DBHDS Quality Service Review

Aggregate Report

Review 3 SFY 2022

June 17, 2022

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

1. Executive Summary

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 uses Quality Service Reviews (QSRs) and other mechanisms to assess the adequacy of licensed providers' quality improvement strategies and provide technical assistance and other oversight to licensed 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, licensed provider, 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 choices
- 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 QSR process will provide data associated to the following 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 Home and Community-Based Services Waiver program by conducting QSRs. The QSR includes two components: Provider Quality Reviews (PQRs) and Person-Centered Reviews (PCRs). DBHDS requires all licensed providers and Community Service Boards (CSBs)/Behavioral Health Authorities (BHAs) participate in the QSR process.

The Round 3 (R3) state fiscal year (SFY) 2022 QSRs were conducted from November 2021 through May 2022, reviewing services that occurred during the lookback period of January 2021 through June 2021. The QSR review included a review of 100 percent of the 614 eligible licensed providers and CSBs delivering services. The target sample size approved by DBHDS for this review was 1,200 individuals. The aggregate findings from the review are summarized within this report.

Methods for Conducting the Review

The scope of the QSR for SFY 2022 included applicable federal regulations, Virginia Administrative Code, the requirements set forth in the DBHDS Performance Contract, and the HCBS Settings Rule.

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

Sample Included in QSR

The sample for the QSR review was selected via the sampling methodology. Table 1.1 displays the licensed provider service type and associated number of PCRs selected for R3.

Table 1.1: Licensed Provider Service Type and Associated PCRs

DD Waiver Service Licensed Provider Service Type	Population of Service Recipients	Required Sample Size with Finite Population Correction[2]
Center Based Respite Care	62	43
Community Coaching	325	96
Community Engagement	2,571	128
Crisis Support Services	205	82
Group Day	6,258	132
Group Residential Support ≤ 4 Persons	3,042	129
Group residential Support > 4 Persons	2,124	127
Group Home (Customized Rate)	107	60
Independent Living Supports	135	68
In-Home Supports	2,066	126
Sponsored Residential	2,154	127
Supported Living	167	75
Total without Case Management	**19,216**	**1,193**
Case Management[1]	N/A	7
Grand Total[2]	**19,216**	**1,200**

[1]Although Case Management is not currently classified as an DD Waiver service by DBHDS, evaluation of this service type (when provided by a CSBs that does not provide any other waiver service) is part of the QSR. Sample size for case management is not required to be representative of total population receiving it across the Commonwealth.
[2]Service recipients may be duplicated across service types if receiving more than one service type.

The sample was distributed among 614 licensed providers.

Sample 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 the percentage of individuals by Office of Human Rights region.

Data Limitations

PCR results presented in this report may not reflect the full sample set for a given service type. Oversampling was conducted to reduce potential impact of data limitations on PCR results. Details about oversampling/alternates methodology can be found in the Sampling Guidelines section.

The following were known limitations to the QSRs that could impact data:

- Individuals may have declined to participate
- Individuals may not have been reachable with contact information available
- Individuals may have been incarcerated, hospitalized, or deceased
- Individuals may not have received the service during lookback
- Licensed providers may not have participated
- Licensed providers may have closed, temporarily or permanently, due to COVID-19
- Licensed 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 licensed provider service records. The HSAG review team of experienced QSR reviewers reviewed documentation for the selected cases. Licensed provider service and service coordination documentation was reviewed for a six-month evaluation window from January 2021–June 2021. The methodology for specific scored elements was designed to incorporate a review of documentation that may have occurred outside of the evaluation window, such as individual support plans that began prior to January 1, 2021. 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 licensed provider, as well as the support coordinators involved for each respective case.

Conclusions

The results of the Round 3 QSR provide evidence that statewide, ISPs accurately document medications for and physical conditions for the individual, and they are being offered choice of service and service licensed providers as appropriate. Additionally, those services are being reviewed quarterly as required

by case managers. HCBS policies are present when required, and those policies are being reviewed with individuals as appropriate. Individuals have received an annual physical exam and annual dental exam as required, or valid documentation for deferral is present. Licensed providers are demonstrating competence in supporting individuals across service types and across regions. Patterns of abuse, neglect, or exploitation were not found within licensed provider CHRIS incident reports, and incidents documented were supported post-incident appropriately. Lastly, licensed providers are supporting individuals in participating in community-based activities with people other than roommates or staff, including non-large group options and choices that an individual may consider to be meaningful work

The R3 QSR results demonstrate:

- A 90 percent or greater compliance for four of six Individual Service Plans (ISP) Assessment elements
- A 90 percent or greater compliance for three of nine ISP Development and Implementation elements
- A 90 percent or greater compliance for five of eight Quality Improvement Plan (QIP) elements
- A 90 percent or greater compliance for three of six Risk/Harm elements
- A 90 percent or greater compliance for two of two Incidents elements
- A 90 percent or greater compliance for nine of ten Licensed Provider Competency and Capacity elements
- A 90 percent or greater compliance for three of three Community Integration and Inclusion elements

Recommendations for Quality Improvement

Round 3 of the QSRs yielded opportunities for improvement for 385 licensed providers who received detailed reports noting specific deficiencies that required submissions of QIP responses. Licensed provider response and/or action was required for any compliance element with a score less than 90 percent. Licensed providers submitted QIPs to HSAG for review and approval and status of implementation of those QIPs will be assessed during Round 4 reviews.

Overall statewide Round 3 of the QSR indicate:

- ISPs accurately document medications for and physical conditions for the individual
- The individual is being offered choice of service and service licensed providers as appropriate, with those services being reviewed quarterly as required by case managers
- HCBS policies are present when required, and those policies are being reviewed with individuals as appropriate
- Individuals have received an annual physical exam and an annual dental exam as required, or valid documentation for deferral is present
- Licensed providers are demonstrating competence in supporting individuals across service types and across regions

- Patterns of abuse, neglect, or exploitation were not found within licensed provider incident reports found in the Computerized Human Rights Information System (CHRIS), and incidents documented were supported post-incident appropriately
- Licensed providers overall statewide are promoting individuals' participation in community-based activities with people other than roommates or staff, including non-large group options and choices that an individual may consider to be meaningful work.
- Individual responses statewide indicate satisfaction with staff, satisfaction within their community-based services, and do not indicate significant barriers to accessing their communities. Additionally, individuals statewide report liking where they live and feeling safe in those environments

Opportunities for improvement statewide can generally be sorted into three areas: service plan development, licensed provider service provision, and licensed provider quality improvement/risk management activities.

Service planning improvements should focus on accurate documentation of all medical and behavioral needs, ensuring ISP planning is person-centered and includes all relevant/responsible parties, and ensuring the risk awareness tool (RAT) is completed timely to best integrate risks and potential risks into ISP as appropriate.

