FY 2025 Summary of Community Service Feedback

The 2025 Quality Review Team (QRT) End of Year (EOY)Report was provided to the local Community Service Boards/Behavioral Health Authorities (CSBs/BHAs) in December 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-three that responded.

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 2025 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 C4: Number and percent of non-licensed/noncertified provider agencies that meet waiver provider qualifications indicated that 22 CSBs/BHA (95.65%) agree with the primary reason, limited sample size may create potential barriers were limited to no data may be available to determine compliance. Of the one (4.35%) CSB/BHA that disagreed they identified an alternative reason included Time/workload demands of Support Coordinator/Provider. 20 CSBs/BHA have not received a citation or remediation, three CSBs/BHA have worked with individual providers to remediate noncompliance in this area, three CSBs/BHA have referred providers to DBHDS for training, two CSBs/BHA attended a provider roundtable/SC meeting with discussion on the topic, and one 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 17 CSBs/BHAs (73.91%) agree with the primary reason, limited engagement of some providers in staying up to date on DD waiver requirements. Of the six (26.09%) CSBs/BHAs that disagreed they identified that alternative reasons included Staffing turnover, Time/workload demands of the Support Coordinator/Provider, Training issues, Lack of knowledge of training expectations,

and Lack of internal audit. 11 CSBs/BHAs have not received a citation or remediation, 10 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, three CSBs/BHAs referred providers to DBHDS for training, and three CSBs/BHA attended a DBHDS training/received technical assistance on the topic.

Performance Measure C10: Number of services facilitators meeting training requirements and passing competency testing found that 21 CSBs/BHA (91.30%) agree with the primary reason, limited sample size contributed but did not indicate a systemic issue. Of the two (8.7%) CSBs/BHA that disagreed they identified that alternative reasons included Staffing turnover, Training issues, and Lack of knowledge of training expectations. 20 CSBs/BHAs have not received a citation or remediation, five CSBs/BHAs referred providers to DBHDS for training, three CSBs/BHAs attended a Provider Roundtable/SC meetings with discussion on the topic, and two CSBs/BHAs each either attended a DBHDS training/received technical assistance on the topic or worked with individual providers to remediate noncompliance in this area.

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 16 CSBs/BHAs (69.57%) agree with the primary reason, earlier implementation of automation has shown a small increase in the percentage to meet this goal, but funding will continue to assist with automating opportunity. Of the seven (30.43%) 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 lack on internal audit. Nine CSBs/BHAs have not received a citation or remediation, seven CSBs/BHAs worked with individual providers to remediate noncompliance in this area, 12 CSBs/BHAs attended a Provider Roundtable/SC meetings with discussion on the topic, eight CSBs/BHAs referred providers to DBHDS for training, and 12 CSBs/BHA 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 (95.65%) agree with the primary reason, is related to PM #D1. Again, DBHDS has implemented WaMS ISP 4.0 during SFY 2025. Of the one 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 on changes needed to support the individual's health and safety. Eight CSBs/BHAs have not received a citation or remediation, eight CSBs/BHAs worked with individual providers to remediate noncompliance in this area, 16 CSBs/BHAs attended a Provider Roundtable/SC meetings with discussion on the topic, and 22 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 G2: Number and percent of substantiated cases of abuse/neglect/exploitation for which the correction action was verified by DBHDS as being implemented notes that 22 CSBs/BHAs (95.65%) 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 Time/workload demands of Support Coordinator/Provider, Training issues, lack of knowledge around abuse/neglect/exploitation, and allegations not reported. 15 CSBs/BHAs have not received a citation or remediation, six 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 six 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 18 CSBs/BHAs (78.26%) 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 Inaccurate reflection of last ambulatory or preventative care visit, Training issues, lack of knowledge around abuse/neglect/exploitation, and individual/family unwilling/unable to attend care visit. 18 CSBs/BHAs have not received a citation or remediation, five CSBs/BHAs worked with individual providers to remediate noncompliance in this area, three CSBs/BHAs attended a Provider Roundtable/SC meetings with discussion on the topic, and two CSBs/BHAs referred providers to DBHDS for training.

Community Service Board Feedback and Suggestions

Additional feedback on the 2025 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 administrative burden placed on case managers has significantly increased due to the requirements outlined in the Final Rule, particularly regarding documentation needed to demonstrate compliance. While these expectations are intended to enhance service quality and accountability, the volume and

complexity of required documentation—such as uploading OSVTs to WaMS and ensuring ISP alignment with risk assessments—has diverted time and attention away from direct service coordination and individualized planning. This shift not only strains staff capacity but also risks undermining the quality of support provided to individuals. Maintaining compliance under these conditions is increasingly difficult, and we urge the Commonwealth of Virginia to explore sustainable solutions to reduce the administrative load, such as streamlined processes, centralized support roles, or enhanced automation tools. Additional comments include a CSB does feel that mandatory training to providers is a need to address the issue with competency and that DBHDS is improving on how to meet the DOJ indicators with more collaboration and training support to provider and CSBs.

An encouragement from another CSB identifying that it is helpful when reviewers share positive feedback during exit interviews.