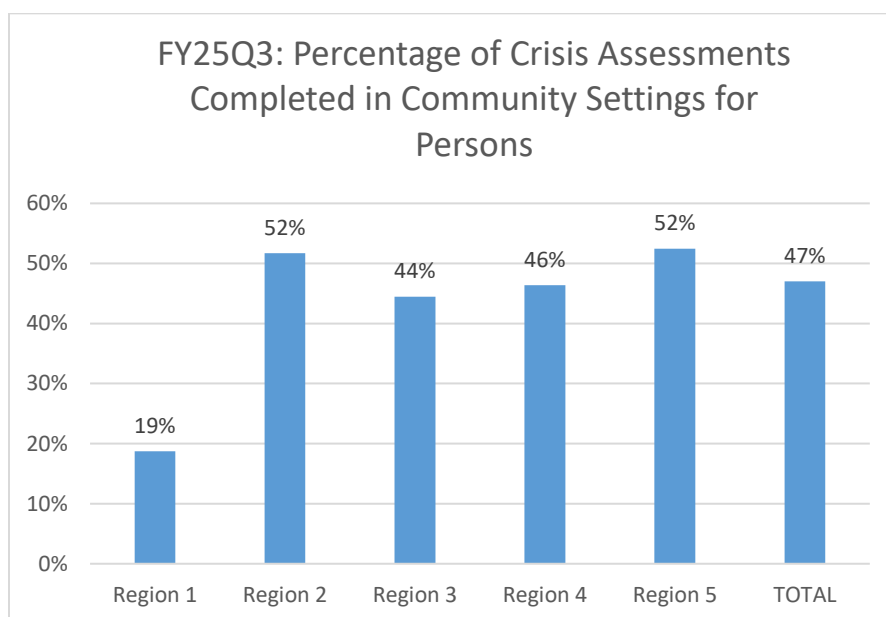


## Supplemental Crisis Report: Quarter III - FY25

This report provides supplemental data to the quarterly Adult and Children's REACH Data Summary Reports. The data contained in this report correspond to specific compliance indicators agreed upon between the Commonwealth of Virginia and the United States Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. The first report of this nature was developed for data collected in and prior to the third quarter of fiscal year 2020 (FY20Q3).

### REACH Crisis Assessments in Community Settings

The REACH programs provide crisis assessments to persons with DD that are experiencing a behavioral health crisis in various settings. The data provided below speak to the percentage of persons that are that receive REACH crisis assessments at home, the residential setting, or other community setting, in comparison to crisis assessments completed in emergency rooms/departments or CSB office. It is most desirable that persons in crisis receive a crisis assessment in the location in which the crisis event occurs, as opposed to being removed from their community setting to be assessed in a different location.



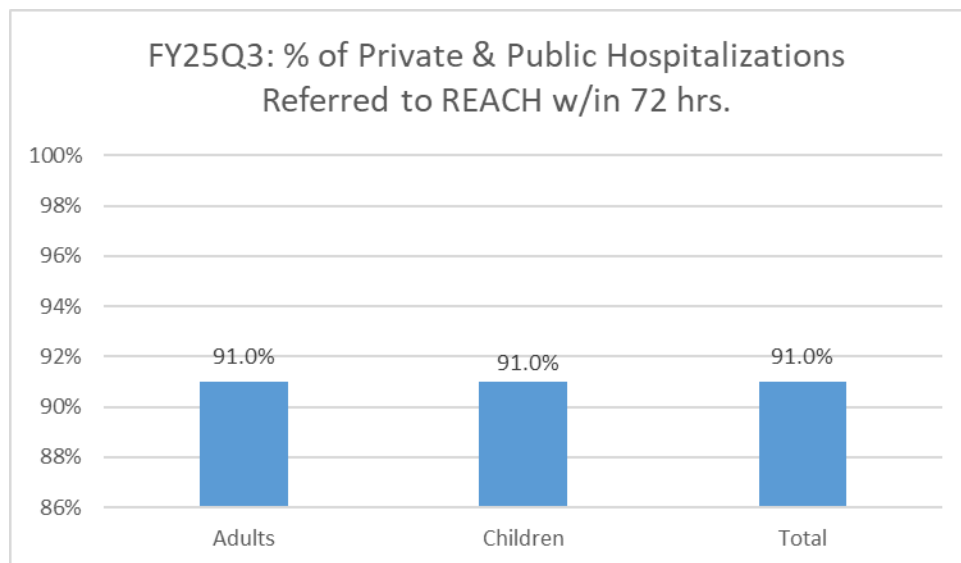
The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator target was set at **86% of children and adults who are known to the system will receive REACH crisis assessments at home, the residential setting, or other community setting (non-hospital/CSB location), filing reference 7.8.** The indicator is now defined as stated in the *Permanent Injunction, IV. TERMS. 32. Community Setting Crisis Assessments. The Commonwealth will work to achieve a goal that 86% of children and adults receive crisis assessments at home, the residential setting, or other community setting (non-hospital/non-CSB office).* Crisis Receiving Center ("CRC") will only be counted as an "other community setting" after it is determined that the individual or supported decision maker was not directed by the Call Center, Emergency Services, or Mobile Crisis staff to present at a

CRC. As displayed above, 47% of persons received REACH crisis assessments in a community location in FY25Q3. This data indicates that the target has not been met.

### Hospitalizations

The Commonwealth tracks admissions to state operated psychiatric hospitals, and REACH tracks those to private hospitals as it is made aware. Numerous facets of hospitalization data are analyzed, including but not limited to determining if timely referrals have been made to REACH and examining trends on numbers of persons hospitalized and their associated lengths of stay.

It is critical that persons with a DD diagnosis admitted to psychiatric hospitals are referred promptly to the REACH program. The REACH program can assist hospitals in discharge planning and in offering needed services in the community, such as mobile supports or providing a step-down admission to a crisis therapeutic home. A related compliance indicator is as follows: **95% of children and adults admitted to state-operated and private psychiatric hospitals who are known to the CSB will be referred promptly (within 72 hours of admission) to REACH; filing reference 7.13.** As displayed below, approximately 91% of known adults and approximately 91% of known children that were hospitalized during the quarter were referred to REACH within the required 72-hour timeframe. With both populations combined, the percentage is approximately 91% of adults and children known to the REACH/CSB that were hospitalized were referred to REACH within 72 hours, which is not meeting this compliance indicator for this quarter.



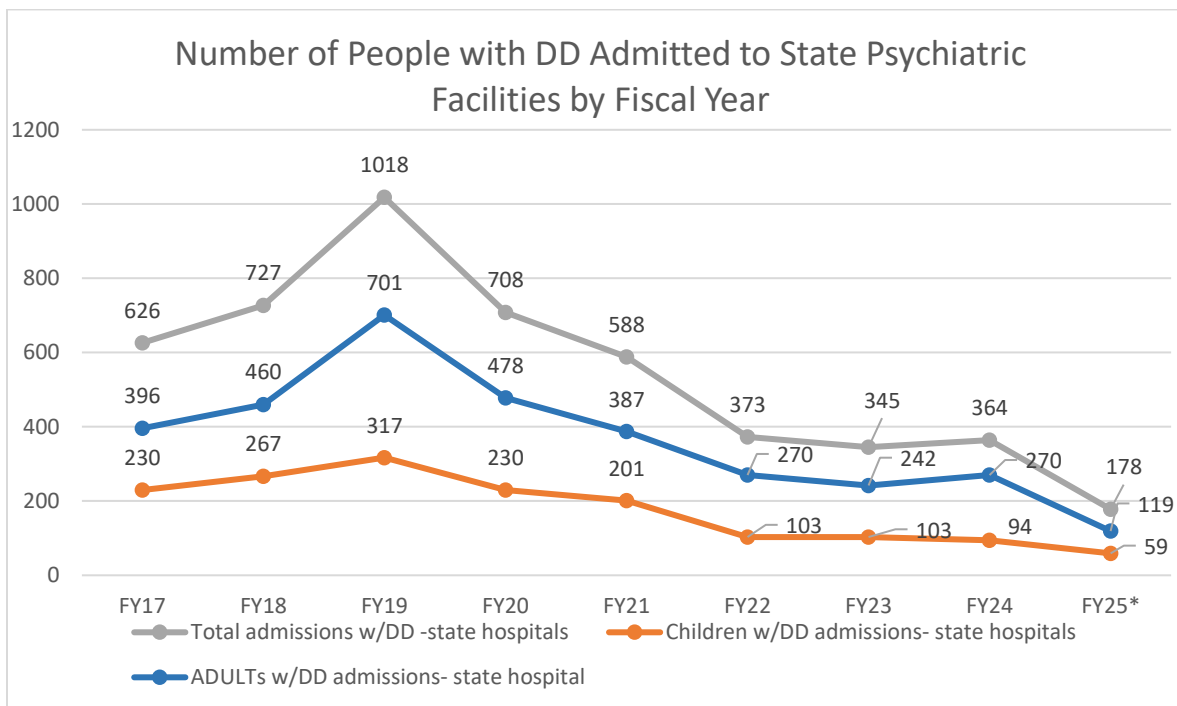
Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population hospitalized compared to all admissions can be reviewed. There are several compliance indicators surrounding tracking the number of admissions, trends, lengths of stay, and comparisons of DD admissions to admissions of the larger, non-DD population. A compliance indicator surrounding hospitalization data requires that **documentation indicates a decreasing trend in the total and**

percentage of total admissions as compared to population served and lengths of stay of individuals with DD who are admitted to state-operated and known by DBHDS to have been admitted to private psychiatric hospitals, *filing reference 8.6*. An additional compliance indicator related to the following graphical displays in this “Hospitalizations” section of this report reads as follows (*filing reference 8.7*):

For individuals with DD who are admitted to state-operated psychiatric hospitals and those known by DBHDS to have been admitted to private psychiatric hospitals, DBHDS will track the lengths of stay in the following categories:

- those previously known to the REACH system and those previously unknown;
- admissions of adults and children with DD to psychiatric hospitals as a percentage of total admissions; and
- median lengths of stay of adults and children with DD in psychiatric hospitals.

