



Virginia Department of  
Behavioral Health &  
Developmental Services

Provider Data Summary

State Fiscal Year 2021-22  
May 1, 2022



# Provider Data Summary

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### Introduction

This is the seventh Provider Data Summary Report that provides updates on the status of DD Waiver service availability and activities completed by the Office of Provider Development (OPD) in the Division of Developmental Services (DDS) at the Department of Behavioral Health and Developmental Services (DBHDS).

## Executive Summary

As with previous reports, the focus is on identifying service development needs based on a review of developmental disability (DD) waiver population and authorization data in each locality in Virginia. The “Baseline Measurement Tool (BMT),” which is used by OPD in conducting this review, has been updated to include changes in the data from 5/1/2021 to 4/30/22. Due to improvements made in data processes, this report considers the past 12 months and will return to semi-annual reporting with the next report in November 2022. The BMT has been modified in this report to 1) reduce it to only the core elements needed to assess service development, and 2) to calculate service provision based on where individuals reside. In reviewing the data in this manner, DBHDS is able to establish the number of unique providers offering a particular service to individuals who reside in each locality giving a more accurate reflection of service reach.

Providers are encouraged to review the BMT in conducting market research and in strategic planning efforts. Provider Data Summary webinars continue on a semiannual basis to provide a forum for sharing the results of ongoing analysis of the opportunities for DD services development across all regions. Webinars include a basic overview of findings, provide support on using the data provided, and encourage the development of business acumen in the DD provider community (for more information see <http://www.advancingstates.org/initiatives/hcbs-business-acumen-center>.)

As with previous reports, there is consideration of a subset of DD Waiver services considered more integrated or critical, which include: Benefits Planning, Community Coaching, Community Engagement, Community Guide, Electronic Home-Based Services, Employment and Community Transportation, Independent Living Supports, In-home Supports, Peer Mentoring, Shared Living, Supported Living, Crisis Support Services, Private Duty Nursing, Skilled Nursing, and Sponsored Residential. As of this report, the BMT has been updated to include group home residential services identified as supporting fewer than four individuals with DD and those homes supporting five or more.

Following the Executive Summary, this report provides data visualizations in three sections: Key Performance Measures, Regional Data, and Identified Gaps. The Executive Summary provides updates on various efforts to support provider development, the Key Performance Measures section focuses on

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measures designed to track Virginia’s success in moving to more integrated options, the Regional Data section provides information specific to each region around availability, and the Identified Gaps section encourages the exploration of opportunities based on barriers identified through the Regional Support Team referral process.

The Provider Data Summary Report provides a means to track provider development efforts and communicate changes observed in the DD services system over time. In order to more effectively accomplish its mission, Provider Development was reorganized into three distinct capacity-building teams at the following levels - Individual, Provider, and System.

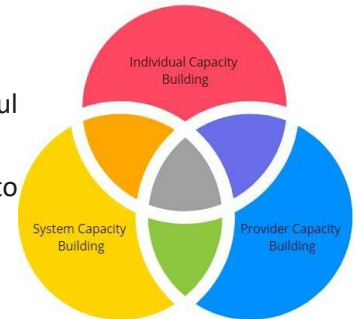
In February 2020, the reassignment of Community Resource Consultants (CRCs) occurred across these three areas, providing access to one CRC in each capacity-building area per region.

**Primary outcomes include:**

**Individual:** People with developmental disabilities live personally meaningful lives in their community of choice.

**Provider:** Providers of developmental disability waiver services have access to information and technical assistance that supports best practices.

**System:** DBHDS provides resources for supports coordinators and providers that are based on promising and best practices in supporting people with developmental disabilities in Virginia.



Areas of expertise by capacity-building team:

CRC Contacts by Capacity-Building Focus Area		
Individual	Provider	System
<p><b>FOR QUESTIONS ABOUT:</b> ↓</p> <ul style="list-style-type: none"> <li>• Regional Support Teams (RST)</li> <li>• Home and Community-Based Services Settings Requirements (HCBS)</li> <li>• Mandatory Provider Remediation</li> <li>• State Hospital Moves</li> <li>• Crisis Situations</li> <li>• Constituent Concerns</li> </ul>	<p><b>FOR QUESTIONS ABOUT:</b> ↓</p> <ul style="list-style-type: none"> <li>• Person-Centered Practices</li> <li>• Business Acumen</li> <li>• Provider Data Summary</li> <li>• Provider Designation Process</li> <li>• Provider Database</li> <li>• Provider Roundtables</li> <li>• Jump-Start Funding</li> <li>• DSP Orientation/ Competencies</li> <li>• Supervisory Training</li> <li>• ISP/Part V Training and TA</li> <li>• Provider Innovation Collaboratives</li> </ul>	<p><b>FOR QUESTIONS ABOUT:</b> ↓</p> <ul style="list-style-type: none"> <li>• Charting the Lifecourse©</li> <li>• Support Coordination</li> <li>• SC Manual/Modules</li> <li>• SC Meetings</li> <li>• SC Quality Review Survey</li> <li>• Medicaid Reviews (QMR)</li> <li>• Regional Quality Councils</li> <li>• Provider Readiness Education Program (PREP)</li> <li>• ISP Requirements</li> <li>• DD Waiver Policies and Regulations</li> </ul>

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The Provider Development Contact Sheet has been updated to simplify which team to contact when:

Individual Team	Provider Team	System Team
<p>If you are a <b>PERSON WHO RECEIVES SERVICES</b> or a <b>FAMILY MEMBER</b></p> <p>-or-</p> <p>A <b>SUPPORT COORDINATOR</b> who needs assistance with RST or crisis situations</p> <p>-or-</p> <p>A <b>PROVIDER or PROSPECTIVE PROVIDER</b> who needs assistance with HCBS:</p>	<p>If you are a <b>PROVIDER or PROSPECTIVE PROVIDER</b> who needs assistance with something other than HCBS:</p>	<p>If you are a <b>SUPPORT COORDINATOR</b> who needs assistance with something other than RST or crisis situations:</p>

A copy of the Provider Development contact chart is available online under Announcements at <https://dbhds.virginia.gov/developmental-services/provider-development>.

Data in this report are compared across three points in time – Baseline 2018, October 2021, and April 2022 so that a more meaningful understanding of progress can be achieved. This report provides a means to share Virginia's success in meeting measures established under the Settlement Agreement. Measures related to case management are reported through the Case Management Steering Committee semiannual report. Measures in this report include:

- Data continues to indicate an annual 2% increase in the overall DD waiver population receiving services in the most integrated settings
- Data continues to indicate that at least 90% of individuals new to the waivers, including for individuals with a “supports need level” of 6 or 7, since FY16 are receiving services in the most integrated setting
- The Data Summary indicates an increase in services available by locality over time
- 95% of provider agency staff meet provider orientation training requirements
- 95% of provider agency direct support professionals (DSPs) meet competency training Requirements
- At least 95% of people receiving services/authorized representatives participate in the development of their own service plan
- At least 75% of people with a job in the community chose or had some input in choosing their job
- At least 86% of people receiving services in residential services/their authorized representatives choose or help decide their daily schedule
- At least 75% of people receiving services who do not live in the family home/their authorized representatives chose or had some input in choosing where they live
- At least 50% of people who do not live in the family home/their authorized representatives chose or had some input in choosing their housemates

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In addition to the above measures, we have included a variety of data about the individuals in the DD population, as well as the providers who are approved to support them. These additions align with requirements set forth in the Settlement Agreement joint filing from January 2020 (per V.D.6).

DBHDS has continued to make progress with various initiatives designed to improve DD waiver provider capacity in Virginia. The following list highlights the status of Provider Development activities since the last report:

The My Life My Community (MLMC) Provider Database and Provider Designation Process were launched on November 15, 2019. All DD Waiver providers are encouraged to register on the database, which will serve as the centralized location for finding DD services in Virginia. As of April 2022, 213 providers registered and have DD Professional Membership at the MLMC Provider Database. Collectively, four providers hold badges in Autism, Accessibility, Behavioral Support, and Complex Health Supports. To date, twenty-five providers have passed surveys, and for some providers the next step is to submit the required evidential documents. Providers can check their status on the database and, if needed, register at the following location: <http://mylifemycommunityvirginia.org/taxonomy/mlmc-menu-zone/verify-or-register-new-provider-profile>.

The Office of Provider Development continues to hold statewide Provider Roundtable meetings quarterly via webinar. The July 2021 Provider Roundtable was attended by 426 participants, and the October 2021 Roundtable had 543 participants. In January 2022, 552 participants attended and the April 2022 meeting had 520 attendees. These meetings serve as a forum to exchange information about topics impacting providers and support coordination, as well as provide space for shared learning. Beginning in May 2022, a second Provider Roundtable meeting, referred to as the “Presentation Forum,” will be held each quarter to consolidate and share more in depth training on a variety of topics.

Provider Development Activities from May 1, 2021 to April 30, 2022 included Community Resource Consultants meeting with 53 unique providers seeking to diversify or expand services. Region 1 had ten providers, Region 2 had four providers, Region 3 had seven providers, Region 4 had twelve providers, Region 5 had seven providers, and three providers who are offering services statewide. The Developmental Disabilities Waiver services being added or considered by current providers include: Peer Mentor Supports (1), Group Home (10), Group Home with Skilled Nursing (1), Therapeutic Consultation – Behavior Analysis/Consultation (3), Therapeutic Consultation – Psychology(1), Employment & Community Transportation (3), Agency Directed Personal Assistance (3), Agency Directed Respite (3), In-Home Supports (7), Independent Living Supports (4), Community Guide (3), Community Housing Guide (1), Supported Living (8), Shared Living (1), Personal Emergency Response Systems (1), and Assistive Technology (3), Supported Employment (3), Electronic Home-based Services (1), Group Day (1), Community Engagement (2), Community Coaching (2), Sponsored Residential (1), and Services Facilitation (2). Barriers include COVID-19, staffing crisis, longer wait time to get license and DMAS Participation Agreement, reimbursement rates, need for a prescription for PERS when the item is not a prescription device, installing dedicated line for PERS device, and the temporary closure of Provider Enrollment for the changeover to the Medicaid Enterprise System (MES).

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Provider Development distributed Employment and Community Transportation forms and processes to the provider community through the listserv on 11/15/21. The Arc of Virginia has initiated the training of Peer Mentors. CRCs are available to work with providers interested in being an administrative agency for this service. For the report period from May 2021 through April 30, 2022, data related to Peer Mentoring includes:

Total # of Mentors Trained: **9**  
Total # of Mentors Credentialed: **9**  
Total # of Mentees matched: **7 (4 pending start)**  
Total # of Mentees signed up but waiting for match: **5**  
Total # of Professional Development Trainings for Mentors: **2**  
Total # of Providers working with the Arc: **1**

Once a Mentee requests a Mentor, the administering agency is contacted to begin the hiring and on-boarding process for the Mentor while simultaneously doing an "in-take" with the Mentee. To assist in ensuring the Mentor on-boarding is smooth, the Arc of Virginia works with the Mentor to complete the application, background check & submit via email or USPS to the administering agency. In addition, the Arc coordinates what is now known as the Transition Planning Meeting to include the Mentee, any family members, Case Managers/Support Coordinators and the administering agency. During this meeting, everyone is introduced, outcomes are identified and the agency prepares additional in-take documents to send out to the Mentee. Once completed and received back by the agency, the Mentor and the Arc are notified the Mentor can reach out to schedule sessions and the Mentor communicates the anticipated start date. The Arc assists the agency with routine check-ins and updates.

Once per quarter, the Arc offers professional development training to all credentialed Mentors. Mentors are asked to provide topic matters they feel are important based on where they are in the process. Two sessions have been held and will continue quarterly. Plans post October 2021 is to build awareness around Peer Mentor Supports, increase intakes and matches across VA.

The Jump-Start Funding Program has awarded \$104,384.28 for during the reporting period. Funds continue to be available to assist providers with expansion of integrated services in all regions and now include Skilled Nursing and Private Duty Nursing services with children's Sponsored Residential and Behavioral Consultation in the process of being added to the program. Program requirements have been revised to allow for application prior to the identification of individuals intending to use the new and/or expanded services. Information on how to apply as well as JumpStart funding requirements can be accessed at <http://dbhds.virginia.gov/developmental-services/provider-development>.

The Office of Provider Development held a forth Provider Readiness Education Program (PREP) in November 2021 to orient new providers to the DD Waiver service system. This invitational training was attended by 37 providers.

In order to continue to adapt to distance learning needs due to the COVID-19 pandemic, the Office of Provider Development has continued to work to create virtual methods of providing training to providers throughout the Commonwealth. On-demand Part V training launched in January 2021 in the Commonwealth of Virginia Learning Center (COVLC). To date, 1161 people have completed this training.

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In addition to on-demand training, the Office of Provider Development has held live, instructor-led Part V Trainings via Zoom, which were attended by 271 people. OPD has also developed an in-depth Person Centered ISP Development Training Academy, which was piloted in April and May 2022 with 30 participants. This curriculum includes practical application and coaching in addition to training on the documentation requirements for ISPs.

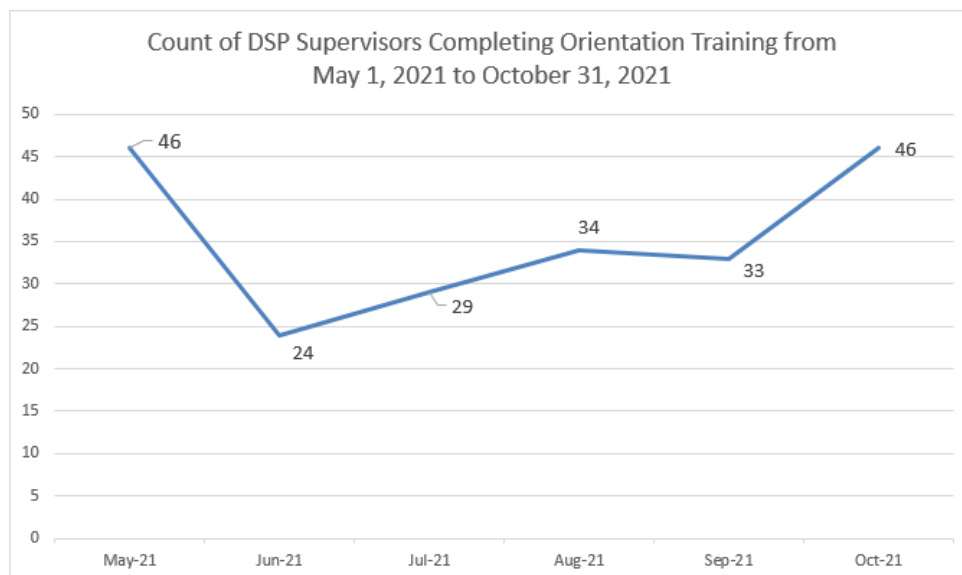
Two sessions were held in April 2022 to review the upcoming changes to the WaMS system in ISP version 3.3, which were attended by a total of 1202 participants.

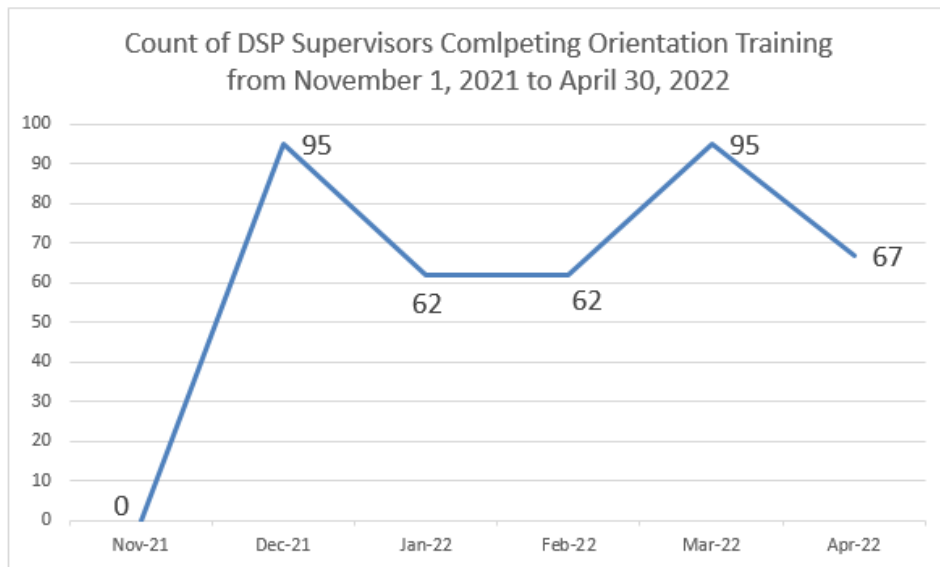
The Provider Development Individual Team participated in four webinars covering requirements of the Home and Community Based Settings Regulations throughout the months of March and April 2022, which were attended by a total of 1888 participants.

Instructor Led Remote (virtual) versions of the Community Connections and Person Centered Thinking classes have been developed by The Learning Community for Person Centered Practices (TLCPCP). To register for one of these classes, visit <http://www.personcenteredpractices.org/>.

The DSP Supervisory Training was updated and expanded to meet indicators of the DOJ Settlement Agreement, and it was made available on the Commonwealth of Virginia Learning Center (COVLC) July 1, 2020. This training consists of three modules that take approximately 2 ½ hours to complete. It is mandatory for new DSP Supervisors and optional for DSP Supervisors who have already received a certificate of completion of the previous version of the training in COVLC. Supervisory completion counts from May 2021 through April 2022 are provided in the two graphs below:

**Method:** A data set obtained from the Commonwealth of Virginia Learning System is filtered to identify the number of individual supervisors who completed the Curriculum and Supervisory Training Module 3, which includes the knowledge-based test. The test must be passed as 80% or higher for successful completion.





**Next steps for Provider Development include:**

- continuing a quality improvement initiative focused on increasing the use of Employment and Community Transportation across all regions
- updating the Jump-Start funding program to include funding for children’s sponsored homes and behavioral Therapeutic Consultation Services
- working directly with providers to address barriers to service provision with a concentrated focus on Community Guide, Employment and Community Transportation, Peer Mentoring, Crisis Supports Services, and Skilled Nursing
- updating and posting online the core provider training modules for all DD waiver services
- developing an ISP Manual for individuals and families for use regardless of access to waiver services
- continued participation in the community of practice initiative around Charting the Lifecourse©
- increasing the number of providers per region identified as having expertise to support people with complex needs

**Notable updates in this report include:**

- Provider growth has slowed through the pandemic as seen in service growth data.
- Methods of calculating service availability have been updated based on individual residence, which provides more insight into provider reach.



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- The measure related to at least 90% of individuals new to the waivers, including for individuals with a “supports need level” of 6 or 7, since FY16 are receiving services in the most integrated setting” as met for the first time
- The data source used for calculating DSP training and competencies moved from the Department of Medical Services to Quality Services Reviews.
- Jump-Start funding is being expanded to support the growth of children’s sponsored residential homes and behavioral therapeutic consultation.

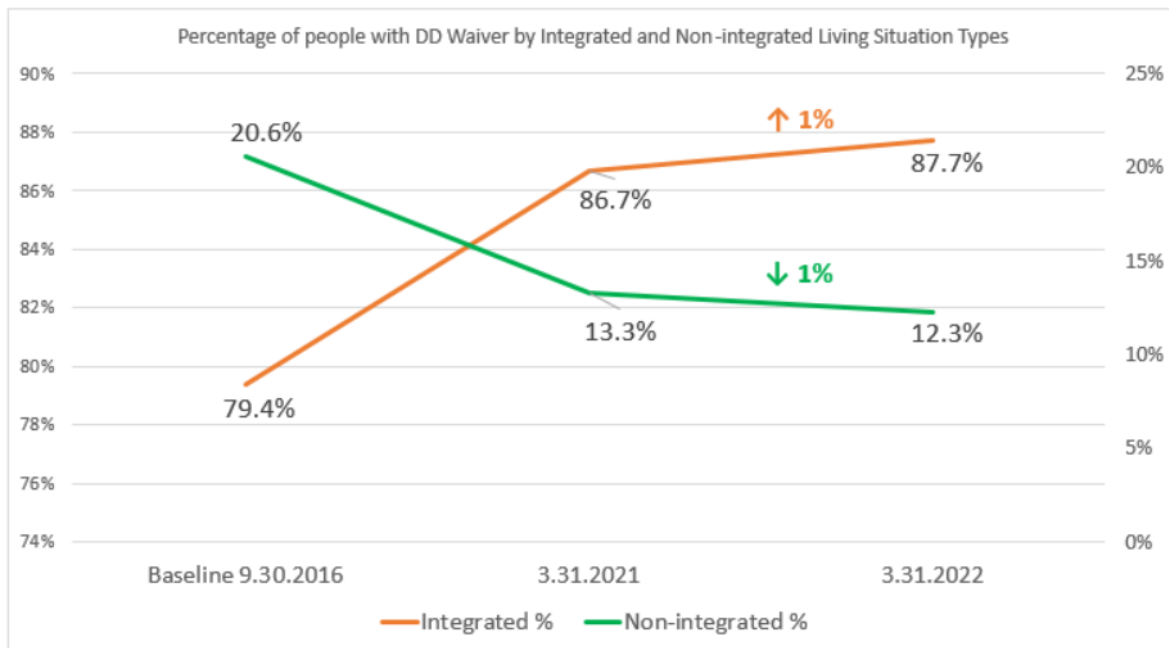
Providers are encouraged to download and use the Baseline Measurement Tool, which contains Waiver Management System data from current waiver authorizations. The BMT provides baseline and subsequent data on integrated services, collected at six month intervals, across all cities and counties in Virginia. The BMT also considers the DD Waiver population in each locality including type of waiver and Supports Intensity Scale© (SIS©) level. The BMT, webinar slideshows, and other materials related to Provider Development are available for download online at <http://www.dbhds.virginia.gov/developmental-services/provider-development>. Any specific questions about the report can be directed to the Office of Provider Development at DBHDS ([eric.williams@dbhds.virginia.gov](mailto:eric.williams@dbhds.virginia.gov)).

## PERFORMANCE MEASURES AND DEMOGRAPHICS

This section contains information about the results of various performance measures and additional data that helps in understanding the DD system of supports and services in Virginia. This content will be included in future reports to provide a more comprehensive understanding of services and people who access them.

**Measure 1: Data continues to indicate an annual 2% increase in the overall DD waiver population receiving services in the most integrated settings.** The chart below illustrates the overall trend in living situations for people with DD Waiver from baseline to March 31, 2022. Over the course of the last year, there has been an overall shift of 1 % toward more integrated settings. **Measure not met at 1% annual increase.**

**Method:** The DBHDS HCBS Residential Settings Report developed from WaMS data provides the results included here. Table 2 of the report provides baseline and subsequent data at six-month intervals regarding the number and percentage of the DD waiver population residing in integrated and non-integrated settings based on service authorizations (Report ID DR0055).