Licensed provider service provision improvements should focus efforts on increasing options for community-based activities. Individual responses statewide indicate need for greater opportunities to participate in both meaningful work and activities of their choice (see Table 3-8). Given that licensed providers are not able to create community-based programming, and that PQR results indicate licensed providers are currently offering community-based activities that meet compliance for representing meaningful work, focus for improvement should center on increasing the variety of options offered to individuals they serve and increasing capacity to facilitate engagement in activities of their choice, which may be considered meaningful work to the individuals they serve. Licensed provider Quality Improvement/Risk Management (QI/RM) activity improvements should focus on understanding the difference between a Quality Improvement policy and Quality Improvement plan and the development of an appropriate QI policy. Licensed providers should also ensure their active QI plans are reviewed annually as required. Licensed providers should focus on developing policies or written processes for determining staff competence, in addition to policies that detail procedures for staff response to both medical and behavioral emergencies. Lastly, licensed providers should emphasize efforts that increase their capacity to implement and monitor QI/RM activities which adequately identify risks of harm specific to the individuals they serve.

2. Background and Purpose

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 Waiver (HCBS Waiver) programs.

HCBS 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 licensed providers' quality improvement strategies and provide technical assistance and other oversight to licensed 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, licensed provider, 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 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 licensed providers, work/other day program stability)
- Choice and self-determination (e.g., service plans developed through a person-centered planning process, choice of services and licensed 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)
- Licensed provider capacity (e.g., caseloads, training, staff turnover, licensed 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 Waiver program by conducting QSRs. The QSR includes two components: Provider Quality Reviews (PQRs) and Person-Centered Reviews (PCRs). DBHDS requires all licensed providers and Community Service Boards (CSBs)/Behavioral Health Authorities (BHAs) [hereafter referred to as CSBs] participate in the QSR process.

The Round 3 (R3) QSRs were conducted between November 2021 and May 2022 with in-person observations starting March 2022. The aggregate findings from the R3 state fiscal year (SFY) 2022 review are summarized within this report.

Methods for Conducting the Review

The scope of the QSR for SFY 2022 included applicable federal regulations, Virginia Administrative Code, and the requirements set forth in the 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 licensed provider and individual level. The electronic QSR review tools addressed the services and supports necessary to meet the 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, such as a person-centered approach to service planning and service delivery and community integration. The QSR electronic tools included indicators to review for the inclusion, facilitation, and receipt of HCBS services and supports. QSR reviewers verified whether ordered and clinical care assessments were documented in the records and in the individual support plans (ISP) reviewed for the QSR. In scenarios where there are clinical concerns that are not documented in the service plan, the reviewers utilized the Clinical Decision Tree and referred to the clinical reviewer. All review elements of the QSR were recorded in the electronic QSR tools.

The QSR process included a review of documents, such as policies and procedures, licensing information, licensed provider records, and support coordinator (SC) records including the ISP. The QSR also included in-person on-site and virtual interviews and observations of individuals and interviews with licensed 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 Developmental Disabilities(DD) Waiver service provided to its members, such that estimates of proportions may be calculated within an 8.46 percent margin of error (MOE). The PCR sample did not need to be representative of the populations served by each licensed provider or by region of the state. Some individuals selected for PCRs declined the opportunity to participate, expired prior to the completion of the PCR interview, or may have been excluded due to not meeting other eligibility criteria. An oversample of DD Waiver service recipients, that is up to 50 percent of the required sample size, was drawn to provide replacements when individuals could not or chose not to participate. Some members receiving these DD Waiver services who declined or were otherwise unable to participate may not have been able to be replaced by others receiving those services. For DD Waiver services where nearly the entire population was included in the sample, a limited oversample was drawn. If the refusal rate for participation by recipients of those services was high enough, it was possible that the oversample may not have been large enough to obtain the necessary sample size and HSAG then proceeded to collect PCR data through record and document reviews only.

HSAG conducted a PQR review of 100 percent of the 614 eligible licensed providers and CSBs delivering services. The target sample size approved by DBHDS for this review was 1,200 individuals.

Based on the target sample size, it was not possible to sample at least one PCR from each licensed provider, therefore, some licensed providers do not have any associated PCRs in the sample.

Sample Included in QSR

The sample for the QSR review was selected via the sampling methodology. Table 2-1 displays the licensed provider service type and associated number of PCRs selected for R3.

Table 2-1: Licensed Provider Service Type and Associated PCRs

DD Waiver Service Licensed Provider Service Type	Population of Service Recipients	Required Sample Size with Finite Population Correction[2]
Center Based Respite Care	62	43
Community Coaching	325	96
Community Engagement	2,571	128
Crisis Support Services	205	82
Group Day	6,258	132
Group Residential Support ≤ 4 Persons	3,042	129
Group residential Support > 4 Persons	2,124	127
Group Home (Customized Rate)	107	60
Independent Living Supports	135	68
In-Home Supports	2,066	126
Sponsored Residential	2,154	127
Supported Living	167	75
Total without Case Management	19,216	1,193
Case Management[1]	N/A	7
Grand Total[2]	19,216	1,200

[1]Although Case Management is not currently classified as an ID/DD Waiver service by DBHDS, evaluation of this service type (when provided by a CSBs that does not provide any other waiver service) is part of the QSR. Sample size for case management is not required to be representative of total population receiving it across the Commonwealth.
[2]Service recipients may be duplicated across service types if receiving more than one service type.

The sample was distributed among 614 licensed providers.

Sample Attributes

Figures 1, 2, 3, 4, and 5 provide information on the attributes of the individuals in the R3 sample. The PCR sample is representative of the DD Waiver services provided in the state.

Figure 2-1 displays the distribution of individuals by gender.