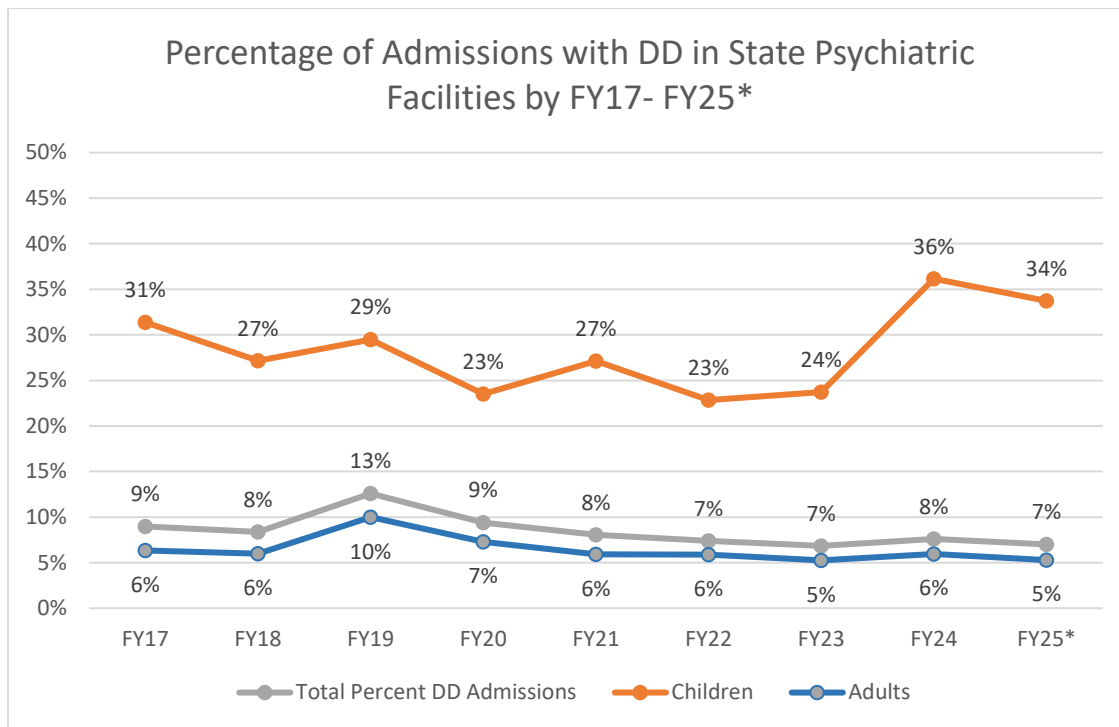
Trend data by fiscal year on the number of admissions of persons with a developmental disability into a state hospital is available in the graphical display that follows. This is broken down into both age populations (adults and children) and displayed as a total below.



FY25\*: Only includes Fy25Q1 and Q2

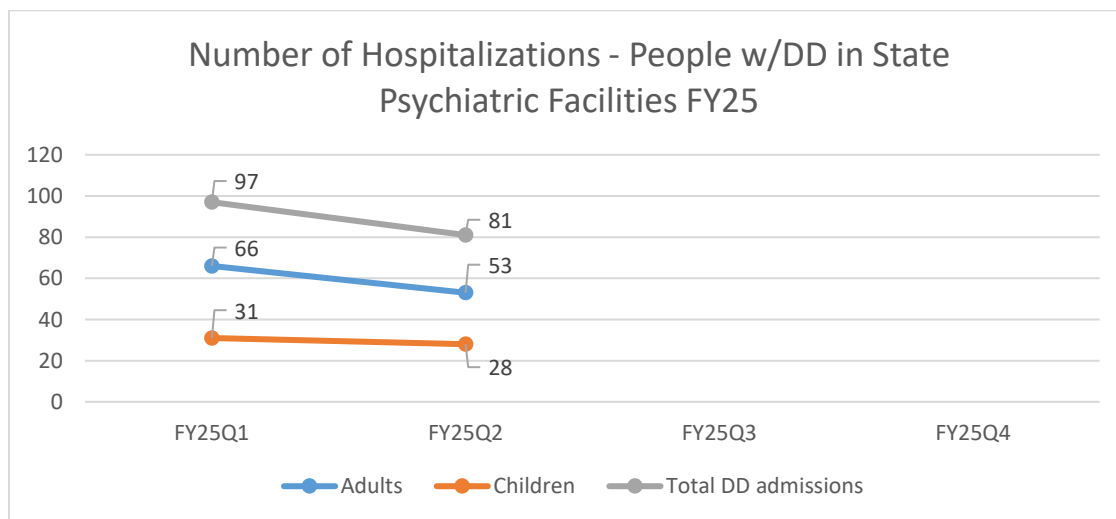
On the next page, these data are also displayed as a percentage of DD admissions to the entire sum of all individuals that were admitted to a state psychiatric facility in the respective fiscal year. The graph covers FY17 through FY24 and quarter 1 and 2 of FY25. It should be noted that there was an overall decrease in total admissions to the state’s psychiatric hospital for children in FY24, (260 as compared to 434 in FY23), which effected the denominator when calculating the percentage of admissions for youth who are diagnosed with a developmental disability. The number of youth admitted (diagnosed with DD) in FY24 to the state psychiatric facility remained consistent with FY23 as FY24 admissions were 28, 25, 25 and 16

respectively, while FY23 admissions by quarter were as follows: 27, 24, 31, and 21. Quarters 1 and 2 of FY25 also remain consistent with 31 and 28 admissions for youth who have a diagnosis of DD.



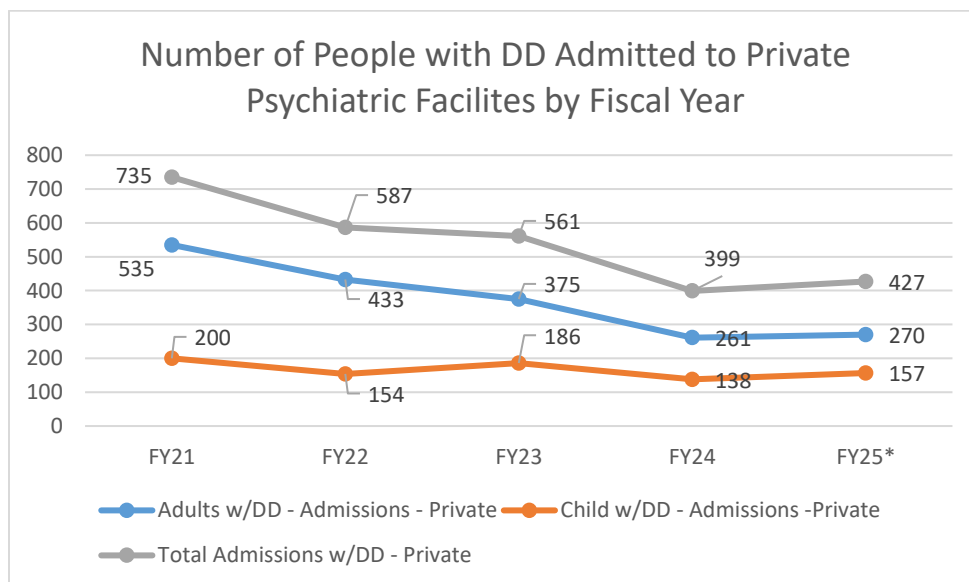
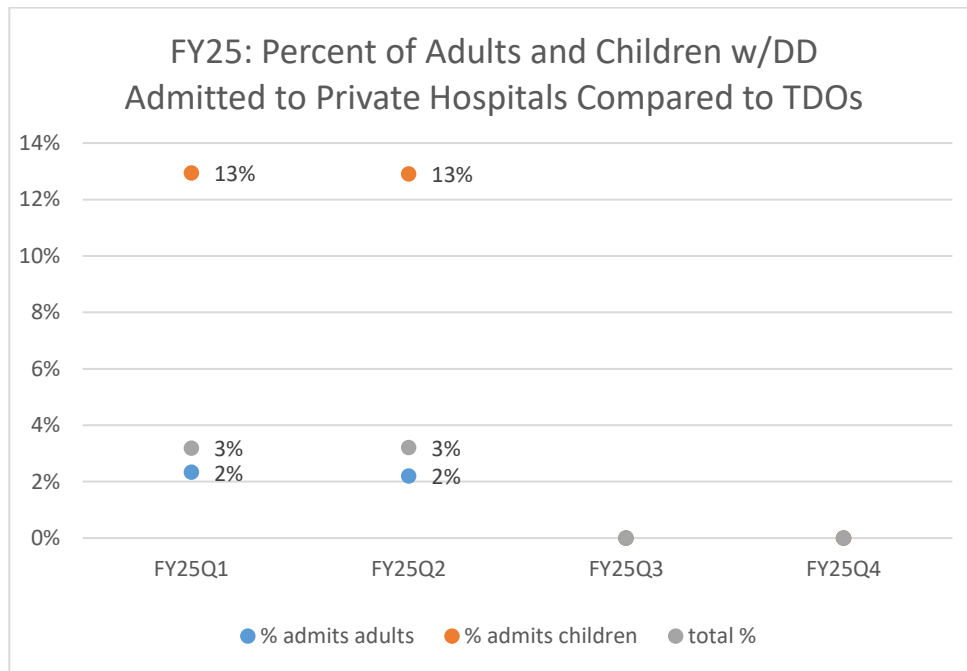
FY25\*: Only includes FY25Q1 and Q2

Trend data for quarters of the fiscal year 2025 is displayed on the graph below.



