



**Ongoing Service Analysis Report:
Individuals with Complex Health, Behavioral, and Adaptive Support Needs
FY2024**

Background: The Commonwealth of Virginia and the United States entered into a [Permanent Injunction](#) in January 2025, which terminated and supplants the [Settlement Agreement](#) and related [compliance indicators](#) reached in January 2012 and January 2020, respectively. A core underpinning of both orders is the continued enhancement of quality community-based services for individuals with developmental disabilities. This report speaks to Term 44 of the Permanent Injunction, which reads as follows:

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. To implement the preceding steps, the Commonwealth will take the following actions:*

- 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.*
- 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.*

Thus, this report consolidates key information from the following processes and instruments:

- [Nursing Utilization Review](#) (referenced in the Term as “Skilled Nursing Review”)
- [Intense Management Needs Review](#) (IMNR)
- [Behavior Support Plan Adherence Review Instrument](#) (BSPARI)
- [Care Concerns](#)
- [Quality Service Reviews](#) (QSR)

The current report is the first of its kind and will continue to be enhanced as additional data from the aforementioned tools and processes become available. The current report encompasses FY24 (July 1, 2023, through June 30, 2024). A brief [Summary](#) is provided at the conclusion of this report.

Nursing Utilization Review

The DBHDS Office of Integrated Health Supports Network (OIHSN) performed an updated review of FY24 data that included additional billings that were previously unavailable during the 25th study period for DD waiver nursing services within the Commonwealth. DD waiver nursing services are provided for individuals enrolled in the DD waiver who have serious medical conditions, complex healthcare needs, require specific nursing care, and have exhausted their home health benefits under the Commonwealth's Medicaid benefit or other benefits available to the individual. The service authorizations pulled for this review included all authorizations that were active within that time in FY24 (7/1/23-6/30/24).

DBHDS has been working to improve the process in which data is calculated and reported for nursing utilization. DBHDS originally reported on nursing utilization for FY24 during the 25th study period. To report the most accurate data available, DBHDS recalculated these authorizations with updated billing data for the 26th study period. It is important to remember that providers have up to a year to bill from the date of the service being rendered. The data that follows was pulled in January 2025. The results of that recalculation were significant, as the percentage of utilization increased from the 25th study period report. The results are below in *Table 1*.

Table 1: FY24 Nursing Utilization data

Percentage that Met 80% Utilization by Nursing Type	
FY24	Percent
Skilled Nursing	45.41%
Private Duty Nursing	74.33%

As observed in the table above, skilled nursing has been utilized at 80% of authorized hours by 45.41% of the individuals with skilled nursing authorizations in FY24. Private duty nursing has been utilized at 80% of authorized hours by 74.33% of the individuals with private duty nursing authorizations.