Figure 2-1: Percentage of Gender

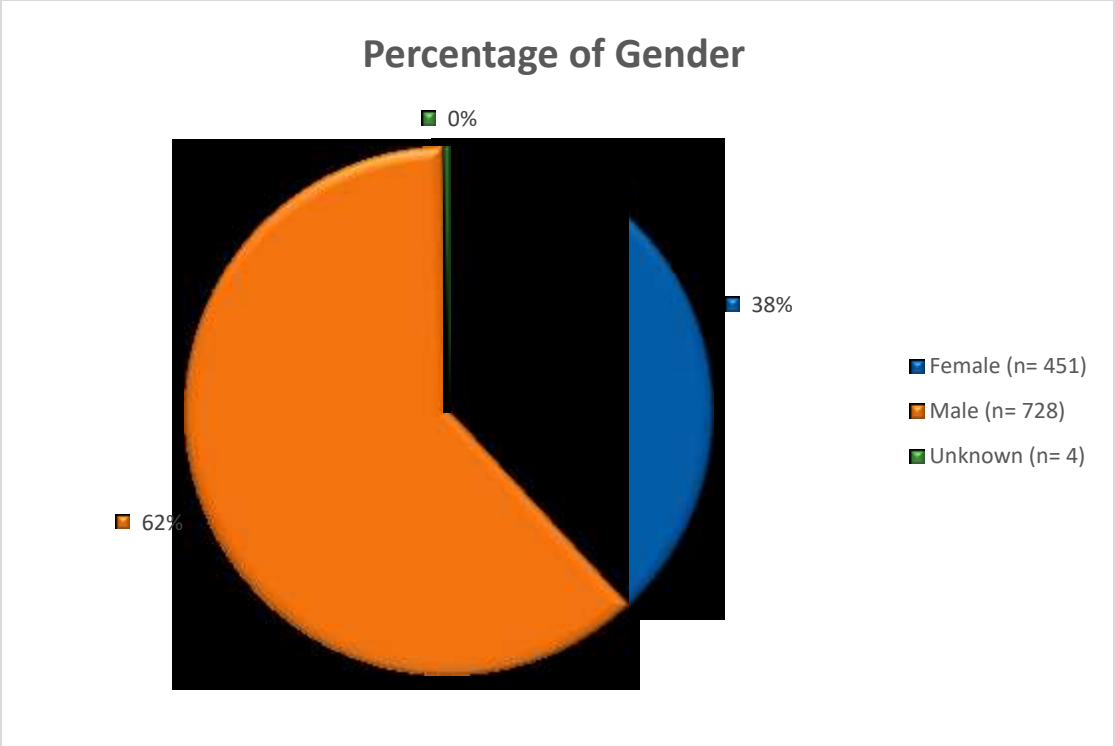


Figure 2-2 displays the distribution of individuals by age group.

Figure 2-2: Distribution of Individuals by Age

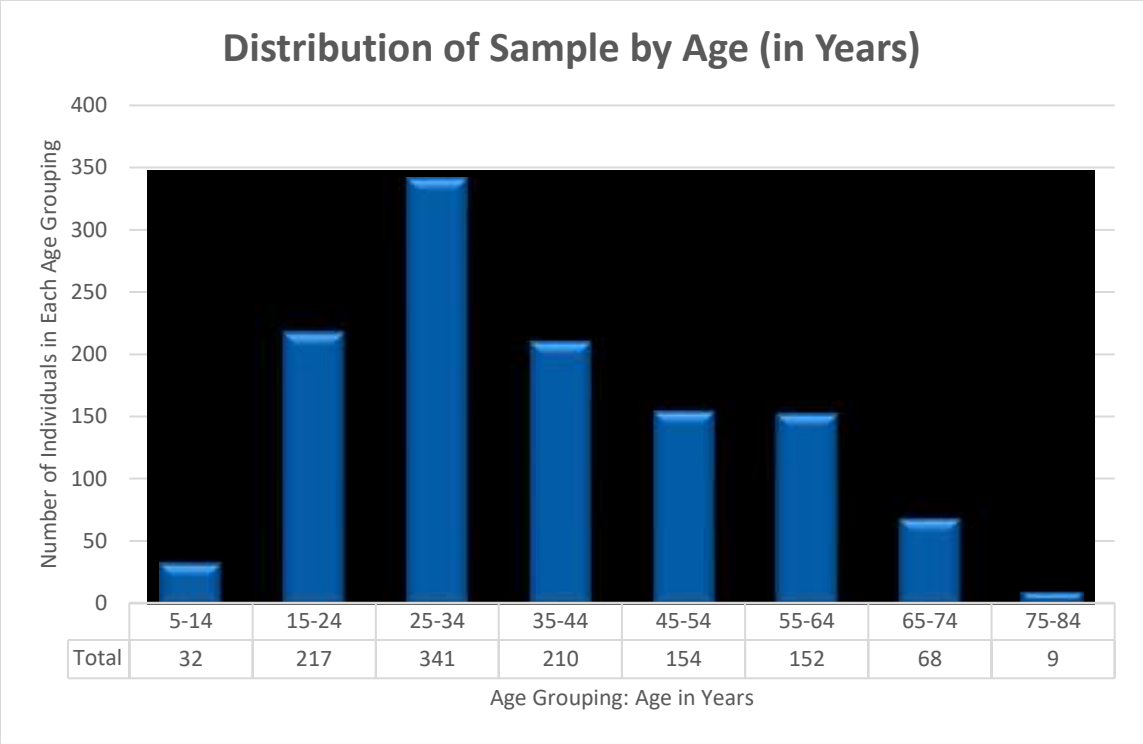
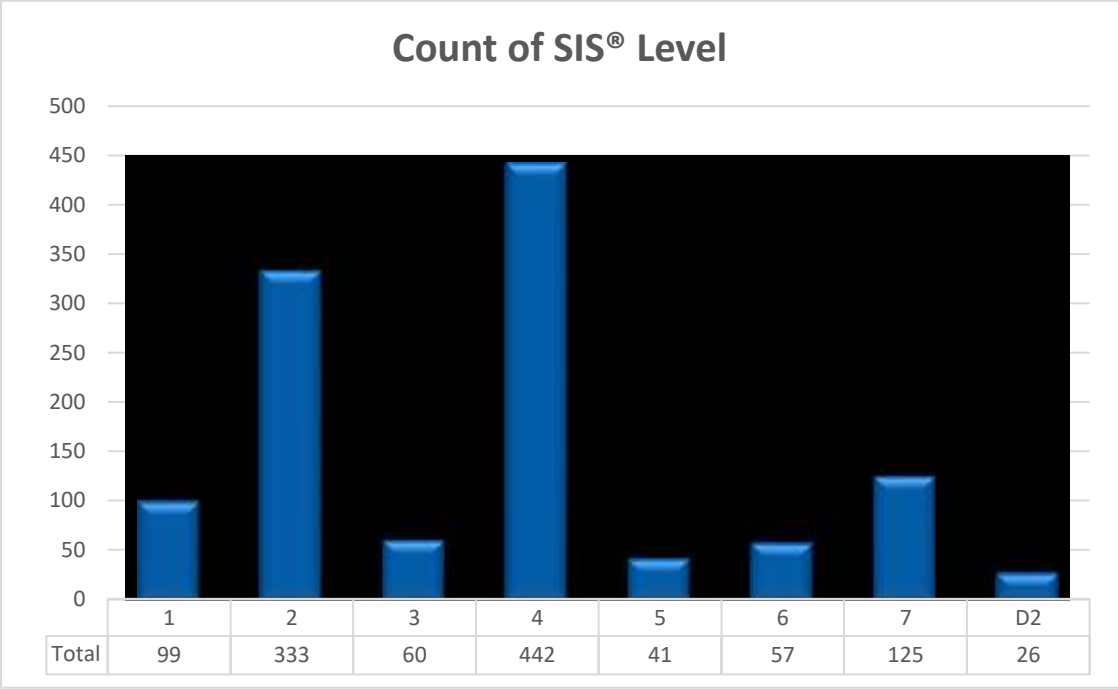