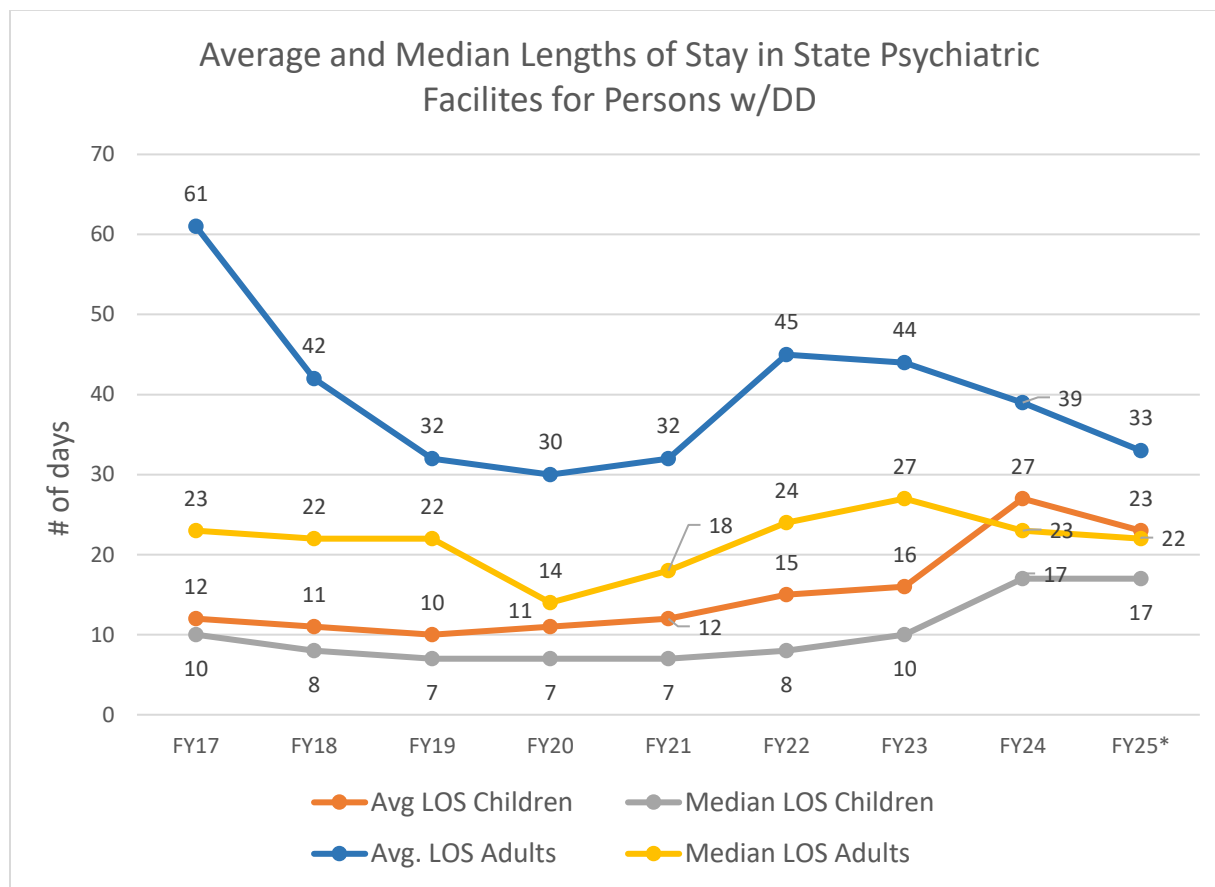
DBDHS can provide data on individuals with DD that become known to REACH either through an ES referral or through the private hospital, individual, family member, or other stakeholder referring the individual to REACH. DBHDS also has data available on the number of total Temporary Detention Orders (TDOs) issued each quarter for persons with and without a DD diagnosis. With that noted,

individuals can be voluntarily hospitalized in private hospitals that DBHDS and REACH may not become aware of; thus, the data that follows should not be interpreted as including the entire representation of all persons hospitalized in private hospitals. The first set of data display the percentage of persons with DD that REACH is aware of that are hospitalized in private hospitals compared to private hospitalization TDOs for individuals with DD and without DD (all private hospitalization TDOs). The second chart displays the number of individuals with DD, as known to the REACH program, that were admitted in the fiscal year to a private hospital. Note: Fiscal year 2021 was the first complete fiscal year that data was available, and data for subsequent fiscal years will continue to be added over time.



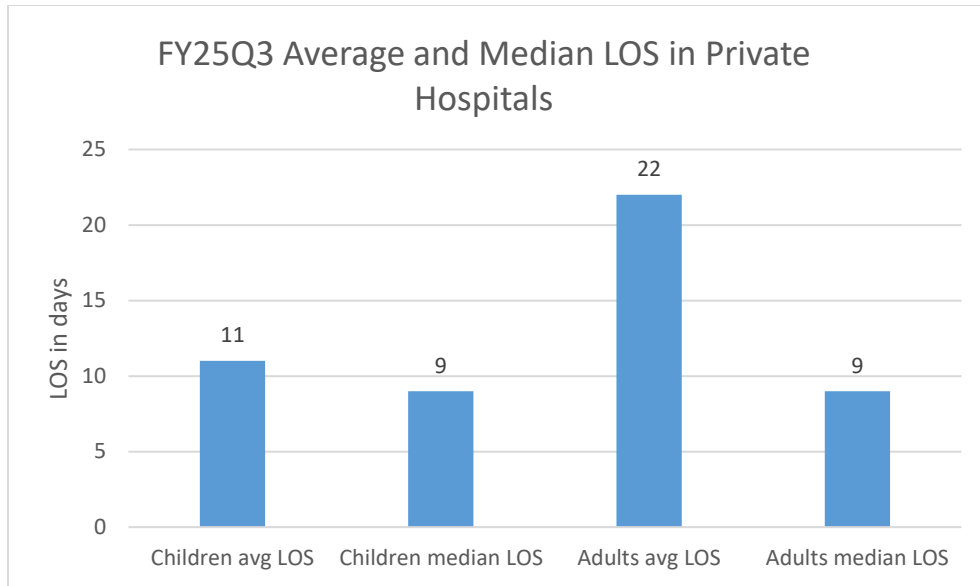
\*FY25 is only inclusive of Q1 – Q3

Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for persons admitted to state psychiatric hospitals. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17 - FY24 are displayed below. FY25 includes only quarters 1 and 2.

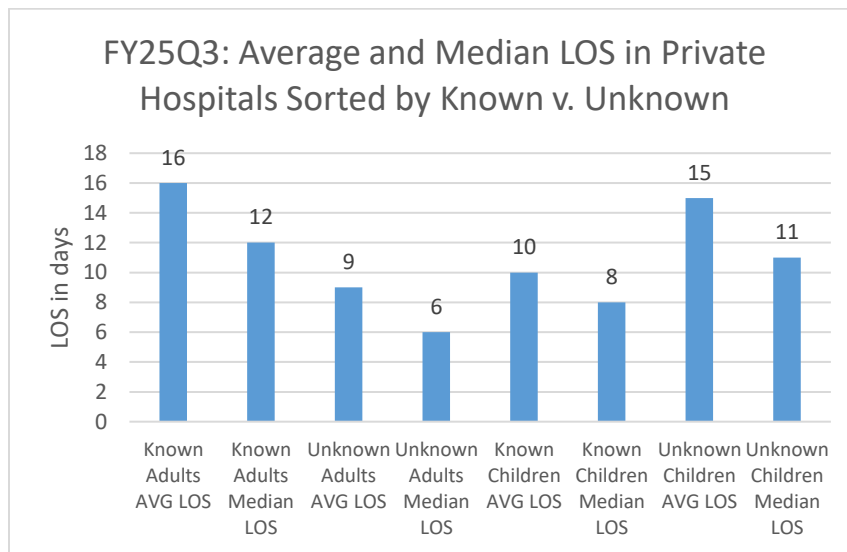


FY25\*: Only includes FY25Q1 and Q2

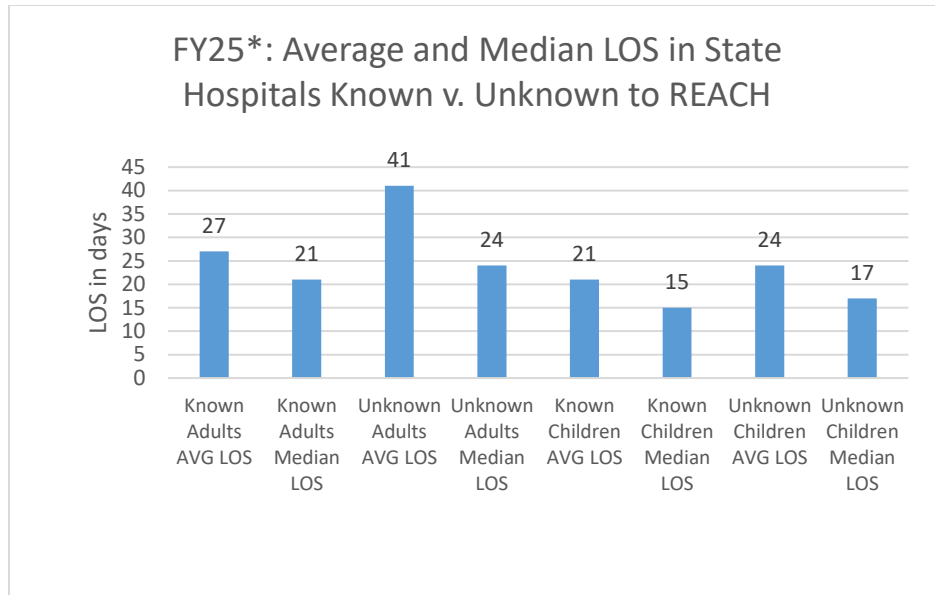
REACH is tracking lengths of stay for persons in a private psychiatric hospital as the REACH programs are made aware of such persons. The median length of stay for children increased by 1 day and adults increased by 2 days as compared to last quarter. In comparing the average length of stay in FY25Q2 to FY25Q3, the adult's average length of stay increased by 11 days and the children's average length of stay increased by 1 day. This information for the current quarter under review is provided on the next page.