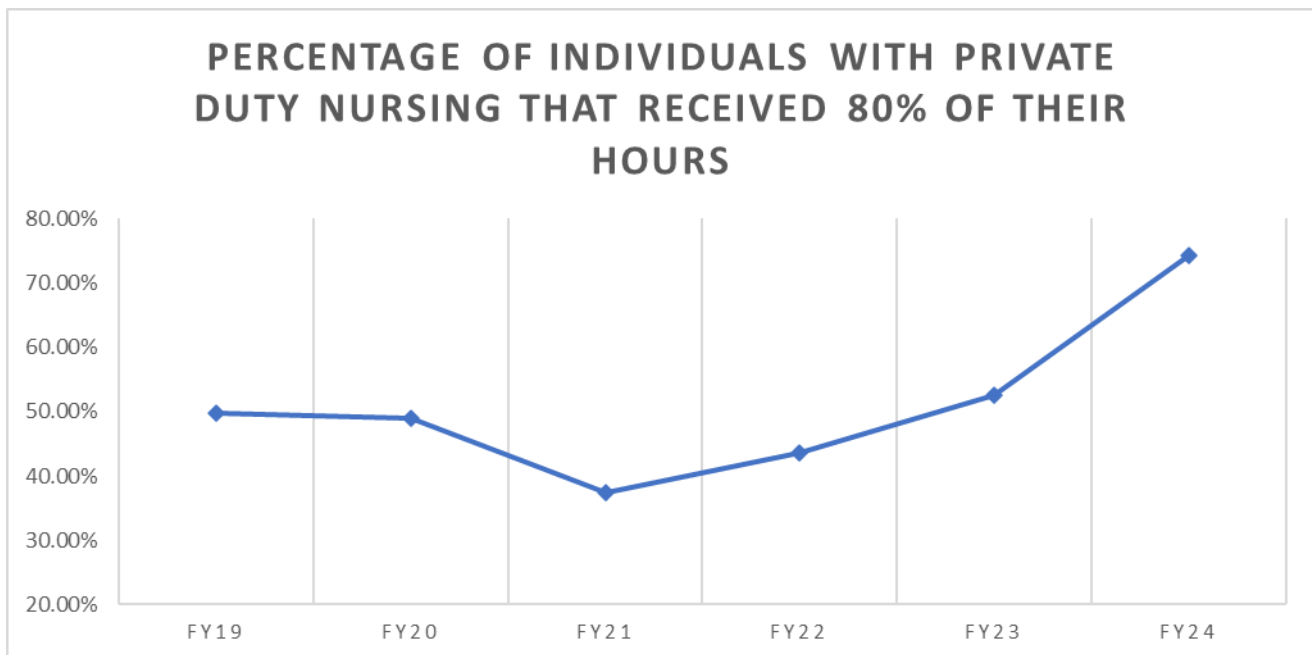
Private Duty Nursing

The trend of Private Duty Nursing since FY19 is referenced below in *Table 2* and *Table 3*. A recalculation of utilized hours a year after the fiscal year ended has not been completed for any of the fiscal years referenced below, except for FY24, which was recalculated in January 2025. The entire period encompassing FY19 through FY24 will be recalculated with updated billing data upon the end of FY25 (6/30/25). This updated data pull and recalculation will ensure all services for FY24 have been billed to DMAS.

Table 2: Private Duty Nursing Trend Data

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	Since FY19
FY19	49.87%	184	369	-
FY20	49.07%	184	375	↓ -0.80%
FY21	37.50%	144	384	↓ -12.37%
FY22	43.57%	166	381	↓ -6.30%
FY23	52.55%	206	392	↑ 2.68%
FY24	74.33%	333	448	↑ 24.46%

Table 3: Private Duty Nursing Trend Graph



Skilled Nursing

DBHDS has initiated an Intense Management Needs Review (IMNR) review process around Skilled Nursing that will assist with assessing if individuals have unmet nursing or other medical needs. This process will mirror the [IMNR process](#) with a few enhancements. The focus will determine if an individual's skilled nursing services needs are being met. DBHDS will determine this by adding a series of questions to the IMNR questionnaire around Skilled Nursing. In addition, the nurses conducting the review will also be attempting to interview the community nurse providing the care to the individual. DBHDS will conduct a randomized sample of 10% of individuals with Skilled Nursing authorizations to determine if their needs are being met. These reviews will take place monthly, and the sample will include individuals who were authorized for Skilled Nursing services in the prior two months (i.e., in May 2025, sample will include all individuals that were authorized for Skilled Nursing services in March 2025).

DBHDS submitted the process document around Skilled Nursing IMNR reviews as well as the questionnaire that will be utilized for the reviews to the Independent Reviewer during the 26th study period. The first randomized sample of individuals was retrieved by a DBHDS data analyst during the week of March 24, 2025. The OIHSN nurses began the process of scheduling the reviews and gathering all necessary information upon receipt of the randomized sample. The first review took place on April 22, 2025, and the second review took place on April 24, 2025. The third and final review will take place on May 8, 2025. The results of these reviews will be available within the next *Ongoing Service Analysis* report (FY25).