Figure 2-3 displays the distribution of the Supports Intensity Scale® (SIS®) levels of the individuals selected for the sample. The SIS® is an assessment instrument utilized by DBHDS that assesses the level of supports that an individual needs, as well as what is important to and for him/her. The SIS® level numbering refers to the level of intensity of support needs of the individual, with level 1 representing mild support needs and higher levels such as 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 2-3: SIS® Level

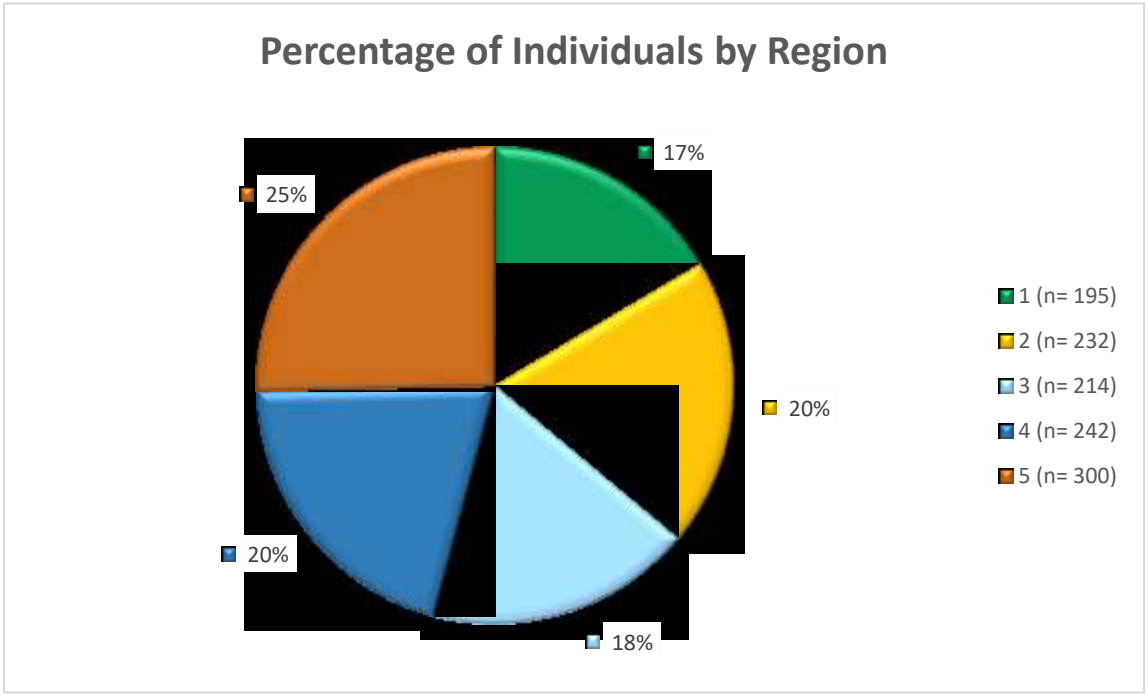


	1	2	3	4	5	6	7	D2
Total	99	333	60	442	41	57	125	26

QSR results are presented by region. Figure 2-4 displays the DBHDS Office of Human Rights statewide regions. Figure 2-5 displays the distribution of the individuals in the sample by region of the state.

Figure 2-4: DBHDS Regions

Figure 2-5: Percentage by Region



Data Limitations

Individuals sampled for the VA QSR are not required to participate, hence the original sample for a given licensed provider or licensed provider service type may change due to individual choice, or one of the reasons noted below. Oversampling, or alternate selection, was conducted to reduce potential impact of these data limitations on PCR results.

The following were known data limitations to the QSRs which impacted PCR data collection:

- Individuals may have declined to participate
- Individuals may not have been reachable with contact information available,
- Individuals may have been incarcerated, hospitalized, or deceased.
- Licensed providers may not have participated.
- Licensed providers may have closed, temporarily or permanently, due to COVID-19.
- Licensed providers may have suspended service types, temporarily or permanently, due to COVID-19.

Impact of COVID-19 on QSR

HSAG noted that the Commonwealth of Virginia was impacted by another COVID-19 variant in January 2022, resulting in on-site restrictions which hindered HSAG's ability to conduct in-person interviews and observations. When the resumption of in-person on-site reviews was issued by DBHDS on March 2, 2022, HSAG proceeded with in-person interviews and observations resulting in successful completion of the in-person observation component for 10 percent of all reviews.

Evaluation Phase

The evaluation phase consisted of a review of individual care management/support coordination and licensed provider service records. The HSAG review team of experienced QSR reviewers reviewed documentation for the selected cases. Licensed provider service and service coordination documentation was reviewed for a six-month evaluation window from January 1, 2021–June 30, 2021. 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 January 1, 2021. This allowed QSR reviewers to examine 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 licensed provider, as well as the support coordinators involved for each respective case.

Data Analysis and Aggregation

HSAG aggregated the review results across all licensed provider service types and individuals included in the sample for the licensed provider. Each applicable requirement within each domain was scored as *Yes, No, N/A (Not Applicable), or UTA (Unable to Assess)*. 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 *Yes* (value: 1 point) or *No* (value: 0 points), and dividing the summed scores by the total number of applicable cases. Data analysis also included aggregate performance by licensed provider.

Scoring Methodology

To quantify the compliance performance for the scored elements, HSAG used a two-point scoring methodology. Each requirement was scored as *Yes* or *No* according to the criteria identified below.

Yes indicated that the licensed provider achieved the following criteria:

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

No 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

N/A and UTA 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.

Some elements use *inverse measurement*, or reverse scoring logic, where a lower percentage indicates greater compliance. For these elements licensed providers were instructed to focus attention to the column in the licensed provider report noting if a quality improvement plan is indicated, rather than the associated percentages for a given element.

The data collected for this report were obtained from a limited, but representative, sample of individuals, meaning the results presented are an accurate representation of the average experiences of the individuals within that service type. Results tables in this report include elements HSAG identified as core components of each specific compliance area. Licensed providers may have been assessed using other elements that informed the QSR review which are not presented in this report.

Performance Areas and KPAs

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

- ISP Assessment
- ISP Development and Implementation
- Quality Improvement Plan
- Risk Harm

Compliance elements for these areas were associated to the 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.