	Integrated #	Integrated %	Non-integrated #	Non-integrated %
Baseline 9.30.2016	9425	79.4%	2446	20.6%
3.31.2021	13292	86.7%	2044	13.3%
3.31.2022	13527	87.7%	1901	12.3%

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**Integrated living situations by locality as of 3.31.22** (sorted from most to least integrated)

**Source:** Individual’s location reported as county in WaMS (Report ID DR0022)

Locality	Integrated	Non-Integrated	Total	% Integrated
Statewide	13,458	1,969	15,427	87.2%
Appomattox County	39	0	39	100.0%
Bland County	11	0	11	100.0%
Buckingham County	17	0	17	100.0%
Charles City	5	0	5	100.0%
Covington City	13	0	13	100.0%
Craig County	8	0	8	100.0%
Essex County	23	0	23	100.0%
Falls Church City	2	0	2	100.0%
Fluvanna County	23	0	23	100.0%
Grayson County	38	0	38	100.0%
Greensville County	13	0	13	100.0%
Highland County	8	0	8	100.0%
Isle of Wight County	31	0	31	100.0%
King and Queen County	8	0	8	100.0%
Lancaster County	6	0	6	100.0%
Lee County	39	0	39	100.0%
Lexington City	5	0	5	100.0%
Manassas Park City	4	0	4	100.0%
Montgomery County	123	0	123	100.0%
Northampton County	49	0	49	100.0%
Northumberland County	10	0	10	100.0%
Norton City	5	0	5	100.0%
Pittsylvania County	179	0	179	100.0%
Poquoson City	5	0	5	100.0%

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Locality	Integrated	Non-Integrated	Total	% Integrated
Powhatan County	44	0	44	100.0%
Smyth County	87	0	87	100.0%
Southampton County	20	0	20	100.0%
Staunton City	65	0	65	100.0%
Surry County	3	0	3	100.0%
Westmoreland County	18	0	18	100.0%
Norfolk City	438	6	444	98.6%
Pulaski County	68	1	69	98.6%
York County	58	1	59	98.3%
Augusta County	169	3	172	98.3%
Floyd County	53	1	54	98.1%
Botetourt County	45	1	46	97.8%
Other County	45	1	46	97.8%
Buchanan County	36	1	37	97.3%
Amherst County	175	5	180	97.2%
Louisa County	57	2	59	96.6%
Danville City	196	7	203	96.6%
Chesapeake City	409	15	424	96.5%
Warren County	54	2	56	96.4%
Franklin City	26	1	27	96.3%
James City County	72	3	75	96.0%
Greene County	23	1	24	95.8%
Nottoway County	23	1	24	95.8%
Waynesboro City	67	3	70	95.7%
Madison County	21	1	22	95.5%
Bedford County	180	9	189	95.2%
Campbell County	173	9	182	95.1%
Dinwiddie County	73	4	77	94.8%
Roanoke City	142	8	150	94.7%

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Locality	Integrated	Non-Integrated	Total	% Integrated
Emporia City	7	1	8	87.5%
Franklin County	97	14	111	87.4%
Prince William County	511	78	589	86.8%
Fairfax County	1248	200	1448	86.2%
Wythe County	68	11	79	86.1%
Hanover County	214	35	249	85.9%
Petersburg City	122	20	142	85.9%
Carroll County	182	30	212	85.8%
Radford City	18	3	21	85.7%
Patrick County	23	4	27	85.2%
Tazewell County	69	12	81	85.2%
Albemarle County	114	20	134	85.1%
Arlington County	144	27	171	84.2%
Hampton City	254	51	305	83.3%
Dickenson County	28	6	34	82.4%
Chesterfield County	965	208	1173	82.3%
Page County	23	5	28	82.1%
Richmond County	62	14	76	81.6%
Salem City	31	7	38	81.6%
King George County	21	5	26	80.8%
Richmond City	257	62	319	80.6%
Bedford City	4	1	5	80.0%
Martinsville City	38	10	48	79.2%
Alexandria City	87	23	110	79.1%
Bristol City	41	11	52	78.8%
Giles County	26	7	33	78.8%
Henrico County	547	148	695	78.7%
Rockbridge County	43	12	55	78.2%
Charlotte County	25	7	32	78.1%

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Locality	Integrated	Non-Integrated	Total	% Integrated
Scott County	46	13	59	78.0%
Middlesex County	17	5	22	77.3%
New Kent County	17	5	22	77.3%
Stafford County	187	59	246	76.0%
Shenandoah County	75	26	101	74.3%
Buena Vista City	8	3	11	72.7%
Rockingham County	118	45	163	72.4%
Cumberland County	22	9	31	71.0%
Amelia County	12	5	17	70.6%
Winchester City	60	26	86	69.8%
Frederick County	113	50	163	69.3%
Russell County	43	21	64	67.2%
Fairfax City	4	2	6	66.7%
Nelson County	25	13	38	65.8%
Goochland County	19	10	29	65.5%
Gloucester County	62	33	95	65.3%
Charlottesville City	52	29	81	64.2%
Mecklenburg County	62	37	99	62.6%
Prince Edward County	46	35	81	56.8%
Sussex County	20	18	38	52.6%
Manassas City	7	8	15	46.7%
Bath County	3	4	7	42.9%
Clarke County	8	11	19	42.1%
Mathews County	16	29	45	35.6%

**Measure 2:** Data continues to indicate that at least 90% of individuals new to the waivers, including for individuals with a “supports need level” of 6 or 7, since FY16 are receiving services in the most integrated setting. The tables below provides data that illustrates that 94.6% of all people new to the DD waivers reside in integrated settings in FY22 and among those, 840 people with Supports Intensity Scale 6 or 7 receive services in integrated settings. Based on feedback from the consultant for the Independent Reviewer, DBHDS altered its method of reporting to provide a cumulative total for all FY since July 1, 2016. The cumulative result for all individuals newly enrolled since 2016 is provided below. At 94.6%, this measure is met.

**Method:** WaMS enrollments during the fiscal year are counted for all new individuals and separately for new individuals with SIS Levels 6 & 7. Service authorization data is reviewed following a six-month post-period where residential setting is confirmed. (Report ID DR0017)

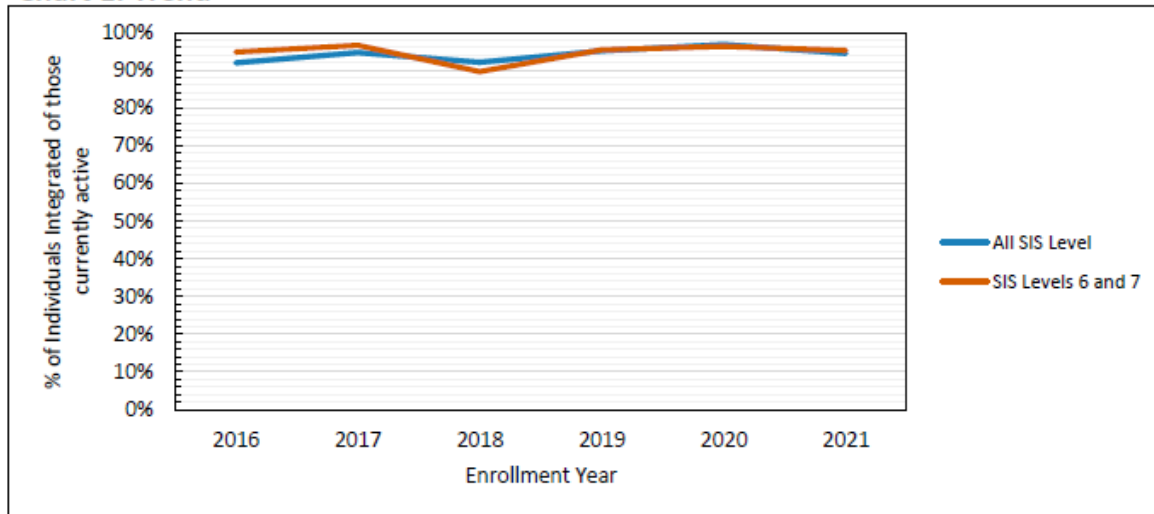
**Table 1.** Percent of Individuals enrolled in a waiver 7/1/2016-10/31/2021 who are currently active but do not have approved authorization for a Non-Integrated Service in the post period (10/1/2021 thru 4/30/2022)

Term	#
Numerator	4,872
Denominator	5,148
Answer	<b>94.6%</b>

**Table 2.** Percent of Individuals enrolled in a waiver 7/1/2016-10/31/2021 who are currently active and with a SIS Level 6 or 7 but do not have approved authorization for a Non-Integrated Service in the post period (10/1/2021 thru 4/30/2022)

Term	#
Numerator	840
Denominator	887
Answer	<b>94.7%</b>

**Chart 1. Trend**



**Measure 3: The Data Summary indicates an increase in services available by locality over time.** This chart reports the number of localities demonstrating an increase in the number of providers, within the locality, offering more integrated or specialized services above the established baseline and/or showing an increase in the number of integrated or specialized service types offered, within the locality, above the established baseline. Data reflects the comparison in numbers between October 2021 and April 2022 compared against the baseline in 2018. Provider loss increased from seven localities in October 2021 to 17 in April 2022. Provider growth slowed from 122 localities to 88 localities over the same time period. Changes did not occur for provider counts and service types across 28 and 31 localities respectively, which reflects increases in the number of localities demonstrating no change. While growth occurred, net changes in provider growth and service type growth are lower than the prior reporting period at 88 and 92 respectively.

**Method:** Data in the baseline measurement tool is calculated through an Excel formula that compares the total number of types of services operating in each locality on a given date per tab, which is then compared back to the number that were operating in each locality at baseline. To establish meeting this target, growth must be seen in one or more localities in provider count and/or the number of types of services offered and be greater than losses across provider counts and/or service types. (Report ID DR0058)

	Localities with Provider Growth	Localities without Provider Change	Localities with Provider Loss	Localities with Service Type Growth	Localities without Service Type Change	Localities with Service Type Loss
10/31/21	122	7	4	111	14	8
Result	129		-4	125		-8
4/30/22	88	28	17	92	31	10
Result	116		-17	123		-10

**Measure 4: 95% of provider agency staff meet provider orientation training requirements.**

Success with this measure is dependent on providers completing the Quality Services Review (QSR) process without DBHDS being notified through an alert related to DSP competency. Health, Safety, and Wellbeing Alerts (HSW) related to a lack of training are reported through the Provider Quality Review (PQR) process. All providers receiving an alert are informed of the next quarterly DSP Competency training session provided by the Office of Developmental Services. At 90.4% measure not met.

**Method:** The following PQR elements and procedures contribute to the determination of success with the measure:



**39 How many employee records had documentation of provider-based orientation training?**

- If number listed in question 39 is less than number listed in 36 (Number of employee records reviewed), the reviewer will complete and submit HSW alert (employee record reviewed without proof of provider-based orientation training).

**41 How many employee records have proof of competency-based training?**

- If number listed in question 41 is less than number listed in 36 (Number of employee records reviewed), the reviewer will complete and submit HSW alert (employee record reviewed without proof of competency-based training).

**45 List staff without evidence of advanced competency training**

- If the reviewer listed the staff name in question 45 of the employees reviewed in question 44, (How many employees serving someone in tier 4 have documentation of advanced competency training?), reviewer will complete and submit HSW alert (employee record reviewed without proof of advanced competency training).

**QSR Round 3 Result for Measure 4**

	Number with DSP Competency Alert	Number with Level 6 Support Needs	Number with Level 7 Support Needs	Number without DSP Competency Alert	Total Number Reviewed	Success %
PQR	54	N/A	N/A	511	565	90.4%

**Measure 5: 95% of provider agency direct support professionals (DSPs) meet competency training requirements.**

Success with this measure is dependent on providers completing the Quality Services Review (QSR) process without DBHDS being notified through an alert related to DSP competency. Alerts for observed DSP competency concerns are provided through the Person-Centered Review (PCR) process. Counts for individuals with level six and seven support needs where an alert occurred are provided in results. All providers receiving an alert are informed of the next quarterly DSP Competency training session provided by the Office of Developmental Services. At 92.3% measure not met.

**Method:** The following PCR elements and procedures contribute to the determination of success with the measure:

**91 For individuals with behavioral support plans, were staff addressing behaviors per the BSP?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**92 Were staff adhering to medical and behavioral protocols as outlined in the plan?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**93 Did staff appear to understand the person’s support needs?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**94 Did the staff demonstrate competence in supporting the individual?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**107 Are staff able to describe things important to and important for the individual?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**108 Was staff able to describe the outcomes being worked on in this environment?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**109 Could the staff describe the medical support needs of the individuals?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**110 Were staff familiar with medical protocols to support the person?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**112 Could the staff describe behavioral support needs?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**113 Were staff familiar with behavioral protocols to support the person?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**115 Does the staff know what medications the person is taking?**

- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**116 Can the staff list the most common side effects of the medications the person is on?**

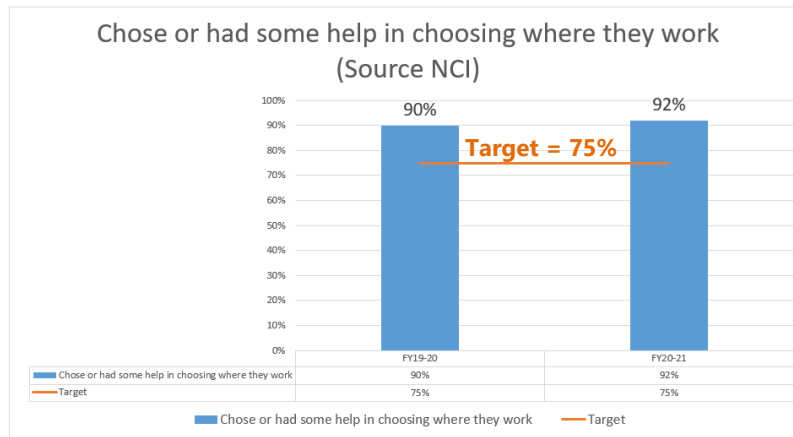
- IF REVIEWER SELECTS “No”, reviewer will complete and submit HSW alert.

**QSR Round 3 Result for Measure 5**

	Number with DSP Competency Alert	Number with Level 6 Support Needs	Number with Level 7 Support Needs	Number without DSP Competency Alert	Total Number Reviewed	Success %
PCR	91	10	11	1092	1183	92.3%

**Measure 6: At least 75% of people with a job in the community chose or had some input in choosing their job.** The following chart is derived from the National Core Indicators In-Person Survey (IPS) State Report 2019-20 Virginia (VA) Report. Results indicate that a combined 90% of those surveyed who had a job (n=51) either chose or had some input on choosing their job. FY 20-21 results show an increase of 2% to 92% (n=52). Measure met. **Source:** National Core Indicators Virginia Report

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**Measure 7: At least 95% of people receiving services in residential settings/their authorized representatives participate in the development of their own service plan.** Consistently above 99% during FY21-22. Measure met.

**Measure 8: At least 86% of people receiving services in residential settings/their authorized representatives choose or help decide their daily schedule.** Consistently above 97% during FY21-22. Measure met.

**Measure 9: At least 75% of people receiving services who do not live in the family home/their authorized representatives chose or had some input in choosing where they live.** Consistently above 99% during FY21-22. Measure met.

**Measure 10: At least 50% of people who do not live in the family home/their authorized representatives chose or had some input in choosing their housemates.** Consistently above 99% during FY21-22. Measure met.

**Method:** Data for these measures are derived from WaMS ISP Quarterly Aggregate reports by combining the numerators and then the denominators for FY22 Quarters 2 and 3 in each instance. To determine the same results for individuals receiving residential services, the number of "yes" responses for each of the same columns are filtered by service and then combined into a single result using the following 3 service columns: "Cur ServiceAuth Group Home, Cur ServiceAuth Sponsored Home, and Cur ServiceAuth Supported Living."

2nd and 3rd Quarters FY22	All Individuals			Residential Only		
	Numerator	Denominator	Result %	Numerator	Denominator	Result %
At least 50% of people who do not live in the family home/their authorized representatives chose or had some input in choosing their housemates.	5819	5835	99.7%	2627	2635	99.7%
At least 75% of people receiving services who do not live in the family home/their authorized representatives chose or had some input in choosing where they live.	5826	5835	99.8%	2633	2635	99.9%
At least 86% of people receiving services in residential settings/their authorized representatives choose or help decide their daily schedule.	5827	5835	99.9%	2577	2635	97.8%
At least 95% of people receiving services in residential settings/their authorized representatives participate in the development of their own service plan.	5831	5835	99.9%	2634	2635	100.0%

In order to understand the composition of the DD waiver and waiting list, the following section includes data specific to the types of services received, including who receives them and where they are provided. Regional data is provided when available.

**Individuals on the Waiver Waiting List**

The two following tables provide information about people on the DD waiver waiting list. Below, you will find a breakdown of DBHDS regions as of 3/11/22 by priority (table 1) and by time on the list (table 2).

**Source:** WaMS waitlist data (Report ID DR0018)

**Table 1. Count of Individuals on Waitlist by DBHDS Region and Priority**

DBHDS Region <sup>1</sup>	Priority 1	Priority 2	Priority 3	Total	Percent
1	776	837	1,158	2,771	19%
2	1,490	1,987	1,245	4,722	33%
3	356	793	776	1,925	13%
4	602	1,416	620	2,638	18%
5	360	873	1,053	2,286	16%
Total	3,584	5,906	4,852	14,342	100%
Percent	25%	41%	34%	100%	

**Table 2. Count of Individuals on Waitlist by Time on Waitlist and Age**

Time on Waitlist <sup>2</sup>	Age				Total	Percent
	<18.0	18.0 to <22.0	22.0 to <65	65+		
<1.0 year	1,001	99	123	624	1,847	13%
1.0 to <3.0 years	1,742	319	300	1,702	4,063	28%
3.0 to <5.0 years	1,378	238	280	1,381	3,277	23%
5.0 to <10.0 years	1,365	267	369	1,630	3,631	25%
10+ years	235	118	304	867	1,524	11%
Total	5,721	1,041	1,376	6,204	14,342	100%
Percent	40%	7%	10%	43%	100%	

**Residential setting by size and type as defined by the Integrated Residential Services Report (Source)**

Comparison of living situations between 9.30.16 and 3.31.22 (Report ID DR0055)

Settlement Living Situation	Integrated Setting	Baseline 9.30.2016		3.31.2022		% Change from Baseline
		#	%	#	%	
Group Home (Less than or equal to 4 bed)	Yes	2,189	18.4%	3,166	20.5%	+45%
Other Group Home (greater than 4 bed)	No	2,446	20.6%	1,901	12.3%	-22%
Sponsored Residential	Yes	1,513	12.7%	1,978	12.8%	+31%
Supported Living	Yes	50	0.4%	222	1.4%	+344%
Living with Family *	Yes	5,459	46.0%	7,264	47.1%	+33%
Living Independently	Yes	214	1.8%	767	5.0%	+258%
Building Independence *	Yes	0	0.0%	130	0.8%	+ infinity
<b>Total</b>		<b>11,871</b>	<b>100.0%</b>	<b>15,428</b>	<b>100.0%</b>	<b>+30%</b>

**Day services by type as defined by the Integrated Day Services Report (source)**

Comparison of day situations between 9.30.16 and 3.31.22 (Tables 1 and 2 below). (Report ID DR0023)

Table 1: Number of Recipients - Integrated Employment and Day Services by Procedure Code

Service	Procedure Code	Baseline Sep 2016	Sep 2017	Mar 2018	Sep 2018	Mar 2019	Sep 2019	Mar 2020	Sep 2020	Mar 2021	Sep 2021	Mar 2022	% change from Baseline
Individual Supported Employment	H2023	295	353	413	527	691	892	951	887	782	691	681	+131%
Group Supported Employment	H2024x	701	638	627	586	585	546	546	452	376	309	314	-55%
Workplace Assistance	H2025	6	40	60	77	72	69	72	66	56	53	58	+867%
Community Engagement	T2021	130	1,969	2,230	2,494	2,619	2,704	2,698	2,435	2,227	2,086	2,039	+1,468%
Community Coaching	97127x, T2013x	7	150	203	262	279	300	314	279	271	250	213	+2,943%

Table 2: Unduplicated Number of Recipients - Integrated Employment and Day Services

	Baseline Sep 2016	Sep 2017	Mar 2018	Sep 2018	Mar 2019	Sep 2019	Mar 2020	Sep 2020	Mar 2021	Sep 2021	Mar 2022	% change from Baseline
<b>Unduplicated Total</b>	1,120	2,952	3,279	3,628	3,867	4,098	4,171	3,777	3,450	3,175	3,096	+176%

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**Additional population demographics**

In order to understand the composition of the DD waiver, the following tables include data specific to the types of services received, including who receives them and where they are provided. Regional data is provided when available.

**Method:** Data is transferred from the baseline measurement tool related to individuals with waivers. Data related to ICF/IIDs, Nursing Facilities, Housing, and the training center are reported by subject matter experts who track census data in each area respectively. (Report IDs DR0058, DR0020)

Demographic	Total	Region 1	Region 2	Region 3	Region 4	Region 5
Number of Individuals in all DD waivers	15691	3354	2775	2738	3260	3564
Number of Individuals with BI Waiver	326	41	63	72	73	77
Number of Individuals with FIS Waiver	3734	833	979	501	616	805
Number of Individuals with CL Waiver	11631	2480	1733	2165	2571	2682
Number of Individuals in Training Centers	69					69
Number of children residing in ICF/IIDs	108					
Number of children residing in NFs	63					
Number of adults residing in ICF/IIDs	486					
Number of adults residing in NFs	338					
Number of Individuals in independent housing	1806					

Demographic	Total (unique)
Number of licensed DD providers	1254
Number of providers of supported employment	45
Number of ICF/IID non-state operated beds for children	116
Number of ICF/IID non-state operated beds for adults	533
Number of independent housing options	1229

Licensed DD Service as of 3/18/22	Count of Providers
DD Case Management Service	40
DD Center-Based Respite Service	1
DD Children Group Home Residential Service	22
DD Day Support Service	340
DD Group Home Service	522
DD Group Home Service - REACH	2
DD In-Home Respite Service	6
DD Outpatient Service/Crisis Stabilization - REACH	6
DD Residential Respite Service	19
DD Sponsored Residential Homes Service	98
DD Supervised Living Service	29
DD Supportive In-Home Service	144
Group Home Service - REACH	4
ICF-IID	19
ICF-IID for Children and Adolescents	2
<b>Grand Total</b>	<b>1254</b>

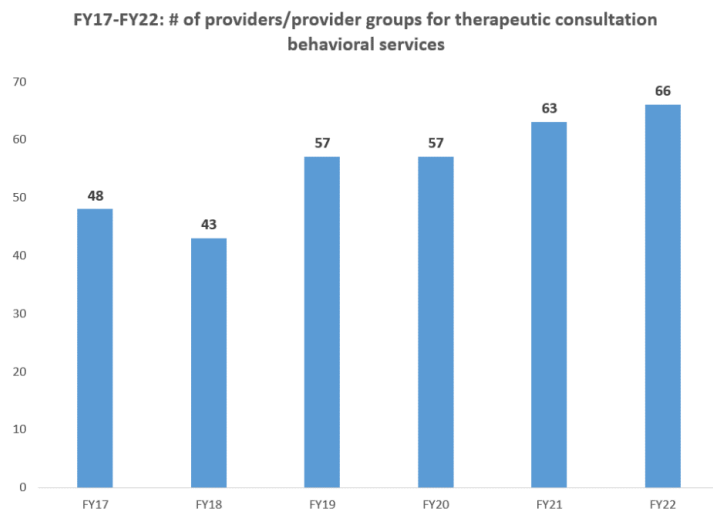
PROVIDER DATA SUMMARY – May 1, 2022

Services Active: 2021-11-01 to 2022-04-30

Table 1. Total number of unique individuals authorized for each Service Type, Total and by DBHDS Primary Region and Levels

