



Semi-Annual Permanent Injunction Report

12/1/2025

A Life of Possibilities for All Virginians

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Deputy Commissioner, Community Services*

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Executive Summary

This is the second status update report provided by the Commonwealth as required by Term 75 of the Permanent Injunction entered by the Court on January 15, 2025.

This report is a review of the Commonwealth's progress with all terms of Section IV of the Permanent Injunction during the period of May 16, 2025, through October 31, 2025. DBHDS reviewed all the same materials that were provided to the Independent Reviewer and his consultants for the completion of this report.

For this reporting period, the Commonwealth, in consultation with the Independent Reviewer, finalized how it will indicate its status with the Terms and Actions contained in Section IV of the Permanent Injunction.

The Commonwealth's status with the **Terms** of Section IV of the Permanent Injunction will be indicated as follows:

Sustained Compliance: Met twice consecutively

Met: The Commonwealth has met the percentage goal of the Term, or where the Term has no metric, the Commonwealth has completed the term requirement, including all required actions listed under the Term. (i.e. Terms 36, 42, 44, 46, 52, 56, 57, 59)

Not Met: The Commonwealth has not met the percentage goal of the Term, or where the Term has no metric, the Commonwealth has not completed the Term requirement, including all required actions listed under the Term.

Deferred: The Term requires a year's worth of data, and only a portion of the data is available.

The Commonwealth's status with the **Actions** required by the Terms of Section IV of the Permanent Injunction will be indicated as follows:

Complete: The Action is completed, and there is no requirement for ongoing activity

Complete for this review: Action is completed, but there is a requirement for the Action to continue to be completed with a certain frequency

Not Due: Any Action that has a future due date, and there is not yet any activity to report on the action.

In progress: When the Commonwealth is taking steps to complete the Action listed and can demonstrate this through documented activity, but the Action is not yet complete.

During this review period, the goals of Term 54 (86% of individuals supported in residential settings receive annual physical exams) and Term 58 (The Commonwealth will work to achieve a goal of 86% compliance with the four indicators established by the Case Management Steering Committee (CMSC)) moved into Sustained Compliance because the Commonwealth fully complied with these provisions for one year. Additionally, Term 51 was Met for the first time. For the remaining Terms, the Commonwealth is actively working to achieve the goals. As detailed in the report, the Commonwealth has made significant progress in the 75 actions required by the Terms to achieve the associated goals. The Commonwealth has completed (or completed for this review) 39 actions, with another 22 currently in progress. The remaining 14 actions were not required to be taken during this review period.

A summary of each Term and Action can be found in the Table below. In the Commonwealth's first Semi-Annual Report, the phrase "In Progress" was used to describe compliance with Terms. As noted above, "In Progress" will describe compliance with Actions that have not been fully completed, and "Not Met" or "Deferred" will describe compliance with Terms that have not been achieved. To align this report with the finalized status definitions, in the Term compliance chart below, previous determinations of "In Progress" have been revised to "Not Met" or "Deferred."

The full report provides a more detailed review of the data and explanation of the Commonwealth's progress with the Terms in Section IV of the Permanent Injunction, including the next steps the Commonwealth intends to take as it works to achieve the goals of those provisions.

	Case Management														
PI Term Number	PI Term	Summary			Determination										
31	Community Services Board Quality Review (SCQR). The Commonwealth will work to achieve a goal that 86% of Community Services Board (CSB) records meet a minimum of 9 of the 10 elements assessed in the Case Management Quality Review.	DBHDS sampled 400 records for the Support Coordinator Quality Review. The Commonwealth continues to steadily increase the number of records that meet nine out of ten elements. The Commonwealth increased its compliance rate from 72% in FY 2024 to 81% in FY 2025. Also, the number of CSBs meeting the 86% threshold increased from 14 to 24 CSBs. Table 2: Percentage of Records Meeting at Least Nine Indicators <table><tr><th>FY2021</th><th>FY2022</th><th>FY2023</th><th>FY2024</th><th>FY2025</th></tr><tr><td>42%</td><td>53%</td><td>64%</td><td>72%</td><td>81%</td></tr></table>			FY2021	FY2022	FY2023	FY2024	FY2025	42%	53%	64%	72%	81%	Previous: Deferred Current: Not Met
FY2021	FY2022	FY2023	FY2024	FY2025											
42%	53%	64%	72%	81%											
31.a	DBHDS will require a quality improvement plan from any CSB that has two or more elements with substantial or moderate interrater reliability between the CSB Support Coordinator Quality Review (SCQR) and the DBHDS Office of Community Quality Improvement Review not achieving 60% compliance.	During FY 2025, DBHDS identified four CSBs that did not achieve 60% compliance. Each of these four CSBs are required to submit a quality improvement plan.			Previous: Complete for this review Current: In Progress										
31.b	DBHDS will provide targeted technical assistance with identifying measurable outcomes to any CSB (i) whose records are not 86% compliant with including specific and measurable outcomes in Individual Support Plans (ISPs) or (ii) that does not demonstrate improvement with respect to including specific and measurable outcomes in ISPs (including evidence that employment goals have been discussed and developed, when applicable, throughout its quality review cycle)	In FY 2025, DBHDS separated the data components to demonstrate the percentage of records that meet the goal for specific and measurable outcomes (as required by this action) and the percentage of records that meet the goal for employment discussions. 100% of records reviewed included specific and measurable outcomes in ISPs. There is also substantial agreement between DBHDS and Case Management Supervisors who reviewed the records. No technical assistance is needed at this time.			Previous: Complete for this review Current: Complete for this review										

31.c	If the Commonwealth has not achieved the goal within one year of the date of this Order after taking the actions in Paragraphs 31(a) and 31(b), DBHDS will increase the threshold for requiring a quality improvement plan from a CSB as set out in Paragraph 31(a). DBHDS will provide information about which CSBs need this support in the SCQR Report.	No action on this term is required until 2026.	<p>Previous: Not Due</p> <p>Current: Not Due Due January 15, 2026</p>
31.d	If the Commonwealth has not achieved the goal within one year after taking the actions in Paragraph 31(c), DBHDS will conduct a root cause analysis and implement a Quality Improvement Initiative (QII) as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	No action on this term is required until 2027.	<p>Previous: Not Due</p> <p>Current: Not Due Due January 15, 2027</p>
58	<p>Case Management Steering Committee (CMSC) Measures. The Case Management Steering Committee will continue to establish two indicators in each of the areas of health and safety and community integration associated with selected domains (safety and freedom from harm; physical, mental, and behavioral health and well-being; avoiding crises; community inclusion; choice and self-determination; stability; provider capacity; access to services) and based on its review of the data submitted from case management monitoring processes. The Commonwealth will work to achieve a goal of 86% compliance with the four indicators established by the CMSC. DBHDS will monitor data collected in these domains and determine if any intervention is needed.</p>	<p>The Commonwealth continues to track four indicators through the Case Management Steering Committee.</p> <p>For Health and Safety, the first indicator measures whether Case Managers appropriately assess “change in status”. This indicator was met at 94% for the second time in FY 2025. The second indicator measures whether supports are implemented appropriately. This was also met for the second time in FY 2025 at 94%. Both increased, 5% and 4% respectively, from the previous fiscal year.</p> <p>For Community Integration, DBHDS reviews relationships and interactions. The Community Integrations indicator was met for FY 2025 at 95%. The second indicator focuses on the choice of providers, both case manager and service provider. Both components of this indicator were met in FY 2025. The score for choice of case managers is 91%, and choice of service provider is 98%.</p> <p>As this is the second consecutive time this term is met, this term is in Sustained Compliance</p>	<p>Previous: Deferred</p> <p>Current: Sustained Compliance</p>

Crisis and Behavioral			
PI Term Number	PI Term	Summary	Determination
32	Community Setting 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 Centers (“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 evidenced in the FY2026 First Quarter Supplemental DOJ Quarterly Crisis Report, the Commonwealth has shown a consecutive two-quarter increase in assessments occurring in the community. In FY25 Q3, 47% of assessments occurred in the community. Subsequently, 50% of assessments in FY25 Q4 and 51% in FY26 Q1 occurred in the community.	Previous: Not Met Current: Not Met
32.a	DBHDS will continue to promote the use of the 988 24-hour crisis helpline by providing information on the helpline on its social media platforms, in print and television advertisements, and through informational bulletins developed or funded by DBHDS. DBHDS will require all mobile crisis team members to receive training within 90 days of hire on how to support and respond to individuals with developmental disabilities (DD) who are in crisis.	DBHDS ran a 988-marketing campaign with targeted materials for individuals with developmental disabilities and has identified strategic partnerships to develop a 988-marketing toolkit for individuals with developmental disabilities. DBHDS requires mobile crisis team members to complete 11 training modules covering both youth and adults and including specific topics on developmental disabilities. Compliance with the 90-day requirement was assessed during the Quarterly Qualitative Review in Q1 of FY26. All programs were in compliance with this requirement	Previous: Complete Current: Complete
32.b	DBHDS will maintain its current efforts to assist the regions in filling vacant mobile crisis positions by discussing staffing at regional qualitative reviews of REACH programs and supporting REACH programs to implement quality improvement plans.	DBHDS collects quarterly data from the regional REACH programs on mobile crisis responder staffing. Mobile crisis responder vacancy rate ranges from a low of 6% in the Northern Region to a high of 71% in the Southwest Region. This results in a statewide average vacancy rate of mobile crisis responders of 32%. Review has been incorporated into the Quarterly Qualitative Review.	Previous: In Progress Current: In progress
32.c	Within 6 months of the date of this Order, the Commonwealth will develop a plan that includes measurable goals, specific support activities, and timelines for implementation with consultation from stakeholders to enhance 988 supports and services to increase the likelihood that individuals will be assessed in the community.	The DBHDS Crisis Office has developed a plan with consultation from stakeholders. The plan was updated during this review period to ensure it included measurable goals, specific support activities, and implementation timelines.	Previous: In Progress Current: Complete for this review

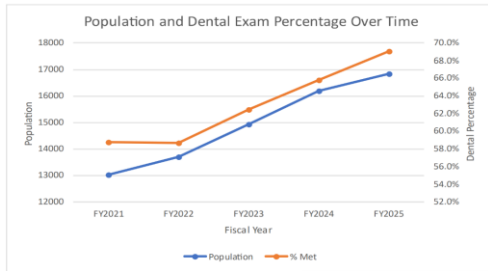
32.d	DBHDS will monitor staffing at each REACH program to determine if they have sufficient staffing per shift to meet the goal, including through discussion and review of filled/vacant positions, utilization rates of mobile crisis, and times mobile crisis calls are being received in comparison to the number of staff working during those hours at each REACH program's quarterly review. If a quarterly review indicates that staffing is not sufficient to meet the goal, DBHDS shall review the region's current efforts to increase staffing and, if DBHDS determines necessary, will require a quality improvement plan that includes additional actions that DBHDS finds are necessary to enhance staffing.	DBHDS added a staffing component to all qualitative reviews beginning in the 3 rd quarter of Fiscal Year 2025. Staffing is addressed in the FY25Q4 and FY26Q1 REACH Quarterly Qualitative Reviews, section #5 for each REACH region. Additionally, the on-site review for FY25Q4 focused on staffing and related recruitment plans. In FY26Q1, the focus was end-of-year financials. Section 1 in the FY26Q1 REACH Quarterly Qualitative Reviews addresses mobile crisis response data for each region in relation to the REACH Standards.	<p>Previous: In Progress</p> <p>Current: In progress</p>
32.e	Semi-annually, beginning on January 1 and June 1 of each year, DBHDS will work with the two regions that are experiencing the most success in responding to people in crisis in the community to determine what is leading to their success. DBHDS will work with the two regions that are experiencing the most challenges in responding to people in crisis in the community to learn what is leading to those challenges. DBHDS will work with all the regions based on these lessons learned to implement a plan to improve performance in each of the regions.	DBHDS staff met with the Regional Crisis Directors to discuss what was working in Regions that were succeeding and the challenges in Regions that were struggling to meet metrics. The REACH Directors and DBHDS staff decided to initially take a statewide perspective to implement remediation and to ensure consistency across the Commonwealth. The Deputy Commissioner will be meeting with the Regional Crisis Managers for the next review period to implement some region-specific activities.	<p>Previous: In Progress</p> <p>Current: In Progress</p>
32.f	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 32(a) through 32(e), DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. As part of the root cause analysis, the Commonwealth will collect data on why individuals with developmental disabilities presented at a CRC instead of accessing mobile crisis services. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January 2027.	<p>Previous: Not Due</p> <p>Current: Not Due Due January 15, 2027</p>
33	Therapeutic Consultation Services. The Commonwealth will work to achieve a goal that 86% of individuals identified as in need of Therapeutic	From January 2025 through June 2025, 1,152 out of 1,483 people were connected within 30 days (78%). This is a 5% increase from the previous	<p>Previous: Not Met</p> <p>Current:</p>

	Consultation service are referred for the service and have a provider identified within 30 days.	reporting period, when 73% of individuals were connected within 30 days.	Not Met
33.a	Within 12 months of the date of this Order, DBHDS shall implement a technical assistance initiative with the CSBs that need the most support to connect people to behavioral supports and focus on improving case managers' awareness of the behavioral resources available to individuals in need of Therapeutic Consultation, unique CSB business practices, and supervisory support for case managers in this area of performance.	DBHDS continues to implement the technical assistance initiative related to this action. DBHDS saw improvement in three of the eight CSBs and will meet with the five that showed minimal to no improvement to learn about current barriers and provide additional technical assistance.	Previous: Complete Current: Complete for this Review
33.b	Annually, the Commonwealth will participate in at least one regional event and at least one statewide conference to promote Therapeutic Consultation services. The Commonwealth will provide technical assistance to providers regarding enrollment with Medicaid as a provider as they reach out to the Commonwealth for this support.	DBHDS staff participated in the Virginia Association for Behavior Analysis Conference on April 25-26, 2025. During the conference, the Behavior Network Support (BNS) Team hosted an exhibitor booth and made a collective pitch to attendees on why they should consider joining the DD waiver system. Additionally, the Director of Behavior Network Supports participated in regional provider roundtables to promote the service, most recently in April, July, and October 2025. The Commonwealth provided technical assistance regarding enrollment with Medicaid as a provider to 15 potential providers between April and September 2025.	Previous: Complete Current: Complete for this review
33.c	By July 1, 2025, the Commonwealth will create a training about enrolling with Medicaid as a Therapeutic Consultation provider and make it available for providers via DBHDS's website.	The BNS Team developed a training series on Becoming a Therapeutic Consultation Provider, which remains available on the DBHDS website.	Previous: Complete Current: Complete
33.d	Rate Study	Summary of rate study actions can be found in Term 59	Previous: In Progress Current: Complete for this Review
33.e	If the Commonwealth has not achieved the goal by June 30, 2026 after taking the actions in Paragraphs 33(a) through 33(c), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by	This action, if required, is not due until June 2026.	Previous: Not Due Current: Not Due

	DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.		Due June 30, 2026
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.	During FY25Q4 and FY26Q1, 76% and 89% of individuals, respectively, who were admitted to a crisis therapeutic home or psychiatric hospital had a community residence identified within 30 days. For these two quarters combined, 330 individuals out of 406 (81%) had a home identified within 30 days.	Previous: Not Met Current: Not Met
35.a	DBHDS will enter into contracts with providers to develop homes for individuals with intense behavioral support needs that will be operational (<i>i.e.</i> , that an individual can move into the home) in accordance with the following schedule: <i>Region 1: one home operational by August 2024 and one additional home operational by February 2025;</i> <i>Region 2: two homes operational by August 2024 and one additional home operational by February 2025;</i> <i>Region 3: one home operational by November 2024 and one additional home operational by February 2025;</i> <i>Region 5: one home operational by November 2024 and two additional homes operational by February 2025.</i>	Region 1 - Both homes are purchased, and one is open. The other recently became licensed Region 2 - All homes are open and accepting referrals. Region 3 - One home is open. Region 5 - All homes open and accepting referrals. DBHDS is working with the providers that have not yet opened their homes to ensure actions are being taken to become operational as quickly as possible.	Previous: In Progress Current: In progress
35.b	If the Commonwealth has not achieved the goal after taking the actions in Paragraph 35(a) by June 30, 2025, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	DBHDS completed a Root Cause Analysis (RCA) in July 2023 to address this issue and continues to work through the challenges of individuals being connected to residential supports within 30 days. The issues presented in the previous RCA remain relevant at the present time, and updated performance data was reviewed to update the RCA during this study period. Data: FY24 data range (74% - 85%) FY25 data range (76% - 88%) FY26Q1 data: 89%	Previous: Not Due Current: In progress

36	Out-Of-Home Crisis Therapeutic Prevention Host-Home Like Services for Children. To prevent institutionalization of children due to behavioral or mental health crises, the Commonwealth will implement out-of-home crisis therapeutic prevention host-home-like services for children connected to the REACH system who are experiencing a behavioral or mental health crisis and would benefit from this service.	DBHDS is developing three new Crisis Therapeutic Homes and has developed a process to distribute funding to individuals and families for out-of-home crisis prevention. DBHDS also sent out notifications about the provider and family list serves to ensure individuals knew that the two current homes accepted prevention stays.	Previous: Not Met Current: Not Met
36.a	Within one month of the date of this Order, DBHDS will send out a communication through the list serve for individuals and families on the waiver waiting list, and to the provider list serve communicating that the two CTHs existing in Regions 1 and 4 as of the date of this Order can be utilized for preventive stays by children across the Commonwealth.	DBHDS sent a notification via the list serve to individuals and families on the waiver list on February 4, 2025, specifically regarding prevention stays for children at the two existing REACH Crisis Therapeutic Homes.	Previous: Complete Current: Complete
36.b	DBHDS will continue to track and report quarterly on the number of crisis prevention stays being utilized by children in each of the five regions.	During FY25 Q4, Region 1 CTH admitted four prevention stays, while Region 4 admitted none. In FY26 Q1, Region 1 admitted one prevention stay, while Region 4 admitted none.	Previous: Complete Current: Complete for this review
36.c	Providing funding in Fiscal Year 2025 to establish three additional CTH's in the regions where they do not exist as of the date of this Order (Regions 2, 3, and 5) that will be operational between May 2025 and January 2026.	DBHDS provided funding in FY25. Each of the three regions is currently building/purchasing the additional homes. Region 3 broke ground on its new home, Region 5 is working with Isle of Wight on plan finalization, and Region 2 is searching for a home.	Previous: In Progress Current: In progress
36.d	From the date of this Order and continuing until all three additional CTHs referenced in Paragraph 36(c) are operational, DBHDS will support up to a total of 1,000 days per year of respite for children connected to REACH, who have previously experienced or are at risk of experiencing a crisis, reside in regions without an operational CTH, and who do not otherwise have funding to access respite services at a rate of up to \$500 per 24-hour period.	DBHDS has created a process and an application with the Regions to be able to operationalize crisis out-of-home prevention funding for families to access in each of the three Regions. Funding was provided to each of the three regions for these services. No services have been delivered yet.	Previous: In Progress Current: In progress

36.e	If the Commonwealth has not achieved the goal after taking the actions in Paragraphs 36(a) through 36(d) by June 30, 2026, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until June 2026.	Previous: Not Due Current: Not Due Due June 30, 2026
Quality and Risk Management			
PI Term Number	PI Term	Summary	Determination
34	Behavioral Support Services. The Commonwealth will work to achieve a goal that 86% of individuals with identified behavioral support needs are provided adequate and appropriately delivered behavioral support services.	During this reporting period, 80% of people received adequate services. This is a 12% increase from the previous reporting period.	Previous: Not Met Current: Not Met
34.a	DBHDS will continue to address findings identified through the previously conducted root cause analysis initiated in Q1 of FY21 and updated subsequently as part of each semi-annual review.	DBHDS continues to implement informal quality improvement initiatives as identified through the RCA completed in FY21, as evidenced by the improved data.	Previous: Complete Current: Complete for this review
34.b	DBHDS will continue to use the BSPARI tool, or such other tool designed for behavioral programming that the parties agree upon, to determine whether individuals are receiving adequate and appropriate behavioral support services.	DBHDS has continued to use the BSPARI tool to determine adequate and appropriate behavior support services. More plans are meeting the scoring criteria for adequate and appropriate behavior support services.	Previous: Complete Current: Complete for this Review
34.c	DBHDS will continue to employ a total of four behavior analysts to provide technical assistance and training on behavioral support plans. Annually, the behavior analysts will (i) review a statistically significant sample of the behavioral plans submitted; (ii) provide feedback; and (iii) identify trends for improvement and develop additional training and technical assistance as determined necessary by DBHDS.	DBHDS employs five behavior analysts, including the Director of the BNS program. The BNS team continues to review a statistically significant number of plans each year. The team also provides regular feedback on reviewed plans and develops training on systemic issues identified through those plan reviews.	Previous: Complete Current: Complete for this review
34.d	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 34(a) and 34(b), DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement	This action, if required, is not due until January 2027	Previous: Not Due Current: Not Due Due January 15, 2027

	process until the goal is achieved and sustained for one year.		
40	Dental Exams. The Commonwealth will work to achieve a goal that 86% of individuals who are supported in residential settings and have coverage for dental services will receive an annual dental exam.	Currently, over 69% of people supported in residential settings who have dental coverage have received a dental exam. This is a 10% increase from FY 22. The last two quarters of FY25 show that 72% and 70% of people received a dental exam, which is an improvement from the previous two quarters, where 65% and 69% received dental exams. 	Previous: Not Met Current: Not Met
40.a	DBHDS will operate a total of three mobile dental vehicles by March 31, 2025	DBHDS currently operates three mobile vehicles.	Previous: In Progress Current: Complete for this review
40.b	DBHDS will continue to employ or contract with a total of three dental assistants and four dental hygienists to staff the mobile dental vehicles.	DBHDS has employed all hygienists and all but one dental assistant. Recruitment has been initiated and repeated for the final position.	Previous: In Progress Current: In Progress
40.c	DBHDS will continue to review referrals for dental services and work to connect people to community dental providers when available.	DBHDS reviews all referrals submitted through our online portal and works to connect people to community dentists.	Previous: In Progress Current: Complete for this review
40.d	Within six months of the date of this Order, DBHDS will contract with at least one dentist or dentistry practice in each Region who can support sedation dentistry.	DBHDS posted a solicitation on February 11, 2025, to expand sedation dentistry. Representatives from the Office of Integrated Health Supports Network (OIHSN) reviewed all proposals, and awardees were selected for the Regions without sedation dentistry contracts. Notice of awards were finalized, and contracts have been initiated to ensure	Previous: In Progress Current: Complete for this review

		sedation dentistry is available in all regions.	
40.e	DBHDS will collaborate with dental providers to understand barriers to delivering services to individuals with developmental disabilities and, within six months of the date of this Order, will develop a plan with measurable goals, specific support activities, and timelines for implementation to mitigate those barriers.	DBHDS is collaborating with the DMAS Dental Program to determine barriers to accessing dental services through listening sessions with individuals and families. DBHDS will work in close collaboration with DMAS to help identify, document, and resolve current barriers to the extent practicable through the OIHSN Dental workplan. DBHDS is also initiating a survey with providers and individuals and families to further understand barriers.	Previous: In Progress Current: In Progress
40.f	Within six months of the date of this Order, the Commonwealth shall start an initiative that determines which 8 CSBs need the most assistance to ensure that individuals receive annual dental exams and, no later than three months after starting this initiative, begin to provide technical assistance to support relevant CSBs. This process will continue to be implemented annually until the Commonwealth achieves the goal.	The OIHSN has identified the eight CSBs with the lowest percentage of individuals who received an annual dental exam. The OIHSN has reached out to these eight CSBs to schedule on-site dental clinics for individuals.	Previous: In Progress Current: Complete for this review
40.g	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 40(a) through 40(f), DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year	This action, if required, is not due until January 2027	Previous: Not Due Current: Not Due Due January 15, 2027
41	Protection From Serious Injuries in Service Settings. The Commonwealth will work to achieve a goal that 95% of DD waiver service recipients will be protected from serious injuries in service settings.	DBHDS's current data shows that 97.3% of individuals are protected from serious injury. However, DBHDS continues to refine the calculation of this measure. For this reason, the data is not yet considered a full set of data, and therefore, the goal is not yet met.	Previous: Not Met Current: Not Met
41.a	DBHDS will continue working to ensure that all appropriate serious injuries are included when determining if this goal is met.	DBHDS continues to refine the calculation of this measure.	Previous: In Progress Current: In Progress
41.b	Within six months of the date of this Order, and annually thereafter, the DBHDS Office of Integrated Health will complete a quality review of a statistically significant sample of	DBHDS Office of Integrated Health Supports Network began an initial review and has used the initial review to refine the process.	Previous: In Progress Current:

	serious injuries reported to DBHDS via the CHRIS system (or successor) to determine if the Incident Management Unit process used by the DBHDS Office of Licensing adequately identifies all appropriate injuries to determine if individuals were protected from harm and if changes are needed to the way incidents are reviewed and referred.		In Progress
41.c	Relevant processes will be revised, as warranted, based on the finding of the quality review referenced in Paragraph 41(b) to ensure that the Commonwealth accurately identifies the percentage of DD waiver recipients who are protected from serious injuries in service settings.	Processes related to this determination have been updated and continue to be refined based on review of data.	Previous: Not Due Current: In Progress
41.d	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the action in Paragraphs 41(a) through 41(c), DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the metric is achieved and sustained for one year.	This action, if required, is not due until January 2027.	Previous: Not Due Current: Not Due Due January 15, 2027
42	Risk Management. To ensure that the risk management programs of DBHDS licensed providers of DD services identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths and take prompt action when such events occur, or the risk is otherwise identified, the Commonwealth will take the actions in 42.a-c.	DBHDS continues to review all providers for compliance with the applicable regulations governing risk management to ensure providers are tracking the incidence of common risks and conditions faced by people with DD. DBHDS completes licensing reviews on a calendar-year basis and has completed a review of approximately 75% of providers at this time. The DBHDS Deputy Commissioner of Community Services completed a look-back to determine concordance with Licensing Specialists and the Independent Reviewer's Consultant.	Previous: Not Met Current: Not Met
42.a	Within 24 months of the date of this Order, the Commonwealth shall establish inter-rater reliability among the Commonwealth's licensing specialists regarding provider compliance with the quality assurance trending requirements.	DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer's Consultant, and contractors who complete data collection on behalf of DBHDS. In addition, DBHDS has implemented a process to compare QSR data against another data set to ensure the integrity of the data between sources.	Previous: In Progress Current: In Progress
42.b	Within 12 months of the date of this Order, the Commonwealth shall offer technical assistance in accordance with	DBHDS has hired 12 Quality Improvement Specialists who are available to provide technical assistance	Previous: In Progress

