



VA DD Waiver Quality Assurance Program: Quality Review Team (QRT) 2025 Report Update for QIC

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*Data provided by DMAS





Related Authorities

- Per VD I-35.6 of the Settlement Agreement and outlined in the CSB Performance Contract, each CSB must review and provide feedback on the QRT EOY report annually.
- This requirement is met via publication of the QRT EOY Report posted on the DBHDS Website
- CSB's provide feedback on this report annually via Survey Monkey questionnaire.

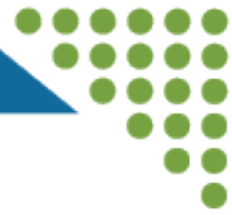




Waiver Assurances

- **A – Administrative Authority** - The State Medicaid agency is involved in the oversight of the waiver and is ultimately responsible for all facets of the program.
- **B - Level of Care** - Persons enrolled in the waiver have needs consistent with an institutional level of care.
- **C - Service Plan** - Participants have a service plan that is appropriate to their needs and services/supports are delivered as specified in the plan.
- **D - Qualified Providers** - Waiver providers are qualified to deliver services/supports.
- **G - Health and Welfare** - Participants' health and welfare is safeguarded and monitored.
- **I - Financial Accountability** - Claims for waiver services are paid according to state payment methodologies.





- Data represents 2025 *averages* across *all three waivers* population.
- QMR Sampling Methodology: provider, service, and individual record level.
- Data represents a *snapshot* of compliance for a PM; different providers sampled each quarter.
- Trends inferred when persisting over several quarters or years.
- Improvements in performance typically demonstrated over 2-3 quarters or a year's review.
- Remediation required to be implemented each quarter (6 months max per DOJ SA).





C - Service Plan - Participants have a service plan that is appropriate to their needs and services/supports are delivered as specified in the plan.

- **Performance Measure C4:** *Number and percent of non-licensed/non-certified provider agencies that meet waiver provider qualifications.*
- **^Performance Measure C9:** *Number and percent of provider agency direct support professionals (DSPs) meeting competency training requirements.*
- **Performance Measure C10:** *Number of services facilitators meeting training requirements and passing competency testing.*

^ indicated PMI is a systemic issue of non-compliance for 3 years.



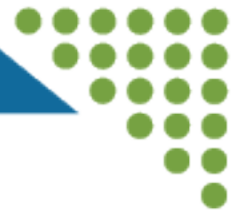


D - Qualified Providers - Waiver providers are qualified to deliver services/supports.

- ***Performance Measure D1:** Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes. (DMAS)
- ***Performance Measure D3:** Number and percent of individuals whose Plan for Supports includes a risk mitigation strategy when the risk assessment indicates a need.

** indicated PMI is a systemic issue of non-compliance for 5 years.*



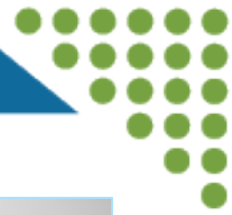


G - Health and Welfare - Participants' health and welfare is safeguarded and monitored.

