DBHDS

Virginia Department of Behavioral Health and Developmental Services

DBHDS Quality Service Review

Aggregate Report

Review 6 SFY 2024

September 27, 2024

HSAG HEALTH SERVICES ADVISORY GROUP

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Appendices

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/Community Service Boards 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 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 with the following Key Performance Areas (KPAs): *Health, Safety, and Well-Being KPA*, *Community Integration and Inclusion KPA*, and *Provider Capacity and Competency 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) to participate in the QSR process.

The Round 6 (R6) state fiscal year (SFY) 2024 QSRs were conducted from April 2024 through July 2024, reviewing services that occurred during the lookback period of July 1, 2023, through January 31, 2024. The target sample size approved by DBHDS for this review was 720 individuals. The aggregate findings from the review are summarized within this report.

Methods for Conducting the Review

The scope of the QSR for SFY 2024 included applicable federal regulations, Virginia Administrative Code, the requirements set forth in the DBHDS Performance Contract, and the Centers for Medicare & Medicaid Services Home and Community Based Services (HCBS) Settings Rule.

The QSR process involved a review of documents such as policies and procedures, QSR quality improvement plans (QIPs) completed by licensed providers/CSBs, licensed provider records, and support coordinator records including any documents used to develop the individual support plan (ISP). The QSR also utilizes data collected through direct observation of and interviews with individuals and staff, interviews with licensed providers/CSBs, interviews with support coordinators, and interviews with individual substitute decision-makers and/or family members.

Sample Included in QSR

The sample for the QSR review was selected utilizing the DBHDS-approved sampling methodology, based on the licensed provider service type. Table 1-1 displays the licensed provider/CSB service type and associated number of PCRs selected for R6.

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

DD Waiver Service	Population of Service Recipients	Required Sample Size with Finite Population Correction
Community Coaching	306	66
Community Engagement	2978	82
Group Day	6226	83
Group Residential Support <= 4 Persons	3811	82
Group Residential Support > 4 Persons	1608	80
Group Home (Customized Rate)	114	49
Independent Living Supports	166	56
In-Home Supports	2234	81
Sponsored Residential	2469	81
Supported Living	212	60
Grand Total[1]	**20,124**	**720**

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

The sample was distributed among 330 licensed providers/CSBs.

Sample Attributes

HSAG analyzed the attributes of the individuals selected for the PCR sample. 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 the potential impact of data limitations on PCR results. Details about oversampling/alternate 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 the contact information provided
- Individuals may have been incarcerated, hospitalized, or deceased
- Individuals may not have received the service during the lookback period
- Licensed providers may not have participated (refusal, non-responsive, closure)

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 QSR reviewers reviewed documentation for the selected cases. Licensed provider service and service coordination documentation were reviewed for a seven-month evaluation window from July 1, 2023–January 31, 2024. The methodology for specific scored elements was designed to incorporate a review of documentation that may have occurred outside of the evaluation window. This allowed QSR reviewers to review the information that reflected the services and supports authorized for the individual during the evaluation window, and current services and supports. The review team determined whether each state and federal requirement was supported by evidence of case documentation submitted by the licensed service provider/CSB, as well as the support coordinators involved for each respective case.

Conclusions

The R6 QSR results demonstrate overall compliance statewide as indicated below:

- A 90 percent or greater compliance for two of five Individual Service Plan (ISP) Assessment elements
- A 90 percent or greater compliance for 10 of 23 ISP Development and Implementation elements
- A 90 percent or greater compliance for one of six Quality Improvement plan elements
- A 90 percent or greater compliance for two of 10 Risk/Harm elements
- A 90 percent or greater compliance for 26 of 37 Provider Capacity and Competency elements
- A 90 percent or greater compliance for three of three Community Integration and Inclusion elements

Recommendations for Quality Improvement

Of the total number of licensed providers and CSBs who participated in R6 QSR, 280 licensed providers and 37 CSBs received detailed reports noting specific deficiencies and opportunities for improvement that required submissions of QIP responses. Licensed provider/CSB response and/or action was required for any compliance element with a score less than 90 percent. Licensed providers/CSBs submitted QIPs to HSAG for review and approval and the status of implementation of those QIPs will be assessed during the next QSR the licensed provider/CSB is selected to participate in.