	DBHDS's Consultation and Technical Assistance Standard Operating Procedure to each provider that does not identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths.	to providers when they are found not in compliance with Risk Management Regulations. An initial determination of noncompliance allows providers to self-select to receive technical assistance and consultation. If providers have systemic citations (consecutive citations on the same regulations), consultation and technical assistance is required.	Current: In Progress
42.c	Within one month of the date of this Order, when providers do not take prompt action when such events occur, or where the risk is otherwise identified despite lack of prompt action by providers, DBHDS will ensure that corrective action plans are written, implemented, and tracked, and take further actions as warranted.	DBHDS requires all providers who receive a citation (not in compliance) with any regulation to complete a corrective action plan related to that citation. The DBHDS Office of Licensing has defined progressive actions that will be taken to address concerns with provider compliance.	Previous: Complete Current: Complete for this review
43	Timely Waiver Service Enrollment. The Commonwealth will work to achieve a goal that 86% of individuals who are assigned a waiver slot will be enrolled in a service within five months.	DBHDS has not met the metric for the last two quarters. The current percentages for FY25Q2 and FY25Q3 are 76.2% and 84.6%, respectively, which is an improvement from the previous two quarters	Previous: Not Met Current: Not Met
43.a	Within three months of the date of this Order, DBHDS will track on a quarterly basis the number of individuals who are assigned a waiver slot but not enrolled in a service within five months.	DBHDS transitioned from semi-annual to quarterly reporting of this data in FY 24.	Previous: Complete Current: Complete for this review
43.b	Within three months of the date of this Order, the Commonwealth will contact individuals at the end of each quarter who have not been enrolled in a service within five months and their families and case managers to determine why services have not been initiated and what barriers delayed initiation of services. DBHDS will report on the barriers identified quarterly as well as actions being taken to remediate those barriers and results achieved.	This data is pulled monthly, with calls being made to individuals/families that month and, when they cannot be reached, to support coordinators. DBHDS has developed an initial report of the findings.	Previous: In Progress Current: Complete for this review

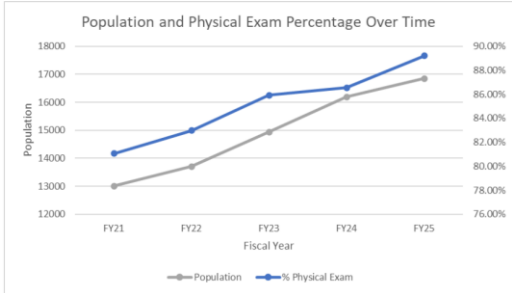
43.c	<p>Within one year of the date of this Order, the Commonwealth will conduct a root cause analysis of why services have not been initiated and what barriers delayed initiation of services. Based on the findings of the root cause analysis, the Commonwealth will prioritize the findings for quality improvement in consultation with the provider and system issues resolution workgroups. The Commonwealth will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups. The Independent Reviewer, in the reports required under paragraph 76, shall discuss the reasonableness of Virginia's response to this requirement. Individuals for whom initiation of services is delayed past five months at the request of the individual or the individual's authorized representative will not be included in determining if the Commonwealth meets the goal. The Commonwealth will revisit the root cause analysis annually and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.</p>	<p>This action, if required, is not due until January of 2026.</p>	<p>Previous: Not Due</p> <p>Current: Not Due Due January 15, 2026</p>
44	<p>Ongoing Service Analyses. The Commonwealth, through DBHDS, will collect and analyze data at least annually regarding the management needs of individuals with identified complex behavioral, health, and adaptive support needs to monitor the adequacy of management and supports provided. DBHDS will develop corrective actions based on its analysis as it determines appropriate, track the efficacy of the actions, and revise as it determines necessary to address the deficiency.</p>	<p>DBHDS developed a report related to this information for the first time in May 2025. DBHDS used FY24 data to provide a comprehensive summary. This report is a compilation of information gathered from the IMNR, BSPARI, QSR, and Care Concerns processes.</p>	<p>Previous: Not Met</p> <p>Current: Not Met</p>

44.a	DBHDS will use data from the Skilled Nursing Review detailed in Paragraph 39(c), the IMNR process for individuals with complex medical needs, data from the care concerns process, data from the BSPARI quality reviews, and data from the Quality Service Reviews to monitor the adequacy of management and supports provided. Within six months of the date of this Order, DBHDS will develop a report consolidating the information from these sources to provide a comprehensive summary of the management and support provided to individuals with complex needs. This summary will be completed annually.	DBHDS developed a report related to this information for the first time in May 2025. DBHDS used FY24 data to provide a comprehensive summary . This report is a compilation of information gathered from the IMNR, BSPARI, QSR, and Care Concerns processes.	Previous: In Progress Current: In Progress																
44.b	DBHDS will continue to implement the IMNR process for no less than 70 people annually who have complex medical, behavioral, or adaptive support needs (Tier 4) to include onsite visits, reviews of specific health care documentation, and a factual questionnaire administered by qualified nursing professionals to primary caregivers most familiar with the person’s health care needs.	DBHDS has completed 82 reviews from November 2024 through November 2025, meeting the annual requirement of 70 reviews .	Previous: In Progress Current: In Progress																
45	DD Service Providers’ Compliance with Administrative Code. The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services comply with 12 VAC 35-105-620 in effect on the date of this Order or as may be amended.	<p>DBHDS has completed 75% of reviews of provider services for this calendar year. Of those reviews, 44% of providers are compliant with all provisions of 12 VAC 35-105-620. By individual provision, compliance is as shown below:</p> <table><thead><tr><th>Regulation Number</th><th>Percentage Compliance Over Reviewed</th></tr></thead><tbody><tr><td>12VAC35-105-620. A.</td><td>91%</td></tr><tr><td>12VAC35-105-620. B.</td><td>84%</td></tr><tr><td>12VAC35-105-620. C. (1)</td><td>83%</td></tr><tr><td>12VAC35-105-620. C. (2)</td><td>65%</td></tr><tr><td>12VAC35-105-620. C. (3)</td><td>66%</td></tr><tr><td>12VAC35-105-620. C. (4)</td><td>77%</td></tr><tr><td>12VAC35-105-620. C. (5)</td><td>75%</td></tr></tbody></table>	Regulation Number	Percentage Compliance Over Reviewed	12VAC35-105-620. A.	91%	12VAC35-105-620. B.	84%	12VAC35-105-620. C. (1)	83%	12VAC35-105-620. C. (2)	65%	12VAC35-105-620. C. (3)	66%	12VAC35-105-620. C. (4)	77%	12VAC35-105-620. C. (5)	75%	Previous: Not Met Current: Not Met
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		12VAC35-105-620. D. (1) 82% 12VAC35-105-620. D. (2) 85% 12VAC35-105-620. D. (3) 76% 12VAC35-105-620. E. 84%	
45.a	Within six months of the date of this Order, DBHDS will require that any provider not in compliance with 12 VAC 35-105-620.C.4 and D.3 (regarding corrective action plans) develop and implement a corrective action plan that includes the receipt of technical assistance, additional training, and specific actions related to the respective areas of underperformance as determined appropriate by DBHDS.	DBHDS continues to require that providers with a citation related to 12 VAC 35-105-620.C.4 and D.3 develop corrective action plans related to their non-compliance. DBHDS offers technical assistance and training for these regulations through the Expanded Consultation and Technical Assistance (ECTA) Process. For the first citation, participation in ECTA is optional and at the provider's discretion. For a second citation, participation in ECTA is required.	Previous: Complete Current: Complete for this review
45.b	Within six months from the date of this Order, for providers who are not compliant with 12 VAC 35-105-620.C.4 and D.3 (regarding corrective action plans) for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth's regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider's license to provisional status, or revoking the provider's license as determined appropriate by DBHDS.	DBHDS has established an expectation that when a provider receives a systemic citation (cited twice consecutively), the provider must participate in ECTA within 45 days of their approved corrective action plan. In addition to the required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance.	Previous: In Progress Current: Complete for this review
45.c	Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments.	DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer's Consultants, and contractors who complete data collection on behalf of DBHDS. In addition, DBHDS has implemented processes to compare Quality Service Review (QSR) data against another data set to ensure the integrity of the data between sources.	Previous: In Progress Current: In Progress

46	Quality Service Monitoring. The Commonwealth will work to ensure that, using information collected from licensing reviews and Quality Service Reviews, it identifies providers that have been unable to demonstrate adequate quality improvement programs and offers technical assistance as necessary.	DBHDS uses information from licensing reviews and QSR to identify providers who have been unable to demonstrate adequate quality improvement programs. DBHDS needs to continue to develop IRR between licensing specialists and between DBHDS and contractors who complete data collection on behalf of DBHDS before considering this term met.	Previous: Not Met Current: Not Met
46.a	Within six months of the date of this Order, DBHDS will require that any provider not in compliance with quality improvement program regulations develop and implement a corrective action plan. DBHDS will continue to employ a total of 12 Quality Improvement Specialists. DBHDS Quality Improvement Specialists will continue to offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance.	DBHDS continues to require that providers with a licensing citation related to quality improvement programs develop and implement corrective action plans related to their non-compliance. DBHDS has continued to employ 12 Quality Improvement Specialists who work with providers who have received corrective action plans related to their Quality Improvement Programs.	Previous: In Progress Current: Complete for this review
46.b	Within six months from the date of this Order, for providers who are not compliant with quality improvement program regulations for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth's regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider's license to provisional status, or revoking the provider's license as determined appropriate by DBHDS.	DBHDS has established an expectation that when a provider receives a systemic citation (cited twice consecutively), the provider must participate in ECTA within 45 days of their approved corrective action plan. In addition to the required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance.	Previous: In Progress Current: Complete for this review
46.c	Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments.	DBHDS continues to refine processes related to IRR between DBHDS, the Independent Reviewer's Consultants, and contractors who complete data collection on behalf of DBHDS. In addition, DBHDS has implemented a process to compare QSR data with another dataset to ensure data integrity across sources.	Previous: In Progress Current: In Progress

49	Residential Services Community Integration. The Commonwealth will work to achieve a goal that 95% of residential service recipients reside in a location that is integrated in, and supports full access to, the greater community in compliance with the CMS rule on HCBS settings.	DBHDS data currently demonstrates that 98.81% of people are living in settings fully integrated in the community. The Commonwealth continues to refine the process for determining whether 95% of individuals reside in residential settings that comply with the CMS HCBS Settings rule. This measure is not met because DBHDS is finalizing a look-back of providers who had Quality Enhancement Plans in Rounds 1, 2, and 5 of the QSR.	Previous: Not Met Current: Not Met
49.a	In accordance with its CMS-approved Statewide Transition Plan, by December 31, 2025, the Commonwealth will complete its review of the remaining 3,296 locations for compliance with the CMS settings rule to determine if it is in compliance with the 95% goal.	DBHDS has completed all reviews, including a look-back of providers who received a Quality Improvement Plan in Rounds 1 and 2 of the QSR process, and initiated a look-back for providers who received a Quality Improvement Plan during Round 5.	Previous: In Progress Current: Complete
52	Look-Behind Analysis of Abuse, Neglect, and Exploitation Allegations. The Commonwealth will continue its Community Look-Behind (CLB) review process to achieve a goal of collecting sufficient data for the Risk Management Review Committee (RMRC) to conduct or oversee a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. The review will evaluate whether: (i) investigations of individual incidents occur within state-prescribed timelines; (ii) the person conducting the investigation has been trained to conduct investigations; and (iii) corrective action plans are implemented by the provider when indicated. The RMRC will review trends at least quarterly, recommend QIIs when necessary, and track implementation of initiatives approved for implementation.	<p>The Commonwealth will continue its Community Look-Behind (CLB) review process to achieve a goal of collecting sufficient data for the Risk Management Review Committee (RMRC) to conduct or oversee a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. Data indicates significant improvement in Outcome ii, but minimal improvement in outcome iii.</p> <p>The independent reviewer expressed concerns about the sufficiency of the data presented to the RMRC, given the IRR process used. DBHDS revised its IRR process to utilize a “gold-standard” comparison, rather than a comparison between reviewers. Both processes found substantial agreement between reviewers and with the gold-standard reviewer. However, the revised process was not completed in time to report to the RMRC. The gold-standard IRR process will be implemented with FY2026 reviews.</p>	Previous: Not Met Current: Not Met

53	Samples of Data from Look-Behind Analyses of Serious Incidents and Allegations of Abuse, Neglect, and Exploitation. The Commonwealth will work to achieve a goal of showing 86% of the sample of serious incidents reviewed by the RMRC meet criteria reviewed in the audit and that at least 86% of the sample of allegations of abuse, neglect, and exploitation reviewed by the RMRC meet criteria reviewed in the audit. The Commonwealth will continue the look behind process and provide feedback to the RMRC related to its findings. If this goal is not met by December 31, 2024, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	The Office of Licensing continues to meet the requirements for the look-behind and is meeting all metrics. The Office of Human Rights continues to make improvements in its processes to increase performance related to outcome iii.	Previous: Not Met Current: Not Met																		
54	Annual Physical Exams. The Commonwealth will work to achieve a goal that 86% of individuals supported in residential settings receive annual physical exams.	The Commonwealth met the goal for two consecutive reporting periods. This term is in Sustained Compliance.  <table border="1"><caption>Population and Physical Exam Percentage Over Time</caption><thead><tr><th>Fiscal Year</th><th>Population</th><th>% Physical Exam</th></tr></thead><tbody><tr><td>FY21</td><td>13000</td><td>80.00%</td></tr><tr><td>FY22</td><td>14000</td><td>82.00%</td></tr><tr><td>FY23</td><td>15000</td><td>84.00%</td></tr><tr><td>FY24</td><td>16000</td><td>86.00%</td></tr><tr><td>FY25</td><td>17000</td><td>88.00%</td></tr></tbody></table>	Fiscal Year	Population	% Physical Exam	FY21	13000	80.00%	FY22	14000	82.00%	FY23	15000	84.00%	FY24	16000	86.00%	FY25	17000	88.00%	Previous: Met Current: Sustained Compliance
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54.a	Within six months of the date of this Order, any time there is not an increasing trend in the percentage of individuals receiving an annual physical exam in consecutive annual reporting periods, DBHDS will conduct a root cause analysis and determine whether a QII is warranted to address identified issues. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action is not currently required because the Commonwealth is meeting the metric.	Previous: Not Due Current: Not Due																		

55	<p>Assessment of Licensed Providers of DD Services. The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services have been assessed for their compliance with risk management requirements in the Licensing Regulations during their annual inspections. DBHDS will continue to conduct annual licensing inspections in accordance with Virginia Code § 37.2-411 in effect on the date of this Order or as may be amended and assess provider compliance with risk management requirements in the Licensing Regulations utilizing the Office of Licensing Annual Compliance Determination Chart.</p>	<p>DBDHS reviews licensed providers on a calendar-year basis. As such, DBHDS has completed inspection of 75% of licensed providers as of the date of this report. Of the 75% of providers reviewed, 99% were assessed for their compliance with the Risk Management Regulations.</p>	<p>Previous: Deferred</p> <p>Current: Deferred</p>
56	<p>Data-Driven Quality Improvement Plans for HCBS Waiver Programs. The Commonwealth will continue to implement the Quality Improvement Plan approved by CMS in the operation of its HCBS Waivers. The DMAS-DBHDS Quality Review Team (QRT) will meet quarterly in accordance with the CMS-approved Quality Improvement Plan and will review data, determine trends, and implement quality improvement strategies where appropriate as determined by the QRT to improve performance.</p>	<p>The Commonwealth continues to implement the Quality Improvement Plan approved by CMS in the operation of its HCBS waivers. The QRT meets quarterly to review data, determine trends, and implement quality improvement strategies. The Commonwealth is actively remediating 6 out of 8 measures. One measure is not being remediated as data indicated improvement, and the second measure does not yet have a plan.</p>	<p>Previous: Not Met</p> <p>Current: Not Met</p>

57	<p>Data-Driven Quality Improvement Plans for HCBS Waiver Program. The Commonwealth will continue to collect quarterly data on the following measures: (i) health and safety and participant safeguards; (ii) assessment of level of care; (iii) development and monitoring of individual service plans, including choice of services and of providers; (iv) assurance of qualified providers; e) whether waiver enrolled individuals' identified needs are met as determined by DMAS QMR; and (v) identification, response to incidents, and verification of required corrective action in response to substantiated cases of abuse/neglect/exploitation. This data will be reviewed by the DMAS-DBHDS Quality Review Team. Remediation plans will be written and remediation actions implemented, as necessary, for those measures that fall below the CMS-established 86% standard. DBHDS will provide a written justification for each instance where it does not develop a remediation plan for a measure falling below 86% compliance. Quality Improvement remediation plans will focus on systemic factors (where present) and will include the specific strategy to be employed, as well as defined measures that will be used to monitor performance. Remediation plans will be monitored at least every six months. If such remediation actions do not have the intended effect, a revised strategy will be implemented and monitored.</p>	<p>The Commonwealth continues to collect data on required measures. The QRT meets quarterly to review data, determine trends, and implement quality improvement strategies. The Commonwealth is actively remediating 6 out of 8 measures. One measure is not being remediated because data indicated improvement, and the second measure does not yet have a plan.</p>	<p>Previous: Not Met</p> <p>Current: Not Met</p>
Integrated Day			
PI Term Number	PI Term	Summary	Determination
37	<p>Day Services for DD Waiver Recipients. The Commonwealth will work to achieve a goal of a 2% annual increase in the percentage of individuals on the DD waiver receiving day services in the most integrated settings.</p>	<p>Only partial data is available for this review period, and therefore, the determination is deferred until there is a full year of data. Current data indicates that 24.9% of individuals on the waiver are receiving day services in the most integrated settings.</p>	<p>Previous: Met</p> <p>Current: Deferred</p>

37.a	<p>Within one month of the date of this Order, DBHDS's Community Life Engagement Advisory Committee will implement a work plan that includes measurable goals, specific support activities, and timelines for implementation and that is focused on: defining meaningful community involvement; developing training and educational materials to enhance meaningful community involvement for individuals and families, providers, and case managers; and assessing community involvement data.</p>	<p>DBHDS has developed a comprehensive plan related to community engagement. The plan focuses on improving the understanding of community life engagement, leveraging support coordinators and providers as champions of community life engagement, improving understanding of barriers and how to mitigate them, identifying and mitigating gaps in availability, and collecting and leveraging data to address all issues. The plan is structured to provide activities, tasks, deliverables, and intended measurable outcomes with timelines for implementation.</p>	<p>Previous: Complete</p> <p>Current: Complete</p>
37.b	<p>If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Community Engagement, Workplace Assistance, and Community Coaching by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Community Engagement, Workplace Assistance, and Community Coaching by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.</p>	<p>Information related to rate studies can be found in Term 59</p>	<p>Previous: In Progress</p> <p>Current: Complete for this review</p>

37.c	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraph 37(a), DBHDS will also conduct a root cause analysis and determine whether a QII is warranted to address identified issues. A root cause analysis and consideration of QII will not be required if the percentage of individuals in the integrated day services reported above is 65% of the total number of the people receiving any day service.	This action, if required, is not due until January 2027.	Previous: Not Due Current: Not Due Due January 15, 2027
50	Supported Employment. The Commonwealth will work to achieve a goal of being within 10% of the waiver employment targets set by the Employment First Advisory Group. DBHDS will continue to work with the Employment First Advisory Group, the Quality Improvement Committee (QIC), and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18-64 on the DD waiver. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	DBHDS has completed a semi-annual report for June 30, 2025. Currently, DBHDS is at 84% of the waiver employment targets for FY25.	Previous: Not Met Current: Not Met
51	Supported Employment. The Commonwealth will work to achieve a goal of meeting its established employment target of 25% for adults aged 18 to 64 on DD waivers and the waitlist. DBHDS will continue to work with the Employment First Advisory Group, the QIC, and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18 to 64 on the DD waiver and the waitlist. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	DBHDS has completed a semi-annual report for June 30, 2025. During this semi-annual period, the Commonwealth's data indicated that 25.1% of people 18-64 on the waiver or waiver waiting list were employed. This was an increase of an additional 111 people employed during this six-month period.	Previous: Not Met Current: Met
Community Living Options			
PI Term Number	PI Term	Summary	Determination

38	Private Duty Nursing. The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with private duty nursing identified in their ISP or prescribed under EPSDT receive 80% of the hours identified as needed on the CMS485 or DMS62 forms	As of this reporting period, 59.43% of individuals received 80% or more of their hours in FY25. <table border="1"> <caption>PL38 Private Duty Nursing - Percentage that Met 80% of Utilization</caption> <thead> <tr> <th>Fiscal Year</th><th>Percentage of individuals with private duty nursing that received 80% of their hours</th><th>Number of individuals with private duty nursing that received 80% of their hours</th><th>Number of individuals identified with private duty nursing</th></tr> </thead> <tbody> <tr> <td>FY19</td><td>53.78%</td><td>185</td><td>344</td></tr> <tr> <td>FY20</td><td>55.56%</td><td>200</td><td>360</td></tr> <tr> <td>FY21</td><td>58.07%</td><td>205</td><td>353</td></tr> <tr> <td>FY22</td><td>65.05%</td><td>242</td><td>372</td></tr> <tr> <td>FY23</td><td>65.83%</td><td>262</td><td>398</td></tr> <tr> <td>FY24</td><td>59.60%</td><td>267</td><td>448</td></tr> <tr> <td>FY25</td><td>59.43%</td><td>312</td><td>525</td></tr> </tbody> </table>	Fiscal Year	Percentage of individuals with private duty nursing that received 80% of their hours	Number of individuals with private duty nursing that received 80% of their hours	Number of individuals identified with private duty nursing	FY19	53.78%	185	344	FY20	55.56%	200	360	FY21	58.07%	205	353	FY22	65.05%	242	372	FY23	65.83%	262	398	FY24	59.60%	267	448	FY25	59.43%	312	525	Previous: Not Met Current: Not Met
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38.a	Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent Reviewer is monitoring the Commonwealth's compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year.	DBHDS continues to produce the semi-annual nursing report.	Previous: Complete Current: Complete for this review																																
38.b	By September 30, 2024, DBHDS will update the ISP to allow for collection of nursing needs data identified by the Risk Awareness Tool.	DBHDS launched the updated ISP on September 16, 2025.	Previous: Complete Current: Complete																																
38.c	DBHDS will continue to implement an IMNR that will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified and efforts taken to resolve them.	DBHDS continues to implement the IMNR semi-annually to determine if individuals' needs are met.	Previous: Complete Current: Complete for this review																																
38.d	Within six months of the date of this Order, in consultation with the five DBHDS Registered Nurse Care Consultants, the Commonwealth will: <ul style="list-style-type: none"> i. Identify which CSB catchment areas in each Region have the highest nursing shortages for this target population based on objective criteria and data, including how many individuals with private duty nursing receive 80% of their hours; ii. Identify the top three barriers to individuals accessing nursing services in each region based on 	The DBHDS Office of Integrated Health Supports Network has developed a work plan that contains the elements required by this provision. This work plan looks at CSBs with the highest nursing shortages and is reviewing and identifying barriers as well as completing initiatives to increase access.	Previous: In Progress Current: In Progress																																

	<p>objective data, including stakeholder data and state and national workforce data and research;</p> <p>iii. Develop a work plan to resolve those barriers that includes measurable goals, specific support activities, and timelines for implementation; and</p> <p>iv. Include the barriers and efforts to resolve them, as well as the factual basis for those barriers and efforts, and results achieved in the semiannual nursing report that is posted in the Library.</p>		
38.e	<p>If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, or the semi-annual report of the Independent Reviewer, if there is one, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Private Duty Nursing by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Private Duty Nursing by January 1, 2029. The rate study shall be completed in time to be considered at the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.</p>	<p>All information on rate studies can be found in Term 59</p>	<p>Previous: In Progress</p> <p>Current: Complete for this review</p>
38.f	<p>If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 38(a) through 38(d), DBHDS also will conduct a root cause analysis and determine whether a QII is warranted to address identified issues. DBHDS will continue this</p>	<p>This action, if required, is not due until January of 2027</p>	<p>Previous: Not Due</p> <p>Current: Not Due</p>

	quality improvement process until the goal is achieved and sustained for one year.		Due January 15, 2027																																
39	<p>Skilled Nursing. The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with skilled nursing identified in their ISPs or prescribed under EPSDT will have their skilled nursing needs met 80% of the time.</p>	<p>There was a nearly 4% increase in individuals with a skilled nursing need receiving 80% of their hours. While DBHDS is not currently meeting the Skilled Nursing metric in FY25, it is important to note that the current metric may never be met because Skilled Nursing is an intermittent service.</p> <table border="1"> <caption>PI39 Skilled Nursing - Percentage that Met 80% of Utilization</caption> <thead> <tr> <th>Fiscal Year</th><th>Percentage of individuals with skilled nursing that received 80% of their hours</th><th>Number of individuals with skilled nursing that received 80% of their hours</th><th>Number of individuals identified with skilled nursing</th></tr> </thead> <tbody> <tr> <td>FY19</td><td>30.59%</td><td>108</td><td>353</td></tr> <tr> <td>FY20</td><td>25.98%</td><td>86</td><td>331</td></tr> <tr> <td>FY21</td><td>29.27%</td><td>84</td><td>287</td></tr> <tr> <td>FY22</td><td>50.21%</td><td>121</td><td>241</td></tr> <tr> <td>FY23</td><td>20.38%</td><td>43</td><td>211</td></tr> <tr> <td>FY24</td><td>27.27%</td><td>54</td><td>198</td></tr> <tr> <td>FY25</td><td>31.25%</td><td>60</td><td>192</td></tr> </tbody> </table>	Fiscal Year	Percentage of individuals with skilled nursing that received 80% of their hours	Number of individuals with skilled nursing that received 80% of their hours	Number of individuals identified with skilled nursing	FY19	30.59%	108	353	FY20	25.98%	86	331	FY21	29.27%	84	287	FY22	50.21%	121	241	FY23	20.38%	43	211	FY24	27.27%	54	198	FY25	31.25%	60	192	<p>Previous: Not Met</p> <p>Current: Not Met</p>
Fiscal Year	Percentage of individuals with skilled nursing that received 80% of their hours	Number of individuals with skilled nursing that received 80% of their hours	Number of individuals identified with skilled nursing																																
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FY22	50.21%	121	241																																
FY23	20.38%	43	211																																
FY24	27.27%	54	198																																
FY25	31.25%	60	192																																
39.a	Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent Reviewer is monitoring the Commonwealth's compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year.	DBHDS continues to produce the semi-annual nursing utilization report.	<p>Previous: Complete</p> <p>Current: Complete for this Review</p>																																
39.b	As part of the IMNR Process, DBHDS will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified, efforts taken to resolve them, and results achieved.	DBHDS continues to implement the IMNR process in consultation with the Independent Reviewer and reports semi-annually on these findings. As part of this process, unmet needs are reported and subsequently followed up on. DBHDS began implementation of the IMNR process for individuals with Skilled Nursing needs.	<p>Previous: Complete</p> <p>Current: Complete for this review</p>																																
39.c	Skilled Nursing Review. Beginning within three months of the date of this Order, for individuals with a skilled nursing need identified in the Waiver Management System, DBHDS will begin to conduct on-site IMNR reviews as set forth in this paragraph. DBHDS will conduct the on-site IMNR reviews of a randomized sample of 10% of individuals annually (split between two six-month reviews) to determine if individuals' skilled nursing services needs are being met. In selecting individuals during each six-month	DBHDS completed reviews of 18 (10%) of the 177 individuals who are receiving skilled nursing. Through this process it was determined that all 18 individuals' skilled nursing needs were met.	<p>Previous: In Progress</p> <p>Current: Complete for this review</p>																																

	review period to review, DBHDS shall include in the sample only individuals who were authorized to receive the service at least three months earlier, to ensure sufficient time for the sampled individuals to have received the service.		
39.d	If the Commonwealth has not achieved the goal as reported in its December 1, 2024 status update, or the semi-annual report of the Independent Reviewer, if there is one, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Skilled Nursing by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its December 1, 2028 status update, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Skilled Nursing by January 1, 2029. The rate study shall be completed in time to be considered at the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.	All updates related to rates can be found in Term 59 summary.	<p>Previous: In Progress</p> <p>Current: Complete for this review</p>
39.e	If the Commonwealth does not achieve the goal within two years of the date of this Order after taking the actions in Paragraphs 39(a) through 39(c), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January 2027	<p>Previous: Not Due</p> <p>Current: Not Due Due January 15, 2027</p>
	Provider Training		
PI Term Number	PI Term	Summary	Determination
47	Training Requirement. The Commonwealth will work to achieve a goal that 86% of DBHDS-licensed providers receiving an annual	DBHDS' Office of Licensing has reviewed 75% of providers for this calendar year. Of the providers that have been	<p>Previous: Not Met</p> <p>Current:</p>