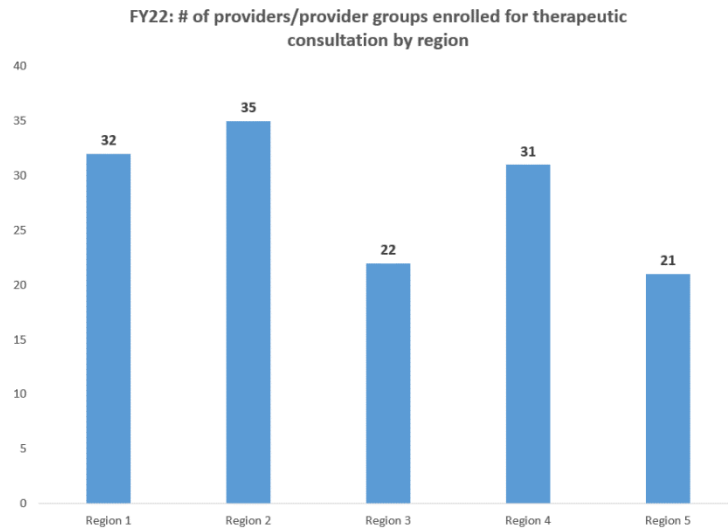
Service Type	Total	Region 1	Region 2	Region 3	Region 4	Region 5	Total SIS@ Level 6	Total SIS@ Level 7
Assistive Technology	317	73	114	17	41	72	40	32
Benefits Planning Services	100	28	27	4	16	25	1	6
Center-Based Crisis Supports	15	2	1	8	4	0	0	5
Community Coaching	265	78	43	46	55	43	21	65
Community Engagement	2,296	733	318	451	245	549	64	116
Community Guide	72	14	33	3	8	14	1	3
Community-Based Crisis Supports	83	8	30	23	20	2	0	21
Companion	259	27	203	2	1	26	6	28
Companion - CD	1,083	331	161	166	255	170	30	58
Crisis Support Services	18	2	16	0	0	0	0	0
Electronic-based Home Supports	76	17	39	3	0	17	3	5
Employment & Community Transportation	11	3	8	0	0	0	0	1
Environmental Modifications	113	23	29	9	9	43	34	5
Group Day Support	5,756	1,153	933	819	1,530	1,321	303	314
In-home Supports	1,978	275	324	447	228	704	96	88
Independent Living Supports	147	9	46	32	23	37	1	0
Individual & Family Caregiver Training	9	0	4	0	0	5	0	0
Integrated Group Residential	3,208	543	615	421	831	798	259	298
NonIntegrated Group Residential	1,997	431	371	290	570	335	134	68
Peer Mentoring	2	0	2	0	0	0	0	0
PERS	59	12	38	3	0	6	9	3
Personal Assistance - AD	790	79	490	46	53	122	100	53
Personal Assistance - CD	3,967	1,124	662	823	686	672	518	237
Private Duty Nursing	348	35	159	34	47	73	270	7
Respite	4,132	1,047	1,000	632	696	757	472	271
Shared Living	3	0	0	1	2	0	0	0
Skilled Nursing	203	55	35	67	5	41	80	7
Sponsored Residential	2,248	591	113	594	326	624	272	276
Supported Employment, Group	363	26	128	7	135	67	1	8
Supported Employment, Individual	777	228	137	140	187	85	12	23
Supported Living	172	46	21	9	76	20	0	2
Therapeutic Consultation	2,128	329	592	259	565	383	98	349
Transition Services	1	0	0	0	1	0	0	1
Workplace Assistance	66	33	11	8	13	1	0	2
<b>Total # of Unique Individuals</b>	<b>15,131</b>	<b>3,203</b>	<b>2,697</b>	<b>2,719</b>	<b>3,088</b>	<b>3,424</b>	<b>1,374</b>	<b>1,016</b>

Behavioral Services Providers



## PROVIDER DATA SUMMARY – May 1, 2022

The data above display the number of providers and/or provider organizations providing therapeutic consultation behavioral services over the past six fiscal years (note: FY22 data is through May 2022). It should be noted that the counts presented may display individual practitioners that have a solo practice consisting of one behaviorist, as well as larger provider groups that have many behaviorists employed and are providing this waiver service.



The graph above displays the number of providers and/or provider organizations by region that are providing therapeutic consultation behavioral services to individuals in FY22 (note: data are through May 2022). When reviewing these data, it should be noted that numerous providers deliver services to individuals across multiple Community Services Boards and regions of the state; thus, a total count of providers in the histogram above would exceed the total number of providers that are delivering this service.

**Method:** Bi-annually, a report is created in an Excel document using data derived from the Virginia Waiver Management System. This report captures all individuals and associated providers that have a service authorization for therapeutic consultation services. These data are examined specific to providers to arrive at a count of providers that are delivering therapeutic consultation behavioral services. Data are also regionalized based on the health planning regions in which providers are currently delivering services.



## Spotlight on Supported Decision-Making

*In order to enhance the information provided through this report, DBHDS focuses on a special topic or area that could be shared once for information and review, or might contribute to ongoing analysis. This report introduces new information about Remote Supports. DBDHS will be collecting suggestions from providers participating in the semi-annual webinars for future topics to ensure new content is tailored to community interests and needs.*

The American Bar Association defines **Supported Decision-Making (SDM)** as the “decision-making model in which an individual makes decisions with the support of trusted individuals.” This can be achieved by informal processes, such as an individual talking to family and friends about a particular subject, or formally by documenting who will provide support, how, and for what subjects in the format of a Supported Decision-Making Agreement. Supported decision-making is different from “substitute decision-making”, in which someone makes decision on behalf of another person. In situations where an individual has a substitute decision-maker, it is best practice and most person centered for the supported decision-making process to be utilized to guide the substitute supporters.

There are two types of participants in supported decision-making: the *principal* and the *supporter*. The *principal* is an adult with an intellectual or developmental disability who seeks to enter or has entered into a Supported Decision-Making Agreement with a supporter, while the *supporter* is a person who has entered into a Supported Decision-Making Agreement with a principal. Supporters may be family, friends, coworkers, or anyone that the principal trusts, and may be different depending on the situation. Supporters can assist the principal with processing decisions around life events related to financial, medical, educational, housing, employment, and much more. Principals can also decide if a supporter is able to help communicate on their behalf. The important thing to note with supported decision-making is that individual (principal) maintains all of their rights and is the one who makes the final decision. Additionally, the individual is not bound to taking the advice of their supporter(s), but can simply use the supporter(s) as another resource in helping make their own decision.

### Chapter 855 (SB 585)

- *Individuals between the ages of 17.5 and 21 and have an IEP → Guardian Ad Litem is responsible for reviewing IEP and including results in the report submitted to the court*
- *VA Dept. of Education → create transitional materials that include information related to guardianship, given to students and parents at annual IEP meetings*
- *Guardian Ad Litem needs to consider less restrictive alternatives to guardianship*  
*Guardianship → Updated state code and added specific language related to guardianship*  
*DBHDS → Convene a stakeholder group to study the use of SD-M Agreements*

### Chapter 232 (HB 2230)

- *Develop and implement a program to education individuals with ID/DD, families, and others regarding the: Availability of Supported Decision-Making agreements, Process by which an individual with ID/DD may enter into an agreement with a supporter, Rights and Responsibilities of principals and supporters;*
- *Trainings For: Individuals with ID/DD, Individuals interested in serving as supporters pursuant to supported decision-making agreements, Family members or principals and individuals with ID/DD, Members of medical, legal, and financial professions, Other individuals who provide services to individuals with ID/DD;*
- *Development of model supported decision-making agreements;*
- *Development of information about and protocols for abuse and exploitation of individuals who enter into supported decision-making agreements: Preventing, Identifying, Addressing;*
- *Collect data regarding: Utilization of supported decision-making agreements (to guide the development of policies and programs to enhance the use of agreements);*
- *Report annually to Governor and General Assembly by November 1<sup>st</sup>*

## PROVIDER DATA SUMMARY – May 1, 2022

Nina A. Kohn, Jeremy H. Blumenthal, and Amy T. Campbell identified four principles of supported decision-making in their 2013 article “Supported Decision- Making: A Viable Alternative to Guardianship?”:

1. The individual retains legal decision-making authority.
2. The relationship is freely entered into and can be terminated at will.
3. The individual actively participates in decision-making.
4. Decision made with support are generally legally enforceable.

In 2017 and 2021 the American Bar Association submitted resolutions urging state, territorial, and tribal legislatures to amend existing guardianship statutes in order to require supported decision-making as a less restrictive alternative to legal guardianship. There are currently 15 states that have enacted or are in the process of codifying laws recognizing Supported Decision- Making Agreements, Texas being the first state to do so in 2015.

Supported decision-making was first legally addressed in Virginia in 2012 and 2013 with the Jenny Hatch case. Following this, there were multiple attempts to study supported decision-making in Virginia, but further steps were not officially taken until the signing of Chapter 855 (Senate Bill 585) in 2020 and Chapter 232 (House Bill 2230) in 2021.

# A BRIEF HISTORY OF SUPPORTED DECISION- MAKING IN VIRGINIA



2012-  
2013

Jenny was a 28 year old diagnosed with Down Syndrome. She graduated from high school and lived in her own home, as well as worked and volunteered. In 2012 Jenny's parents petitioned for full guardianship, which took away all of her rights. She was moved from her own home into a group home, had her cell phone and computer taken away, and was not permitted to go to work or see her friends. Jenny petitioned the court over the course of a year and was able to win her rights back. Jenny had always been open about the fact that she needed some help in making decisions and proved that she could live the life she wanted through the support of others by utilizing Supported Decision-Making.



2019

Virginia's House of Representatives yet again requested for the Office of the Secretary of Health and Human Resources to study supported decision-making for individuals with ID/DD, however this time the bill failed and no study was conducted.

ARC of Northern Virginia conducted a supported decision-making pilot project with The Burton Blatt Institute at Syracuse University. During their pilot project they provided education and outreach to over 2,000 people with disabilities, their families, and professionals, as well as assisted 10 individuals with ID/DD in developing and implementing supported decision-making plans. Reports indicate that supported decision-making positively impacted the lives of those who participated.



2021

Chapter 232 (House Bill 2230) directs DBHDS to develop a Supported Decision-Making Agreement, provide education and training, collect data, and address potential abuse and exploitation related to Supported Decision-Making Agreements in Virginia.



2014

Virginia's House of Representatives requested for the Office of the Secretary of Health and Human Resources to study supported decision-making for individuals with ID/DD. The study was completed and it was determined that Virginia could benefit from formally recognizing supported decision-making.



2020

Chapter 855 (Senate Bill 585) directs DBHDS to put together a workgroup to further study supported decision-making, as well as tasks for Virginia Dept. of Education and Guardian Ad Litem.

Supported Decision-Making Workgroup, comprised of key stakeholders throughout Virginia, meets multiple times and develops 4 Core Principles for supported decision-making and Recommendations for supported decision-making in Virginia.

Chapter 855 directed DBHDS to convene a group of stakeholders from across Virginia to study supported decision-making agreements. The workgroup met multiple times throughout 2020 and established a list of core principles to guide future conversations about supported decision-making and recommendations, which were submitted to the Chairmen of the Senate Committee on the Judiciary and the House Committee on Health, Welfare, and Institutions in the fall of 2020.

Core Principles	Recommendations
<ol style="list-style-type: none"> <li>1. That every individual should be presumed capable of making his or her own decisions.</li> <li>2. When an individual requires assistance in making decisions, the least restrictive option that meets the individual’s needs should be pursued, and every effort should be made to maximize an individual’s autonomy and independence.</li> <li>3. Supporters, guardians, substitute decision-makers, and other agents should always take into consideration an individual’s expressed personal preferences to the extent appropriate.</li> <li>4. Making good decisions takes practice and individual growth. Everyone should have the opportunity to learn and grow from making poor decisions, sometimes called “Dignity of Risk”. Poor decision-making should not be motivation for restricting an individual’s rights through guardianship or substitute decision-making.</li> </ol>	<ol style="list-style-type: none"> <li>1. Elevate the use of SDM while avoiding over-formalization, which may include introducing a broad definition or general recognition of SDM into Virginia’s Code in order to encourage consideration of alternatives to guardianship in cases in which an individual may be capable of making many of his or her own decisions with additional support. The inclusion of SDM would also emphasize recognition that it is a best practice for substitute decision-makers to seek input and provide guidance on an individual’s preferences. SDM should also be considered for recognition in regulations relating to authorized representatives.</li> <li>2. Invest in education and training, which is critical to the success of SDM and requires concerted time, effort, and resources. This should target key groups that may benefit from SDM as well as their communities, healthcare and service providers, legal advocates, educators.</li> <li>3. Support research and data collection including the efficacy of education and training in increasing the use of SDM, health outcomes for individuals using SDM, and any subsequent reductions in number of guardianship petitions, and determine criteria for assessing success of SDM.</li> </ol>

DBHDS is continuing forward progress with the process of developing what supported decision-making will look like in Virginia. DBHDS will begin working with a group of key stakeholders in February 2022 to develop how supported decision-making will be carried out in Virginia and to build off the previous DBHDS stakeholder workgroup from 2020. By the conclusion of the new workgroup, DBHDS will have developed a Supported Decision-Making Agreement template for Virginians ages 18 and older with intellectual and developmental disabilities to utilize, in the hopes of reducing unnecessary guardianship petitions and increasing individuals’ autonomy. DBHDS will also provide education and training on what supported decision-making is, how to access it, and how to utilize a Supported Decision-Making Agreement in Virginia.

### Children’s and Youth Residential

Based on the information provided here, showing the regional breakdown of providers and number of children/youth supported, a limited number of children currently receive congregate residential services under the DD waiver in Virginia with none receiving these services in region 2 currently. The data provided in the four tables below are based on approved service authorization lines as of 4/30/22 and 10/31/21 so that these time periods can be compared. The region determined by service zip code and provider tax identifier for individuals from birth age less than 18. **Source:** WaMS Service Authorizations (Report ID DR0019)

**Children/Youth Residential as of 4/30/22:**

Table 1. Counts of distinct individuals by Authorization and Region.

Approved Authorization	Primary DBHDS Region					Distinct Total	%
	1	2	3	4	5		
Group Residential Supports 4 or fewer	0	0	4	5	0	9	43%
Group Residential Supports 5 or more	0	0	0	0	0	0	0%
Sponsored Residential	1	0	2	2	8	12	57%
Distinct Total	1	0	6	7	7	21	100%
Percent	5%	0%	29%	33%	33%	100%	

Table 2. Counts of Providers (distinct TaxIdentifiers) by Authorization and Region.  
For those Authorizations listed in Table 1.

Approved Authorization	Primary DBHDS Region					Distinct Total	%
	1	2	3	4	5		
Group Residential Supports 4 or fewer	0	0	1	2	0	3	38%
Group Residential Supports 5 or more	0	0	0	0	0	0	0%
Sponsored Residential	1	0	1	2	3	5	63%
Distinct Total	1	0	2	4	3	8	100%
Percent	13%	0%	25%	50%	38%	100%	

**Children/Youth Residential as of 10/31/21:**

Table 1. Counts of distinct individuals by Authorization and Region.

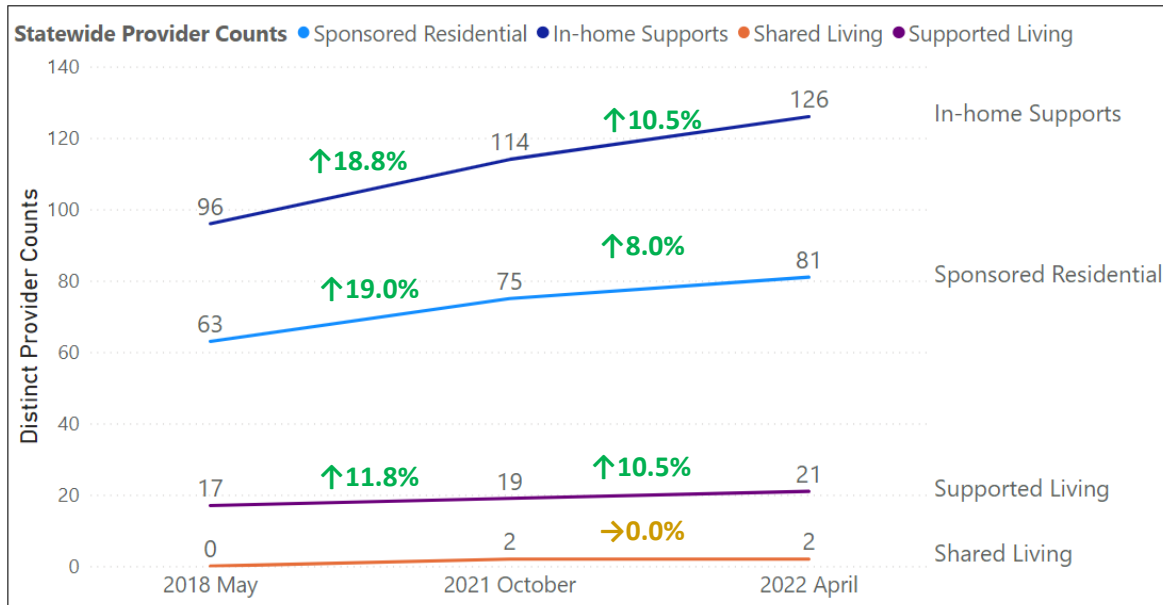
Approved Authorization	Primary DBHDS Region					Distinct Total	%
	1	2	3	4	5		
Group Residential Supports 4 or fewer	0	0	1	6	0	7	29%
Group Residential Supports 5 or more	0	0	0	1	0	1	4%
Sponsored Residential	1	1	4	3	11	17	71%
Distinct Total	1	1	5	9	8	24	100%
Percent	4%	4%	21%	38%	33%	100%	

Table 2. Counts of Providers (distinct TaxIdentifiers) by Authorization and Region.  
For those Authorizations listed in Table 1.

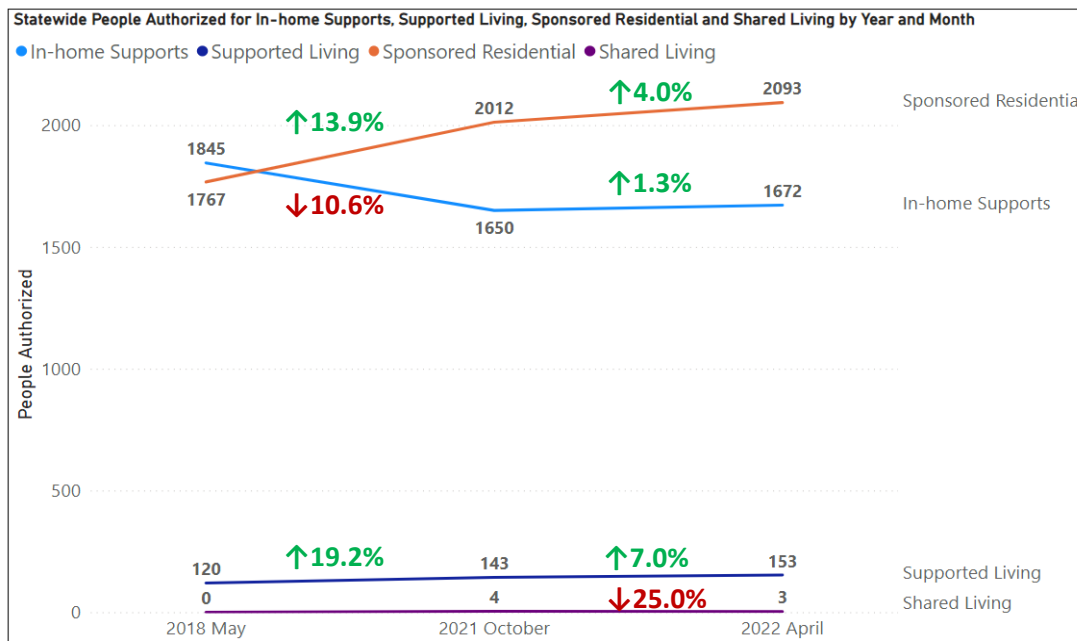
Approved Authorization	Primary DBHDS Region					Distinct Total	%
	1	2	3	4	5		
Group Residential Supports 4 or fewer	0	0	1	2	0	3	33%
Group Residential Supports 5 or more	0	0	0	1	0	1	11%
Sponsored Residential	1	1	2	1	3	6	67%
Distinct Total	1	1	3	3	3	9	100%
Percent	11%	11%	33%	33%	33%	100%	

### Statewide Provider Counts and Individual Authorizations per Service

**Method:** The data in section derives from the 4/30/22 version of the Baseline Measurement Tool by comparing the baseline data to the 10/31/21 and 4/30/22 aggregate provider and individual service authorization counts. (Report ID DR0058)

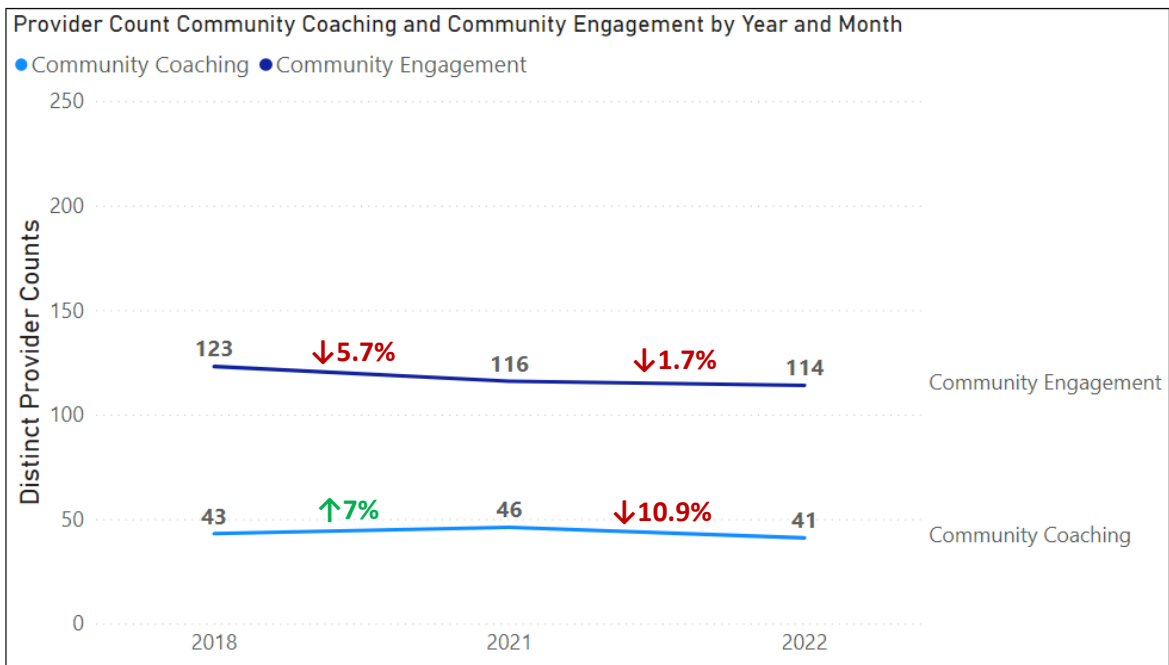


Year, Month	In-home Supports	Supported Living	Sponsored Residential	Shared Living
2018, May	96	17	63	0
2021, October	114	19	75	2
2022, April	126	21	81	2