Opportunities for improvement statewide can generally be sorted into three areas: service plan development and/or implementation, service provision, and quality improvement/risk management activities and are offered to address specific compliance elements assessed as not meeting the statewide standard by licensed providers and/or CSBs in QSR R6. The purpose of recommendations listed here and detailed in Table 4-1 is to assist licensed providers and/or CSBs in identifying and addressing deficient findings from the QSR and incorporating those findings into QI activities to a) ensure licensed providers/CSBs are implementing the most current DBHDS best practices for service planning and service provision, b) ensure compliance with all relevant DBHDS regulations and best practices, and c) improve the overall quality of service planning and service provision by licensed providers and CSBs.

HSAG recommends that all licensed providers/CSBs incorporate QSR findings and QSR QIPs into agency quality improvement plans and programs to ensure identification and addressing of root causes, development and implementation of initiatives to drive systemic change, and tracking of progress through to systemic resolution. Specifically, HSAG recommends licensed providers/CSBs develop policies and processes to ensure QSR data is utilized as part of ongoing quality improvement initiatives specific to support coordination and/or waiver service provision. HSAG recommends that it partner with DBHDS to identify CSBs/licensed providers with repeat findings from round to round, to help DBHDS identify patterns, and work with CSBs/licensed providers to understand root causes and develop statewide strategies to address them. HSAG recommends DBHDS ensure licensed providers/CSBs understand the expectation for fully participating in the QSR and using QSR data as a standard for quality assurance activities.

The following recommendations are suggested to address deficient QSR findings specific to Individual Service Planning and assist CSBs with incorporating findings into QI activities. HSAG recommends CSBs:

1. Ensure all staff are aware of and trained on the most recent changes to WaMS ISP 4.0 development implemented by DBHDS, and ensure processes are in place to train/re-train staff when changes to WaMS are implemented by DBHDS.
2. Develop and implement quality assurance activities that utilize relevant key metrics from QSR compliance elements and ensure processes are in place for ongoing use of QSR data specific to support coordination.
3. Address ISP development deficiencies identified in the QSR with systemic approaches and interventions, rather than singular actions that correct individual findings, to better rectify and minimize/eliminate the root causes of deficiencies.

The following recommendations are suggested to address deficient QSR findings specific to service provision and assist licensed providers and/or CSBs with incorporating findings into QI activities. HSAG recommends that licensed providers and CSBs who offer waiver services:

1. Develop and implement policies and processes specific to hiring, orienting, and training staff, and policies and/or processes that detail how staff competence is determined and maintained.

2. Identify systemic deficiencies specific to ensuring HCBS rights are reviewed annually with all individuals as required, ensuring individuals have a choice in where to live, a choice of who to participate in group activities with, and a choice of daily activities.
3. Ensure policies specific to dignity of risk and individual choice and determination are in place and ensure staff have a working understanding of the concepts represented in each policy, specifically how they apply to the individuals served by the licensed provider and/or CSB.

The following recommendations are suggested to address deficient QSR findings specific to licensed provider/CSB QI/RM activities and assist licensed providers/CSBs with incorporating findings into QI activities. HSAG recommends that licensed providers/CSBs:

1. Ensure quality improvement programs are data-driven by collecting, tracking, and reviewing performance data with the ability to analyze trends over time and utilizing performance data in processes specific to the development of quality improvement goals and objectives that are specific, measurable, attainable, relevant, and time-bound.
2. Utilize QSR findings in tandem with the most current DBHDS tools, resources, and training materials to ensure policies, procedures, and processes include all required regulatory aspects.

