



Virginia Department of
Behavioral Health &
Developmental Services

Case Management Steering Committee
Semi-Annual Report

State Fiscal Year 2021
1st and 2nd Quarters

Case Management Steering Committee



Semi-Annual Report FY21 1st and 2nd Quarters

Executive Summary

As a subcommittee of the Quality Improvement Committee (QIC), the Case Management Steering Committee (CMSC) is responsible for

- monitoring case management performance across responsible entities to identify and address risks of harm,
- ensuring the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; and
- evaluating data to identify and respond to trends to ensure continuous quality improvement.

The committee is charged with reviewing data selected from, but not limited to, any of the following data sets: Community Services Board (CSB) data submissions, Support Coordination Quality Reviews (SCQR), Office of Licensing citations, Quality Service Reviews, DMAS' Quality Management Reviews, Regional Support Teams, and WaMS. The committee's analysis will identify trends and progress toward meeting established Support Coordination/Case Management targets. Based on this data review and system analysis, the committee will recommend systemic quality improvement initiatives (QIIs) to the QIC. The committee also recommends technical assistance based on review of CSB specific data. If CSB specific improvements are not demonstrated after receiving technical assistance, the committee will make recommendations to the Commissioner for enforcement actions pursuant to the CSB Performance Contract based on negative findings.

Committee membership includes the Director of Waiver Operations or designee, the Director of Provider Development or designee, the Director of Community Quality Improvement or designee, the Settlement Agreement Director, two Quality Improvement Program Specialists, and a representative from the Office of Data Quality and Visualization. Standard operation procedures include: annual review and update of the committee charter, regular meetings, at least ten times annually, to ensure continuity of purpose, maintenance of reports and meeting minutes, and quality improvement initiatives consistent with Plan, Do, Study, Act model.

From July to December 2020, the CMSC continued the implementation and refinement of a structured process of routine CSB performance monitoring. The CMSC also reported to the QIC

in September and December. The CMSC is responsible for 11 performance measure indicators (PMIs) and monitors an additional eight not included in PMI reporting. Data reporting in December included six PMIs: employment discussions and goals, community engagement discussions and goals, timeliness of Regional Support Team (RST) referrals, and enhanced case management face to face visits. Four new measures were approved by the QIC in June 2020 related to case management assessment of changes in status and appropriately implemented services, as well as discussions about relationships and interactions with people (other than paid program staff) and individuals being given a choice of providers including a choice of support coordinator. One additional measure approved by the QIC in September 2020 relates to children age 14 to 17 with a waiver having a discussion about employment and how they are supported to be ready to work included in their ISP.

Key accomplishments in the reporting period include: During the reporting period, key activities included completing the first year of SCQR implementation. The first cycle of submissions, an annual report, and full retrospective review process was completed. Of significance was the need to improve the collection of data through the WaMS ISP and ensure alignment of the data with the SCQR process. Changes were made to the SCQR that over time will point to specific locations in the ISP where evidence will be held for various case management (CM) elements needing to be confirmed.

The On-Site Visit Tool (OSVT) was refined to assist with standardizing the understanding and application of the terms “change in status” and “appropriate implementation of services.” Specific changes in this process are expected to further support available evidence related to the assessment and recording of actions related to these terms. The OSVT will be sampled in the next report period to review the quantity and quality of the information collected and the effectiveness of the tool. The tool has been priced for inclusion into WaMS in the future once the format is finalized and deemed effective.

There were ongoing efforts made related to ISP compliance, Regional Support Team (RST) referral timeliness, and SCQR completion with technical assistance provided by CRCs in September and the Office of Community Quality Improvement (OCQI) following SCQR reviews in October. Corrective Action Plans were requested from four CSBs related to underperformance with RST referral timeliness. The CMSC is currently reviewing language in the CSB performance contract to make recommendations for additions that would require participation in technical assistance and training where low performance is identified.

Further the CMSC is charged with establishing a process to review the CSB data related to case management contacts and to ensure that data is valid and reliable and to provide technical assistance to improve this data over time. Currently, OCQI is meeting with CSBs around CM data

quality, but a more formalized process is being developed with the DBHDS/VACSB Data Management Committee prior to implementation.

There has been an increase in the number of measures the CMSC is tracking, which have been included in this report. The measures are organized around domains and contain visualizations that offer insight into the progress and status of each measure.

Support Coordination Quality Review (SCQR)

In cooperation with the Independent Reviewer, the committee defined two phrases related to the provision of case management services, which included identifying and responding to “changes in status” and if “services are appropriately implemented.” These definitions are designed to increase consistency in understanding and application across the DD case management system. They are included in the ten elements assessed through the SCQR. The definitions include:

- “Change in status” refers to changes related to a person’s mental, physical, or behavioral condition and/or changes in one’s circumstances to include representation, financial status, living arrangements, service providers, eligibility for services, services received, and type of services or waiver.
- “ISP implemented appropriately” means that services identified in the ISP are delivered consistent within generally accepted practices and have demonstrated progress toward expected outcomes, and if not, have been reviewed and modified.

Materials developed include: a definitions document, a standardized tool format referred to as the On-site Visit Tool (OSVT), a summary of the Independent Reviewer report history related to non-compliance with the Settlement Agreement provision V.F.2., a reference chart as guidance, training slides, and a questions and answers document. This project is further defined in a CMSC Quality Improvement Initiative (QII) that was approved by the QIC. Reporting per the compliance indicator metrics is dependent on the review of two consecutive quarters of CSB submissions. Technical assistance from the staff of OCQI will then occur by October each year as results are compared between each CSB and the DBHDS reviewer. Technical assistance will also be provided by the DBHDS Office of Provider Development at the mid-point in FY21 submissions. While this technical assistance will not impact the record reviews underway, it is expected to improve the SCQR results occurring in FY22 when FY21 documentation is reviewed.

The fiscal year (FY) 2020 SCQR Annual Report was provided by the DBHDS Office of Data Quality and Visualization on August 10, 2020. Results from this first year have been used to engage CSBs in technical assistance based on the findings and improve the tool and process for the FY21 and beyond. Through a retrospective review and interrater reliability review processes, DBHDS was able to establish a level of agreement for each of the ten case management elements. This process enabled DBHDS to target specific changes in the tool, technical guidance, and to have a better understanding about the confidence that can be placed with each element as reported by the CSBs. SCQR data is used for reporting on five CMSC measures (4 of which are PMIs) and so results reported will include references to the level of agreement and specific actions that are being taken to increase that agreement.

In November 2020, based on a review of a sample of OSVTs during the pilot period, and collaboration with CSBs, revisions to the tool and process were made to improve use and effectiveness. Primary changes included: incorporating logic that leads to more definite determinations that a change in status and appropriate service implementation occurred, establishing the visit note as a companion document to reduce redundancy and duplication, and favoring a Support Coordinator assurance of who will be informed of the results. Other changes to streamline and enhance content were completed as well. These changes are also reflected in the SCQR survey technical guidance as we move in subsequent years to better alignment across documentation and its review. The QII is nearing completion as the committee works to fulfill plans to assess the completion of the tool across the system. WaMS data has been requested so that the committee can 1) determine if the tool has been uploaded as expected, and 2) begin sampling 150 OSVTs per quarter to determine the effectiveness of the tool and its related process.

Identified Concerns

[The Independent Reviewer's 17th Report to the Court](#) was submitted on December 15, 2020. III.C.5.b.i. as described in the report continues to be in a state of non-compliance. The report specifically refers to the interruption in face-to-face visits, which have been one result of the global pandemic stating that “without such visits, the data gathered by the case management quality review process were not reliable.” The lack of face-to-face visits is mentioned again with the non-compliant results seen at indicator V.F.2. As the pandemic subsides, and Medicaid flexibilities end, visits are expected to resume. The CMSC will continue to collect and utilize data understanding the limitations imposed by current social factors.

