thirty (30) individuals had numbers when attempted that were out of service, or had a full mailbox. Five (5) individuals had incorrect numbers listed and one (1) individual declined to participate when contacted. During the quality review, the DBHDS reviewer focused on learning if the individual had received services, learning the reasons services were not delivered (where applicable), and if there were any unmet needs that were contributing to safety risks as defined in the review expectations.

Table 4: Qualitative data from sample review for filing reference 7.22

<b>Qualitative metric from compliance indicator 7.22</b>	<b>Associated data</b>	<b>Notes on data</b>
<p>A. Did the individual receive the services authorized?</p>	<p>100% of the 49 respondents reported receiving some level of hours authorized; of the 49 that responded, approximately 45% (22) of families reported a service gap during the review period.</p> <p>The remaining approximate 55% (27) families reported consistent services received as authorized.</p>	<p>There were 171 attempted contacts by the DBHDS reviewer; 49 families responded.</p>
<p>B. What were the reasons authorized services were not delivered?</p>	<p>100% of (49) family respondents cited COVID had affected their lives and services globally which is documented in the previous review period.</p> <p>Of the 49 respondents, twenty-two (22), or approximately 45%, of the families cited staffing barriers with report of lack of individuals who are trained and willing to fill the positions. All (49) 100% of families reported the rate of pay is not competitive and creates barriers for recruitment and retention. Many of the families reported leaving their jobs in order to meet the need of their family member to prevent destabilization or institutionalization.</p> <p>Responding families reported that delays in processing documentation submission (background check delays) is a barrier for hiring attendants and receipt of payment. Noted is the delay in the “app” function and the processing of documentation through the service facilitator service. There remains a clear pattern of utilizing Appendix K, which allows parents and family member as paid providers in order to fill authorized hours. Families report without Appendix K services hours would have gone unfilled.</p>	<p>Three primary categories were reported as barriers to authorized service delivery. This was noted in the previous review period as well.</p> <p>All of the reviewed families reported some or all of the identified barriers being a factor in service delivery needs.</p> <p>Families report that their ability to utilize Appendix K is the reason many of their hours are filled again this review period.</p>

C. If there are any unmet needs that are leading to safety risks.	During the period reviewed there were no (0) reported safety concerns related to service needs.	The DBHDS reviewer noted that where service gaps were reported, no outstanding crisis needs were identified. Of the responding families the gaps in services did not lead to the need of a crisis.
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The data in this section represents the review of indicators surrounding in-home or personal care services for persons with an identified Support Level 7. A related compliance indicator which focuses on continuous quality improvement is as follows: ***Based on results of this review, DBHDS will make determinations to enhance and improve service delivery to children and adults with identified significant behavior support needs (Support Level 7) in need of in-home and personal care services; filing reference 7.23.***

The DBHDS reviewer reviewed authorizations in (WaMS) Virginia Waiver Management System for individuals in this support level with authorization requests for these services. For the larger cohort (307 individuals, as one person passed away during the review period), 100% of individuals reviewed had documented and approved authorizations. For the families reviewed in compliance indicator 7.22, families reporting did not identify authorizations as a barrier. This is consistent with the report from the previous review. The data in Table 4 reflects information gathered from families during interview with a DBHDS reviewer and demonstrate that all families interviewed reported challenges related to COVID, which has influenced almost all aspects of service provision during this review period across the state of Virginia during the review period. During this review, the entire larger cohort was reviewed for ISP and attached schedule of supports. The schedule of supports reflected hours authorized with hours scheduled as a visual support for the individual and the system. The reviewer found that of the records reviewed, twenty-four (24) of ISPs were missing the schedule of supports. The DBHDS reviewer shared these findings with the Office of Provider Development to determine if technical support is needed on an individual basis or if larger training is needed.

The primary barriers to filling approved/authorized services hours as reported by families continue to be staffing shortages including recruitment and retention. Families reported this review period that the inability to recruit and retain skilled staff because of the lack of qualified applicants, competitive wages, and timeframe to process the applicants for onboarding to employment is too long and results in prospective staff locating other jobs. The information was reported consistently across all five reporting regions in the state. Of the 49 families who provided feedback, 22 (45%) of respondents were families of children, whereas 27 (55%) were families of adults receiving services.

During this review, the DBHDS reviewer did not receive feedback from any of the 49 family interviews that gaps in services for Personal Assistance, Respite, or In Home Supports resulted in a crisis service need that was unmet. The family respondents, who utilized Appendix K, reported it was the only way they were able to meet their family member’s needs due to the lack of providers. (Appendix K is a standalone appendix that may be utilized by states during **an emergency situation to request amendment to approved 1915 (c) waivers**. It includes actions that states can take under the existing Section 1915 (c) home and community-based waiver authority in order to respond to an emergency).

