

FY 2024 Summary of Community Service Feedback

The 2024 Quality Review Team (QRT) End of Year (EOY) Report was provided to the local Community Service Boards/Behavioral Health Authorities (CSBs/BHAs) in March of 2025 and feedback was requested to determine if the trends and results were in line with what each of the CSBs/BHAs were also experiencing at that time. Out of the forty CSBs/BHAs there were twenty-seven that responded, which is a 67.5% response rate.

Community Service Feedback Survey Questions

Within the survey each CSB/BHA was asked if each CSB/BHA agreed or disagreed with the primary reason for non-compliance with the performance measure identified within the 2024 QRT EOY report. If the CSB/BHA disagreed with the primary reason for non-compliance what were the alternative/supplemental reasons for noncompliance, and how their CSB/BHA remediated this area of noncompliance.

Noncompliant Performance Measures

C. Participant Services – Qualified Providers

Upon review of Performance Measure C5: Number and percent of non-licensed/non-certified provider agency DSPs who have criminal background checks as specified in the policy/regulation with satisfactory results indicates that 24 CSBs/BHA (89%) agree with the primary reason, limited availability of non-licensed providers with DSPs creates challenges in determining if an identified failure to meet compliance is systemic (necessitating remediation) vs provider specific in nature. Of the three (11%) CSBs/BHA that disagreed they identified alternative reasons included staffing turnover, training issues, and lack of internal auditing. 22 CSBs/BHA have not received a citation or remediation, five CSBs/BHA attended a provider roundtable/SC meetings with discussion on the topic, three CSBs/BHA have worked with individual providers to remediate noncompliance in the area, and two each referred providers to DBHDS for training or attended a DBHDS training/received technical assistance on the topic.

Review of Performance Measure C9: Number and percent of provider agency direct support professionals (DSPs) meeting the competency training requirements notes that 24 CSBs/BHAs (89%) agree with the primary reason, limited engagement of some providers in staying up to date on DD waiver requirements. Of the three (11%) CSBs/BHAs that disagreed

they identified that alternative reasons included Staffing Turnover and Training Issues. 20 CSBs/BHAs have not received a citation or remediation, five CSBs/BHAs attended a Provider Roundtable/SC meetings with discussion on the topic, four CSBs/BHAs worked with individual providers to remediate noncompliance in this area, and five CSBs/BHAs either referred providers to DBHDS for training or attended a DBHDS training/received technical assistance on the topic.

D. Service Plan

Performance Measure D1: Number and percent of individuals who have Plans of Support that address their assessed needs, capabilities and desired outcomes identifies that 23 CSBs/BHAs (85%) agree with the primary reason, lack of automation or guide to help SC and providers to identify and address needs and desired outcomes. However, during FY 25 DBHDS implemented the WaMS ISP 4.0 in hopes that this update, which automates key elements of the planning process, will help ensure consistent documentation is present addressing the support needs of individuals in waiver. Of the four (15%) CSBs/BHAs that disagreed they identified that alternative reasons included Support Coordinator Turnover, Time/workload demands of Support Coordinator/Provider, Training issues-Support Coordinator may not recognize when the Plan needs to be updated, and Changes are made to support the person but not added until Plan is due to be updated. Seven CSBs/BHAs have not received a citation or remediation, nine CSBs/BHAs worked with individual providers to remediate noncompliance in this area, 21 CSBs/BHAs attended a Provider Roundtable/SC meetings with discussion on the topic, and 24 CSBs/BHAs either referred providers to DBHDS for training or attended a DBHDS training/received technical assistance on the topic.

Upon review of Performance Measure D3: Number and percent of individuals whose Plans of Support includes a risk mitigation strategy when the risk assessment indicates a need states that 22 CSBs/BHAs (81%) agree with the primary reason, is related to PM #D1. Again, DBHDS has implemented WaMS ISP 4.0 during SFY 2025. Of the five CSBs/BHAs that disagreed they identified that alternative reasons included Support Coordinator Turnover, Time/workload demands of Support Coordinator/Provider, Training issues-Support Coordinator may not recognize when the Plan needs to be updated, and Changes are made to support the person but not added until Plan is due to be updated. Six CSBs/BHAs have not received a citation or remediation, 11 CSBs/BHAs worked with individual providers to remediate noncompliance in this area, 19 CSBs/BHAs attended a Provider Roundtable/SC meetings with discussion on the topic, and 24 CSBs/BHAs either referred providers to DBHDS for training or attended a DBHDS training/received technical assistance on the topic.

The Performance Measure D6: Number and percent of individuals whose service plan was revised, as needed, to address changing needs identified that 24 CSBs/BHAs (89%) agree with the primary reason, that it is easier to review the plan and make changes annually. Of the

three CSBs/BHAs that disagreed they identified that alternative reasons included Support Coordinator Turnover, Time/workload demands of Support Coordinator/Provider, Training issues-Support Coordinator may not recognize when the Plan needs to be updated, Changes are made to support the person but not added until Plan is due to be updated, and Primary focus is on changes needed to support the individual's health and safety. 10 CSBs/BHAs have not received a citation or remediation, six CSBs/BHAs worked with individual providers to remediate noncompliance in this area, 15 CSBs/BHAs attended a Provider Roundtable/SC meetings with discussion on the topic, and 18 CSBs/BHAs either referred providers to DBHDS for training or attended a DBHDS training/received technical assistance on the topic.