The QSR process included a review of documents, such as policies and procedures, licensing information including licensed provider status of implementation of approved corrective actions plans (CAPs),licensed provider records, support coordinator records including the individual support plan (ISP), interviews and observations of individuals, and interviews with licensed 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:

- The licensed provider develops, implements, and maintains a thorough and complete risk management plan
- Licensed providers proactively identify and address risks of harm, demonstrates development and monitoring/revisions of corrective actions plans (CAPs) if CAP is not having the intended impact
- The licensed 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 licensed provider has a quality improvement policy and procedure sufficient to identify, monitor, and evaluate clinical and service quality and the effectiveness of the quality improvement plan on a systematic and ongoing basis
- The licensed provider develops, implements, and maintains a thorough and complete quality improvement plan
- The quality improvement plan is reviewed annually
- Licensed providers have active quality management improvement programs and risk management programs, either as separate plans or combined into one program, that addresses both Quality and Risk
- Licensed providers have policies and procedures that address Home and Community-Based Services (HCBS) rights

- Licensed providers can demonstrate the HCBS policies and procedures have been reviewed with individuals being served
- The licensed provider has a policy and procedure that demonstrates assurance of individual choice and self-determination
- The licensed provider has policies and procedures that addresses dignity of risk and medical and behavioral health emergencies
- The licensed provider reports incident reports for any abuse, neglect, or exploitation
- The licensed provider ensured the health, safety, and well-being of individuals post-incident
- The licensed provider documentation review indicates the completion of an annual physical exam or a valid justification for deferral of the annual exam
- The licensed provider documentation review indicates the completion of an annual dental exam or a valid justification for deferral of the annual exam
- All medical and/or behavioral needs identified in the Supports Intensity Scale® (SIS®) or any other assessment are addressed in the ISP
- The Risk Assessment Tool (RAT) was completed timely
- The ISP includes RAT elements and documentation of medication side effect review
- The ISP includes strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions
- 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 indicates the following life area(s): safety & security and health living, have outcomes identified

The QSR included assessment of additional elements that evaluated health, safety and well-being including:

- Is the individual's environment neat and clean?
- Was the person's environment accessible?
- Does the individual appear well kempt?
- Was any equipment in need of repair and/or has repair or follow up on repair been occurring?
- Does the individual have any unmet health or behavioral support needs?
- Does staff know what medications the individual is taking and the common side effects of the medication, if applicable?
- Have there been any events related to the individual's high-risk factors (i.e., aspiration, choking, constipation, falls, etc.)?
- Do you feel safe here, if not why?

- Does the individual have any needs or supports that are currently not being met (support decision maker/family interview)?

Community Integration and Inclusion KPA

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

- The licensed provider is able to demonstrate methods or strategies to promote participation in meaningful work activities as determined by the individual
- The licensed provider is able to demonstrate methods or strategies to promote participation in non-large group activities as determined by the individual
- The licensed provider is able to demonstrate methods or strategies to encourage participation in community outings with people other than those with whom, they live including community members
- Assessment(s) were completed after the start of the ISP plan year
- The ISP indicates the following life area(s): employment, integrated community involvement, community living, social & spirituality, citizenship & advocacy have outcomes identified
- The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days
- 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 includes signatures of the individual (or representative) and all licensed providers responsible for its implementation

The QSR included assessment of additional elements that evaluated community integration and inclusion including:

- Staff were engaging with the individual base on the person's preference and interest
- The individual was being offered choices throughout the visit
- Do you like living here?
- Do you like attending this program?
- Did you get to choose the people you participate in group with?
- If you want to go somewhere, does your provider take you?
- Do you have a job and/or do you want one, if applicable?
- Do you feel the ISP is representative of the person's needs (SDM/family interview)?
- Do you have any concerns regarding the current service providers?

Provider Competency and Capacity KPA

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

- The licensed provider has a hiring policy and procedure
- The hiring policy includes requirements for background checks
- The licensed provider has an orientation training policy for all staff at all levels
- The licensed provider has a written process for determining staff competency

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

- The staff used first person language and addressed the individual directly
- The staff service provided to the individual reflect implementation of the ISP Part V as written
- The staff utilized strategies identified in the behavioral support plan to support the individual, if applicable
- The staff utilized medical and behavioral protocols to support the individual as indicated in the protocol
- The staff appeared to be able to understand and respond appropriately to the individual's support needs
- The staff demonstrated competency in supporting the individual
- The licensed provider demonstrated evidence of oversight and monitoring of new staff, if applicable
- The individual has specialized staffing support and it is being implemented
- The staff supported the individual utilizing the adaptive equipment as indicated in the ISP, if applicable
- The staff were able to describe things important for the individual
- The staff were able to describe the outcomes being worked on in this environment
- The staff were familiar with the medical and/or behavioral support needs of the individual and any sign/symptoms that need to be monitored
- The staff reported receiving all of the training needed to support the individuals they serve

3. QSR Results

Results

The R3 QSR aggregate results are presented as statewide, region, CSB, and licensed provider service type rates. The data collected are representative at the state-level by service category only, as described in the methodology section of this report. Licensed 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 licensed 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 licensed 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 licensed provider service type-specific results represent performance scores across all licensed providers in those service types in aggregate.

Target compliance goals for the R3 reviews is 90 percent. HSAG reported results performing at, above, and below 90 percent compliance to identify potential opportunities for improvement.

ISP Assessment Compliance Elements

Below are results for six compliance elements that best represent the core components of ISP Assessment. Table 3-1 provides the performance results for the ISP assessment elements.

Table 3-1: ISP Assessment Compliance Elements

Compliance Element	Aggregate Type	Result
Is Part I of the ISP complete and thorough?	Statewide	74%
Does the ISP section II include the individual's health and behavioral support needs?	Statewide	84%
Does the ISP section II include medications?	Statewide	97%
Does the ISP section II include the individual's physical and health conditions?	Statewide	92%
Does the ISP section II include the individual's social, developmental, behavioral, and family history?	Statewide	97%
Does the ISP section II include the individual's communication, assistive technology and modifications needs?	Statewide	98%

As described in Table 3-1, statewide results revealed performance of greater than 90 percent compliance for four of the six elements.

Opportunities include:

- ISP Part I development that is complete and thorough (i.e., includes individual's ISP meeting details, their talents & contributions, Important to/Important for, and is written in person centered language)
- ISP Part II development that includes all health and behavioral support needs for the individual

CSB, region, and service type specific results are available in Appendix A, Appendix F, and Appendix N, respectively.

ISP: Development and Implementation Compliance Elements

Below are results for nine compliance elements that best represent the core components of ISP Development and Implementation. Table 3-2 provides the performance results for the ISP development and implementation elements.

Table 3-2: ISP Development and Implementation Compliance Elements

Compliance Element	Aggregate Type	Result
Were there any medical needs identified in the SIS® or any other assessment that were not addressed in the ISP?[1] *[1]This element was measured using scoring criteria that is inverse, meaning a lower percentage indicates better score.*	Statewide	16% of the ISPs reviewed did not include all medical needs identified in the SIS®. 84% of the ISPs reviewed included all medical needs in the SIS®.
Were there any behavioral needs identified in the SIS® or any other assessment that were not addressed in the ISP?[1] *[1]These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance.*	Statewide	17% of the ISPs reviewed did not include all behavioral needs identified in the SIS®. 83% of the ISPs reviewed included all behavioral needs in the SIS®.
Was the RAT completed timely?	Statewide	86%
Are all risks identified in Part II of the ISP addressed under an outcome in Part III?	Statewide	78%
Are there any needs identified in Part III where a licensed provider has not been identified and a Part V developed? [1] *[1]These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance.*	Statewide	6% of ISPs reviewed noted needs identified in Part III that did not have licensed provider Part V developed. 94% of ISPs reviewed had Part V developed for all needs identified in Part III.
The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	Statewide	90%

Compliance Element	Aggregate Type	Result
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.	Statewide	96%
The ISP includes signatures of the individual (or representative) and all licensed providers responsible for its implementation.	Statewide	88%
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	27%

Statewide performance results for ISP Development and Implementation compliance elements overall indicate individuals across the Commonwealth were provided the opportunity to choose services and supports, including who provides those supports, and that services were reviewed with individuals quarterly as required. Further, results indicate licensed providers were assigned to Part III outcomes for needs identified in the ISP as appropriate.