Intense Management Needs Review

The IMNR process was initiated as a pilot during the 24th review period. In several important respects, this process deliberately mirrors the work of the Individual Services Reviews (ISRs) completed by the consultant team supervised by the Independent Reviewer. Both processes require the use of a Monitoring Questionnaire for a sample of individuals with complex medical needs. The Monitoring Questionnaire is administered through on-site interviews with the primary caregiver who has knowledge of and responsibility for the healthcare services of the individual selected for review. The reviews include observations of the person, adaptive equipment, the residential setting, and the analysis of facts obtained from numerous reviewed documents related to the individual's health and programmatic needs. These documents include the most recent Individual Support Plan (ISP), case management notes, medical and medication records, incident reports, and On-Site Visit Tools (OSVTs).

Phase II of the IMNR process, which focuses on the remediation requirements of former compliance indicator 36.8 for the individuals studied during Phase I of DBHDS' pilot study, proceeded as planned. The ISR review team examined whether DBHDS had sufficiently developed corrective actions based on its analysis, tracked the efficacy of each action, and revised (as necessary) to ensure that the action addressed the deficiency identified during Phase I.

In July 2024, the Independent Reviewer and his expert nursing consultant selected a sample of 30 individuals plus 6 alternates from the cohort of 732 individuals whose Supports Intensity Scale (SIS) evaluation results placed them in level 6 (complex medical needs) and whose annual ISP meeting was held between July 1, 2023, and September 30, 2023. The regions of focus during this review period included Regions 1, 3 and 5. Ten individuals were selected in each region.

Sixteen females and fourteen males were included in the sample. The largest age group (20%) comprised of individuals between ages 31 to 40. Four individuals (13.33%) each fell in the following age groups: under 22, 41 to 50, 51 to 60 and 71 to 80. The age group least represented was ages 61 to 70 (10%). The youngest person in the sample was 14 years old. The oldest person in the sample was 77 years old.

After the sample was selected, the Independent Reviewer's expert nursing consultant, with assistance from DBHDS, scheduled on-site visits with all primary residential contacts. Visits to each residence were conducted by one of the three Independent Reviewer nursing consultants along with one of three DBHDS Registered Nurse Care Consultants (RNCCs). These reviews took place from August 26 to September 20, 2024. One of the nurse consultants and one of the DBHDS RNCCs completed ten reviews together. All ten reviews were completed concurrently but there was no collaboration on response determinations to ensure the ability to objectively assess the Commonwealth's accurate

identification of areas for commendation and those in need of improvement/remediation. The intention was to continue to establish validity and reliability of the review process and that responses reflected in the review were consistent across both the Independent Reviewer's nurse consultants and DBHDS RNCCs.

Most of the individuals in the sample (80%) use a wheelchair. Five individuals (16.67%) walk with support and one individual walks without support (3.33%).

Most of the individuals in the sample (30%) live in either their own/family home or a sponsored home. Group homes – 4 or fewer support eight individuals (26.67%) while Group homes – 5 or more support two individuals (6.67%). Two individuals (6.67%) reside in family run sponsored homes.

Demographic tables are included below.

Region		
Region 1	10	33.33%
Region 3	10	33.33%
Region 5	10	33.33%

Sex		
Female	16	53.33%
Male	14	46.67%

Age Group		
Under 22	4	13.33%
23 - 30	5	16.67%
31 - 40	6	20.00%
41 - 50	4	13.33%
51 - 60	4	13.33%
61 - 70	3	10.00%
71 - 80	4	13.33%

Mobility Status		
Uses wheelchair	24	80.00%
Walks with support	5	16.67%
Walks without support	1	3.33%

Residence Type		
Family run sponsored home	2	6.67%
Group home - 4 or fewer	8	26.67%
Group home - 5 or more	2	6.67%
Own/family home	9	30.00%
Sponsored home	9	30.00%

Physical Exams

Evidence about annual physical exams was attained through document review and interviews. There is evidence that 29 (96.7%) of the 30 individuals in the sample had an annual exam. In the one instance the individual did not receive their annual exam within the past year, they have seen numerous providers as well as their primary care physician, however, has not had an annual exam appointment since March 2023. It was determined that 29 of the 29 (100%) individuals in the sample received all lab work/diagnostic testing as ordered by the physician. One individual did not receive lab work as the physician did not recommend it be completed.