	inspection will have a training policy that meets established DBHDS requirements. DBHDS will take action it determines appropriate if providers fail to comply with training requirements required by regulation.	reviewed, 77.57% are in compliance with the training requirement.	Not Met
47.a	Within six months of the date of this Order, DBHDS will require that any provider not in compliance with training requirements develop and implement a corrective action plan.	DBHDS requires all providers that receive a citation for violation of any regulation, including training requirements, to complete a corrective action plan (CAP) related to that citation.	Previous: Complete Current: Complete for this review
47.b	Within three months of the date of this Order, DBHDS Quality Improvement Specialists will offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance.	DBHDS has implemented Enhanced Consultation and Technical Assistance for providers beginning in August of 2024. ECTA is offered to any DD licensed providers that have OL-approved CAPs for regulations 12VAC35-105-450, 12VAC35-105-520, 12VAC35-105-620	Previous: Complete Current: Complete for this review
47.c	Within six months from the date of this Order, for providers who are not compliant with training requirements for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth's regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider's license to provisional status, or revoking the provider's license as determined appropriate by DBHDS.	DBHDS has established expectations that providers with systemic citations related to training regulations are required to participate in ECTA within 45 days of their approved corrective action plan. In addition to required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance.	Previous: In Progress Current: Complete for this review
47.d	Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess training requirements have established inter-rater reliability in conducting such assessments.	DBHDS continues to refine processes related to IRR between DBHDS, the Independent Reviewer's Consultants, and contractors assigned to assess training requirements. In addition, DBHDS has implemented a process to compare QSR data with another dataset to ensure data integrity across sources. Additionally, DBHDS has implemented an inter-rater reliability process specific for licensing specialists that includes a quarterly review of one record by all licensing specialists to ensure that all specialists' reviews result in similar findings.	Previous: In Progress Current: Complete
48	Training and Competency of Direct Support Professionals. The Commonwealth will work to achieve a	Based on the results of Round 7 of the QSRs, 92.7% of DSPs and their supervisors received training in	Previous: Not Met

	goal of at least 95% of Direct Support Professionals and their supervisors receive training and competency testing in accordance with 12 VAC 30-122-180 as in effect on the date of this Order or as may be amended.	accordance with 12 VAC 30-122-180, an increase from 77.5% in the last review period. Regarding competency, 81.6% of DSPs and their supervisors demonstrated competence during onsite reviews, a decrease from 86.6% during the previous review period. Thus, the Commonwealth did not meet the 95% threshold for training or competency.	Current: Not Met
48.a	Within six months of the date of this Order, the Commonwealth shall determine, through a root cause analysis developed in collaboration with the provider and system issues resolution workgroups, why Direct Support Professionals and their supervisors do not receive training and competency testing per 12 VAC 30-122-180.	DBHDS completed a RCA in collaboration with the Provider Issues Resolution Workgroup (PIRW) and Systems Issues Resolution Workgroup (SIRW). DBHDS and the PIRW identified areas to address via the RCA and have initiated these steps to improve the training and competence of DSPs.	Previous: Complete Current: Complete for this review
48.b	Based on the findings of the root cause analysis required by Paragraph 48(a), DBHDS will prioritize the findings for quality improvement, taking into account the anticipated impact to the system, including potential negative impacts to current staffing. DBHDS will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups.	The PIRW Education and Training subcommittee has completed the competencies checklist review. Recommended edits were reviewed by DBHDS and incorporated as appropriate. DBHDS launched a pilot with the revised advanced competencies in November.	Previous: Complete Current: Complete for this review
48.c	If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Personal Assistance Services, Companion Services, Respite Services, In-Home Support Services, and Independent Living Support Services by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Personal Assistance Services, Companion Services, Respite	All summaries for the rate study can be found in Term 59	Previous: In Progress Current: Complete for this review

	Services, In-Home Support Services, and Independent Living Support Services by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.		
48.d	If the Commonwealth does not achieve the goal within two years of the date of this Order after taking the actions in Paragraphs 48(a) and 48(b), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January of 2027	Previous: Not Due Current: Not Due Due January 15, 2027
	Rate Study		
PI Term Number	PI Term	Summary	Determination
59	Rate Studies.	The Commonwealth initiated a rate study of eleven services in December 2024 as required by this Term and Terms 33, 37, 38, 39, and 48. The first meeting of a stakeholder workgroup was held on December 12, 2024, to introduce the rate study process to the workgroup. During this meeting, the DMAS DD Provider Cost and Wage Survey was reviewed with stakeholders, and feedback was gained. Representatives from Guidehouse (the vendor selected to conduct the rate study), DBHDS, DMAS, the United States, and stakeholders attended this first meeting.	Previous: Deferred Current: Complete for This Review

	<p>For any rate study required to be conducted under paragraphs 33, 37, 38, 39, or 48, the following shall apply:</p> <p>i. The Commonwealth may either engage Guidehouse as a vendor to conduct the rate study or solicit for a vendor to conduct the rate study. If the Commonwealth engages Guidehouse, the United States may provide input on how the Commonwealth directs Guidehouse to perform the rate study, participate in Guidehouse's meetings with stakeholders and have an opportunity to review and comment on Guidehouse's draft report. If the Commonwealth solicits a different vendor to conduct the rate study, the United States may propose qualifications to be included in the Commonwealth's solicitation for a vendor to conduct the rate study, and the Commonwealth will not unreasonably withhold its consent to the inclusion of the United States' proposed qualifications in the solicitation. At a minimum, the selected vendor must have demonstrated experience analyzing rates and recommending rate changes that have successfully increased provider capacity. After a vendor is engaged, the United States may provide input on how the Commonwealth directs the vendor to perform the rate study, participate in the vendor's meetings with stakeholders and have an opportunity to review and comment on the vendor's draft report. At a minimum, the rate study shall be in accordance with best practices and designed to target rates necessary to ensure sufficient capacity to reach the goals of paragraphs 33, 37, 38, 39, and 48.</p>	<p>The Commonwealth engaged with Guidehouse as the vendor for the rate study as required and the United States has been an active participant in these meetings.</p> <p>The vendor completed a draft rate report and submitted to the parties for comment 30 days before finalizing the report.</p> <p>The vendor addressed all party comments in the final report. The final report was published on the library and submitted to the Court on October 15, 2025.</p> <p>In compliance with this Term DMAS submitted a budget request related to the studied rates which is available on the Department of Planning and Budget's website.</p> <p>The Commonwealth has completed all actions required within the timeframe of this review period.</p> <p>The determination for this provision is Deferred because the legislative session following the rate study does not begin until January 2026.</p>	
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	<p>ii. The vendor shall submit a draft of the rate study to the parties for comment at least 30 days before finalizing the study and shall address any comments in the final version of the study.</p> <p>iii. The study shall be placed in the Library and filed (by either party) with the Court.</p> <p>iv. The Commonwealth shall make its best efforts in the two legislative sessions immediately following publication of the results of the rate study to obtain from the General Assembly funding necessary to increase rates to those recommended by the study, accounting for any increases in inflation in the rate's implementation.</p> <p>v. Upon request of the United States, the Court shall hold a status conference one month after the Governor's proposed budget is submitted to the General Assembly if the rate increases identified in the Study are not in the proposed budget.</p> <p>vi. Upon request of the United States, the Court shall hold a public hearing within 30 days after the Governor and General Assembly have taken all steps necessary to finalize the budget. The hearing shall address whether the rate increases identified in the Study are included in the budget, and, if not, whether the Court should order any steps</p>		
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Case Management Study Area

Term 31 - Community Services Board Quality Review (SCQR)

- **Term:** “The Commonwealth will work to achieve a goal that 86% of Community Services Board (CSB) records meet a minimum of 9 of the 10 elements assessed in the Case Management Quality Review.”
- **Previous Status: Deferred**
- **Current Status: Not Met**
- **Status Explanation:** The most recent annual Support Coordinator Quality Review (SCQR) was completed for Fiscal Year 2025 (FY2025) by Case Management Supervisors at the Community Services Boards (CSBs). DBHDS then conducted a look-behind review of the CSBs’ results. Data indicates that 81% of CSB records met nine out of ten indicators. Although the 86% goal was not met, this reflects a 9% increase over the previous year when 72% of records met nine out of ten indicators.
- **Steps Taken and Planned:** The DBHDS Case Management Steering Committee (CMSC) continues to implement the SCQR on an annual cycle. During the FY2024 cycle, nine CSBs (Middle Peninsula, Northern Neck, Alexandria, District 19, Encompass, Valley, Western Tidewater, Arlington, Hampton-Newport News, and Dickenson) had two or more elements below 60%. DBHDS required each of these CSBs to submit a Quality Improvement Plan, and each of the nine CSBs submitted its plan to DBHDS (Term 31.a). During FY25 this number dropped to four CSBs which will be required to submit a Quality Improvement Plan (Alexandria, Chesterfield, District 19, and Highlands CSBs).
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** As reported in the [SCQR FY2025 Report](#), the Commonwealth increased to 81% of CSB records meeting nine out of ten elements in Fiscal Year 2025, as compared to 72% in FY2024, 64% in FY2023, 53% in FY2022 and 42% in FY2021. This reflects a 39% increase over the last four fiscal years. Additionally, the number of CSBs meeting the 86% threshold increased from 14 to 24 CSBs.

Table 2: Percentage of Records Meeting at Least Nine Indicators

FY2021	FY2022	FY2023	FY2024	FY2025
42%	53%	64%	72%	81%

Action 31.a

- **Action 31.a:** “During its annual quality review cycle starting each January, DBHDS will require a quality improvement plan from any CSB that has two or more elements with substantial or moderate interrater reliability between the CSB Support Coordinator Quality Review (SCQR) and the DBHDS Office of Community Quality Improvement Review not achieving 60% compliance. DBHDS will provide information about which CSBs need this support in the SCQR Report.”
- **Previous Status: Complete for this review**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS has requested quality improvement plans from each of the four CSBs required to submit one.
- **Steps Taken and Planned:** The quality improvement plans will be reviewed and approved and then monitored by the CMSC.

Action 31.b

- **Action 31.b:** “DBHDS will provide targeted technical assistance with identifying measurable outcomes to any CSB (i) whose records are not 86% compliant with including specific and measurable outcomes in Individual

Support Plans (ISPs) or (ii) that does not demonstrate improvement with respect to including specific and measurable outcomes in ISPs (including evidence that employment goals have been discussed and developed, when applicable, throughout its quality review cycle)."

- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** During the FY2025 SCQR review, DBHDS requested that CSBs collectively review 400 individual records. CSB Case Management Supervisors determined that 400 of 400 records included specific and measurable outcomes in the ISP. The DBHDS Office of Clinical Quality Improvement (OCQI) conducted a look-behind review and confirmed these findings. In conducting the look-behind, OCQI found substantial agreement internally among OCQI reviewers and between themselves and CSB Case Management Supervisors for this indicator as reflected in the SCQR FY2025 Report.
- **Steps Taken and Planned:** No additional steps are needed at this time.

Action 31.c

- **Action 31.c:** "If the Commonwealth has not achieved the goal within one year of the date of this Order after taking the actions in Paragraphs 31(a) and 31(b), DBHDS will increase the threshold for requiring a quality improvement plan from a CSB as set out in Paragraph 31(a). DBHDS will provide information about which CSBs need this support in the SCQR Report."
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until January 2026.
- **Steps Taken and Planned:** The CMSC will convene prior to the end of January 2026 to determine if the Commonwealth has achieved the goal. If the goal has not been achieved, DBHDS will increase the threshold for requiring a quality improvement plan and communicate the new threshold to all CSBs. DBHDS will update pertinent process documents to reflect this change. DBHDS will continue to provide targeted technical assistance to underperforming CSBs to support goal achievement. Finally, DBHDS will provide information about which CSBs need this support in SCQR reports.

Action 31.d

- **Action 31.d:** "If the Commonwealth has not achieved the goal within one year after taking the actions in Paragraph 31(c), DBHDS will conduct a root cause analysis and implement a Quality Improvement Initiative (QII) as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year."
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until 2027.
- **Steps Taken and Planned:** If the goal is not achieved at the time specified, the CMSC will conduct a root cause analysis and will develop and implement a Quality Improvement Initiative (QII), which will continue until the goal is achieved and sustained for one year.

Term 58 - Case Management Steering Committee (CMSC) Measures

- **Term:** "The CMSC will continue to establish two indicators in each of the areas of health and safety and community integration associated with selected domains (safety and freedom from harm; physical, mental, and behavioral health and well-being; avoiding crises; community inclusion; choice and self-determination; stability; provider capacity; access to services) and based on its review of the data submitted from case management monitoring processes. The Commonwealth will work to achieve a goal of 86% compliance with the four indicators established by the CMSC. DBHDS will monitor data collected in these domains and determine if any intervention is needed."

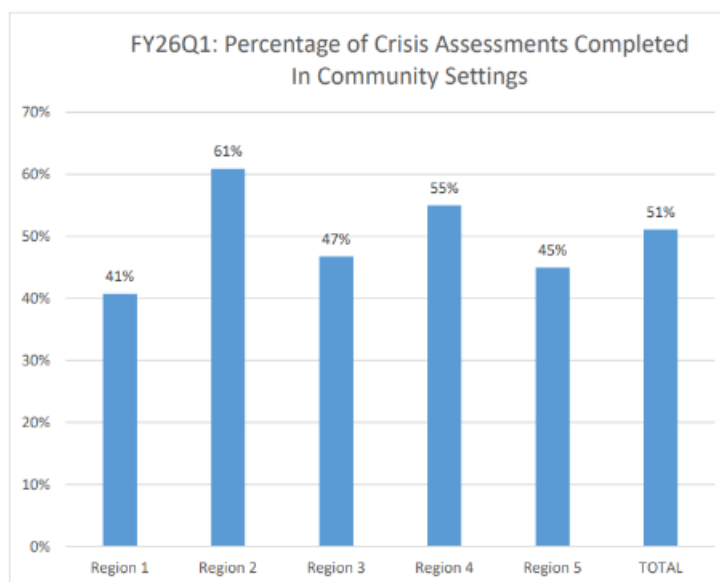
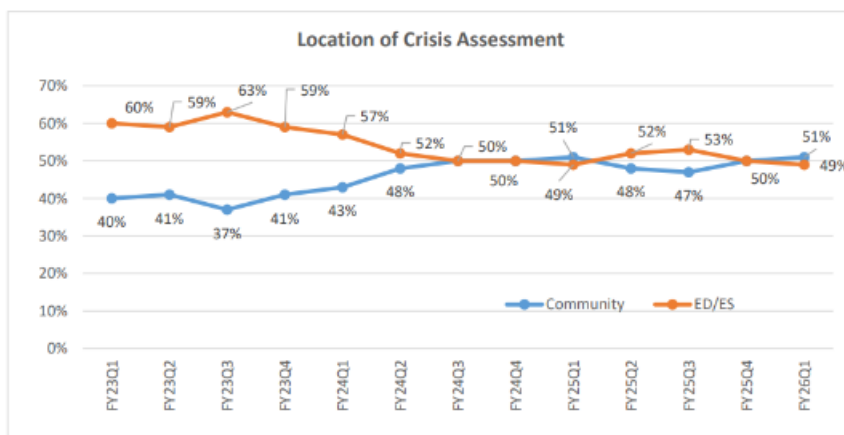
- **Previous Status: Deferred**
- **Current Status: Sustained Compliance**
- **Status Explanation:** The CMSC established four indicators as required by this Term and continues to monitor progress. Data in the most recent CMSC Report indicates that each of the four indicators exceeded the 86% goal.
 - **Indicator 1:** “The case manager assesses whether the person’s status or needs for services and supports have changed and the plan has been modified as needed.” (Target 86%). This indicator was met at 94%. This was a 5% increase over the previous year.
 - **Indicator 2:** “Individual support plans are assessed to determine that they are implemented appropriately.” (Target 86%). This indicator was met at 94%. This was a 4% increase over the previous year.
 - **Indicator 3:** “Individuals participate in an annual discussion with their Support Coordinator about relationships and interactions with people (other than paid program staff).” (Target 86%). This indicator was met at 95%.
 - **Indicator 4:** “Individuals are given choice among providers, including choice of support coordinator, at least annually.” (Target 86%). This indicator was met at 91% for choice of case manager being offered and at 98% for choice of service provider being offered.
- **Steps Taken and Planned:** The CMSC will continue to monitor each of these four indicators for sustained performance. If the performance of any indicator falls below 86%, DBHDS will provide targeted technical assistance at the CSB level, which will continue with each SCQR cycle until the goal is achieved. DBHDS will also monitor other relevant data and determine whether any other intervention is warranted.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** Data for all indicators can be found in the SCQR FY2025 Report.

Crisis and Behavior Study Area

Term #32. Community Setting Crisis Assessments

- **Term:** “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 Centers (“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.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The crisis assessment data submitted by the REACH programs, as reported by DBHDS, has shown a consecutive two-quarter increase in assessments occurring in the community. In FY25 Q3, 47% of assessments occurred in the community. Subsequently, 50% of assessments in FY25 Q4 and 51% in FY26 Q1 occurred in the community.
- **Steps Taken and Planned:** DBHDS is taking several actions as outlined below to improve the percentage of assessments that occur in the community. DBHDS originally completed a root cause analysis in May 2023 and completed a re-review of the root cause analysis with the REACH teams in March 2025 to assess the reasons that the goal has not been achieved and has started to address the findings. Actions to address the findings are more fully explained below in Action 32.e. DBHDS is addressing the findings with all Regions that have not yet met the requirements and will then determine if additional quality improvement plans are warranted.

- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer.
- **Quantitative Data Review:** The graphs below present data for the past three years, as well as the data for the Commonwealth for FY26 Q1. This reflects an 11% increasing trend since the beginning of FY 23.

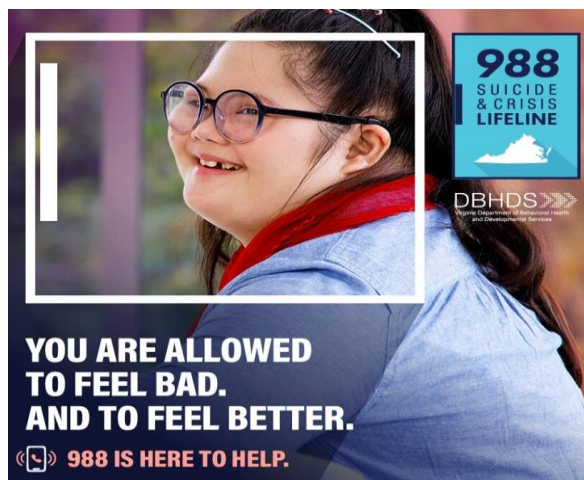


- **QII:** As will be outlined below in Action 32.e, DBHDS met with all the regional crisis managers on March 18, 2025, to review data and determine the number and percentages of people receiving crisis assessments in the community and re-reviewed the previous root cause analysis completed to address this issue. The regional crisis managers and REACH directors developed multiple action steps as part of an informal quality improvement initiative to address education, public relations, and miscellaneous actions that the REACH director and regional crisis managers believe will improve assessment in the community. The team has continued to implement these improvement strategies. See Action 32.e below for more discussion of this quality improvement initiative.

Action 32.a

- **Action 32.a:** "DBHDS will continue to promote the use of the 988 24-hour crisis helpline by providing information on the helpline on its social media platforms, in print and television advertisements, and through informational bulletins developed or funded by DBHDS. DBHDS will require all mobile crisis team members to receive training within 90 days of hire on how to support and respond to individuals with developmental disabilities (DD) who are in crisis."

- **Previous Status: Complete**
- **Current Status: Complete**
- **Status Explanation:** DBHDS has developed a comprehensive paid 988 media campaign and continues to share information via social media as well, including images, videos, and other marketing materials. DBHDS launched a television campaign from March 31, 2025, through April 27, 2025, and specific Google banner ads for individuals with developmental disabilities during this same time period. DBHDS also created 988 promotional materials for individuals with developmental disabilities and developed a toolkit on crisis supports and services for community use. Below is an image from the media campaign targeted for individuals with developmental disabilities.



Additionally, DBHDS continues to require all mobile crisis responders to be trained within 90 days of hire as outlined in the DMAS Provider Manual for crisis and posted on the DBHDS website. DBHDS regional crisis managers discuss training requirements with the REACH teams during quarterly qualitative reviews and confirm completion of training.

- **Steps Taken and Planned:** DBHDS is currently working on an informal quality improvement initiative to ensure compliance with the requirement that all mobile crisis team members be trained within 90 days of hire. This includes comparing the people in the Virginia Crisis Connect System who are mobile crisis responders against the training rosters in the learning management system to ensure all (not just REACH) mobile crisis responders are trained within 90 days of hire.

Action 32.b

- **Action 32.b:** “DBHDS will maintain its current efforts to assist the regions in filling vacant mobile crisis positions by discussing staffing at regional qualitative reviews of REACH programs and supporting REACH programs to implement quality improvement plans.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS created a new process in February 2025 to ensure that data related to this action item were being collected and could be reviewed and reported appropriately. Three of the five regions were found to partially meet staffing standards and, as such, were required to submit and implement quality improvement plans, and two regions were found to meet standards. Regions that were partially meeting standards did have recruitment and retention processes in place. The two regions that were found to meet staffing standards had the highest vacancy rates. DBHDS Deputy Commissioner of Community Services will be meeting with DBHDS Regional Crisis Managers to review benchmarks for meeting, partially meeting, and not meeting standards to ensure consistent determination.

- **Steps Taken and Planned:** DBHDS continues to require quality improvement plans from programs that are partially meeting or not meeting standards. As mentioned above, to ensure consistent determination across regions, the Deputy Commissioner of Community Services will meet with DBHDS Regional Crisis Managers to review benchmarks to ensure consistent determination of whether staffing standards are met.

Action 32.c

- **Action 32.c:** “Within 6 months of the date of this Order, the Commonwealth will develop a plan that includes measurable goals, specific support activities, and timelines for implementation with consultation from stakeholders to enhance 988 supports and services to increase the likelihood that individuals will be assessed in the community.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS developed a plan with support activities and a timeline for implementation for enhancing 988 supports and services to include goals surrounding the following areas: increasing participation of people with developmental disabilities in the planning to improve crisis services, ensuring community partnerships stay strong and reliable, ensuring crisis services meet the needs of people with developmental disabilities and to help them learn and use 988, making mobile crisis easier to access for people with developmental disabilities, ensuring individuals with developmental disabilities can access support at crisis sites, and implementing continuous quality improvement measures. The plan was updated prior to this review period to ensure it had established measurable goals.
- **Steps Taken and Planned:** DBHDS will continue to implement the plan and update the status of the plan quarterly.

Action 32.d

- **Action 32.d:** “From the date of this Order, DBHDS will monitor staffing at each REACH program to determine if they have sufficient staffing per shift to meet the goal, including through discussion and review of filled/vacant positions, utilization rates of mobile crisis, and times mobile crisis calls are being received in comparison to the number of staff working during those hours at each REACH program’s quarterly review. If a quarterly review indicates that staffing is not sufficient to meet the goal, DBHDS shall review the region’s current efforts to increase staffing and, if DBHDS determines it necessary, will require a quality improvement plan that includes additional actions that DBHDS finds are necessary to enhance staffing. The Independent Reviewer, in the reports required under Paragraph 76, shall include a determination in his report on the adequacy of the Programs and Virginia’s response to this requirement.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS created a new process in February 2025 to ensure that data related to this action item were being collected and could be reviewed and reported appropriately. Three of the five regions were found to partially meet staffing standards, and two regions were found to meet standards. Regions that were partially meeting standards did have recruitment and retention processes in place. The two regions that were found to meet staffing standards had the highest vacancies. The DBHDS Deputy Commissioner of Community Services will be meeting with DBHDS Regional Crisis Managers to review benchmarks for meeting, partially meeting, and not meeting standards to ensure consistent determination.
- **Steps Taken and Planned:** DBHDS continues to require quality improvement plans from programs that are partially meeting or not meeting standards. As mentioned above, to ensure consistent determination across regions, the Deputy Commissioner of Community Services will meet with DBHDS Regional Crisis Managers to review benchmarks to ensure consistent determination of whether staffing standards are met.

Action 32.e

- **Action 32.e:** “Semi-annually, beginning on January 1 and June 1 of each year, DBHDS will work with the two regions that are experiencing the most success in responding to people in crisis in the community to determine what is leading to their success. DBHDS will work with the two regions that are experiencing the most challenges in responding to people in crisis in the community to learn what is leading to those challenges. DBHDS will work with all the regions based on these lessons learned to implement a plan to improve performance in each of the regions.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS proactively met with all the regional REACH program directors on March 18, 2025, to review data and determine the number and percentages of people receiving crisis assessments in the community and re-reviewed the previous root cause analysis completed to address whether assessments were occurring in the community. The meeting discussion focused on the strategies that Regions 3 and 5 have implemented, as these Regions continue to have the most consistent success in responding in the community. Regions 2, 3, and 5 noted that education about the program was key, specifically what services are offered, how and when to contact REACH, and what supports are not within the scope of REACH but those offered through their local CSB and other DD, behavioral health, and substance use services. The greatest impact identified by the regions was the training with grassroots-level staff, such as group home staff, individual emergency department staff, law enforcement officers, emergency services teams, and individual CSB support coordinators. Improving or countering REACH reputation was also a key point that the group discussed. REACH staff noted that unrealistic expectations by stakeholders often result in perceived unmet expectations when working with REACH. Additionally, educating REACH staff on current services available in the region was identified, such that REACH staff can provide links to the services requested and to redirect to support the individual appropriately (i.e., REACH is seeing an increase in contact from families needing end-of-life planning for the family members supporting these individuals).
- **Steps Taken and Planned:** Regional Crisis Managers and REACH Program Directors developed a standardized REACH Program training for “boots on the ground” staff, and the training will launch in FY26. There are additional training efforts around providers, high behavior homes, and law enforcement. The REACH program has also begun initiating efforts to educate the public about REACH resources, communicating with REACH programs, and addressing REACH’s negative reputation.

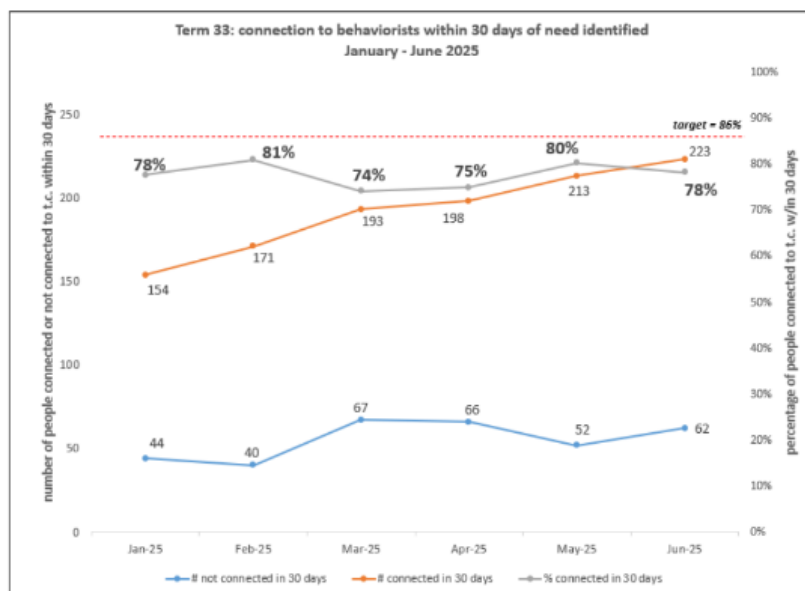
Action 32.f

- **Action 32.f:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 32(a) through 32(e), DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. As part of the root cause analysis, the Commonwealth will collect data on why individuals with developmental disabilities presented at a CRC instead of accessing mobile crisis services. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until January 2027.
- **Steps Taken and Planned:** Not due

Term #33. Therapeutic Consultation Services

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals identified as in need of Therapeutic Consultation service are referred for the service and have a provider identified within 30 days.”

- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** From January 2025 through June 2025, 1,152 out of 1,483 people were connected within 30 days (78%). This is an increase from the previous reporting period, when 73% of individuals were connected within 30 days.
- **Steps Taken and Planned:** DBHDS implemented action steps required by the Term (more fully addressed below) and is actively working with CSBs to improve connectivity data and developing opportunities to provide more frequent and real time data to CSB case managers.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer.
- **Quantitative Data Review:** The graph below illustrates data from the FY26Q1 Behavioral Support Report.



- **QII:** DBHDS has implemented several initiatives to improve quality, as outlined in the actions below, to include meeting with two CSBs that have been most successful in connecting people to behaviorists and the eight CSBs that have struggled to connect people to behaviorists to gain insights and lessons learned. Additionally, DBHDS has created training on the use of the [Therapeutic Behavioral Consultant Search Engine](#) to find a behaviorist in the community and continues to present at conferences (most recently in April 2025) and at provider and support coordinator roundtables.

Action 33.a

- **Action 33.a:** “Within 12 months of the date of this Order, DBHDS shall implement a technical assistance initiative with the CSBs that need the most support to connect people to behavioral supports and focus on improving case managers’ awareness of the behavioral resources available to individuals in need of Therapeutic Consultation, unique CSB business practices, and supervisory support for case managers in this area of performance.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS continues to follow up with the 8 CSBs to which it made recommendations for improving connectivity rates. The CSBs selected action steps from the recommendations they could implement and selected a completion date. DBHDS also identified actions that it could take to support the CSBs and implemented those with implementation and completion dates. Three CSBs have demonstrated improvement with their efforts.

- **Steps Taken and Planned:** DBHDS will be following up with the five CSBs that had minimal to no improvement to learn about current barriers and potential interventions that can be implemented. DBHDS will continue to monitor the data and reassess based on data and performance of individual CSBs.

Action 33.b

- **Action 33.b:** “Annually, the Commonwealth will participate in at least one regional event and at least one statewide conference to promote Therapeutic Consultation services. The Commonwealth will provide technical assistance to providers regarding enrollment with Medicaid as a provider as they reach out to the Commonwealth for this support.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS staff from the Office of Behavior Network Supports participated in the Virginia Association for Behavior Analysis Annual Conference in Newport News on April 25th and 26th. The Behavior Network Supports team hosted an exhibitor booth and provided information about enrollment in therapeutic consultation behavioral services, as well as quality assurance reviews to interested conference attendees. The Director of the Behavior Network Supports has participated in regional provider roundtables to promote the service, most recently in April, July, and October of 2025. Between April 2025 and September 2025, DBHDS provided technical assistance regarding enrollment with Medicaid to 15 potential new providers.
- **Steps Taken and Planned:** DBHDS behavioral staff will continue to attend regional provider roundtables and will ensure that they attend one annual statewide event.

Action 33.c

- **Action 33.c:** “By July 1, 2025, the Commonwealth will create a training about enrolling with Medicaid as a Therapeutic Consultation provider and make it available for providers via DBHDS’s website.”
- **Previous Status: Complete**
- **Current Status: Complete**
- **Status Explanation:** DBHDS created a training series related to becoming a Therapeutic Consultation provider. The training includes three parts and can be located on the DBHDS website at [Behavioral Services - Virginia Department of Behavioral Health and Developmental Services \(DBHDS\)](#) under the “Navigating Therapeutic Behavioral Consulting Training for New Providers” section. A task analysis accompanies these trainings on how to become a provider. This training remains available on the DBHDS website.
- **Steps Taken and Planned:** There are no additional steps planned related to this action item at this time.

Action 33.d

- **Action 33.d:** “If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Therapeutic Consultation by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Therapeutic Consultation by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** Summary of rate study compliance and determination can be found in Term 59

- **Steps Taken and Planned:** See Term 59.

Action 33.e

- **Action 33.e:** “If the Commonwealth has not achieved the goal by June 30, 2026, after taking the actions in Paragraphs 33(a) through 33(c), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until after June 30, 2026
- **Steps Taken and Planned:** N/A

Term #35. Community Residences for Individuals with DD Waivers

- **Term:** “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.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** For this semi-annual period (FY25Q4 and FY26Q1), 330 of 406 individuals had a residence identified within 30 days, totaling 81%. During FY25Q4, 155 of 205 people had a residence identified within 30 days (76%). During FY26Q1, 178 of 201 individuals had a residence identified within 30 days (89%), meeting the goal.
- **Steps Taken and Planned:** DBHDS continues to develop capacity for individuals with complex needs through the High Behavior Home RFP. Information on progress is addressed further in Action 35.a below.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** The FY26Q1 data shows significant improvement over the last quarter for all regions, with four exceeding the percentage required for this metric.

ALL DATA	# CTH and hospitalized persons accepted REACH, community res ID'd 30 days	#CTH persons, hospitalized persons accepted REACH	Percentage
Region 1	34	41	83%
Region 2	41	44	93%
Region 3	43	50	86%
Region 4	40	43	93%
Region 5	20	23	87%
TOTAL	178	201	89%

- **QII:** DBHDS does not have a formal quality improvement initiative focused on this goal, as there are currently homes open and available for individuals to transition into, and the goal was met for FY26 Q1.

Action 35.a

- **Action 35.a:** “DBHDS will enter into contracts with providers to develop homes for individuals with intense behavioral support needs that will be operational (i.e., that an individual can move into the home) in accordance with the following schedule:
 - Region 1: one home operational by August 2024 and one additional home operational by February 2025;

- Region 2: two homes operational by August 2024 and one additional home operational by February 2025;
- Region 3: one home operational by November 2024 and one additional home operational by February 2025;
- Region 5: one home operational by November 2024 and two additional homes operational by February 2025.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** In Region 1, both homes have been purchased, and one is operational. The other home just recently became licensed. For Region 2, all homes are open and operational. For Region 3, one home is open and operational. The vendor is looking for a second home, but recently voluntarily paused their search for a home due to concerns with licensing. DBHDS is looking for alternatives to develop a home in this region. In Region 5, all homes are open and operational.
- **Steps Taken and Planned:** DBHDS is working on the one home in Region 3 that is not yet developed to identify potential alternatives.

Action 35.b

- **Action 35.b:** “If the Commonwealth has not achieved the goal after taking the actions in Paragraph 35(a) by June 30, 2025, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS has done an informal root cause analysis around the homes and is still working on the RCA completed in 2023 related to individuals being connected to services. The CTHs continue to ensure people are connected to a community residence within 30 days. Connecting individuals admitted to psychiatric hospitals to a community residence within 30 days has been the challenge in meeting the goal. The potential reason is that people are not immediately “ready” for discharge, and finding the right home depends on the person being stable before identifying one. Stability varies for each person and is likely impacting the ability to identify a community residence within 30 days of admission. DBHDS is also reviewing utilization of the high behavior homes and will be working to address utilization of these homes.
- **Steps Taken and Planned:** DBHDS will formalize the work around this initiative and ensure updates are more clearly documented.

Term #36. Out-Of-Home Crisis Therapeutic Prevention Host-Home Like Services for Children

- **Term:** “To prevent institutionalization of children due to behavioral or mental health crises, the Commonwealth will implement out-of-home crisis therapeutic prevention host-home-like services for children connected to the REACH system who are experiencing a behavioral or mental health crisis and would benefit from this service.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS continues to monitor hospitalization of children in the system, both in private and state hospitals. According to the FY26Q1 Supplemental Crisis Report, there has been a slight increase in private hospitalization of children in FY25, while there has been a slight decrease in state hospitalizations of children in FY25. DBHDS is actively developing community-based services to decrease reliance on hospitals for care. As further explained below, DBHDS is working with the regions to develop out-of-home crisis

prevention and three Crisis Therapeutic Homes (CTHs) for children and adolescents in the regions where they do not yet exist.

- **Steps Taken and Planned:** DBHDS intends to prevent institutionalization through the development of Crisis Therapeutic Homes in Regions 2, 3, and 5. DBHDS continues to advertise and inform families that out-of-home crisis prevention is available in the homes that are operational in Regions 1 and 4. Additionally, DBHDS is making funds available through Regions 2, 3, and 5 for out-of-home crisis prevention through family or friends.
- **Quantitative Data Review:** The two operational CTHs located in Regions 1 (operated by Region 2) and 4 are available to provide prevention stays for children in all regions and have continued to offer such stays over the past two quarters of this review period. The Region 1 CTH has provided prevention stays in both quarters, while the Region 4 CTH has not.
- **QII:** There is no formal QII related to this effort. However, DBHDS will continue to monitor progress and implement either formal or informal quality improvement initiatives as indicated.

Action 36.a

- **Action 36a:** Within one month of the date of this Order, DBHDS will send out a communication through the list serv for individuals and families on the waiver waiting list, and to the provider list serv communicating that the two CTHs existing in regions 1 and 4 as of the date of this Order can be utilized for preventive stays by children across the Commonwealth.
- **Previous Status: Complete**
- **Current Status: Complete**
- **Status Explanation:** DBHDS sent out communication via the two list servs on February 4th to all providers, individuals, and families on the waiver waiting list to let them know that the homes in Regions 1 and 4 can be used for crisis prevention stays.
- **Steps Taken and Planned:** This has been completed.

Action 36.b

- **Action 36.b:** “DBHDS will continue to track and report quarterly on the number of crisis prevention stays being utilized by children in each of the five regions.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS continues to track prevention stays in the Crisis Therapeutic Homes, as evidenced in the Children’s REACH Data Report produced each quarter. During FY25 Q4, the Region 1 CTH had four prevention stays, while the Region 4 CTH had none. In FY26 Q1, the Region 1 CTH had one prevention stay, while the Region 4 CTH had none.
- **Steps Taken and Planned:** DBHDS will continue to review data with the regions and determine if the homes are being used as intended and if additional marketing is needed to improve utilization as part of the quarterly qualitative reviews.

Action 36.c

- **Action 36.c:** “Providing funding in Fiscal Year 2025 to establish three additional CTHs in the regions where they do not exist as of the date of this Order (Regions 2, 3, and 5) that will be operational between May 2025 and January 2026.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS provided funding in FY25 for the establishment of three CTHs in regions 2, 3, and 5. Each of the three regions are in the process of building/purchasing homes to deliver CTH services to

children in their region. Region 3 broke ground on its new home, Region 5 is working with the Isle of Wight on plan finalization, and Region 2 is searching for a home.

- **Steps Taken and Planned:** DBHDS requires monthly contract updates to ensure the projects are moving through all phases of development and construction appropriately.

Action 36.d

- **Action 36.d:** “From the date of this Order and continuing until all three additional CTHs referenced in Paragraph 36(c) are operational, DBHDS will support up to a total of 1,000 days per year of respite for children connected to REACH, who have previously experienced or are at risk of experiencing a crisis, reside in regions without an operational CTH, and who do not otherwise have funding to access respite services at a rate of up to \$500 per 24-hour period.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS worked with each of the regions to identify a process for crisis prevention services for individuals and families where Crisis Therapeutic Homes do not currently exist. The process and form have been shared with the regions. Funding has been provided to each region to implement the service.
- **Steps Taken and Planned:** DBHDS will monitor utilization of these funds and report on their use to support respite in the quarterly crisis report as crisis prevention stays.

Action 36.e

- **Action 36.e:** “If the Commonwealth has not achieved the goal after taking the actions in Paragraphs 36(a) through 36(d) by June 30, 2026, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until June 2026.
- **Steps Taken and Planned:** This is not yet applicable.

Quality and Risk Management Study Area

Term #34 - Behavioral Support Services

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals with identified behavioral support needs are provided adequate and appropriately delivered behavioral support services.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS has created the Behavior Support Plan Adherence Review Instrument (BSPARI) to capture the minimum BSP content areas and minimum elements for those BSP content areas as outlined in the DBHDS/DMAS Practice Guidelines for Behavior Support Plans (henceforth referred to as the “Practice Guidelines”). A score of 30 or above is considered an adequate plan for the purpose of this review; however, ideally, plans should achieve a score of 34 or higher. DBHDS completed a review of 196 behavioral support plans in FY25Q3 and Q4. 96% of those plans met the adequacy standard for the semi-annual period. 11% of people who needed therapeutic behavioral consultation services were not connected to services in FY25. When these data are combined as described below, 80% of people were provided with adequate and appropriately delivered behavioral support services. This is a 12% increase from FY24.

- **Steps Taken and Planned:** DBHDS implemented a new process this year that requires providers to update and resubmit plans when plans are determined to be inadequate. It is believed that working with providers to immediately correct inadequate plans will ensure individuals receive more appropriate behavioral supports and services more quickly.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer.
- **Quantitative Data Review:** As noted in Table 3 below, 2,911 people needed therapeutic behavioral consultation services from July 2024 through June 2025. Of the total, 2,593 received the service (89%), and 11% did not receive the service. This is an increase of 8% from the previous reporting period. As noted in Table 6 below, in FY25Q3 and Q4, 196 BSPARI reviews were completed. 188 of these reviews resulted in a score of 30 or higher (96%). This data for BSPARI adherence is combined with service utilization for the therapeutic consultation service to determine a generalized number and percentage of people who had adequate and inadequate behavioral programming. Thus, in FY25, 80% (2,334/2,911) received adequate services, and 20% (577/2,911) received inadequate or no services. This is a 12% increase in the number of individuals who received adequate services from previously reported data.

Table 3: Service utilization for therapeutic consultation, FY25 (July 2024-June 2025)

	# and % that did receive therapeutic consultation	# and % that did not receive therapeutic consultation
FY25 (July 2024-June 2025)	2593, 89%	318, 11%

Table 6: FY25 BSPARI Data

Reporting period timeframe	# of behavior programs reviewed	Mean points score and % on BSPARI	Median points score and % on BSPARI	Score ranges, mode	BSPARIs scoring at least 34 out of 40 points (85%)	BSPARIs scoring at least 30 out of 40 points (75%)
FY25Q1 (July 2024-September 2024)	125	32 points, 80%	34 points, 85%	Range of scores: 30 (10-40) Mode = 34	71 out of 125 (57%)	95 out of 125 (76%)
FY25Q2 (October 2024-December 2024)	79	36 points, 90%	36 points, 90%	Range of scores 14 (26 to 40), Mode = 34	76 out of 79 (96%)	77 out of 79 (97%)
FY25Q3 (January 2025-March 2025)	99	36 points, 90%	36 points, 90%	Range of scores: 12 (28 to 40), Mode = 35	91 out of 99 (92%)	97 out of 99 (98%)
FY25Q4 (April-June 2025)	97	35 points, 88%	35 points, 88%	Range of scores: 16 (24 to 40), Mode = 35	86 out of 97 (89%)	91 out of 97 (94%)
FY25 Total (FY25Q1 – FY25Q4)	400	35 points, 88%	35 points, 88%	Range of scores: 30 (10 to 40), Mode = 34	324 out of 400 (81%)	360 out of 400 (90%)

For plans reviewed in FY25, feedback was provided for 399 out of the 400 plans reviewed (99%). One provider left waiver services before a feedback session could be scheduled.

- **QII:** There is not currently a formal QII in place to address this, but as indicated under steps taken, DBHDS is implementing informal quality improvement initiatives to improve performance of the Commonwealth with regard to this metric.

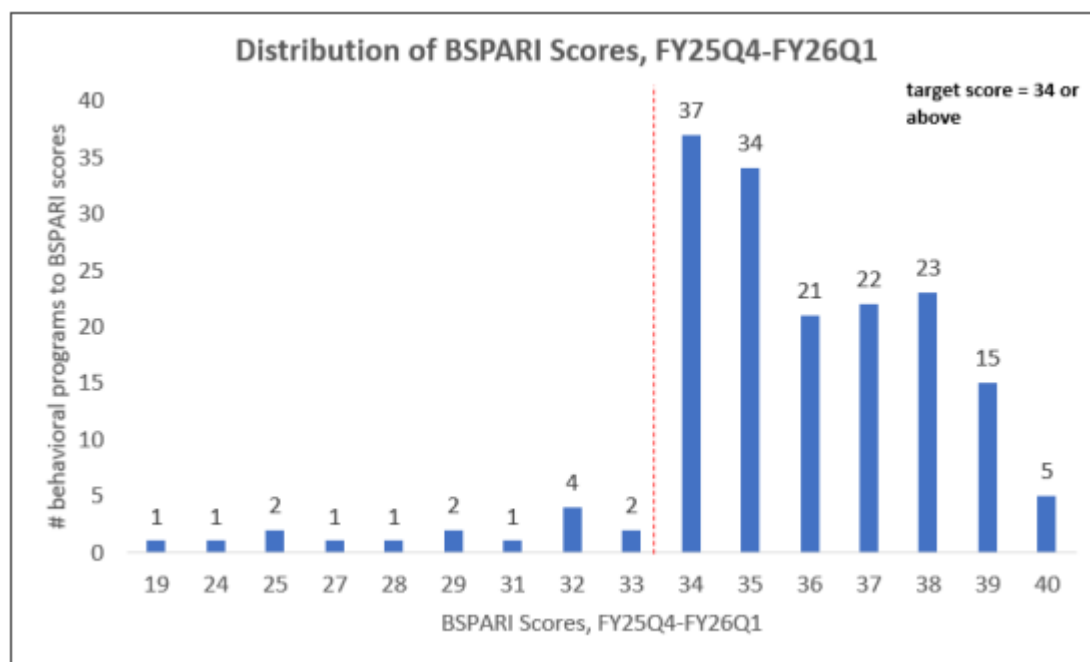
Action 34.a

- **Action 34.a:** "DBHDS will continue to address findings identified through the previously conducted root cause analysis initiated in Q1 of FY21 and updated subsequently as part of each semi-annual review."
- **Previous Status: Complete**
- **Current Status: Complete for this review**

- **Status Explanation:** DBHDS is continuing to implement informal quality improvement initiatives as identified through the root cause analysis completed in FY 21. This includes meeting with CSBs to ensure individuals are referred for services and developing action plans with the CSBs to improve connectivity. Additionally, DBHDS initiated a new process that requires inadequate behavioral plans to be updated and resubmitted. It is evident in the data that this is improving access and quality of the supports being received.
- **Steps Taken and Planned:** DBHDS will continue to provide updates related to the data and will continue to review strategies to improve performance.

Action 34.b

- **Action 34.b:** “DBHDS will continue to use the BSPARI tool, or such other tool designed for behavioral programming that the parties agree upon, to determine whether individuals are receiving adequate and appropriate behavioral support services.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS has continued to use the BSPARI to determine whether individuals are receiving adequate and appropriate behavior support services. As evidenced in the table below, more plans are meeting the scoring criteria for being determined to be adequate and appropriate. This measure is starting to reach stability, with the vast majority of plans scoring 30 or more points, with most of those scoring above 34 points.



- **Steps Taken and Planned:** DBHDS continues with BSPARI reviews to meet this action. Results of BSPARI reviews will continue to be reported semiannually in the Behavioral Supports Report.

Action 34.c

- **Action 34.c:** “DBHDS will continue to employ a total of four behavior analysts to provide technical assistance and training on behavioral support plans. Annually, the behavior analysts will (i) review a statistically significant sample of the behavioral plans submitted; (ii) provide feedback; and (iii) identify trends for improvement and develop additional training and technical assistance as determined necessary by DBHDS.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**

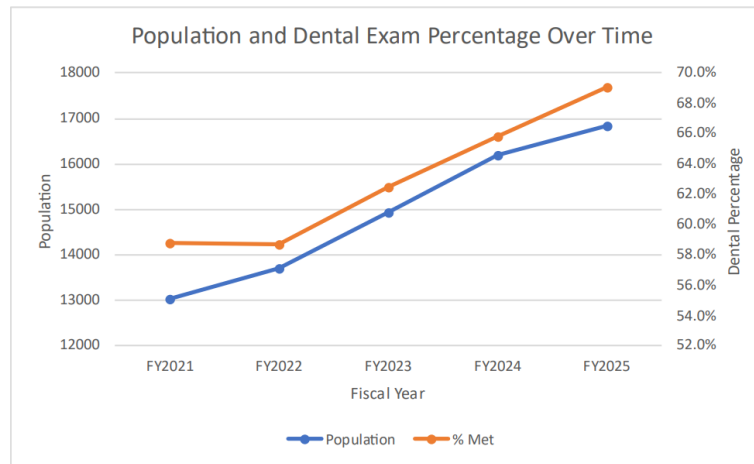
- **Status Explanation:** DBHDS employs five behavior analysts, including the Director of the Office of Behavior Network Supports. The team continues to review a statistically significant sample of behavior plans each year and provides technical assistance to providers whose plans were chosen for review. The Director of Behavior Network Supports participated in regional provider roundtables to promote the service in April, July, and October 2025. The Commonwealth provided technical assistance regarding enrollment with Medicaid as a provider to 15 potential providers between April and September 2025. Currently, DBHDS has also created and posted on the [Behavioral Services website](#) short trainings on replacement behaviors, non-operant conditions, graphing, informed consent, preference assessments, settings events, motivating operations, and antecedent-behavior-consequence data collection. Trainings have been shared through the Provider ListServ.
- **Steps Taken and Planned:** DBHDS continues to provide ongoing individualized technical assistance for each feedback session with providers. As a result of BSPARI reviews, the BNS team also identifies areas for more generalized technical assistance for the behavioral community.

Action 34.d

- **Action 34.d:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 34(a) and 34(b), DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not Due until January 2027

Term #40 - Dental Exams

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals who are supported in residential settings and have coverage for dental services will receive an annual dental exam.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The percentage of people receiving dental exams since FY25 has increased by an additional 3% over FY24.
- **Steps Taken and Planned:** DBHDS has implemented several strategies to improve the number and percentage of people who are receiving dental exams. These strategies include purchasing a new Sprinter and Winnebago vehicle for mobile dental exams, development of a dental work plan, and hiring of new dental hygienists and dental assistants. DBHDS awarded a solicitation seeking contractors to provide additional sedation dentistry in regions where it is currently not available.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** As is evident in the charts below, the Commonwealth is demonstrating a consistent increase in the number and percent of individuals who are receiving dental exams, even as the waiver population grows. FY25 data shows a 10% increase over baseline since DBHDS began collecting data. The last two quarters of FY25 show that 72% and 70% of people received a dental exam, an improvement from the previous two quarters, when 65% and 69% received dental exams.



- **QII:** DBHDS does not have a formal QII to address dental exams at this time, but has implemented several informal quality improvement strategies as indicated in the action steps below.

Action 40.a

- **Action 40.a:** “DBHDS will operate a total of three mobile dental vehicles by March 31, 2025.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS procured an additional Sprinter vehicle and Winnebago to supplement the existing Winnebago. The Sprinter vehicle was delivered on March 28, 2024. The Winnebago was delivered in May 2025. The Sprinter vehicle was purchased to travel to homes in more remote areas of the Commonwealth. The Winnebagos allow DBHDS to complete dental clinics at accessible locations for multiple people on any given day. One of the distinct benefits of the mobile dental units is the ability to go directly to the home of someone with significant complex needs to provide dental exams.



- **Steps Taken and Planned:** DBHDS continues to develop schedules to maximize utilization and access to dental supports and services.

Action 40.b

- **Action 40.b:** “DBHDS will continue to employ or contract with a total of three dental assistants and four dental hygienists to staff the mobile dental vehicles.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS has hired all dental hygienists and all but one dental assistant. DBHDS has conducted multiple rounds of interviews, but unfortunately, candidates have not felt comfortable with the

expectations of the positions, such as having the ability to drive mobile dental vehicles, overnight travel, and other needs.

- **Steps Taken and Planned:** DBHDS is re-advertising for the dental assistant position and will continue the interviewing process until the position is filled.

Action 40.c

- **Action 40.c:** “DBHDS will continue to review referrals for dental services and work to connect people to community dental providers when available.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS reviews all dental referrals submitted through the online portal and works to connect people to community dentists. DBHDS staff meet regularly with DMAS and DentaQuest, the Medicaid dental benefit manager, to ensure information is current and share information learned to support individuals with dental needs in the community to the extent possible.
- **Steps Taken and Planned:** DBHDS will continue to meet with DMAS and DentaQuest, the Medicaid dental benefit manager. DBHDS has developed a work plan and continues to track data on dentist availability across the Commonwealth.

Action 40.d

- **Action 40.d:** “Within six months of the date of this Order, DBHDS will contract with at least one dentist or dentistry practice in each Region who can support sedation dentistry.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS posted a solicitation on February 11, 2025 to expand sedation dentistry. The Commonwealth then held a pre-proposal conference for interested vendors on February 19, 2025. All bids were due to DBHDS on March 13, 2025. Representatives from OIHSN reviewed all proposals, and awardees were selected for the Regions without access to sedation dentistry. Notice of awards were finalized, and contracts were sent to providers. The team is in the process of scheduling individuals with these new vendors.
- **Steps Taken and Planned:** DBHDS will continue to identify those individuals who need a referral to the contracted dentists and will begin to schedule appointments.

Action 40e

- **Action 40e:** “DBHDS will collaborate with dental providers to understand barriers to delivering services to individuals with developmental disabilities and, within six months of the date of this Order, will develop a plan with measurable goals, specific support activities, and timelines for implementation to mitigate those barriers.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS is working in collaboration with DMAS and the Virginia Board for People with Disabilities (VBPD) to determine barriers to accessing dental services through listening sessions with individuals and families. DBHDS will be working in close collaboration with DMAS/VBPD to help identify, document, and resolve current barriers to the extent practicable through the OIHSN dental workplan. There has been an increase in the number of dentists in Virginia between FY24 and FY25 (from 246 to 342).
- **Steps Taken and Planned:** DBHDS has developed a dental workplan and continues to work with DMAS and community dentists to identify barriers to supporting individuals with developmental disabilities in the community.