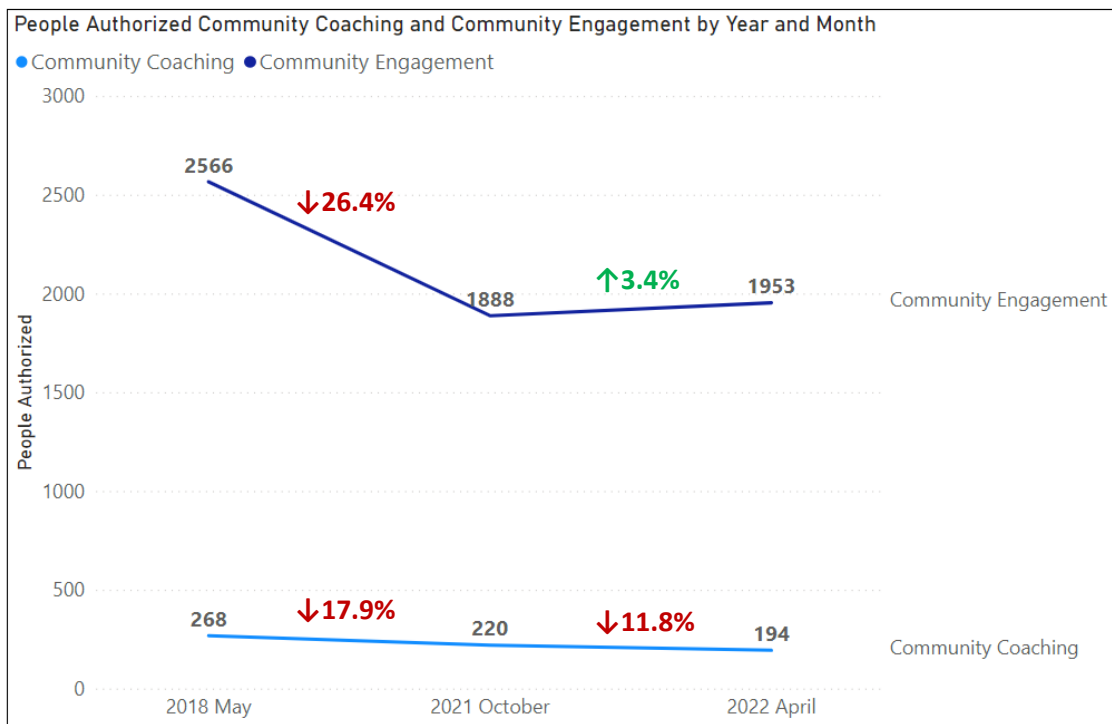


Year, Month	In-home Supports	Supported Living	Sponsored Residential	Shared Living
2018, May	1845	120	1767	0
2021, October	1650	143	2012	4
2022, April	1672	153	2093	3

PROVIDER DATA SUMMARY – May 1, 2022

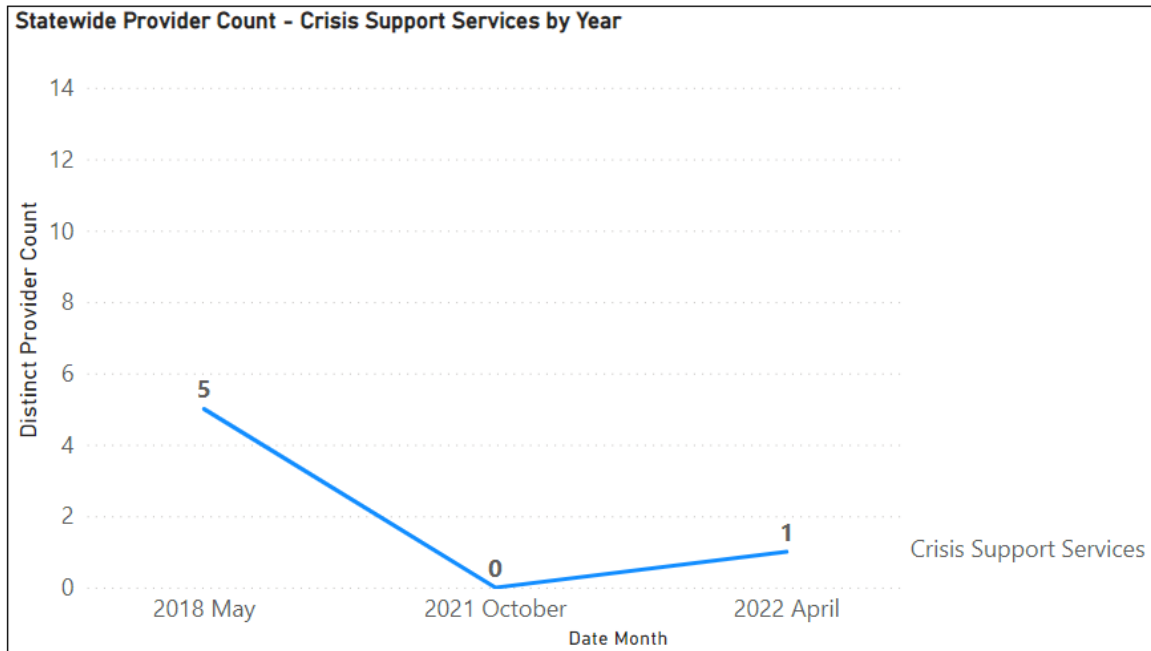


Year	Community Coaching	Community Engagement
2018	43	123
2021	46	116
2022	41	114

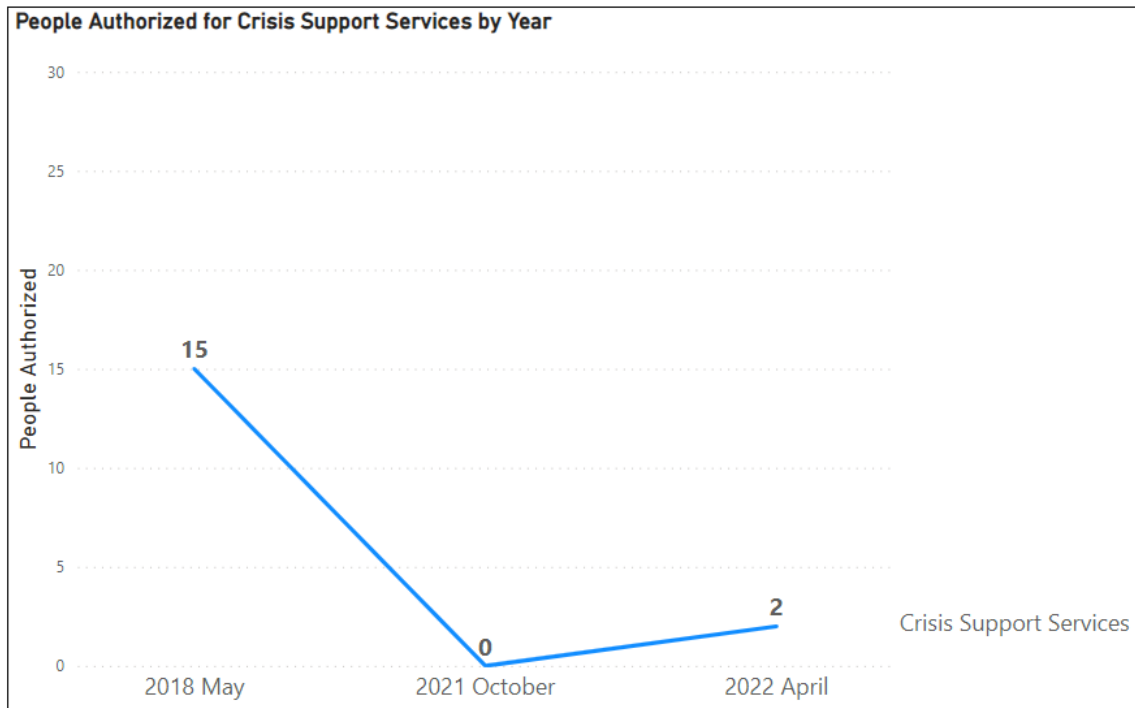


Year, Month	Community Coaching	Community Engagement
2018, May	268	2566
2021, October	220	1888
2022, April	194	1953

PROVIDER DATA SUMMARY – May 1, 2022



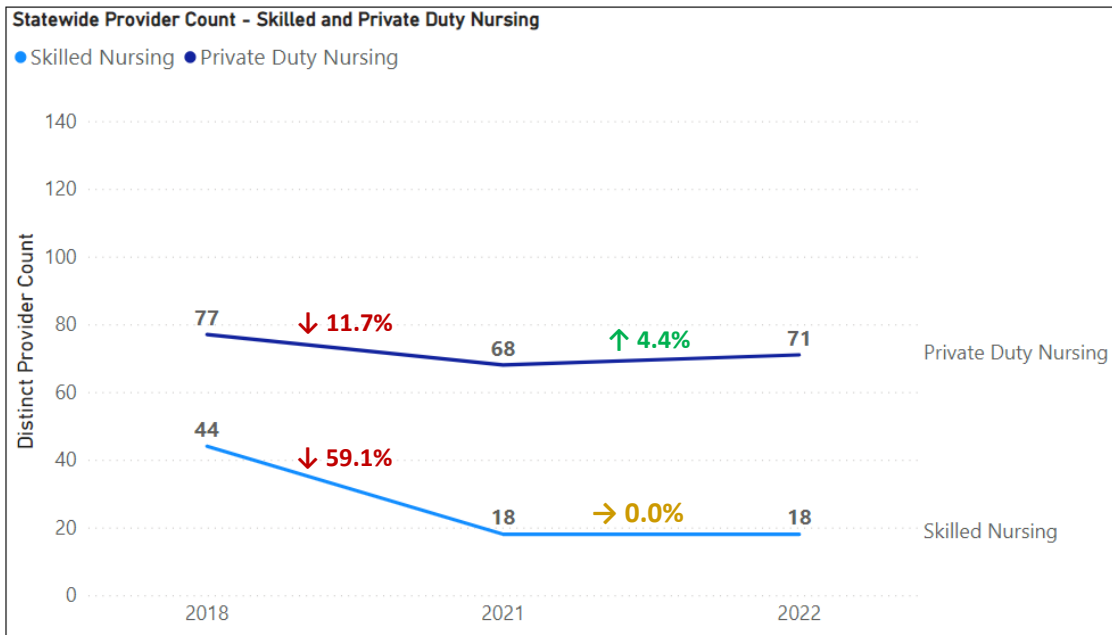
Year, Month	Crisis Support Services
2018, May	5
2021, October	0
2022, April	1



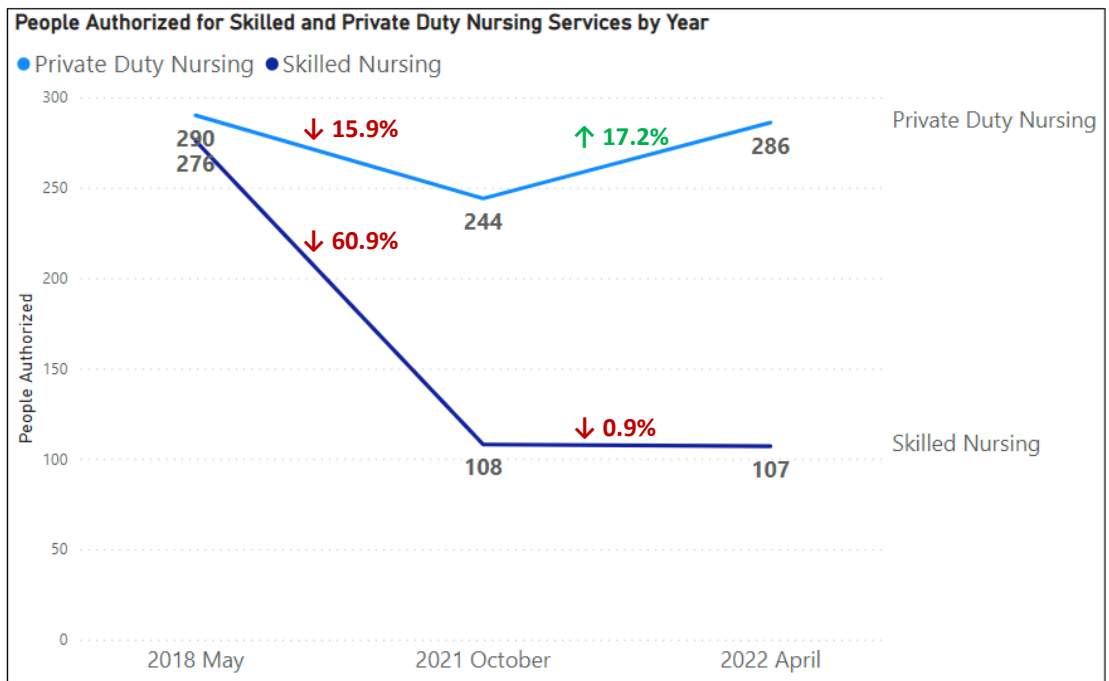
Year, Month	Crisis Support Services
2018, May	15
2021, October	0
2022, April	2



PROVIDER DATA SUMMARY – May 1, 2022

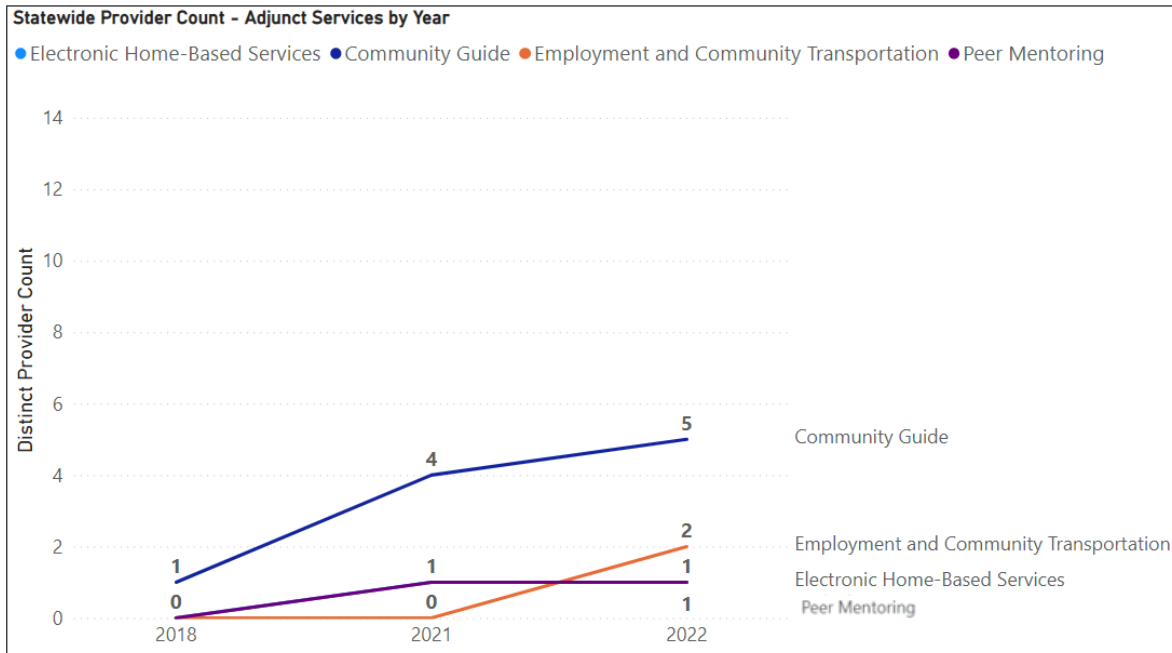


Year, Month	Skilled Nursing	Private Duty Nursing
2018, May	51	95
2021, October	29	114
2022, April	26	122

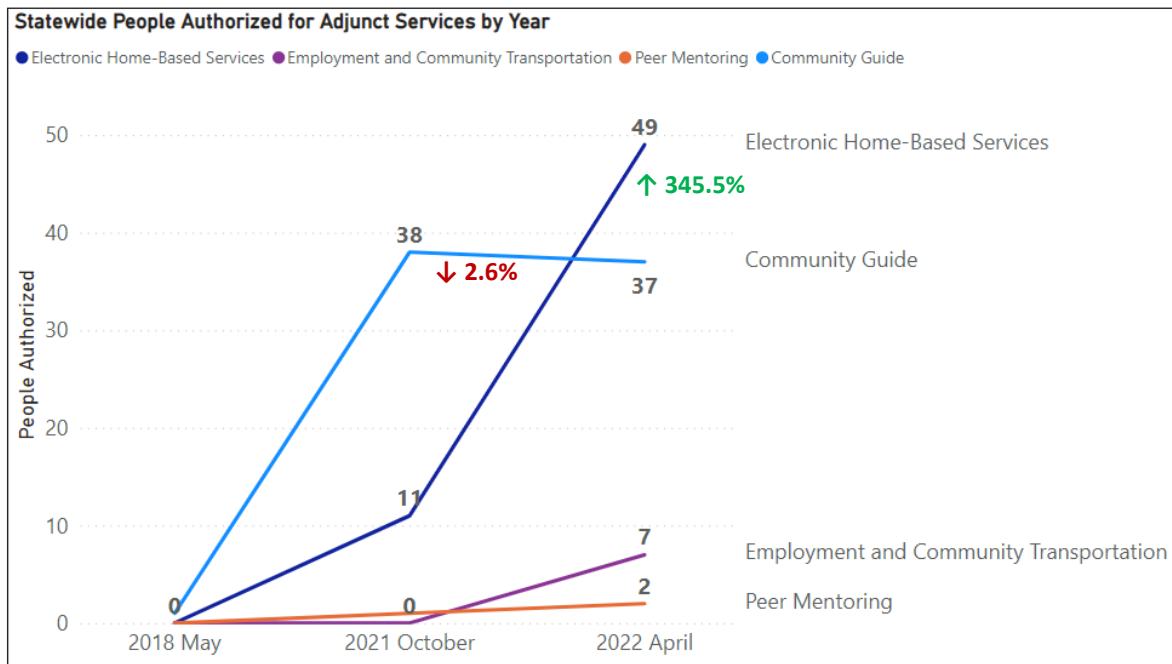


Year, Month	Private Duty Nursing	Skilled Nursing
2018, May	290	276
2021, October	244	108
2022, April	286	107

PROVIDER DATA SUMMARY – May 1, 2022

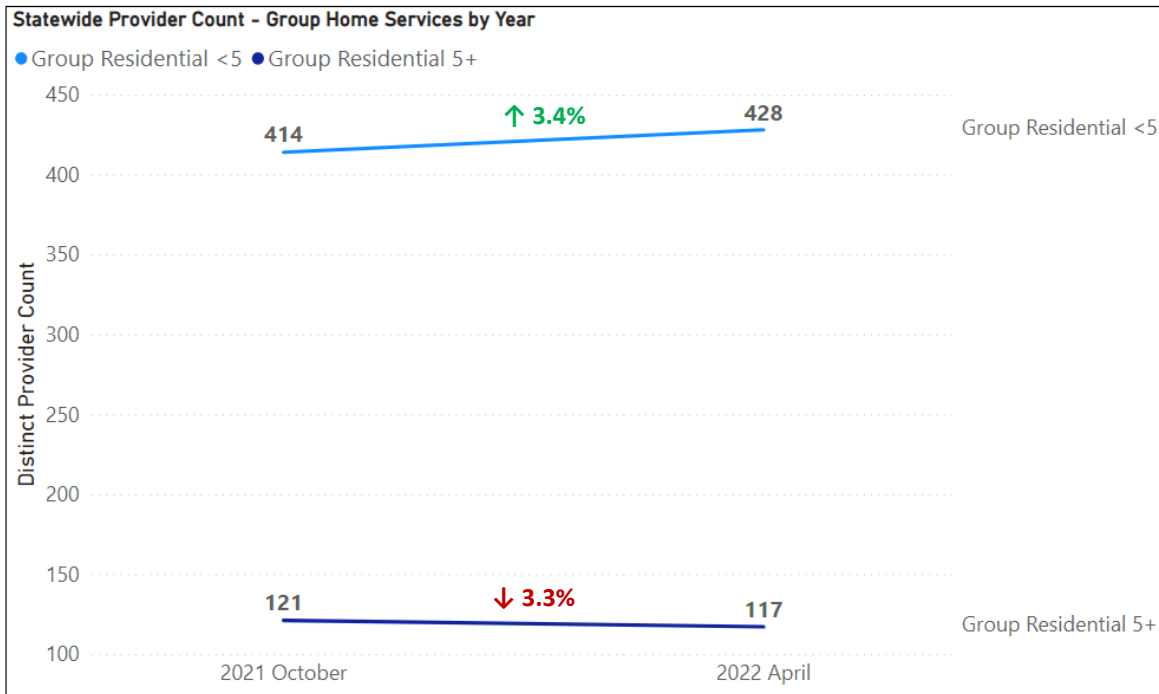


Year	Electronic Home-Based Services	Community Guide	Employment and Community Transportation	Peer Mentoring
2018	0	1	0	0
2021	1	4	0	1
2022	1	5	2	1

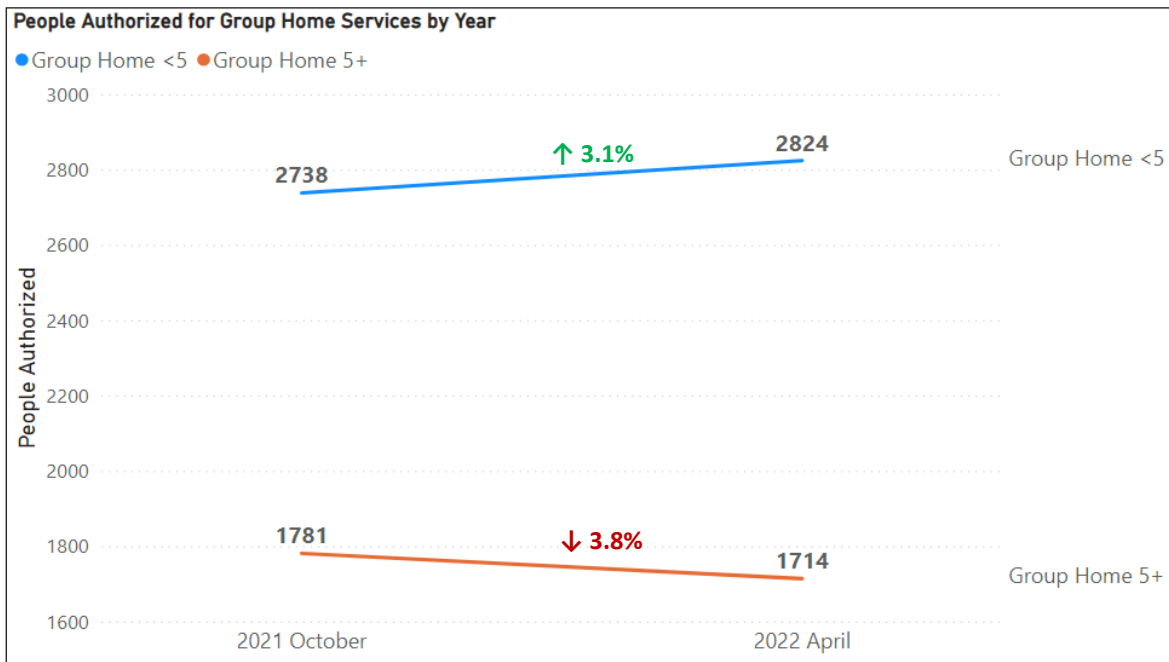


Year, Month	Electronic Home-Based Services	Employment and Community Transportation	Peer Mentoring	Community Guide
2018, May	0	0	0	1
2021, October	11	0	1	38
2022, April	49	7	2	37

PROVIDER DATA SUMMARY – May 1, 2022



Year, Month	Group Residential <5	Group Residential 5+
2021, October	414	121
2022, April	428	117



Year, Month	Group Home <5	Group Home 5+
2021, October	2738	1781
2022, April	2824	1714

## REGIONAL DATA

In order to increase a provider's ability to consider service expansion, this section reports availability across four subareas in each region. The data is based on the numbers and lettering detailed below. In addition, these subareas are incorporated into the Baseline Measurement Tool for easy sorting.