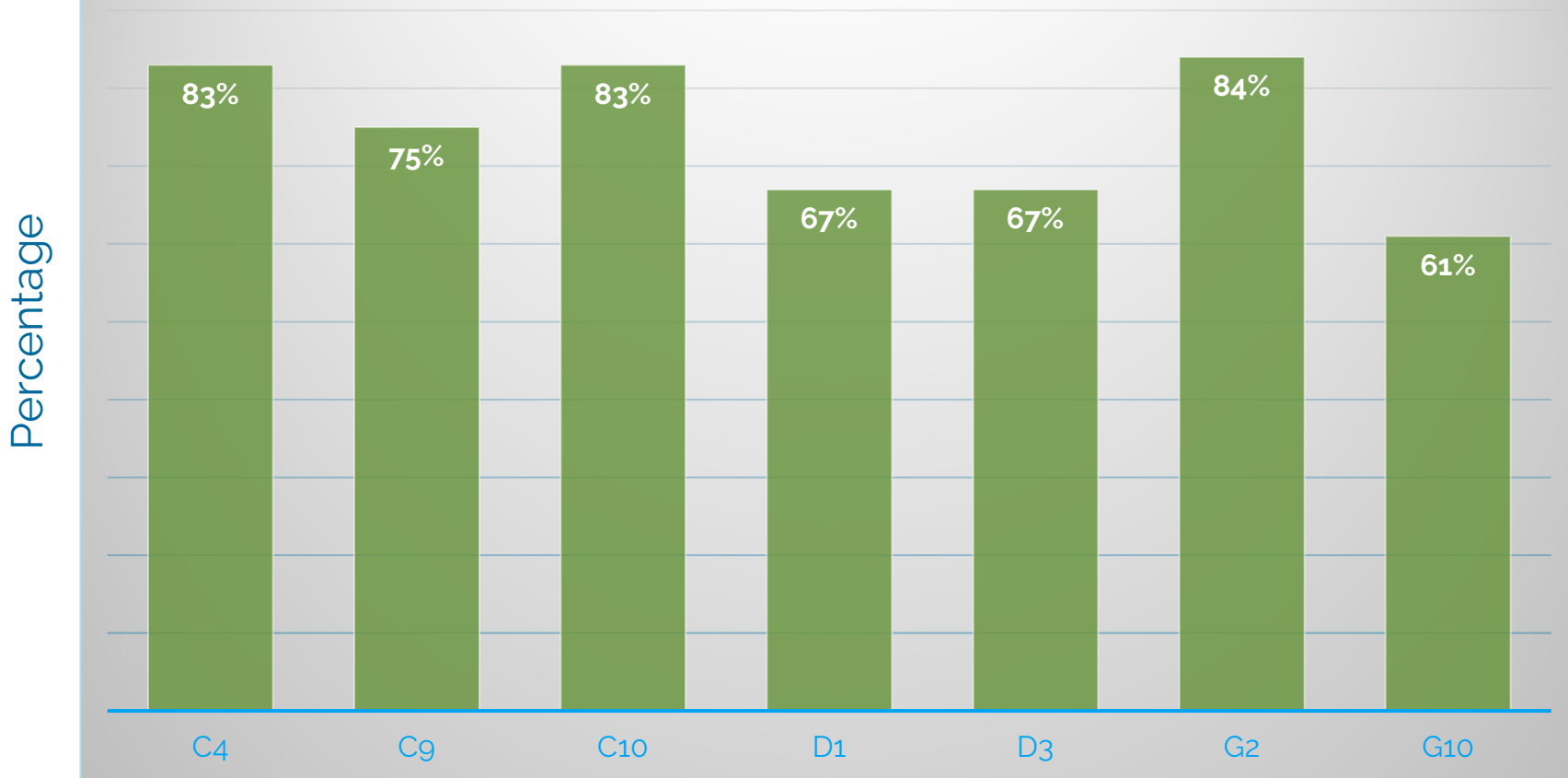
- **Performance Measure G2:** *Number and percent of substantiated cases of abuse/neglect/exploitation for which the required correction action was verified by DBHDS as being implemented.*
- ***Performance Measure G10:** *Number and percent of participants 19 and younger who had an ambulatory or preventive care visit during the year.*

** indicated PMI is a systemic issue of non-compliance for 5 years.*





FY 2025 DD Waiver Performance Measures Below 86% Threshold





- **Performance Measure C4:** *Number and percent of non-licensed/noncertified provider agencies that meet waiver provider qualifications.*
 - **Primary reason for noncompliance:** Sample size could be the main factor for this PM.
 - **Recommendation:** Continue monitoring the measure as three of the four quarters did measure at 100%, however, one quarter measured at 0%, which effected the overall performance for the year.
- **Performance Measure C9:** *Number and percent of provider agency direct support professionals (DSPs) meeting competency training requirements.*
 - **Primary reason for noncompliance:** Continued limited engagement of providers in staying up to date on DD waiver requirements.
 - **Recommendation:** Additional provider engagement, DBHDS is addressing concerns in this area as part of the DSP Competency QII. This QII is focused on improving the percent of DSPs completing training and competencies requirements to 95% by SFY27. It uses QSR PQR and PCR results. This effort continues.
- **Performance Measure C10:** *Number of services facilitators meeting training requirements and passing competency testing.*
 - **Primary reason for noncompliance:** Sample size could be the main factor for this PM.
 - **Recommendation:** Continue monitoring the measure as three of the four quarters did measure at 100%, however, one quarter measured at 0%, which effected the overall performance for the year.





- **Performance Measure D1:** *Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes. (DMAS)*
 - **Primary reason for noncompliance:** None identified; however, positive trending is occurring and it appears this may be due to the RAT to ISP QII with DBHDS.
 - **Recommendation:** Monitor the trend for the full year of Rat to ISP implementation as this implementation started midyear and the fourth quarter was trending at 80% which was the first quarter data was able to be collected that was impacted by changes.
- **Performance Measure D3:** *Number and percent of individuals whose Plan for Supports includes a risk mitigation strategy when the risk assessment indicates a need.*
 - **Primary reason for noncompliance:** related to PM #D1
 - **Recommendation:** Seeing trends in a positive way and will monitor before other changes are implemented.