The following recommendations are suggested for DBHDS to support licensed providers and/or CSBs in addressing statewide deficiencies in Individual Service Planning, service provision, and/or QI/RM activities, using systemic analysis and interventions. HSAG recommends DBHDS consider the following statewide actions to address findings in R6 QSR.

1. Continue to define and communicate best practices for ISP documentation to CSBs through the development of training curriculum or refinement of the current training curriculum, for targeted technical assistance specific to:
   a) Recognizing when a new assessment may be indicated, and/or when intervention or action is most appropriate or required to address the change and incorporating newly identified needs into the ISP; and
   b) Recognizing when a new assessment requires a change to the in-progress ISP.
2. Review individual ISPs to determine if they include person-centered measurable outcomes and address risks identified during ISP development and provide technical assistance, training, and resources to support improvement.
3. Ensure the development, communication, and implementation of SC competencies and the provision of competency training to support coordinators, confirm CSB support coordinators are implementing ISP changes in accordance with DBHDS expectations, and provide individual and systemwide support as needed.
4. Confirm QSR compliance elements specific to ISP development and implementation are updated with relevant ISP changes where applicable to better assist CSBs in incorporating DBHDS standards into best practices via future rounds of the QSR.
5. Continue to clarify and communicate expectations for licensed provider implementation of HCBS settings rules related to choice of where to live and with whom to live, choice of who to participate in group with, and choice of daily activities, for all applicable service types.

6. Continue to define and communicate best practice expectations, through targeted training (using the most current DBHDS curriculum) for licensed providers and CSBs specific to:
   a) Development of policies and processes specific to hiring, orienting, and training staff;
   b) Development of policies and processes for assessing staff competence; and
   c) Implementation of policies specific to individual choice and self-determination and dignity of risk to ensure staff can apply the policy to individuals served.
7. Continue to develop and disseminate quality improvement training with a curriculum that emphasizes bridging the gap between written policy and provider practice to ensure licensed providers/CSBs ability to synthesize relevant regulations into a data-driven quality improvement program.
8. Ensure licensed providers/CSBs are aware of and able to access all relevant DBHDS training curriculum specific to quality improvement, ISP development, and waiver service provision including recorded training not posted on the DBHDS website (i.e., YouTube).
9. Update the Toolkit for Prospective DD Waiver Providers with input from stakeholders and promote participation in the Provider Readiness Education Program (PREP) to ensure user-friendly resources are available for new providers with the most current and pertinent information to utilize when developing required quality improvement policies and procedures and provide opportunities for licensed providers to engage/network with other licensed providers (in the same region or who offer the same type of service) about best practices and/or challenges related to service provision in workgroup fashion.
10. Continue to communicate the expectation of licensed providers/CSBs to incorporate QSR findings into agency quality improvement programs and offer targeted technical assistance to licensed providers and CSBs to confirm quality improvement program processes require the incorporation of QSR findings to track the identification and remediation of systemic concerns.

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 actionable recommendations to licensed providers/Community Service Boards 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 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 in one or more of the following areas:

- Safety and freedom from harm (e.g., neglect and abuse, injuries, use of seclusion or restraints, and human rights 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)

- Stability (e.g., maintenance of chosen living arrangement, change in licensed providers/CSB, 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., outreach efforts, identified barriers, service gaps and delays, adaptive equipment, transportation, availability of services geographically, cultural, and linguistic competency)
- Licensed provider/CSB capacity (e.g., caseloads, training, staff turnover, licensed provider competency)
- Licensed provider/CSB implementation of approved QSR QIP

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

The Round 6 (R6) QSRs were conducted between April 2024 and July 2024, with in-person observations and interviews conducted from May 2024 through July 2024. The R6 QSR included reviewing 310 active licensed providers not reviewed in Round 5 (R5), plus the remaining 20 CSBs not selected for a PQR review in R5. Due to the nature of the QSR process, CSBs not selected for review of a waiver service in R6 were required to provide documentation related to support coordination for individuals sampled for the Person-Centered Review of a licensed provider/CSB and participate in the submission of required Quality Improvement Plans (QIPs) to HSAG, if applicable. The aggregate findings from the R6 state fiscal year (SFY) 2024 review are summarized within this report.