Dental Exams

Evidence about dental exams was attained through document review and interviews. Dental exams were conducted annually for 20 (66.7%) of the 30 individuals in the sample.

Eleven of the individuals that have received recommendations from dental providers have moved forward with those recommendations. Seventeen individuals did not have recommendations from a dental provider either due to not having seen a dentist or not having further recommendations. Two individuals have had appointments with the DBHDS Mobile Dental Team and will remain in the program until they can find a community dentist. *Table 4* summarizes the individual findings of the IMNR process from the 25th review period.

Table 4: 25th Review Period - IMNR Summary of Individual Findings

Summary of Individual Findings				
ID #	Type of Residence	Annual Physical Exam	Annual Dental Exam	80% of authorized nursing hours were received - Average
1	Group home - 4 or fewer	Yes	No	N/A
2	Group home - 5 or more	Yes	No	Yes
3	Group home - 4 or fewer	Yes	Yes	N/A
4	Group home - 4 or fewer	Yes	Yes	N/A
5	Group home - 4 or fewer	Yes	Yes	No
6	Own/family home	Yes	Yes	N/A
7	Own/family home	Yes	Yes	N/A
8	Family run sponsored home	Yes	No	Yes
9	Group home - 4 or fewer	Yes	No	Yes
10	Own/family home	Yes	Yes	N/A
11	Sponsored home	Yes	Yes	Yes
12	Sponsored home	Yes	Yes	N/A
13	Family run sponsored home	Yes	Yes	N/A
14	Own/family home	No	No	No
15	Sponsored home	Yes	Yes	N/A
16	Sponsored home	Yes	No	N/A
17	Sponsored home	Yes	Yes	N/A
18	Group home - 5 or more	Yes	No	N/A
19	Sponsored home	Yes	Yes	N/A
20	Sponsored home	Yes	Yes	N/A
21	Own/family home	Yes	Yes	Yes
22	Own/family home	Yes	No	N/A
23	Group home - 4 or fewer	Yes	Yes	No
24	Sponsored home	Yes	No	No
25	Own/family home	Yes	Yes	N/A
26	Own/family home	Yes	Yes	N/A
27	Sponsored home	Yes	Yes	N/A
28	Group home - 4 or fewer	Yes	Yes	N/A
29	Own/family home	Yes	No	N/A
30	Group home - 4 or fewer	Yes	Yes	N/A

Behavior Support Plan Adherence Review Instrument (BSPARI)

In 2022, DBHDS created a quality assurance scoring tool that determines the adherence of behavior support plans to the [DBHDS/DMAS Practice Guidelines for Behavior Support Plans](#). The Behavior Support Plan Adherence Review Instrument (BSPARI) utilizes a weighted scoring system that evaluates behavior support plan content areas, and the associated minimum elements as outlined in the Practice Guidelines. The BSPARI and its automated features have been described in previous [Behavioral Supports Reports](#). Its genesis and a detailed review of its contents, along with other behavior program evaluation tools, are outlined in a 2024 publication by its creators ([Habel et al., 2024](#)). The Scoring Instructions Guide and current iteration of the BSPARI can be found under the “Quality Reviews” section of the [DBHDS Behavioral Services website](#). BSPARI reviews are conducted on a statistically significant, randomized sample of behavior support plans created within Virginia’s DD waiver system via the therapeutic consultation service. Reviews are completed by DBHDS Licensed and Board Certified Behavior Analysts within the DBHDS Office of Behavior Network Supports. DBHDS behavior analysts have extensive experience in the assessment and treatment of challenging behavior and related function-based, person-centered treatment.