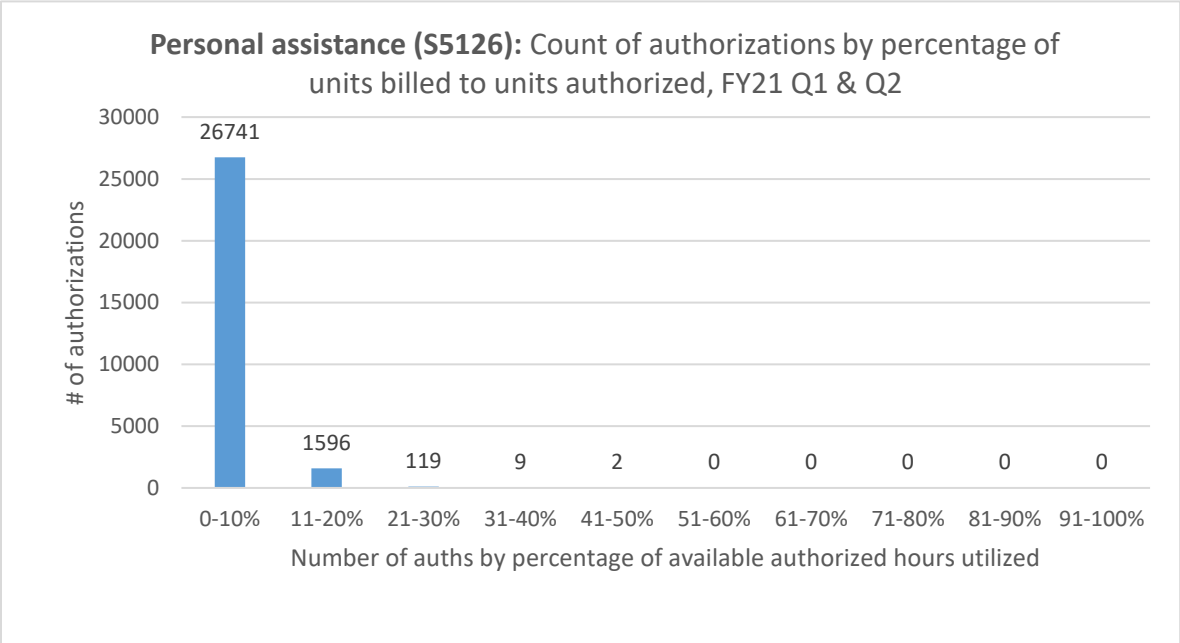


As recommended by the DOJ consultants during the 18th review period, DBHDS undertook a review of billing claims for these services to better understand the number of hours that were utilized (billed) in comparison to the number of hours that were authorized. As providers have one year from the date of services being rendered to submit billing claims, this lookback review encompassed the time period of **FY21 Q1 and Q2**. This summary of findings has been developed as a review of associated data that includes a comparison of approved authorizations for Personal Assistance (S5126), Respite (S5150), and In-Home Supports (H2014-UA) to the submitted and paid billing claims for the same timeframes. The review is also in reference to the next level review process to invest in a continuous quality improvement model. The specific focus of this “look back” review is to address the expectations of the aforementioned compliance indicators in this section (7.21-7.23).