Methods for Conducting the Review

The scope of the QSR for SFY 2024 included applicable federal regulations, Virginia Administrative Code, 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/CSB and the individual level. The electronic QSR review tools addressed the services and support 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 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, QSR quality improvement plans (QIPs) completed by licensed providers/CSBs, licensed provider records, and support coordinator records including any documents used to develop the individual support plan (ISP). The QSR also utilizes data collected through direct observation of and interviews with individuals and staff, interviews with licensed providers/CSBs, interviews with support coordinators, and interviews with individual substitute decision-makers and/or family members.

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 a 10.74 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 was up to 100 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.

During R6, HSAG conducted a PQR review of 310 eligible licensed providers and the 20 CSBs not reviewed in R6. Therefore, R6 consists of 330 PQRs of licensed providers and CSBs. The target sample size approved by DBHDS for this review was 720 individuals. Based on the target sample size, it was not possible to sample at least one PCR from each licensed provider (due to reasons stated below in the *Data Limitations* section), 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 utilizing the DBHDS-approved sampling methodology, based on the licensed provider/CSB service type. Table 2-1 displays the licensed provider/CSB service type and associated number of PCRs selected for R6.

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

DD Waiver Service	Population of Service Recipients	Required Sample Size with Finite Population Correction
Community Coaching	306	66
Community Engagement	2978	82
Group Day	6226	83
Group Residential Support <= 4 Persons	3811	82
Group Residential Support > 4 Persons	1608	80
Group Home (Customized Rate)	114	49
Independent Living Supports	166	56
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Sponsored Residential	2469	81
Supported Living	212	60
Grand Total[1]	**20,124**	**720**

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

The sample was distributed among 330 licensed providers/CSBs.

Sample Attributes

Figures 2-1 through 2-5 provide information on the attributes of the individuals in the R6 sample. The PCR sample is representative of the DD Waiver services provided in the state. Figures below include demographic data for all individuals who met the eligibility criteria, to be included in QSR, (n=717). Three individuals met exclusion criteria after the alternate period and could not be replaced with an alternate.

