Virginia Department of Behavioral Health & Developmental Services

DBHDS Quality Service Review

Executive Summary

Review 1 State Fiscal Year 2021

April 2021

Executive Summary

The Commonwealth uses Quality Service Reviews (QSRs) and other mechanisms to assess the adequacy of providers' quality improvement strategies and provide technical assistance and other oversight to providers whose quality improvement strategies the Commonwealth determines to be inadequate. The results of the QSR aggregate report will be used to evaluate:

- The quality of services at an individual, provider (CSB and private providers), region, and system-wide level
- The extent services are provided in the most integrated setting suitable to the individuals' needs and choices
- Whether individuals' needs are being identified and met through person-centered planning and thinking (including building on the individuals' strengths, preferences, and goals)
- Whether services are being provided in the most integrated setting suitable to the individuals' needs and are consistent with their informed choice
- Whether individuals are having opportunities for integration in all aspects of their lives (living arrangements, work and other day activities, access to community services and activities, and opportunities for relationships with non-paid individuals)

In addition, the SA states that the QSR process will provide data in one or more of the following areas:

- Safety and freedom from harm (e.g., neglect and abuse, injuries, use of seclusion or restraints, deaths, effectiveness of corrective actions, licensing violations);
- Physical, mental, and behavioral health and well-being (e.g., access to medical care, including preventative care; timeliness and adequacy of interventions, particularly in response to changes in status);
- Avoiding crises (e.g., use of crisis services, admissions to emergency rooms or hospitals, admissions to Training Centers or other congregate settings, contact with criminal justice system);
- Stability (e.g., maintenance of chosen living arrangement, change in providers, work/other day program stability);
- Choice and self-determination (e.g., service plans developed through person-centered planning process, choice of services and providers, individualized goals, self-direction of services);
- Community inclusion (e.g., community activities, integrated work opportunities, integrated living options, educational opportunities, relationships with non-paid individuals);
- Access to services (e.g., waitlists, outreach efforts, identified barriers, service gaps and delays, adaptive equipment, transportation, availability of services geographically, cultural, and linguistic competency); and
- Provider capacity (e.g., caseloads, training, staff turnover, provider competency).

These areas are captured in three DBHDS Key Performance Areas (KPAs): *Health, Safety, and Well-Being KPA*, *Community Integration and Inclusion KPA*, and *Provider Competency and Capacity KPA*.

Methods for Conducting the Review

The scope of the QSR for SFY 2021 included applicable federal regulations; Virginia Administrative Code; and the requirements set forth in the Department of Justice Settlement Agreement, DBHDS Performance Contract, and the HCBS Settings Rule. HSAG developed a QSR File Review Tool in collaboration with DBHDS, which was used to record the findings of the review at the provider and individual level. The electronic QSR review tools addressed the services and supports necessary to meet individuals' needs. The tools included elements for review of records and individual service plans to ensure that they met the intent of the HCBS Settings Final Rule and the requirements in the Settlement Agreement, such as a person-centered approach to service planning and service delivery and community integration. The QSR electronic tools included indicators to assess the inclusion, facilitation, and receipt of HCBS services and supports. QSR reviewers verified whether ordered and recommended clinical care and assessments were documented in the records and in the ISPs reviewed for the QSR. All review elements of the QSR were recorded in the electronic QSR tool.

The QSR process included a review of documents, such as: policies and procedures, licensing information, provider records, support coordinator records including the individual support plan (ISP); as well as interviews and observations of individuals, and interviews with providers, support coordinators, and individual family members and/or substitute decision makers.

The QSR includes two components: Provider Quality Reviews (PQRs) and Person-Centered Reviews (PCRs).

The Round 1 (R1) QSRs were conducted between August and December 2020. The PCR and PQR data sets from the R1, state fiscal year (SFY) 2021 review are provided in the excel file uploaded into secure access file exchange on April 23, 2021.

Sample Included in QSR

The sample for the QSR review was selected via the sampling methodology. Table 1.1 displays the provider service type and associated number of PCRs selected for R1.

Table 1.1: Provider Service Type and Associated PCRs

DD Waiver Service Provider Service Type	Population of Service Recipients	Required Sample Size with Finite Population Correction[2]
Community Coaching	299	169
Community Engagement	2,650	336
Crisis Support Services	82	68
Group Day	6,348	363
Group Residential Support <= 4 Persons	2,774	375
Group residential Support > 4 Persons	2,130	326
Group Home (Customized Rate)	57	50

DD Waiver Service Provider Service Type	Population of Service Recipients	Required Sample Size with Finite Population Correction[2]
Independent Living Supports	114	89
In-Home Supports	1,839	318
Sponsored Residential	2,000	323
Supported Living	149	108
Total without Case Management	**19,225**	**2,525**
Case Management[1]	N/A	7
Grand Total[2]	**19,225**	**2,532**

[1] *Case Management was added to include CSBs that only provide case management services to their members. Seven CSBs fell into this group. Because each PCR includes a review of case management services, case management does not require a representative sample of members to participate in PCRs, the total population of members receiving services is not required, and HSAG sampled one member from each of the seven CSBs providing only case management services.*
[2] *Service recipients may be duplicated across service types if receiving more than one service type.*

The sample population was distributed among 569 providers.

Sample Population Attributes

HSAG analyzed the attributes of the individuals selected for the PCR sample (provided in the Aggregate Report). Attributes of the individuals included gender, age, Supports Intensity Scale® (SIS®) level, and percentage of individuals by Office of Human rights region.

Data Limitations

PCR results presented are representative of elements that were able to be conducted (i.e., denominators may not reflect the full sample set if interviews were declined or documentation was unable to be obtained). The following were known data limitations to the QSRs:

- Individuals may have declined to participate or may have been unable to be located or contacted (i.e., incarcerated, hospitalized, deceased), resulting in the selection of alternate (oversample) cases, if available for the provider and provider service type. If alternates were not available for the provider, the associated PCR(s) could not be conducted.
- Providers may not have participated.
- Providers may have closed, temporarily or permanently, due to COVID-19.
- Providers may have suspended service types, temporarily or permanently, due to COVID-19.

Evaluation Phase

The evaluation phase consisted of a review of individual care management/support coordination and provider service records. The HSAG review team of experienced QSR reviewers reviewed documentation for the selected cases. Provider service documentation was reviewed for a six-month

evaluation window from October 2019-March 2020 to assess the individuals' recent service provision. Support coordination documentation was reviewed for an evaluation window of July 1, 2019-June 30, 2020. The methodology for specific scored elements was designed to incorporate review of documentation that may have occurred outside of the evaluation window, such as individual support plans that began prior to July 1, 2019. This allowed QSR reviewers to review information that reflected the services and supports authorized for the individual during the evaluation window, even if the documentation was developed prior to the evaluation period. The review team determined whether each state, and federal requirement was supported by evidence of case documentation submitted by the service provider as well as the support coordinators involved for each respective case.

Conclusions

The results of the R1 QSR provided evidence that providers' settings are integrated in, and support full access of individuals to, the greater community, as well as optimize individual initiative, autonomy, and independence in making life choices.

The R1 QSR results demonstrated:

- Greater than 90 percent compliance for all four Individual Support Plan (ISP) Assessment elements
- A 90 percent or greater compliance for eight of 11 ISP Development and Implementation elements
- Greater than 90 percent compliance for two of four ISP Interaction elements
- A 90 percent or greater compliance for one of three Risk/Harm elements. CSB-specific results demonstrated 90 percent or greater compliance for all three Risk/Harm elements
- Greater than 90 percent compliance for one of three Incidents/Disputes elements

Recommendations for Quality Improvement

The QSRs yielded opportunities for improvement for providers, who received provider-specific reports that included data and analysis for their samples. When opportunities for improvement were identified, the provider was required to complete a Quality Improvement Plan (QIP). Providers submitted QIPs to HSAG for review and approval. HSAG will assess the status of implementation of provider QIPs as part of Round 2 reviews.

DBHDS Quality Service Review

Aggregate Report

Review 1 SFY 2021

May 2021

Table of Contents

The Department of Behavioral Health and Developmental Services (DBHDS) functions as the state authority for the public behavioral health, developmental disabilities, and substance use disorder services system. DBHDS licenses public and private providers of community services throughout Virginia, pursuant to §37.2-405. DBHDS licenses services that provide treatment, training, support, and habilitation to individuals who have behavioral health disorders, developmental disabilities, or substance use disorders; and to individuals receiving services under the Medicaid Home and Community-Based Services (HCBS) Waivers-Developmental Disabilities (DD).

HCBS DD Waiver services support individuals with developmental disabilities to live integrated and engaged lives in their communities. Waiver regulations standardize and simplify access to services; cover services that promote community integration and engagement; promote better outcomes for individuals supported in smaller community settings; and facilitate meeting the Commonwealth's commitments under the community integration mandate of Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, as interpreted by Olmstead v. L.C., 527 U.S. 581 (1999).

The Commonwealth uses Quality Service Reviews (QSRs) and other mechanisms to assess the adequacy of providers' quality improvement strategies and provide technical assistance and other oversight to providers whose quality improvement strategies the Commonwealth determines to be inadequate. The results of the QSR will be used to evaluate:

- The quality of services at an individual, provider (CSB and private providers), region, and system-wide level
- The extent services are provided in the most integrated setting suitable to the individuals' needs and choices
- Whether individuals' needs are being identified and met through person-centered planning and thinking (including building on the individuals' strengths, preferences, and goals)
- Whether services are being provided in the most integrated setting suitable to the individuals' needs and are consistent with their informed choice
- Whether individuals are having opportunities for integration in all aspects of their lives (living arrangements, work and other day activities, access to community services and activities, and opportunities for relationships with non-paid individuals)

In addition, the SA states that the QSR process will provide data in one or more of the following areas:

- Safety and freedom from harm (e.g., neglect and abuse, injuries, use of seclusion or restraints, deaths, effectiveness of corrective actions, licensing violations);
- Physical, mental, and behavioral health and well-being (e.g., access to medical care, including preventative care; timeliness and adequacy of interventions, particularly in response to changes in status);
- Avoiding crises (e.g., use of crisis services, admissions to emergency rooms or hospitals, admissions to Training Centers or other congregate settings, contact with criminal justice system);

- Stability (e.g., maintenance of chosen living arrangement, change in providers, work/other day program stability);
- Choice and self-determination (e.g., service plans developed through person-centered planning process, choice of services and providers, individualized goals, self-direction of services);
- Community inclusion (e.g., community activities, integrated work opportunities, integrated living options, educational opportunities, relationships with non-paid individuals);
- Access to services (e.g., waitlists, outreach efforts, identified barriers, service gaps and delays, adaptive equipment, transportation, availability of services geographically, cultural and linguistic competency); and
- Provider capacity (e.g., caseloads, training, staff turnover, provider competency).