G. Participant Safeguards: Health and Welfare

Review of Performance Measure 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 notes that 26 CSBs/BHAs (96%) agree with the primary reason, that compliance with this PM will vary by service or the actual support activity. DBHDS Office of Human Rights is working on remediation plans that include strategies such as implementing a process for advocates validating that investigators are trained at the time of report entry (within 24 hours) in CHRIS, increased number of ANE Investigator trainings offered from 4 in 2024 to 6 in 2025, increased capacity to train upwards of 250+ participants per session, developed and implemented orientation for new and newly licensed providers, offered every 4th Wednesday, developed a training and tool for OHR staff on how to document verification activities, added a question on Waiver Validation checklist, and revised the Human Rights Compliance Verification Checklist (which is the tool providers who are seeking to be licensed must complete prior to being licensed. It includes attesting to establishing a trained investigator). The one CSBs/BHAs that disagreed identified that alternative reasons included staff turnover, Time/workload demands of Support Coordinator/Provider, Training issues, lack of knowledge around abuse/neglect/exploitation, and allegations not reported. 23 CSBs/BHAs have not received a citation or remediation, one CSBs/BHAs worked with individual providers to remediate noncompliance in this area, four CSBs/BHAs attended a Provider Roundtable/SC meetings with discussion on the topic, and nine CSBs/BHAs either referred providers to DBHDS for training or attended a DBHDS training/received technical assistance on the topic.

Performance Measure G4: Number and percent of individuals who receive annual notification of rights and information to report ANE shows that 26 CSBs/BHAs (96%) agree with the primary reason, that compliance with this PM will vary by service or the actual support activity. The one CSBs/BHAs that disagreed identified that alternative reasons included Training issues and lack of knowledge around abuse/neglect/exploitation. 21 CSBs/BHAs have not received a citation or remediation, three CSBs/BHAs worked with individual providers to remediate noncompliance in this area, four CSBs/BHAs attended a

Provider Roundtable/SC meetings with discussion on the topic, and seven CSBs/BHAs either referred providers to DBHDS for training or attended a DBHDS training/received technical assistance on the topic.

Upon review of Performance Measure G10: Number and percent of participants 19 years and younger who had an ambulatory or preventative care visit during the year identifies that 22 CSBs/BHAs (81%) agree with the primary reason, that compliance with this PM will vary by service or the actual support activity. Of the five CSBs/BHAs that disagreed they identified that alternative reasons included Training issues, lack of knowledge around abuse/neglect/exploitation, and individual/family unwilling/unable to attend care visit. 22 CSBs/BHAs have not received a citation or remediation, four CSBs/BHAs worked with individual providers to remediate noncompliance in this area, six CSBs/BHAs attended a Provider Roundtable/SC meetings with discussion on the topic, and six CSBs/BHAs either referred providers to DBHDS for training or attended a DBHDS training/received technical assistance on the topic.

Community Service Board Feedback and Suggestions

Additional feedback on the 2024 QRT EOY Report included that overall, the structure and ease of the tool was liked by the CSBs/BHAs and the format was easy to read and understand. There were comments that stated the Waiver Management System (WaMS) is difficult to update when a change to an individual's plan or it would be beneficial if Support Coordinators could modify the Part III mid-year as needed to reflect changes in need, risks, etc., and there are overall knowledge deficiencies and compliance issues with private providers on regulator expectations. It was noted that one CSB identified that specific for PM D6 that Support Coordinators typically do a Status Update Form in their own agency Electronic Health Record (EHR) system but forget to transfer the information into WaMS unless there is an update to Part I or Part II. The suggested that was offered to this comment is that WaMS and the EHR system communicate with each other easier. It was also suggested for a comment that a definition of "changes: be made available with a sample list of what types of changes warrant a status update or service provision for consistency and clarity. It is noted that a CSB stated that individuals who live in a family residence as compared to a residential provider or other setting that the Support Coordinator is only able to inquire and follow up about PCP visits and link the individuals to the MCO Care Coordinator as applicable. Feedback as a possible cause for the oversights maybe due to the huge amount of required documentation and staff shortages, due to staff carrying such high caseloads due to the need but lack of staff. Additionally, from a provider's perspective often providers are delivering service but not documenting them as

thoroughly as should. Staffing at a direct support professional level many are less educated than the Support Coordinators and there is not a focus on the documentation piece as the focus is primarily on the actual care of the individuals.

An encouragement from the CSB that DBHDS will provider a more flexible and realistic expectation to CSBs in meeting the indicators since the permanent injunction was signed in January 2025. With additional suggestions to revise and reduce any areas that produce redundancy in forms and create pathways to achieve better success than in past landscape.