**Method:** The data used in the development of this section derives from the 4/30/22 Baseline Measurement Tool. Data is transferring from the 5/10/18, 10/31/21, and 4/30/22 data tabs using Power Bi to determine provider counts per service by the following regions. (Report ID DR0058)

### Region I

1-A	1-B	1-C	1-D
Caroline County	Augusta County	Harrisonburg City	Nelson County
Fredericksburg City	Highland County	Rockingham County	Louisa County
King George County	Staunton City	Frederick County	Albemarle County
Spotsylvania County	Waynesboro City	Page County	Charlottesville City
Stafford County	Alleghany County	Shenandoah County	Fluvanna County
Culpeper County	Covington City	Warren County	Greene County
Madison County	Bath County	Winchester City	Amherst County
Orange County	Buena Vista City	Clarke County	Appomattox County
Fauquier County	Lexington City		Bedford County
Rappahannock County	Rockbridge County		Campbell County
			Lynchburg City

### Region II

2-A	2-B	2-C	2-D
Alexandria City	Fairfax City	Loudoun County	Manassas City
Arlington County	Fairfax County		Manassas Park City
	Falls Church City		Prince William County

### Region III

3-A	3-B	3-C	3-D
Botetourt County	Franklin County	Carroll County	Buchanan County
Craig County	Danville City	Galax City	Russell County
Roanoke City	Pittsylvania County	Grayson County	Tazewell County
Roanoke County	Henry County	Bland County	Dickenson County
Salem City	Martinsville City	Wythe County	Bristol City
Giles County	Halifax County	Floyd County	Washington County
Montgomery County	Mecklenburg County	Pulaski County	Smyth County
	Brunswick County	Radford City	Lee County
	Patrick County		Norton City
			Scott County
			Wise County

**Region IV**

4-A	4-B	4-C	4-D
Chesterfield County	Amelia County	Charlotte County	Dinwiddie County
Colonial Heights City	Buckingham County	Lunenburg County	Greensville County
Hanover County	Cumberland County	Nottoway County	Hopewell City
Charles City County	Goochland County	Prince Edward County	Petersburg City
Henrico County	Powhatan County	Emporia City	Prince George County
New Kent County			Surry County
Richmond City			Sussex County

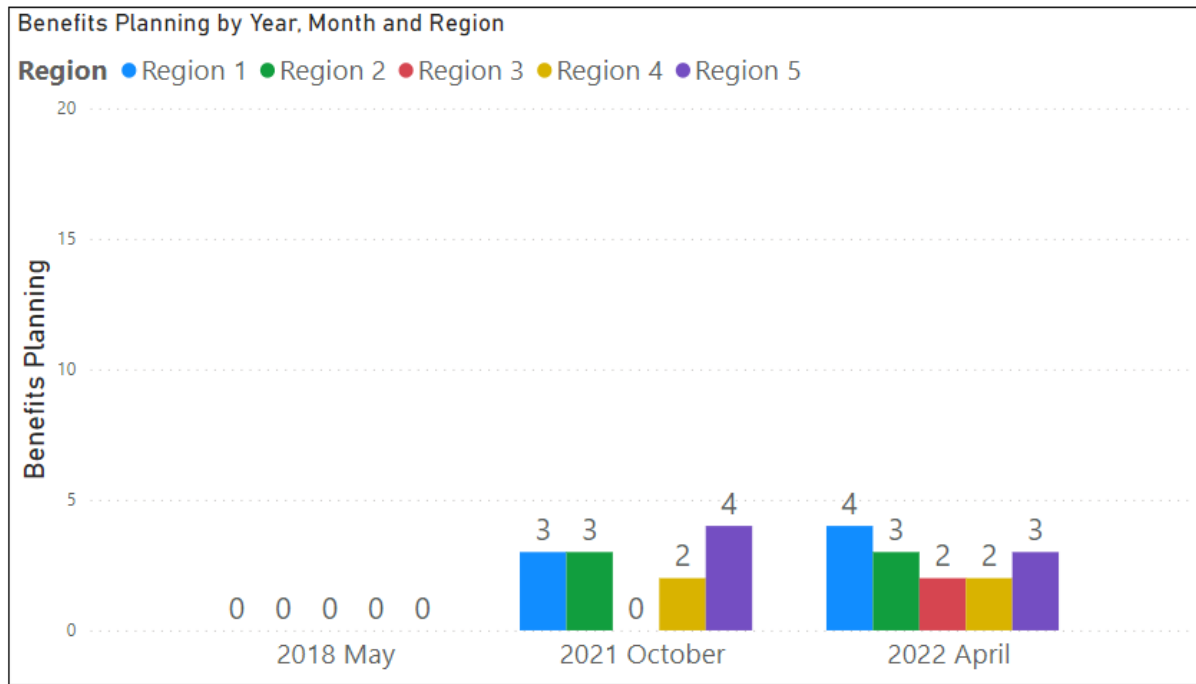
**Region V**

5-A	5-B	5-C	5-D
Essex County	Accomack County	James City County	Chesapeake City
Gloucester County	Northampton County	Poquoson City	Norfolk City
King and Queen County		Williamsburg City	Portsmouth City
King William County		York County	Virginia Beach City
Lancaster County		Hampton City	Franklin City
Mathews County		Newport News City	Isle of Wight County
Middlesex County			Southampton County
Northumberland County			Suffolk City
Richmond County			
Westmoreland County			

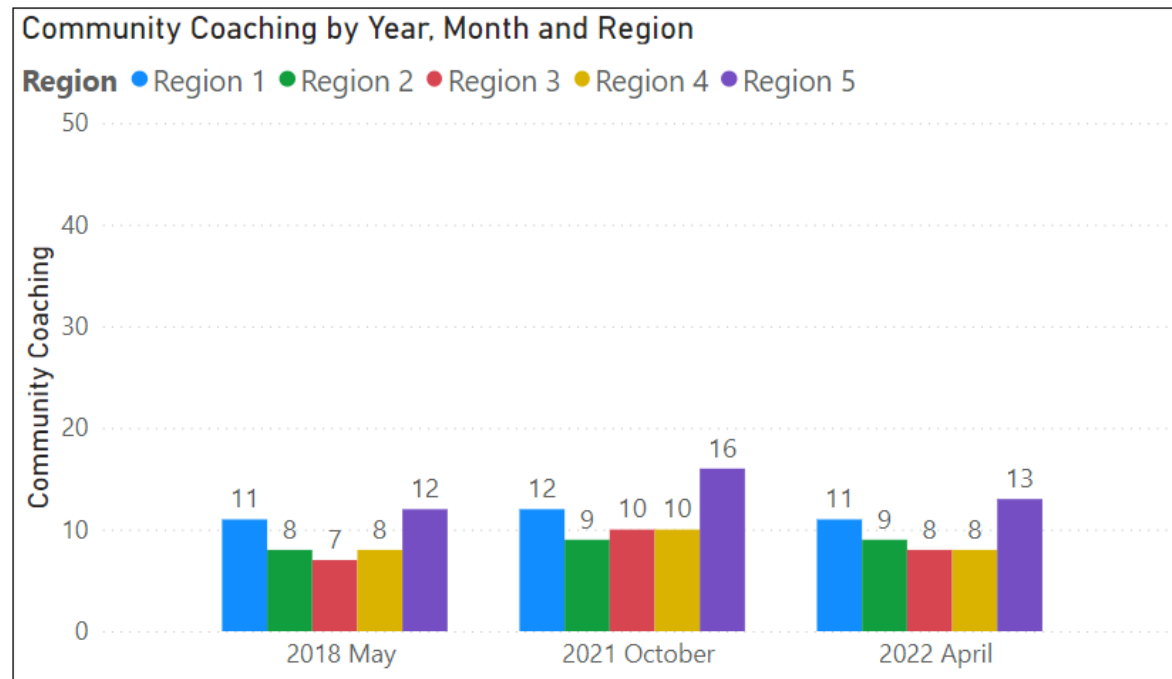
If you would like to see service change in a particular locality or area, apply filters in the Baseline Measurement Tool to explore service change across the sub-regions listed above. The following data reflect provider change per service at the regional level.

<--- Location--->				<---		
DBHDS Region	Sub Region	CSB	City/County	BI waiver	FIS waiver	C waiver
1	1-A	RapA	Caroline County	0	12	3
1	1-A	RapA	Fredericksburg City	2	13	3
1	1-A	RapA	King George County	0	6	2
1	1-A	RapA	Spotsylvania County	3	82	21
1	1-A	RapA	Stafford County	3	75	18
1	1-A	RapR	Culpeper County	1	20	8
1	1-A	RapR	Fauquier County	0	32	5
1	1-A	RapR	Madison County	0	4	1
1	1-A	RapR	Orange County	2	27	4
1	1-A	RapR	Rappahannock County	0	2	9
1	1-B	ALLE	Alleghany County	0	12	3

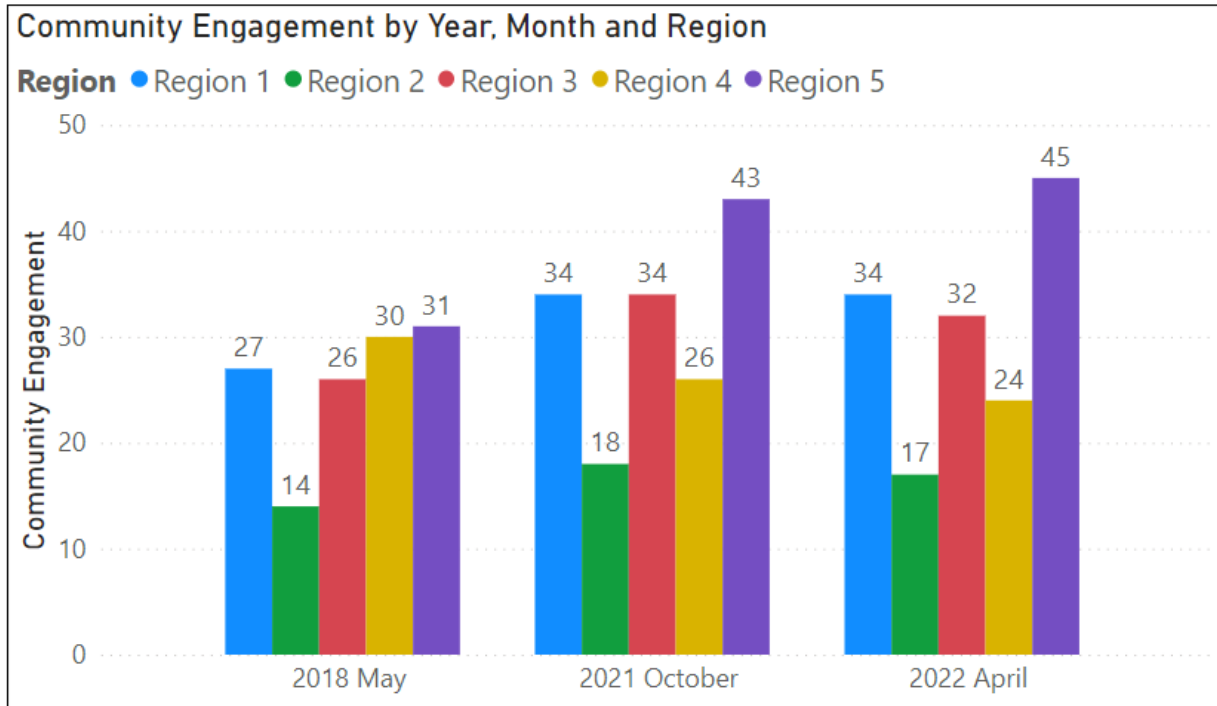
PROVIDER DATA SUMMARY – May 1, 2022



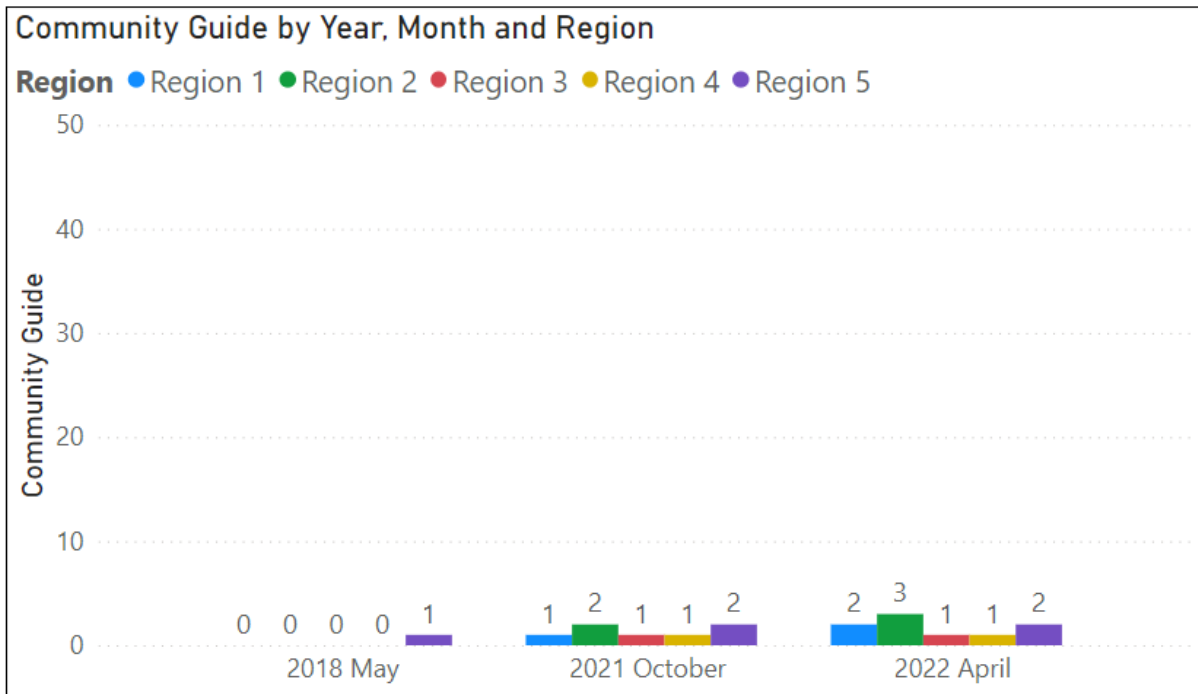
Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	0	0	0	0	0
2021, October	3	3	0	2	4
2022, April	4	3	2	2	3



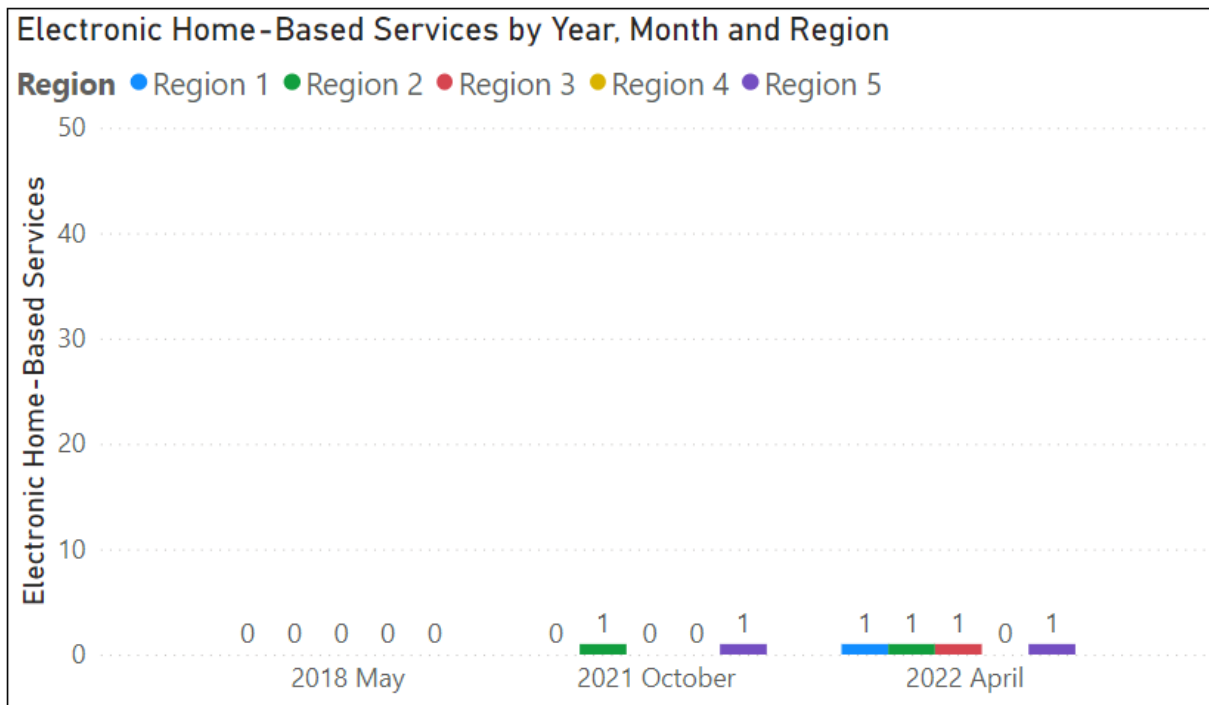
Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	11	8	7	8	12
2021, October	12	9	10	10	16
2022, April	11	9	8	8	13



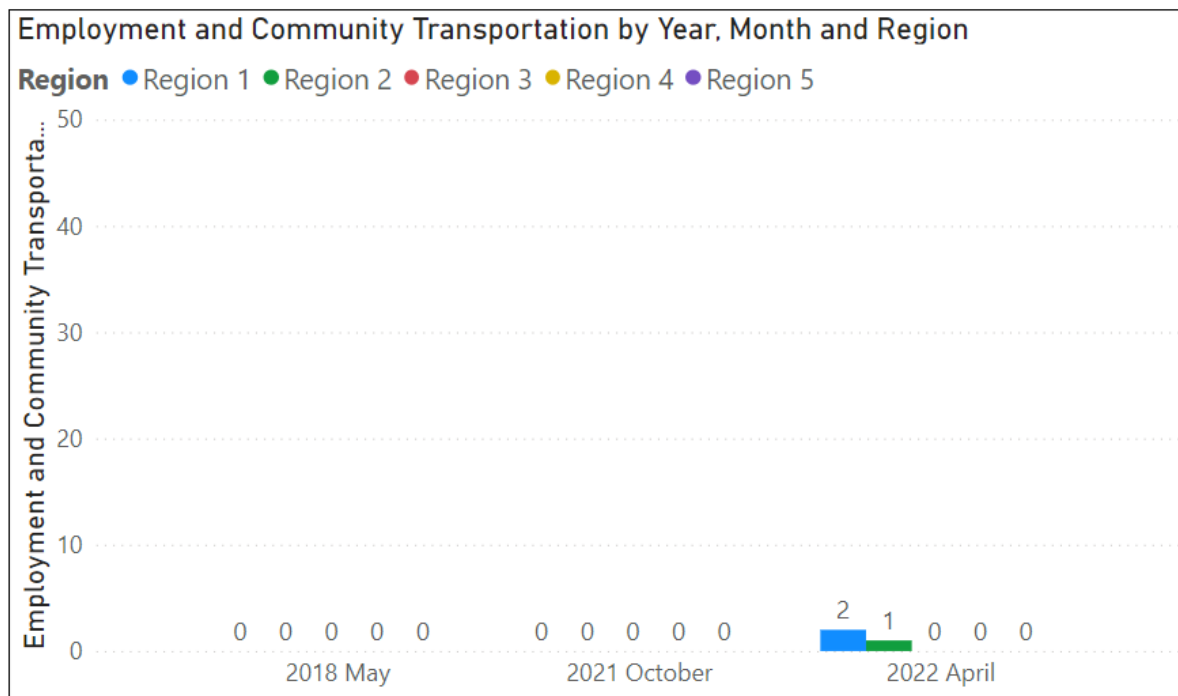
Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	27	14	26	30	31
2021, October	34	18	34	26	43
2022, April	34	17	32	24	45



Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	0	0	0	0	1
2021, October	1	2	1	1	2
2022, April	2	3	1	1	2

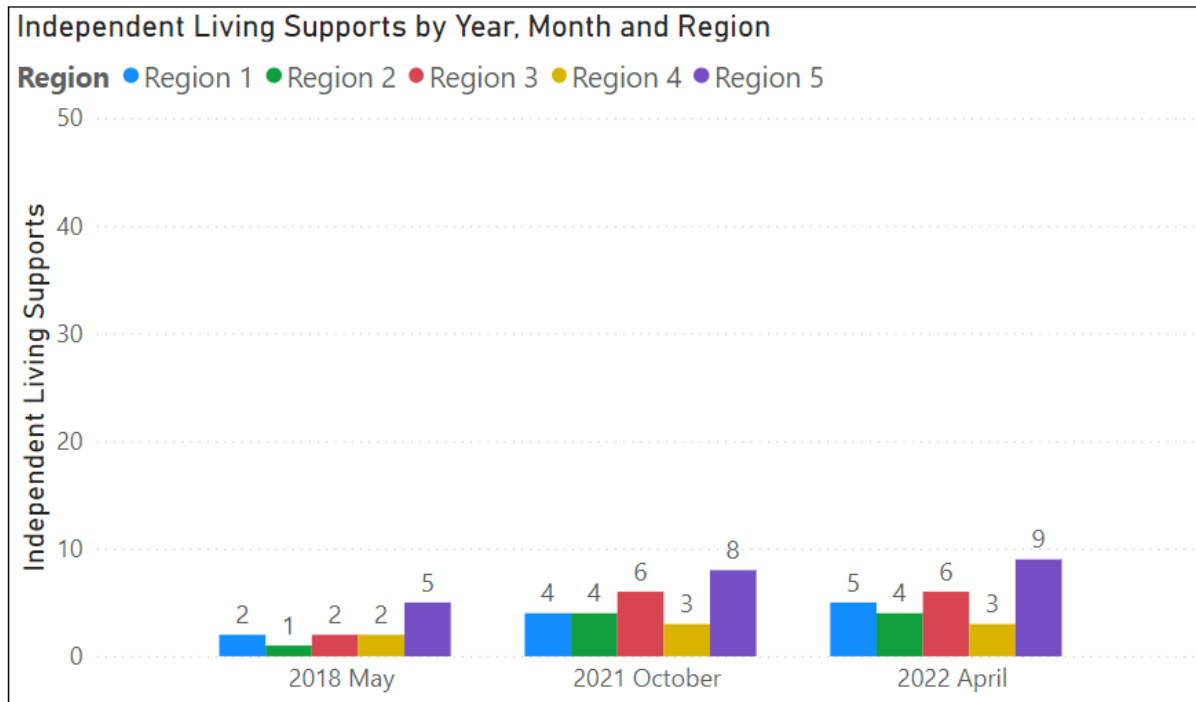


Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	0	0	0	0	0
2021, October	0	1	0	0	1
2022, April	1	1	1	0	1