These areas are captured in three DBHDS Key Performance Areas (KPAs): *Health, Safety, and Well-Being KPA*, *Community Integration and Inclusion KPA*, and *Provider Competency and Capacity KPA*.

HSAG was selected by DBHDS to evaluate the quality of home and community-based services that are provided through the HCBS DD Waiver program by conducting QSRs. The QSR includes two components: Provider Quality Reviews (PQRs) and Person-Centered Reviews (PCRs). DBHDS requires all providers and Community Service Boards (CSBs)/Behavioral Health Authorities (BHAs) [hereafter referred to as CSBs] participate in the QSR process.

The Round 1 (R1) QSRs were conducted between August and December 2020. The aggregate findings from the R1, state fiscal year (SFY) 2021 review are summarized within this report.

Methods for Conducting the Review

The scope of the QSR for SFY 2021 included applicable federal regulations; Virginia Administrative Code; and the requirements set forth in the Department of Justice Settlement Agreement, DBHDS Performance Contract, and the HCBS Settings Rule. HSAG developed a QSR File Review Tool in collaboration with DBHDS, which was used to record the findings of the review at the provider and individual level. The electronic QSR review tools addressed the services and supports necessary to meet individuals' needs. The tools included elements for review of records and individual service plans to ensure that they met the intent of the HCBS Settings Final Rule and the requirements in the Settlement Agreement, such as a person-centered approach to service planning and service delivery and community integration. The QSR electronic tools included indicators to assess the inclusion, facilitation, and receipt of HCBS services and supports. QSR reviewers verified whether ordered and recommended clinical care and assessments were documented in the records and in the ISPs reviewed for the QSR. All review elements of the QSR were recorded in the electronic QSR tool.

The QSR process included a review of documents, such as: policies and procedures, licensing information, provider records, support coordinator records including the individual support plan (ISP); as well as interviews and observations of individuals, and interviews with providers, support coordinators, and individual family members and/or substitute decision makers.

Sampling Guidelines

Using QSR sampling strategy considerations provided by DBHDS, HSAG developed a sampling methodology inclusive of a representative sample of individuals for each DD Waiver service provided to its members, such that estimates of proportions may be calculated within a 5 percent margin of error (MOE), and a 95 percent confidence interval (CI). The PCR sample did not need to be representative of the populations served by each provider or by region of the state. Therefore, the number of individuals in the sample are likely to be concentrated in areas of the state that have larger populations and with providers that have larger populations of individuals being served. HSAG used a two-stage approach to draw the sample, ensuring that at least one individual from each provider offering a service was included in the sample.

Sample Included in QSR

The sample for the QSR review was selected via the sampling methodology. Table 1.1 displays the provider service type and associated number of PCRs selected for R1.

Table 1.1: Provider Service Type and Associated PCRs

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[2] *Service recipients may be duplicated across service types if receiving more than one service type.*

The sample population was distributed among 569 providers.

Sample Population Attributes

HSAG analyzed the attributes of the individuals selected for the PCR sample. Figure 1-1, Figure 1-2, Figure 1-3, and Figure 1-5 provide information on the attributes of the individuals in the R1 sample population.

Figure 1-1: Percentage of Gender

Figure 1-2 displays the distribution of individuals by age group.

Figure 1-2: Distribution of Individuals by Age

Figure 1-2 displays the distribution of the Supports Intensity Scale® (SIS®) levels of the individuals selected for the sample. The SIS® is an assessment instrument utilized by DBHDS that assesses the level of supports that an individual needs, as well as what is important to and for him/her. The SIS level numbering refers to the level of intensity of support needs of the individual, with level 1 representing mild support needs and higher levels like 6 and 7 representing intensive medical and behavioral support needs. The D2 level describes individuals who have been assigned a default level 2 and have not yet received a SIS assessment; these individuals receive a final level after completion of the SIS.

Figure 1-3: SIS® Level

QSR results are presented by region. Figure 1-3 displays the DBHDS Office of Human Rights statewide regions. Figure 1-4 displays the distribution of the individuals in the sample by region of the state.

Figure 1-4: DBHDS Regions

Figure 1-5: Percentage by Region

Data Limitations

PCR results presented are representative of elements that were able to be conducted (i.e., denominators may not reflect the full sample set if interviews were declined or documentation was unable to be obtained). The following were known data limitations to the QSRs:

- Individuals may have declined to participate or may have been unable to be located or contacted (i.e., incarcerated, hospitalized, deceased), resulting in the selection of alternate (oversample) cases, if available for the provider and provider service type. If alternates were not available for the provider, the associated PCR(s) could not be conducted.
- Providers may not have participated.
- Providers may have closed, temporarily or permanently, due to COVID-19.
- Providers may have suspended service types, temporarily or permanently, due to COVID-19.

Impact of COVID-19 on QSR

HSAG noted that providers were impacted by COVID-19, resulting in closures to programs. In addition, the QSR process is intended to include in-person interviews and observations. Pursuant to the Virginia Department of Medical Assistance Services' (DMAS) HCBS 1915(c) Waiver flexibilities during COVID-19, HSAG did not conduct in-person interviews and observations for the QSRs.

To understand provider policies and procedures and individual choice during COVID-19, HSAG collected information related to provider and individual declinations of HSAG in-person observations during COVID-19. The Round 1 results revealed that:

- 65% of providers declined an in-person interview and observation; and
- 66% of individuals interviewed declined an in-person interview and observation.

Evaluation Phase

The evaluation phase consisted of a review of individual care management/support coordination and provider service records. The HSAG review team of experienced QSR reviewers reviewed documentation for the selected cases. Provider service documentation was reviewed for a six-month evaluation window from October 2019-March 2020 to assess the individuals' recent service provision. Support coordination documentation was reviewed for an evaluation window of July 1, 2019-June 30, 2020. The methodology for specific scored elements was designed to incorporate review of documentation that may have occurred outside of the evaluation window, such as individual support plans that began prior to July 1, 2019. This allowed QSR reviewers to review information that reflected the services and supports authorized for the individual during the evaluation window, even if the documentation was developed prior to the evaluation period. The review team determined whether each state and federal requirement was supported by evidence of case documentation submitted by the service provider as well as the support coordinators involved for each respective case.

Scoring Methodology

To quantify the compliance performance for the elements scored, HSAG used a two-point scoring methodology. Each requirement was scored as *Met* or *Not Met* according to the criteria identified below.

HSAG also used a designation of *N/A* if the requirement was not applicable to the provider or the individual; *N/A* findings were not included in the two-point scoring methodology.

Met indicated that the provider achieved the following criteria:

- Documentation in the cases reviewed met the evaluation criteria assigned to each requirement.

Not Met indicated either of the following:

- Not all documentation was present.
- Documentation in the cases reviewed did not meet the evaluation criteria assigned to each requirement.

Not Applicable (N/A) indicated a requirement that was not scored for performance based on the criteria listed for the specific element in the PQR and/or PCR tool.

Data Analysis and Aggregation

HSAG aggregated the review results across all provider service types and individuals included in the sample for the provider. Each applicable requirement within each domain was scored as *Met, Not Met,* or *N/A*. HSAG calculated an overall percentage-of-performance score for each of the requirements. HSAG calculated the score for each requirement by adding the score from each case, indicating either a score of *Met* (value: 1 point) or *Not Met* (value: 0 points), and dividing the summed scores by the total number of applicable cases. Data analysis also included aggregate performance by provider.

The data collected for this report were obtained from a limited sample of clients. The results presented within this report are an accurate representation of the average experiences and results of the clients included in the sample. The average experience and results for all clients associated with the provider, CSB, or region, however, may be different from the results presented in this report. The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.

Performance Areas and KPAs

HSAG aggregated QSR results related to the following areas of person-centered planning and service provision:

- Individual Support Plan (ISP) Assessment
- ISP Development and Implementation
- ISP Interaction
- Quality Improvement Plan
- Risk/Harm

- Incidents/Disputes

Compliance elements for these areas were associated to the following KPAs: Health, Safety, and Well-Being; Community Integration and Inclusion; and Provider Competency and Capacity. Elements from the PQR and PCR were included as applicable to each KPA, as well as the domain associated to the KPA.

The QSR process included a review of documents, such as: policies and procedures; licensing information including provider status of implementation of approved corrective actions plans (CAPs); provider records, support coordinator records including the individual support plan (ISP); interviews and observations of individuals; and interviews with providers, support coordinators, and individual family members and/or substitute decision makers.

Health, Safety and Well-Being KPA

HSAG reviewers assessed the following *Health, Safety, and Well-Being KPA* compliance elements:

- Providers proactively identify and address risks of harm and develop and monitor corrective actions.
- The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.
- The provider develops, implements, and maintains a risk management plan.
- The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.
- The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.
- The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.
- The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.
- The quality improvement plan is reviewed annually.
- Providers have active quality management and improvement programs, as well as risk management programs.
- An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.

- The ISP and/or the individual's file included documentation the support coordinator (SC) identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.
- The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.

Community Integration and Inclusion KPA

HSAG reviewers assessed the following *Community Integration and Inclusion KPA* compliance elements:

- The individual's annual assessment was completed annually.
- The ISP was updated at least once in the past 12 months.
- The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.
- The ISP identified that employment services and goals were developed and discussed at least annually.
- Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.
- The most recent assessment included all information needed to develop the person-centered ISP.
- The individual's most recent assessment included input from relevant sources.
- The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.
- The ISP was developed according to the processes required.
- A back-up plan and/or risk minimizing strategies were documented.
- The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences.
- The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.
- The ISP was revised, as needed, to address changing needs or desires.
- Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.

Provider Competency and Capacity KPA

HSAG reviewers assessed the following *Provider Competency and Capacity KPA* compliance elements:

- The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.
- The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.

The QSR included assessment of additional elements that evaluated provider competency and capacity, including:

- Is there evidence the DSP has been trained on the desired outcome and support activities of the ISP?
- Is it documented that the support staff/sponsor home provider successfully completed competency-based training related to elements of the individual's support plan?

Although these additional elements were not reported as compliance elements during R1, future aggregate reports will include the results to inform potential opportunities for improvement.