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

Figure 2-1: Percentage of Gender

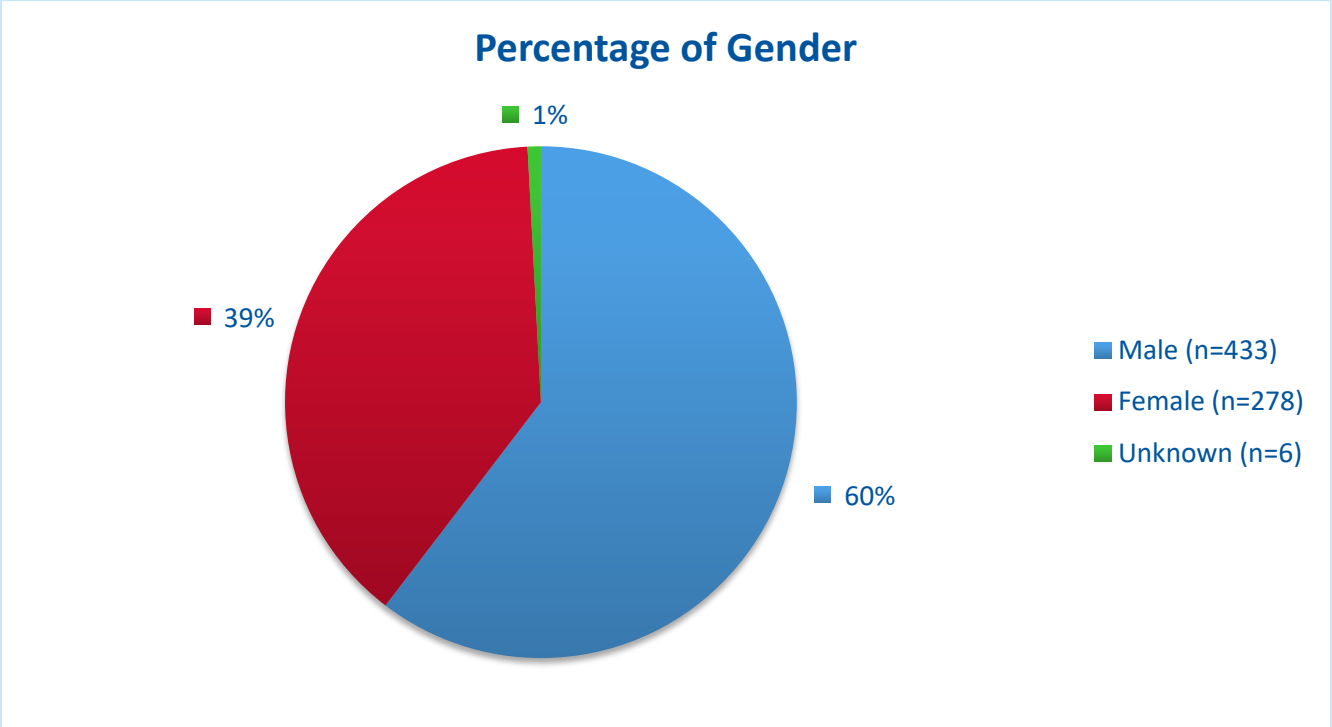


Figure 2-2 displays the distribution of individuals by age group.