Action 40f

- **Action 40f:** “Within six months of the date of this Order, the Commonwealth shall start an initiative that determines which 8 CSBs need the most assistance to ensure that individuals receive annual dental exams and, no later than three months after starting this initiative, begin to provide technical assistance to support relevant CSBs. This process will continue to be implemented annually until the Commonwealth achieves the goal.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** The OIHSN, as part of the report to the DBHDS Key Performance Areas workgroup, identified the 8 CSBs with the lowest percentage of individuals who received an annual dental exam. DBHDS visited each of the CSBs to aid in helping individuals access dental care. The bullets below indicate the number of individuals seen at each of these eight CSBs by the OIHSN Team in FY25, as well as the percentage of the DD population that was seen by the team in FY25.
 - **Alleghany Highlands CSB:** 5 individuals (8.5% of the total population);
 - **City of VA Beach CSB:** 59 individuals (7.7% of the total population);
 - **Danville-Pittsylvania CSB:** 39 individuals (13.8% of the total population);
 - **Highlands CSB:** 15 individuals (9.6% of the total population);
 - **Middle Peninsula NN CSB:** 37 individuals (14.7% of the total population);
 - **Norfolk CSB:** 13 individuals (2% of the total population);
 - **Planning District One:** 14 individuals (8.3% of the total population);
 - **Western Tidewater CSB:** 29 individuals (7.8% of the total population);
- **Steps Taken and Planned:** Each time the quarterly percentage of individuals who receive annual exams is reported, the 8 CSBs with the lowest percentage are identified for targeted contact by the OIHSN Dental Team. This process is continually being refined as different CSBs are identified in each quarter that fall into the lowest 8. Additionally, the OIHSN Dental Team is using access to the Virginia Waiver Management System (WaMS) to target individuals who have not had a dental exam in the last 14 months and to assist with submitting referrals for screening in the Mobile Dental Program and completing an annual dental exam.

Action 40g

- **Action 40g:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 40(a) through 40(f), DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not due until January 2027

Term #41- Protection From Serious Injuries in Service Settings

- **Term:** “The Commonwealth will work to achieve a goal that 95% of DD waiver service recipients will be protected from serious injuries in service settings.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS continues to refine the way this measure is calculated. The Incident Management Unit (IMU) has made additional changes to its processes and protocols for review and referral of serious injuries. This has included revisions to the formalized “pre-investigation” triage process, in which any case

that may meet the criteria for an investigation is reviewed by the Incident Management Quality Specialist (IMQS) to determine if a further investigation is warranted. The IMQS will make this determination by reviewing the full incident report, conducting an interview with the provider, and reviewing the individual's ISP in WaMS. If the IMQS determines that an investigation is warranted, they will open an investigation on the case before forwarding the incident workflow to the Special Investigations Unit (SIU); if an investigation is not warranted, the reason for not investigating will be documented on the serious incident report. Additionally, the OHR reviews cases referred by the IMU to determine whether they meet the criteria for potential abuse or neglect that should be reported in CHRIS. OHR directs the provider to enter these cases into CHRIS, monitors the provider's investigation, and tracks whether abuse or neglect is substantiated. DBHDS continues working to ensure that all appropriate serious injuries are included when determining whether this goal is met. In addition to protocol and process revisions, the Incident Management Quality Specialists are conducting monthly self-audits for serious injuries. The goal is to ensure that providers have accurately categorized Level II Serious Injuries that Require Medical Attention. If any errors are identified, the IMQS contacts the reporting provider for technical assistance, documents them in the Action/Remarks, and ensures corrections are made to the Serious Incident report. These audits have been consistently completed by the IMQS since January 2025. Furthermore, the IMU Manager has conducted a monthly Serious Injury Look-Behind. This included a review of a 10% sample of "serious injury categories" for previously triaged incidents to determine if the incidents were triaged, referred, and ultimately investigated per protocol. The Office of Integrated Health Supports Network has begun a quality review of serious injuries to determine whether the IMU's processes appropriately identify every individual who has not been protected from harm and whether these processes address any identified issues to reduce the risk of future harm to these individuals. The OIHSN is reviewing a random sample of cases monthly, such that the total number of cases reviewed over the year will constitute a statistically significant sample.

- **Steps Taken and Planned:** DBHDS is continuing to refine the process further and is learning from the various look-behinds that are occurring to ensure that DBHDS is capturing all individuals who were not protected from harm.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer. However, DBHDS continues to refine the way this measure is calculated. For this reason, the data is not yet considered a full set of data, and therefore, the goal is not yet met.
- **Quantitative Data Review:** Data for FY25 is displayed below, indicating that 97.3% of people were protected from harm. However, refinements learned through the completion of quality reviews will continue to identify where additional improvements are needed.
 - Reporting Period – 7/1/2024–6/30/2025
 - Total Number of Serious Injuries: **2,514**
 - Individuals with a Serious Injury: **1,812**
 - Individuals with > 1 Serious Injury: **464**
 - Individuals with Injury Resulting in CAP: **17**
 - Individuals with Substantiated ANE: **50**
 - Total Individuals NOT Protected from Injury: **495**
 - Waiver Population: **18,003**
 - Individuals Protected from Injury: **17,508**
 - % of Individuals Protected from Injury: **97.3%**

Action 41a

- **Action 41a:** "DBHDS will continue working to ensure that all appropriate serious injuries are included when determining if this goal is met."
- **Previous Status:** In Progress

- **Current Status: In Progress**
- **Status Explanation:** DBHDS continues to refine the way this measure is calculated through look-behinds that are completed through the Office of Licensing and those completed in partnership with Virginia Commonwealth University (VCU) and the OIHSN. DBHDS staff continue to collaborate across offices to refine this measure in collaboration with the Risk Management Review Committee to ensure that DBHDS can confidently report on individuals protected from harm.
- **Steps Taken and Planned:** DBHDS needs to continue to refine the process further and ensure that all criteria for determination of which incidents are referred to the Special Investigations Unit are clear and include all serious injuries that were potentially preventable. The ongoing look-behind reviews will continue to inform and refine this process.

Action 41b

- **Action 41b:** “Within six months of the date of this Order, and annually thereafter, the DBHDS Office of Integrated Health will complete a quality review of a statistically significant sample of serious injuries reported to DBHDS via the CHRIS system (or successor) to determine if the Incident Management Unit process used by the DBHDS Office of Licensing adequately identifies all appropriate injuries to determine if individuals were protected from harm and if changes are needed to the way incidents are reviewed and referred.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** The OIHSN has completed an initial review. The OIHSN review is designed to answer four questions:
 - 1) Have all appropriate injuries been identified by the IMU?
 - 2) Were individuals protected from harm?
 - 3) Are changes needed to the way that incidents are reviewed?
 - 4) Are changes needed to the way that incidents are referred?

The first review included serious injuries that were reported in June 2025. A primary finding from this initial review was that OIHSN reviewers believed more information was needed to determine if the individual was protected from harm. This information was presented to the RMRC on September 25, 2025, with recommendations for the OIHSN to further refine their processes to ensure they adequately address the requirements and align with the IMU triage and referral processes.

- **Steps Taken and Planned:** The OIHSN and IMU will review results each month to continue to refine the process and identify opportunities for improvement in the triage and referral process. This may include improvements in the initial information that is collected from providers

Action 41c

- **Action 41c:** “Relevant processes will be revised, as warranted, based on the findings of the quality review referenced in Paragraph 41(b) to ensure that the Commonwealth accurately identifies the percentage of DD waiver recipients who are protected from serious injuries in service settings.”
- **Previous Status: Not Due**
- **Current Status: In Progress**
- **Status Explanation:** OIHSN and IMU have both refined their processes based on lessons learned during the initial reviews and look-back, which both offices have completed.
- **Steps Taken and Planned:** These processes will continue to be reviewed and revised based on lessons learned through the review process.

Action 41d

- **Action 41d:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the action in Paragraphs 41(a) through 41(c), DBHDS will conduct a root cause analysis and implement

a QII. DBHDS will continue this quality improvement process until the metric is achieved and sustained for one year.”

- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not Due until January 2027

Term #42- Risk Management

- **Term:** “To ensure that the risk management programs of DBHDS-licensed providers of DD services identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths and take prompt action when such events occur, or the risk is otherwise identified,” the Commonwealth will take the actions listed below in a-c.
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS continues to review all providers for compliance with licensing regulations governing risk management to ensure they are tracking the incidence of common risks and conditions faced by people with DD. DBHDS completes licensing reviews on a calendar year basis and has completed a review of 75% of providers at the time of this report. This is most providers and will allow us to show the status of providers related to the expectations in these terms. The Deputy Commissioner of Community Services also completed a look-back of licensed provider records and corrective action plan findings, comparing inter-rater reliability among licensing specialists and to the Independent Reviewer’s consultant.
- **Steps Taken and Planned:** DBHDS has initiated an inter-rater reliability process to determine consistency in determinations between licensing specialists. DBHDS will finalize review of providers, will take lessons learned from the review of the sample completed by the Independent Reviewer’s consultant and by the Deputy Commissioner, and will provide feedback to specialists to continue to improve inter-rater reliability. The DBHDS Deputy Commissioner and Licensing Associate Director will meet with the Independent Reviewer’s consultant to review differences found during the 26th and 27th periods to increase consistency among reviewers as well.
- **Data Validity and Reliability:** DBHDS is working diligently to increase inter-rater reliability and is documenting the work to demonstrate that the data is reliable and valid. This data will become more reliable and valid as the inter-rater reliability of licensing specialists increases among themselves and between the Independent Reviewer’s consultant and other contractors.
- **Quantitative Data Review:** The DBHDS Deputy Commissioner completed a look-back review of provider records showing compliance with applicable risk management regulations. The table below indicates concordance between the Deputy Commissioner (DC) and the Licensing Specialists (LS) as well as the DC and the Independent Reviewer’s Consultant (IRC). In this look-back the DC had a higher rate of concordance with the Licensing Specialist than with the IRC. Because this is the first time the DC has completed this review, variations are expected. The DC documented notes where there was a lack of concordance for follow-up with both the Licensing Specialist team and the IRC to ensure all parties have the same understanding for determinations. The goal of this look-back was to identify areas of disagreement between Licensing Specialists, the DC, and the IRC and, going forward, the results will be used to align all reviewers’ understanding for making determinations and increase agreement in future reviews.

42 Risk Management	26th study period evidence table	27th study period evidence table	Combined Avg for each individual questions
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	DC and LS Concordance	DC and IRC Concordance	LS	IRC	LS	IRC
• Does the provider's systemic risk assessment process incorporate uniform risk triggers and thresholds (care concerns) as defined by the department?	100%	83%	94%	78%	96%	80%
• Does the provider's risk management policy/plan and/or Systemic Risk Assessment describe how they identify common risks and conditions faced by people with IDD that contribute to avoidable deaths?	100%	77%	96%	80%	96%	76%
• Does the provider's risk management policy/plan describe how they use data to assess and evaluate common risks and conditions faced by people with IDD that contribute to avoidable deaths?	80%	70%	98%	68%	91%	69%

- **QII:** DBHDS does not have a formal quality improvement initiative related to this indicator; however, DBHDS staff closely review the findings of the Independent Reviewer's consultant and review notes provided related to differences in findings to more closely align findings.

Action 42a

- **Action 42a:** "Within 24 months of the date of this Order, the Commonwealth shall establish inter-rater reliability among the Commonwealth's licensing specialists regarding provider compliance with the quality assurance trending requirements."
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS continues to refine processes related to IRR between DBHDS, the Independent Reviewer's Consultants, and contractors who complete data collection on behalf of DBHDS. Part of this process includes verifying a second data set from another source to ensure consistency between the data sets and increase confidence in the collected data. Additionally, DBHDS has implemented an IRR process specific to licensing specialists that will require all licensing specialists to review one service record at least quarterly to ensure that their reviews result in similar findings. This will be supplemented by a gold-standard reviewer (the subject-matter expert against whose determination all other determinations will be compared) completing a look-back review of licensing specialists' findings to identify and address any inconsistencies. In addition, the Deputy Commissioner of Community Services is completing a look-back review of provider documentation and licensing reviews and is aligning this secondary review with the Independent Reviewer's consultant and licensing specialists.
- **Steps Taken and Planned:** DBHDS will continue to implement the new process of inter-rater reliability between licensing specialists and determine any additional actions that are needed post completion. In addition, DBHDS will continue to update documentation around IRR related to DBHDS staff and consultants used to gather information.

Action 42b

- **Action 42b:** "Within 12 months of the date of this Order, the Commonwealth shall offer technical assistance in accordance with DBHDS's Consultation and Technical Assistance Standard Operating Procedure to each provider that does not identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths."
- **Previous Status: In Progress**
- **Current Status: In Progress**

- **Status Explanation:** DBHDS has hired 12 Quality Improvement Specialists who are available to provide technical assistance to providers when they are found not in compliance with risk management regulations. An initial determination of noncompliance allows providers to self-select to receive technical assistance and consultation. If providers have systemic citations (consecutive citations on the same regulations), consultation and technical assistance is required. Expanded Consultation and Technical Assistance (ECTA) has been operationalized since 2024. The data to date shows improvement in compliance with regulations after ECTA was provided in 2024.

2024 ECTA and Actual Compliance at 2025 OL Annual Review (as of 8/29/25)

- 103 Providers identified as having completed ECTA and having their 2025 OL annual review
- 1,041 Individual service level focus regulations reviewed by OL across the 103 providers
- 83% (864/1,041) Service level focus regulations previously found non-compliant that were determined compliant at 2025 OL review
- **Steps Taken and Planned:** DBHDS will continue to track provider compliance with regulations related to risk management and will offer consultation and technical assistance to providers related to these needs.

Action 42c

- **Action 42c Description:** “Within one month of the date of this Order, when providers do not take prompt action when such events occur, or where the risk is otherwise identified despite lack of prompt action by providers, DBHDS will ensure that corrective action plans are written, implemented, and tracked, and take further actions as warranted.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS requires all providers who receive a citation (not in compliance) with any regulation to complete a corrective action plan related to that citation. The DBHDS Office of Licensing has defined progressive actions to address concerns regarding provider compliance. These actions include, but are not limited to, the following steps:
 - Update to Corrective Action Plan strategies
 - Optional ECTA
 - Required ECTA
 - Consent Agreement
 - Provisional License
 - Revocation of License

DBHDS is implementing consistent and progressive actions to ensure provider compliance and quality.

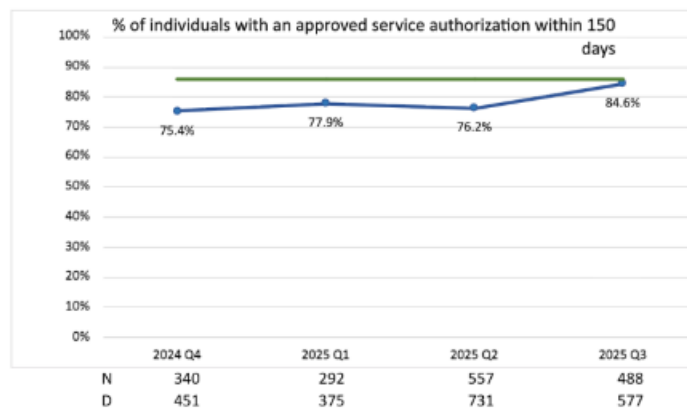
Additionally, DBHDS tracks all corrective action plans through the Connect System and verifies that the actions indicated should result in the necessary change.

- **Steps Taken and Planned:** DBHDS staff continue to require and ensure implementation of corrective action plans and take progressive intervention as outlined above to ensure compliance with regulations and expectations. DBHDS will continue to track actions taken, review data, and determine if additional actions are warranted.

Term #43- Timely Waiver Service Enrollment

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals who are assigned a waiver slot will be enrolled in a service within five months.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The Commonwealth, under the Governor’s Right Help, Right Now Plan, created 3,440 additional DD waiver slots. Of those new slots, 1720 were created and assigned to individuals in FY25, and the remaining 1720 slots are being assigned quarterly in FY26. Due to this significant expansion of waiver slots, it has proved difficult for the Commonwealth to meet the goal of this Term. For the two quarters of this review period, DBHDS has not met the goal.
- **Steps Taken and Planned:** DBHDS has implemented a new process as required by the action steps below that include tracking individuals who have not been connected to services, following up with the individual/their family to see why that has not occurred, and determining if there are systemic or provider-specific issues that need to be addressed.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** Data, as evidenced below, show that the metric is not met. DBHDS is gathering information from interviews with individuals, their families, and support coordinators to determine what barriers exist to enrolling individuals assigned a waiver slot in services within five months. The data indicates we are seeing an increase in the percentage of individuals assigned a waiver slot who are enrolled in a service within 5 months (84.6%) in FY25Q3.

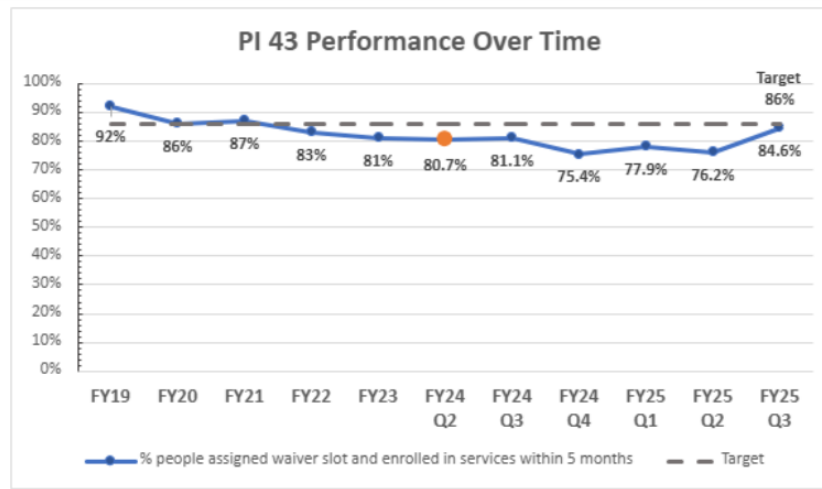
Fig. 14 Services within 150 days of Waiver FY25 results



- **QII:** While DBHDS has not initiated a formal QII related to this, there have been several strategies as described above that should result in improvement in connectivity.

Action 43a

- **Action 43a:** “Within three months of the date of this Order, DBHDS will track on a quarterly basis the number of individuals who are assigned a waiver slot but not enrolled in a service within five months.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS transitioned from semi-annual reporting of this data to quarterly reporting of the data in FY 24, as is evidenced in the chart below.



- **Steps Taken and Planned:** A DBHDS data analyst continues to pull data and report quarterly on the percentage of people connected to services within five months.

Action 43b

- **Action 43b:** “Within three months of the date of this Order, the Commonwealth will contact individuals at the end of each quarter who have not been enrolled in a service within five months and their families and case managers to determine why services have not been initiated and what barriers delayed initiation of services. DBHDS will report on the barriers identified quarterly as well as actions being taken to remediate those barriers and results achieved.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** On the 1st of every month, the WaMS Data Analyst generates a report of individuals in WaMS who have newly reached 5 months since being assigned a DD waiver slot. Data elements pulled include Person ID, Enrollment Start Date, CSB, Last Name, First Name, Social Security Number, Issued Days, and Issue. The Regional Support Services Manager reviews the report and submits it to the Waiver Network Supports Director and the Settlement Agreement Coordinator (SAC). The SAC will first call the individual/family to obtain information on why the individual has not been enrolled in a service. If the SAC is unable to reach the individual/family, the SAC will attempt two additional times within the same week. If the SAC does not receive a return call or is unable to reach an individual/family, the SAC will contact the Support Coordinator/Case Manager to obtain information about the reason that the individual has not been enrolled in services. This information is documented, and data is exported when all calls are completed. The data is then reviewed and reported.
- **Steps Taken and Planned:** DBHDS will continue to pull and review data and will develop a report with a summary of the findings. Once sufficient data is collected, DBHDS will initiate quality improvement efforts.

Action 43c

- **Action 43c:** “Within one year of the date of this Order, the Commonwealth will conduct a root cause analysis of why services have not been initiated and what barriers delayed initiation of services. Based on the findings of the root cause analysis, the Commonwealth will prioritize the findings for quality improvement in consultation with the provider and system issues resolution workgroups. The Commonwealth will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups. The Independent Reviewer, in the reports required under paragraph 76, shall discuss the reasonableness of Virginia’s response to this

requirement. Individuals for whom initiation of services is delayed past five months at the request of the individual or the individual's authorized representative will not be included in determining if the Commonwealth meets the goal. The Commonwealth will revisit the root cause analysis annually and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year."

- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action is not due until January 15, 2026
- **Steps Taken and Planned:** This is not due until January 2026.

Term #44- Ongoing Service Analyses

- **Term:** "The Commonwealth, through DBHDS, will collect and analyze data at least annually regarding the management needs of individuals with identified complex behavioral, health, and adaptive support needs to monitor the adequacy of management and supports provided. DBHDS will develop corrective actions based on its analysis as it determines appropriate, track the efficacy of the actions, and revise as it determines necessary to address the deficiency."
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS developed a report to collect and analyze the data as required by this Term for the first time in May of 2025. DBHDS used data from FY24 to create the report. The report is a compilation of information gathered from the Intense Management Needs Review (IMNR), Behavior Support Plan Adherence Review Instrument (BSPARI), Quality Service Review, and Care Concerns processes. Because this is an initial report, corrective action plans have not yet been taken based on the review.
- **Steps Taken and Planned:** DBHDS will review the report with the Independent Reviewer's Consultant and receive feedback for any areas in need of improvement. DBHDS will incorporate data from the skilled nursing reviews that recently began. DBHDS is starting the process for the FY25 report, which will be available in December 2025.
- **Quantitative Data Review:** Data related to the IMNR and BSPARI processes can be found in Terms 34, 38, and 44. The data set forth below is data from the Care Concerns and QSR processes. During this initial review *Table 10* below shows the number of Care Concerns that OIHSN reviewed and whether training or assistance was suggested, offered, or provided. The Registered Nurse Care Consultant may offer to provide training specific to the provider or point the provider towards training on the Commonwealth of Virginia Learning Center (COVLC) or resources on the OIHSN website.

Table 10: FY24 Care Concern Results – Training/Assistance by OIHSNSN

Training/Assistance	Train						
Primary Concern	(blank)	N/A	No	Offered Training/Assistance	Provided Training/Assistance	Suggested Training/Assistance	Grand Total
Aspiration Pneumonia		1	3	1		29	34
Bowel Impaction/Obstruction	1	3	3	1		73	81
Choking				3		111	114
Constipation		1				11	12
Dehydration	1	1	1			38	41
Fall with Injury		2	3	1		80	86
Fall without Injury			6			35	41
Pressure Injury/DU		4	5	5	1	110	125
Seizure	7	10	12	1	1	141	172
Sepsis						1	1
UTI	6	4	14	3	3	126	156
Grand Total	15	26	47	15	5	755	863

*(blank) column has a number if the Phone Call field was left blank, meaning neither “N/A”, “No”, “Offered Training/Assistance”, “Provided Training/Assistance” nor “Suggested Training/Assistance” was selected. This is an area that will be addressed by OIHSN in future reporting to ensure the proper categories are coded.

For the QSR section of the report, the focus is on responses from substitute decision maker/family interview results received during the QSR process to the question of “Are all of the individual’s needs and supports currently being met?” In the FY24 DBHDS Quality Service Review Aggregate Report, 91% of respondents indicated the needs of the individual were being met. For the 9% who indicated their needs were not met, the team categorized the findings, and OIHSN Registered Nurse Care Consultants (RNCC) are developing a process to follow up on those identified needs in a manner similar to the Care Concern Process. The OIHSN assesses the need for follow-up and triages issues that present a need for education or technical assistance.

- **QII:** A formal QII has not been developed because this is the first time the report has been produced to meet the requirements of this Term. DBHDS will monitor and gather feedback from the Independent Reviewer’s Consultant for additional development of the report.

Action 44a

- **Action 44a:** “DBHDS will use data from the Skilled Nursing Review detailed in Paragraph 39(c), the IMNR process for individuals with complex medical needs, data from the care concerns process, data from the BSPARI quality reviews, and data from the Quality Service Reviews to monitor the adequacy of management and supports provided. Within six months of the date of this Order, DBHDS will develop a report consolidating the information from these sources to provide a comprehensive summary of the management and support provided to individuals with complex needs. This summary will be completed annually.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS developed a report using data from the processes required by this Term for the first time in May of 2025. DBHDS used FY24 data to create the report. The report is a compilation of information gathered from the IMNR, BSPARI, QSR, and the Care Concerns process. DBHDS initiated the Skilled Nursing Review, and this is being incorporated into the FY25 report.
- **Steps Taken and Planned:** DBHDS will review the report with the Independent Reviewer’s Consultant and receive feedback on any areas in need of improvement. DBHDS will incorporate data from the Skilled Nursing reviews, which recently began. DBHDS is in the process of writing the report and summary of findings for FY25, and this will be available in December 2025. OIHSN will complete a deeper review of QSR results related to unmet needs, and data coded during the Care Concerns process will be improved to ensure

consistent coding. The IMNR process already includes corrective actions to ensure follow-up remediation based on the process's findings.

Action 44b

- **Action 44b:** “DBHDS will continue to implement the IMNR process for no less than 70 people annually who have complex medical, behavioral, or adaptive support needs (Tier 4) to include onsite visits, reviews of specific health care documentation, and a factual questionnaire administered by qualified nursing professionals to primary caregivers most familiar with the person’s health care needs.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS has completed 82 IMNR reviews this year, 59 with the Independent Consultant’s nurse reviewers. The team is revising the process to ensure additional individuals are added to meet the requirement to implement the IMNR process for no less than 70 people annually, and to ensure that individuals with adaptive support needs and behavioral support needs are part of the ongoing samples. DBHDS is continuing to bring on additional nurses to complete these reviews and ensure we meet the requirements for all IMNR Terms.
- **Steps Taken and Planned:** DBHDS has updated the IMNR processes so that individuals with adaptive and behavior support needs are included in the reviews. DBHDS will refine the process for sample selection and ensure all documentation is reflective of the individuals being reviewed.

Term #45- DD Service Providers’ Compliance with Administrative Code

- **Term:** “The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services comply with 12 VAC 35-105-620 in effect on the date of this Order or as may be amended.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS continues to review all providers for compliance with 12 VAC 35-105-620. DBHDS completes licensing reviews on a calendar-year basis and has completed 75% of all licensing reviews at the time of this report.
- **Steps Taken and Planned:** DBHDS will be completing a look-back of reviews completed by licensing specialists to determine consistency in determination and inter-rater reliability. DBHDS will finalize the review of providers, take lessons learned from the review of the sample completed by the Independent Reviewer’s consultant, and provide feedback to specialists to improve inter-rater reliability.
- **Data Validity and Reliability:** DBHDS is working diligently to increase inter-rater reliability and is documenting the work to demonstrate that the data is reliable and valid. This data will become more reliable and valid as the inter-rater reliability between licensing specialists increases among themselves and between the Independent Reviewer’s consultant and other contractors.
- **Quantitative Data Review:** DBHDS has reviewed 75% of providers. Of those providers reviewed, 44% are compliant with all provisions of 12 VAC 35-105-620. By individual provision, compliance is shown below:

Regulation Number	Percentage Compliance Over Reviewed
12VAC35-105-620. A.	91%
12VAC35-105-620. B.	84%
12VAC35-105-620. C. (1)	83%
12VAC35-105-620. C. (2)	65%
12VAC35-105-620. C. (3)	66%

12VAC35-105-620. C. (4)	77%
12VAC35-105-620. C. (5)	75%
12VAC35-105-620. D. (1)	82%
12VAC35-105-620. D. (2)	85%
12VAC35-105-620. D. (3)	76%
12VAC35-105-620. E.	84%

- Additionally, DBHDS completed a look-back of inter-rater reliability between licensing specialists, the Independent Reviewer's Consultant, and the Deputy Commissioner of Community Services. In this look-back the DC had a higher rate of concordance with the Licensing Specialist than with the IRC. Because this is the first time the DC has completed this review, variations are expected. The DC documented notes where there was a lack of concordance for follow-up with both the Licensing Specialist team and the IRC to ensure all parties have the same understanding for determinations. The goal of this look-back was to identify areas of disagreement between Licensing Specialists, the DC, and the IRC, and, going forward, the results will be used to align all reviewers' understanding for making determinations and increase agreement in future reviews.