Results

The R1 QSR aggregate results are presented as statewide, region, CSB, and provider service type rates. The data collected is representative at the state-level by service category only, as described in the methodology section of this report. Provider service type results are weighted and reported to the tenth of a percent to reflect statistical representativeness and represent the aggregate performance of the provider service types identified in the methodology section of this report.

Results in the tables below reflect the statewide rates, which are aggregated results for the elements across the entire state.

Region-, CSB-, and provider service type-specific results are available in Appendices A-W. Region-specific results represent aggregate results across all five statewide regions; CSB-specific results represent aggregate results across all CSBs; and provider service type-specific results represent performance scores across all providers in those service types in aggregate.

Target compliance goals were not established for the results of the R1 reviews. HSAG reported results performing at, above, and below 90 percent compliance to identify potential opportunities for improvement. DBHDS may determine compliance targets for future QSRs.

ISP Assessment Compliance Elements

Four elements were reviewed related to ISP assessment. ISP assessment elements are attributable to CSB performance; therefore, statewide, region, and CSB results are the same. Table 2-1 provides the performance results for the ISP assessment elements.

Table 2-1: ISP Assessment Compliance Elements

Compliance Element	Aggregate Type	Result
The individual's annual assessment was completed annually.[1]	Statewide	93%
The most recent assessment included all information needed to develop the person-centered ISP.[1]	Statewide	93%
The individual's most recent assessment included input from relevant sources.[1]	Statewide	95%
An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]	Statewide	94%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Community Integration and Inclusion KPA
[2]Health, Safety and Well-Being KPA

As described in Table 2-1, statewide results revealed performance of greater than 90 percent compliance for all four elements.

CSB, region, and provider-specific results are available in Appendix A, Appendix H, and Appendix P, respectively.

ISP: Development and Implementation Compliance Elements

Eleven elements were reviewed related to ISP development and implementation. ISP development and implementation elements are attributable to CSB performance; therefore, statewide, region, and CSB results are the same. Table 2-2 provides the performance results for the ISP development and implementation elements.

Table 2-2: ISP Development and Implementation Compliance Elements

Compliance Element	Aggregate Type	Result
The ISP was updated at least once in the past 12 months.[1]	Statewide	99%
The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]	Statewide	91%
The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]	Statewide	90%
The ISP identified that employment services and goals were developed and discussed at least annually.[1]	Statewide	97%
The ISP was developed according to the processes required.[1]	Statewide	86%
A back-up plan and/or risk minimizing strategies were documented.[1]	Statewide	80%
The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences.[1]	Statewide	97%
The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.[1]	Statewide	95%
Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]	Statewide	97%
The ISP was revised, as needed, to address changing needs or desires.[1]	Statewide	94%
The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.[1]	Statewide	88%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.

[1]*Community Integration and Inclusion KPA*

As described in Table 2-2, statewide results revealed performance of 90 percent or greater compliance for eight of the 11 elements.

CSB, region, and provider-specific results are available in Appendices B-D, Appendices I-K, and Appendices Q-S, respectively.

ISP: Interaction Compliance Elements

Four elements were reviewed related to ISP interaction. ISP interaction elements are attributable to CSB performance; therefore, statewide, region, and CSB results are the same. Table 2-3 provides the performance results for the ISP interaction elements.

Table 2-3: ISP Interaction Compliance Elements

Compliance Element	Aggregate Type	Result
Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]	Statewide	92%
The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]	Statewide	88%
The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]	Statewide	89%
The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]	Statewide	96%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]*Community Integration and Inclusion KPA*
[2]*Provider Competency and Capacity KPA*
[3]*Health, Safety and Well-Being KPA*

As described in Table 2-3, statewide results revealed performance of greater than 90 percent compliance for two of the four elements.

CSB, region, and provider-specific results are available in Appendix E, Appendix L, and Appendix T, respectively.

Quality Improvement Plan Compliance Elements

Three elements were reviewed related to the providers' quality improvement plans. Table 2-4 provides the performance results for the quality improvement plan elements.

Table 2-4: Quality Improvement Plan Compliance Elements

Compliance Element	Aggregate Type	Result
The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.[1]	Statewide	83%
The quality improvement plan is reviewed annually.[1]	Statewide	81%
Providers have active quality management and improvement programs, as well as risk management programs.[1]	Statewide	80%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Health, Safety and Well-Being KPA

As described in Table 2-4, statewide results revealed performance of less than 90 percent compliance for all three elements.

CSB, region, and provider-specific results are available in Appendix F, Appendix M, and Appendix U, respectively.

Risk/Harm Compliance Elements

Three elements were reviewed related to the providers' risk management plan and processes. Table 2-5 provides the performance results for the risk management/harm elements.

Table 2-5: Risk Management/Harm Compliance Elements

Compliance Element	Aggregate Type	Result
Providers proactively identify and address risks of harm and develop and monitor corrective actions.[1]	Statewide	89%
The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.[1]	Statewide	93%
The provider develops, implements, and maintains a risk management plan.[1]	Statewide	89%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Health, Safety and Well-Being KPA

As described in Table 2-5, statewide results revealed performance of less than 90 percent compliance for two of three elements.

CSB, region, and provider-specific results are available in Appendix F, Appendix N, and Appendix V, respectively.

Incidents/Disputes Compliance Elements

Three elements were reviewed related to the providers' incident reporting and dispute resolution policies and processes. Table 2-6 provides the performance results for the incident reporting and dispute resolution elements.

Table 2-6: Incident Reporting & Dispute Resolution Compliance Elements

Compliance Element	Aggregate Type	Result
The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.[1]	Statewide	93%
The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.[1]	Statewide	89%
The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.[1]	Statewide	56%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]*Health, Safety and Well-Being KPA*

As described in Table 2-6, statewide results revealed performance of greater than 90 percent compliance for one of the three elements.

HSAG noted that one element, *The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request*, reflected aggregate provider performance of 56 percent. Providers were assessed for compliance with each of the three requirements, including posting procedures in public spaces and on the provider's web site, as well as providing the procedures to individuals when admitted for services. Although there were providers with opportunities for improvement related to posting in public spaces and provision to individuals upon service admission, the majority of findings related to posting of the procedures on the provider's web site. Post-R1 reviews, DBHDS clarified that the requirement for posting on the provider's web site would be removed; therefore, caution should be taken when reviewing performance for this element, as the greatest opportunity for improvement related to posting to the web site.

CSB, region, and provider-specific results are available in Appendix G, Appendix O, and Appendix W, respectively.

Individual Interview Results

HSAG aggregated individual interview results, consisting of 35 interview questions. HSAG noted that responses to interview questions related to community inclusion and community activities may have been influenced by COVID-19. A review of responses to follow-up interview questions for "No" responses for participation in those activities (community activities, community volunteering, attending religious activities, grocery shopping) identified that the majority were due to lack of interest or due to COVID-19 restrictions. HSAG also noted that interview questions resulting in a "No" response may have been appropriate for the individual's physical or behavioral health risks. For instance, HSAG might expect a "No" response to, "Do you answer the doorbell when it rings," for individuals with protocols to reduce risk of elopement. HSAG did not identify specific opportunities for improvement related to the individual interview results; however, HSAG recommends continued assessment of responses for comparison to determine trends and/or opportunities for improvement to ensure individual choice and person-centered care.

Table 2-7 displays the aggregate results of individual interview responses.

Table 2-7: Individual Interview Responses

Aggregate Individual Interview Responses*				
Individual Interview Questions	**Percent Yes**	**Percent No**	**Percent CND[1]**	**Percent Positive[3] (Yes/Yes+No)**
Did you choose where you live?	72%	12%	17%	86%
Do you like where you live?	84%	5%	12%	95%
Would you rather live in a different place?[2]	19%	60%	22%	24%
Did you choose your housemates/who you live with?	52%	25%	23%	68%
Would you rather live with someone else?[2]	14%	63%	23%	18%
Are services and supports available within a close driving or walking distance?	75%	6%	19%	92%
Do your services and supports reflect your cultural considerations?	73%	2%	25%	97%
Do you have your own bedroom?	87%	3%	10%	97%
Do you have privacy in your home if you want it?	85%	2%	13%	98%
Do you have a key to your home?	50%	35%	15%	59%
Have you met your neighbors?	65%	17%	18%	79%
Do you go out mostly with your housemates as a group?	67%	12%	21%	85%
Do you choose your activities?	84%	3%	13%	97%
Do you participate in community activities as much as you want to?	78%	7%	15%	92%
Do you belong to any community clubs or organizations?	35%	46%	20%	43%
Is belonging to a community club or organization important to you?[2]	20%	65%	14%	24%

Aggregate Individual Interview Responses*				
Individual Interview Questions	**Percent Yes**	**Percent No**	**Percent CND[1]**	**Percent Positive[3] (Yes/Yes+No)**
Do you participate in integrated community volunteer activities?	49%	34%	16%	59%
Is participating in integrated community volunteer activities important to you?[2]	22%	65%	13%	26%
Do you have problems with transportation?[2]	9%	84%	7%	10%
Is attending religious services important to you or your family?	59%	25%	16%	70%
Do you have the opportunity to attend a church/synagogue/mosque or other religious activity of your choice?	89%	9%	2%	90%
Are you registered to vote?	31%	44%	25%	41%
Do you do your own grocery shopping or help with the grocery shopping?	75%	12%	13%	86%
Do you get to pick your food or snacks?	83%	4%	12%	95%
Do you get to choose when you eat your food or snacks?	81%	5%	13%	94%
Do you open your mail or help with opening your mail?	71%	12%	17%	85%
Do you buy your own clothes or help with picking and buying your clothes?	80%	7%	13%	92%
Do you participate in your banking?	48%	30%	22%	61%
Do you answer the doorbell when it rings?	47%	35%	19%	58%
Do you answer the phone when it rings?	48%	34%	18%	59%
Did you choose your job or day program?	71%	9%	20%	89%
Would you rather be doing something different during the day?[2]	20%	58%	23%	26%
Do you practice fire drills?	76%	10%	14%	88%
Do you feel safe living here?	80%	2%	18%	98%
Is there someone you can talk to if you need help or feel scared?	80%	2%	18%	98%

[1]*CND: could not determine (individual's response was unable to be understood/determined)*
[2]*Indicates that a lower percentage is a better result*
[3]*Percent Positive is the percentage of Yes responses divided by the sum of Yes+No responses to the question.*

Region and provider-specific results are available in Appendix X.