REACH is capturing information for hospitalized persons based upon if they are accepting or refusing REACH services surrounding their hospitalization. If the person (or their decision maker, as applicable) accepts REACH services (“known”), REACH can participate in discharge planning and offer mobile supports in the community, or a step-down stay at a crisis therapeutic home if indicated. An individual (or their decision maker) may elect to decline REACH services (“unknown”) when offered which is outside of the program’s control. Length of stay data for private hospitalizations for FY25Q3 are displayed below. In the context of the graphs that follow on average and median lengths of stay, accepting is displayed as “known” and refusing services is displayed as “unknown”.



Length of stay data for FY25 are noted below for known versus unknown to REACH persons in state psychiatric facilities.

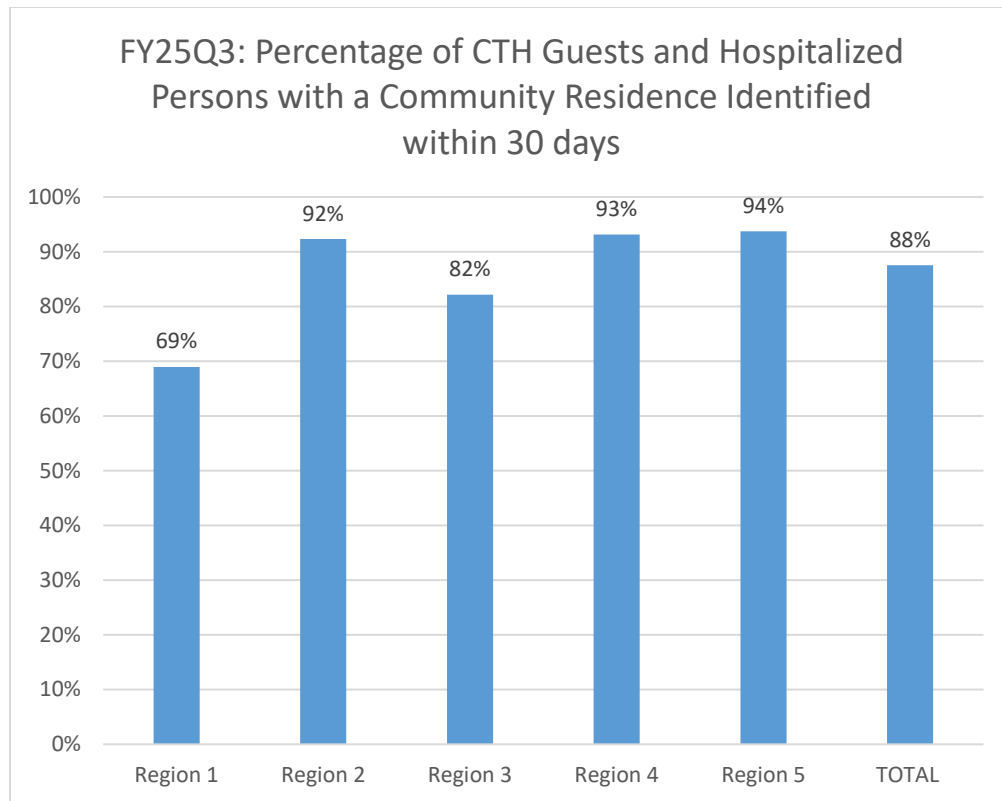


FY25\*: Only includes FY25Q1 and Q2

### Identification and Development of Community based Residences

The REACH programs continue to work towards timely and appropriate discharge for persons that are admitted to REACH Crisis Therapeutic Homes (CTH), as well as are partners in discharge planning for persons that accept REACH services while hospitalized. Some individuals become known to the larger public system of developmental services (and REACH) only after they have been hospitalized, or after a hospitalization has been diverted and the person has been admitted to a REACH CTH. For individuals that have never been connected to a CSB and/or to REACH, activating basic services and associated funding stream(s) may take a protracted duration; achieving a discharge timeline of 30 days is highly unusual for persons with such a profile. A related compliance indicator is as follows: **86% of individuals with a DD waiver and known to the REACH system who are admitted to CTH facilities and psychiatric hospitals will have a community residence identified within 30 days of admission; filing reference 10.4 (also included in filing reference 11.1).** The indicator is now defined as stated in the *Permanent Injunction, IV. TERMS. 35. Community Residences for Individuals with DD Waivers. The Commonwealth will work to achieve a goal of 86% of individuals with a DD waiver and known to the REACH system who are admitted to a CTH or a psychiatric hospital have a community residence identified within 30 days of admission.* The data that follow display the percentage of persons admitted with a waiver into a CTH facility, as well as persons admitted into psychiatric hospitals that accepted REACH services, that have a community residence identified within 30 days. The data is calculated within and across all regions.





ALL DATA	# CTH and hospitalized persons accepted REACH, community res ID'd 30 days	#CTH persons, hospitalized persons accepted REACH	Percentage
Region 1	20	29	69%
Region 2	36	39	92%
Region 3	23	28	82%
Region 4	68	73	93%
Region 5	15	16	94%
TOTAL	162	185	88%

During this quarter review, FY25Q3, 88% of this group had a community residence identified within 30 days, which is an increase from 82% in FY25Q2. In separating out the CTH data for community residence identified within 30 days, the percentage of guests admitted to the CTH with a waiver who had a residence identified within 30 days was 88% for FY25Q3.

In FY18, DBHDS issued a Request for Proposal (RFP) to target the further development of residential providers that can support persons with complicated behavioral needs, as well as persons with co-occurring behavioral health disorders. Via this RFP process, multiple vendors were selected to serve this unique population, which includes persons exiting training centers, persons that have contacted the REACH crisis system, persons that are stepping down from psychiatric hospitalizations, persons in out of

state placements, and persons that require complex behavioral/behavioral health services to avoid crisis situations and/or admission to restrictive placements (such as a psychiatric hospital). RFP requirements stipulate person centered and trauma informed care practices, as well as incorporation of appropriate administrative oversight (including nursing, as appropriate, and behavior analysis services). Crisis prevention and stabilization services were also baked-in RFP requirements, as is working in concert with REACH. Based on the population served in these residences, some providers are also incorporating training components through a venerable certification process for individuals with dual diagnoses. A related compliance indicator is as follows: **DBHDS will increase the number of residential providers with the capacity and competencies to support people with co-occurring conditions using a person-centered/trauma-informed/positive behavioral practices approach to 1) prevent crises and hospitalizations, 2) to provide a permanent home to individuals discharged from CTHs and psychiatric hospitals; filing reference 10.3.** This compliance indicator was restated in the Permanent Injection under IV. Terms – 35.a: *DBHDS will enter into contracts with providers to develop homes for individuals with intense behavior support needs that will be operational (i.e., that an individual can move into the home) in accordance with the schedule set forth in 35.a.i.-iv.*

As noted in previous reports, three providers were selected in a FY18 RFP process, which upon completion resulted in serving people with DD who present with challenging behavior/mental health needs. Additional homes beyond this RFP have worked closely with DBHDS to continue to serve this population. At the time of this report, **27 out of 36** beds are filled from the FY18 RFP, (plus additional homes with other providers). The homes denoted are operational across all regions of the state.

A recent RFP process (FY24) seeking additional providers to provide similar services has concluded, and as of this report contracts with providers have been signed and funds have been awarded.

Five new providers now have homes open with a total of 45 new beds available. Each home is in different stages of intakes, with a total of **19 beds across these 45 new beds** filled at the time of this report. All remaining providers are working to identify and acquire homes and are working with DBHDS and CSBs to identify potential individuals who would be appropriate for admission to the homes once they are operational. In total across all RFP awardees in FY18 and FY24, **46 of 81** beds across the state are filled. It is anticipated that this will increase in the coming reporting period as individuals are identified for the newly opened homes.

For the FY24 RFP homes, the following table outlines current progress for operational homes as part of the Permanent Injunction’s goals and terms (35.a.i-iv):

Region	Goal (part 1)	Status of goal (part 1)	Goal (part 2)	Status of goal (part 2)
<b>1</b>	35.a.i.(part 1): One home operational by August 2024	One new home is operational in Middletown—MET	35.a.i.(part 2): One additional home operational by February 2025	A second home has been purchased and is pending licensing—NOT MET
<b>2</b>	35.a.ii.(part 1): Two homes operational by August 2024	Four new homes are operational (2 in Woodbridge, 2 in Dumfries)—MET	35.a.ii.(part 2): One additional home operational by February 2025	An additional two homes have been opened in Region 2 for a total of 6 homes. MET as this exceeds the goal for part 1 and part 2.

<b>3</b>	35.a.iii.(part 1): One home operational by November 2024	One new home is operational in Roanoke—MET	35.a.iii.(part 2): One additional home operational by February 2025	A second home is purchased but not yet licensed—NOT MET
<b>5</b>	35.a.iv.(part 1): One home operational by November 2024	Two new homes are operational in Chesapeake and Virginia Beach—MET	35.a.iv.(part 2): Two additional homes operational by February 2025	An additional home is operational in Chesapeake; an additional home is being sought in Region 5 but not yet identified—NOT MET

As it relates to resources for individuals that are hospitalized or without disposition at REACH CTHs and need a waiver as a resource for community-based services, the emergency waiver slot process remains in use for Community Services Board and Behavioral Health Authorities. A related compliance indicator is as follows: **DBHDS will utilize waiver capacity set aside for emergencies each year to meet the needs of individuals with long term stays in psychiatric hospitals or CTHs; filing reference 10.2.**

As reported out in the Supplemental Crisis Report from FY25Q2, one person had not yet had services initiated from a waiver slot awarded in FY24Q3, 1 person had not yet had services initiated from FY25Q1, and 1 person had not yet had services initiated from FY25Q2. All other individuals from FY24Q3 to FY25Q2 have services initiated and were identified in previous reports. The current update for the 3 persons is available below (Tables 1,2 and 3).