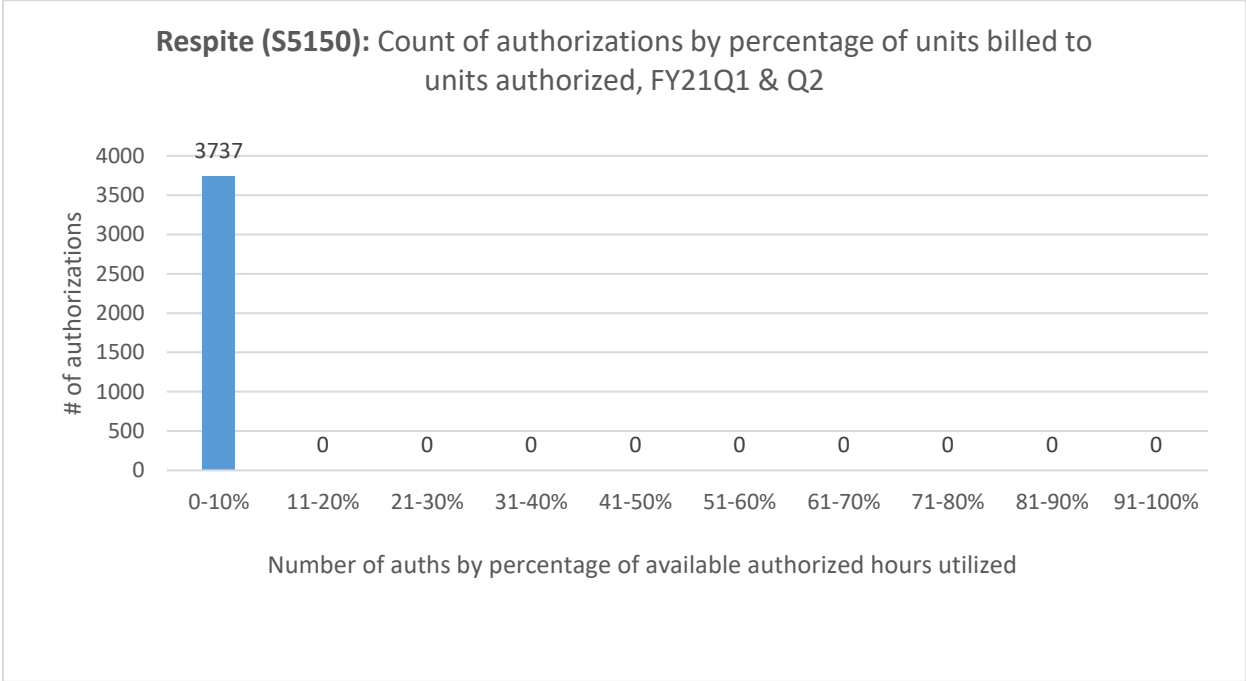
The table which follows addresses the question of, “Did the individual receive the services as authorized?” with a quick summary of data etiology. Graphical representations on the number of authorizations by authorization type broken into a percentage of utilized hour’s category follow the table, along with a brief summary statement for each display.

*Table 5: “Look back” utilization review information*

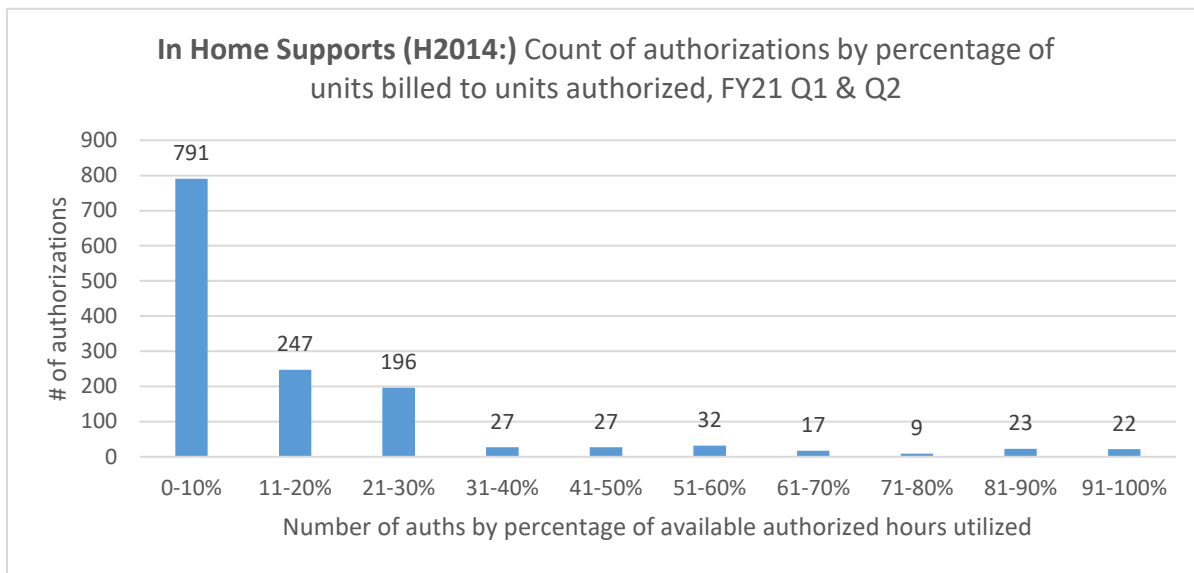
<i>Qualitative metric from compliance indicator 7.21 a-c, 7.22.</i>	<i>Associated data notes</i>
A. Did the individual receive the services authorized?	DBHDS requested member authorizations and associated paid member claims for the period of <b>FY21 Q1 and Q2</b> for this “ <b>look back</b> ” review from Department of Medical Assistance Services (DMAS), primary payer for Medicaid Waiver Services included in this review for S5126, S5150, H2014-UA. See graphical displays that follow.



The graphical display above denotes that the vast majority of authorizations for Personal Assistance had between 0 and 10% of authorized hours used (94%). Approximately 6% of authorizations for this time period had between 11 and 20% of authorized hours used; the remaining authorizations account for less than 1%. No authorizations had more than 45% of authorized hours billed.