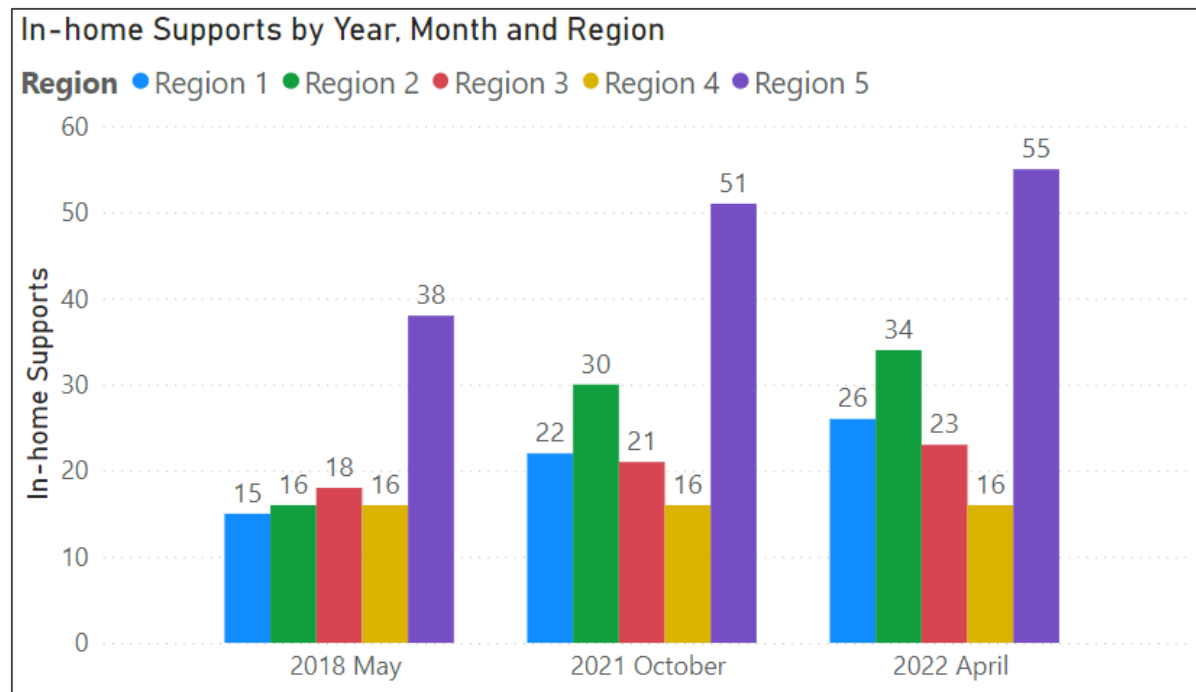


Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	0	0	0	0	0
2021, October	0	0	0	0	0
2022, April	2	1	0	0	0



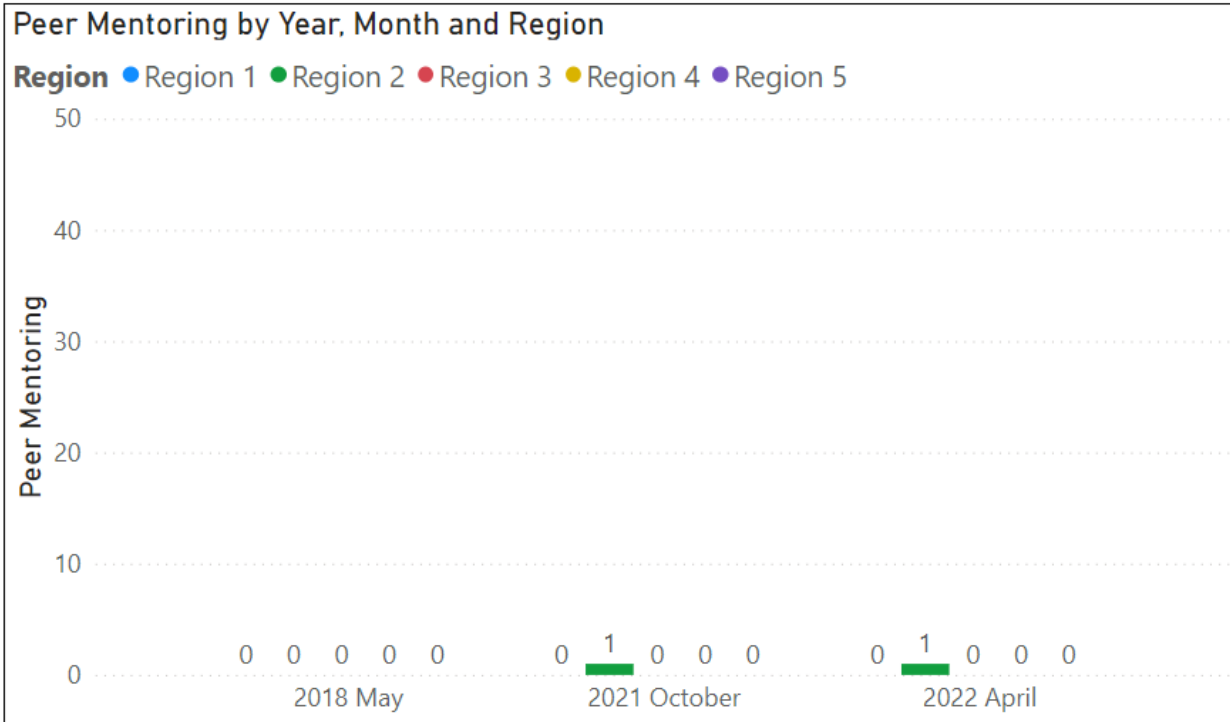


Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	2	1	2	2	5
2021, October	4	4	6	3	8
2022, April	5	4	6	3	9

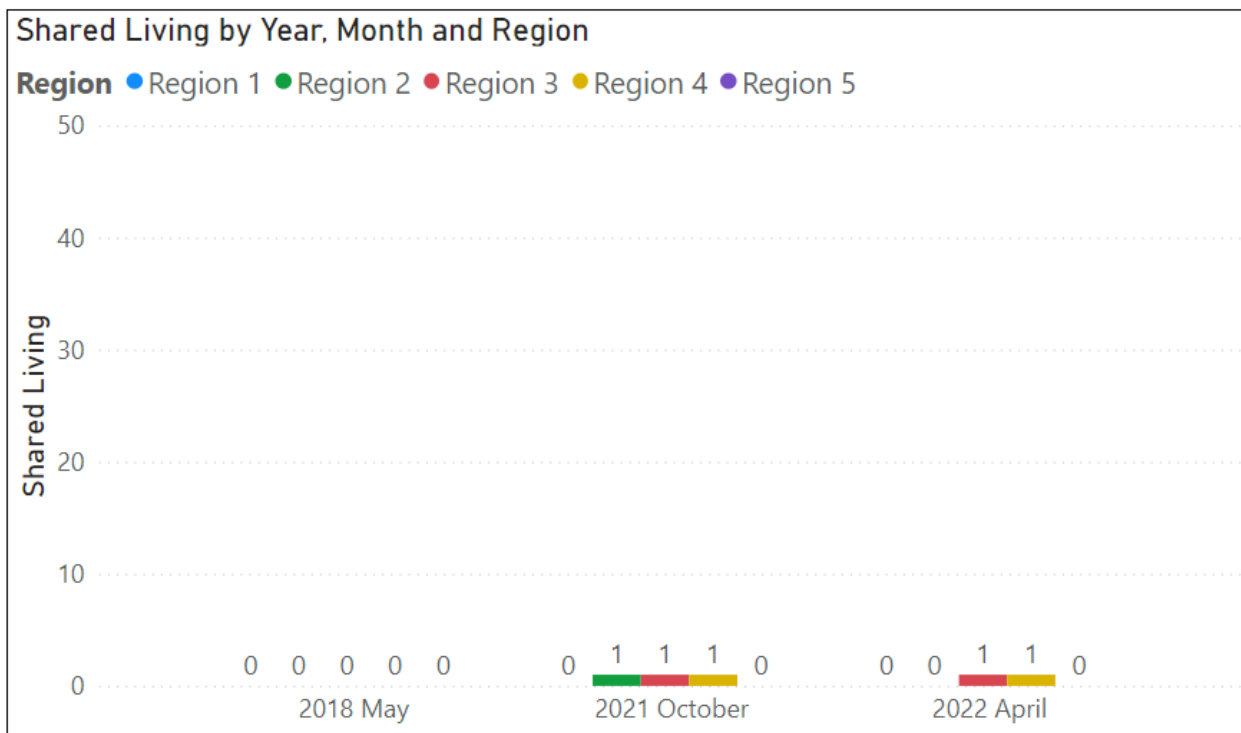


Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	15	16	18	16	38
2021, October	22	30	21	16	51
2022, April	26	34	23	16	55

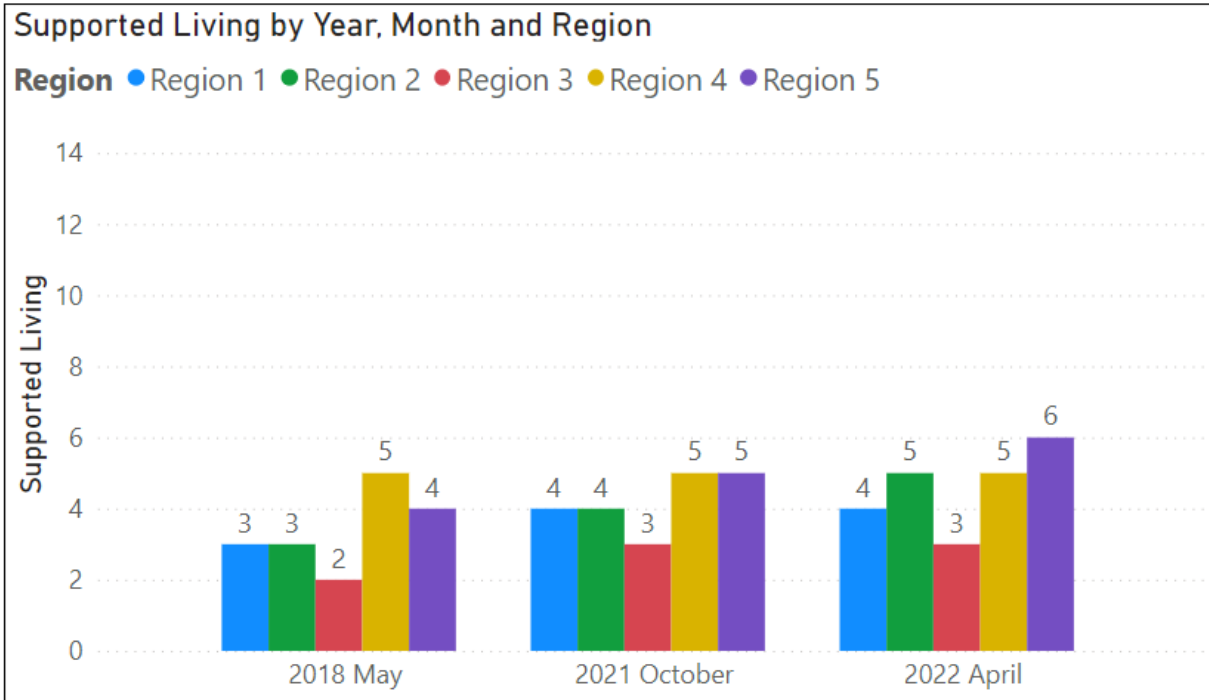
PROVIDER DATA SUMMARY – May 1, 2022



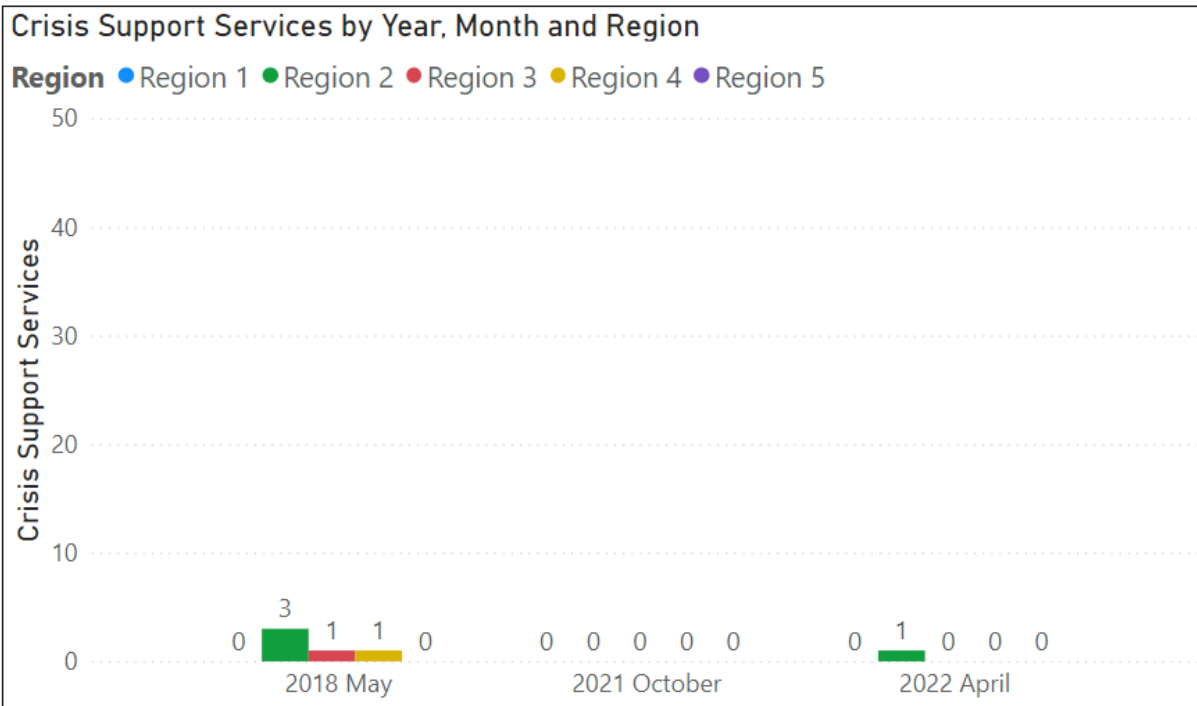
Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	0	0	0	0	0
2021, October	0	1	0	0	0
2022, April	0	1	0	0	0



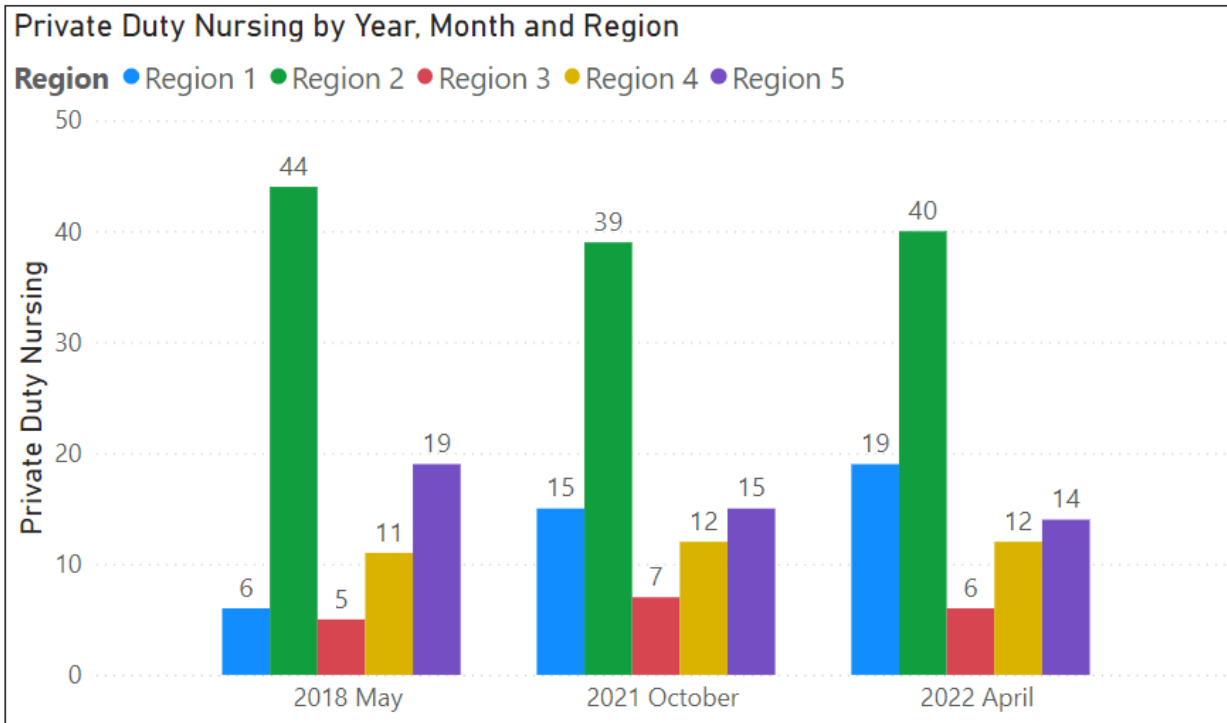
Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	0	0	0	0	0
2021, October	0	1	1	1	0
2022, April	0	0	1	1	0



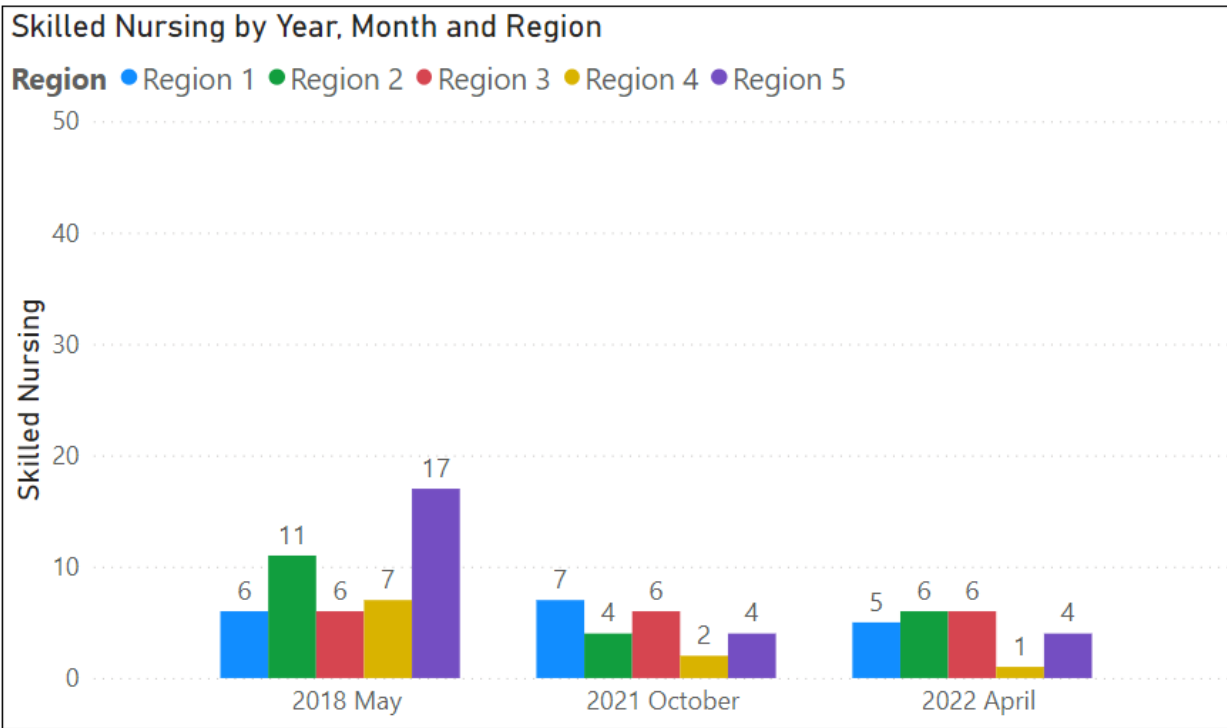
Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	3	3	2	5	4
2021, October	4	4	3	5	5
2022, April	4	5	3	5	6



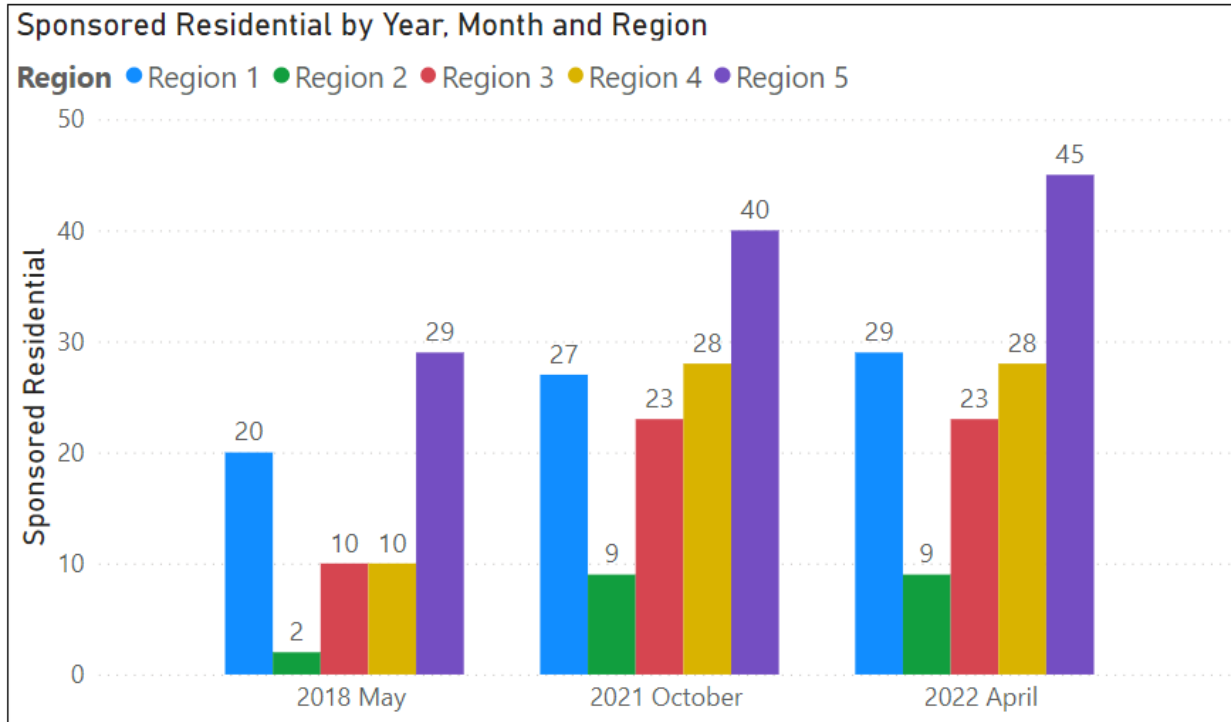
Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	0	3	1	1	0
2021, October	0	0	0	0	0
2022, April	0	1	0	0	0



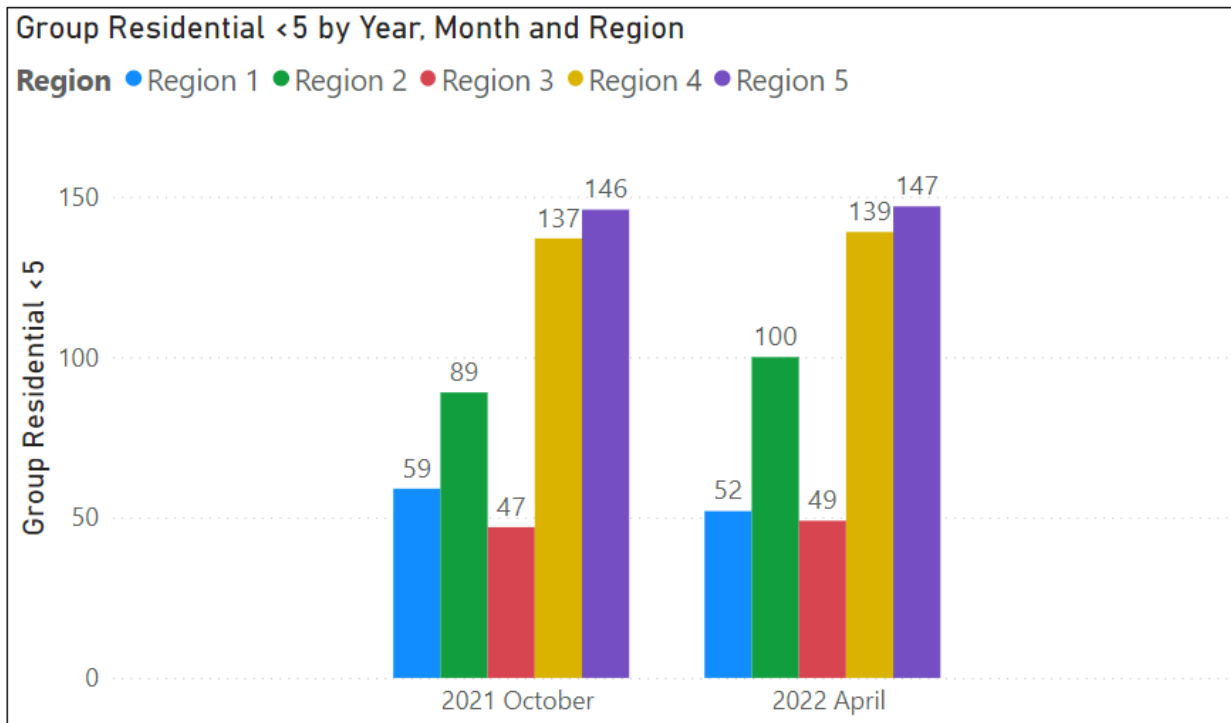
Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	6	44	5	11	19
2021, October	15	39	7	12	15
2022, April	19	40	6	12	14