Conclusions

The results of the R1 QSR provided evidence that providers' settings are integrated in, and support full access of individuals to, the greater community, as well as optimize individual initiative, autonomy, and independence in making life choices. HSAG's concluded providers demonstrated compliance with:

- *Health, Safety, and Well-Being KPA* and associated domains
- *Community Integration and Inclusion KPA* and associated domains
- *Provider Competency and Capacity KPA* and associated domains

The R1 QSR results demonstrated:

- Greater than 90 percent compliance for all four Individual Support Plan (ISP) Assessment elements
- A 90 percent or greater compliance for eight of 11 ISP Development and Implementation elements
- Greater than 90 percent compliance for two of four ISP Interaction elements
- A 90 percent or greater compliance for one of three Risk/Harm elements. CSB-specific results demonstrated 90 percent or greater compliance for all three Risk/Harm elements
- Greater than 90 percent compliance for one of three Incidents/Disputes elements

Recommendations for Quality Improvement

The QSRs yielded opportunities for improvement for providers, who received provider-specific reports that included data and analysis for their samples. When opportunities for improvement were identified, the provider was required to complete a Quality Improvement Plan (QIP). Providers submitted QIPs to HSAG for review and approval. HSAG will assess the status of implementation of provider QIPs as part of Round 2 reviews.

HSAG reviewed the statewide, CSB, region, and provider-specific aggregate results and offered the following recommendations:

Table 3-1: Opportunities for Improvement and Recommendations

Element	Opportunity for Improvement
The ISP was developed according to the processes required.	Statewide: 86% Region with greatest opportunity: 5 Service type with greatest opportunity: Crisis Support Services

Element	Opportunity for Improvement
	Recommendation: Providers have the greatest opportunity for improvement in documenting the positive interventions and supports used prior to any modification of the ISP, and the less intrusive methods of meeting the need that have been tried but did not work.
A back-up plan and/or risk minimizing strategies were documented.	Statewide: 80% Region with greatest opportunity: 5 Service type with greatest opportunity: Crisis Support Services Recommendation: HSAG recommends that DBHDS focus improvement efforts with CSBs to ensure understanding of expectations for documentation of back-up plans and/or risk minimizing strategies.
The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.	Statewide: 88% Region with greatest opportunity: 5 Service type with greatest opportunity: Independent Living Supports Recommendation: HSAG recommends that DBHDS focus improvement efforts with CSBs to ensure support coordinator understanding of the expectation for documentation of activities and efforts to address individual risk. DBHDS may also consider provision of additional clinical-based training to support coordinators to assist with identification of risks, needs, and change in status.
The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.	Statewide: 88% Region with greatest opportunity: 5 Service type with greatest opportunity: In-Home Supports Recommendation: HSAG recommends that the CSBs consider retraining of support coordinators on expectations for timely contacts, and/or implementation of audits to identify and address any process improvement needs.
The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.	Statewide: 89% Region with greatest opportunity: 1 Service type with greatest opportunity: Crisis Support Services Recommendation: HSAG recommends that the CSBs consider retraining of support coordinators on

Element	Opportunity for Improvement
	expectations for timely contacts, and/or implementation of audits to identify and address any process improvement needs.
The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.	Statewide: 83% Region with greatest opportunity: 5 Service type with greatest opportunity: Crisis Support Services Recommendation: HSAG recommends that DBHDS continue to provide guidance and resources to providers to ensure compliance with quality improvement plan development and execution. HSAG noted that DBHDS provided training on Quality Improvement Plans and Risk Management to providers in November 2020; future QSRs may assist with identifying whether education efforts have been successful.
The quality improvement plan is reviewed annually.	Statewide: 81% Region with greatest opportunity: 5 Service type with greatest opportunity: Independent Living Supports Recommendation: HSAG recommends that DBHDS continue to provide guidance and resources to providers to ensure compliance with quality improvement plan development and execution. HSAG noted that DBHDS provided training on Quality Improvement Plans and Risk Management to providers in November 2020; future QSRs may assist with identifying whether education efforts have been successful.
Providers have active quality management and improvement programs, as well as risk management programs.	Statewide: 80% Region with greatest opportunity: 5 Service type with greatest opportunity: Group Residential Support <= 4 Persons Recommendation: HSAG recommends that DBHDS continue to provide guidance and resources to providers to ensure compliance with quality improvement plan development and execution. HSAG noted that DBHDS provided training on Quality Improvement Plans and Risk Management to providers in November 2020; future QSRs may assist with identifying whether education efforts have been successful.

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Element	Opportunity for Improvement
Providers proactively identify and address risks of harm and develop and monitor corrective actions.	Statewide: 89% Region with greatest opportunity: 5 Service type with greatest opportunity: Group Residential Support > 4 Persons Recommendation: Providers have an opportunity to ensure that protocols for physical and behavioral risks are documented and that ISPs are revised to include outcomes and supports for individuals' risks of harm.
The provider develops, implements, and maintains a risk management plan.	Statewide: 89% Region with greatest opportunity: 5 Service type with greatest opportunity: Group Residential Support <= 4 Persons Recommendation: HSAG recommends that DBHDS continue to provide guidance and resources to providers to ensure compliance with risk management plan development and execution. HSAG noted that DBHDS provided training on quality improvement and risk management to providers in November 2020; future QSRs may assist with identifying whether education efforts have been successful.
The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.	Statewide: 56% This indicator assessed all providers for compliance with each requirement, including posting procedures on the provider's web site. Post-R1 reviews, DBHDS clarified that the requirement for posting on the provider's web site would be removed. Caution should be taken when reviewing performance for this element, as the greatest opportunity for improvement related to posting to the web site.

Table 1 provides the CSB-specific compliance results for the ISP assessment elements.

Table 1—CSB: Individual Support Plan (ISP) Assessment Compliance Elements

CSB	The individual's annual assessment was completed annually.[1]	The most recent assessment included all information needed to develop the person-centered ISP. [1]	The individual's most recent assessment included input from relevant sources. [1]	An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]
All CSBs: Aggregate	**93%**	**93%**	**95%**	**94%**
ALEXANDRIA COMMUNITY SERV BD	100%	86%	93%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%	100%
ARLINGTON MENTAL HEALTH	89%	86%	96%	92%
BLUE RIDGE CSB	94%	84%	94%	90%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	91%	81%	95%	94%
CHESTERFIELD CSB	91%	94%	94%	97%
CITY OF VA BEACH CSB MHMRSAS	95%	85%	97%	92%
COLONIAL BEHAVIORAL HEALTH	100%	95%	100%	86%
CROSSROADS CSB	97%	95%	100%	100%
CUMBERLAND MNTL HLTH CTR	96%	93%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	98%	98%	96%	92%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	83%	100%
DISTRICT 19 MEN HLTH SER	87%	94%	83%	92%
EASTERN SHORE CSB	100%	83%	96%	100%

CSB: ISP Assessment Compliance Elements*				
CSB	The individual's annual assessment was completed annually.[1]	The most recent assessment included all information needed to develop the person-centered ISP. [1]	The individual's most recent assessment included input from relevant sources. [1]	An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]
GOOCHLAND POWHATAN MENTAL HLTH	91%	91%	91%	100%
HAMPTON-NN CSB	89%	94%	99%	93%
HANOVER COUNTY COMMUNITY SERVICES	92%	96%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	91%	100%	98%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	98%	95%	93%	91%
HIGHLANDS CMNTY SVCS BOARD	71%	100%	95%	100%
HORIZON BEHAVIORAL HEALTH	97%	96%	90%	81%
LOUDOUN COUNTY CSB	100%	98%	98%	91%
MENTAL RETARDATION SERVICES	95%	99%	97%	97%
MIDDLE PENINSULA NORTHERN NECK CSB	97%	100%	100%	100%
MOUNT ROGERS CSB	96%	94%	94%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	90%	90%	100%
NORFOLK COMMUNITY SERVICES BOARD	97%	86%	98%	88%
NORTHWESTERN COMMUNITY SVCS	96%	99%	94%	90%
PIEDMONT COMMUNITY SERVICES	91%	94%	98%	100%
PLANNING DISTRICT ONE CSB	89%	89%	100%	75%

CSB: ISP Assessment Compliance Elements*				
CSB	**The individual's annual assessment was completed annually.[1]**	**The most recent assessment included all information needed to develop the person-centered ISP. [1]**	**The individual's most recent assessment included input from relevant sources. [1]**	**An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]**
PORTSMOUTH DEPT OF BEHAVIORAL	79%	81%	92%	91%
PRINCE WILLIAM COUNTY CSB	99%	94%	97%	96%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	76%	94%	97%	97%
RAPPAHANNOCK RAPIDAN CSB	89%	81%	81%	63%
REGION TEN CMMNTY SVCS BRD	96%	92%	92%	100%
RICHMOND BHVRL HLTH AUTHORITY	94%	100%	100%	100%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	67%	89%	100%	100%
SOUTHSIDE CSB	92%	88%	100%	90%
VALLEY CSB	100%	98%	98%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	90%	89%	89%	86%

* The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Community Integration and Inclusion KPA
[2]Health, Safety and Well-Being KPA

Table 2 provides the CSB-specific compliance results for four of the ISP development and implementation elements.