Figure 2-2: Distribution of Individuals by Age

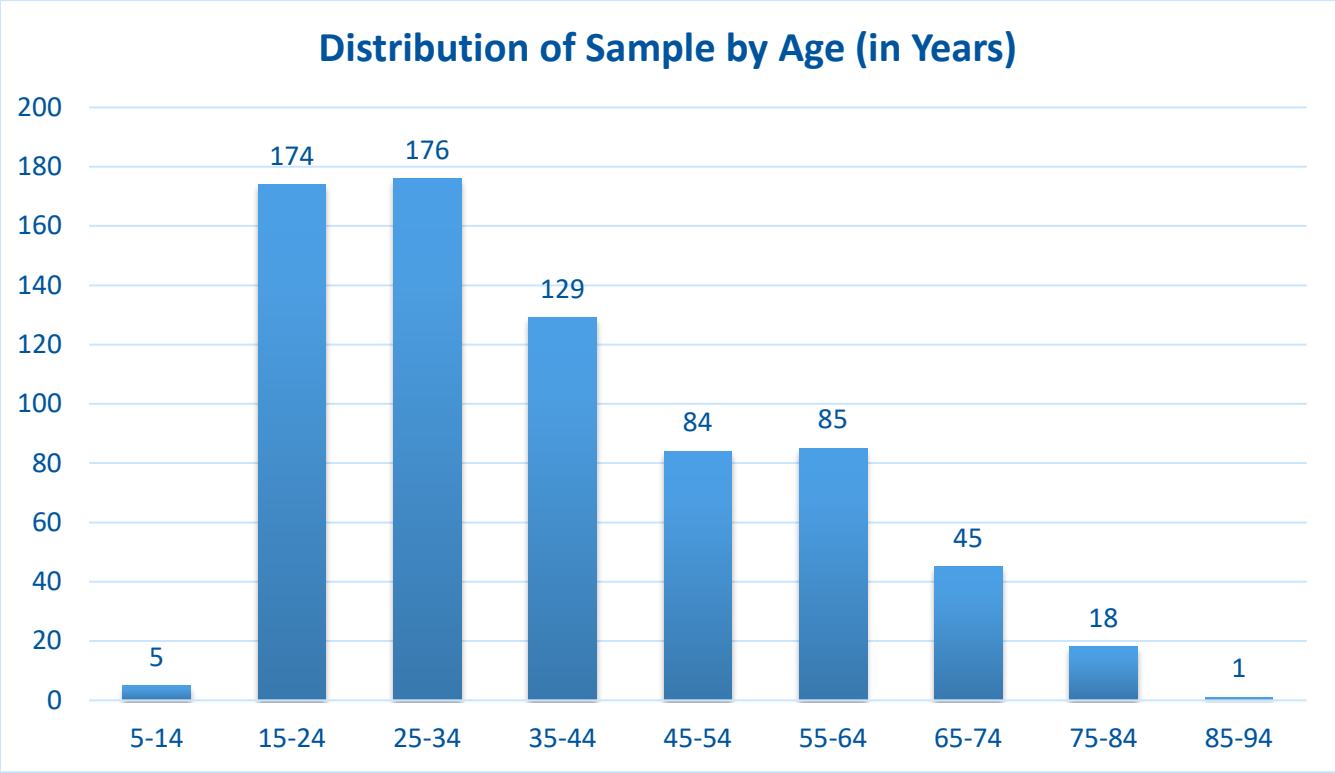
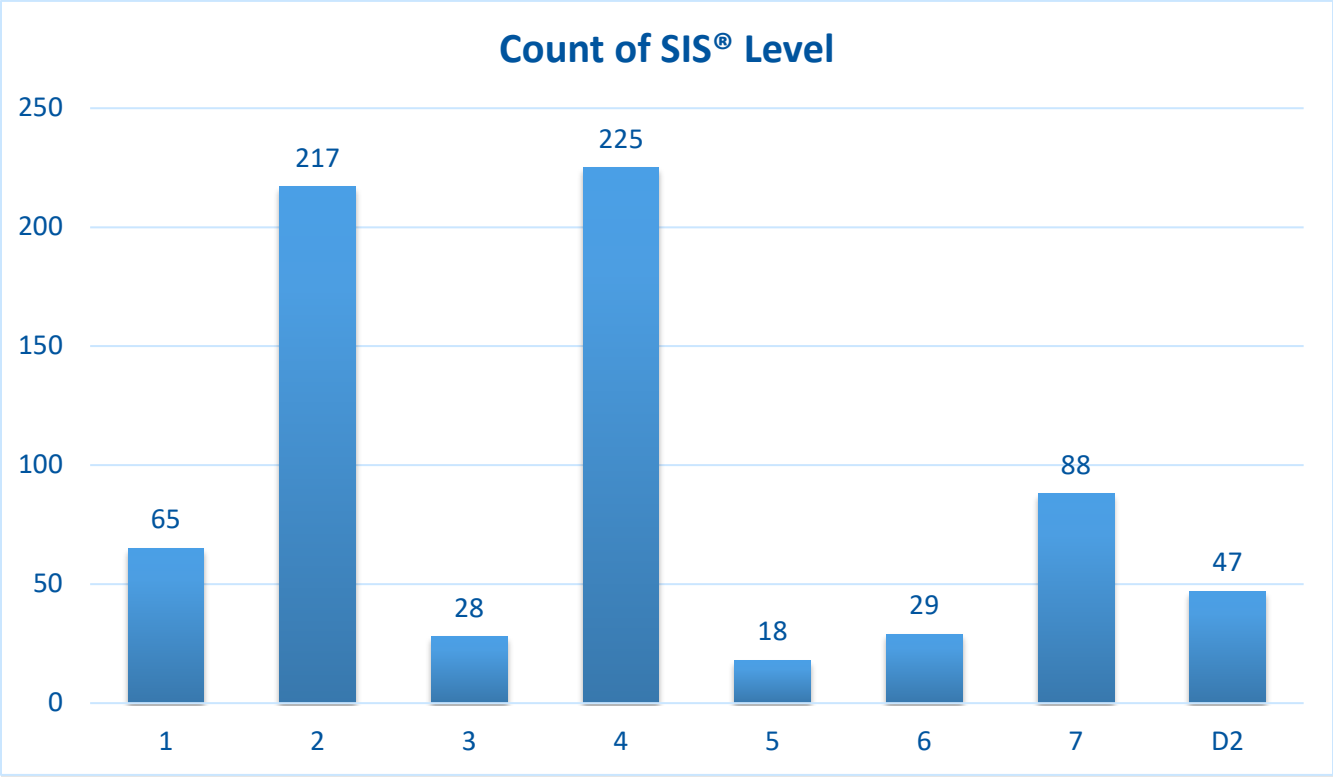


