



Virginia Department of
Behavioral Health &
Developmental Services

Provider Reporting Measures- QSR
Initiated

Methodology and
Supporting Processes

December 29, 2022



Provider Reporting Measures

Methodology and Supporting Processes

Provider Reporting Measures were established to assess and improve the quality of services provided by providers including Community Services Boards to individuals on one of the home- and community-based services waivers (HCBS Waivers). The results of the provider reporting measures are designed to help determine if provider's are assessing both positive and negative aspects of community integration as part of their quality improvement program.

Question Development

The provider reporting measure questions were developed by the Director of Provider Development in conjunction with the Office of Data Quality & Visualization (DQV). Input was also solicited from the Office of Community Quality Improvement (CQI). Questions were written to assess compliance with expectations around community inclusion and employment.

Sample

DBHDS has indicated no less than 400 PCRs will be conducted for each Round. HSAG will use the member list provided by DBHDS that includes approved services for each member, and provider Tax Identification Numbers (TINs) of providers, to stratify and sample individuals based on DD Waiver services received. HSAG will collapse all service categories in the *Name* field for crisis support (i.e., center-based crisis support, community-based crisis support, and crisis support services) into a single category called crisis support services. The service categories for community coaching and community coaching (customized rate) will be combined into a single category called community coaching. HSAG will also combine all services in the *Name* field for group residential supports of 5-person group homes or larger into a single category called group residential supports > 4 persons. Group residential support for four or fewer persons will remain as a distinct category from larger group residential settings. HSAG will combine the service categories for in-home residential support, 1, 2, or 3 people, and in-home support services (customized rate) into a single category called in-home supports. The service categories for sponsored residential and sponsored residential (customized rate) will be combined into a single category for sponsored residential. By collapsing categories together in this manner, HSAG will sample clients to generate a statistically representative sample of the statewide population receiving services in each service category.

HSAG identified the individuals receiving services in 11 DD Waiver service categories, calculating a count of the *ClientID's* to represent the population of recipients for each service. With a sample size limited to no less than 400 PCR reviews across 11 service categories, HSAG calculated the Margin of Error (MOE) associated with an alpha level of 0.05, a rate of 0.5, and

incorporating a finite population correction to reflect the reality that the sample of service recipients for the PCRs is being drawn from a limited population.¹ Applying the sample size calculations, HSAG identified the MOE associated with the sample is 11.24%.

HSAG removed all providers identified as no longer providing services from the PQR population prior to drawing the PCR sample. Where there were new providers in the PQR population that did not participate in the previous Round reviews, HSAG ensured that these providers had at least one associated PCR review included in the sample.

HSAG drew the sample from each DD Waiver service population using a two-stage approach. In the first stage, HSAG randomly sampled one individual from each provider offering a service, identified using Tax Identification Numbers (TINs), where possible. If there were more providers than the required sample size for the service category, HSAG first sampled members from providers that had not previously participated in the previous Round reviews. Then HSAG randomly selected one member from each of the remaining providers to obtain the correct number of PCR reviews in the service category. If one individual was receiving services from multiple providers in the same service category, and was sampled more than once, HSAG randomly sampled a replacement member. Where the first stage of sampling did not yield the required number of sampled individuals for PCR review, the second stage consisted of a random sample of all remaining individuals with authorizations for the service, regardless of provider attribution, to bring the total sample up to the required number of PCR reviews.

Survey Administration

HSAG administers the questions as part of the QSR process adhering to all requirements of staff training and inter-rater reliability processes.

Annual Reporting

DBHDS generates a final report at the end of the completion of the Quality Service Review Process. DBHDS uses the raw data from PQR Questions to ascertain- philosophy of provider:

Provider Reporting Measure	How Determined
44. Does the provider promote individual participation in what the individual considers to be meaningful work activities?	<p>A “Yes” rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to promote participation in meaningful work activities as determined by the individual.</p> <p>A “No” rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to promote participation in meaningful work activities as determined by the individual.</p>
45. Does the provider promote individual participation in non-large group activities?	A “Yes” rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to promote participation in non-large group activities as determined by the individual.

	A “No” rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to promote participation in non-large group activities as determined by the individual.
46. Does the provider encourage individual participation in community outings with people other than those with whom they live?	<p>A “Yes” rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to encourage participation in community outings with people other than those with home, they live including community members.</p> <p>A “No” rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to encourage participation in community outings with people other than those with home, they live.</p>

Measure Language: 86% of providers demonstrate a commitment to community inclusion by demonstrating actions that lead to participation in community integration activities

N: The number of providers who promotes meaningful work (question 47)

D: Number of providers reviewed

N: promotes individual participation in non-large group activities (Question 48)

D: Number of providers reviewed

N: encourages participation in community outings with people other than those with whom they live

D: Number of providers reviewed

DBHDS then reviews PCR data to determine if individual and family responses to similar questions resulted in validation of PQR results. Specifically, DBHDS will review data from questions asked during family/supported decision maker and individual interviews. The questions that will be assessed are:

From Family/Supported Decision Maker:

- Did the support coordinator discuss employment goals and options with the individual
- Did the support coordinator discuss integrated day opportunities with the individual

N: the number of families that indicate the support coordinator discussed employment

D: Number of families interviewed

N: the number of families that indicate the support coordinator discussed integrated day

D: Number of families interviewed

Individual Interview:

- Do you have a job? Do you want one?

N: the number of that indicated they had a job

D: Number of individuals interviewed

N: Number of individuals who wanted a job

D: Number of individuals who wanted one

- Would you rather be doing something different during the day

N: The number of people who wanted to do something different

D: number of people interviewed

DBHDS creates a summary of this data and then compares this data with data reported from providers and shows trend over time.