Performance Measure G2: *Number and percent of closed cases of abuse/neglect/exploitation for which the required corrective action was verified by DBHDS as being implemented.*

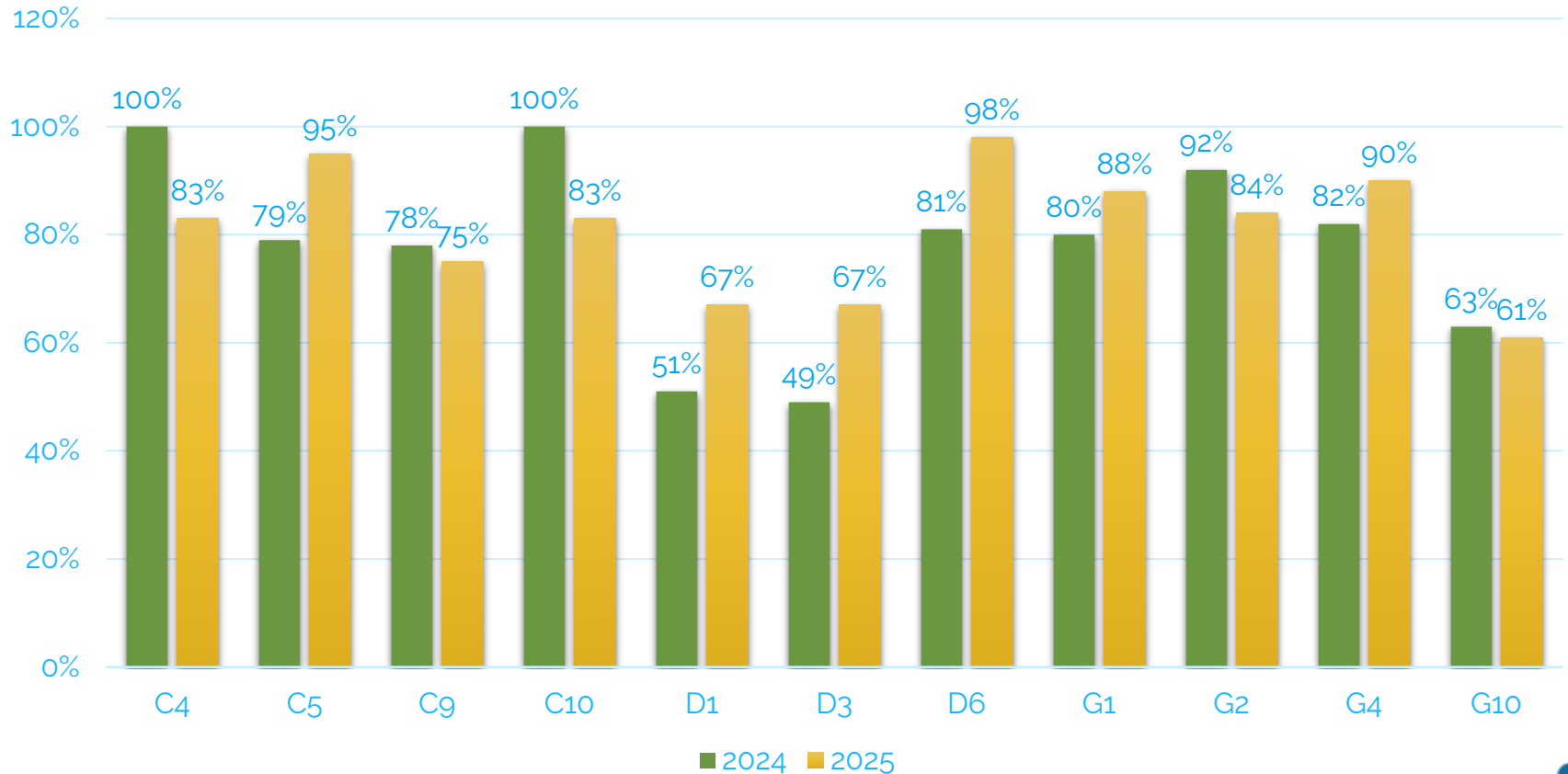
- **Primary reason for noncompliance:** No reason specifically identified
- **Recommendation:** No recommendation, quarter four was measured at 93%, which reflects consistent with SFY 2024.

Performance Measure G10: *Number and percent of participants 19 and younger who had an ambulatory or preventive care visit during the year.*