The above display on respite services demonstrate that 100% of service authorizations used between 0 and 10% of the available authorized hours.



The display above on In Home Supports demonstrates more variability with the count of authorizations spreading across differing percentage utilization categories. Fifty-seven (57) percent of authorizations utilized between 0 and 10% of available units, 18% utilized between 11 and 20% of available units, and 14% of authorizations utilized between 21-30% of authorized hours. The remaining authorizations were relatively evenly distributed across the percentage of authorized units utilized categories (31-100%) with the exception of 71-80% presenting the lowest represented category at less than 1%.

**Summary of findings**

Results of this review suggests that for each of the services areas, utilization may have been impacted by barriers documented during the primary review with families of individuals reviewed for the Availability of Direct Support Professionals. The report associated with this look back review FY21 Q1 and Q2 Availability of Direct Support Professionals reflects the following barriers to providers of services Respite, In-Home Supports, and Personal Assistant Services, as follows:

- *Information gathered from families during interview with a DBHDS reviewer and demonstrate families all families were experiencing challenges across the state related to COVID, which has influenced many aspects of service provision during this review period.*
- *Presenting barrier included staffing shortages and staffing turnover related to report of lower than competitive wages, which families report is a barrier to attracting and retaining staff.*

The outcome of the data reviewed continues to reflect the impact of COVID-19 on services due to the reported lack of available, skilled and trained staff, which is also reflected in the nationwide staffing shortage. Other identified issues include turnover rates and competitive wages.

## Summary

This is the ninth supplemental quarterly report on specific indicators agreed upon between the Commonwealth and the US Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. Data will continue to be utilized to guide decision making to meet the overarching goal of Virginians with a developmental disability that contact the crisis system receiving timely and effective services in the least restrictive setting possible.

## ADDENDUM

As a part of the joint filing of agreed upon curative actions in October 2021, DBHDS will begin providing requested data quarterly related to customized rate applications quarterly in this report. The specific curative action that relates to compliance indicator filing reference 7.18 reads as follows: *Report customized rate applications, approvals, and denials quarterly.* The tables below provide data on applications, approvals, and denials for customized rates from October 1, 2021 through December 31, 2021.

*Table 6: Customized rate approvals and denials, FY22Q2*

<b>Application Status</b>	<b>Approved</b>	<b>Denied</b>	<b>Total</b>
Processed/Decision Rendered	59	6	<b>65</b>

The table above outlines the total number of applications during this time to include approved and denied. This breaks down to approximately 91% of requests for a customized rate receiving approval.

*Table 7: Approvals and denials by SIS level, FY22Q2*

<b>SIS</b>	<b>Approved</b>	<b>Denied</b>	<b>Total</b>
Level 1	0	0	<b>0</b>
Level 2	4	0	<b>4</b>
Level 3	6	0	<b>6</b>
Level 4	10	1	<b>11</b>
Level 5	3	0	<b>3</b>
Level 6	4	1	<b>5</b>
Level 7	32	4	<b>36</b>
<b>TOTAL</b>	59	6	<b>65</b>

The table above further breaks down the approvals and denials by SIS (Supports Intensity Scale) level.

Table 8: Approvals and denials by service requested, FY22Q2

Service	Approved	Denied	Total
Group Day	7	0	7
Group Home	51	5	56
In home Supports	1	1	2
Sponsored	0	0	0
Supported Living	0	0	0
Community Coaching	0	0	0
<b>TOTAL</b>	59	6	65

The table above gives information on the service type being requested for a customized rate based upon approvals and denials.

Table 9: Reasons for denials, FY22Q2

Reasons for denial of application	Total
Exceptional support need not demonstrated	2
1:1 or 2:1 staffing need not demonstrated	0
Need for higher qualified staffing not demonstrated	0
Need for increased programmatic oversight not demonstrated	0
The requested service needs can be met within the individual's current level and tier or through the use of other services available to the individual within the Medicaid program	1
Proper supporting documentation was not submitted or an incomplete application was received	3
<b>TOTAL</b>	<b>6</b>

The table above provides detailed information regarding the reason that the customized rate review committee denied an application.

Table 10: Approvals & denials for residential services based on bed capacity

Bed Capacity	Approved	Denied	Total
4 or less	43	5	48
5 Bed	3	0	3
6 Bed	4	0	4
7 Bed	1	0	1
8 Bed	0	0	0
N/A (Day Services)	8	1	9
<b>TOTAL</b>	59	6	65

The final table above provides information on the bed capacity of the provider that requested the customized rate. Note that approximately 86% of requests were for a residential based customized rate.