Table 2—CSB: ISP Development and Implementation Compliance Elements 1

CSB: ISP Development and Implementation Compliance Elements*				
CSB	The ISP was updated at least once in the past 12 months.[1]	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]	The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]	The ISP identified that employment services and goals were developed and discussed at least annually.[1]
All CSBs: Aggregate	**99%**	**91%**	**90%**	**97%**
ALEXANDRIA COMMUNITY SERV BD	100%	85%	86%	100%
ALLEGHANY HIGHLANDS CSB	100%	82%	100%	100%
ARLINGTON MENTAL HEALTH	96%	96%	89%	91%
BLUE RIDGE CSB	100%	97%	78%	94%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	100%	83%	81%	100%
CHESTERFIELD CSB	99%	89%	83%	97%
CITY OF VA BEACH CSB MHMRSAS	98%	96%	98%	96%
COLONIAL BEHAVIORAL HEALTH	100%	94%	95%	100%
CROSSROADS CSB	97%	97%	97%	95%
CUMBERLAND MNTL HLTH CTR	96%	100%	100%	96%
DANVILLE-PITTSYLVANIA COM SERV	98%	98%	93%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	80%	100%
DISTRICT 19 MEN HLTH SER	96%	81%	74%	92%
EASTERN SHORE CSB	100%	100%	96%	92%

CSB: ISP Development and Implementation Compliance Elements*				
CSB	**The ISP was updated at least once in the past 12 months.[1]**	**The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]**	**The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]**	**The ISP identified that employment services and goals were developed and discussed at least annually.[1]**
GOOCHLAND POWHATAN MENTAL HLTH	91%	78%	82%	80%
HAMPTON-NN CSB	100%	92%	92%	98%
HANOVER COUNTY COMMUNITY SERVICES	100%	92%	100%	96%
HARRISONBURG-ROCKINGHAM CSB	100%	93%	96%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	98%	83%	99%
HIGHLANDS CMNTY SVCS BOARD	100%	91%	77%	100%
HORIZON BEHAVIORAL HEALTH	98%	91%	84%	99%
LOUDOUN COUNTY CSB	100%	100%	98%	100%
MENTAL RETARDATION SERVICES	99%	93%	98%	98%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	96%	97%	100%
MOUNT ROGERS CSB	100%	91%	89%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	93%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	93%	95%	96%
NORTHWESTERN COMMUNITY SVCS	99%	91%	82%	95%
PIEDMONT COMMUNITY SERVICES	100%	77%	96%	95%
PLANNING DISTRICT ONE CSB	100%	68%	89%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	97%	88%	95%	100%
PRINCE WILLIAM COUNTY CSB	98%	93%	93%	100%

CSB: ISP Development and Implementation Compliance Elements*				
CSB	**The ISP was updated at least once in the past 12 months.[1]**	**The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]**	**The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]**	**The ISP identified that employment services and goals were developed and discussed at least annually.[1]**
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	97%	80%	93%	99%
RAPPAHANNOCK RAPIDAN CSB	85%	77%	54%	100%
REGION TEN CMMNTY SVCS BRD	100%	98%	96%	100%
RICHMOND BHVRL HLTH AUTHORITY	100%	97%	94%	100%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	57%	89%	89%
SOUTHSIDE CSB	92%	96%	100%	96%
VALLEY CSB	98%	89%	98%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	100%	79%	85%	98%

* The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Community Integration and Inclusion KPA

Table 3 provides the CSB-specific compliance results for four of the ISP development and implementation elements.

Table 3—CSB: ISP Development and Implementation Compliance Elements 2

CSB	The ISP was developed according to the processes required.[1]	A back-up plan and/or risk minimizing strategies were documented.[1]	The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences.[1]	The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.[1]
All CSBs: Aggregate	**86%**	**80%**	**97%**	**95%**
ALEXANDRIA COMMUNITY SERV BD	100%	92%	93%	100%
ALLEGHANY HIGHLANDS CSB	91%	82%	100%	100%
ARLINGTON MENTAL HEALTH	81%	85%	93%	100%
BLUE RIDGE CSB	82%	84%	92%	92%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	76%	83%	100%	98%
CHESTERFIELD CSB	96%	78%	96%	91%
CITY OF VA BEACH CSB MHMRSAS	91%	73%	98%	97%
COLONIAL BEHAVIORAL HEALTH	94%	68%	100%	95%
CROSSROADS CSB	87%	89%	100%	97%
CUMBERLAND MNTL HLTH CTR	83%	93%	97%	97%
DANVILLE-PITTSYLVANIA COM SERV	68%	93%	98%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	80%	100%	80%	80%
DISTRICT 19 MEN HLTH SER	73%	78%	82%	83%
EASTERN SHORE CSB	29%	46%	100%	83%

CSB: ISP Development and Implementation Compliance Elements*				
CSB	**The ISP was developed according to the processes required.[1]**	**A back-up plan and/or risk minimizing strategies were documented.[1]**	**The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences.[1]**	**The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.[1]**
GOOCHLAND POWHATAN MENTAL HLTH	73%	64%	91%	80%
HAMPTON-NN CSB	80%	81%	98%	93%
HANOVER COUNTY COMMUNITY SERVICES	96%	92%	100%	96%
HARRISONBURG-ROCKINGHAM CSB	82%	87%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	92%	75%	94%	97%
HIGHLANDS CMNTY SVCS BOARD	95%	91%	100%	100%
HORIZON BEHAVIORAL HEALTH	76%	77%	92%	99%
LOUDOUN COUNTY CSB	91%	91%	100%	96%
MENTAL RETARDATION SERVICES	98%	90%	100%	99%
MIDDLE PENINSULA NORTHERN NECK CSB	97%	94%	97%	100%
MOUNT ROGERS CSB	81%	77%	95%	98%
NEW RIVER VALLEY COMMUNITY SERVICES	80%	86%	93%	97%
NORFOLK COMMUNITY SERVICES BOARD	90%	68%	97%	95%
NORTHWESTERN COMMUNITY SVCS	93%	94%	97%	91%
PIEDMONT COMMUNITY SERVICES	94%	71%	98%	96%
PLANNING DISTRICT ONE CSB	95%	95%	95%	92%
PORTSMOUTH DEPT OF BEHAVIORAL	86%	83%	100%	97%

CSB: ISP Development and Implementation Compliance Elements*				
CSB	**The ISP was developed according to the processes required.[1]**	**A back-up plan and/or risk minimizing strategies were documented.[1]**	**The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences.[1]**	**The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.[1]**
PRINCE WILLIAM COUNTY CSB	87%	75%	100%	96%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	89%	78%	96%	86%
RAPPAHANNOCK RAPIDAN CSB	78%	77%	89%	88%
REGION TEN CMMNTY SVCS BRD	67%	79%	100%	98%
RICHMOND BHVRL HLTH AUTHORITY	95%	88%	98%	98%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	67%	100%	100%
SOUTHSIDE CSB	96%	62%	100%	96%
VALLEY CSB	93%	80%	98%	91%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	63%	58%	97%	88%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]*Community Integration and Inclusion KPA*

Table 4 provides the CSB-specific compliance results for three of the ISP development and implementation elements.

Table 4—CSB: ISP Development and Implementation Compliance Elements 3

CSB	Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]	The ISP was revised, as needed, to address changing needs or desires. [1]	The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences. [1]
All CSBs: Aggregate	**97%**	**94%**	**88%**
ALEXANDRIA COMMUNITY SERV BD	100%	100%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%
ARLINGTON MENTAL HEALTH	89%	91%	100%
BLUE RIDGE CSB	94%	89%	89%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	100%	94%	88%
CHESTERFIELD CSB	97%	95%	93%
CITY OF VA BEACH CSB MHMRSAS	97%	91%	85%
COLONIAL BEHAVIORAL HEALTH	94%	100%	75%
CROSSROADS CSB	100%	100%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	75%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%	92%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	N/A	N/A
DISTRICT 19 MEN HLTH SER	96%	100%	76%
EASTERN SHORE CSB	100%	100%	100%

CSB: ISP Development and Implementation Compliance Elements*			
CSB	**Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]**	**The ISP was revised, as needed, to address changing needs or desires. [1]**	**The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences. [1]**
GOOCHLAND POWHATAN MENTAL HLTH	90%	100%	83%
HAMPTON-NN CSB	97%	97%	83%
HANOVER COUNTY COMMUNITY SERVICES	96%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	91%	88%	77%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	97%	92%	96%
HIGHLANDS CMNTY SVCS BOARD	91%	90%	78%
HORIZON BEHAVIORAL HEALTH	94%	90%	74%
LOUDOUN COUNTY CSB	93%	100%	92%
MENTAL RETARDATION SERVICES	97%	96%	93%
MIDDLE PENINSULA NORTHERN NECK CSB	97%	93%	79%
MOUNT ROGERS CSB	90%	100%	94%
NEW RIVER VALLEY COMMUNITY SERVICES	89%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	99%	90%	81%
NORTHWESTERN COMMUNITY SVCS	99%	84%	89%
PIEDMONT COMMUNITY SERVICES	93%	100%	88%
PLANNING DISTRICT ONE CSB	100%	82%	69%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	88%	89%

CSB: ISP Development and Implementation Compliance Elements*			
CSB	**Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]**	**The ISP was revised, as needed, to address changing needs or desires.[1]**	**The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.[1]**
PRINCE WILLIAM COUNTY CSB	99%	97%	94%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	93%	95%	87%
RAPPAHANNOCK RAPIDAN CSB	96%	78%	63%
REGION TEN CMMNTY SVCS BRD	98%	100%	100%
RICHMOND BHVRL HLTH AUTHORITY	100%	100%	100%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%	100%
SOUTHSIDE CSB	100%	88%	89%
VALLEY CSB	98%	100%	89%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	95%	86%	43%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]*Community Integration and Inclusion KPA*

Table 5 provides the CSB-specific compliance results for the ISP interaction elements.

Table 5—CSB: ISP Interaction Compliance Elements

	ISP Interaction Compliance Elements*			
CSB	**Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]**	**The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]**	**The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]**	**The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]**
All CSBs: Aggregate	**92%**	**88%**	**89%**	**96%**
ALEXANDRIA COMMUNITY SERV BD	100%	100%	67%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	80%	100%
ARLINGTON MENTAL HEALTH	81%	93%	100%	100%
BLUE RIDGE CSB	85%	77%	91%	97%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	93%	87%	83%	100%
CHESTERFIELD CSB	85%	91%	95%	97%
CITY OF VA BEACH CSB MHMRSAS	99%	89%	96%	99%
COLONIAL BEHAVIORAL HEALTH	100%	90%	100%	100%
CROSSROADS CSB	94%	75%	87%	97%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	84%	75%	84%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	80%	100%	N/A	67%
DISTRICT 19 MEN HLTH SER	90%	81%	71%	88%

ISP Interaction Compliance Elements*				
CSB	**Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]**	**The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]**	**The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]**	**The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]**
EASTERN SHORE CSB	92%	100%	100%	100%
GOOCHLAND POWHATAN MENTAL HLTH	86%	75%	75%	75%
HAMPTON-NN CSB	98%	70%	91%	94%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%	88%	100%
HARRISONBURG-ROCKINGHAM CSB	98%	95%	96%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	95%	98%	89%	95%
HIGHLANDS CMNTY SVCS BOARD	79%	100%	82%	100%
HORIZON BEHAVIORAL HEALTH	84%	86%	89%	95%
LOUDOUN COUNTY CSB	96%	92%	100%	98%
MENTAL RETARDATION SERVICES	98%	95%	96%	97%
MIDDLE PENINSULA NORTHERN NECK CSB	71%	100%	94%	96%
MOUNT ROGERS CSB	95%	91%	89%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	92%	92%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	99%	84%	93%	100%
NORTHWESTERN COMMUNITY SVCS	82%	74%	69%	72%
PIEDMONT COMMUNITY SERVICES	86%	82%	85%	100%
PLANNING DISTRICT ONE CSB	84%	80%	87%	97%

ISP Interaction Compliance Elements*				
CSB	**Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]**	**The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]**	**The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]**	**The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]**
PORTSMOUTH DEPT OF BEHAVIORAL	79%	71%	84%	94%
PRINCE WILLIAM COUNTY CSB	97%	95%	88%	97%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	98%	90%	88%	100%
RAPPAHANNOCK RAPIDAN CSB	88%	100%	72%	92%
REGION TEN CMMNTY SVCS BRD	96%	77%	100%	98%
RICHMOND BHVRL HLTH AUTHORITY	98%	100%	92%	100%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	33%	50%	100%
SOUTHSIDE CSB	88%	100%	95%	93%
VALLEY CSB	98%	91%	80%	98%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	90%	71%	70%	96%

* The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Community Integration and Inclusion KPA
[2]Provider Competency and Capacity KPA
[3]Health, Safety and Well-Being KPA

Table 6 provides the CSB-specific compliance results for the quality elements.