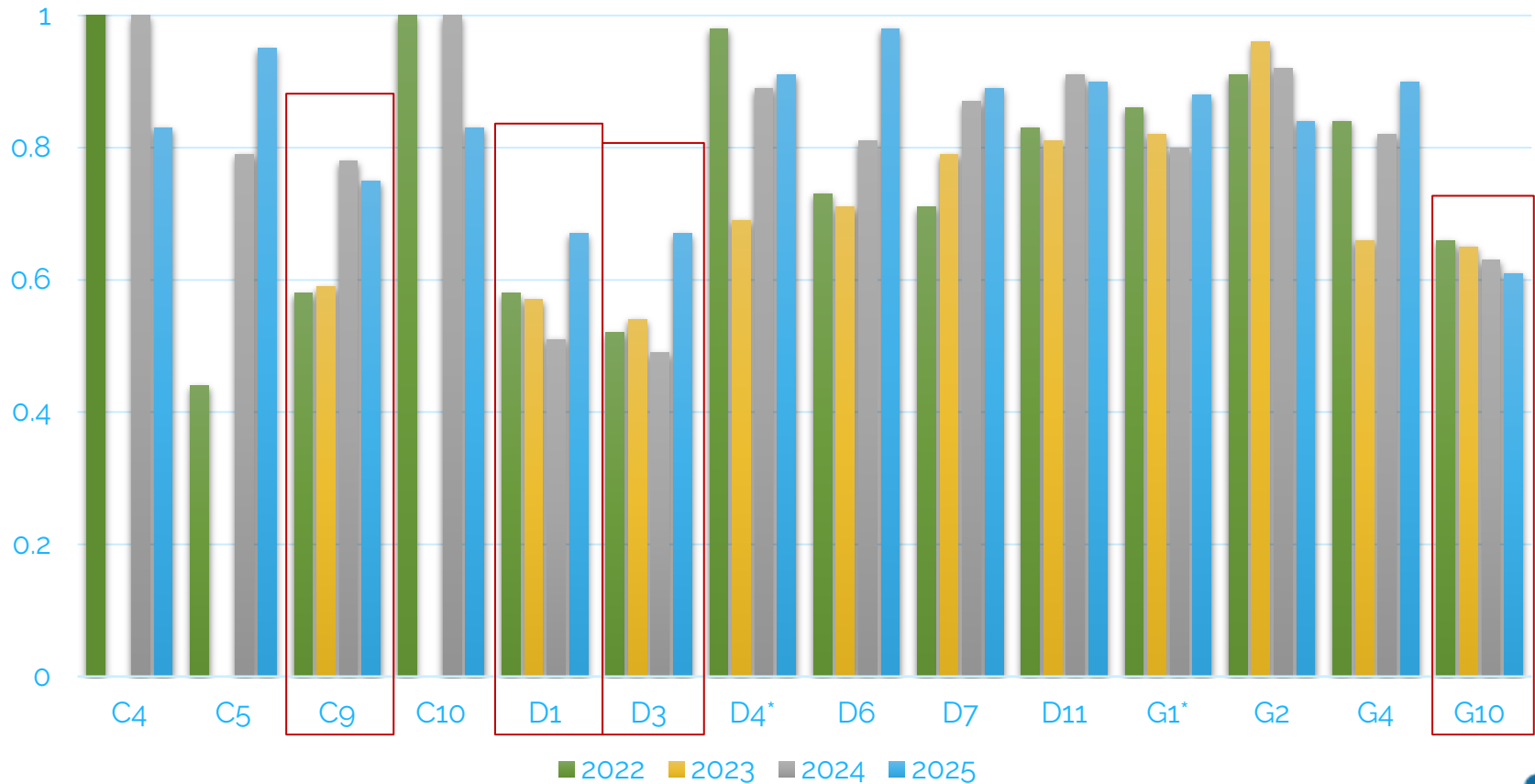
- **Primary reason for noncompliance:** Continued to be connected to the residual concerns in public behavior throughout COVID and with data collected through Medicaid billing.
- **Recommendation:** Complete a root cause analysis study of the process to determine if updated are need to the data collection and analysis elements of the PM.



Comparison of Overall Performance Measures Not Met FY 2024/2025



Comparison of Overall Performance Measures Not Met FY 2022/2023/2024/2025

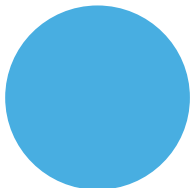


Overall Results

- 23 of 40 Community Service Boards (CSB) or Behavioral Health Authority (BHA) responded (57.5%).
- Survey was available to complete for over 2 weeks.
- In general, the CSBs/BHA agreed with the primary reasons for why each of the Performance Measures were not met.
- If the CSBs/BHA disagreed with the primary reason for noncompliance it was requested what the alternative/supplemental reasons were and how the CSB/BHA remediated the area of noncompliance.
 - Top three (3) alternative/supplementals reasons specific to Support Coordination included:
 - Time/workload demands of Support Coordinator/Provider
 - Support Coordinator/Staffing turnover
 - Training issues – Support Coordinator/Provider may not recognize when the plan needs to be updated.
 - Top three (3) remediation areas include:
 - CSB/BHA have worked with individual providers to remediate noncompliance in the area
 - CSB/BHA referred providers to DBHDS for training
 - CSB/BHA has attended a DBHDS training for technical assistance to include Provider Roundtables/SC meetings regarding discussed topics.



Thank you.



Questions?

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