The BSPARI uses a weighted scoring system, with 40 total weighted points possible. Behavioral programming created through the therapeutic behavioral consultation waiver service is determined to be adhering to the *Practice Guidelines* if 34 points are obtained on the BSPARI (which equates to a score of 85%). Additionally, a behavior program that scores at least 30 out of 40 weighted points is deemed to be overall adequate. *Table 5* outlines FY24 performance on BSPARIs.

Table 5: FY24 BSPARI data

Reporting period timeframe	# of BSPARIs 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%)
FY24Q1 (July 2023-September 2023)	72	31.8 points (80%)	33 points (83%)	Range: 27 (12 to 39 points), Mode = 34 points	33 out of 72 (46%)	53 out of 72 (74%)
FY24Q2 (October 2023-December 2023)	62	32.4 points (80%)	34 points (85%)	Range: 21 (18 to 39 points) Mode = 34 points	32 out of 62 (52%)	45 out of 62 (73%)
FY24Q3 (January 2024-March 2024)	64	33.5 points (85%)	34.5 points (88%)	Range: 23 (17 to 40 points), Mode = 37	40 out of 64 (63%)	55 out of 64 (86%)
FY24Q4 (April 2024-June 2024)	86	33.6 points (85%)	34.5 points (88%)	Range: 18 (21 to 39)	54 out of 86 (63%)	75 out of 86 (87%)

				points), Mode = 36		
FY24 Total	284	32.9 points (83%)	34 points (85%)	Range: 28 (12 to 40 points), Mode = 34	159 out of 284 (56%)	228 out of 284 (80%)

As observed in the table above, the means, medians, and overall percentages of BSPARIs scoring at 30 or 34 or more points (or above) increased over the course of FY24. At the end of the fiscal year, 56% of plans were in adherence with the Practice Guidelines (34 or more points) and 80% were overall adequate (30 or more points).

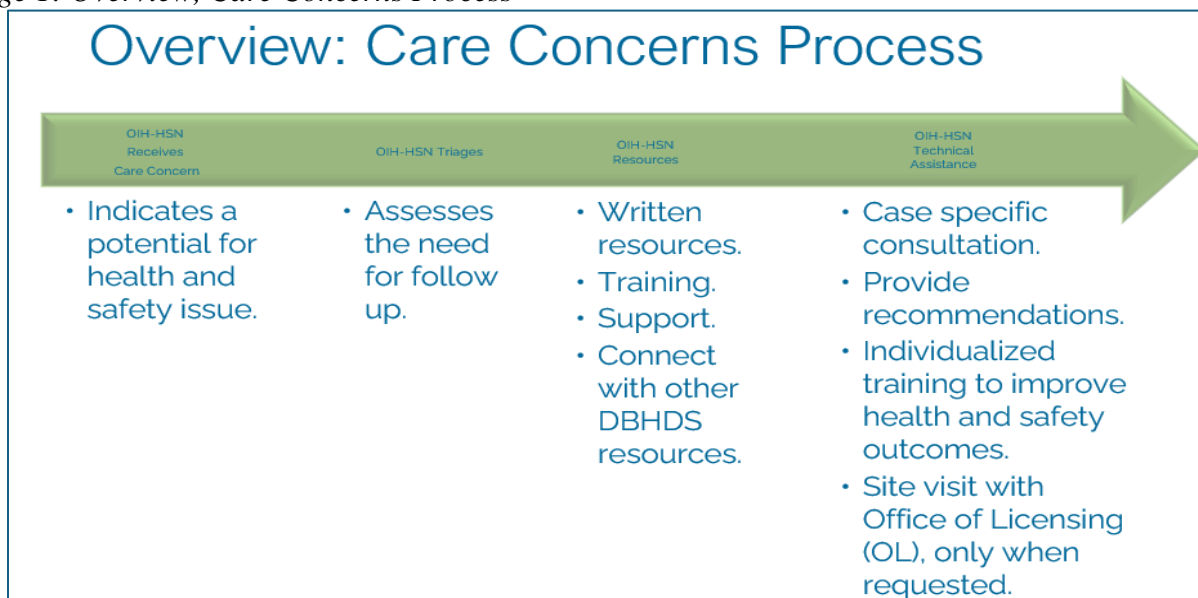
Another important aspect of behavioral services is ensuring that persons that need therapeutic consultation services receive them. Previous [Behavioral Supports Reports](#) have outlined the Commonwealth's progress toward ensuring that persons that have a need for these services as outlined in their ISP receive them. In the 24th study period, the Independent Reviewer determined a calculation that DBHDS has used to measure if persons have adequate and appropriately delivered behavioral services. This calculation combines BSPARI scores at 30 points or above with utilization data for therapeutic consultation to arrive at a percentage of people receiving adequate services. For FY24, 68% of people received adequate services, and 32% received inadequate or no services. For the full calculation and other context on utilization, see the [FY25Q1 Behavioral Supports Report](#).