In previous QSR reviews, multiple aspects of compliance specific to ISP Development and Implementation were subsumed within one element, also included in Table 3-2: "*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*." However, this compliance element was identified as needing additional, more robust measurements to accurately capture needs identified in the record that are not accurately reflected in the ISPs reviewed. To that end, additional elements were added for Round 3 to specifically assess core components of ISP development and implementation specifically related to unidentified needs, inadequately addressed risks, or deficiencies in the ISP development and/or implementation. It should be noted that areas with opportunities for improvement from this section listed below reflect some of the additional elements added for Round 3 (first four bullets) and compliance element noted in last bullet (27%) subsumes deficiencies identified within previous compliance elements. For example, if QSR review identifies medical or behavioral needs noted in the SIS® that were not included in the ISP and scores element No, compliance element specific to documentation of unidentified risks is required to be scored No to capture the specific deficiency.

Opportunities include:

- Identification of medical needs and/or behavioral needs evidenced in the SIS® or other assessment as appropriate in the ISP

- Timely completion of the RAT
- Inclusion of all risks identified in outcome as appropriate
- Documentation of individual's active participation in ISP development and planning including their representative if applicable, and all others responsible for ISP implementation
- ISP 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

CSB, region, and service type specific results are available in Appendices B–D, Appendices G-I, and Appendices O-Q, respectively.

Quality Improvement Plan Compliance Elements

Below are results for eight compliance elements that best represent the core components of Quality Improvement Plans. Table 3-3 provides the performance results for the Quality Improvement Plan elements.

Table 3-3: Quality Improvement Plan Compliance Elements

Compliance Element	Aggregate Type	Result
Does the agency have a QI policy and procedure?	Statewide	84%
Does the agency have a QI plan?	Statewide	93%
The Quality Improvement Plan is reviewed annually?	Statewide	86%
Licensed providers have active quality management and improvement programs.	Statewide	85%
Does the agency have policies and procedures that address HCBS rights?	Statewide	95%
Are those policies and procedures reviewed with the individuals being served?	Statewide	99%
Does the agency have policies around assurance of individual choice and self-determination?	Statewide	92%
Does the agency have policies around dignity of risk?	Statewide	90%

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

Opportunities include:

- Licensed provider development of QI policy and procedures
- Licensed provider review of QI plans annually
- Licensed provider implementation and monitoring of QI and RM policies and procedures ("active" QI/RM programs)

Risk/Harm Compliance Elements

Below are results for six elements that best represent core components of the licensed providers' risk management plans and processes. Table 3-4 provides the performance results for the risk management/harm elements.

Table 3-4: Risk Management/Harm Compliance Elements

Compliance Element	Aggregate Type	Result
Does the agency have a Risk Management Plan?	Statewide	95%
Licensed providers proactively identify and address risks of harm and develop and monitor corrective actions.	Statewide	88%
The licensed provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.	Statewide	84%
Does the agency have policies around medical and behavioral health emergencies?	Statewide	86%
Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Statewide	96%
Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?	Statewide	90%

As described in Table 3-4, statewide results revealed performance of greater than 90 percent compliance for three of six elements.

Opportunities include:

- Licensed provider identification of risks of harm including development and monitoring of corrective actions as appropriate
- Licensed provider implementation of risk management processes that adequately address harms and risks of harm
- Licensed provider development of policies for medical and behavioral health emergencies

CSB, region, and service type specific results are available in Appendix E, Appendix K, and Appendix S, respectively.

Incidents/Disputes Compliance Elements

Below are the results for two elements that best represent core components of the licensed providers' incident reporting processes. Table 3-5 provides the performance results for the incident reporting elements.

Table 3-5: Incident Reporting Compliance Elements

Compliance Element	Aggregate Type	Result
Are there any abuse, neglect, or exploitation patterns contained within the incident reports? [1] [1]*These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance.*	Statewide	5% of licensed provider incident reports reviewed contained patterns of abuse, neglect, or exploitation. 95% of licensed provider incident reports reviewed did not contain patterns of abuse, neglect, or exploitation.
Is there evidence that the licensed provider ensured the health safety and well-being of individuals post-incident?	Statewide	92%

As described in Table 3-5, statewide results revealed performance of greater than 90 percent compliance for both elements related to incident reporting.

Licensed Provider Competency and Capacity

Below are the results for ten elements that best represent core components of licensed provider competency and capacity. Table 3-6 provides the performance results for licensed provider competency and capacity elements.

Table 3-6: Licensed Provider Competency and Capacity Compliance Elements

Compliance Element	Aggregate Type	Result
Does the agency have a hiring policy and procedure?	Statewide	91%
Does the policy include requirements around background checks?	Statewide	95%
Does the agency have an orientation training policy for all staff at all levels?	Statewide	92%
Does the agency have a process written for determining staff competence?	Statewide	84%
Did the staff demonstrate competency in supporting the individual?	Statewide	98%
Were staff utilizing adaptive equipment the individual had as part of their plan?	Statewide	97%
Are staff able to describe things important to and important for the individual?	Statewide	98%
Was staff able to describe the outcomes being worked on in this environment?	Statewide	98%
Were staff familiar with medical protocols to support the person?	Statewide	97%
Were staff familiar with behavioral protocols to support the person?	Statewide	97%

As described in Table 3-6, statewide results revealed performance of greater than 90 percent compliance for nine of ten elements.

Opportunities include:

- Licensed provider development of written policies that determine staff competence

CSB, region, and service type specific results are available in Appendix M, Appendix U, and Appendix V, respectively.

Community Integration and Inclusion

Below are the results for three elements that best represent core components of community integration and inclusion. Table 3-7 provides the performance results for community integration and inclusion elements.

Table 3-7: Community Integration and Inclusion Compliance Elements

Compliance Element	Aggregate Type	Result
Does the licensed provider promote individual participation in what the individual considers to be meaningful work activities?	Statewide	98%
Does the licensed provider promote individual participation in non-large group activities?	Statewide	96%
Does the licensed provider encourage individual participation in community outings with people other than those with whom they live?	Statewide	98%

As described in Table 3-7, statewide results revealed performance of greater than 90 percent compliance for all three elements.