42 Risk Management	26th study period evidence table		27th study period evidence table		Combined Avg for each individual questions	
	DC concordance to LS	DC concordance to IRC	LS	IRC	LS	IRC
• Does the provider's risk management policy/plan and/or Systemic Risk Assessment require the implementation of corrective action plans to address issues related to common risks and conditions faced by people with IDD that contribute to avoidable deaths?	100%	77%	100%	70%	100%	73%
• Is there evidence that the provider has implemented corrective action plans to address identified issues related to common risks and conditions faced by people with IDD that contribute to avoidable deaths?	100%	92%	100%	70%	100%	78%

- QII:** DBHDS does not have a formal quality improvement initiative related to this indicator; however, DBHDS staff closely review the findings of the Independent Reviewer's consultant and review notes provided related to differences in findings to more closely align findings and inter-rater reliability.

Action 45a

- Action 45a:** " Within six months of the date of this Order, DBHDS will require that any provider not in compliance with 12 VAC 35-105-620.C.4 and D.3 (regarding corrective action plans) develop and implement a corrective action plan that includes the receipt of technical assistance, additional training, and specific actions related to the respective areas of underperformance as determined appropriate by DBHDS.
- Previous Status: Complete**
- Current Status: Complete for this review**
- Status Explanation:** DBHDS continues to require that providers with a citation related to 12 VAC 35-105-620.C.4 and D.3 develop corrective action plans related to their non-compliance. DBHDS offers technical assistance and training for these regulations through the Expanded Consultation and Technical Assistance

(ECTA) Process. For the first citation, participation in the ECTA process is optional and at the provider's discretion. Once a provider is cited with a second violation, participation in the ECTA process is required.

- **Steps Taken and Planned:** DBHDS staff continue to implement processes as outlined to ensure provider compliance with regulations regarding corrective action plans. DBHDS will continue to review data and determine if additional actions are warranted.

Action 45b

- **Action 45b:** "Within six months from the date of this Order, for providers who are not compliant with 12 VAC 35-105-620.C.4 and D.3 (regarding corrective action plans) for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth's regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider's license to provisional status, or revoking the provider's license as determined appropriate by DBHDS.
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS has established an expectation that when a provider receives a systemic citation (cited twice consecutively), the provider must participate in the ECTA process within 45 days of their approved corrective action plan. In addition to required participation in the ECTA process, DBHDS OL has defined progressive actions to address concerns regarding provider compliance. These actions include, but are not limited to, the following steps:
 - Optional ECTA
 - Required ECTA
 - Consent Agreement
 - Provisional License
 - Revocation of License

DBHDS is implementing consistent and progressive actions to ensure provider compliance and quality.

- **Steps Taken and Planned:** DBHDS staff continue to implement processes as outlined to ensure provider compliance with regulations governing corrective action plans. DBHDS will continue to review data and determine if additional actions are warranted.

Action 45c

- **Action 45c:** "Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments."
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS continues to refine processes related to IRR between DBHDS, the Independent Reviewer's Consultants, and contractors who complete data collection on behalf of DBHDS. Part of this process includes verification of a second data set from another source to ensure consistency between data sets and to increase confidence in the data collected. Additionally, DBHDS has implemented an inter-rater reliability process specific to licensing specialists that will include a review of one service record, at least quarterly, by all licensing specialists to ensure that all specialists' reviews result in similar findings. This will be supplemented by a gold-standard reviewer (the subject-matter expert against whose determination all

other determinations will be compared), who will conduct a look-back of licensing specialists' findings to identify and address any inconsistencies. In addition, the Deputy Commissioner of Community Services is completing a look-back of provider documentation and licensing reviews and is aligning this secondary review with the Independent Reviewer's consultant and licensing specialists.

- **Steps Taken and Planned:** DBHDS will continue to implement the new process of inter-rater reliability between licensing specialists and determine any additional actions that are needed post completion. In addition, DBHDS will continue to update documentation regarding IRR for DBHDS staff and consultants used to gather information.

Term #46- Quality Service Monitoring

- **Term:** "The Commonwealth will work to ensure that, using information collected from licensing reviews and Quality Service Reviews, it identifies providers that have been unable to demonstrate adequate quality improvement programs and offers technical assistance as necessary."
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS completes licensing reviews on a calendar year and to date has completed 75% of all reviews, which ensures a statistically valid sample. Additionally, DBHDS completed Round 7 of the Quality Service Review (QSR) process with 298 providers.
- **Steps Taken and Planned:** DBHDS is continuing to review licensing data and comparing licensing and QSR data to determine which specific regulations providers are most challenged by, to institute initiatives around improvement. DBHDS will review and revise the QSR documents for the 8th round and share them with the Independent Reviewer's consultant again for feedback.
- **Data Validity and Reliability:** DBHDS is working diligently to increase inter-rater reliability and is documenting the work to demonstrate that the data is reliable and valid. This data will become more reliable and valid as the inter-rater reliability between licensing specialists increases among themselves and between the Independent Reviewer's consultant and other contractors.
- **Quantitative Data Review:** Licensing data indicates that of the 75% of providers who have been reviewed, 44% of them are in compliance with all the quality improvement regulations. The Round 7 Quality Service Review data indicates that of the 298 providers reviewed, 76 providers had quality improvement programs that were determined to not meet the regulatory requirements, and 17 providers did not have a program. Based on this, 69% of providers have a quality improvement program that meets regulatory requirements.
- **QII:** DBHDS will review the data gathered from licensing reviews and QSR reviews and determine if additional quality improvement is warranted.

Action 46a

- **Action 46a:** "Within six months of the date of this Order, DBHDS will require that any provider not in compliance with quality improvement program regulations develop and implement a corrective action plan. DBHDS will continue to employ a total of 12 Quality Improvement Specialists. DBHDS Quality Improvement Specialists will continue to offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance."
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS continues to require that providers with a citation related to quality improvement programs develop and implement corrective action plans related to their non-compliance. DBHDS has hired 12 Quality Improvement Specialists who have begun their work with providers who have received corrective action plans related to their Quality Improvement Programs.

The quality improvement specialist team began Expanded Consultation and Technical Assistance (ECTA) sessions with providers in August 2024 and continues to work with providers.

As of September 2025:

- 149 accepted invitations or initiation of mandatory ECTA
 - Consent Agreement (CA) ECTA
 - Began April 2025, 3 out of the 4 total CA providers have completed ECTA, with 1 currently in progress
 - Noncompliant Systemic (NS) ECTA
 - Began July 2025 - one NS provider in progress
- Out of the 149, 140 are unique providers
- Out of the 149, 141 have been assigned to the QI Specialists
- 42 providers have completed ECTA
- 60 providers are currently in progress
- 8 providers are currently in the queue awaiting QIS assignment
- **Steps Taken and Planned:** DBHDS is continuing to track providers that are not in compliance, providing ECTA and re-assessing compliance in the following reviews.

Action 46b

- **Action 46b:** “Within six months from the date of this Order, for providers who are not compliant with quality improvement program regulations for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth’s regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider’s license to provisional status, or revoking the provider’s license as determined appropriate by DBHDS.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS has established an expectation that when a provider receives a systemic citation (cited twice consecutively), the provider must participate in ECTA within 45 days of their approved corrective action plan. In addition to the required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance. These actions include, but are not limited to, the following steps:
 - Optional ECTA
 - Required ECTA
 - Consent Agreement
 - Provisional License
 - Revocation of LicenseDBHDS is implementing consistent and progressive actions to ensure provider compliance and quality.
- **Steps Taken and Planned:** DBHDS staff continue to implement processes as outlined to ensure compliance with regulations and expectations. DBHDS will continue to review data and determine if additional actions are warranted.

Action 46c

- **Action 46c:** Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments.
- **Previous Status: In Progress**

- **Current Status: In Progress**
- **Status Explanation:** DBHDS continues to refine processes related to IRR between DBHDS, the Independent Reviewer's Consultant, and contractors who complete data collection on behalf of DBHDS. Part of this process includes verification of a second data set from another source to ensure consistency between data sets and to increase confidence in the data collected. Additionally, DBHDS has implemented an inter-rater reliability process specific to licensing specialists that will include a review of one service record, at least quarterly, by all licensing specialists to ensure that all specialists' reviews result in similar findings. This will be supplemented by a gold standard reviewer (the subject matter expert against whose determination all other determinations will be compared), completing a look-back of licensing specialists' findings to identify and address any inconsistencies. In addition, the Deputy Commissioner of Community Services is completing a look-back of provider documentation and licensing reviews and is aligning this secondary review with the Independent Reviewer consultant and licensing specialists.
- **Steps Taken and Planned:** DBHDS will continue to implement the new process of inter-rater reliability between licensing specialists and determine any additional actions that are needed post completion. In addition, DBHDS will continue to update documentation around IRR related to DBHDS staff and consultants used to gather information.

Term #49- Residential Services Community Integration

- **Term Description:** "The Commonwealth will work to achieve a goal that 95% of residential service recipients reside in a location that is integrated in, and supports full access to, the greater community in compliance with the CMS rule on HCBS settings."
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The Commonwealth continues to validate the percentage of individuals residing in residential settings compliant with the CMS rule on HCBS Settings. DBHDS refined the reporting process for ongoing monitoring of providers' compliance with the HCBS Settings Rule. DBHDS, in consultation with the Independent Reviewer's consultant, updated the QSR tools to address appropriate areas of the HCBS Settings rule. Additional refinement will be needed for the tool in the next round. Additionally, DBHDS is conducting a look-back of previous QSR reviews to verify findings of provider compliance with the implementation of their quality improvement plan, including areas of non-compliance related to HCBS Settings questions. Finally, DBHDS initiated a real-time look-back of HCBS findings during the Round 7 Quality Service Review process.
- **Steps Taken and Planned:** DBHDS has updated the previous process for calculating compliance with the reviews completed and finalizing reviews of all QSR setting reviews to ensure data is reliable and valid. DBHDS is reviewing data from the look-back and will use it to refine the QSR tools in the 8th round.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer. The process for this data is reliable and valid, however, the data inputted into this process is still being validated through look backs, which are scheduled to be completed in the next 3 months.
- **Quantitative Data Review:** The look-back of Round 7 of 36 Provider reviews found that there were discrepancies between HCBS teams' determination of compliance and the QSR vendor's determination of compliance. Areas of discrepancy with the Provider Quality Review Tool (PQR) included:
 - **Element 32** – 9 responses were different between HCBS team and HSAG; 2 providers were not reviewed by HCBS team. While one provider was noted to have closed at the end of the round, HSAG had completed the PQR.

- **Element 48** – 7 responses were different between HCBS team and HSAG; 2 providers were not reviewed by HCBS team. While one provider was noted to have closed at the end of the round, HSAG had completed the PQR.
- **Element 49** – 11 responses were different between HCBS team and HSAG; 3 providers were not reviewed by HCBS team. While one provider was noted to have closed at the end of the round, HSAG had completed the PQR.
- **Element 51** – 9 responses were different between HCBS team and HSAG; 3 providers were not reviewed by HCBS team. While one provider was noted to have closed at the end of the round, HSAG had completed the PQR.
- **Element 52** – 9 responses were different between HCBS team and HSAG; 3 providers were not reviewed by HCBS team. While one provider was noted to have closed at the end of the round, HSAG had completed the PQR.
- **Element 53** – 3 responses were different between HCBS team and HSAG; 3 providers were not reviewed by HCBS team. While one provider was noted to have closed at the end of the round, HSAG had completed the PQR.

Additionally, the HCBS team did a look-back at the Person-Centered Reviews (PCR) utilizing the QSR vendor PCR Tool. This look-back consisted of 97 individuals. DBHDS is continuing to analyze the data, but based on initial review, the level of discrepancy ranged from a low of one discrepancy on a question to a high of 55 discrepancies on over 70 questions in the PCR tool.

Based on the DBHDS review of providers for HCBS Compliance and the number of individuals living in those homes, the data indicates that 99.81% of people are living in compliant settings. This data will be valid and reliable once the look-backs of Rounds 1, 2, and 5 have been completed.

Numerator: 11,390

Denominator: 11,412

Final Percentage Living in
Compliant Settings: 99.81%

- **QII:** There is not a formal QII related to this term. The Commonwealth continues to refine the process for determining whether the goal of this Term is met and to make improvements to ensure the data reported is reliable and valid.

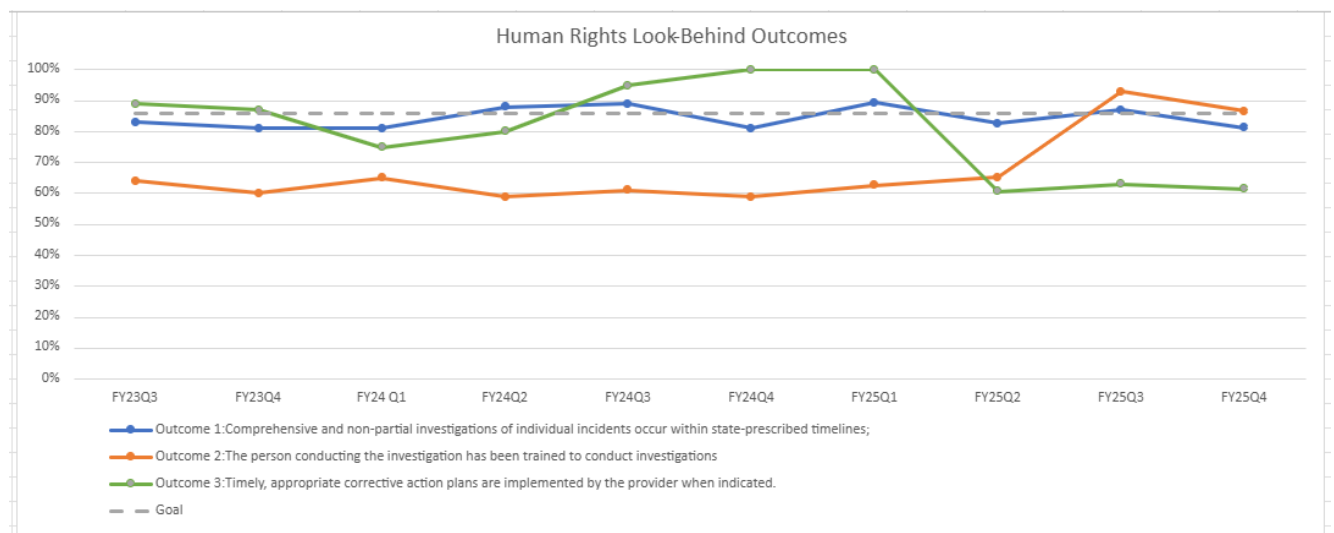
Action 49a

- **Action 49a:** “In accordance with its CMS-approved Statewide Transition Plan, by December 31, 2025, the Commonwealth will complete its review of the remaining 3,296 locations for compliance with the CMS settings rule to determine if it is in compliance with the 95% goal.”
- **Previous Status: In Progress**
- **Current Status: Complete**
- **Status Explanation:** DBHDS has completed initial review of all settings as required by this term. DBHDS is re-reviewing those settings from QSR Rounds 1, 2, and 5, where they were determined to be compliant but received a Quality Enhancement Plan that was HCBS-related.
- **Steps Taken and Planned:** DBHDS will continue a look-back of all providers who are being reviewed through the QSR review.

Term #52- Look-Behind Analysis of Abuse, Neglect, and Exploitation Allegations

- **Term:** “The Commonwealth will continue its Community Look-Behind (CLB) review process to achieve a goal of collecting sufficient data for the Risk Management Review Committee (RMRC) to conduct or oversee a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. The review will evaluate whether: (i) investigations of individual incidents occur within state-prescribed timelines; (ii) the person conducting the investigation has been trained to conduct investigations; and (iii) corrective action plans are implemented by the provider when indicated. The RMRC will review trends at least quarterly, recommend QIIs when necessary, and track implementation of initiatives approved for implementation.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The Commonwealth has continued its CLB review process. Sample cases are selected and reviews are completed in the Look-Behind Application. A random sample of 300 cases over the course of one year will allow results to be generalized across the entire population with a $\pm 5\%$ margin of error. An inter-rater reliability study process has been developed to assess how well reviewers are consistently using the Look-Behind Application and coming to the same conclusions. The inter-rater reliability (IRR) process initially evaluated agreement among the five reviewers conducting the look-behind reviews. This process was completed for the FY2025 sample of cases, and using Maxwell’s RE coefficient, was found to have substantial agreement between reviewers on the specified outcomes. This data was presented to the RMRC on 8/26/2025. Based on feedback from the IR’s consultant, the OHR modified its IRR process to compare each of the five reviewers’ responses with a single expert reviewer (gold standard). This review was conducted using FY2025 data and found substantial agreement among the five reviewers and the gold-standard reviewer. This gold-standard IRR process will be used in the future, beginning with FY2026 data.
- **Steps Taken and Planned:** The Office of Human Rights will continue to facilitate the CLB process and provide summary data to the RMRC quarterly. An inter-rater reliability study has been developed to assess how consistently reviewers use the review tool and reach the same conclusions. An inter-rater reliability study will be completed at the conclusion of each fiscal year.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** The DBHDS Office of Human Rights shared annual data with the RMRC on August 26, 2025. Information presented for FY 25 Q4 data and for all of FY 25 was as follows:
 - (i): Investigations occur within state-prescribed timelines: FY 25 Q4: 81.3%, for all of FY 25: 85%
 - Note: Outcome 1 data has been pretty consistent since FY 23
 - (ii): Person conducting investigation has been trained: FY 25 Q4: 86.7% for all of FY 25: 77%
 - Note: Outcome 2 data has shown significant improvement in FY 25 Q3 and Q4
 - (iii): Corrective action plans are implemented: FY 25 Q4: 61.5% for all of FY 25: 77%
 - Note: Outcome 3 has shown a significant decrease in FY25 Q2 – Q4

The graph below shows the results of the CLB by outcome and quarter:



In addition to the trend data, the RMRC discussed root causes and identified new efforts added in response to identified trends. Recommendations that were implemented included:

- During quarterly Provider Roundtables on 4/23/25 and 7/23/25 DBHDS Licensed Providers of Developmental Services received a summary presentation containing outcome data, quality improvement activities, and reminders of requirements that correlate to the three outcomes.
- New or recently promoted CSB DD Directors received a summary presentation of the CLB initiative, including YTD data, quality improvement activities, and reminders of requirements that correlate to the three outcomes on 6/19/2025.
- Quality Improvement Initiative officially approved by QIC 6/23/25; however, a workgroup was assembled prior to this, as recorded in meeting notes dated 4/21/25; 5/19/25; 6/9/25; and 7/9/25.
- **QII:** Based on the consistently low results for Outcome ii (the person conducting the investigation has been trained to conduct investigations), DBHDS conducted a root cause analysis. DBHDS identified the following root causes for the low results:
 - **Awareness:** Providers do not know there is a requirement to have a trained investigator and what that “training” should consist of.
 - **Staff turnover:** The provider may have had a trained investigator, but that person left.
 - **Access to training:** Providers do not know where to access training; training in the community may be cost-prohibitive for smaller agencies; DBHDS training is “only” offered 6 times per year.
 - **Noncompliance:** Providers are aware of the requirement and where to obtain training, but fail to access and maintain the training.

The Office of Human Rights has implemented strategies to improve providers’ compliance with having a trained investigator including adding an attestation for a trained investigator to the Human Rights Compliance Verification Checklist tool, development of a monthly live web-based interactive training for new and newly licensed providers- offering information about investigation and reporting requirements, procurement of a Certified Investigator training curriculum that has been converted to a self-paced modular webinar, the creation of a tracker of all trained investigators, and revision of internal protocols.

Term #53- Samples of Data from Look-Behind Analyses of Serious Incidents and Allegations of Abuse, Neglect, and Exploitation

- **Term:** “The Commonwealth will work to achieve a goal of showing 86% of the sample of serious incidents reviewed by the RMRC meet criteria reviewed in the audit and that at least 86% of the sample of allegations of

abuse, neglect, and exploitation reviewed by the RMRC meet criteria reviewed in the audit. The Commonwealth will continue the look-behind process and provide feedback to the RMRC related to its findings. If this goal is not met by December 31, 2024, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”

- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS continues to complete look-behinds for both Licensing and Human Rights. DBHDS is meeting and exceeding the 86% requirement for serious incident look-behinds, but is not meeting the metric for the look-behinds of allegations of abuse, neglect, and exploitation. Information on the look-behind analysis of abuse, neglect, and exploitation allegations can be found above under Term 52. This status explanation focuses on the Office of Licensing/serious incident look-behind process. DBHDS issued a memorandum titled *Incident Management Unit Look Behind process and responsibilities related to timely, appropriate corrective action plans implemented by the provider when indicated* to licensed providers of DD services on 10/6/2023. This memorandum was also made available on the DBHDS Office of Licensing webpage. A presentation of the VCU Incident Management Unit Look-Behind process, including Outcome IV (Timely, appropriate corrective action plans are implemented by the provider when indicated), was presented to the VACSB on 12/8/2023.

In addition, the Office of Licensing’s efforts to work with VCU to promote the reduction in the lag time between the end of the evaluation period and submission of the VCU Look-Behind analysis reports have proven successful. VCU and DBHDS have been adhering to the VCU IMU Look-Behind schedule. Any additional modifications have been scheduled in advance of the pre-scheduled dates. The 2025 schedule had been developed and submitted to VCU by DBHDS on 1/28/2025. VCU has agreed to implement this schedule. On January 8, 2025, DBHDS met with VCU to present the Office of Licensing Incident Management Unit Investigation Determination Triage for DD Death and Serious Incident. VCU was given sufficient time to review the protocol prior to the document review. VCU and DBHDS also discussed and agreed to the revision of the data collection tool utilized by the VCU staff to conduct the look-behind reviews. The revised data collection tool was received by DBHDS on 1/23/2025 and included in the documents presented for this outcome. The new protocol has been applied to deaths and serious incidents for reviews beginning 10/01/2024. Any revisions to the Office of Licensing Investigation Protocols have been submitted to VCU, the most recent being *Investigation Protocols-Combined-August 2025-Final*.
- **Steps Taken and Planned:** As was mentioned under Term 52, the Office of Human Rights continues to work toward meeting outcomes ii and iii of the look-behind. As a result of the challenge with outcome ii, the Office of Human Rights is implementing quality improvement initiatives to ensure optimal outcomes for individuals and to achieve compliance with the expectations outlined.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:**

FY24Q4 Data Findings report was submitted by VCU on 4/18/2025. DBHDS reviewed both the findings report and the data submitted by VCU. As a result of the findings, a VCU DBHDS response meeting was not required. DBHDS was in mutual agreement regarding the findings. VCU submitted findings from the Look-Behind Reviews for the 7/1/2025 RMRC Meeting. The FY24Q4 results are outlined below:

 - **Outcome I:** Incident was triaged appropriately by the Office of Licensing Incident Management Unit according to developed protocols. Finding: **Met 100%** Unmet: 0%
 - **Outcome II:** The provider’s documented response ensured the recipient’s safety and well-being. Finding: **Met: 100%** Unmet: 0%

- **Outcome III:** Appropriate action from the Office of Licensing Incident Management Unit occurred when necessary. Finding: **Met: 99%** Unmet: 1%
- **Outcome IV:** Timely, appropriate corrective action plans are implemented by the provider when indicated. Finding: **Met: 100%** Unmet: 0%

FY25Q1 data have been reviewed, and the Incident Management Unit Look-Behind (IMULB) Findings Report was submitted to DBHDS on 7/24/2025. DBHDS and VCU met on 8/27/2025 to review the VCU findings report. An updated report was submitted to DBHDS on 9/10/2025 along with the data. VCU presented to the RMRC committee on 9/23/2025. The FY25Q1 results were as follows:

- **Outcome I:** Incident was triaged appropriately by the Office of Licensing Incident Management Unit according to developed protocols. Finding: **Met 100%** Unmet: 0%
- **Outcome II:** The provider's documented response ensured the recipient's safety and well-being. Finding: **Met: 98%** Unmet: 2%
- **Outcome III:** Appropriate action from the Office of Licensing Incident Management Unit occurred when necessary. Finding: **Met: 97%** Unmet: 3%
- **Outcome IV:** Timely, appropriate corrective action plans are implemented by the provider when indicated. Finding: **Met: 86%** Unmet: 14%

FY25Q2 Data Findings report was submitted by VCU on 11/6/2025. DBHDS reviewed both the findings report and the data submitted by VCU. As a result of the findings, a VCU DBHDS response meeting was not required; however, the DBHDS final response was submitted to VCU on 11/19/2025. DBHDS was in mutual agreement regarding the findings. The FY25Q2 results are outlined below:

- **Outcome I:** Incident was triaged appropriately by the Office of Licensing Incident Management Unit according to developed protocols. Finding: **Met 100%** Unmet: 0%
- **Outcome II:** The provider's documented response ensured the recipient's safety and well-being. Finding: **Met: 98%** Unmet: 2%
- **Outcome III:** Appropriate action from the Office of Licensing Incident Management Unit occurred when necessary. Finding: **Met: 99%** Unmet: 1%

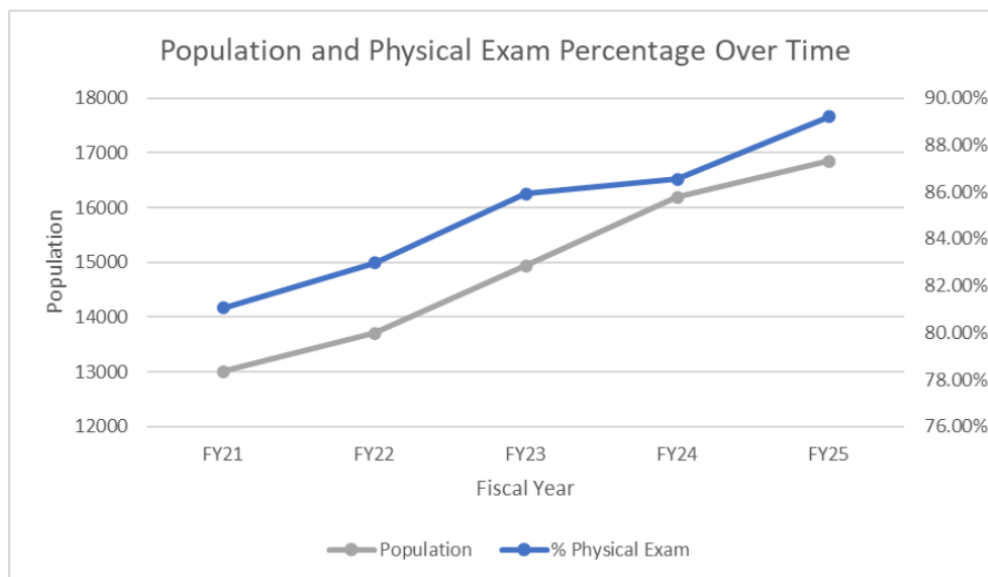
Outcome IV: Timely, appropriate corrective action plans are implemented by the provider when indicated. Finding: **Met: 100%** Unmet: 0%

- **QII:** There is not a formal quality improvement initiative related to this Term as the licensing part of the Term is Met and the Human Right portion of the Term has a QII under Term 52

Term #54- Annual Physical Exams

- **Term:** "The Commonwealth will work to achieve a goal that 86% of individuals supported in residential settings receive annual physical exams."
- **Previous Status: Met**
- **Current Status: Sustained Compliance**
- **Status Explanation:** Data from FY24 and FY25 demonstrate that the Commonwealth has met the goal that 86% of individuals receive an annual physical exam.
- **Steps Taken and Planned:** DBHDS will continue to monitor data and review CSBs where individuals have more challenges in accessing annual physical exams and will provide consultation and technical assistance.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer.