In response to the 16th report, DBHDS produced and published a Virginia Informed Choice (VIC) protocol, which is posted online for SC/CM access, developed a targeted training that includes: content for SCs on developing measurable outcomes, which will be deployed in the April FY 21,

SCQR technical assistance cycle, as well as content to support the inclusion of school personnel in the ISP process. Content will also encourage a peer review process to increase the quality of document and avoid comment errors seen in records.

Performance Measures

The CMSC monitors CSB performance through 19 measures that correlate with the settlement agreement (SA) and improved outcomes in system performance or for people who have services in Virginia. Below is a list of measures currently monitored for SFY21. Certain measures are identified as “Performance Measure Indicators,” (PMIs) which are also monitored by the DBHDS Quality Improvement Committee (QIC) to determine the overall health and direction of the DD system. Progress and lack of progress in these areas leads to individual technical assistance and recommendations for systemic change. Measures are organized below by domain.

FY21 Case Management Measures

Access to Services

- | | |
|---------|--|
| 1 | 86% of individuals (age 18-64) who are receiving waiver services will have a discussion regarding employment as part of their ISP planning process (Target 86%). III.C.7.a. |
| 2 (PMI) | Adults (aged 18-64) with a DD waiver receiving case management services have an ISP that contains employment outcomes (Target 50%). III.C.7.a. |
| 3 (PMI) | At least 86% of individuals aged 14-17 who are receiving waiver services will have a discussion about their interest in employment and what they are working on while at home and in school toward obtaining employment upon graduation, and how the waiver services can support their readiness for work, included in their ISP (Target 86%). III.C.7.a. |
| 4 | Individuals who are receiving waiver services will have a discussion regarding the opportunity to be involved in their community through community engagement services provided in integrated settings as part of their ISP process (Target 86%). III.C.7.a. |
| 5 (PMI) | Individuals receiving case management services from the CSB whose ISP, developed or updated at the annual ISP meeting, contained Medicaid DD Community Engagement or Community Coaching services goals (Target 86%). III.C.7.a. |
| 6 | Individuals who are receiving waiver services will have goals for involvement in their community developed in their annual ISP.
III.C.7.a. |
| 7 (PMI) | 86% of all statewide non-emergency referrals, as such referrals are defined in the DBHDS RST Protocol, meet the timeliness requirements of the DBHDS RST Protocol (Target 86%). III.D.6. |
| 8 (PMI) | Regional Support Team referrals are timely for individuals considering a move into group homes of 5 or more beds (Target 86%). III.D.6. |

9 People with a DD waiver, who are identified through indicator #13 of III.D.6, desiring a more integrated residential service option (defined as independent living supports, in-home support services, supported living, and sponsored residential) have access to an option that meets their preferences within nine months.

III.D.1

Provider Capacity

- 10 People with DD Waiver receive face-to-face contacts from their support coordinator at least quarterly. **V.F.4.**
- 11 (PMI) Individuals receiving Developmental Disability Waiver services identified as meeting ECM criteria will receive face to face visits every other month no more than 40 days apart (Target 86%). **V.F.4.**
- 12 (PMI) Individuals receiving Developmental Disability Waiver services identified as meeting ECM criteria will receive face to face visits every other month in their residence (Target 86%). **V.F.4.**
- 13 Support coordination records reviewed across the state will be in compliance with a minimum of nine of the ten indicators assessed in the review. **III.C.5.b.i**
- 14 86% of individuals who are assigned a waiver slot are enrolled in a service within 5 months, per regulations
V.D.1.
- 15 Individual Support Plans are available in the Waiver Management System by direct keyed entry or data exchange since October 7, 2019. **DBHDS Metric/Performance Contract**

Health, Safety, and Wellbeing

- 16 (PMI) The case manager assesses whether the person’s status or needs for services and supports have changed and the plan has been modified as needed (Target 86%). **III.C.5.b.iii; V.F.2; V.F.5.**
- 17 (PMI) Individual support plans are assessed to determine that they are implemented appropriately (Target 86%). **III.C.5.b.iii; V.F.2; V.F.5.**

Choice and Self-Determination

- 18 (PMI) Individuals participate in an annual discussion with their Support Coordinator about relationships and interactions with people (other than paid program staff) (Target 86%). **V.D.3.f; V.F.5**
- 19 (PMI) Individuals are given choice among providers, including choice of support coordinator, at least annually (Target 86%). **III.C.5.c; V.F.5.**

Access to Services

Employment Discussions and Goals

Reference	Measure	Numerator	Denominator
1 <i>Figure 1</i>	86% of individuals (age 18-64) who are receiving waiver services will have a discussion regarding employment as part of their ISP planning process (Target 86%). III.C.7.a.	N = Number of Individuals who had an Employment Discussion at Annual F2F ISP Meeting	D = Number of active individuals who had an Annual F2F ISP Meeting
2 (PMI) <i>Figure 2</i>	Adults (aged 18-64) with a DD waiver receiving case management services have an ISP that contains employment outcomes (Target 50%). III.C.7.a.	N = Number of Individuals (18-64) with recorded Employment Outcomes at Annual F2F ISP Meeting	D = Number of active individuals (18-64) who had an Annual F2F ISP Meeting
3 (PMI)	At least 86% of individuals aged 14-17 who are receiving waiver services will have a discussion about their interest in employment and what they are working on while at home and in school toward obtaining employment upon graduation, and how the waiver services can support their readiness for work, included in their ISP. III.C.7.a	Data available beginning May 1, 2021: N = Number of individuals with the ISP element "Was there a conversation with the individual/substitute decision-maker about employment?" indicated yes, and where the two following discussion elements are confirmed: "what the person is working on at home and school that will lead to employment" and "alternate sources for funding (such as school or DARs)"	D = Number of individuals in active status in WaMS ages 14 to 17 who have a DD waiver