Table 6—CSB: Quality Compliance Elements

CSB: Quality Compliance Elements*[1]			
CSB	The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.	The quality improvement plan is reviewed annually.	Providers have active quality management and improvement programs, as well as risk management programs.
All CSBs: Aggregate	**99%**	**91%**	**97%**
ALEXANDRIA COMMUNITY SERV BD	100%	100%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	0%	100%
BLUE RIDGE CSB	100%	100%	100%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	100%	100%	100%
CHESTERFIELD CSB	100%	100%	100%
CITY OF VA BEACH CSB MHMRSAS	100%	100%	100%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%
CROSSROADS CSB	100%	100%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%
DISTRICT 19 MEN HLTH SER	100%	100%	100%
EASTERN SHORE CSB	100%	100%	100%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%

CSB: Quality Compliance Elements*[1]			
CSB	**The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.**	**The quality improvement plan is reviewed annually.**	**Providers have active quality management and improvement programs, as well as risk management programs.**
HAMPTON-NN CSB	100%	100%	100%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	100%	100%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%	100%
LOUDOUN COUNTY CSB	100%	0%	100%
MENTAL RETARDATION SERVICES	100%	100%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	0%	0%
MOUNT ROGERS CSB	100%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	100%	100%
NORTHWESTERN COMMUNITY SVCS	N/A	N/A	0%
PIEDMONT COMMUNITY SERVICES	100%	100%	100%
PLANNING DISTRICT ONE CSB	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	100%
PRINCE WILLIAM COUNTY CSB	100%	100%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	100%	100%
RAPPAHANNOCK RAPIDAN CSB	100%	100%	100%

CSB: Quality Compliance Elements*[1]			
CSB	**The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.**	**The quality improvement plan is reviewed annually.**	**Providers have active quality management and improvement programs, as well as risk management programs.**
REGION TEN CMMNTY SVCS BRD	100%	100%	100%
RICHMOND BHVRL HLTH AUTHORITY	0%	0%	0%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	0%	100%
SOUTHSIDE CSB	100%	100%	100%
VALLEY CSB	100%	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	100%	100%	100%

* The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Health, Safety and Well-Being KPA

Table 7 provides the CSB-specific compliance results for the risk/harm elements.

Table 7—CSB: Risk/Harm Compliance Elements

CSB: Risk/Harm Compliance Elements*1			
CSB	**Providers proactively identify and address risks of harm and develop and monitor corrective actions.**	**The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.**	**The provider develops, implements, and maintains a risk management plan.**
All CSBs: Aggregate	**99%**	**99%**	**99%**
ALEXANDRIA COMMUNITY SERV BD	100%	100%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	100%	100%
BLUE RIDGE CSB	100%	100%	100%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	N/A	0%	100%
CHESTERFIELD CSB	100%	100%	100%
CITY OF VA BEACH CSB MHMRSAS	100%	100%	100%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%
CROSSROADS CSB	100%	94%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%
DISTRICT 19 MEN HLTH SER	100%	100%	100%
EASTERN SHORE CSB	100%	100%	100%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%
HAMPTON-NN CSB	100%	100%	100%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%	100%

CSB: Risk/Harm Compliance Elements*[1]			
CSB	Providers proactively identify and address risks of harm and develop and monitor corrective actions.	The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.	The provider develops, implements, and maintains a risk management plan.
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	100%	100%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%	100%
LOUDOUN COUNTY CSB	100%	100%	100%
MENTAL RETARDATION SERVICES	100%	100%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	86%	100%	100%
MOUNT ROGERS CSB	100%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	88%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	100%	100%
NORTHWESTERN COMMUNITY SVCS	100%	100%	50%
PIEDMONT COMMUNITY SERVICES	100%	100%	100%
PLANNING DISTRICT ONE CSB	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	100%
PRINCE WILLIAM COUNTY CSB	100%	100%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	100%	100%
RAPPAHANNOCK RAPIDAN CSB	100%	100%	100%
REGION TEN CMMNTY SVCS BRD	50%	100%	100%
RICHMOND BHVRL HLTH AUTHORITY	N/A	N/A	N/A

CSB: Risk/Harm Compliance Elements*[1]			
CSB	**Providers proactively identify and address risks of harm and develop and monitor corrective actions.**	**The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.**	**The provider develops, implements, and maintains a risk management plan.**
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%	100%
SOUTHSIDE CSB	100%	100%	100%
VALLEY CSB	100%	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	100%	100%	100%

* The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Health, Safety and Well-Being KPA

Table 8 provides the CSB-specific compliance results for the incidents and disputes elements.

Table 8—CSB: Incidents and Disputes Compliance Elements

CSB Incidents and Disputes Compliance Elements*[1]			
CSB	**The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.**	**The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.**	**The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.**
All CSBs: Aggregate	**99%**	**99%**	**88%**
ALEXANDRIA COMMUNITY SERV BD	100%	100%	0%
ALLEGHANY HIGHLANDS CSB	100%	100%	0%
ARLINGTON MENTAL HEALTH	100%	0%	0%
BLUE RIDGE CSB	100%	100%	0%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	100%	100%	100%
CHESTERFIELD CSB	100%	100%	100%
CITY OF VA BEACH CSB MHMRSAS	100%	100%	100%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%
CROSSROADS CSB	100%	88%	35%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%

CSB Incidents and Disputes Compliance Elements*[1]			
CSB	**The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.**	**The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.**	**The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.**
DISTRICT 19 MEN HLTH SER	100%	100%	0%
EASTERN SHORE CSB	100%	100%	100%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%
HAMPTON-NN CSB	100%	100%	100%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	100%	100%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%	100%
LOUDOUN COUNTY CSB	100%	100%	100%
MENTAL RETARDATION SERVICES	100%	100%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%
MOUNT ROGERS CSB	100%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	100%	100%

CSB Incidents and Disputes Compliance Elements*[1]			
CSB	**The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.**	**The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.**	**The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.**
NORTHWESTERN COMMUNITY SVCS	100%	100%	100%
PIEDMONT COMMUNITY SERVICES	100%	100%	100%
PLANNING DISTRICT ONE CSB	0%	100%	0%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	100%
PRINCE WILLIAM COUNTY CSB	100%	100%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	100%	97%
RAPPAHANNOCK RAPIDAN CSB	100%	100%	100%
REGION TEN CMMNTY SVCS BRD	100%	100%	100%
RICHMOND BHVRL HLTH AUTHORITY	N/A	N/A	N/A
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%	0%
SOUTHSIDE CSB	100%	100%	100%
VALLEY CSB	100%	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	100%	100%	100%

* The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Health, Safety and Well-Being KPA

Table 9 provides the region-specific compliance results for the ISP assessment elements.

Table 9—Region: ISP Assessment Compliance Elements

Individual Support Plan (ISP) Assessment Compliance Elements*				
Region	**The individual's annual assessment was completed annually.[1]**	**The most recent assessment included all information needed to develop the person-centered ISP.[1]**	**The individual's most recent assessment included input from relevant sources.[1]**	**An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]**
All Regions: Aggregate	**93%**	**93%**	**95%**	**94%**
Region 1	92%	95%	94%	91%
Region 2	96%	96%	97%	96%
Region 3	93%	91%	96%	93%
Region 4	93%	95%	94%	97%
Region 5	93%	88%	96%	92%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Community Integration and Inclusion KPA
[2]Health, Safety and Well-Being KPA

Table 10 provides the region-specific compliance results for four of the ISP development and implementation elements.

Table 10—Region: ISP Development and Implementation Compliance Elements 1

ISP Development and Implementation Compliance Elements*				
Region	The ISP was updated at least once in the past 12 months.[1]	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]	The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]	The ISP identified that employment services and goals were developed and discussed at least annually.[1]
All Regions: Aggregate	**99%**	**91%**	**90%**	**97%**
Region 1	98%	88%	88%	98%
Region 2	99%	94%	95%	98%
Region 3	99%	91%	89%	97%
Region 4	99%	92%	86%	96%
Region 5	99%	91%	93%	97%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]*Community Integration and Inclusion KPA*

Appendix J. Region: ISP Development & Implementation 2

Table 11 provides the region-specific compliance results for four of the ISP development and implementation elements.
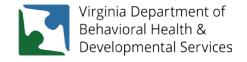
Table 11—Region: ISP Development and Implementation Compliance Elements 2

ISP Development and Implementation Compliance Elements*				
Region	The ISP was developed according to the processes required.[1]	A back-up plan and/or risk minimizing strategies were documented. [1]	The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences. [1]	The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them. [1]
All Regions: Aggregate	**86%**	**80%**	**97%**	**95%**
Region 1	83%	82%	96%	94%
Region 2	93%	86%	99%	98%
Region 3	85%	84%	95%	95%
Region 4	91%	80%	95%	93%
Region 5	82%	73%	98%	94%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]*Community Integration and Inclusion KPA*

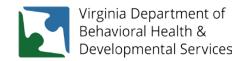Table 12 provides the region-specific compliance results for three of the ISP development and implementation elements.

Table 12—Region: ISP Development and Implementation Compliance Elements 3

ISP Development and Implementation Compliance Elements*			
Region	**Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]**	**The ISP was revised, as needed, to address changing needs or desires. [1]**	**The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences. [1]**
All Regions: Aggregate	**97%**	**94%**	**88%**
Region 1	96%	92%	85%
Region 2	96%	97%	94%
Region 3	95%	93%	86%
Region 4	97%	97%	95%
Region 5	98%	93%	80%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]*Community Integration and Inclusion KPA*

Table 13 provides the region-specific compliance results for the ISP interaction elements.