- **Quantitative Data Review:** The data, as indicated below, demonstrates that there has been an upward trend in the number and percentage of individuals who have received their annual physical exams despite the population increase of people on the waiver.



- **QII:** There is not a formal quality improvement initiative related to this Term, and currently, one is not needed because there continues to be an upward trend, and the Commonwealth is meeting the goal.

Action 54a

- **Action 54a:** “Within six months of the date of this Order, any time there is not an increasing trend in the percentage of individuals receiving an annual physical exam in consecutive annual reporting periods, DBHDS will conduct a root cause analysis and determine whether a QII is warranted to address identified issues. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** DBHDS data, as reported by the Office of Integrated Health Supports Network, shows an increasing trend and that the Commonwealth is meeting the goal. Thus, a root cause analysis is not required.
- **Steps Taken and Planned:** No additional actions are needed at this time.

Term #55- Assessment of Licensed Providers of DD Services

- **Term:** “The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services have been assessed for their compliance with risk management requirements in the Licensing Regulations during their annual inspections. DBHDS will continue to conduct annual licensing inspections in accordance with Virginia Code § 37.2-411 in effect on the date of this Order or as may be amended and assess provider compliance with risk management requirements in the Licensing Regulations utilizing the Office of Licensing Annual Compliance Determination Chart.”
- **Previous Status: Not Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS reviews licensed providers on a calendar-year basis. As such, at this point in the year, DBHDS has reviewed approximately 75% of DD providers. Of those who have been reviewed, 99% have been assessed for compliance with risk management regulations.
- **Steps Taken and Planned:** The DBHDS Office of Licensing will continue to review providers, assessing their compliance with risk management requirements, and report its findings accordingly.

- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer.
- **Quantitative Data Review:** 75% of providers have been reviewed by licensing, and of those reviewed, 99% have been assessed for compliance with Risk Management Regulations.
- **QII:** There is currently not a formal quality improvement initiative related to this term, nor is one indicated at this time.

Term #56- Data-Driven Quality Improvement Plans for HCBS Waiver Programs

- **Term:** "The Commonwealth will continue to implement the Quality Improvement Plan approved by CMS in the operation of its HCBS Waivers. The DMAS-DBHDS Quality Review Team (QRT) will meet quarterly in accordance with the CMS-approved Quality Improvement Plan and will review data, determine trends, and implement quality improvement strategies where appropriate, as determined by the QRT, to improve performance."
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The Commonwealth continues to implement the Quality Improvement Plan approved by CMS. The QRT meets quarterly to review data, determine trends, and implement quality improvement strategies for most underperforming measures. The QRT improved processes this semiannual period, including making sure meeting minutes were written and presentations uploaded. A new tool, called the QRT Underperforming Measures Tracker, was implemented to further summarize and monitor the status of quality improvement strategies for underperforming measures. Information was provided for the meetings that demonstrated discussions were held, data reviewed, and the presentations made. There is also now demonstration of discussion of quality improvement for most measures.
- **Steps Taken and Planned:** The QRT is finalizing its updated charter, which includes expanded procedures for identifying and implementing root cause analyses and systemic remediation for underperforming performance measures. The QRT will continue to review data, determine trends, and implement quality improvement strategies for underperforming performance measures. Effective October 25, 2025, DMAS has hired a new staff person with expertise in conducting Root Cause Analyses to support the evaluation of Performance Measure G10 (number and percent of participants 19 and younger who had an ambulatory or preventive care visit during the year), which has consistently reported below compliance.
- **Quantitative Data Review:** Quantitative data is not warranted for this Term, which is focused on the quarterly meetings. As mentioned above, the QRT held quarterly meetings during this semi-annual period and provided meeting minutes for each of the meetings.
- **QII:** There is not a formal QII in place to address this term; however, the team continues to work to improve strategies to demonstrate compliance with this term.

Term #57- Data-Driven Quality Improvement Plans for HCBS Waiver Program

- **Term:** "The Commonwealth will continue to collect quarterly data on the following measures: (i) health and safety and participant safeguards; (ii) assessment of level of care; (iii) development and monitoring of individual service plans, including choice of services and of providers; (iv) assurance of qualified providers; e) whether waiver enrolled individuals' identified needs are met as determined by DMAS QMR; and (v) identification, response to incidents, and verification of required corrective action in response to substantiated cases of abuse/neglect/exploitation. The DMAS-DBHDS Quality Review Team will review this data. Remediation plans will be written and remediation actions implemented, as necessary, for those measures that fall below the CMS-established 86% standard. DBHDS will provide a written justification for each instance where it does not develop a remediation plan for a measure falling below 86% compliance. Quality Improvement remediation plans will focus on systemic factors (where present) and will include the specific

strategy to be employed, as well as defined measures that will be used to monitor performance. Remediation plans will be monitored at least every six months. If such remediation actions do not have the intended effect, a revised strategy will be implemented and monitored.”

- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The Quality Review Team (QRT) has measures that address each of the areas outlined above and continues to collect and review the data quarterly. DBHDS implemented a tracker to document and monitor remediation efforts. The QRT should update progress related to the remediation plans each quarter.
- **Steps Taken and Planned:** A new tool, called the QRT Underperforming Measures Tracker, has been implemented to summarize and monitor the status of quality improvement strategies for underperforming measures. The team documented conversations around underperforming measures. Effective October 25, 2025, DMAS has hired a new staff person with expertise in conducting Root Cause Analyses to support in the evaluation of Performance Measure G10 (number and percent of participants 19 and younger who had an ambulatory or preventive care visit during the year), which has consistently reported below compliance.
- **Quantitative Data Review:** The QRT met on August 7, 2025, to review Waiver Performance Measure data and trends from FY25Q3. The QRT discussed quality improvement strategies for Performance Measures, which underperformed in the FY24 annual report (N=8). Of the 8 underperforming measures, 6 have active quality improvement strategies underway (C9, D1, D3, D6, G1, G4); however, further planning/discussion are needed to determine whether remediation plans are needed for the remaining 2 measures (C5, G10). Notes indicated C5 did not have remediation because quarter 2 data did not indicate the need for one. For G10, it was indicated that this is a yearly measure, and the QRT will revisit remediation at the end of FY26.
- **QII:** There is not a formal QII in place to address this term; however, the Quality Review Team continues to work to improve strategies to demonstrate compliance with this term.

Integrated Day and Employment Study Area

PI Term #37. Day Services for DD Waiver Recipients

- **Term:** “The Commonwealth will work to achieve a goal of a 2% annual increase in the percentage of individuals on the DD waiver receiving day services in the most integrated settings.”
- **Previous Status: Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS reported a 2.5% annual increase from March 2024 to March 2025. In March 2024, 3,762 people received integrated day services out of 17,121 individuals active on the DD waivers. In March 2025, there were 4,438 individuals receiving integrated day services of 18,149 individuals active on the DD Waivers. Currently, we only have semiannual data, which continues to show an increase in the number of individuals who are receiving integrated day services. DBHDS is continuing to monitor this and is working through the Community Engagement Advisory Group. A survey was created to identify barriers to accessing integrated day services through Community Engagement and Coaching. The initial data from the survey is being reviewed by the CEAG to identify next steps.
- **Steps Taken and Planned:** DBHDS continues to work with the Community Engagement Advisory Group (CEAG) to improve access to and utilization of the most integrated day services. The CEAG created a work plan with measurable goals and activities, and will be working through this plan to increase access to integrated day services.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.

- **Quantitative Data Review:** From March to September 2025, there has been an increase in people receiving integrated day services from 4,438 to 4,677. This is a 5% increase in the number of people receiving integrated day services.

Totals	9/30/2016	9/30/2017	3/31/2018	9/30/2018	3/31/2019	9/30/2019	3/31/2020	9/30/2020	3/31/2021	9/30/2021	3/31/2022	9/30/2022	3/31/2023	9/30/2023	3/31/2024	9/30/2024	3/31/2025	9/30/2025
Unduplicated Total	1,120	2,952	3,279	3,628	3,867	4,098	4,171	3,777	3,450	3,175	3,096	3,157	3,253	3,450	3,762	3,998	4,438	4,677
Unduplicated Total w -		6,937	7,332	7,706	7,879	8,064	8,282	7,570	6,944	6,411	6,396	6,919	7,019	7,211	7,652	7,996	8,623	9,182

- **QII:** DBHDS has an active QII related to increasing the utilization of Community Engagement and Coaching services. DBHDS created a provider survey on barriers to the utilization of these services and received feedback at the end of October. DBHDS will utilize this data to determine what interventions are needed to increase successful utilization of the services.

Action 37.a

- **Action 37.a:** “Within one month of the date of this Order, DBHDS’s Community Life Engagement Advisory Committee will implement a work plan that includes measurable goals, specific support activities, and timelines for implementation and that is focused on: defining meaningful community involvement; developing training and educational materials to enhance meaningful community involvement for individuals and families, providers, and case managers; and assessing community involvement data.”
- **Previous Status: Complete**
- **Current Status: Complete**
- **Status Explanation:** DBHDS has developed a comprehensive plan related to community engagement. The plan focuses on improving the understanding of community life engagement, leveraging support coordinators and providers as champions of community life engagement, improving understanding of barriers and how to mitigate them, identifying and mitigating gaps in availability, and collecting and leveraging data to address all issues. The plan is structured to provide activities, tasks, deliverables, and intended measurable outcomes with timelines for implementation.
- **Steps Taken and Planned:** DBHDS has updated the plan and restructured the CEAG to ensure appropriate support and representation from across the Commonwealth. The Commonwealth will ensure that the CEAG meets regularly and is prepared to operationalize its work for meaningful outputs.

Action 37b

- **Action 37b:** “If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Community Engagement, Workplace Assistance, and Community Coaching by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Community Engagement, Workplace Assistance, and Community Coaching by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** Summary of rate study efforts can be found under Term 59
- **Steps Taken and Planned:** See Summary under Term 59.

Action 37.c

- **Action 37.c:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraph 37(a), DBHDS will also conduct a root cause analysis and determine whether a QII is warranted to address identified issues. A root cause analysis and consideration of QII will not be required if the percentage of individuals in the integrated day services reported above is 65% of the total number of the people receiving any day service.”
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This Action, if required, is not due until January 2027
- **Steps Taken and Planned:** This Action is not due until January 2027

PI Term #50. Supported Employment

- **Term:** “The Commonwealth will work to achieve a goal of being within 10% of the waiver employment targets set by the Employment First Advisory Group. DBHDS will continue to work with the Employment First Advisory Group, the Quality Improvement Committee (QIC), and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18-64 on the DD waiver. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS has completed a semi-annual report for June 30, 2025, data. Currently, DBHDS is at 84% of the waiver employment targets for FY25.
- **Steps Taken and Planned:** DBHDS has completed quality improvement initiatives related to employment, specifically targeting meaningful conversations during development of ISPs and ensuring that goals developed for employment in ISPs are appropriate. DBHDS continues to have an Employment First Advisory Group (E1AG) with active membership from across the Commonwealth. The E1AG is comprised of three committees focused on education and training, policy, and data to advance employment for individuals with developmental disabilities in the Commonwealth. DBHDS will work with the E1AG to identify ways to improve waiver targets.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** As indicated in the table below, at the end of FY25, the Commonwealth was 6% away from the target and did not meet the goal.

Data Targets:

Fiscal Year	Total	Actual Total	ISE	Actual ISE	GSE	Actual GSE	% of total
2016	808	890	211	225	597	665	100%
2017	932	826	301	305	631	521	89%
2018	1297	972	566	422	731	550	75%
2019	1211	1078	661	555	550	523	89%
2020*	1486	715	936	480	550	235	48%
2021**	1685	708	1135	469	550	239	42%
2022	1211	764	661	530	550	234	63%
2023	1486	986	936	702	550	284	66%
2024	1142	1020	842	719	300***	301	89%
2025	1310	1,105	1010	792	300***	313	84%
2026	1512		1212		300***		

*In December we were at 84% of the target for FY 20 and on target to reach our goal, with the onset of COVID-19 in March and the declaration of a state of emergency in Virginia, there were many individuals who took leaves of absences, were furloughed, or terminated as business closed or significantly reduced staffing due to the pandemic. **Pandemic impact ***GSE has not rebounded post pandemic we will revisit these targets if we see an increase beyond what the current target is.

- **QII:** There is no current formal QII related to employment at this time.

PI Term #51. Supported Employment

- **Term:** “The Commonwealth will work to achieve a goal of meeting its established employment target of 25% for adults aged 18 to 64 on DD waivers and the waitlist. DBHDS will continue to work with the Employment First Advisory Group, the QIC, and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18 to 64 on the DD waiver and the waitlist. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Met**
- **Current Status: Met**
- **Status Explanation:** DBHDS has completed a semi-annual report for June 30, 2025, data. During this semi-annual period, the Commonwealth reported that 25.1% of people aged 18-64 on the waiver or waiver waiting list were employed. This is a 2.1% increase from the previous reporting period.
- **Steps Taken and Planned:** DBHDS has completed quality improvement initiatives related to employment, specifically targeting meaningful conversations during development of ISPs and ensuring that goals developed for employment in ISPs are appropriate. DBHDS continues to have an Employment First Advisory Group with active membership from across the Commonwealth. The Employment First Advisory Group is comprised of three committees focused on education and training, policy, and data to advance employment for individuals with developmental disabilities in the Commonwealth.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** A total of 5,442 people are employed with supports from ISE and GSE, which is a combined increase of 111 people from the previous data reported. It also indicates that, among the total number of individuals 18-64 on the waivers and waiver waitlists, 25.1% of people with DD are employed, an increase of 2.1%.
- **QII:** There is currently not a formal QII related to employment

Community Living Options Study Area

Term #38. Private Duty Nursing.

- **Term:** “The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with private duty nursing identified in their ISP or prescribed under EPSDT receive 80% of the hours identified as needed on the CMS485 or DMAS62 forms.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS completed the annual look-back of nursing utilization for FY25. Data for this look-back was collected one month after completion of the annual period. Because DMAS regulations permit providers to submit billing claims up to one year after providing a service, the data reviewed reflected only claims submitted within that 12-month period. 90% of billing claims are submitted in the first three months after the service is delivered, so collecting the data just one month after completion of the annual period excluded additional claims that were submitted after the data was pulled. As a result, the data produced by the look-back did not reflect the full percentage of individuals who utilized 80% of their hours, resulting in a lower percentage of individuals found to have utilized 80% of their hours than what is actually occurring. To obtain a fuller and more accurate picture of nursing utilization, DBHDS will continue to pull data for FY25 through the next two FY26 reviews to provide a more complete picture of utilization.
- **Steps Taken and Planned:** DBHDS continues to refine data collection related to nursing hour utilization including continuing to gather data each review period for previous review periods to identify additional services delivered, developing a workplan to address nursing across the Commonwealth, and continuing to implement the Intense Management Needs Review (IMNR) by which nurses with the OIHSN complete on-site reviews to ensure individuals’ needs are being met. When needs or barriers are identified during the review, the nurses issue remediation plans and follow up until issues are resolved.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** As indicated by the data below, in FY25, 67.68% of people received 80% of their RN hours of Private Duty Nursing, and 59.84% received 80% of their LPN hours of Private Duty Nursing. These are very slight improvements over FY 24.

Procedure Code	Description
S9123	Skilled Nursing, Registered Nurse (RN)
S9124	Skilled Nursing, Licensed Practical Nurse (LPN)
T1002	Private Duty Nursing, Registered Nurse (RN)
T1003	Private Duty Nursing, Licensed Practical Nurse (LPN)

Percentage that Met 80% of Utilization by Procedure Code - Updated Billing Data							
Procedure Code	FY19	FY20	FY21	FY22	FY23	FY24	FY25
S9123	22.82%	15.74%	16.34%	47.70%	9.85%	24.09%	20.00%
S9124	37.13%	40.48%	42.72%	56.10%	27.86%	32.09%	41.41%
T1002	60.26%	72.06%	63.41%	65.63%	80.17%	65.03%	67.68%
T1003	64.60%	54.83%	57.85%	65.75%	66.06%	59.58%	59.84%

- **QII:** There is no formal QII initiated at this time related to private duty nursing; however, the OIHSN team continues to implement informal quality improvement efforts through the nurses’ work with individuals and providers to resolve individual and systemic concerns.

Action 38.a

- **Action 38.a:** “Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent

Reviewer is monitoring the Commonwealth's compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year."

- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS produced the annual report in time for the Independent Reviewer study and will continue to report this data semi-annually.
- **Steps Taken and Planned:** As indicated, the OIHSN Project Manager and DBHDS Data Analyst have added an additional step to the process to ensure, over time, all outstanding billing data is captured that demonstrates an increase in utilization of the service. In addition, DBHDS will continue to conduct retrospective reviews of the previous fiscal year once the full year of claims data is available to ensure a comprehensive picture of utilization of private duty nursing services.

Action 38.b

- **Action 38.b:** By September 30, 2024, DBHDS will update the ISP to allow for the collection of nursing needs data identified by the Risk Awareness Tool.
- **Previous Status: Complete**
- **Current Status: Complete**
- **Status Explanation:** DBHDS updated the ISP effective September 16, 2024, to include the Risk Awareness Tool in the ISP. This allows risk data to populate into the ISPs and ensures that these areas are being covered. This also reduces redundancy in completing this documentation.
- **Steps Taken and Planned:** DBHDS reviews each person's ISP as a part of the IMNR process and will provide feedback if information is not being recorded correctly.

Action 38.c

- **Action 38.c Description:** "DBHDS will continue to implement an IMNR that will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified and efforts taken to resolve them."
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS implemented the IMNR process in consultation with the Independent Reviewer's Nurse Consultants. The IMNR report was completed by October 15, 2025, as part of the Nursing Report.
- **Steps Taken and Planned:** DBHDS is continuing to review and refine the IMNR process to ensure the process adequately evaluates individuals with private duty nursing needs, skilled nursing needs, complex behavioral needs, and adaptive functioning needs.

Action 38.d

- **Action 38.d Description:** "Within six months of the date of this Order, in consultation with the five DBHDS Registered Nurse Care Consultants, the Commonwealth will:
 - i. Identify which CSB catchment areas in each Region have the highest nursing shortages for this target population based on objective criteria and data, including how many individuals with private duty nursing receive 80% of their hours;
 - ii. Identify the top three barriers to individuals accessing nursing services in each region based on objective data, including stakeholder data and state and national workforce data and research;
 - iii. Develop a work plan to resolve those barriers that includes measurable goals, specific support activities, and timelines for implementation; and

- iv. Include the barriers and efforts to resolve them, as well as the factual basis for those barriers and efforts, and results achieved in the semiannual nursing report that is posted in the Library.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS created a Community Nursing Access workplan. Within the work plan, DBHDS nurses identified which CSBs in each Region had the highest nursing shortage for that Region. The CSBs listed here were identified as having the highest nursing shortages in Regions 1, 2, 3, 4, and 5, respectively: Region 10 CSB, Arlington CSB, Danville Pittsylvania CSB, Hanover County CSB, and Colonial CSB. The Registered Nurse Care Consultants (RNCCs) identified all private providers in the region and are now confirming whether they accept DD waiver referrals. The RNCCs are asking additional questions as part of their calls to continue to understand barriers to individuals accessing nursing services. Barrier information for each of the Regions is also identified in the Nursing Workplan. Each Region has slightly different needs but most barriers center around workforce and training. The RNCCs identified ways to mitigate most of the barriers.
- **Steps Taken and Planned:** DBHDS has developed a plan and has developed action steps to address the areas needed in this Action. DBHDS will implement the survey and gather data on barriers, develop interventions, and then determine if those interventions were successful.

Action 38.e

- **Action 38e.:** “If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, or the semi-annual report of the Independent Reviewer, if there is one, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Private Duty Nursing by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Private Duty Nursing by January 1, 2029. The rate study shall be completed in time to be considered at the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** Status for the rate study is summarized in Term 59.
- **Steps Taken and Planned:** See Term 59 for summary.

Action 38.f

- **Action 38.f:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 38(a) through 38(d), DBHDS also will conduct a root cause analysis and determine whether a QII is warranted to address identified issues. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not required until January 2027

Term #39. Skilled Nursing

- **Term Description:** “The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with skilled nursing identified in their ISPs or prescribed under EPSDT will have their skilled nursing needs met 80% of the time.”

- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS completed the annual look-back of nursing utilization for FY25. Data for this look-back was collected one month after completion of the annual period. Because DMAS regulations permit providers to submit billing claims up to one year after providing a service, the data reviewed reflected only claims submitted within that 12-month period. 90% of billing claims are submitted in the first three months after the service is delivered, so collecting the data just one month after completion of the annual period excluded additional claims that were submitted after the data was pulled. As a result, the data produced by the look-back did not reflect the full percentage of individuals who utilized 80% of their hours, resulting in a lower percentage of individuals found to have utilized 80% of their hours than what is actually occurring. To obtain a fuller and more accurate picture of nursing utilization, DBHDS will continue to pull data for FY25 through the next two FY26 reviews to provide a more complete picture of utilization.
- **Steps Taken and Planned:** DBHDS continues to refine data collection related to nursing hour utilization, including continuing to gather data each review period for previous review periods to identify additional services delivered, developing a workplan to address nursing across the Commonwealth, and continuing to implement the IMNR by which nurses with the OIHSN complete on-site reviews to ensure individuals' needs are being met. When needs or barriers are identified during the review, the nurses issue remediation plans and follow up until issues are resolved.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer.
- **Quantitative Data Review:** As indicated by the data below, in FY25, 20% of people received 80% of their RN hours of Skilled Nursing, and 41.41% received 80% of their LPN hours of Skilled Nursing. There is a significant improvement for LPN Skilled Nursing from FY24 to FY25 and a slight regression in RN Skilled Nursing from FY24 to FY25.

Procedure Code	Description
S9123	Skilled Nursing, Registered Nurse (RN)
S9124	Skilled Nursing, Licensed Practical Nurse (LPN)
T1002	Private Duty Nursing, Registered Nurse (RN)
T1003	Private Duty Nursing, Licensed Practical Nurse (LPN)

Percentage that Met 80% of Utilization by Procedure Code - Updated Billing Data							
Procedure Code	FY19	FY20	FY21	FY22	FY23	FY24	FY25
S9123	22.82%	15.74%	16.34%	47.70%	9.85%	24.09%	20.00%
S9124	37.13%	40.48%	42.72%	56.10%	27.86%	32.09%	41.41%
T1002	60.26%	72.06%	63.41%	65.63%	80.17%	65.03%	67.68%
T1003	64.60%	54.83%	57.85%	65.75%	66.06%	59.58%	59.84%

- **QII:** There is no formal QII initiated at this time related to skilled nursing; however, the OIHSN team continues to implement informal quality improvement efforts through the nurses' work with individuals and providers to resolve individual and systemic concerns.

Action 39.a

- **Action 39.a:** "Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent Reviewer is monitoring the Commonwealth's compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year."
- **Previous Status: Complete**
- **Current Status: Complete for this review**

- **Status Explanation:** DBHDS produced the annual report in time for the Independent Reviewer study and will continue to report this data semi-annually.
- **Steps Taken and Planned:** As indicated, the OIHSN Project Manager and DBHDS Data Analyst have added an additional step to the process to ensure, over time, all outstanding billing data is captured that demonstrates an increase in utilization of the service to the metric. In addition, DBHDS will continue to conduct retrospective reviews of the previous fiscal year once the full year of claims data is available to ensure a comprehensive picture of utilization of private duty nursing services.

Action 39.b

- **Action 39.b:** “As part of the IMNR Process, DBHDS will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified, efforts taken to resolve them, and results achieved.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS implemented the IMNR process in consultation with the Independent Reviewer’s Nurse Consultants. The IMNR report was completed by October 15, 2025, as part of the Nursing Report.
- **Steps Taken and Planned:** DBHDS is continuing to review and refine the IMNR process to ensure the process adequately evaluates individuals with private duty nursing needs, skilled nursing needs, complex behavioral needs, and adaptive functioning needs.

Action 39.c

- **Action 39.c:** “*Skilled Nursing Review.* Beginning within three months of the date of this Order, for individuals with a skilled nursing need identified in the Waiver Management System, DBHDS will begin to conduct on-site IMNR reviews as set forth in this paragraph. DBHDS will conduct the on-site IMNR reviews of a randomized sample of 10% of individuals annually (split between two six-month reviews) to determine if individuals’ skilled nursing services needs are being met. In selecting individuals during each six-month review period to review, DBHDS shall include in the sample only individuals who were authorized to receive the service at least three months earlier, to ensure sufficient time for the sampled individuals to have received the service.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** As mentioned above, the IMNR process specific to individuals with skilled nursing needs is underway. Two additional RNCCs have been trained in the process of implementing the IMNR process and have initiated the process specific to individuals with skilled nursing needs. The process has been written, which mirrors the IMNR process in general. Additional questions have been added to address the intermittent nature of skilled nursing and to try to identify, through objective means, whether needs are being met and if the correct number of hours are being delivered related to this service. 177 individuals receive skilled nursing. Eighteen IMNR reviews were conducted specifically for Skilled Nursing. There were 79 remediation plans developed. Of those 79 plans, 71 were able to be categorized:

Remediation Plan Category	Count
Adaptive Equipment	5
Additional Supports/Enhancements	3
Assessments/Evaluations	13
Behavioral Supports/Therapeutic Consultation	1
Dental	3
Documentation	20
Guardianship	2
Human Rights	1
Nursing	8
Physical	1
Protocols	11
Psychotropic Meds	3
Grand Total	71

Of the 79 plans for remediation, over half have already been resolved by the person's team.

- **Steps Taken and Planned:** The IMNR process has been updated by the OIHSN specific to skilled nursing. DBHDS is implementing the process through the RNCCs and the identified quality team (Deputy Commissioner, OIHSN Project Manager, RN not associated with the project). They will review the findings and determine if adjustments need to be made to the process.

Action 39.d

- **Action 39.d:** "If the Commonwealth has not achieved the goal as reported in its December 1, 2024 status update, or the semi-annual report of the Independent Reviewer, if there is one, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Skilled Nursing by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its December 1, 2028 status update, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Skilled Nursing by January 1, 2029. The rate study shall be completed in time to be considered at the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies."
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** Status for rate study is summarized in Term 59.
- **Steps Taken and Planned:** See Term 59 for summary.