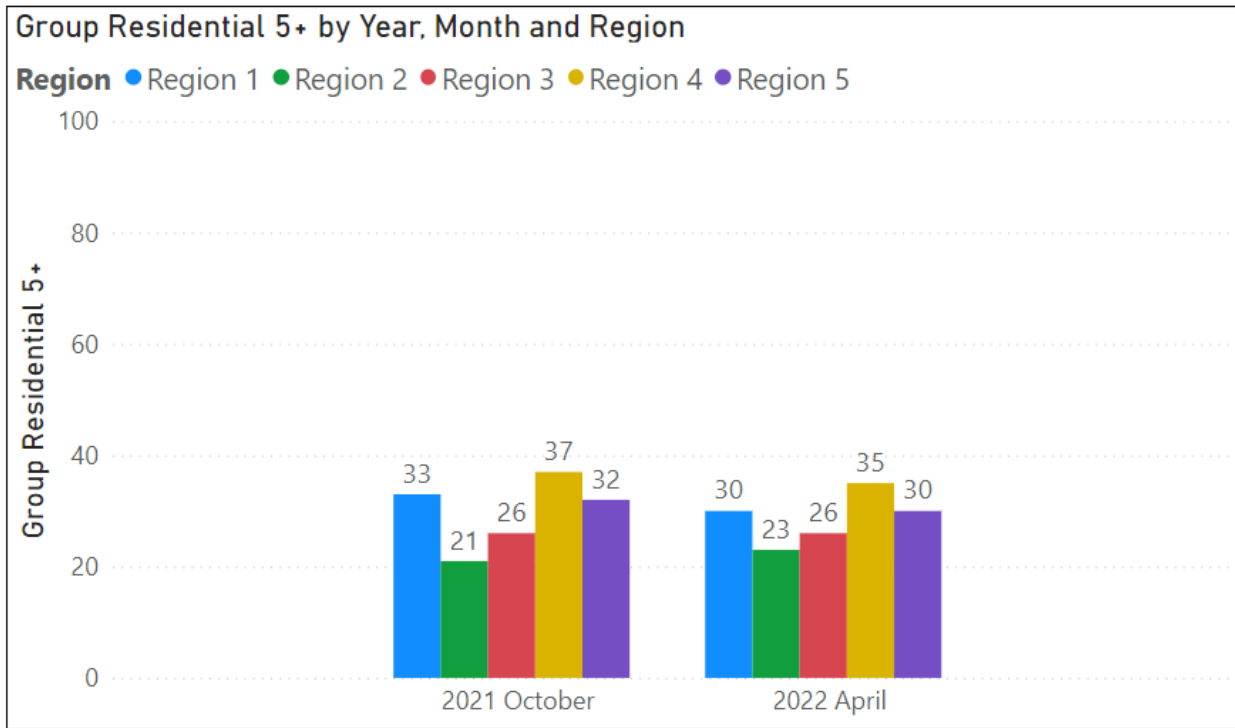
Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	6	11	6	7	17
2021, October	7	4	6	2	4
2022, April	5	6	6	1	4



Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2018, May	20	2	10	10	29
2021, October	27	9	23	28	40
2022, April	29	9	23	28	45



Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2021, October	59	89	47	137	146
2022, April	52	100	49	139	147



Year, Month	Region 1	Region 2	Region 3	Region 4	Region 5
2021, October	33	21	26	37	32
2022, April	30	23	26	35	30

## IDENTIFIED GAPS

Provider Development leads five Regional Support Teams (RSTs) designed to provide support with ensuring informed choice and with removing barriers to more integrated service options across Virginia. This section highlights findings from RST processes.

DBHDS is integrating the RST referral process into the Waiver Management System to ease communication, tracking and data reporting. RST barrier data is included in this Provider Data Summary report. Moving RST processes into WaMS is expected to ease communication across involved stakeholders and enhance reporting capabilities. Due to additional time needed to secure funding and develop the module, the transition of the RST process into WaMS is planned for August 2022. At the time of this report, development is in the final stages, after which guidance can be developed and training and testing can proceed.

The barriers for the most integrated services are evaluated for frequency and location. The charts below provide details on five themes identified in the RST referral process and the distribution across regions during the 1<sup>st</sup> and 2<sup>nd</sup> quarters FY22 RST reports. The data results are consolidated into the categories provided. Barrier counts listed below are not inclusive of all possible barriers and may be duplicated across referrals. These charts represent the frequency a barrier was reported by region, upon initial referral, and within one of five given themes. Five referrals fell outside of themed areas as reported below. Additional themes will be developed to accommodate any emergency trends in the data.

**Method:** The data used in this section is derived from the 1<sup>st</sup> and 2<sup>nd</sup> quarters FY22 RST reports by combining and categorizing the results in the Barriers Section for each Region.

### Barrier Themes

**Individual/SDM Choice** includes: Individual/SDM/LG chooses less integrated option; Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports; Individual/SDM/LG does not choose provider after visit/still exploring community options

**Lack of provider at referral** includes: Services and activities unavailable in desired location; Professional Behavioral staff-Psychiatric, PBS facilitator, Applied Behavioral Analyst, or other specialist unavailable; Professional Behavioral staff-Dental, nursing or any medical specialist unavailable

**Provider/setting match** includes: Provider has determined placement is not a good match provider is not willing/able to support individual; Service/Provider Development or Loss-Construction/Renovations/Environmental Modifications/Staffing/On-boarding/Licensing; Community location is not adapted for physical access (not wheelchair accessible or ADA compliant);

**Lack behavioral expertise** includes: Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise

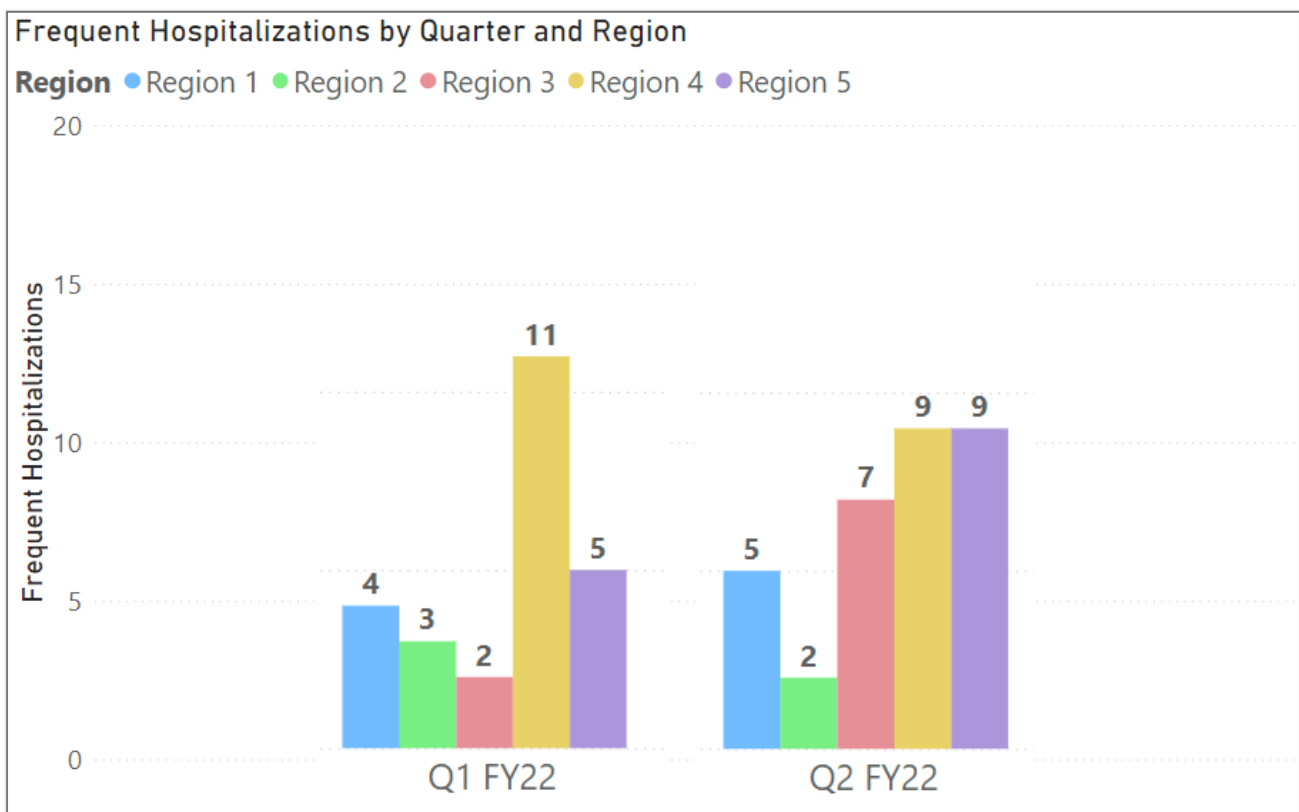
**Lack medical expertise** includes: Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise

**Lack mental health expertise** includes: Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise

**Program readiness** includes: location not adapted for physical access; service/provider development and/or loss in construction, renovations, environmental modifications, and/or staffing, on-boarding, and/or licensing

**Frequent Hospitalizations** includes: Individual has frequent medical and/or mental health hospitalizations; unexpected or late medical interventions

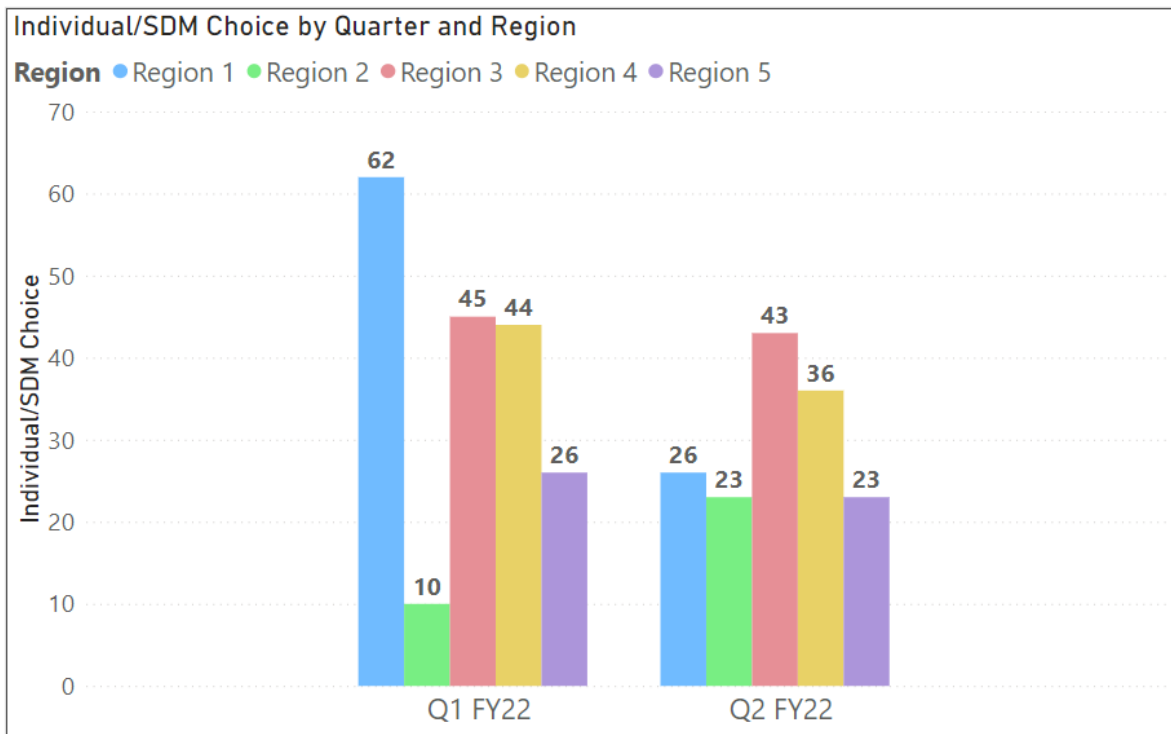
### Regional Data by Barrier and Quarter



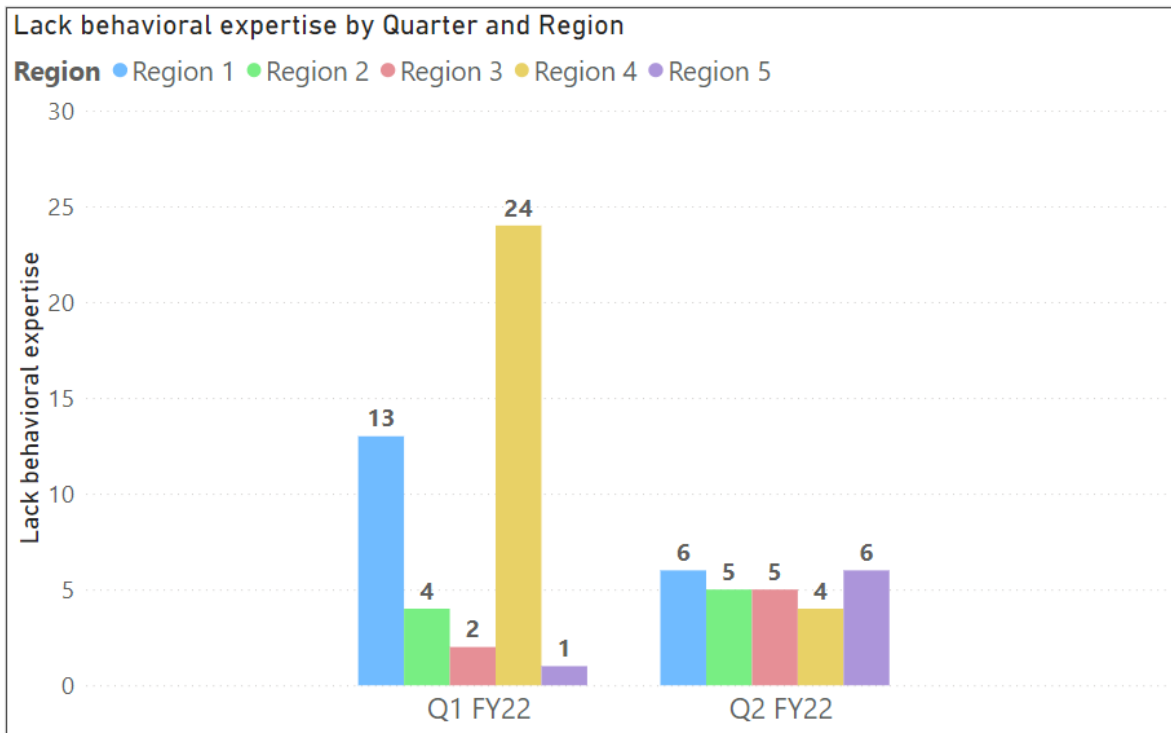
Quarter	Region 1	Region 2	Region 3	Region 4	Region 5
Q2 FY22	5	2	7	9	9
Q1 FY22	4	3	2	11	5



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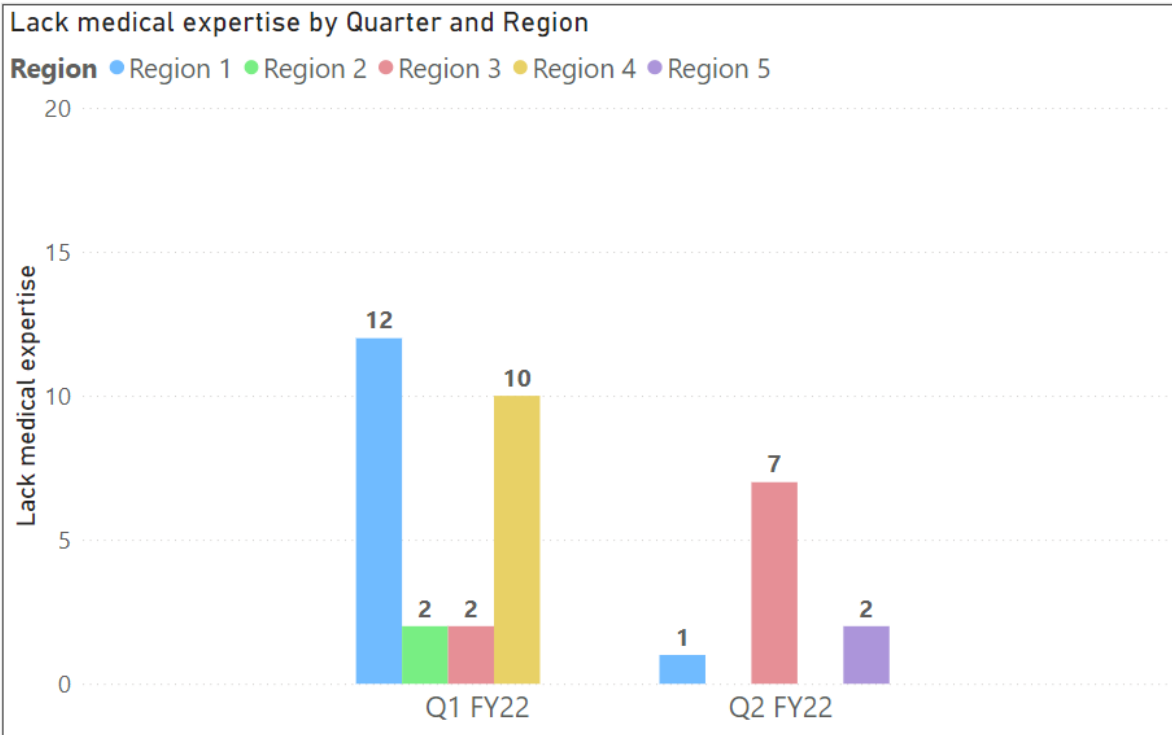


Quarter	Region 1	Region 2	Region 3	Region 4	Region 5
Q1 FY22	62	10	45	44	26
Q2 FY22	26	23	43	36	23

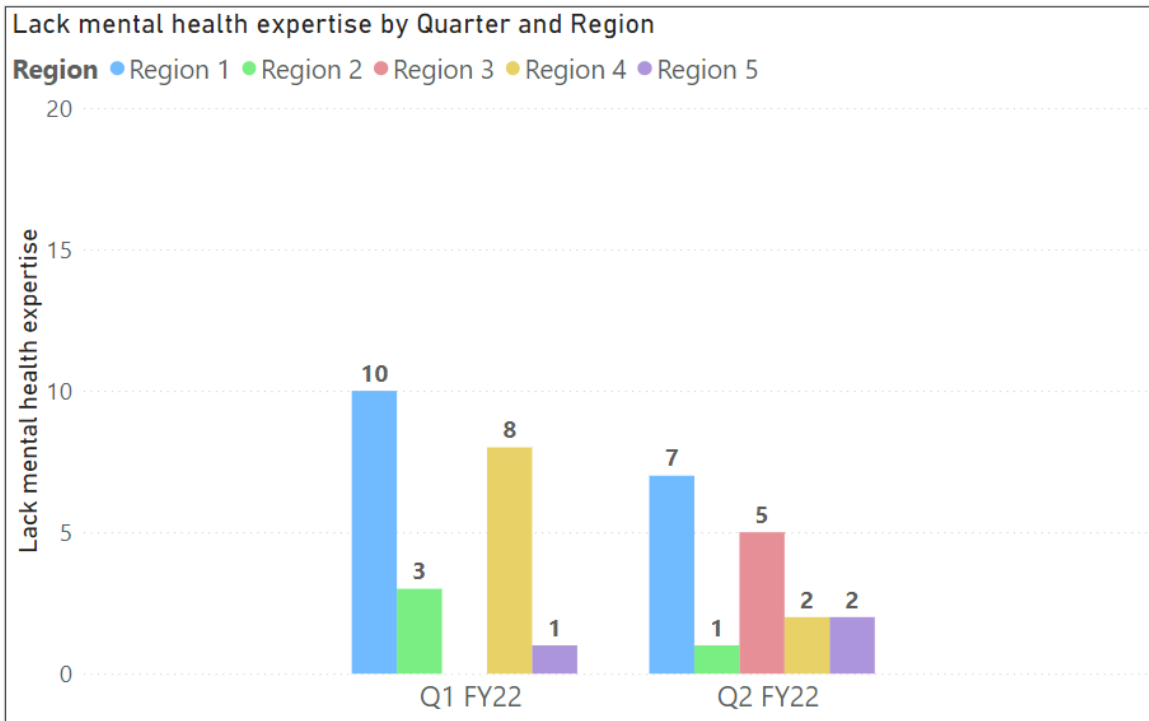


Quarter	Region 1	Region 2	Region 3	Region 4	Region 5
Q1 FY22	13	4	2	24	1
Q2 FY22	6	5	5	4	6

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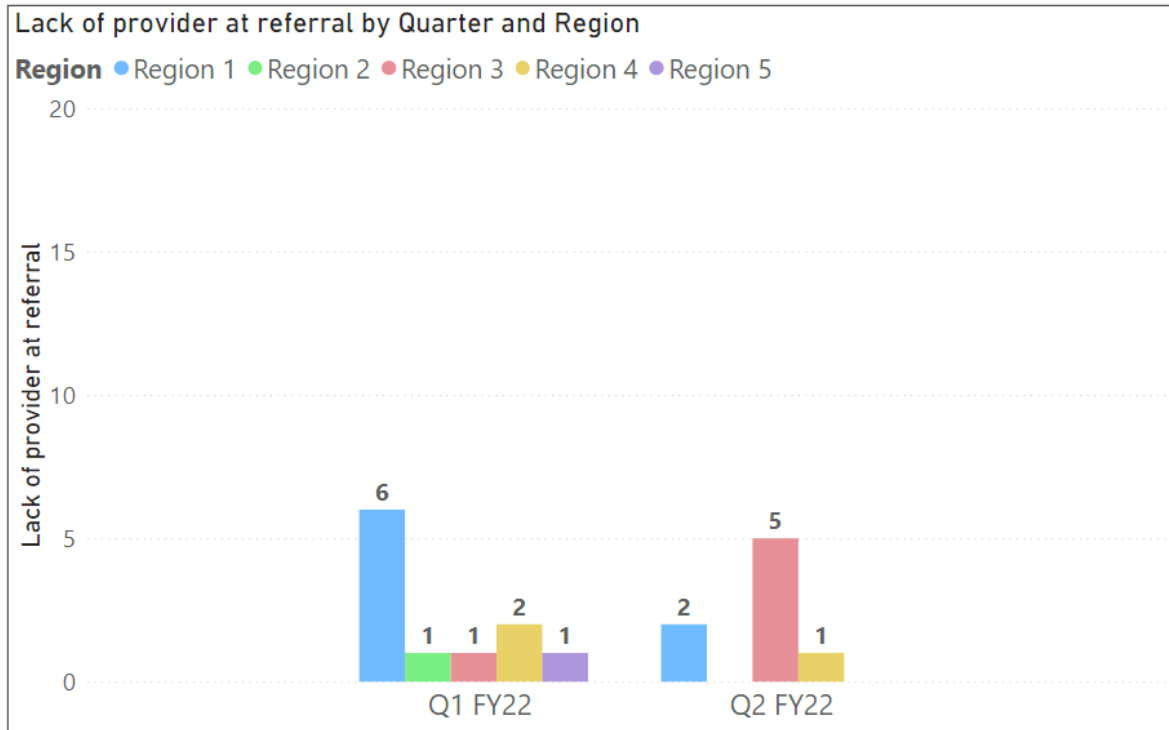