Table 13—Region: ISP Interaction Compliance Elements

ISP Interaction Compliance Elements*				
Region	**Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]**	**The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]**	**The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]**	**The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]**
All Regions: Aggregate	**92%**	**88%**	**89%**	**96%**
Region 1	92%	86%	84%	93%
Region 2	96%	95%	92%	98%
Region 3	88%	85%	90%	98%
Region 4	92%	93%	89%	96%
Region 5	94%	83%	90%	98%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Community Integration and Inclusion KPA
[2]Provider Competency and Capacity KPA
[3]Health, Safety and Well-Being KPA

Table 14 provides the region-specific compliance results for the quality elements.

Table 14—Region: Quality Compliance Elements

Quality Improvement Plan Compliance Elements*[1]			
Region	**The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.**	**The quality improvement plan is reviewed annually.**	**Providers have active quality management and improvement programs, as well as risk management programs.**
Aggregate	**83%**	**81%**	**80%**
Region 1	80%	84%	83%
Region 2	90%	82%	85%
Region 3	91%	86%	90%
Region 4	86%	84%	82%
Region 5	75%	74%	69%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]*Health, Safety and Well-Being KPA*

Table 15 provides the region-specific compliance results for the risk/harm elements.

Table 15—Region: Risk/Harm Compliance Elements

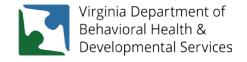| Risk/Harm Compliance Elements*[1]			
Region	Providers proactively identify and address risks of harm and develop and monitor corrective actions.	The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.	The provider develops, implements, and maintains a risk management plan.
All Regions: Aggregate	**89%**	**93%**	**89%**
Region 1	93%	93%	94%
Region 2	86%	94%	92%
Region 3	92%	95%	93%
Region 4	90%	95%	90%
Region 5	85%	89%	81%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]Health, Safety and Well-Being KPA

Table 16 provides the region-specific compliance results for the incidents and disputes elements.

Table 16—Region: Incidents and Disputes Compliance Elements

Incidents and Disputes Compliance Elements*[1]			
Region	The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.	The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.	The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.
All Regions: Aggregate	**93%**	**89%**	**56%**
Region 1	94%	95%	59%
Region 2	95%	91%	53%
Region 3	91%	92%	65%
Region 4	96%	89%	59%
Region 5	91%	79%	47%

The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.
[1]*Health, Safety and Well-Being KPA*

Table 17 provides the provider service type-specific compliance results for the ISP assessment elements.

Table 17—Service Type: ISP Assessment Compliance Elements

Provider Service Type	The individual's annual assessment was completed annually.[1]	The most recent assessment included all information needed to develop the person-centered ISP. [1]	The individual's most recent assessment included input from relevant sources. [1]	An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]
Aggregate	**92.4%**	**92.4%**	**94.5%**	**93.4%**
Community Coaching	96.8%	92.7%	92.1%	97.5%
Community Engagement	89.5%	94.3%	97.8%	95.8%
Crisis Support Services	95.9%	100.0%	87.5%	100.0%
Group Day	92.5%	95.1%	95.9%	94.6%
Group Home (Customized Rate)	91.5%	93.0%	96.9%	82.6%
Group Residential Support <= 4 Persons	91.5%	84.6%	87.2%	92.4%
Group Residential Support > 4 Persons	90.7%	94.7%	98.1%	95.4%
Independent Living Supports	99.7%	92.4%	94.0%	33.0%
In-Home Supports	96.4%	88.1%	92.7%	85.1%
Sponsored Residential	94.2%	93.3%	93.5%	92.9%
Supported Living	81.1%	97.2%	95.9%	97.4%

[1]*Community Integration and Inclusion KPA*
[2]*Health, Safety and Well-Being KPA*

Appendix Q. Service Type: ISP Development & Implementation 1

Table 18 provides the provider service type-specific compliance results for four of the ISP development and implementation elements.

Table 18—Service Type: ISP Development and Implementation Compliance Elements 1

ISP Development and Implementation Compliance Elements*				
Provider Service Type	**The ISP was updated at least once in the past 12 months.[1]**	**The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]**	**The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]**	**The ISP identified that employment services and goals were developed and discussed at least annually.[1]**
Aggregate	**98.9%**	**91.9%**	**86.6%**	**97.2%**
Community Coaching	100.0%	91.5%	85.2%	98.8%
Community Engagement	98.2%	91.8%	86.3%	98.9%
Crisis Support Services	94.1%	96.1%	43.5%	100.0%
Group Day	99.3%	92.6%	87.4%	97.6%
Group Home (Customized Rate)	100.0%	94.0%	86.3%	96.6%
Group Residential Support <= 4 Persons	98.7%	91.0%	85.1%	94.6%
Group Residential Support > 4 Persons	99.0%	91.3%	89.2%	98.0%
Independent Living Supports	99.7%	82.2%	84.4%	97.0%
In-Home Supports	99.3%	92.1%	89.8%	95.1%
Sponsored Residential	98.5%	92.3%	82.0%	97.4%
Supported Living	100.0%	86.2%	95.2%	98.0%

[1]*Community Integration and Inclusion KPA*

Table 19 provides the provider service type-specific compliance results for four of the ISP development and implementation elements.

Table 19—Service Type: ISP Development and Implementation Compliance Elements 2

ISP Development and Implementation Compliance Elements*				
Provider Service Type	The ISP was developed according to the processes required.[1]	A back-up plan and/or risk minimizing strategies were documented. [1]	The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences. [1]	The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them. [1]
Aggregate	**85.8%**	**84.9%**	**87.5%**	**85.2%**
Community Coaching	82.2%	83.3%	86.2%	84.0%
Community Engagement	85.3%	84.9%	87.1%	82.3%
Crisis Support Services	42.3%	40.3%	43.8%	42.6%
Group Day	86.3%	85.6%	88.0%	85.8%
Group Home (Customized Rate)	84.7%	85.0%	87.6%	85.9%
Group Residential Support <= 4 Persons	84.6%	82.2%	86.5%	86.2%
Group Residential Support > 4 Persons	88.7%	88.2%	89.7%	87.2%
Independent Living Supports	81.3%	80.7%	84.6%	87.1%
In-Home Supports	87.8%	87.3%	89.8%	88.9%
Sponsored Residential	82.8%	81.7%	84.0%	81.9%
Supported Living	95.5%	93.5%	96.0%	95.2%

[1]*Community Integration and Inclusion KPA*

Appendix S. Service Type: ISP Development & Implementation 3

Table 20 provides the provider service type-specific compliance results for three of the ISP development and implementation elements.

Table 20—Service Type: ISP Development and Implementation Compliance Elements 3

ISP Development and Implementation Compliance Elements*			
Provider Service Type	**Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]**	**The ISP was revised, as needed, to address changing needs or desires.[1]**	**The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.[1]**
Aggregate	**85.8%**	**94.5%**	**87.4%**
Community Coaching	82.3%	96.4%	93.0%
Community Engagement	85.6%	96.6%	90.4%
Crisis Support Services	44.6%	100.0%	95.5%
Group Day	87.7%	95.3%	86.6%
Group Home (Customized Rate)	86.6%	83.2%	82.2%
Group Residential Support <= 4 Persons	85.5%	94.3%	86.1%
Group Residential Support > 4 Persons	87.5%	97.2%	94.9%
Independent Living Supports	85.0%	64.5%	46.3%
In-Home Supports	83.7%	85.2%	78.6%
Sponsored Residential	82.0%	94.9%	82.7%
Supported Living	94.9%	94.5%	95.1%

[1]*Community Integration and Inclusion KPA*
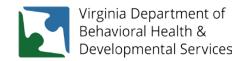
Table 21 provides the provider service type-specific compliance results for the ISP interaction elements.

Table 21—Service Type: ISP Interaction Compliance Elements

ISP Interaction Compliance Elements*				
Provider Service Type	**Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]**	**The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]**	**The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]**	**The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]**
Aggregate	**92.0%**	**88.0%**	**87.6%**	**95.4%**
Community Coaching	91.2%	86.2%	86.2%	93.7%
Community Engagement	94.1%	92.2%	85.0%	96.9%
Crisis Support Services	91.1%	95.5%	78.8%	94.9%
Group Day	92.6%	87.1%	91.0%	94.9%
Group Home (Customized Rate)	93.5%	88.6%	86.7%	98.9%
Group Residential Support <= 4 Persons	87.5%	84.7%	81.9%	90.8%
Group Residential Support > 4 Persons	90.0%	88.3%	82.6%	95.5%
Independent Living Supports	100.0%	100.0%	80.6%	90.8%
In-Home Supports	91.1%	81.7%	89.8%	99.3%
Sponsored Residential	95.6%	92.6%	87.5%	97.5%
Supported Living	98.2%	96.8%	88.3%	100.0%

[1]*Community Integration and Inclusion KPA*
[2]*Provider Competency and Capacity KPA*
[3]*Health, Safety and Well-Being KPA*

Table 22 provides the provider service type-specific compliance results for the quality elements.

Table 22—Service Type: Quality Compliance Elements

Quality Improvement Plan Compliance Elements*[1]			
Provider Service Type	**The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.**	**The quality improvement plan is reviewed annually.**	**Providers have active quality management and improvement programs, as well as risk management programs.**
Aggregate	**83.4%**	**81.2%**	**80.1%**
Case Management	100.0%	85.7%	100.0%
Community Coaching	83.3%	90.5%	86.0%
Community Engagement	86.8%	86.1%	86.6%
Crisis Support Services	75.0%	75.0%	75.0%
Group Day	86.9%	84.4%	84.9%
Group Home (Customized Rate)	76.2%	76.2%	87.0%
Group Residential Support <= 4 Persons	79.9%	76.7%	73.1%
Group Residential Support > 4 Persons	85.2%	83.3%	82.5%
Independent Living Supports	77.3%	72.7%	81.8%
In-Home Supports	83.9%	80.6%	80.0%
Sponsored Residential	78.7%	75.8%	76.1%
Supported Living	100.0%	93.8%	83.3%

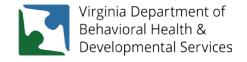[1]*Health, Safety and Well-Being KPA*

Table 23 provides the provider service type-specific compliance results for the risk/harm elements.