Individual Interview Results

HSAG aggregated individual interview results, consisting of 21 interview questions, into statewide percentages and standard compliance cutoff of 90 percent applied to identify areas with opportunities for improvement evidenced by individual report.

Strengths include:

- Individuals like their staff
- Individuals like attending community-based programs
- Individuals do not experience barriers to accessing their community
- Individuals like where they live
- Individuals feel safe where they live

Opportunities include:

- Increasing options for individuals to participate in work or what represents meaningful work
- Increasing options for individuals to participate in community-based activities of their preference
- Supporting individuals to participate in their banking
- Providing keys to residence and/or personal bedroom
- Supporting individuals in registering to vote
- Providing individual choice of housemate

Individual responses statewide indicate satisfaction with staff, satisfaction within their community-based services, and do not indicate significant barriers to accessing their communities. Additionally, individuals statewide report liking where they live and feeling safe in those environments. However, individual responses statewide indicate need for greater opportunities to participate in both meaningful work and activities of their choice. Lastly, four compliance elements which assess specific aspects of HCBS Settings Rule implementation at the licensed provider level were identified as areas with opportunities for improvement.

Table 3-8 displays the aggregate results of individual interview responses.

Table 3-8: Individual Interview Responses

Aggregate Individual Interview Responses				
Individual Interview Questions	**Percent Yes**	**Percent No**	**Percent CND[2]**	**Percent Positive[3] (Yes/Yes+No)**
Do you like living here?	83%	4%	13%	96%
Would you like to live somewhere else?[1]	26%	51%	23%	34%
Did you choose the people you live with?	58%	15%	27%	80%
Do you have a key to your home?	58%	27%	14%	68%
Do you have a key to your bedroom?	55%	30%	15%	65%
Do you open your mail or help with opening your mail?	74%	8%	18%	90%
Do you have visitors at your home?	81%	5%	13%	94%
Do you like attending this program?	88%	2%	9%	97%
Did you get to choose the people you participate in the group with?	73%	8%	19%	90%
Would you like to do something else during the day?[1]	31%	46%	23%	40%
Do you like your staff?	84%	2%	14%	98%
If you want to go somewhere, does your provider take you?	82%	3%	15%	97%
Do you have any problems getting to go where you want?[1]	5%	75%	20%	6%
Do you want to attend a church/synagogue/mosque or other religious activity of your choice?	51%	30%	19%	63%
Do you attend religious services?	43%	39%	18%	52%
Are you registered to vote?	42%	33%	25%	56%
Did you vote in the last election?	30%	42%	28%	42%
Do you participate in your banking?	58%	20%	21%	74%

Aggregate Individual Interview Responses				
Individual Interview Questions	**Percent Yes**	**Percent No**	**Percent CND[2]**	**Percent Positive[3] (Yes/Yes+No)**
Do you have a job?	23%	62%	15%	27%
Do you want one?[1]	41%	51%	8%	45%
Do you feel safe here?	84%	2%	14%	98%

[1]These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance. Compliance cut off standards remained the same, hence compliance percentages greater than 10% indicates area with opportunity for improvement.
[2]CND: could not determine (individual's response was unable to be understood/determined)
[3]Percent Positive is the percentage of Yes responses divided by the sum of Yes+No responses to the question. The CND response is not utilized to calculate this performance.

Region and service type specific results are available in Appendix W.

4. Conclusions and Recommendations

Conclusions

The R3 QSR results demonstrates:

- A 90 percent or greater compliance for four of six Individual Service Plans (ISP) Assessment elements
- A 90 percent or greater compliance for three of nine ISP Development and Implementation elements
- A 90 percent or greater compliance for five of eight Quality Improvement Plan (QIP) elements
- A 90 percent or greater compliance for three of six Risk/Harm elements
- A 90 percent or greater compliance for two of two Incident elements
- A 90 percent or greater compliance for nine of ten Licensed Provider Competency and Capacity elements
- A 90 percent or greater compliance for three of three Community Integration and Inclusion elements

CSBs and licensed providers must maintain a quality improvement program for all elements assessed in the VA QSR, not just the elements with a QIP to ensure continued demonstrable compliance.

A quality improvement plan, 12VAC35-105-620, is a data-driven, proactive approach to improving the quality of life, care, and services. The activities of the QIP involve members at all levels of the organization to identify opportunities for improvement, address gaps in systems or processes, develop and implement an improvement or corrective plan, and continuously monitor effectiveness of interventions.

Recommendations for Quality Improvement

The QSRs yielded opportunities for improvement for licensed providers who received licensed provider-specific reports that included data and analysis for their samples. When a licensed provider scored less than 90 percent on any element, the licensed provider was required to complete a QIP. Licensed providers submitted QIPs to HSAG for review and approval. Opportunities for improvement statewide can generally be sorted into three areas: service plan development, licensed provider service provision, and licensed provider quality improvement/risk management activities.

Opportunities for improvement related to service plan development include:

- Accurate documentation of all medical and behavioral needs in the ISP evidenced in most recent assessment(s)
- ISP planning that is person centered and reflects all life areas appropriately
- Timely completion of RAT in conjunction with ISP planning

- Documentation that individual, representative if applicable, and all natural or paid supports were included in ISP planning

Opportunities for improvement related to licensed provider service provision include:

- Increasing options for community-based activities, particularly those that reflect an individual's preference and/or meaningful work
- Consistent implementation of all HCBS requirements within licensed provider settings

Opportunities for improvement related to licensed provider quality improvement/risk management activities include:

- Development of QI policy distinct from active QI plan
- Review of QI plans annually
- Development of policies that address both medical and behavioral emergencies
- Development of policies that explicate process for determining staff competence
- Increase capacity to implement and monitor QI/RM activities which adequately identify risks of harm specific to the individuals they serve

Overall statewide, ISPs accurately document medications for physical conditions for the individual and they are being offered choice of service and service licensed providers as appropriate. Additionally, those services are being reviewed quarterly as required by case managers. HCBS policies are present when required, and those policies are being reviewed with individuals as appropriate. Individuals have received an annual physical exam and annual dental exam as required, or valid documentation for deferral is present. Licensed providers are demonstrating competence in supporting individuals across service types and across regions. Patterns of abuse, neglect, or exploitation were not found within licensed provider CHRIS incident reports, and incidents documented were supported post-incident appropriately. Lastly, licensed providers have policies in place that promote pursuit of community-based activities, which include those that represent meaningful work, non-large group activities, and activities with people they do not live with.

Opportunities for improvement statewide can generally be sorted into three areas: service plan development, licensed provider service provision, and licensed provider quality improvement/risk management activities. Service planning improvements should focus on accurate documentation of all medical and behavioral needs, ensuring ISP planning is person centered and includes all relevant/responsible parties, and ensuring the RAT is completed timely to best integrate risks and potential risks into ISP as appropriate.