Fig. 1 Employment Discussion

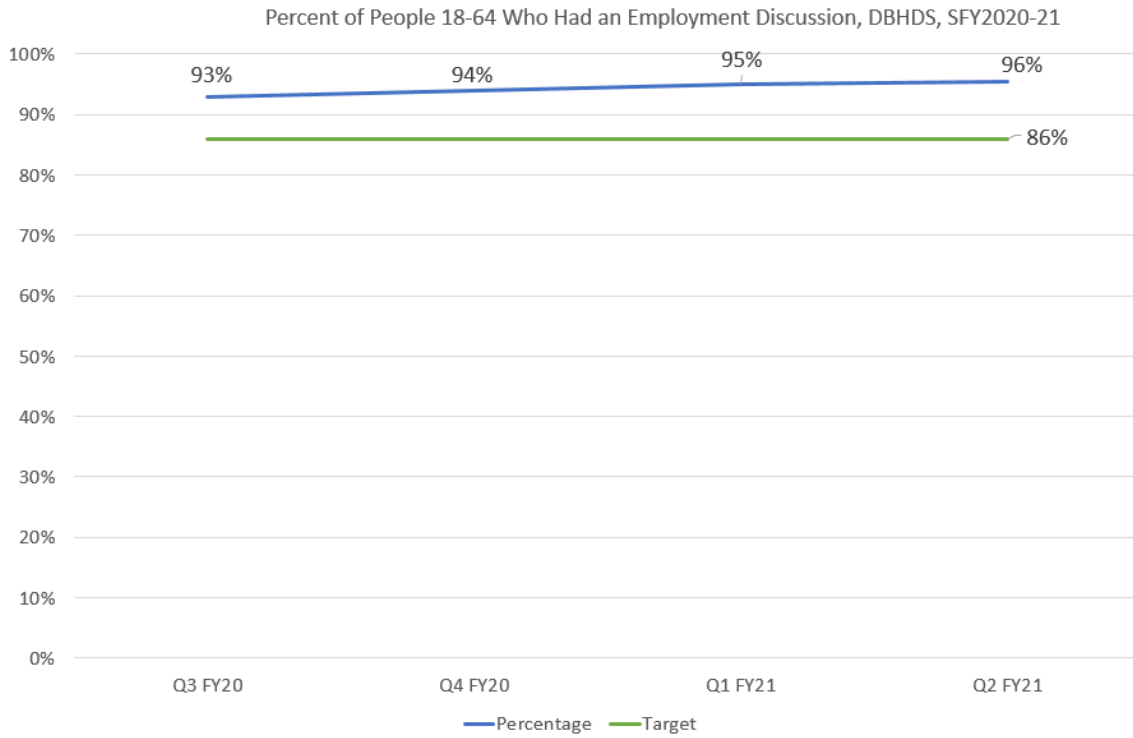
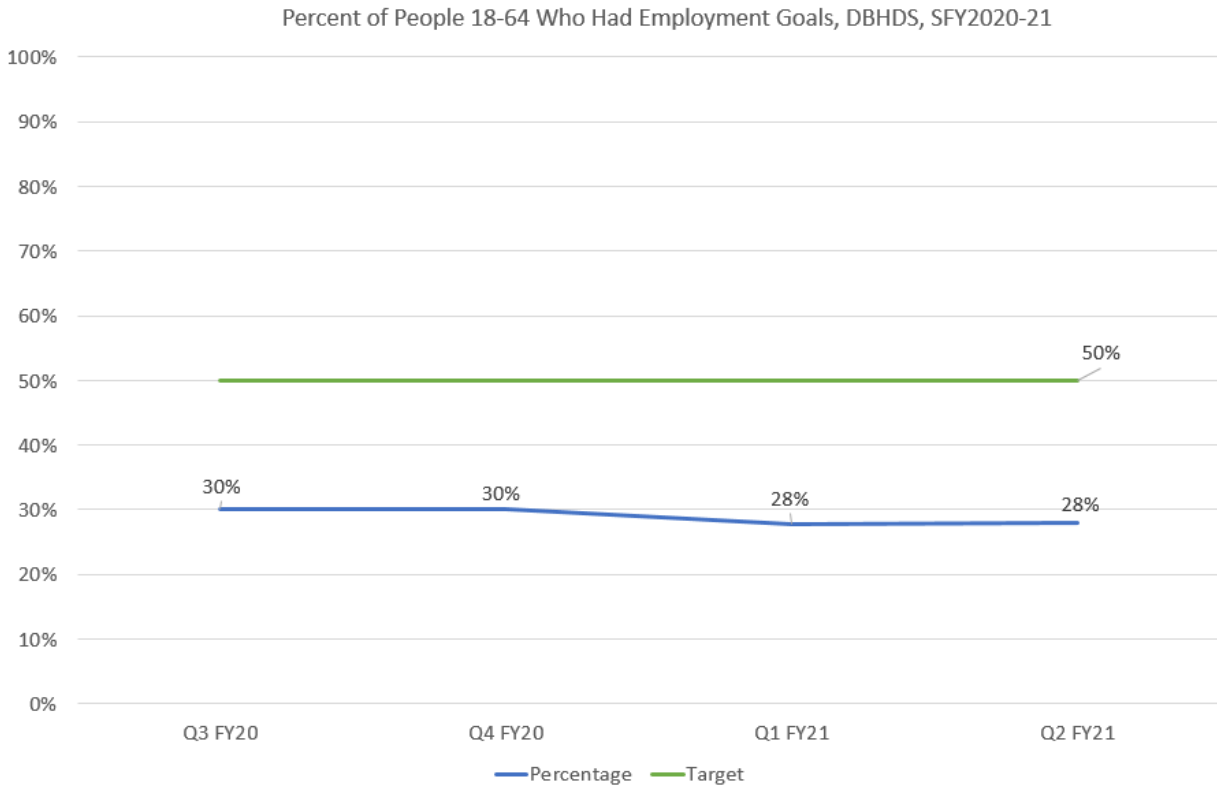


Fig. 2 Employment Outcomes



Community Engagement Discussions and Goals

Reference	Measure	Numerator	Denominator
4 <i>Figure 4</i>	Individuals who are receiving waiver services will have a discussion regarding the opportunity to be involved in their community through community engagement services provided in integrated settings as part of their ISP process. III.C.7.a	N = number of Individuals who received Community Engagement Discussion at Annual F2F ISP Meeting	D = number of active Individuals who had an Annual F2F ISP Meeting
5 (PMI) <i>Figure 5</i>	Individuals receiving case management services from the CSB whose ISP, developed or updated at the annual ISP meeting, contained Medicaid DD Community Engagement or Community Coaching services goals III.C.7.a	N = Number of Individuals recorded Community Engagement Goals at Annual F2F ISP Meeting	D = Number of active individuals who had an Annual F2F ISP Meeting
6	Individuals who are receiving waiver services will have goals for involvement in their community developed in their annual ISP. III.C.7.a	Data available beginning May 1, 2021: N = Number of ISPs with one or more outcomes under the Integrated Community Involvement and/or the Community Living life areas in the ISP: Shared Plan	D = Number of individuals in active status on one of the DD Waivers