Table 23—Service Type: Risk/Harm Compliance Elements

Risk/Harm Compliance Elements*[1]			
Provider Service Type	**Providers proactively identify and address risks of harm and develop and monitor corrective actions.**	**The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.**	**The provider develops, implements, and maintains a risk management plan.**
Aggregate	**90.4%**	**94.1%**	**91.5%**
Community Coaching	91.6%	90.5%	95.0%
Community Engagement	91.9%	93.2%	93.6%
Crisis Support Services	100.0%	100.0%	93.9%
Group Day	90.6%	92.7%	92.5%
Group Home (Customized Rate)	85.6%	85.3%	88.1%
Group Residential Support <= 4 Persons	88.7%	92.4%	87.7%
Group Residential Support > 4 Persons	85.2%	97.1%	93.7%
Independent Living Supports	93.5%	90.6%	93.6%
In-Home Supports	92.4%	98.3%	91.1%
Sponsored Residential	93.3%	94.6%	89.2%
Supported Living	94.8%	97.9%	90.2%

[1]*Health, Safety and Well-Being KPA*

Appendix W. Service Type: Incidents and Disputes

Table 24 provides the provider service type-specific compliance results for the incidents and disputes elements.

Table 24—Service Type: Incidents and Disputes Compliance Elements

	Incidents and Disputes Compliance Elements*[1]		
Provider Service Type	**The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.**	**The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.**	**The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.**
Aggregate	**93.3%**	**90.6%**	**60.7%**
Community Coaching	92.9%	90.2%	60.0%
Community Engagement	93.2%	90.0%	57.2%
Crisis Support Services	100.0%	95.9%	93.2%
Group Day	91.3%	91.7%	65.7%
Group Home (Customized Rate)	95.5%	89.2%	66.8%
Group Residential Support <= 4 Persons	90.6%	87.5%	57.4%
Group Residential Support > 4 Persons	94.6%	90.1%	61.6%
Independent Living Supports	97.3%	96.8%	51.6%
In-Home Supports	97.3%	93.2%	49.2%
Sponsored Residential	96.5%	89.5%	63.0%
Supported Living	100.0%	98.6%	69.8%

[1]*Health, Safety and Well-Being KPA*

Table 1 provides the region-specific individual interview responses.

Table 1—Individual Interview Responses By Region

Individual Interview Responses* By Region Percent Positive (Yes/Yes+No)					
Individual Interview Questions	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**
Did you choose where you live?	89%	82%	85%	86%	87%
Do you like where you live?	96%	92%	96%	93%	96%
Would you rather live in a different place?	21%	25%	20%	28%	25%
Did you choose your housemates/who you live with?	70%	66%	64%	64%	73%
Would you rather live with someone else?	17%	22%	13%	24%	16%
Are services and supports available within a close driving or walking distance?	94%	95%	89%	92%	91%
Do your services and supports reflect your cultural considerations?	97%	99%	97%	96%	97%
Do you have your own bedroom?	95%	98%	97%	96%	98%
Do you have privacy in your home if you want it?	98%	97%	98%	98%	98%
Do you have a key to your home?	56%	54%	59%	58%	64%
Have you met your neighbors?	79%	77%	83%	75%	82%
Do you go out mostly with your housemates as a group?	86%	73%	95%	87%	83%
Do you choose your activities?	99%	94%	98%	96%	98%
Do you participate in community activities as much as you want to?	90%	93%	92%	94%	92%
Do you belong to any community clubs or organizations?	43%	43%	39%	45%	45%
Is belonging to a community club or organization important to you?	22%	29%	25%	27%	19%

Individual Interview Responses* By Region Percent Positive (Yes/Yes+No)					
Individual Interview Questions	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**
Do you participate in integrated community volunteer activities?	59%	59%	59%	62%	55%
Is participating in integrated community volunteer activities important to you?	23%	30%	31%	34%	16%
Do you have problems with transportation?	12%	10%	9%	9%	9%
Is attending religious services important to you or your family?	68%	62%	75%	71%	72%
Do you have the opportunity to attend a church/synagogue/mosque or other religious activity of your choice?	88%	88%	91%	90%	94%
Are you registered to vote?	41%	38%	32%	48%	45%
Do you do your own grocery shopping or help with the grocery shopping?	85%	85%	87%	86%	89%
Do you get to pick your food or snacks?	96%	91%	95%	95%	96%
Do you get to choose when you eat your food or snacks?	96%	90%	93%	93%	96%
Do you open your mail or help with opening your mail?	86%	85%	91%	85%	80%
Do you buy your own clothes or help with picking and buying your clothes?	94%	90%	93%	92%	91%
Do you participate in your banking?	60%	61%	63%	62%	61%
Do you answer the doorbell when it rings?	55%	61%	60%	58%	56%
Do you answer the phone when it rings?	57%	65%	60%	57%	58%
Did you choose your job or day program?	91%	89%	87%	90%	87%
Would you rather be doing something different during the day?	18%	30%	26%	27%	28%
Do you practice fire drills?	94%	85%	87%	93%	83%
Do you feel safe living here?	99%	98%	98%	97%	96%
Is there someone you can talk to if you need help or feel scared?	99%	97%	99%	96%	98%

* The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.

Table 2 provides the provider service type-specific individual interview responses.

Table 2—Individual Interview Responses By Provider Service Type

Individual Interview Responses By Provider Service Type* Percent Positive (Yes/Yes+No)											
Individual Interview Questions	**Comm Coach**	**Comm Engage**	**Crisis Supp**	**Group Day**	**Group Home (Cust)**	**Group Res <=4**	**Group Res >4**	**Ind Living**	**In-Home**	**Spons Res**	**Supp Living**
Did you choose where you live?	78%	86%	74%	86%	71%	88%	91%	96%	73%	88%	78%
Do you like where you live?	94%	96%	91%	96%	85%	95%	96%	95%	97%	94%	92%
Would you rather live in a different place?	22%	26%	32%	18%	44%	34%	24%	29%	25%	14%	25%
Did you choose your housemates/who you live with?	54%	75%	56%	64%	50%	67%	67%	71%	64%	52%	72%
Would you rather live with someone else?	16%	24%	37%	14%	54%	26%	27%	12%	6%	8%	21%
Are services and supports available within a close driving or walking distance?	91%	91%	95%	91%	94%	94%	95%	85%	94%	92%	90%
Do your services and supports reflect your cultural considerations?	97%	98%	100%	96%	98%	98%	97%	100%	96%	97%	99%
Do you have your own bedroom?	96%	95%	97%	97%	97%	98%	93%	100%	97%	100%	100%
Do you have privacy in your home if you want it?	98%	98%	100%	99%	95%	97%	97%	98%	97%	100%	98%
Do you have a key to your home?	32%	50%	41%	49%	24%	48%	59%	100%	65%	61%	90%
Have you met your neighbors?	80%	78%	74%	81%	68%	62%	74%	96%	88%	80%	83%
Do you go out mostly with your housemates as a group?	85%	92%	100%	89%	69%	83%	90%	68%	60%	77%	66%
Do you choose your activities?	96%	97%	96%	98%	80%	98%	98%	94%	100%	99%	97%
Do you participate in community activities as much as you want to?	86%	91%	92%	94%	85%	90%	92%	92%	85%	86%	94%

Individual Interview Responses By Provider Service Type* Percent Positive (Yes/Yes+No)										
Individual Interview Questions	**Comm Coach**	**Comm Engage**	**Crisis Supp**	**Group Day**	**Group Home (Cust)**	**Group Res <=4**	**Group Res >4**	**Ind Living**	**In-Home**	**Spons Res**	**Supp Living**
Do you belong to any community clubs or organizations?	35%	42%	47%	49%	17%	33%	46%	45%	34%	46%	42%
Is belonging to a community club or organization important to you?	25%	23%	26%	28%	18%	39%	33%	13%	11%	12%	28%
Do you participate in integrated community volunteer activities?	55%	76%	62%	72%	48%	57%	68%	35%	39%	54%	45%
Is participating in integrated community volunteer activities important to you?	34%	30%	31%	24%	50%	27%	18%	11%	23%	16%	26%
Do you have problems with transportation?	13%	10%	7%	10%	5%	7%	11%	14%	7%	4%	11%
Is attending religious services important to you or your family?	69%	69%	77%	75%	41%	63%	67%	67%	67%	83%	76%
Do you have the opportunity to attend a church/synagogue/mosque or other religious activity of your choice?	83%	91%	94%	95%	61%	90%	90%	98%	92%	94%	84%
Are you registered to vote?	29%	34%	47%	34%	17%	40%	40%	71%	29%	40%	69%
Do you do your own grocery shopping or help with the grocery shopping?	91%	83%	72%	84%	92%	75%	79%	100%	91%	92%	86%
Do you get to pick your food or snacks?	100%	96%	100%	96%	82%	89%	92%	100%	97%	96%	100%
Do you get to choose when you eat your food or snacks?	96%	93%	96%	94%	72%	88%	92%	100%	97%	96%	100%
Do you open your mail or help with opening your mail?	89%	87%	80%	84%	81%	80%	85%	97%	83%	87%	87%
Do you buy your own clothes or help with picking and buying your clothes?	92%	96%	96%	93%	93%	91%	93%	100%	88%	95%	92%

Individual Interview Questions	Comm Coach	Comm Engage	Crisis Supp	Group Day	Group Home (Cust)	Group Res <=4	Group Res >4	Ind Living	In-Home	Spons Res	Supp Living
Do you participate in your banking?	43%	52%	45%	50%	37%	69%	64%	93%	55%	64%	77%
Do you answer the doorbell when it rings?	52%	57%	62%	51%	26%	57%	53%	97%	60%	40%	89%
Do you answer the phone when it rings?	42%	60%	80%	56%	35%	53%	52%	100%	56%	47%	90%
Did you choose your job or day program?	88%	88%	94%	92%	80%	85%	94%	91%	78%	88%	89%
Would you rather be doing something different during the day?	23%	23%	27%	22%	33%	35%	27%	31%	30%	28%	22%
Do you practice fire drills?	86%	90%	73%	93%	81%	94%	97%	61%	59%	99%	94%
Do you feel safe living here?	100%	99%	100%	99%	88%	97%	97%	98%	99%	100%	97%
Is there someone you can talk to if you need help or feel scared?	100%	98%	100%	99%	99%	95%	97%	100%	100%	99%	97%

The table title (header):

Individual Interview Responses
By Provider Service Type*
Percent Positive
(Yes/Yes+No)

Provider Service Type:
Comm Coach: Community Coaching
Comm Engage: Community Engagement
Crisis Supp: Crisis Support Services
Group Home (Cust): Group Home Customized Rate
Group Res <=4: Group Residential Support <=4 Persons
Group Res >4: Group Residential Support >4 Persons
Ind Living: Independent Living Supports
In-Home: In-Home Supports
Spons Res: Sponsored Residential
Supp Living: Supported Living