Action 39.e

- **Action 39.e:** "If the Commonwealth does not achieve the goal within two years of the date of this Order after taking the actions in Paragraphs 39(a) through 39(c), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year."
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not required until January 2027

Provider Training Study Area

Term #47. Training Requirement Compliance

- **Term Description:** “The Commonwealth will work to achieve a goal that 86% of DBHDS-licensed providers receiving an annual inspection will have a training policy that meets established DBHDS requirements. DBHDS will take the action it determines appropriate if providers fail to comply with training requirements required by regulation.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS’ Office of Licensing has reviewed 75% of providers for this calendar year. Of those reviewed, 77.57% of providers are in compliance with the training requirement.
- **Steps Taken and Planned:** On December 11, 2024, the Office of Licensing (OL) posted and sent out via Constant Contact the 2025 Annual Inspections for Providers of Developmental Services Memo. This memo reminded providers of the annual DD inspections and provided the 2025 OL Annual Compliance Determination Charts in Excel. This chart allows providers to understand what will be reviewed and to aid providers in being prepared for review. On December 17, 2024, the OL offered the 2025 DD Inspection Kick Off Training to providers, and a little over 800 attendees participated. During the December 17, 2024, training, the OL reminded providers of the memo that was posted as well as the 2025 OL Annual Compliance Determination Charts that were embedded in the memo. During the training, the OL reviewed the regulations that were most frequently cited for violations, which included a review of 12VAC35-105-160 (reviews by Department), 12VAC35-105-450 (Employee Training), 12VAC35-105-520 (Risk Management), and 12VAC35-105-620 (Monitoring and Evaluating Service Quality). The OL also reviewed the functionality of the 2025 OL Annual Compliance Determination Charts and explained that there is a compliance chart for each DD service. For the most frequently cited regulations, the OL explained in more detail the expectations to demonstrate compliance and what documentation the OL would be reviewing as part of the inspection process. Both the 2025 DD Inspection Kick Off Training webinar and the associated PowerPoint are located on the OL website. On January 29, 2025, the OL presented at the Provider Roundtable. During this presentation, the OL reminded providers of DD services of the upcoming 2025 DD Inspections, reminded them to review and be familiar with the 2025 Annual Inspections for Providers of Developmental Services Memo, and reviewed the functionality of the 2025 Annual Compliance Determination Charts. Information related to the DBHDS training and development requirements is included with the compliance determination chart, and the requirements to be compliant with 12 VAC 35-105-450, governing employee training and development, were reviewed during the December 17, 2024, training.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** DBHDS’ Office of Licensing has reviewed 75% of providers for this calendar year. Of those reviewed, 77.57% of providers are in compliance with the training requirement.
- **QII:** While there is not a formal QII in place to address this term, DBHDS has implemented Enhanced Consultation and Technical Assistance (ECTA) with providers to ensure compliance with employee training requirements. Providers are contacted via email when they are determined to be in non-compliance with the applicable regulation and can opt into ECTA. If they are found to have a systemic finding of non-compliance (two consecutive reviews indicating non-compliance), the provider is required to participate in ECTA.

Action 47.a

- **Action 47.a:** “Within six months of the date of this Order, DBHDS will require that any provider not in compliance with training requirements develop and implement a corrective action plan.”

- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS requires all providers who receive a citation (not in compliance) with any regulation to complete a corrective action plan related to that citation.
- **Steps Taken and Planned:** If the Office of Licensing determines during an annual inspection that a provider failed to comply with any component of regulation 12VAC35-105-450, the Office of Licensing issues a licensing report describing the noncompliance and requires the provider to submit a Corrective Action Plan (CAP) that addresses all components of the cited violation. The provider is required to submit a revised training policy, which must include the effective date and proof of compliance with the revised training policy. In addition, the Office of Licensing developed a memo for providers to address Employee Training and Development. Within the memo, there is a training policy template that includes guidance for determining the frequency of retraining, as well as sample form templates for documenting employee orientation and training. This memo was disseminated to providers on May 2, 2025, and posted on the OL website.

Action 47.b

- **Action 47.b:** “Within three months of the date of this Order, DBHDS Quality Improvement Specialists will offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS continues to require that providers with a citation related to quality improvement programs develop and implement corrective action plans related to their non-compliance. DBHDS has hired the 12 Quality Improvement Specialists who have begun working with providers who have received corrective action plans related to their Quality Improvement Programs. The quality improvement specialist team began Expanded Consultation and Technical Assistance (ECTA) sessions with providers in August of 2024 and continues to work with providers.
As of September 2025:
 - 149 accepted invitations or initiation of mandatory ECTA
 - Consent Agreement (CA) ECTA
 - Began April 2025, 3 out of the 4 total CA providers have completed ECTA, with 1 currently in progress
 - Noncompliant Systemic (NS) ECTA
 - Began July 2025 - one NS provider in progress
 - Out of the 149, 140 are unique providers
 - Out of the 149, 141 have been assigned to the QI Specialists
 - 42 providers have completed ECTA
 - 60 providers are currently in progress
 - 8 providers are currently in the queue awaiting QIS assignment
- **Steps Taken and Planned:** DBHDS Quality Improvement Specialists are working with OL to implement voluntary ECTA versus required ECTA. Required ECTA is for those providers with systemic issues (2 consecutive citations) related to training. DBHDS continues to refine data collection to ensure all providers in need of ECTA are captured and offered the opportunity to participate.

Action 47.c

- **Action 47.c:** “ Within six months from the date of this Order, for providers who are not compliant with training requirements for two consecutive licensing inspections, DBHDS shall take appropriate further action

to enforce adherence to the Commonwealth’s regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider’s license to provisional status, or revoking the provider’s license as determined appropriate by DBHDS.”

- **Previous Status: In Progress**
 - **Current Status: Complete for this review**
 - **Status Explanation:** As discussed above, DBHDS has established expectations that providers with systemic citations related to training regulations are required to participate in ECTA within 45 days of their approved corrective action plan. In addition to the required ECTA, DBHDS OL has defined progressive actions to address concerns about provider compliance. These actions include, but are not limited to, the following steps:
 - Optional ECTA
 - Required ECTA
 - Consent Agreement
 - Provisional License
 - Revocation of License
- DBHDS is implementing consistent and progressive actions to ensure provider compliance and quality.
- **Steps Taken and Planned:** DBHDS staff continue to implement processes as outlined to ensure compliance with regulations and expectations. DBHDS will continue to review data and determine if additional actions are warranted.

Action 47.d

- **Action 47.d:** “Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess training requirements have established inter-rater reliability in conducting such assessments.”
- **Previous Status: In Progress**
- **Current Status: Complete**
- **Status Explanation:** The DBHDS Deputy Commissioner of Community Services did a look-behind of licensing specialists and a comparison to the Independent Reviewer’s Consultant. Because this is the first time the DC has completed this review, variations are expected. The DC documented notes where there was a lack of concordance for follow-up with both the Licensing Specialist team and the IRC to ensure all parties have the same understanding for determinations. The goal of this look-back was to identify areas of disagreement between Licensing Specialists, the DC, and the IRC, and, going forward, the results will be used to align all reviewers’ understanding for making determinations and increase agreement in future reviews. The look-behind results show a high rate of concordance, both with the licensing specialists and the Independent Reviewer Consultant, for the overall study period at 89% with both. At the same time, there is slight variation between study periods.

47 Training	26 th study period evidence table		27 th study period evidence table		Combined Avg for each individual questions	
	LS	IRC	LS	IRC	LS	IRC
<ul style="list-style-type: none"> Does the provider have a training policy that addresses the frequency of retraining on serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control to include flu epidemics. Employee participation in training and development opportunities shall be documented and accessible to the department. 	93%	97%	86%	84%	89%	89%

- **Steps Taken and Planned:** DBHDS will continue to implement the inter-rater-reliability process related to licensing reviews and increase concordance with funding between all reviewers.

Term #48. Training and Competency of Direct Support Professionals

- **Term:** “The Commonwealth will work to achieve a goal of at least 95% of Direct Support Professionals and their supervisors receive training and competency testing in accordance with 12 VAC 30-122-180 as in effect on the date of this Order or as may be amended.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS implemented Round 7 Quality Service Reviews. During this review, documentation of competency is reviewed and onsite reviews are conducted with staff to determine the level of competency in supporting individuals. The tools were revised during this review period, and the measure development was updated accordingly.
- **Steps Taken and Planned:** DBHDS is implementing a quality improvement initiative related to Direct Support Professional (DSP) training and competencies and has implemented Enhanced Consultation and Technical Assistance (ECTA) with providers. These efforts should help to improve staff and supervisor competence as outlined in this term. This QII is more fully discussed below. In addition, DBHDS revised the QSR tools with input from the Independent Reviewer’s Consultant for Quality and subsequently updated the measure to align with the new tools. The same data is captured through Health and Safety Alerts and Competency Alerts. The process and data validation were also updated as a result of these changes.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** Based on the results of Round 7 QSRs, the measures used to determine success indicate that the Training Requirements measure has improved significantly from Round 6 to Round 7, with an increase from 77.5% to 92.7%. The second measure of observed competency decreased from 86.6% to 81.6% in the same timeframe. Neither meets the 95% threshold.
- **QII:** DBHDS has implemented a formal quality improvement initiative related to direct support professional competencies. A root cause analysis was completed in collaboration with the Provider and Systems Issues Resolution Workgroups (PIRW and SIRW, respectively). Administrative burden, staffing (turnover, vacancies), training and tools, resources, environment, and policies and procedures were identified as factors impacting the ability to come into compliance. With input from the PIRW, and following a survey, DBHDS implemented an initiative to streamline advanced competencies and reduce redundancies between the advanced competencies. This initiative addressed administrative burden specifically. Additionally, DBHDS is reviewing current training with input from the workgroups to address the training as well. DBHDS will monitor this QII and determine its impact on compliance to decide if additional intervention is needed.

Action 48.a

- **Action 48.a:** “Within six months of the date of this Order, the Commonwealth shall determine, through a root cause analysis developed in collaboration with the provider and system issues resolution workgroups, why Direct Support Professionals and their supervisors do not receive training and competency testing per 12 VAC 30-122-180.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS completed a root cause analysis (RCA) in collaboration with the PIRW. DBHDS and the PIRW/SIRW identified areas to address via the Root Cause Analysis and have initiated those steps to improve the training and competence of DSPs.
- **Steps Taken and Planned:** DBDHS completed an RCA in collaboration with the PIRW and SIRW, which resulted in a QII focused on streamlining and clarifying the DSP Competencies process. The RCA will be updated once the QII is completed to determine if additional areas need to be addressed.

Action 48.b

- **Action 48.b:** “Based on the findings of the root cause analysis required by Paragraph 48(a), DBHDS will prioritize the findings for quality improvement, taking into account the anticipated impact to the system, including potential negative impacts to current staffing. DBHDS will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups.”
- **Previous Status: Complete**
- **Current Status: Complete for this review**
- **Status Explanation:** The PIRW Education and Training subcommittee has completed the competencies checklist review. Recommended edits were reviewed by DBHDS and incorporated as appropriate. The subcommittee has reviewed Supervisory module 3, which includes the DSP competency process as well as modules 1 and 2 of the DSP training. The review of competency checklists includes form instructions, formatting, and content to reduce duplication and remove redundant elements. The form revisions were reviewed, approved, and are now being piloted for implementation.
- **Steps Taken and Planned:** DBHDS will continue to monitor data after implementation of updates to determine if the changes had an impact. The PIRW will identify additional areas for improvement based on the RCA to determine if additional quality improvement can be taken to improve staff and supervisory compliance with orientation training and competency expectations.

Action 48.c

- **Action 48.c:** “If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Personal Assistance Services, Companion Services, Respite Services, In-Home Support Services, and Independent Living Support Services by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Personal Assistance Services, Companion Services, Respite Services, In-Home Support Services, and Independent Living Support Services by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** Status for rate study is summarized in Term 59.
- **Steps Taken and Planned:** See Term 59 for summary.

Action 48.d

- **Action 48.d:** “If the Commonwealth does not achieve the goal within two years of the date of this Order after taking the actions in Paragraphs 48(a) and 48(b), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This Action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not required until January of 2027

Rate Studies Study Area

Term #59- Rate Studies

- **Term Description:** “For any rate study required to be conducted under paragraphs 33, 37, 38, 39, or 48, the following shall apply:
 - i. The Commonwealth may either engage Guidehouse as a vendor to conduct the rate study or solicit for a vendor to conduct the rate study. If the Commonwealth engages Guidehouse, the United States may provide input on how the Commonwealth directs Guidehouse to perform the rate study, participate in Guidehouse’s meetings with stakeholders and have an opportunity to review and comment on Guidehouse’s draft report. If the Commonwealth solicits a different vendor to conduct the rate study, the United States may propose qualifications to be included in the Commonwealth’s solicitation for a vendor to conduct the rate study, and the Commonwealth will not unreasonably withhold its consent to the inclusion of the United States’ proposed qualifications in the solicitation. At a minimum, the selected vendor must have demonstrated experience analyzing rates and recommending rate changes that have successfully increased provider capacity. After a vendor is engaged, the United States may provide input on how the Commonwealth directs the vendor to perform the rate study, participate in the vendor’s meetings with stakeholders and have an opportunity to review and comment on the vendor’s draft report. At a minimum, the rate study shall be in accordance with best practices and designed to target rates necessary to ensure sufficient capacity to reach the goals of paragraphs 33, 37, 38, 39, and 48.
 - ii. The vendor shall submit a draft of the rate study to the parties for comment at least 30 days before finalizing the study and shall address any comments in the final version of the study.
 - iii. The study shall be placed in the Library and filed (by either party) with the Court.
 - iv. The Commonwealth shall make its best efforts in the two legislative sessions immediately following publication of the results of the rate study to obtain from the General Assembly funding necessary to increase rates to those recommended by the study, accounting for any increases in inflation in the rate’s implementation.
 - v. Upon request of the United States, the Court shall hold a status conference one month after the Governor’s proposed budget is submitted to the General Assembly if the rate increases identified in the Study are not in the proposed budget.
 - vi. Upon request of the United States, the Court shall hold a public hearing within 30 days after the Governor and General Assembly have taken all steps necessary to finalize the budget. The hearing shall address whether the rate increases identified in the Study are included in the budget, and, if not, whether the Court should order any steps
- **Previous Status: Deferred**
- **Current Status: Complete for this review**
- **Status Explanation:** The Commonwealth initiated a rate study of eleven services in December 2024 as required by this Term and Terms 33, 37, 38, 39, and 48. The first meeting of a stakeholder workgroup was held on December 12, 2024, to introduce the rate study process to the workgroup. During this meeting, the DMAS DD Provider Cost and Wage Survey was reviewed with stakeholders and feedback was gained. Representatives from Guidehouse (the vendor selected to conduct the rate study), DBHDS, DMAS, the United States, and stakeholders were present and continued to participate in all subsequent meetings, including trainings on the Cost and Wage Survey, Peer State Analysis, and Review of assumptions and draft rates. The draft was provided to the United States to provide comment as required, and all comments of the United States were addressed in the final report. The final report was submitted to the Court and published on the DOJ

library on October 15, 2025. Additionally, the Department of Medical Assistance Services requested the funding required to implement the rate study recommendations, which can be located at [w1 \(PB Reports\)](#).

- **Steps Taken and Planned:** A rate study was conducted in accordance with Term 59. The Commonwealth, through DMAS, submitted a budget request for rate adjustments. The Governor's proposed budget will be released in December 2025. Efforts with the General Assembly will occur during the next review period.
- **Quantitative Data Review:** There currently is no quantitative data on which to report.
- **QII:** No quality improvement initiative is needed at this time.

Appendix of Documents for Terms

ID	Term #	Term Title	Report
1	31	Community Services Board Quality Review (SCQR)	Case Management Steering Committee Report
2	32	Community Setting Crisis Assessments	Supplemental Crisis Report
3	33	Therapeutic Consultation Services	Behavioral Supports Report
4	34	Behavioral Support Services	Behavioral Supports Report
5	35	Community Residences for Individuals with DD Waivers	Supplemental Crisis Report
6	36	Out-Of-Home Crisis Therapeutic Prevention Host-Home Like Services for Children	REACH Children's Data Summary Report
7	37	Day Services for DD Waiver Recipients	Provider Data Summary Report
8	38	Private Duty Nursing	Nursing Utilization Report
9	39	Skilled Nursing	Nursing Utilization Report
10	40	Dental Exams	Annual Physical Exams Report ; Annual Dental Exams Report
11	41	Protection From Serious Injuries in Service Settings	(Public URL Unavailable)
12	42	Risk Management	(Public URL Unavailable)
13	45	DD Service Providers' Compliance with Administrative Code	Risk Management Review Committee Annual Report
14	47	Training Requirement Compliance	(Public URL Unavailable)
15	53	Samples of Data from Look-Behind Analyses of Serious Incidents and Allegations of Abuse, Neglect, and Exploitation	Risk Management Review Committee Annual Report
16	43	Timely Waiver Service Enrollment	Provider Data Summary Report
17	44	Ongoing Service Analyses	IMNR Study Reports
18	55	Assessment of Licensed Providers of DD Services	(Public URL Unavailable)

19	46	Quality Service Monitoring	QSR Aggregate Reports
20	48	Training and Competency of Direct Support Professionals	Provider Data Summary Report
21	49	Residential Services Community Integration	(Public URL Unavailable)
22	50	Supported Employment	Semi-Annual Employment Report
23	51	Supported Employment	Semi-Annual Employment Report
24	52	Look-Behind Analysis of Abuse, Neglect, and Exploitation Allegations	Risk Management Review Committee Annual Report
25	54	Annual Physical Exams	Annual Physical Exams Report ; Annual Dental Exams Report
26	56	Data-Driven Quality Improvement Plans for HCBS Waiver Programs	QRT EOY Report
27	57	Data-Driven Quality Improvement Plans for HCBS Waiver Program	QRT EOY Report
28	58	Case Management Steering Committee (CMSC) Measures	Case Management Steering Committee Report Support Coordination Quality Review Report
29	59a	Rate Studies	(Public URL Unavailable)
30	60	Quality Management	DD Quality Management Plan Part 1 & 2 ; DD Quality Management Plan Annual Report and Evaluation ; Mortality Review Committee Report ; Risk Management Review Committee Annual Report ; Case Management Steering Committee Report
31	61	Quality Management	DD Quality Management Plan Part 1 & 2
32	62	Quality Management	(Public URL Unavailable)
33	63	Quality Management	DD Quality Management Plan Part 1 & 2
34	64	Quality Management	(Public URL Unavailable)
35	65	Quality Management	DD Quality Management Plan Annual Report and Evaluation
36	66	Library	Commonwealth's DOJ Library Website

List of Acronyms

Acronym	Full name
AAIDD	American Association of Intellectual and Developmental Disabilities
ACL	Administration for Community Living
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
AIMS	Abnormal Involuntary Movement Scale
ANE	Abuse, Neglect and Exploitation
APS	Adult Protective Services
APSE	Association of People Supported Employment First
AR	Authorized Representative
ARA	Annual Risk Assessment
ASD	Autism Spectrum Disorder
ASPIRE	Advancing State Policy Integration for Recovery and Employment
AT	Assistive Technology
ATH	Adult Transition Home
ATP	Assistive Technology Professional
BCaBA	Board Certified Assistant Behavior Analyst (analogous to LABA)
BCBA	Board Certified Behavior Analyst (analogous to LBA)
BH	Behavioral Health
BHA	Behavioral Health Authority
BI	Building Independence (DD Waiver)
BLS	Bureau of Labor Statistics
BNS	Office of Behavior Network Supports
BSP	Behavior Support Plan
BSPARI	Behavior Support Plan Adherence Review Instrument
CAP	Corrective Action Plan
CAT	Crisis Assessment Tool
CRAT	Crisis Risk Assessment Tool
CCC+	Commonwealth Coordinated Care Plus
CCS	Community Consumer Submission
CD	Consumer Directed Services
CDA	Certified Dental Assistant
CDC	Centers for Disease Control
CDO	Chief Data Officer
CE	Community Engagement
CE	Customized Employment
CEAG	Community Engagement Advisory Group
CEPP	Crisis Education and Prevention Plan
CHRIS	Computerized Human Rights Information System
CHRIS HR	Computerized Human Rights Information System (Human Rights)

CHRIS SIR	Computerized Human Rights Information System (Serious Incident Report)
CI	Compliance Indicator
CII	Community Inclusion & Integration
CIL	Center for Independent Living
CIM	Community Integration Manager
CIT	Crisis Intervention Training
CL	Community Living (HCBS Waiver)
CLB	Community Look-Behind
CLO	Community Living Options
CM	Case Manager
CMS	Centers for Medicare & Medicaid Services
CMSC	Case Management Steering Committee
CNF	Children in Nursing Facilities
CNS	Community Network Supports (DDS Office of)
CNS	Critical Needs Summary
COVLC	Commonwealth of Virginia Learning Center
CP	Cerebral Palsy
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CRC	Community Resource Consultant
CRC	Crisis Receiving Center
CRIPA	Civil Rights of Institutionalized Persons Act
CRNA	Certified Registered Nurse Anesthetist
CRRC	Customized Rate Review Committee
CRS	Customized Rate Specialist
CRTC	Customized Rate Technical Consultant
CSB	Community Services Board
CSB ES	Community Services Board Emergency Services
CSU	Crisis Stabilization Unit
CTA	Consultation and Technical Assistance
CTH	Crisis Therapeutic Home
CTN	Community Transition Nurse
CTT	Community Transition Team
CVTC	Central Virginia Training Center
CWS	Certified Wound Care Specialist
CY	Calendar Year
DARS	Department for Aging and Rehabilitative Services
DBHDS	Department of Behavioral Health and Developmental Services
DD	Developmental Disabilities
DD Waiver	Developmental Disability Waiver
DDS	Doctor of Dental Surgery
DDS	Division of Developmental Services, DBHDS

DMAS	Department of Medical Assistance Services
DMD	Doctor of Medical Dentistry
DME	Durable Medical Equipment
DMS	5 - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DOH	Department of Health
DOJ	Department of Justice, United States
DQMP	Data Quality Monitoring Plan
DS	Day Support Services
DSP	Direct Support Professional
DSS	Department of Social Services
DW	Data Warehouse
E1AG	Employment First Advisory Group
ECF	Electronic Case Filing
ECM	Enhanced Case Management
EDCD	Elderly or Disabled with Consumer Directed Services
EDW	Enterprise Data Warehouse
EES	Extended Employment Services
EFAG	Employment First Advisory Group
EHA	Office of Epidemiology and Health Analytics (formerly DQV)
EHR	Electronic Health Record
EI	Early Intervention (Part C)
EOY	End of Year
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
ES	Emergency Services (at the CSBs)
ESD	Emergency Services Department
ESO	Employment Service Organization
FASD	Fetal Alcohol Spectrum Disorder
FFS	Fee For Service
FIS	Family and Individual Supports (DD Waiver)
FRC	Family Resource Consultant
GERD	Gastroesophageal Reflux Disease
GH	Group Home
GSE	Group Supported Employment
HCBS	Home and Community-Based Services
HPR	Health Planning Region
HR/OHR	Office of Human Rights
HSN	Health Services Network
IADL	Individual Activities of Daily Living
ICF	ID/DD - Intermediate Care Facility for people with intellectual/developmental disabilities
ICF	Intermediate Care Facility
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disability
ID	Intellectual Disabilities
IDD	Intellectual and Developmental Disabilities

IFDDS	Individual and Family Developmental Disabilities Supports (“DD” waiver)
IFSP	Individual and Family Support Program
IMNR	Intense Management Needs Review
IMU	Incident Management Unit
IP	Improvement Plan
IPS	Individual Placement and Support
IR	Independent Reviewer
IRR	Inter-Rater Reliability
ISAR	Individual Service Authorization Request (SA)
ISE	Individual Supported Employment
ISP	Individual Support Plan
ISR	Individual Services Review
KPA	Key Performance Area
LABA	Licensed Assistant Behavior Analyst (analogous to BCaBA)
LBA	Licensed Behavior Analyst (analogous to BCBA)
LG	Legal Guardian
LHRC	Local Human Rights Committee
LIHTC	Low Income Housing Tax Credit
LOC	Level of Care
LOF	Level of Functioning
LPN	Licensed Practical Nurse
LTC	Long Term Care
LTESS	Long-term Employment Support Services
MCO	Managed Care Organization
MES	Medicaid Enterprise System
MH	Mental Health
MLMC	My Life My Community (website)
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Mortality Review Committee
MRE	Mobile Rehab Engineering
NCI	National Core Indicators
NF	Nursing Facility
NIH	National Institutes of Health
NVTC	Northern Virginia Training Center
OBRA	Omnibus Budget Reconciliation Act of 1987
OCQI	Office of Community Quality Improvement
OCQM	Office of Clinical Quality Management
ODS	Office of Developmental Services
OHR	Office of Human Rights
OIHSN	Office of Integrated Health Supports Network
OL	Office of Licensing
OSIG	Office of the State Inspector General
OSR	Onsite Review

OSVT	On-Site Visit Tool
OU	Organization Unit (another name for CSB in WaMS)
PA	Staff
PASRR	Preadmission Screening and Resident Review
PASSR	Preadmission Screening and Resident Review
PBSF	Positive Behavior Supports Facilitator
PC ISP	Person Centered Individual Support Plan
PCA	Personal Care Attendant
PCP	Primary Care Physician
PCP	Person Centered Planning
PCR	Provider Compliance Review
PCR	Person-Centered Review
PDN	Private Duty Nursing
PHA	Public Housing Authority
PHE	Public Health Emergency
PIRW	Provider Issues Resolution Workgroup
PM	Performance Measure
PMI	Performance Measure Indicator
PMM	Post-Move Monitoring
POA	Power of Attorney
POC	Plan of Care
PQR	Provider Quality Review
Pre-ETS	Pre-Employment Transition Services
PST	Personal Support Team
PT	Physical Therapist
QAR	Quality Assurance Review
QI	Quality Improvement
QIC	Quality Improvement Committee
QII	Quality Improvement Initiative
QIP	Quality Improvement Plan
QIS	Quality Improvement System
QMD	Quality Management Division
QMP	Quality Management Plan
QMR	Quality Management Review
QMS	Quality Management System
QRT	Quality Review Team
QSR	Quality Service Review
R1	Region 1
R2	Region 2
R3	Region 3
R4	Region 4
R5	Region 5
RAC	Regional Advisory Council for REACH
RAT	Risk Assessment Tool

RCA	Root Cause Analysis
RDH	Registered Dental Hygienist
REACH	Regional Education Assessment Crisis Services Habilitation
RFI	Request for Information
RFP	Request for Proposals
RMRC	Risk Management Review Committee
RN	Registered Nurse
RNCC	Registered Nurse Care Consultant
RNCIC	Registered Nurse Community Integration Consultant
RQC	Regional Quality Council
RSS	Regional Support Specialists
RST	Regional Support Team
S/A	Safety Assessment
SA	Settlement Agreement US v. VA 3:12 CV 059
SAC	Service Authorized Consultant
SAS	Service Authorization Specialist
SC	Support Coordinator (previously called Case Managers)
SCD	Social Communication Disorder
SCQM	Support Coordination Quality Review
SCQR	Support Coordinator Quality Review
SDM	Substitute Decision-Maker
SDM	Supported Decision-Making
SDMA	Supported Decision-Making Agreement
SELN	State Employment Leadership Network
SELN AG	Supported Employment Leadership Network, Advisory Group
SEVTC	Southeastern Virginia Training Center
SIR	Serious Incident Report
SIRW	System Issues Resolution Workgroup
SIS	Supports Intensity Scale
SIU	Special Investigations Unit
SMART	Specific, Measurable, Achievable, Relevant, Time-Bound
SMI	Serious Mental Illness
SRH	Sponsored Residential Home
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
STP	Statewide Transition Plan
SUD	Substance Use Disorder
SVTC	Southside Virginia Training Center
SW	Sheltered Work or Workshop
SWITZY	Subminimum Wage to Competitive Integrated Employment
SWVTC	Southwestern Virginia Training Center
TC	Therapeutic Consultation
TC	Training Center

TCM	Targeted Case Management
TEDS	Treatment Episode Data Set
UTI	Urinary Tract Infections
VAMMIS	VA Medicaid Management Information System
VCU	Virginia Commonwealth University
VHDA	Virginia Housing and Development Agency
VIC	Virginia Informed Choice Form
VIDES	Virginia Individual Developmental Disability Eligibility Survey
VITA	Virginia Information Technologies Agency
WaMS	Waiver Management System
WIPA	Work Incentive Planning and Assistance
WSAC	Waiver Slot Assignment Committee