Virginia Department of Behavioral Health & Developmental Services

Provider Reporting Measures- Provider 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 and technical guidance 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

In an April 2019 filing to DOJ, DBHDS committed to pulling "an annual statistically significant stratified statewide sample of individuals receiving HCBS waiver services that ensures record reviews of individuals."

The population includes individuals aged 18 or older who are enrolled in one of the HCBS Waivers as of July 1st, in an active status with an authorization for at least one HCBS Waiver service by the provider. In order to be included in the sampling frame, individuals must still be enrolled as of the day before the data are pulled from WaMS (D-1) with an authorization for at least one HCBS Waiver service on D-1. This is done to ensure that sampled individuals have been receiving services for at least one full year.

From this population, a sample of at least 2 individuals' records are pulled from each provider and no more than 5 individuals' records.

The reviews are completed by a Provider Supervisor. Larger CSBs that have more supervisors, and serve more individuals, will have more records to review but no more than 5.

Two additional records are sampled for each provider so that a replacement case can be provided if needed. A replacement case is warranted when an individual is deceased, has left a

provider, or has chosen not to receive services and was removed from a HCBS Waiver. Providers can obtain a replacement case by contacting the Office of Developmental Services.

Survey Administration

Provider Supervisors complete the survey in Qualtrics, a web-based survey platform. The Provider Reporting Measures are formatted such that all questions must be answered. Display logic reduces respondents' fatigue and allows respondents to explain their negative responses. Explanations are used not only to improve the quality of the reporting measures but also to understand any discrepancies between the provider and subsequent, DBHDS scoring, and to revise the survey questions in subsequent years if changes are necessary.

Annual Reporting

DBHDS generates a final report at the end of each designated survey administration period. If the sample is complete, meaning all of the sampled records assigned to each provider were reviewed in a submitted Qualtrics survey, DBHDS is able to generalize back to the larger population of individuals receiving HCBS waiver services. The quantitative results are given to the Assistant Commissioner of Developmental Services within one month of the provider measure close date.

Look Behind

In an effort to ensure the accuracy of the responses submitted by the Provider Supervisors on the provider reporting measures survey, the QSR team will answer the same questions regarding individuals pulled for the survey. DBHDS in collaboration with the QSR vendor will do a comparison of findings between what the QSR found and what the provider reported.

Technical Assistance

Office of Provider Development

Community Resource Consultants (CRCs) within the Office of Provider Development meet with Providers, by phone or in person following the completion of the data submitted. This technical assistance meeting is provided to all Providers who request assistance or for whom there is evidence that a focus on community inclusion and employment is missing. It is designed to accomplish the following:

- Discuss the findings from the review
- Discuss item results that are not met to determine any efforts underway to address these areas and actions that could be considered

- Discuss ways to improve the provider reporting measure survey, technical guidance, and process, as applicable