Quarter	Region 1	Region 2	Region 3	Region 4	Region 5
Q1 FY22	12	2	2	10	
Q2 FY22	1		7		2

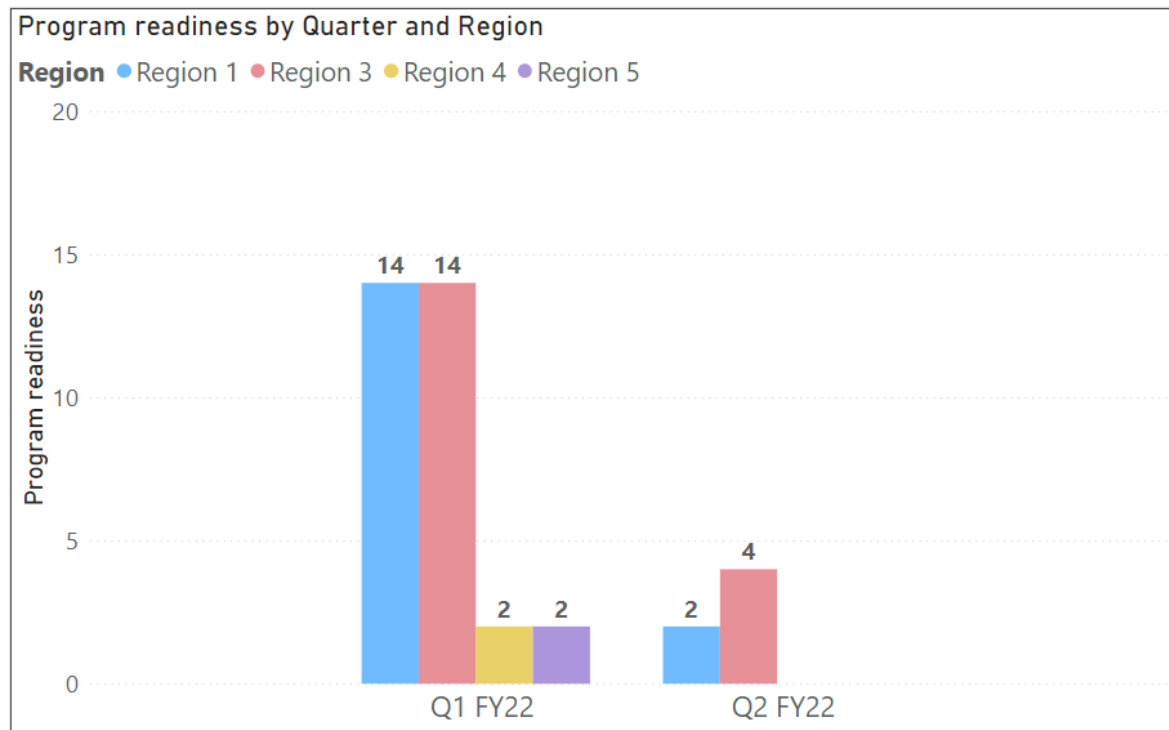


Quarter	Region 1	Region 2	Region 3	Region 4	Region 5
Q1 FY22	10	3		8	1
Q2 FY22	7	1	5	2	2

PROVIDER DATA SUMMARY – May 1, 2022

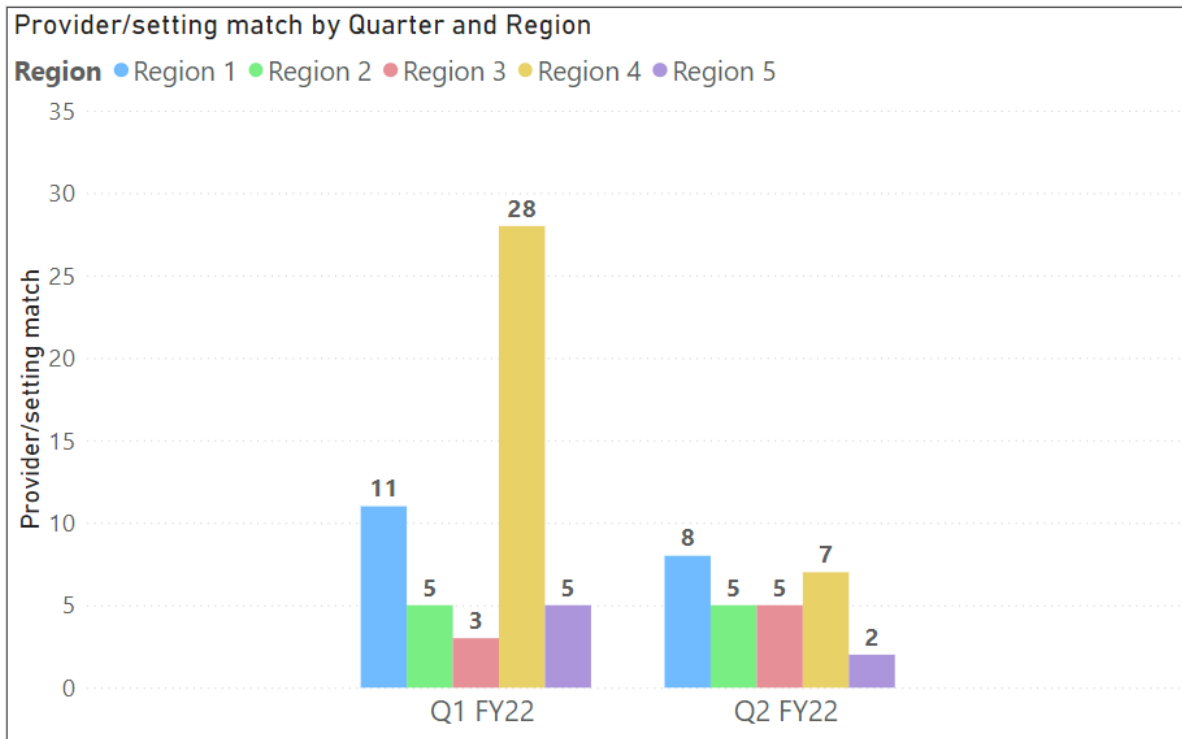


Quarter	Region 1	Region 2	Region 3	Region 4	Region 5
Q1 FY22	6	1	1	2	1
Q2 FY22	2		5	1	

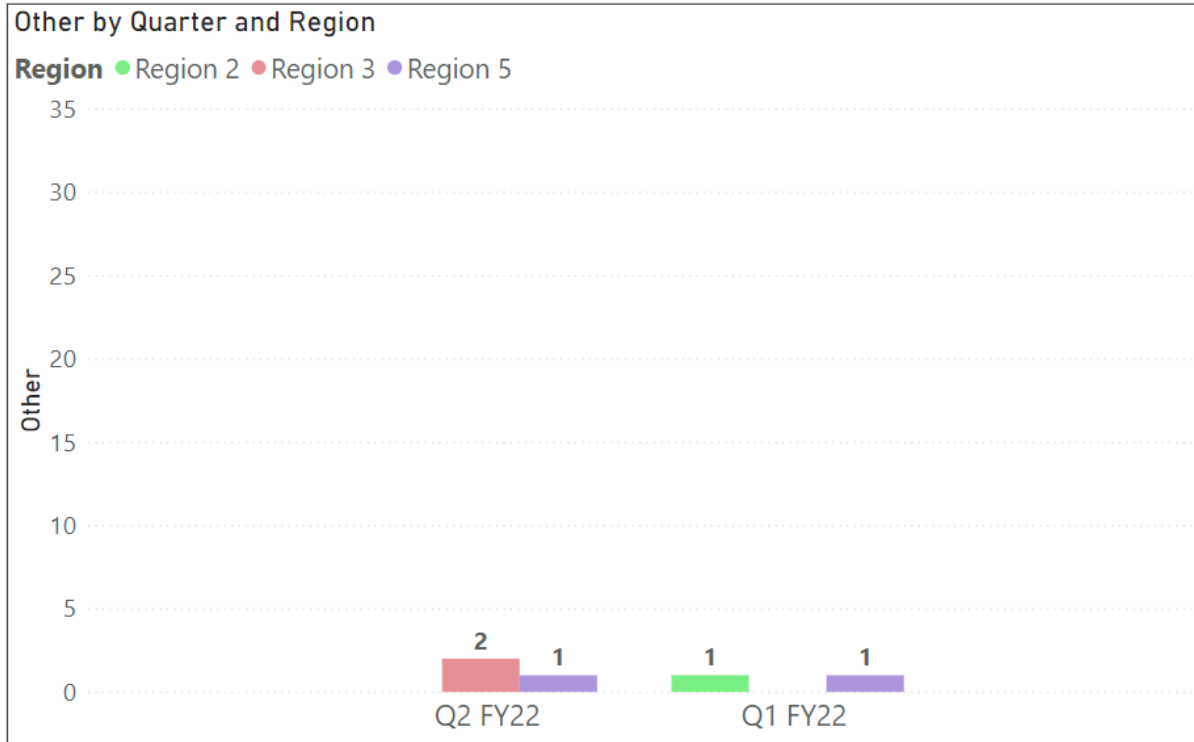


Quarter	Region 1	Region 3	Region 4	Region 5
Q1 FY22	14	14	2	2
Q2 FY22	2	4		

PROVIDER DATA SUMMARY – May 1, 2022



Quarter	Region 1	Region 2	Region 3	Region 4	Region 5
Q1 FY22	11	5	3	28	5
Q2 FY22	8	5	5	7	2



Quarter	Region 2	Region 3	Region 5
Q2 FY22		2	1
Q1 FY22	1		1

**Regional RST Barrier Data by Service (Q1 and Q2 FY22)**

<b>Sum of Barrier Individual/SDM Choice</b>						
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Region 4</b>	<b>Region 5</b>	<b>Grand Total</b>
<b>CD/AD PA</b>	<b>1</b>					<b>1</b>
Q1 FY22	1					1
<b>Center-based Crisis</b>				<b>1</b>		<b>1</b>
Q2 FY22				1		1
<b>Community Coaching</b>				<b>1</b>		<b>1</b>
Q2 FY22				1		1
<b>Community-Based Crisis</b>				<b>1</b>		<b>1</b>
Q2 FY22				1		1
<b>Crisis Support Services</b>				<b>1</b>		<b>1</b>
Q2 FY22				1		1
<b>Group Home</b>	<b>63</b>	<b>33</b>	<b>82</b>	<b>61</b>	<b>45</b>	<b>284</b>
Q1 FY22	40	10	44	38	24	156
Q2 FY22	23	23	38	23	21	128
<b>Independent Living</b>	<b>2</b>			<b>2</b>		<b>4</b>
Q1 FY22	2			1		3
Q2 FY22				1		1
<b>In-Home</b>	<b>2</b>			<b>1</b>	<b>3</b>	<b>6</b>
Q1 FY22	2				2	4
Q2 FY22				1	1	2
<b>Private Duty Nursing</b>	<b>1</b>					<b>1</b>
Q1 FY22	1					1
<b>Shared Living</b>	<b>2</b>			<b>1</b>		<b>3</b>
Q1 FY22	2					2
Q2 FY22				1		1
<b>Sponsored</b>	<b>13</b>		<b>6</b>	<b>7</b>	<b>1</b>	<b>27</b>
Q1 FY22	10		1	3		14
Q2 FY22	3		5	4	1	13
<b>Supported Living</b>	<b>4</b>			<b>3</b>		<b>7</b>
Q1 FY22	4			2		6
Q2 FY22				1		1
<b>Therapeutic Consultation</b>				<b>1</b>		<b>1</b>
Q2 FY22				1		1
<b>Grand Total</b>	<b>88</b>	<b>33</b>	<b>88</b>	<b>80</b>	<b>49</b>	<b>338</b>

## Sum of Barrier Frequent Hospitalizations

	Region 1	Region 2	Region 3	Region 4	Region 5	Grand Total
<b>Center-based Crisis</b>				<b>1</b>		<b>1</b>
Q2 FY22				1		1
<b>Community Coaching</b>				<b>1</b>		<b>1</b>
Q2 FY22				1		1
<b>Community-Based Crisis</b>		<b>1</b>		<b>1</b>		<b>2</b>
Q2 FY22		1		1		2
<b>Crisis Support Services</b>				<b>1</b>		<b>1</b>
Q2 FY22				1		1
<b>Group Home</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>7</b>	<b>11</b>	<b>34</b>
Q1 FY22	3	3	2	4	4	16
Q2 FY22	3	1	4	3	7	18
<b>Independent Living</b>				<b>2</b>		<b>2</b>
Q1 FY22				2		2
<b>In-Home</b>				<b>1</b>		<b>1</b>
Q1 FY22				1		1
<b>Private Duty Nursing</b>	<b>1</b>					<b>1</b>
Q1 FY22	1					1
<b>Skilled Nursing</b>			<b>1</b>			<b>1</b>
Q2 FY22			1			1
<b>Sponsored</b>	<b>2</b>		<b>2</b>	<b>4</b>	<b>3</b>	<b>11</b>
Q1 FY22				3	1	4
Q2 FY22	2		2	1	2	7
<b>Supported Living</b>				<b>1</b>		<b>1</b>
Q1 FY22				1		1
<b>Therapeutic Consultation</b>				<b>1</b>		<b>1</b>
Q2 FY22				1		1
<b>Grand Total</b>	<b>9</b>	<b>5</b>	<b>9</b>	<b>20</b>	<b>14</b>	<b>57</b>

<b>Sum of Barrier Lack of behavioral expertise</b>					
	Region 1	Region 2	Region 3	Region 4	Region 5
<b>Community Coaching</b>				<b>1</b>	
Q2 FY22				1	
<b>Group Home</b>	<b>10</b>	<b>8</b>	<b>4</b>	<b>9</b>	<b>4</b>
Q1 FY22	6	4	1	6	
Q2 FY22	4	4	3	3	4
<b>Independent Living</b>	<b>1</b>			<b>4</b>	
Q1 FY22	1			4	
<b>In-Home</b>	<b>1</b>			<b>3</b>	
Q1 FY22	1			3	
<b>Shared Living</b>	<b>1</b>			<b>3</b>	
Q1 FY22	1			3	
<b>Sponsored</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>3</b>
Q1 FY22	2		1	5	1
Q2 FY22	2	1	2		2
<b>Supported Living</b>	<b>2</b>			<b>3</b>	
Q1 FY22	2			3	
<b>Grand Total</b>	<b>19</b>	<b>9</b>	<b>7</b>	<b>28</b>	<b>7</b>

<b>Sum of Barrier Lack of medical expertise</b>						
	Region 1	Region 2	Region 3	Region 4	Region 5	Grand Total
<b>CD/AD PA</b>	<b>1</b>					<b>1</b>
Q1 FY22	1					1
<b>Center-based Crisis</b>					<b>1</b>	<b>1</b>
Q2 FY22					1	1
<b>Group Home</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>19</b>
Q1 FY22	4	2	2	4		12
Q2 FY22	1		5		1	7
<b>Independent Living</b>	<b>1</b>			<b>1</b>		<b>2</b>
Q1 FY22	1			1		2
<b>In-Home</b>	<b>1</b>			<b>1</b>		<b>2</b>
Q1 FY22	1			1		2
<b>Private Duty Nursing</b>	<b>1</b>					<b>1</b>
Q1 FY22	1					1
<b>Shared Living</b>	<b>1</b>			<b>1</b>		<b>2</b>
Q1 FY22	1			1		2
<b>Sponsored</b>	<b>2</b>		<b>2</b>	<b>2</b>		<b>6</b>
Q1 FY22	2			2		4
Q2 FY22			2			2
<b>Supported Living</b>	<b>1</b>			<b>1</b>		<b>2</b>
Q1 FY22	1			1		2
<b>Grand Total</b>	<b>13</b>	<b>2</b>	<b>9</b>	<b>10</b>	<b>2</b>	<b>36</b>

<b>Sum of Barrier Lack of mental health expertise</b>						
	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Region 4</b>	<b>Region 5</b>	<b>Grand Total</b>
<b>Community Coaching</b>				<b>1</b>		<b>1</b>
Q2 FY22				1		1
<b>Group Home</b>	<b>8</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>20</b>
Q1 FY22	3	3		2		8
Q2 FY22	5	1	3	1	2	12
<b>Independent Living</b>	<b>1</b>			<b>1</b>		<b>2</b>
Q1 FY22	1			1		2
<b>In-Home</b>	<b>1</b>			<b>1</b>		<b>2</b>
Q1 FY22	1			1		2
<b>Shared Living</b>	<b>1</b>			<b>2</b>		<b>3</b>
Q1 FY22	1			2		3
<b>Sponsored</b>	<b>4</b>		<b>2</b>	<b>1</b>	<b>1</b>	<b>8</b>
Q1 FY22	2			1	1	4
Q2 FY22	2		2			4
<b>Supported Living</b>	<b>2</b>			<b>1</b>		<b>3</b>
Q1 FY22	2			1		3
<b>Grand Total</b>	<b>17</b>	<b>4</b>	<b>5</b>	<b>10</b>	<b>3</b>	<b>39</b>

<b>Sum of Barrier of Program readiness</b>					
	<b>Region 1</b>	<b>Region 3</b>	<b>Region 4</b>	<b>Region 5</b>	<b>Grand Total</b>
<b>Group Home</b>	<b>15</b>	<b>16</b>	<b>1</b>	<b>1</b>	<b>33</b>
Q1 FY22	14	14	1	1	30
Q2 FY22	1	2			3
<b>Independent Living</b>				<b>1</b>	<b>1</b>
Q1 FY22				1	1
<b>Sponsored</b>	<b>1</b>	<b>2</b>			<b>3</b>
Q2 FY22	1	2			3
<b>Supported Living</b>			<b>1</b>		<b>1</b>
Q1 FY22			1		1
<b>Grand Total</b>	<b>16</b>	<b>18</b>	<b>2</b>	<b>2</b>	<b>38</b>



<b>Sum of Barrier Lack of provider at referral</b>						
	Region 1	Region 2	Region 3	Region 4	Region 5	Grand Total
<b>Group Home</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>12</b>
Q1 FY22	1	1	1	2	1	6
Q2 FY22	2		3	1		6
<b>Independent Living</b>	<b>1</b>					<b>1</b>
Q1 FY22	1					1
<b>In-Home</b>	<b>1</b>					<b>1</b>
Q1 FY22	1					1
<b>Shared Living</b>	<b>1</b>					<b>1</b>
Q1 FY22	1					1
<b>Skilled Nursing</b>			<b>1</b>			<b>1</b>
Q2 FY22			1			1
<b>Sponsored</b>	<b>1</b>		<b>1</b>			<b>2</b>
Q1 FY22	1					1
Q2 FY22			1			1
<b>Supported Living</b>	<b>1</b>					<b>1</b>
Q1 FY22	1					1
<b>Grand Total</b>	<b>8</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>19</b>

<b>Sum of Barrier Provider/setting match</b>						
	Region 1	Region 2	Region 3	Region 4	Region 5	Grand Total
<b>Community-Based Crisis</b>		<b>1</b>				<b>1</b>
Q2 FY22		1				1
<b>Group Home</b>	<b>8</b>	<b>8</b>	<b>5</b>	<b>10</b>	<b>5</b>	<b>36</b>
Q1 FY22	4	5	2	9	4	24
Q2 FY22	4	3	3	1	1	12
<b>Independent Living</b>	<b>5</b>			<b>5</b>		<b>10</b>
Q1 FY22	1			4		5
Q2 FY22	4			1		5
<b>In-Home</b>	<b>1</b>			<b>4</b>		<b>5</b>
Q1 FY22	1			3		4
Q2 FY22				1		1
<b>Shared Living</b>	<b>1</b>			<b>4</b>		<b>5</b>
Q1 FY22	1			3		4
Q2 FY22				1		1
<b>Skilled Nursing</b>			<b>1</b>			<b>1</b>
Q2 FY22			1			1
<b>Sponsored</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>15</b>
Q1 FY22	2		1	6	1	10
Q2 FY22		1	1	2	1	5
<b>Supported Living</b>	<b>2</b>			<b>4</b>		<b>6</b>
Q1 FY22	2			3		5
Q2 FY22				1		1
<b>Grand Total</b>	<b>19</b>	<b>10</b>	<b>8</b>	<b>35</b>	<b>7</b>	<b>79</b>

# Priority Services

	Benefits Planning	Community Coaching	Community Engagement	Community Guide	Electronic Home-Based Services	Employment and Community Transportation	Independent Living Supports	In-home Supports	Peer Mentoring	Shared Living	Supported Living	Crisis Support Services	Private Duty Nursing	Skilled Nursing	Sponsored Residential	Group Residential <5	Group Residential 5+
1-A	2	2	11	0	1	0	1	9	0	0	1	0	14	3	9	14	7
1-B	0	1	7	0	0	0	1	5	0	0	0	0	0	0	9	8	6
1-C	3	5	12	1	0	2	1	8	0	0	3	0	4	1	7	12	12
1-D	2	6	14	1	1	0	2	13	0	0	0	0	1	2	20	26	10
2-A	1	2	4	1	1	0	2	10	1	0	2	0	3	1	2	9	7
2-B	3	8	14	3	1	1	3	27	1	0	2	0	26	2	7	62	13
2-C	0	0	6	2	1	0	3	12	0	0	0	0	10	2	2	13	3
2-D	2	2	6	1	1	0	3	16	0	0	1	1	20	3	5	37	7
3-A	0	4	12	1	0	0	3	11	0	0	0	0	3	2	10	15	6
3-B	1	4	13	0	1	0	3	14	0	1	2	0	1	1	15	24	13
3-C	0	3	7	0	0	0	0	6	0	0	1	0	4	3	8	7	4
3-D	1	0	9	0	1	0	0	5	0	0	0	0	3	1	9	12	7
4-A	2	8	18	1	0	0	3	13	0	1	5	0	10	1	24	106	29
4-B	0	0	4	0	0	0	0	4	0	0	0	0	0	0	10	6	2
4-C	0	0	5	0	0	0	0	4	0	0	0	0	1	0	3	6	5
4-D	0	0	10	0	0	0	0	6	0	0	0	0	3	0	13	48	6
5-A	2	0	8	1	1	0	0	4	0	0	1	0	2	1	7	9	5
5-B	0	1	3	0	0	0	0	1	0	0	1	0	1	0	4	6	3
5-C	0	3	15	0	1	0	1	17	0	0	2	0	3	1	24	22	8
5-D	3	11	33	2	1	0	8	46	0	0	2	0	13	2	38	120	18

Priority Services and related Regions
Benefits Planning – Regions 3, 4, and 5
Community Guide – Regions 1, 3, and 5
Electronic Home-Based Supports – Regions 1, 2, 3, 4, and 5
Employment and Community Transportation – Regions 1, 2, 3, 4, and 5
Independent Living Supports – Regions 1, 4, and 5
Peer Mentoring - Regions 1, 2, 3, 4, and 5
Shared Living - Regions 1, 2, 3, 4, and 5
Supported Living - Regions 1, 2, 3, 4, and 5
Crisis Support Services - Regions 1, 2, 3, 4, and 5
Skilled Nursing - Regions 1, 3, 4, and 5