*Table 1: FY24Q3: update on emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed*

<b>Person receiving waiver slot from REACH, ATH, or hospitalization</b>	<b>Waiver service(s) accessed</b>
<b>Person 1</b>	Group Residential Supports 5 Person Group Homes

*Table 2: FY25Q1: update on emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed*

<b>Person receiving waiver slot from REACH, ATH, or hospitalization</b>	<b>Waiver service(s) accessed</b>
<b>Person 2</b>	Personal Assistance, Respite

*Table 3: FY25Q3: update on emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed*

<b>Person receiving waiver slot from REACH, ATH, or hospitalization</b>	<b>Waiver service(s) accessed</b>
<b>Person 2</b>	Group Residential Supports 4 or Fewer Person Homes

So far in FY25, there have been 41 emergency slots awarded, of which 9 (approximately 22%) were provided to people with long term stays in psychiatric hospitals, CTHs, or an Adult Transition Home.

The waiver services for individuals that received an emergency slot in FY25Q3 are available in the table below (Table 3).

*Table 4: FY25Q3: emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed*

<b>Person receiving waiver slot from REACH, ATH, or hospitalization</b>	<b>Waiver service(s) accessed</b>
<b>Person 1</b>	Services not yet initiated
<b>Person 2</b>	Services not yet initiated

As it relates to avoiding institutionalization for individuals listed as Priority on the waiver waiting list, an associated compliance indicator reads as follows (*filing reference 29.26*):

*The Commonwealth ensures that at least 95% of applicants assigned to Priority 1 of the waiting list are not institutionalized while waiting for services unless the recipient chooses otherwise or enters into a nursing facility for medical rehabilitation or for a stay of 90 days or less. Medical rehabilitation is a non-permanent, prescriber-driven regimen that would afford an individual an opportunity to improve function through the professional supervision and direction of physical, occupational, or speech therapies. Medical rehabilitation is self-limiting and is driven by the progress of the individual in relation to the therapy provided. When no further progress can be documented, individual therapy orders must cease.*

During the 2<sup>nd</sup> quarter of FY25, 7 individuals were admitted to an ICF IID. Of these individuals admitted to an ICF IID, zero of them were on the Priority 1 waitlist.

Additionally, during the 1<sup>st</sup> quarter of FY24, there were 153 private psychiatric hospitalizations and (REACH aware) and 123 state psychiatric hospital admissions. Of these 276 hospitalizations in the first quarter, 4 individuals were on the Priority 1 waiting list.

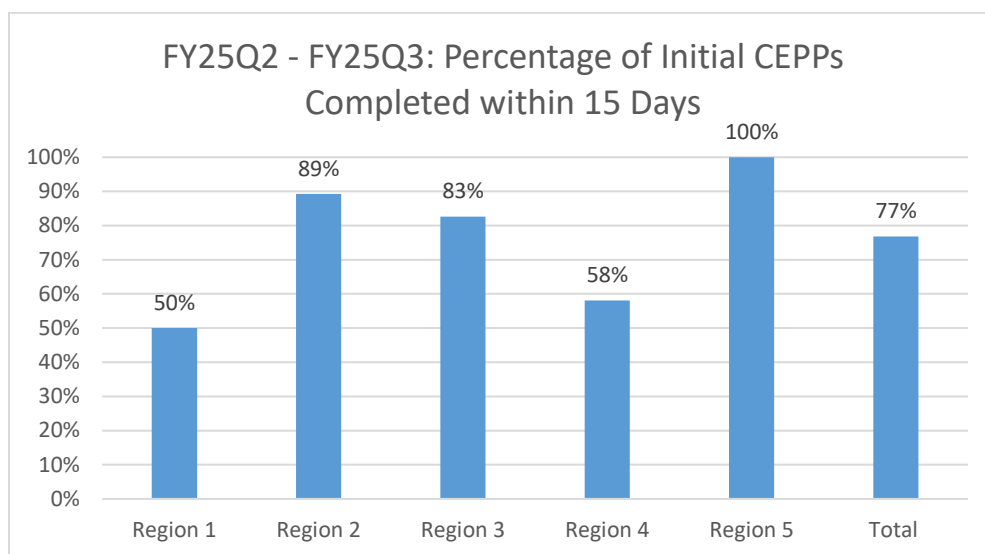
Finally, during the 1<sup>st</sup> quarter of FY24, there were 59 adults and 5 children that were screened for admission to a nursing facility. No adults and no children were on the Priority 1 waiting list.

The total number of people institutionalized from the Priority 1 waiting list was 4. The total number of people on the Priority 1 waiting list at the end of the quarter was 2900. Therefore, DBHDS met the expectation, as 99.9% of people on the Priority 1 waiting list were not institutionalized.

### **Crisis Education and Prevention Plans and REACH Employee Training**

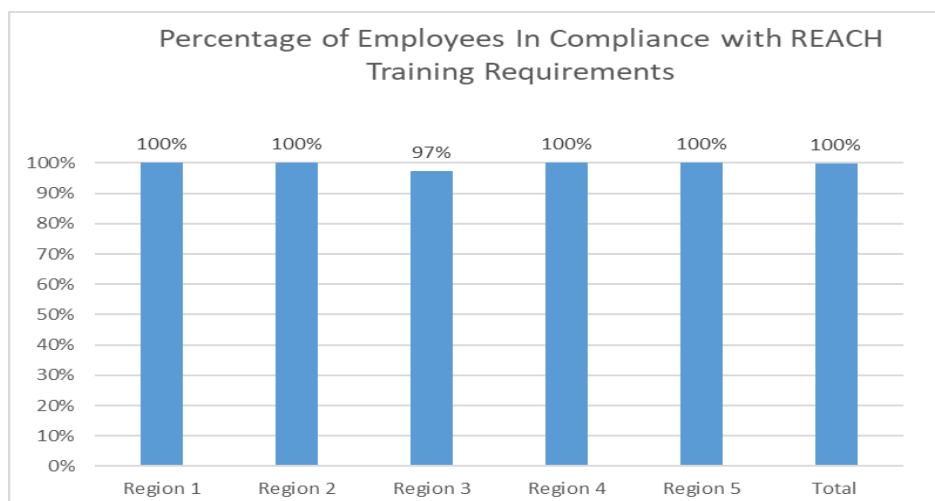
During the course of crisis services, the REACH programs work with the individual and their system of supports to create a Crisis Education and Prevention Plan (CEPP). The CEPP is an individualized, client-specific written document that provides a concise, clear, and realistic set of supportive interventions to prevent or de-escalate a crisis and assist an individual who may be experiencing a behavioral loss of control. The goal of the CEPP is to identify problems that have arisen in the past or are emergent in order to map out strategies that offer tools for the circle of support to assist the individual in addressing and deescalating problems in a healthy way and provide teaching skills that the individual can apply independently. REACH Program Guidelines outline the expectation that an initial CEPP is developed within 15 days of an individual's first full enrollment into the REACH program. The initial CEPP is a working document that provides individualized guidelines for support while additional information is gathered, and further interventions and linkages are explored. It should be noted that not every person that accesses REACH services through a call to the REACH hotline, or via mobile crisis supports, will elect to enroll into the program or participate in CEPP development. Additionally, some persons that

receive REACH crisis services in the quarter may have had a CEPP created in a previous quarter. A specific compliance indicator related to mobile crisis services has been set which indicates that **86% of initial CEPPs are developed within 15 days of the assessment; filing reference 8.4**. The data displayed below offer information on the percentage of CEPPs that were completed within 15 days of full enrollment into the program for individuals enrolled in the quarters under review. These data should not be confused with information that is displayed in table format in the Adult and Child REACH Data Summary Reports that outlines CEPPs completed for mobile supports as those data do not speak to a specific timeline for completion of a CEPP. Cumulatively, the REACH program did not meet the 86% percent requirement during these quarters, with 77% of initial CEPPs overall completed within the 15 days of mobile crisis enrollments across FY25Q2 and FY25Q3, with data displayed on the bar graph below.



### **REACH Employee Training**

All REACH employees that provide any sort of direct or indirect clinical care to persons accessing REACH services are required to complete initial and ongoing employee training requirements. Initial employee training consists of, but is not limited to, completion of required DBHDS competencies, modules and associated competency-based assessments on developmental disabilities and related topics, and shadowing/direct observation via seasoned REACH staff. The initial employee training sequence must be completed within 180 days of hire. After the new employee training process, all REACH staff are also required to contact a minimum of 12 hours of continuing education on topics that are pertinent to their ongoing professional development (e.g., developmental disabilities, person centered thinking, behavioral health disorders, positive behavior support, etc.). The graph on the following page displays the percentage of REACH staff region by region, as well as the total, that are in compliance with either new or ongoing training requirements. A specific target indicator has been established that **86% of REACH staff will meet training requirements, filing reference 8.3**. These data are a representation of employee training compliance from 9/1/24 - 3/1/25 and include both new and veteran REACH employees; data indicate that 100% of REACH employees are meeting training requirements.



### Assessing Risk for Crisis/Hospitalization

To foster proactive and preventative referrals to the REACH program, DBHDS initiated the Crisis Risk Assessment Tool (CAT) in FY21Q1. This tool and associated training are currently being utilized throughout CSBs/BHA in the Commonwealth.