Fig. 4 Community Engagement Discussions

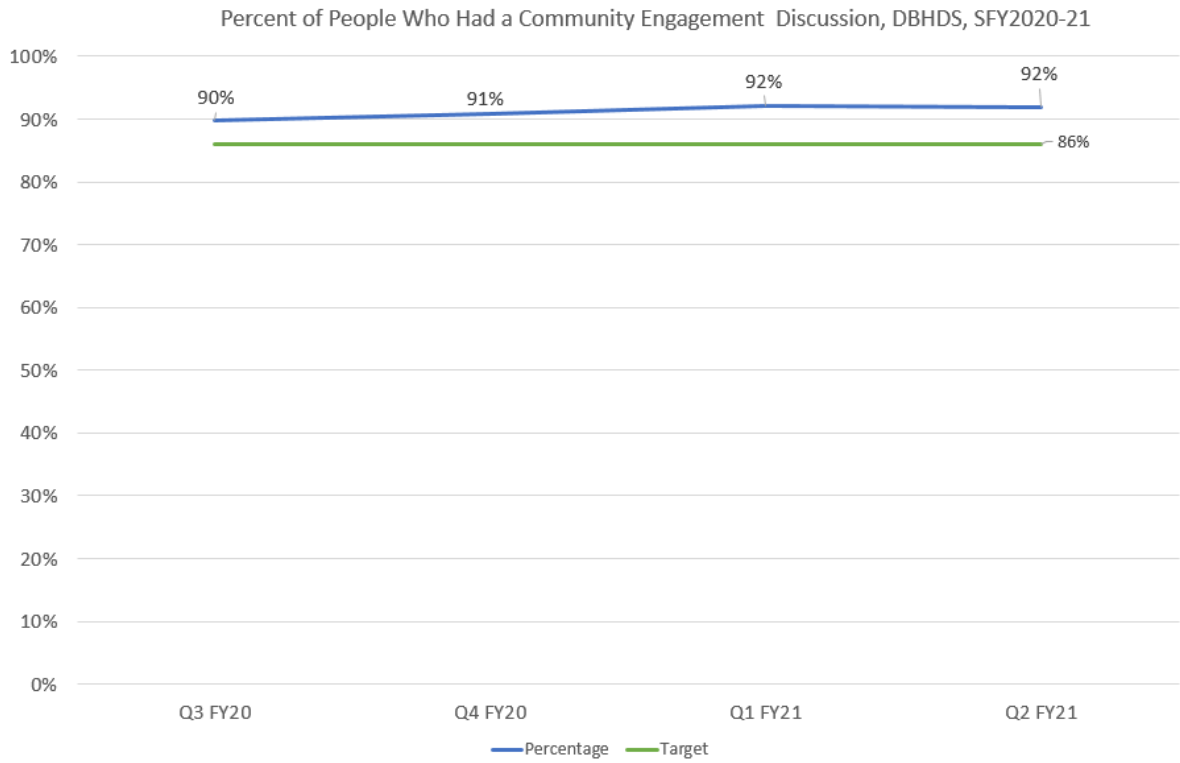
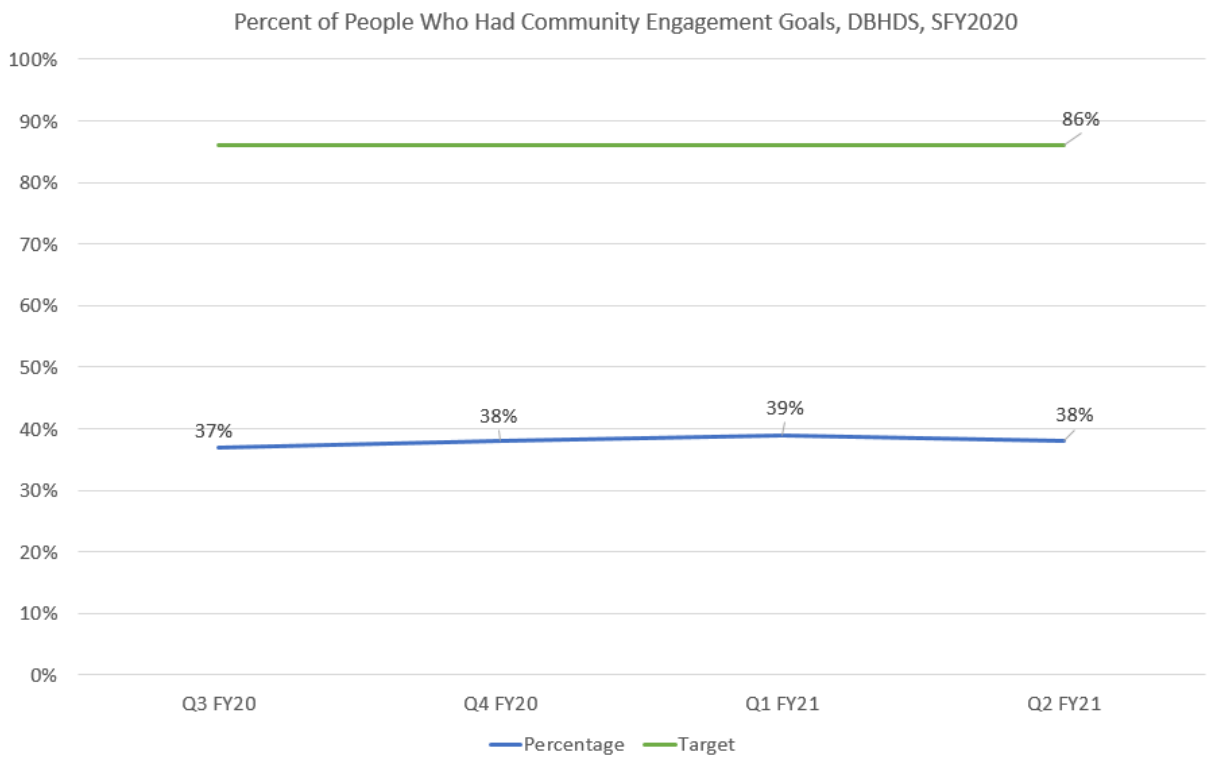


Fig. 5 Community Engagement Outcomes



Regional Support Teams and Timeliness of Referrals

Reference	Measure	Numerator	Denominator
7 (PMI) Figure 7	86% of all statewide non-emergency referrals, as such referrals are defined in the DBHDS RST Protocol, meet the timeliness requirements of the DBHDS RST Protocol (Target 86%). III.D.6.	N = Number of non-emergency RST referrals made on time.	D = Number of non-emergency RST referrals.
8 (PMI) Figure 8	Regional Support Team referrals are timely for individuals considering a move into group homes of 5 or more beds (Target 86%). III.D.6.	N = Number of on time non-emergency referrals for individuals selecting a less integrated residential waiver option submitted by CSBs	D = Number of non-emergency RST referrals submitted by CSBs
9 Figure 9	People with a DD waiver, who are identified through indicator #13 of III.D.6, desiring a more integrated residential service option (defined as independent living supports, in-home support services, supported living, and sponsored residential) have access to an option that meets their preferences within nine months. III.D.1	N = Number of individuals moving to a location that meets their needs and preferences within 9 months.	D = Number of individuals identified with Barrier 2, "Services not available in desired location," on an RST referral.

Regional Support Team data related to all reasons for lateness shows improvement in the first quarter of SFY21 and a decline in the second. Figure 7 displays all reasons for lateness for RST referrals with results showing an improvement of 8% from the SFY20 4th quarter results. The measure related to CSB compliance with residential referrals (Figure 8) showed a decrease ending 3% below target in the first quarter FY21 data, but returned above target in the second quarter at 89%. Regarding the final RST measure, it is important to note a change in how DBHDS is tracking and reporting on individuals with an identified barrier 2 (services unavailable in the desired locality). DBHDS now collects and reports this barrier at the point of referral rather than at the closure of referral as the barriers have been resolved during the RST process, but were not reported since the criteria for inclusion was noted at referral closure. Beginning with this report, any referral made to the RST with a barrier 2 will be included in reported results along with the outcome of each referral. Details are provided in the quarterly RST reports as follows: In the 1st Quarter, two individuals referred to the RST were identified upon referral with Barrier 2 defined as "Services and activities unavailable in desired location." The first instance, reported in Region 4, was resolved when the person moved into a sponsored residential home. In the second

instance, reported in Region 3, a person is living at home with personal assistance and private duty nursing services. The individual would like additional private duty nursing services however remain living in their own home at this time (see figure 9 below).

Fig. 7 RST Community Referral Timeliness through 2nd quarter FY21 (**updated 5.3.21**) (N= 85, D = 143)

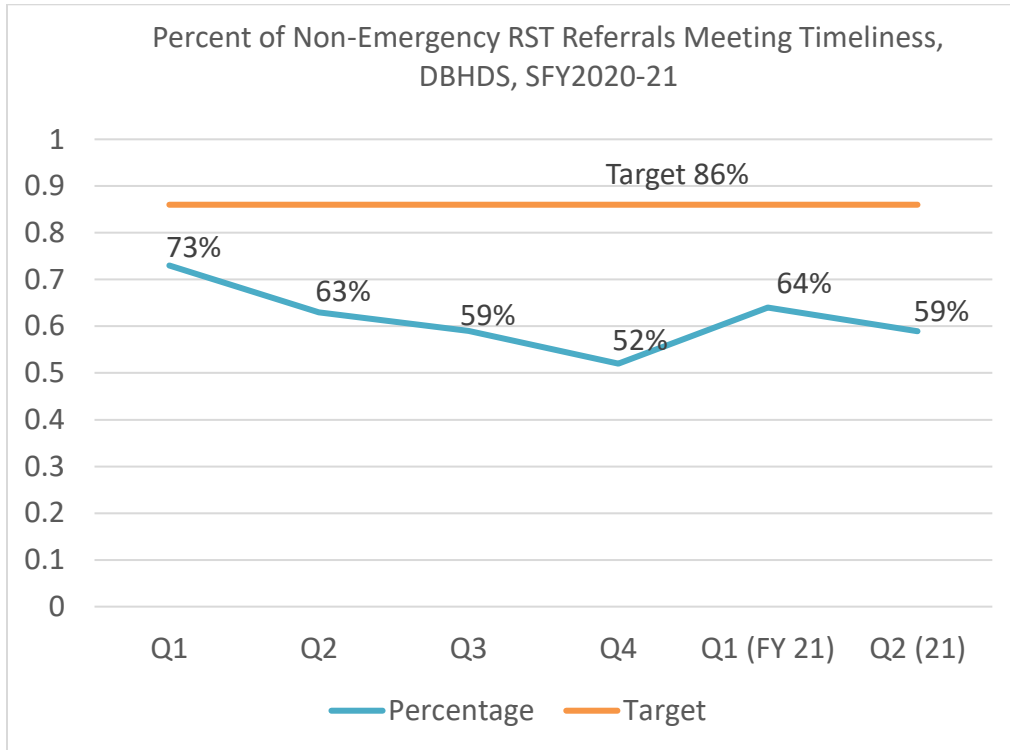


Fig. 8 RST Residential Community Referral Timeliness through 2nd quarter FY21 (**updated 5.3.21**) (N = 118, D=135)