To continue to improve the quality of behavioral programs, revisions of behavior programs not in adherence to the Practice Guidelines were requested by DBHDS from behavioral providers starting in the second quarter of FY25. It is anticipated that improvement will be seen in the FY25 report of this nature, both to BSPARI scores and to the calculation noted above on adequate behavioral services. Interventions that are expected to influence performance are these required revisions to behavioral programs, along with DBHDS collaboration with community services boards and providers to improve timely connection to this service for people that need it.

Care Concerns

The OIHSN Director or designee is notified by the DBHDS Incident Management Unit (IMU) on individual care concerns that indicate a potential for health and safety care concern. The OIHSN assesses the need for follow up and triages incidents that present a need for education or technical assistance. Throughout this process, OIHSN is focused on ensuring that providers receive education and resources to provide supports around health and safety that reflect best practices. In addition, providers are made aware of technical assistance. Response to care concerns provides best practice resources and training suggestions for implementation strategies to improve care for serious incidents reported through the DBHDS Computerized Human Rights Information System (CHRIS) that have met the IMU criteria for care concerns. This helps the system mitigate risks, train staff, and reduce future incidents to improve health and safety outcomes. *Image 1* on the following page provides an overview of the care concerns process.

Image 1: Overview, Care Concerns Process



Care concerns can be sorted to identify providers with incidents related to certain types of care concerns. Care concerns can also be sorted to identify individuals who are experiencing one or more care concerns. OIHSN collects provider responses to OIHSN emails, training materials, and requests for OIHSN training. Those responses are documented and tracked on the care concerns spreadsheet. The results of the care concerns identified in FY24 are below in *Table 6*, which shows the number of care concerns that are part of the Fatal Seven as well as choking and urinary tract infections (UTIs), also known as Important Health Conditions, that occurred within FY24.

Table 6: FY24 Care Concern Results – Important Health Conditions

Primary Concern	Count
Aspiration Pneumonia	34
Bowel Impaction/Obstruction	81
Choking	114
Constipation	12
Dehydration	41
Fall with Injury	86
Fall without Injury	41
Pressure Injury/DU	125
Seizure	172
Sepsis	1
UTI	156
Grand Total	863

Table 7 on the following page shows the number of Care Concerns that OIHSN reviewed and determined that follow up on the incident with the Provider was necessary by an RNCC. OIHSN RNCCs follow up on all choking incidents.

Table 7: FY24 Care Concern Results – OIHSN Follow Up

OIH Follow Up	Follow Up?			
Primary Concern	(blank)	No	Yes	Grand Total
Aspiration Pneumonia		1	33	34
Bowel Impaction/Obstruction		5	76	81
Choking			114	114
Constipation	1		11	12
Dehydration		2	39	41
Fall with Injury		5	81	86
Fall without Injury		1	40	41
Pressure Injury/DU		7	118	125
Seizure		21	151	172
Sepsis			1	1
UTI		11	145	156
Grand Total	1	53	809	863

*(blank) column has a number if the Follow Up field was left blank, meaning neither a “Yes” nor “No” was selected in data coding. This is an area that will be addressed by OIHSN in future reporting to ensure the proper categories are coded.