The following compliance indicator speaks directly to training for CSB personnel on identifying risk for going into crisis for adults and youth:

**DBHDS will ensure that all CSB Executive Directors, Developmental Disability Directors, case management supervisors, and case managers receive training on how to identify children and adults receiving active case management who are at risk for going into crisis. Training will also be made available to intake workers at CSBs on how to identify children and adults presenting for intake who are at risk for going into crisis and how to arrange for crisis risk assessments to occur in the home or link them to REACH crisis services, *filing reference 7.5.***

A web-based training on the Crisis Risk Assessment Tool was made available to all target CSB staff through the Commonwealth of Virginia's Learning Center (COVLC) on July 1, 2020. As of March 31<sup>st</sup>, 2025, a total of 5,678 CSB/BHA staff have completed this training, with training occurring in all CSBs/BHA across the Commonwealth. This is an increase of 115 CSB/BHA personnel trained since the previous report.

Additionally, a related compliance indicator speaks to the requirement of timeliness of training for intake workers and case managers: **DBHDS will add a provision to the CSB Performance Contract requiring training on identifying risk of crisis for care managers and intake workers within 6 months of hire; *filing reference 7.6.***

DBHDS completed a review of CSB staff that work with individuals with developmental disabilities to determine if targeted staff (e.g. intake workers, case workers) had completed this training within the required timeframe. DBHDS requested and received employee information, including hire and separation dates (if applicable) for such employees from all 40 CSBs for any staff member that was employed on or after July 1, 2020. Data was received from 35 CSBs. These employee data were compared to COVLC training data to determine the percentage of staff that had completed the training either within 182 days of

their hire (for staff hired on or after 7/1/2020), or within 182 days of the training becoming required (for staff hired prior to 7/1/2020). DBHDS established “182 days” for comparison purposes as this reflects approximately six months (or half) of the year in days, as “6 months” is noted in the indicator. Results of this comparison demonstrate the following:

Sixty percent (60%) of staff completed the training within 182 days of their hire (for those employed on 7/1/2020 or after) or within 182 days of the training becoming required (for those employed prior to 7/1/2020). This is a decrease from FY24Q3 at 72%. Sixty-four (64%) of all staff completed the training (regardless of how long it took them to complete the training in comparison to their hire date). This is a decrease from FY24Q3 at 82%.

DBHDS believes that compliance indicator 7.6 has been met as a provision was added to the CSB Performance Contract requiring training on the Crisis Risk Assessment Tool as written in this indicator; however, the data displayed above do not reflect that all required staff have received this training (compliance indicator 7.5). To improve training adherence, DBHDS will provide to each CSB the names of any staff that had not completed the required training with a request for expedited training for any staff out of compliance.

Additionally, a related compliance indicator on quality review of identifying persons at risk of crisis and referring to REACH when indicated is as follows: **DBHDS will implement a quality review process conducted initially at six months, and annually thereafter, that measures the performance of CSBs in identifying individuals who are at risk of crisis and in referring to REACH where indicated; filing reference 7.7.** Data for this indicator were reported in the FY25Q2 Supplemental Crisis Report. Per language in agreement above, these data will be reported again in a future iteration of this report on an annual basis.

### **Availability of Direct Support Professionals**

The data in the following section correspond to specific compliance indicators surrounding persons with developmental disabilities in the Commonwealth that are in the Support Level 7 category with an identified need for in-home residential supports and personal care assistance services. This data has been collected and reported on semi-annually since the initial review period which covered services authorized between January 1, 2020 through June 31, 2020 (FY20 Q3 & Q4).

### **Service Quality Review for FY24 Quarters 3 & 4**

The current review period and data cover quarters 1 and 2 of FY25 (e.g. 7/1/2024 through 12/31/2024). Quarters 3 and 4 of FY25 (e.g. 1/1/2025 through 6/30/2025) will be made available in October and included in the corresponding summary report. Table 3 speaks to the following compliance indicator:

*DBHDS will implement a quality review process for children and adults with identified significant behavior support needs (Support Level 7) living at home with family that tracks the need for in-home and personal care services in their homes. DBHDS will track the following in its waiver management system (WaMS): a. The number of children and adults in Support Level 7 identified through their ISPs in need of in-home or personal care services; b. The number of children and adults in Support Level 7 receiving the in-home or personal care services identified in their ISPs; and c. A comparison of the hours identified as needed in ISPs to the hours authorized; filing reference 7.21*



Table 3: (A) Persons in Support Level 7 in need of in home or personal care services, (B) persons in Support Level 7 receiving in home or personal care services identified in their ISP, and (C) comparison of hours authorized to hours identified in ISP for persons in Support Level 7

<b>Metric from CI 7.21</b>	<b>Associated Data</b>	<b>Notes on Data</b>
a. The number of children and adults in Support Level 7 identified through their ISP's in need of in home or personal care services.	363	Data includes a statistically significant sample of all individuals currently identified as Support Level 7 recipients in WaMS.
b. The number of children and adults in Support Level 7 receiving the in home or personal care services identified in their ISP.	363	All individuals in the sample had approved authorizations for the services identified as needed in their ISP.
c. A comparison of the hours identified as needed in ISPs to the hours authorized.	100%	In the sample, 100% of the hours identified as needed in ISPs were authorized.

Tables 4 and 5 both address a related compliance indicator:

*Semi-annually, DBHDS will review a statistically significant sample of those children and adults with identified significant behavior support needs (Support Level 7) living at home with family. DBHDS will review the data collected in 7.21a-c and directly contact the families of individuals in the sample to ascertain: a. If the individuals received the services authorized; b. What reasons authorized services were not delivered; and c. If there are any unmet needs that are leading to safety risks; filing reference 7.22*

DBHDS attempted to contact a sample of 188 individuals' families as a part of this quality review. At the time of this report, 133 families provided a response to the DBHDS reviewer (71% of the total sample). The following table contains a summary of the phone contact attempts for this review period:

Table 4: Summary of phone contact attempt outcomes for filing reference 7.22

<b>Phone Survey Attempt Outcome</b>	<b>Total (N)</b>	<b>% of Sample</b>
Took Survey	133	71%
Left VM	30	16%
# Not in Service	6	3%
Wrong Number	2	1%
No Answer	5	3%
No VM/VM Full	4	2%
Other	1	1%
Requested Callback	1	1%
Declined Survey	2	1%

During the quality review, the DBHDS reviewer focused on learning if the individual had received services, learning the reasons services were not delivered (where applicable), and if there were any unmet needs that were contributing to safety risks as defined in the review expectations.

Table 5: Qualitative data from sample review for filing reference 7.22



<b><i>Qualitative metric from CI 7.22</i></b>	<b><i>Associated Data</i></b>	<b><i>Notes on Data</i></b>
A. What percentage of individuals received the authorized services? What percentage of individuals did not receive authorized services?	<p>Out of 133 survey respondents:</p> <ul style="list-style-type: none"> <li>• 96% (N=128) reported receiving authorized services;</li> <li>• 5% (N=6) of the respondents reported not receiving authorized services; and</li> <li>• 1% (N=1) were unsure or did not indicate if they received the authorized services.</li> </ul>	<p>There were 188 attempted contacts by DBHDS.</p> <ul style="list-style-type: none"> <li>• 133 (71%) of families responded to the survey,</li> <li>• 55 (29%) did not respond to contact attempts (e.g. voicemail messages) OR had invalid/missing contact information in WaMS (see Table 4).</li> </ul>
B. For individuals who did not receive authorized services, what were the reasons that authorized services were not delivered?	<p>Out of the 6 individuals who did not receive authorized services, reasons included:</p> <ul style="list-style-type: none"> <li>• 'Family – Cancellations' (N=1); and</li> <li>• 'Other' (N=5).</li> </ul>	<p>Some reasons cited by families which could impact or explain why they did not receive authorized services:</p> <ul style="list-style-type: none"> <li>• Individual was hospitalized;</li> <li>• Family moved out of state;</li> <li>• No longer receiving said services</li> </ul>
C. If there are any unmet needs that are leading to safety risks.	<p>Out of 133 survey respondents:</p> <ul style="list-style-type: none"> <li>• 95% of individuals (N=126) reported that their loved one has safety risks;</li> <li>• 3% of individuals (N=4) reported that their loved one has no safety risks;</li> <li>• 8% of individuals surveyed (N=10) reported safety risks that were not being adequately addressed by their current services;</li> </ul>	<p>Issues reported by individuals with unmet needs (N=10) leading to safety risks include:</p> <ul style="list-style-type: none"> <li>• Environmental Modifications/Equipment (N=5)</li> <li>• Assistive Technology (N=1)</li> <li>• Additional Staffing/Hours Needed (N=2)</li> <li>• Different Services (N=2)</li> </ul>

### **Review for Service Delivery Enhancement**

The data in this section represents the review of indicators surrounding in-home or personal care services for persons with an identified Support Level 7. The language for a related compliance indicator focusing on continuous quality improvement is as follows:

*Based on results of this review, DBHDS will make determinations to enhance and improve service delivery to children and adults with identified significant behavior support needs (Support Level 7) in need of in-home and personal care services; filing reference 7.23.*

The DBHDS reviewer reviewed authorizations in (WaMS) Virginia Waiver Management System for individuals in this support level with authorization requests for these services which crossed over into the current reporting period. A total of 655 (90.47%) authorizations were approved and a total of 69 (9.53%) were modified and approved out of 724 total authorizations from the sample of 366 individuals. The following table represents a breakdown of how many authorizations were Approved & Modified as well as Approved for the three service types represented in this study. Please note that due to individuals receiving multiple services, the total client counts below exceeds the total individuals included in the sample (N=366).

*Table 6. Authorization and Client Totals Based on Service & Authorization Status (All Individuals)*

Service Name	APPROVED & MODIFIED AUTHORIZATIONS		APPROVED AUTHORIZATIONS	
	Total Auths (% of all auths)	Total Clients	Total Auths (% of all auths)	Total Clients
In-Home Residential Support (H2014)	25 (3.5%)	19	137 (%)	82
Consumer-Directed Personal Assistance (S5126)	34 (4.7%)	27	443 (18.9%)	261
Agency-Directed Personal Assistance (T1019)	10 (1.4%)	8	75 (10.4%)	46
<b>TOTAL</b>	<b>69 (9.5%)</b>	<b>52</b>	<b>655 (90.5%)</b>	<b>344</b>

Authorization modifications are the result of DBHDS service authorization staff changing some part of a provider's initial authorization request, including the dates (start or end) and/or service units requested. Service authorizations may also be 'pending' during review by DBHDS staff, which means that the approval is on hold temporarily until the provider corrects and/or produces required documentation for the services being requested. Below is a breakdown of the modifications made to service authorizations for the reporting period of 7/1-12/31/2024, including pend activity.