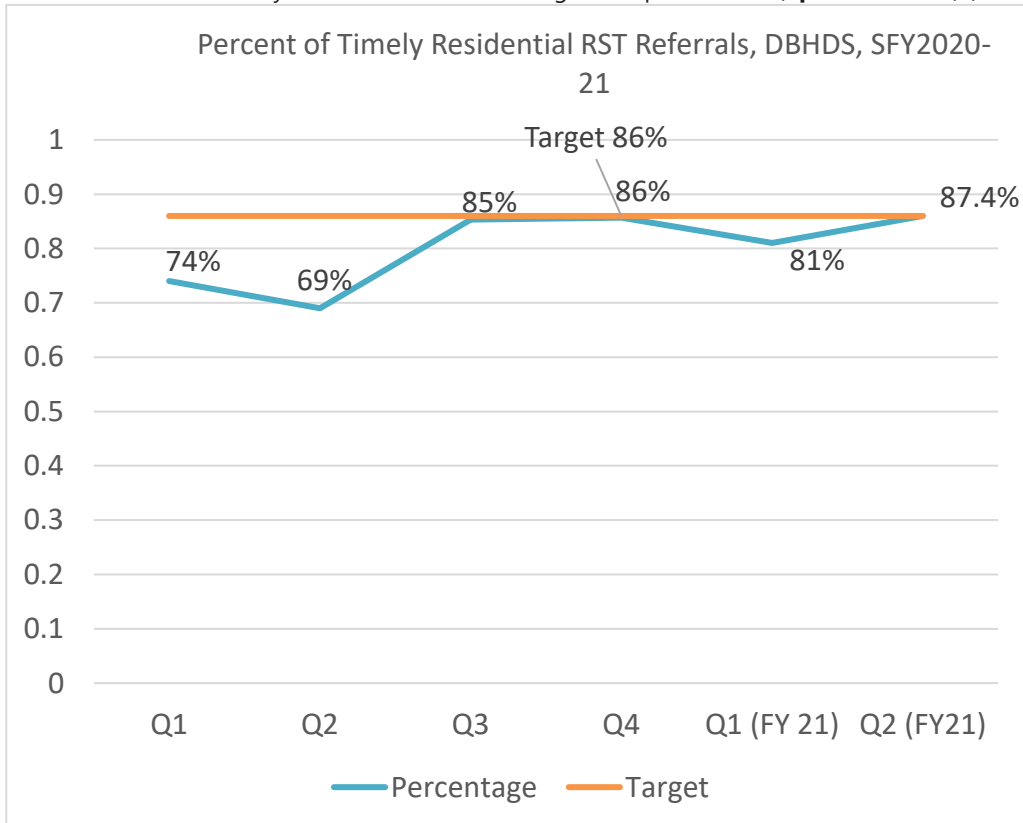


Fig. 9 RST Referrals for Barrier 2 for 1st quarter FY21

RST referrals with barrier 2 Identified	Referrals resolved	Success
2	2	100%

Provider Capacity

Case Management Face to Face Visits (F2F) and Effectiveness

Reference	Measure	Numerator	Denominator
10 <i>Figure 10</i>	People with DD CM Services receive face-to-face contacts from their support coordinator at least quarterly. V.F.4	N = Number of individuals with DD Case Management Services with at least one face to face contact quarterly.	D = Number of individuals with DD Case Management services 200/320
11 (PMI) <i>Figure 11</i>	Individuals enrolled in a Developmental Disability Waiver identified as meeting ECM criteria will receive face to face visits every month no more than 40 days apart. V.F.4	N = Number of individuals identified as needing ECM who have a documented face to face visit at least monthly with no more than 40 days between visits.	D = Number of individuals with DD Case Management services 200/321
12 (PMI) <i>Figure 12 and 12a</i>	Individuals enrolled in a Developmental Disability Waiver identified as meeting ECM criteria will receive face to face visits every other month in their residence. V.F.4	N = Number of individuals identified as needing ECM who have a documented face to face in the home setting every other month.	D = Number of individuals with DD Case Management services 200/322
13 <i>Figure 13 and 13a</i>	Support coordination records reviewed across the state will be in compliance with a minimum of nine of the ten indicators assessed in the review. III.C.5.b.i.	N = Number of records identified as meeting at least 9 of the 10 identified CM elements per III.C.5.b.i.	D = Number of records of individuals, enrolled in a DD waiver with at least one approved waiver service, reviewed, through the SCQR instrument, by CSBs.
14 <i>Figure 14</i>	86% of individuals who are assigned a waiver slot are enrolled in a service within 5 months, per regulations V.D.1.	N = Number of individuals authorized for one or more DD waiver services within 5 months of enrollment.	D = Number of individuals enrolled in a DD waiver.

<p>15 Figure 15</p>	<p>Individual Support Plans are available in the Waiver Management System by direct keyed entry or data exchange since October 7, 2019. DBHDS Metric/Performance Contract</p>	<p>N = Number of individuals with WaMS ISPs in Pending Provider Completion or ISP Completed status.</p>	<p>D = Number of individuals with WaMS ISPs due in the reporting quarter.</p>
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Fig. 10 TCM visits quarterly during FY20 (FY21 data pending)