Table 8 below shows the number of Care Concerns that OIHSN reviewed that warranted follow up by phone call. For instance, of the 34 Aspiration Pneumonia concerns, 33 were followed up on by OIHSN. Of the 33 concerns that were followed up on, 19 resulted in a phone call to the provider. OIHSN RNCCs follow up on all choking incidents by phone.

Table 8: FY24 Care Concern Results – Resulted in a Phone Call by OIHSNSN

Resulted in a Phone Call	Phone Call			
Primary Concern	(blank)	No	Yes	Grand Total
Aspiration Pneumonia		15	19	34
Bowel Impaction/Obstruction		52	29	81
Choking			114	114
Constipation		6	6	12
Dehydration	1	26	14	41
Fall with Injury		51	35	86
Fall without Injury		29	12	41
Pressure Injury/DU	1	86	38	125
Seizure	5	135	32	172
Sepsis			1	1
UTI		124	32	156
Grand Total	7	524	332	863

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

Table 9 on the following page shows the number of Care Concerns that OIHSN reviewed and whether training or assistance was suggested, offered, or provided because of the incident and follow up. The RNCC may offer to provide a training specific for the provider or point the provider towards trainings on the Commonwealth of Virginia Learning Center (COVLC) or resources on the OIHSN website.

Table 9: FY24 Care Concern Results – Training/Assistance by OIHSN

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.

Table 10 below shows the number of Care Concerns that OIHSN reviewed, followed up on and whether the provider responded to the follow-up. OIHSN RNCCs would select “N/A” if they have recently followed up on a similar incident for this provider, the incident was outside of the provider’s control or follow up was not necessary.

Table 10: FY24 Care Concern Results – Provider Response to OIHSN follow up

Provider Response	Response				
Primary Concern	(blank)	N/A	No	Yes	Grand Total
Aspiration Pneumonia		1	7	26	34
Bowel Impaction/Obstruction		4	23	54	81
Choking	2		7	105	114
Constipation			4	8	12
Dehydration	2	2	9	28	41
Fall with Injury	2	2	19	63	86
Fall without Injury	1		11	29	41
Pressure Injury/DU	1	6	17	101	125
Seizure	2	14	57	99	172
Sepsis				1	1
UTI	4	8	47	97	156
Grand Total	14	37	201	611	863

*(blank) column has a number if the Provider Response field was left blank, meaning neither a “Yes”, “No”, or “N/A” was selected. This is an area that will be addressed by OIHSN in future reporting to ensure the proper categories are coded.

As mentioned above, OIHSN has numerous trainings posted to the COVLC, including the following: *Choking and Airway Obstruction, OIHSN Division, Falls, REVIVE!, Sepsis, The Fatal Seven, The Importance of Calling 911, The My Care Passport & Advocacy Tip Sheets, UTI, and Vital Signs.* In

FY24, a total of 783 individuals participated in a training developed by OIHSN on the COVLC. The *Fatal Seven* training was the most attended training in FY24.

Additionally, OIHSN hosts many trainings either specific for providers or for the broader community throughout the year. In FY24, OIHSN hosted provider specific trainings for thirteen providers with a total of 192 participants. OIHSN also hosted 25 general trainings with a total of 1,910 participants.