*Table 7. Analysis of Approved & Modified Service Authorizations (N=69) by Category & Service*

Change Type	In-Home Residential Support (H2014)		CD* Personal Assistance (S5126)		Agency-Directed Personal Assistance (T1019)	
	Total Auths (% of )	Total Clients	Total Auths (% of total)	Total Clients	Total Auths (% of total)	Total Clients
Start Date	12 (1.7%)	11	27 (3.7%)	23	1 (0.1%)	1
End Date	15 (2.1%)	11	12 (1.7%)	10	4 (0.6%)	3
Service Units	2 (0.3%)	2	1 (0.1%)	1	4 (0.6%)	4
Pended	10 (1.4%)	8	16 (2.2%)	15	9 (1.2%)	8
<b>TOTAL</b>	<b>39 (5.4%)</b>	<b>32</b>	<b>56 (7.7%)</b>	<b>49</b>	<b>18 (2.5%)</b>	<b>16</b>

\*Consumer-Directed = CD

Although there was a total of 7 instances where authorized units were changed during the review process, in each of these instances it was the result of the individual's identified needs changing and being reported by the provider to DBHDS service authorization staff OR there were errors in the provider's documentation. There were no instances where service units authorized were less than the hours indicated as needed in the ISP or schedule of supports. In instances where start dates and end dates were changed, there was no indication that these modifications led to an interruption in services. Furthermore, for families reviewed in compliance indicator 7.22, families reporting did not identify authorizations as a barrier to service delivery, which remains consistent from previous reviews.

Of the 133 families who provided feedback reported in Table 5, 42 (22%) were families of children and 146 (78%) were families of adults receiving services. Out of those who reported they did not receive the authorized services (N=6), insufficient provider staffing/hours were not cited as reasons for why services were not delivered as authorized. A total of 43 individuals (32%) reported positively (e.g. being satisfied, happy or otherwise appreciative) about the services they receive. Respondents were asked to share who provides the services to their loved ones and results showed that 89 individuals (67%) had services provided by family, 51 (38%) by a provider, and 5 (4%) by 'other'. Please note that some numbers might add up to 100% because individuals may receive multiple service types from the survey.

10 (8%) of survey respondents reported that their loved one has safety risks that are not being adequately addressed by their current services. Conversely, 114 (86%) of the individuals contacted reported that their loved one has safety risks which are adequately addressed by the current services. Lastly, 4 (3%) of individuals reported their loved one has no safety risks. The issues reported by individuals with unmet needs related to safety risks are summarized below in Table 6:

*Table 8: Issues reported by individuals with unmet service needs related to safety risks*

<b>Cited Issue</b>	<b>Instances Reported</b>
Additional Staffing/Hours Needed	2
Environmental Modifications/Equipment	5
Assistive Technology	1
Different Services Needed	2

Following this review, DBHDS will be following up with Community Service Boards (CSBs) and DBHDS agency staff to ensure that client-related issues identified during the phone survey are addressed. Follow-up consists of e-mail communications which identify the reported issue(s) and include a request for follow-up to be documented and shared with DBHDS reviewers within 30 days. Any issues that are flagged as more immediate and urgent concerns will require follow-up documentation to be provided to DBHDS as soon as possible (no later than 10 business days).

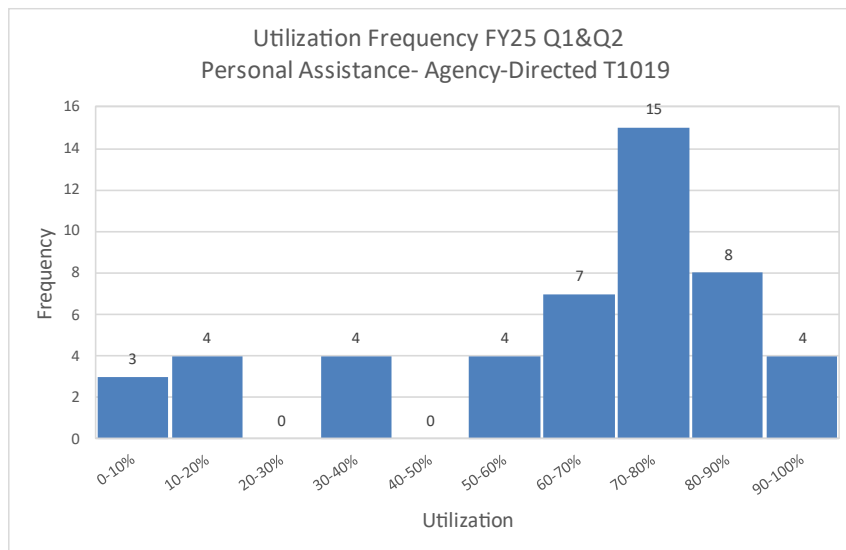
### **Service Utilization Analysis**

For this quarter, a review of the utilization data for In-Home Residential Supports, Personal Assistance (Agency-Directed) and Personal Assistance (Consumer-Directed) from the Department of Medical Assistance Services for FY25 Q1 and Q2 (7/1-12/31/2024) for individuals in the sample was completed with the data and analyses described below.

#### *Agency-Directed Personal Assistance Services (T1019)*

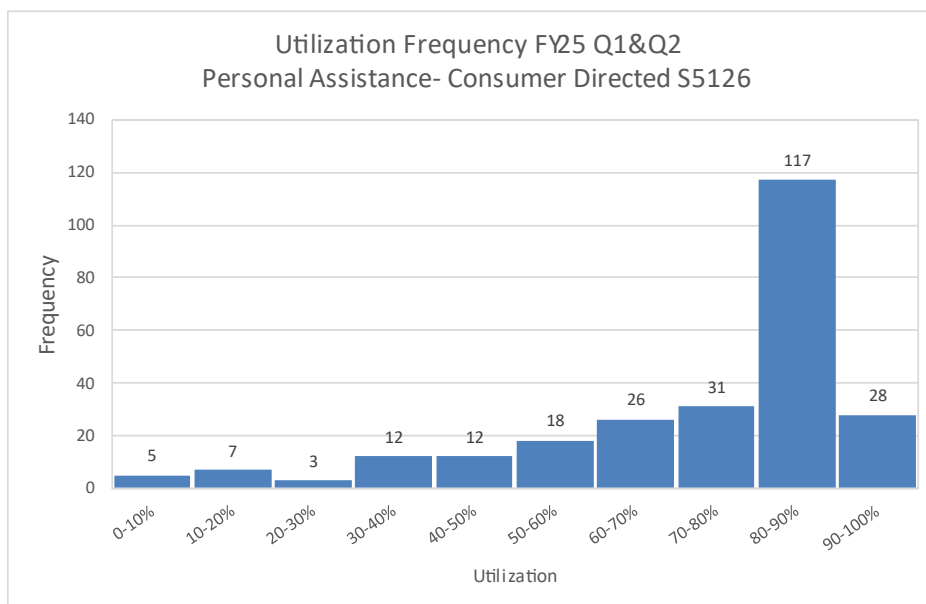
In FY25 Q1/Q2, there were 49 individuals in the sample who billed for Agency-Directed Personal Assistance Services (T1019). The average utilization was 62.75% ranging between 0-95% utilization. The

median was higher than the mean at 72.52%. This indicates more than half of the individuals had a utilization rate higher than 72.52%. The utilization histogram chart below shows the number of individuals receiving Agency-Directed Personal Assistance Services based on grouped service utilization percentages.



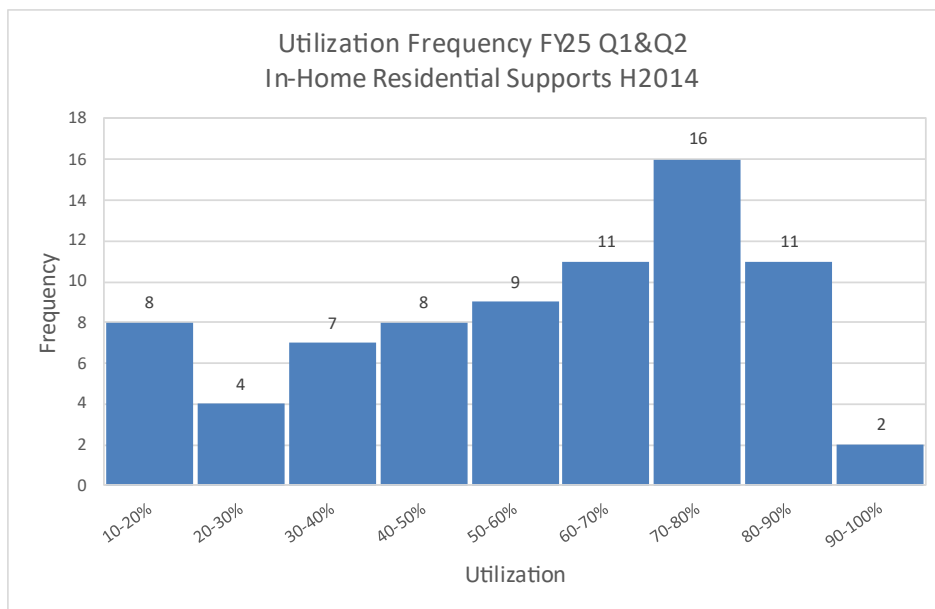
#### *Consumer-Directed Personal Assistance Services (S5126)*

In FY25 Q1/Q2, there were 259 individuals in the sample who billed for Consumer-Directed Personal Assistance Services (S5126). The average utilization was 72.86% ranging between 0-99% utilization. The median was higher than the mean at 82.56%. This indicates more than half of the individuals had a utilization rate higher than 82.56%. The utilization histogram chart below shows the number of individuals receiving Consumer-Directed Personal Assistance Services based on grouped service utilization percentages.