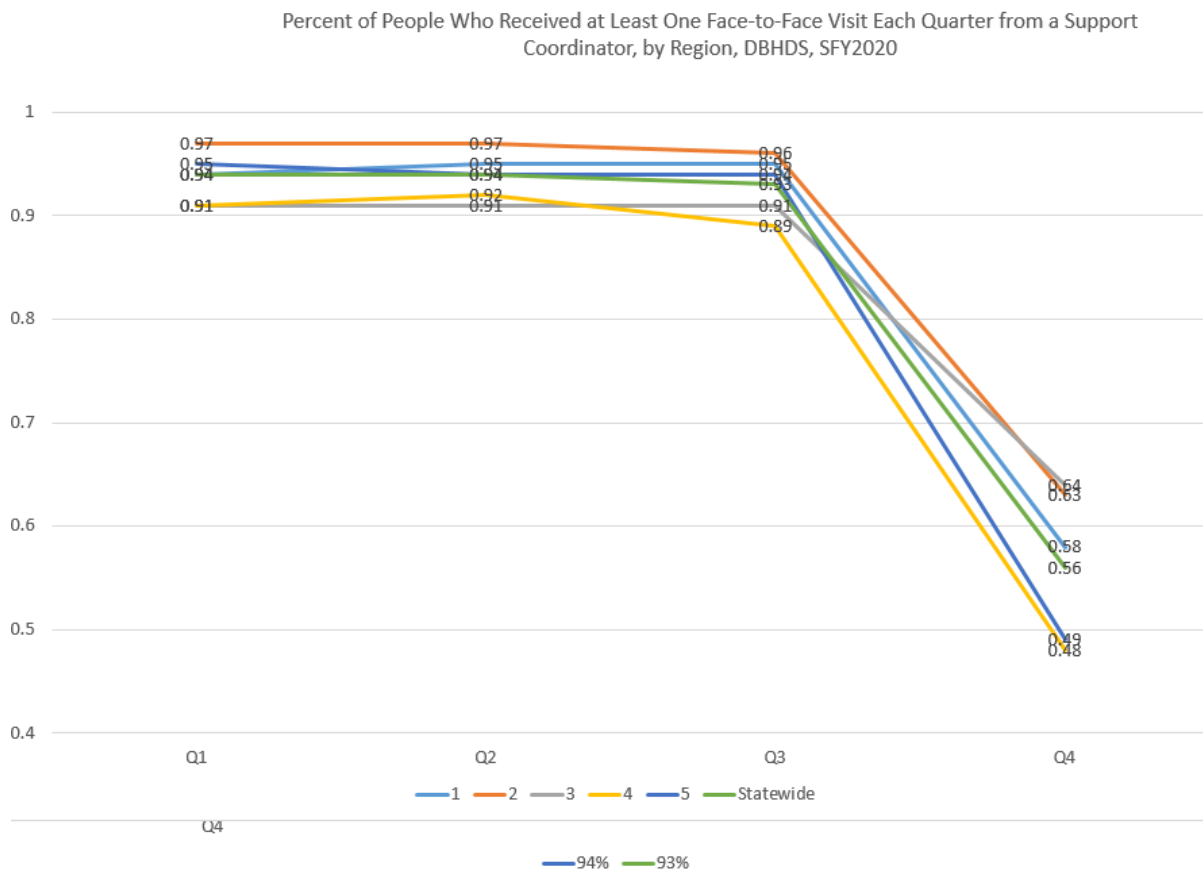


Fig. 11 ECM visits monthly by Region and CSB (updated 5.3.21)

F2F Percent Most recent month in dataset
December 2020

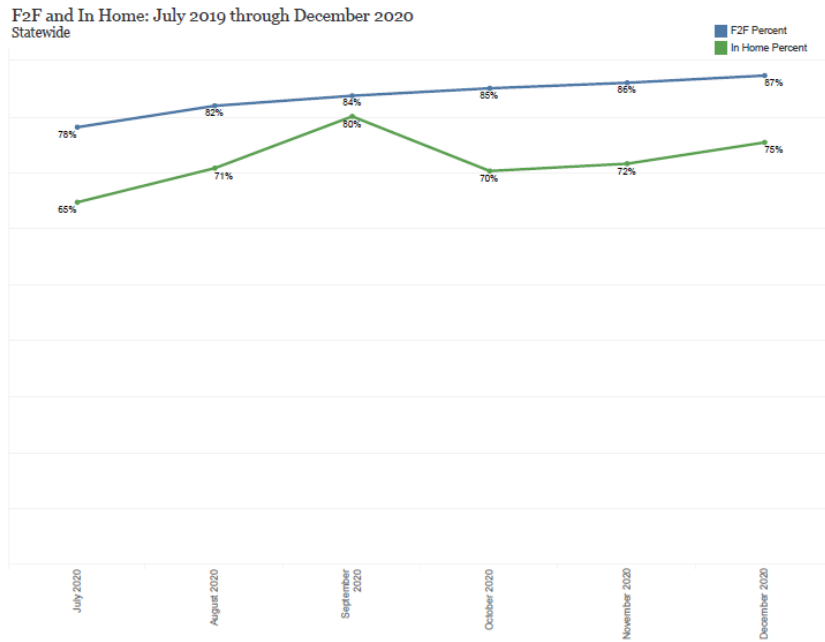
Region	FY 2021		Total
	Q1	Q2	
1	86%	90%	88%
2	91%	92%	92%
3	77%	85%	81%
4	88%	90%	89%
5	68%	74%	71%
Grand Total	81%	86%	84%

Fig. 12 Face to face ECM visits in-home by Region and CSB (updated 5.3.21)

In Home Percent Most recent month in dataset
December 2020

Region	FY 2021		Total
	Q1	Q2	
1	73%	81%	77%
2	90%	75%	82%
3	79%	84%	82%
4	59%	54%	56%
5	60%	64%	62%
Grand Total	72%	73%	72%

Fig. 12a Face to face ECM visits and in-home line graphs (updated 5.3.21)



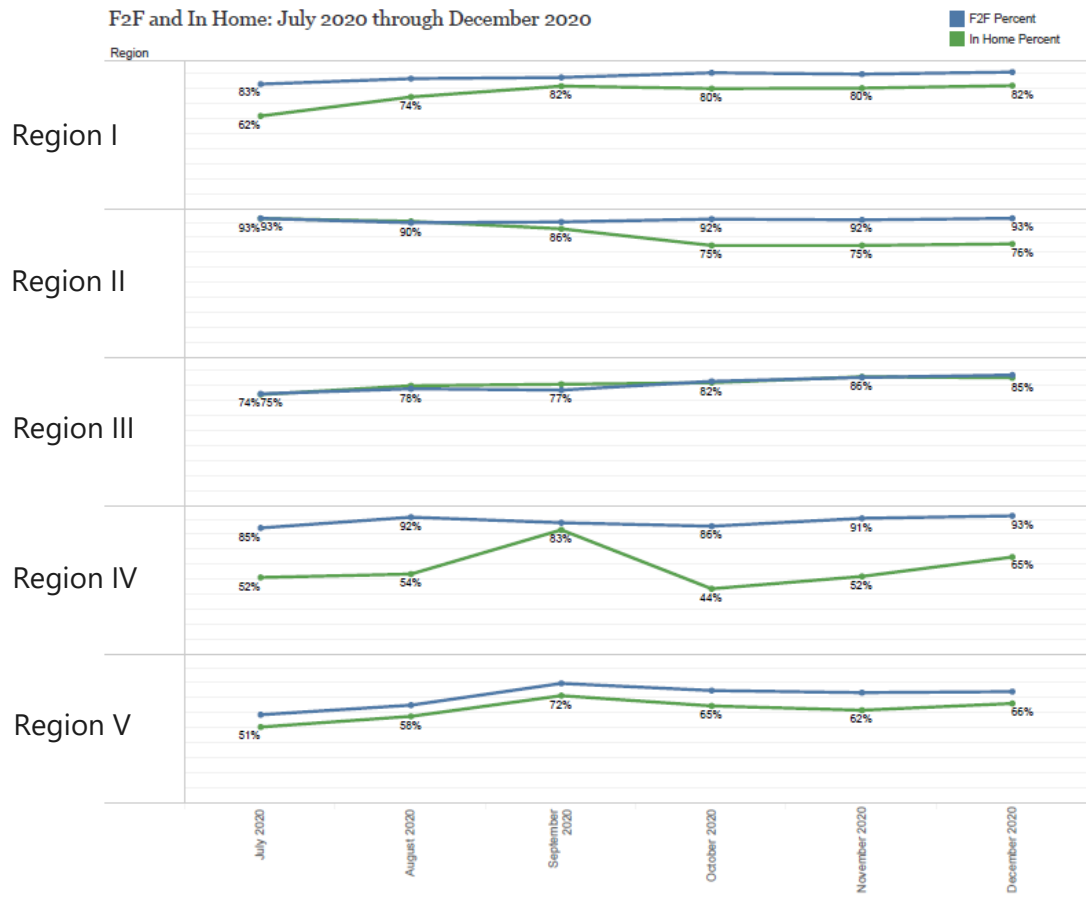


Fig. 13 Records in compliance with 9 of 10 assessed indicators

Result	Count of Responses	%
9 of 10 not met	84	22.5%
9 of 10 met	290	77.5%
Grand Total	374	100%