Quality Service Reviews (QSR)

Quality Service Reviews (QSRs) are an external review conducted by a vendor procured through competitive bid per the Commonwealth's established procurement process. Reviews are conducted annually on a sample of providers, with the goal that each provider is sampled at least once every two to three years, comprised of Person-Centered Reviews ("PCRs") and Provider Quality Reviews ("PQRs"), to evaluate the quality of services at an individual, provider, and system wide level and the extent to which services are provided in the most integrated setting appropriate to individuals' needs and preferences. The QSRs assess on an individual service-recipient level and individual provider level whether:

- a. Individuals' needs are identified and met, including health and safety consistent with the individual's desires, informed choice and dignity of risk.*
- b. Person-centered thinking and planning is applied and people are supported in self-direction consistent with their person-centered plans, and in accordance with CMS Home and Community Based Service planning requirements.*

For this report, the focus is on responses garnered in the QSR from Substitute Decision Maker/Family Interview Results, specific 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. The information that follows provides additional context for those responses, specifically indications from the 9% of respondents that indicated needs were not being met.

The underlying themes identified for those respondents that indicated needs were not met are thematically grouped (with sub-bullets) as follows:

- Inadequate coordinated services
 - Staffing shortages
 - Lack of follow-through
 - Dissatisfaction with supports
 - Essential needs are unmet
- Lack of communication
 - Challenges reaching the support coordinator
 - Concerns about lack of support coordinator presence
 - Slow response times
- Health and safety concerns
 - High-need medical conditions

- Unhealthy diet
- Behavioral issues
- Dental care barriers
- Accessibility
- Family burden
 - Aging caregivers
 - Navigating complex systems
 - Family taking on SC responsibilities
- Other
 - Lack of person-centered approach
 - Employment goals
 - Transportation issues
 - Lack of community-based activities

OIHSN RNCCs are developing a process to follow up on these identified needs that mimics the [Care Concern Process](#) described earlier in the report. The OIHSN assesses the need for follow up and triages incidents that present a need for education or technical assistance. Throughout this process, OIHSN is focused on ensuring that providers receive education and resources to provide supports around health and safety that reflect best practices. This may also include notifying other offices within DBHDS such as Office of Licensing, Office of Human Rights, Office of Waiver Network Supports, Office of Provider Network Supports, or other relevant experts within DBHDS if additional support is needed. This process will be completed during FY25, and data will be available for the next *Ongoing Service Analysis* report.

Summary

Over the past several years, the Commonwealth, through DBHDS, has taken steps to develop processes and tools to ensure that the complex medical and behavioral needs of people with developmental disabilities are adequately managed. At the time of this report, some processes and/or tools have robust data sets available (e.g., QSR, BSPARI, Nursing Utilization Review), whereas others are in their infancy (e.g., Skilled Nursing IMNR), with data forthcoming in future reporting. Performance is improving in several key areas of the overall support system, including the utilization of nursing and behavioral services and the quality of behavioral support programs. Reviews of care concerns and intensive needs are being completed, with follow-up and monitoring being delivered to mitigate risks for individuals and to provide training and resources to those that support them. Intra- and inter-agency collaborations have emerged, to include data sharing and problem solving across Regional Quality Councils, the Office of Integrated Health, the Office of Licensing, the Office of Behavior Network Supports, and the Department of Medical Assistance Services. Regardless of the tenure of an evaluation method as outlined in the preceding report, data is being used to assess needs and drive decisions that improve DBHDS' processes and instruments.

DBHDS is updating processes to maximize the efficacy of efforts based on results. For example, though not reflected in the data within this report, starting in FY25Q2 the BSPARI process will necessitate providers to revise and resubmit behavioral programs that are not meeting prescribed adherence levels to the Practice Guidelines and regulations governing therapeutic behavioral consultation. OIHSN will be completing a deeper review on QSR results related to needs not being met, and data coded during the Care Concerns process will be improved upon to ensure consistent

coding of results. The IMNR process outlined above already consists of corrective action to ensure follow-up remediation occurs based on the findings of the process. These and other continuous quality improvement actions outlined within this report are derived from analysis of available data and related decision-making. Future related process improvements will continue to focus on enhancing the quality and availability of critical services and supports for Virginians that need them.