### *In-Home Residential Supports (H2014)*

In FY25 Q1/Q2, there were 83 individuals in the sample who billed for In-Home Residential Supports (H2014). The average utilization was 52.40% ranging from 0-100% utilization. The median was slightly higher than the mean at 59.44%. This indicates more than half of the individuals had a utilization rate higher than 59.44%. The utilization histogram chart below shows the number of individuals receiving In-Home Residential Supports based on grouped service utilization percentages.



### **Recommendations & Next Steps**

The DBHDS reviewer will gather information learned through the family survey, including issues identified by families, and share this with Support Coordination supervisors at the CSBs to get their feedback and input on common trends and barriers to service delivery for in-home residential and personal assistance services. DBHDS will subsequently explore if there are any systemic issues that need to be addressed based on this feedback.

### **ADDENDUM**

As a part of the joint filing of agreed upon curative actions in October 2021, DBHDS began providing requested data quarterly related to customized rate applications quarterly in this report. The specific curative action that relates to compliance indicator filing reference 7.18 reads as follows: *Report customized rate applications, approvals, and denials quarterly.* The tables below provide data on applications, approvals, and denials for customized rates from October 1, 2024, through December 31, 2024.

*Table 6: Customized rate approvals and denials, FY25Q2*

<b>Application Status</b>	<b>Approved</b>	<b>Denied</b>	<b>Total</b>
Processed/Decision Rendered	70	17	<b>87</b>

The table above outlines the total number of applications during this time period to include approved and denied. Note that approximately 80.5% of applications were approved.

*Table 7: Approvals and denials by SIS level, FY25Q2*

<b>SIS</b>	<b>Approved</b>	<b>Denied</b>	<b>Total</b>
Level 1	0	0	<b>0</b>
Level 2	8	5	<b>13</b>
Level 3	6	7	<b>13</b>
Level 4	20	0	<b>20</b>
Level 5	1	1	<b>2</b>
Level 6	3	1	<b>4</b>
Level 7	32	3	<b>35</b>
<b>TOTAL</b>	<b>70</b>	<b>17</b>	<b>87</b>

The table above further breaks down the approvals and denials by SIS (Supports Intensity Scale) level.

*Table 8: Approvals and denials by service requested, FY25Q2*

<b>Service</b>	<b>Approved</b>	<b>Denied</b>	<b>Total</b>
Group Day	7	3	<b>10</b>
Group Home	60	12	<b>72</b>
In home Supports	2	1	<b>3</b>
Sponsored	0	1	<b>1</b>
Supported Living	0	0	<b>0</b>
Community Coaching	1	0	<b>1</b>
<b>TOTAL</b>	<b>70</b>	<b>17</b>	<b>87</b>

The table above gives information on the service type being requested for a customized rate based upon approvals and denials.

*Table 9: Reasons for denials, FY25Q2*

<b>Denial Status</b>	<b>Total</b>
Exceptional support need not demonstrated	<b>0</b>
1:1 or 2:1 staffing need not demonstrated	<b>1</b>
Need for higher qualified staffing not demonstrated	<b>0</b>
Need for increased programmatic oversight not demonstrated	<b>0</b>

The requested service needs can be met within the individual's current level and tier or through the use of other services available to the individual within the Medicaid program	<b>9</b>
Proper supporting documentation was not submitted, or an incomplete application was received	<b>7</b>
<b>TOTAL</b>	<b>17</b>

The table above provides detailed information regarding the reason that the customized rate review committee denied an application.

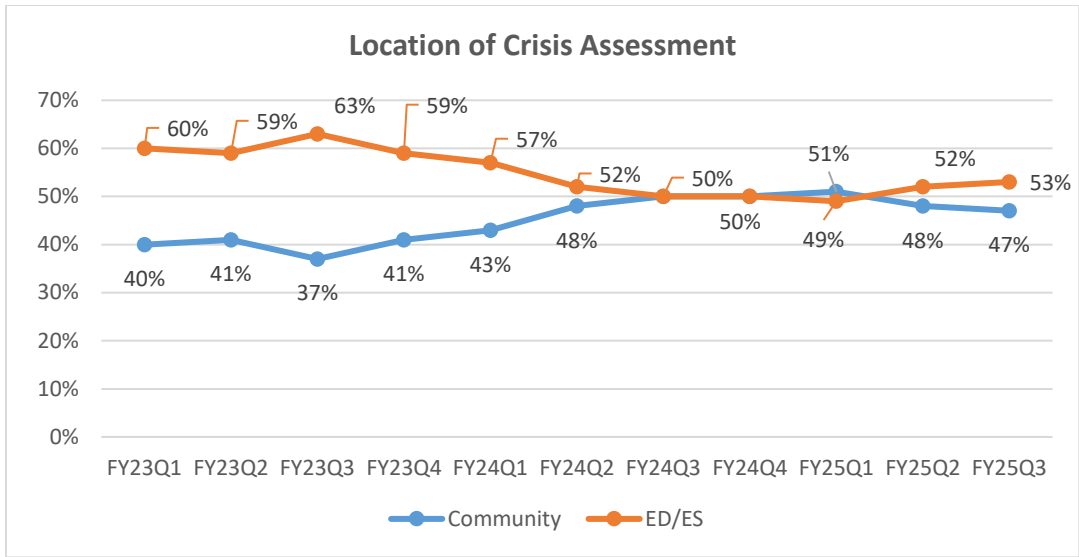
*Table 10: Approvals & denials for residential services based on bed capacity*

<b>Bed Capacity</b>	<b>Approved</b>	<b>Denied</b>	<b>Total</b>
4 or less	60	13	<b>73</b>
5 Bed	3	1	<b>4</b>
6 Bed	0	0	<b>0</b>
7 Bed	0	0	<b>0</b>
8 Bed	0	0	<b>0</b>
N/A (Day Services)	7	3	<b>10</b>
<b>TOTAL</b>	70	17	<b>87</b>

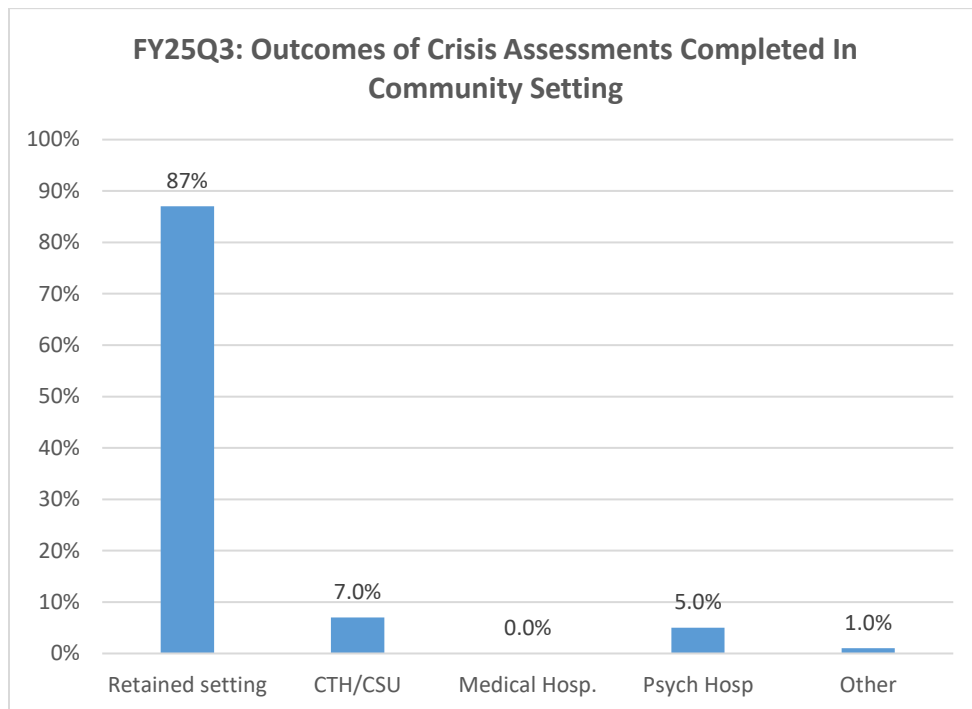
The final table above provides information on the bed capacity of the provider that requested the customized rate. Note that approximately 89% of the requests were for a residential based customized rate (e.g., group home, in home supports).

#### **Crisis Assessment Locations and Outcomes:**

The following data were requested as a part of the 20<sup>th</sup> Study period review and provide information inclusive of all individuals that REACH provided crisis assessment in the quarter (both known to REACH and unknown). The breakdown of this data is focusing on assessment location and resulting outcome. The data is grouped by crisis assessments completed in a community setting (Community) that is exclusive of those occurring in the local hospital emergency department/CSB Emergency Services Department versus a second grouping of crisis assessments that are completed in the hospital emergency departments or CSB emergency services (ED/ES). FY23Q1 was the first quarter that this specific analysis of data is being reported (in addition to crisis assessment data reported earlier in this report and what is listed in the quarterly Adult and Children's REACH Data Summary Reports). The chart on the next page indicates that for FY25Q3 53% of the assessments occurred within an ED/ES setting.



Out of the 47% of the crisis assessments completed in a community setting, 87% of the individuals were able to remain in their home setting, 7% were admitted to a CTH/CSU, another 5% were psychiatrically hospitalized (primarily in private hospitals), and 1% had other community outcomes.



Out of the 53% of the crisis assessments completed in an ED/ES setting, 53% of the individuals were able to remain in their home setting, 8% admitted to a CTH/CSU, 1% medically hospitalized, 34% psychiatrically hospitalized, and 4% had “other” community outcomes.