Fig. 13a. Look-behind and IRR Results for Ten Indicators assessed

Look Behind and Interrater Results Overview for 10 Indicators

Indicator	Look Behind % agreement	Look Behind Maxwell's RE	Interrater % agreement	Interrater Maxwell's RE
1: Signed choice form	80%	0.60	92%	0.84
2: Individual offered a choice	64%	0.27	78%	0.56
3: Specific and measurable outcomes	46%	-0.07	60%	0.20
4: Persons who participated in ISP	75%	0.49	70%	0.40
5: Disagreement and resolution	91%	0.82	90%	0.80
6: ISP signature page	79%	0.58	74%	0.48
7: Risk assessment and mediation	63%	0.25	78%	0.56
8: Linkages, referrals, authorizations	90%	0.80	94%	0.88
9: Assessed plan implementation	24%	-0.52	58%	0.16
10: Change in needs or status	82%	0.64	84%	0.68

Effective October 23, 2020

No agreement	< 0
Weak agreement	0.00 to 0.39
Moderate agreement	0.40 to 0.59
Substantial agreement	0.60 to 1

Results in this first year of the SCQR process reflect a substantial level of agreement with four of the ten assessed CM indicators: choice of CM/SC, disagreement and resolution, making linkages, referrals, and authorizations, and assessing for change in status. The weakest or lack of agreement was seen with offering choice, measurable outcomes, risk assessment and mediation, and assessing for appropriately implemented services. Based on these findings, DBHDS has revised the Individual Support Plan to align with the SCQR items, has revised the On-site Visit Tool and process to increase consistency, and has prepared a presentation for use in providing technical assistance to CSBs in year two of the process.

Fig. 14 FY19 results (FY20 pending due to time needed to confirm authorizations)

Department of Behavioral Health and Developmental Services

Division of Developmental Services

FY 2019 (T2015)

Numerator: Number of individuals who had a service with their first authorized begin date within 150 days of going active on waiver for the first time in fiscal year 2019.

Denominator: Number of individuals who went active on a waiver for the first time in fiscal year 2019.

Numerator	940
Denominator	1027
Final Statistic	91.5%

Fig. 15 ISP compliance for calendar year 2020

Commonwealth of Virginia	EHR ISP Completed	EHR Pending Provider Completion	EHR Discarded	WaMS ISP Completed	WaMS Pending Provider Completion	WaMS Pending SC Input	WaMS Discarded	No e-ISP	Total	Percent Compliance
Statewide Totals:	448	2,014	-	1,318	9,537	1,615	22	355	15,309	87%

Health, Safety, and Wellbeing

Change in Status and Appropriately Implemented Services

Reference	Measure	Numerator	Denominator
16 (PMI) <i>Figure 16</i>	The case manager assesses whether the person’s status or needs for services and supports have changed and the plan has been modified as needed. III.C.5.b.iii; V.F.2; V.F.5	N = Number of records confirming all five checkboxes on SCQR question Q84 AND also confirming "yes" or "not applicable" on Q85	D = Number of records of individuals receiving DD waivers reviewed, through the SCQR instrument, by CSBs
17 (PMI) <i>Figure 16</i>	Individual support plans are assessed to determine that they are implemented appropriately. III.C.5.b.iii; V.F.2; V.F.5	N = Number of records confirming all seven checkboxes on SCQR question Q83	D = Number of records of individuals receiving DD waivers reviewed, through the SCQR instrument, by CSBs

The charts and graphs below provide results as reported as reported by CSBs in the first year of the SCQR. Look behind results are included to demonstrate the level of agreement seen for these indicators. Change in status is reported as having strong agreement across CSB and DBHDS reviewers, as well through the interrater reliability review results. Appropriately implemented services was found to have weak and no agreement respectively. Updates to the SCQR have been made for the coming year to improve these results.

Fig. 16 results for Change in Status and Appropriately Implemented

Indicator 9



Q70: Consider the last four face-to-face contacts. Does the documentation show that the SC/CM assessed whether the individual’s support plan was being implemented appropriately?

Total

Response	Freq	Percentage
No	20	5.3%
Yes	354	94.7%

Indicator 10



Q72: Consider the last four face-to-face visits. Did the SC assess, at least every 90 days, whether the individual's status or need for services and supports changed?

Q73: If a face-to-face visit indicated a change in status or needs, was the ISP modified to reflect the change in status or needs

Total

Response	Freq	Percentage
No	12	3.2%
Not applicable: No changes in status or needs.	316	84.5%
Yes	46	12.3%

Indicator	Look Behind % agreement	Look Behind Maxwell's RE	Interrater % agreement	Interrater Maxwell's RE
9: Assessed plan implementation	24%	-0.52	58%	0.16
10: Change in needs or status	82%	0.64	84%	0.68

Effective October 23, 2020

No agreement	< 0
Weak agreement	0.00 to 0.39
Moderate agreement	0.40 to 0.59
Substantial agreement	0.60 to 1

Choice and Self-Determination

Choice and Unpaid Relationships

Reference	Measure	Numerator	Denominator
18 (PMI) Figure 18	Individuals participate in an annual discussion with their Support Coordinator about relationships and interactions with people (other than paid program staff). V.D.3.f; V.F.5	N = Number of individual records for which the response was "Yes" to SCQR Q47	D = Number of records of individuals receiving DD waivers reviewed, through the SCQR instrument, by CSBs
19 (PMI) Figure 19	Individuals are given choice among providers, including choice of support coordinator, at least annually. III.C.5.c; V.F.5	N = Number of individual records for which the response was "Yes" to both components of SCQR Q26	D = Number of records of individuals receiving DD waivers reviewed, through the SCQR instrument, by CSBs annually

In the results provided below, the level of agreement demonstrated that there is strong agreement noted for unpaid relationship discussions and moderate agreement for choice of SC and provider. Weak agreement is noted when considering both SC and provider choice within the same record across DBHDS and CSB reviewers while moderate agreement seen through the IRR process. Updates to the SCQR technical guidance have been modified to more directly point reviewers to a primary location for evidence that indicators are met. This is expected to increase consistency in how all reviewers look to find information in the records reviewed.

Fig. 18 Unpaid Relationships Discussion

Q47: Is it evident in the PC ISP that the SC/CM discussed relationships and interactions with people other than paid program staff?

Result	Count of Responses	%
No	43	11.5%
Discussed unpaid relationship:	331	88.5%
Grand Total	374	100%

Item	Indicator	Look Behind % agreement	Look Behind Maxwell's RE	Interrater % agreement	Interrater Maxwell's RE
Q47	Is it evident in the PC ISP that the SC/CM discussed relationships and interactions with people other than paid program staff?	88%	0.76	98%	0.96

Fig. 19 Choice

Indicator 2



Q26: Was the individual offered a choice of . .

Item	Yes	No	Percent
Support coordinator	300	74	80.2%
DD Waiver providers	338	36	90.4%

Q26: Was the individual offered a choice of...

Item	Look Behind % agreement	Look Behind Maxwell's RE	Interrater % agreement	Interrater Maxwell's RE
Support coordinator	64%	0.45	84%	0.76
DD waiver providers	70%	0.55	78%	0.67
Indicator met	64%	0.27	78%	0.56

No agreement	< 0
Weak agreement	0.00 to 0.39
Moderate agreement	0.40 to 0.59
Substantial agreement	0.60 to 1

Data Monitoring

Case Management Training and Competency

Support Coordinators/Case Managers are required to complete the DBHDS Case Management training online modules within 30 days of hire. A review of module usage between July and December 2020 shows that the completion rate was at or above 83.3% for each month reported. The first chart below conveys the number of DD CMs reported as hired per month and the number and percentage who completed the modules within required timeframes (figure 20). The second chart shows, for each of five DBHDS regions, the number of DD SC/CMs who completed the modules compared to people in other roles who completed the modules (figure 21).