Licensed provider service provision improvements should focus on consistent implementation of HCBS settings rule requirements in all settings and increasing options for community-based and meaningful work activities. Given that licensed providers are not able to create community-based programming, focus for improvement should center on increasing the variety of options offered to individuals they

serve, facilitation of activities of their choice, including those that are considered meaningful work to the individuals they serve.

Licensed provider QI/RM activity improvements should focus on understanding of difference between Quality Improvement policy and Quality Improvement plan and development of appropriate QI policy. Additionally, licensed providers should also focus attention to ensure their active QI plans are reviewed annually. Licensed providers should focus on developing policies or written processes for determining staff competence, in addition to policies that detail procedures for staff response to both medical and behavioral emergencies. Lastly, licensed providers need to increase their capacity to implement and monitor QI/RM activities which adequately identify risks of harm specific to the individuals they serve.

HSAG reviewed the statewide, CSB, region, and service type specific aggregate results and offered the following recommendations:

Table 4-1: Opportunities for Improvement and Recommendations

Service Type Definitions	
Agency Directed Respite – CBR	Group Residential Support <= 4 Persons – GRS
Case Management – CMA	Group Residential Support > 4 Persons – GRL
Community Coaching – CCO	Independent Living Supports – ILS
Community Engagement – CEN	In-Home Supports – IHS
Crisis Support Services – CSS	Sponsored Residential – SPR
Group Day – GDY	Supported Living – SUL
Group Home (Customized Rate) – GHC	

Element	Opportunity for Improvement
Is Part I of the ISP complete and thorough?	**Statewide**: 74% **Regions with opportunity**: All Regions **Service types with opportunity**: CCO, CEN, CSS, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs ensure support coordinator understanding of the expectation for documentation of activities and efforts made to address individual risks by providing additional clinical-based training focusing on critical aspects of person-centered planning to all support coordinators.

Element	Opportunity for Improvement
Does the ISP section II include the individual's health and behavioral support needs?	**Statewide**: 84% **Regions with opportunity**: 1, 2, 3, 5 **Service types with opportunity**: CCO, CEN, GDY, GRS, GRL, ILS, IHS, SUL **Recommendation**: HSAG recommends that CSBs ensure support coordinator understanding of the expectation for documentation of activities and efforts made to address individual risks by providing additional clinical-based training focusing on inclusion of all relevant health and behavioral support needs in ISP planning documentation to all support coordinators.
Were there any medical needs identified in the SIS® or any other assessment that were not addressed in the ISP?[1] *[1]These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance.*	**Statewide**: 16% **Regions with opportunity**: All Regions **Service types with opportunity**: CCO, CEN, CSS, GDY, ILS, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs ensure support coordinator understanding of the expectation for documentation of activities and efforts made to address individual risks by providing additional clinical-based training focusing on proper identification and inclusion of all medical needs documented in most recent assessments to all support coordinators.
Were there any behavioral needs identified in the SIS® or any other assessment that were not addressed in the ISP?[1] *[1]These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance.*	**Statewide**: 17% **Regions with opportunity**: 1, 2, 3, 5 **Service types with opportunity**: CBR, CCO, CEN, CSS, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs ensure support coordinator understanding of the expectation for documentation of activities and efforts made to address individual risks by providing additional clinical-based training focusing on proper identification and inclusion of all behavioral needs documented in most recent assessments to all support coordinators.
Was the RAT completed timely?	**Statewide**: 86% **Regions with opportunity**: 1, 3, 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR

Element	Opportunity for Improvement
	Recommendation: HSAG recommends that CSBs ensure support coordinator understanding of the expectation for completion of the RAT prior to, or in conjunction with, ISP planning.
Are all risks identified in Part II of the ISP addressed under an outcome in Part III?	**Statewide**: 78% **Regions with opportunity**: All Regions **Service types with opportunity**: CBR, CCO, CEN, CSS, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs ensure support coordinator understanding of the expectation for documentation of activities and efforts made to address individual risks by providing additional clinical-based training focusing on proper inclusion of all risks in appropriate Part III outcome.
The ISP includes signatures of the individual (or representative) and all licensed providers responsible for its implementation.	**Statewide**: 88% **Regions with opportunity**: 5 **Service types with opportunity**: CBR, CCO, CEN, GRS, ILS, SPR **Recommendation**: HSAG recommends that CSBs ensure support coordinator understanding of the expectation that ISP documentation contains signatures for all licensed providers responsible for implementation, including the individual and/or their guardian.
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**: 27% **Regions with opportunity**: 1, 2, 4, 5 **Service types with opportunity**: CBR, CEN, CSS, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs provide additional clinical-based training focusing on: ensuring support coordinator understanding of proper identification and assessment of new or previously unidentified risks; how to properly document changes in status including relevant follow up; how to identify deficiencies or discrepancies in support plan or its implementation; and best practices for how to address and mitigate risks incorporating individual's strengths and preferences with support of planning team.
Does the agency have a QI policy and procedure?	**Statewide**: 84%

Element	Opportunity for Improvement
	Regions with opportunity: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers develop a policy and procedure congruent to DBHDS requirements.
The quality improvement plan is reviewed annually.	**Statewide**: 86% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers review their quality improvement plan annually congruent to DBHDS requirements.
Licensed providers have active quality management and improvement programs, as well as risk management programs.	**Statewide**: 85% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers ensure quality improvement and risk management programs include evidence of active staff engagement in those activities.
Licensed providers proactively identify and address risks of harm and develop and monitor corrective actions.	**Statewide**: 88% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers increase their effort to proactively identify harms or risks of harm, including potential areas of risk and corresponding risk thresholds. Licensed provider efforts should focus on development and monitoring of corrective actions to better mitigate risks.
The licensed provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.	**Statewide**: 84% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers increase effort to implement Risk Management processes that contain all required aspects per DBHDS requirements, specifically establishment of uniform risk triggers and a system for tracking those risk triggers and thresholds to better mitigate risks of harm.
Does the agency have policies around medical and behavioral health emergencies?	**Statewide**: 86% **Regions with opportunity**: *

Element	Opportunity for Improvement
	Service types with opportunity: ** **Recommendation**: HSAG recommends that licensed providers develop a policy and/or procedure(s) for staff to follow when medical and behavioral emergencies occur.
Does the agency have a process written for determining staff competence?	**Statewide**: 84% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers develop processes for determining staff competence and document that process in written training policy, or other policy/procedure as appropriate.

**Region level tabulation of licensed provider PQR compliance results were not possible due to use of tax identification number (TIN) as the unique licensed provider identifier. For example, a single licensed provider could serve individuals across multiple regions, resulting in that licensed provider's compliance score being included in the aggregate score for multiple regions.*

*** Licensed provider service type level tabulation of the licensed provider PQR compliance results were not possible due to measurement of compliance by licensed provider rather than their specific service type. For example, a single licensed provider PQR compliance score could be attributed to more than one service type, resulting in that licensed provider's PQR compliance score being included in the aggregate score for more than one service type.*