Fig. 20 Case Management Module Completion July to December SFY2021

Month	Number of DD SCs hired	Number (percentage) completed ≤ 30 days of number hired
July 20	12	12 (100%)
August 20	13	12 (92.3%)
September 20	21	19 (90.5%)
October 20	13	11 (84.6%)
November 20	22	19 (86.4%)
December 20	12	10 (83.3%)

Fig. 21 Case Management Module Completion January to June SFY2020

Region	Total number DD SCs July to Dec	Total number other roles July to Dec	Total Certificates July to Dec
1	17	9	26
2	17	11	28
3	20	18	38
4	17	15	32
5	17	11	28
Not reported	5	14	19

Data Availability and Integrity

The CMSC monitors performance related to the availability of data in the Waiver Management System (WaMS), as well as the integrity of the data provided through CCS3. Specifically regarding the requirements related to ISP entry, the CMSC has been monitoring the availability of WaMS ISP data per the Performance Contract reporting requirements. CSBs are required to provide ISP data either through an electronic data exchange or through direct keyed entry if the CSB does not use or is unable to use the data exchange. Results have been monitored at regular intervals as depicted in the graph below to establish progress towards meeting a statewide target of 86% by October 6, 2020 (figure 15).

A new process is being developed to support CSBs to examine the integrity of the data provided in relation to face to face contacts submitted through CCS3. An initial process was drafted by DBHDS, which has been delayed to coordinate efforts with the DBHD/VACSB Data Management Committee. This process will begin in FY21 with roles and tasks to be determined. The focus of the work will remain on the following:

- Identify issues related to data reporting and case management requirements related to case management performance measures
- Identify potential barriers to accurate coding and reporting
- Identify additional technical assistance needed
- Implement CSB data quality improvement plan needed for system process and outcome changes, ensuring that case management processes are reported accurately and as required

Office of Licensing Data

The DBHDS Office of Licensing (OL) provided an Adequacy of Supports Report and related data for CMSC review. OL reported that the adequacy of support is lowest is the avoiding crisis domain, which ties to regulation 665.A.7. This regulation requires a comprehensive ISP to be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment including a crisis or relapse plan, if applicable. The CMSC continues to monitor OL data, but has not yet made decisions on how to respond to this finding.

The CMSC understands that OL will be looking deeper into the low rate of avoiding crisis to determine what actions need to be taken to raise performance and that they are working to ensure licensing specialists are assessing in the same manner and reviewing how the sampling occurs to ensure consistency. Findings from a review of the Crisis Risk Assessment Tool will be available in the upcoming supplemental crisis report and quarterly REACH reports will be used to supplement the data provided by Licensing.

Recommendations

Below are recommendations that were made by the CMSC in the previous report followed by additional recommendations from this current report. The CMSC will continue to work to make data available to CSBs, so that internal monitoring and improvement abilities can be strengthened.

Previous Report

As of the last semi-annual report, the CMSC made the following recommendations:

- developing measurable outcome statements
- Refine processes to ease the manageability of SC/CM processes and requirements to the extent possible
- Implement accountability steps (recommendations to the Commissioner and corrective action plans) for underperformance
- Continue recommendation to determine methods of sharing data with CSBs to support internal monitoring abilities and quality improvement practices

Each recommendation has been acted on in the past six months. A technical assistance training has been developed that includes measureable outcome content, the On-Site Visit Tool was streamlined with CSB input, the CMSC made recommendations to the Commissioner and implemented a corrective action plan process, and CSBs continued to receive data through the secure online portal.

Current Recommendations include:

- Include in the FY22 Performance Contract a targeted technical assistance process directed at specific reasons for underperformance monitored by the CMSC
- Work to display data, to the extent possible, in regional terms to assist Regional Quality Councils in undertaking their work

- Move all measure data into the Tableau interface to ease committee review and presentations to internal and external stakeholders
- Continue monitoring CSB CM contact data for improvements as pandemic subsides
- Improve efforts to ensure that all CSBs complete 100% of their SCQR Sample

CMSC Glossary

Term	Definition
Aggregate total	A total amount that is arrived-at by adding together all related data under one area or group being considered.
Best Practices	Practices that have been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption.
Case Manager	See "Support Coordinator." This is a term frequently used by the Departments of Medical Assistance Services and DBHDS, the Community Services Boards, and the Independent Living Centers
Choice	The right, power, or opportunity to choose; option. Informed choice: When an individual is informed of all of the options that are available and understands these options and the impact of the choice.
Competency	The ability to do something successfully or efficiently.
CRC	Community Resource Consultants; Staff employed by DBHDS in the Office of Provider Development who provide technical assistance and support providers and community services boards with understanding state and federal requirements and who support best practices such as Person-Centered Thinking and planning.
Data Integrity	The overall accuracy, completeness, and consistency of data.
Demographics	Statistical data relating to Virginia's DD population and particular groups within it.
Individual Support Plan	An individual's plan for supports and actions to be taken during the year to lead toward his or her desired outcomes. It is developed by the individual and partners chosen by the individual to help. It is directed by the individual's vision of a good life, his or her talents and gifts, what's important to the individual on a day-to-day basis and in the future, and finally, what's important for the individual to keep healthy and safe and a member of communities.
Integrated setting	A setting where four or fewer unrelated individuals with developmental disabilities reside and/or receive Home and Community-Based waiver services.
Key Performance Measures	Statements that describe the expected performance of an individual, group, organization, system or component, which is required by the Settlement Agreement or approved by a DBHDS-approved committee for quality improvement purposes.
Meaningful activities	Activities that individuals indicate are personally meaningful to them.
Natural support	Supports that occur naturally within the individual's environment. These are not paid supports, but are supports typically available to all

	community members. Natural supports should be developed, utilized and enhanced whenever possible. Purchased services should supplement, not supplant, the natural supports. Some examples of natural supports are the family members, church, neighbors, co-workers, and friends (from: Indiana’s Disabilities and Rehabilitation - Person Centered Planning Guidelines).
Non-integrated setting	A setting where five or more unrelated individuals with developmental disabilities reside and/or receive Home and Community-Based waiver services.
Outcome	A desired result that happens following an activity or process.
Person-Centered Planning	A planning process that focuses on the needs and preferences of the individual (not the system or service availability) and empowers and supports individuals in defining the direction for their own lives. Person-centered planning promotes self-determination, community inclusion and typical lives.
Person-Centered Practices	Practices that focus on the needs and preferences of the individual, empower and support the individual in defining the direction for his/her life, and promote self-determination, community involvement, contributing to society and emotional, physical and spiritual health.
Promising Practices	Practices that include measureable results and report successful outcomes, however, there is not yet enough research evidence to prove that they will be effective across a wide range of settings and people.
Providers	Agencies and their staff who provide DD waiver services in Virginia. Can be a private provider or a provider of services operating under a community services board.
Quality Improvement Initiative (QII)	Strategies designed to support quality improvement activities, whose implementation and use follow the PDSA (Plan Do Study Act) cycle to achieve these improvements. QIIs seek to improve systems and processes to achieve desired outcomes; strengthen areas of weakness, to prevent and/or substantially mitigate future risk of harm.
RST	Regional Support Team; Five Regional Support Teams (RSTs) were implemented in March 2013 by the Department of Behavioral Health and Development Services (DBHDS) with Virginia’s emphasis on supporting individuals with developmental disabilities in the most integrated community setting that is consistent with their informed choice of all available options and opportunities. The RST is comprised of professionals with experience and expertise in serving individuals with developmental disabilities in the community, including individuals with complex behavioral and medical needs.
Support Coordinator	A person who assists an individual in developing and implementing a person-centered plan, including linking an individual to supports identified in the plan and assisting the individual directly for the purpose of locating, developing, or obtaining needed supports and resources.