Figure 2-3 displays the distribution of the Supports Intensity Scale® (SIS®) levels of the individuals selected for the sample. The SIS® is an assessment instrument utilized by DBHDS that assesses the level of support an individual needs, as well as what is important to and for him/her. The SIS® level 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



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

Figure 2-4: DBHDS Regions

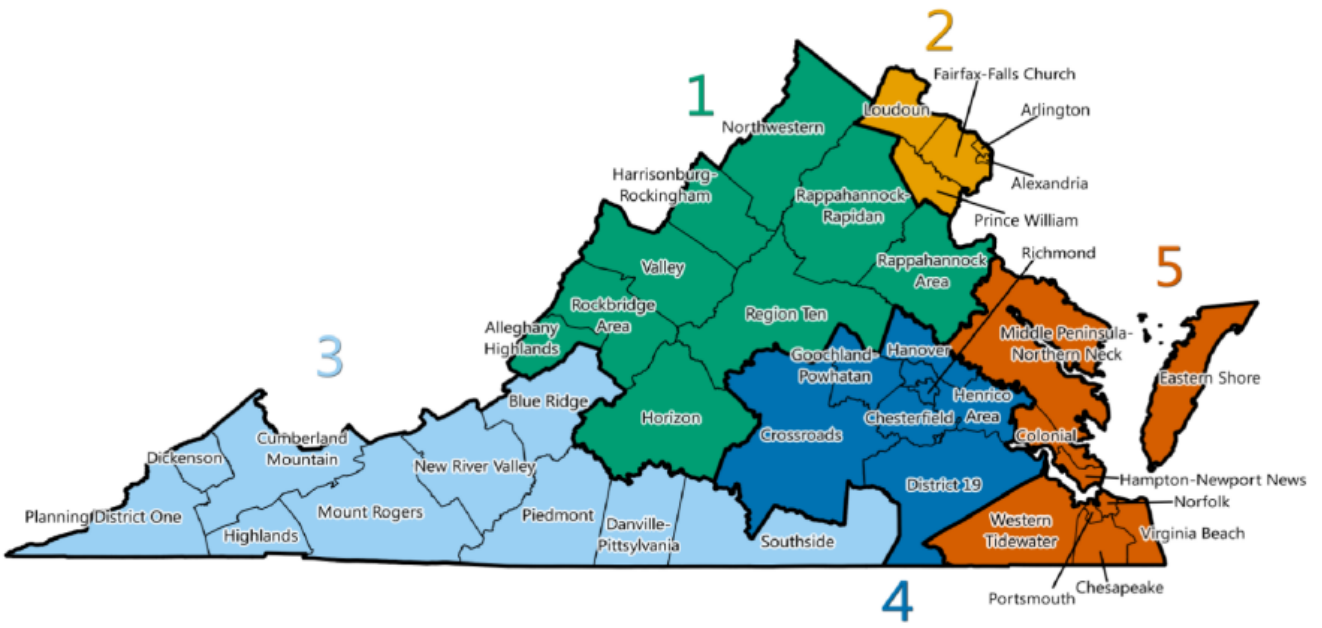
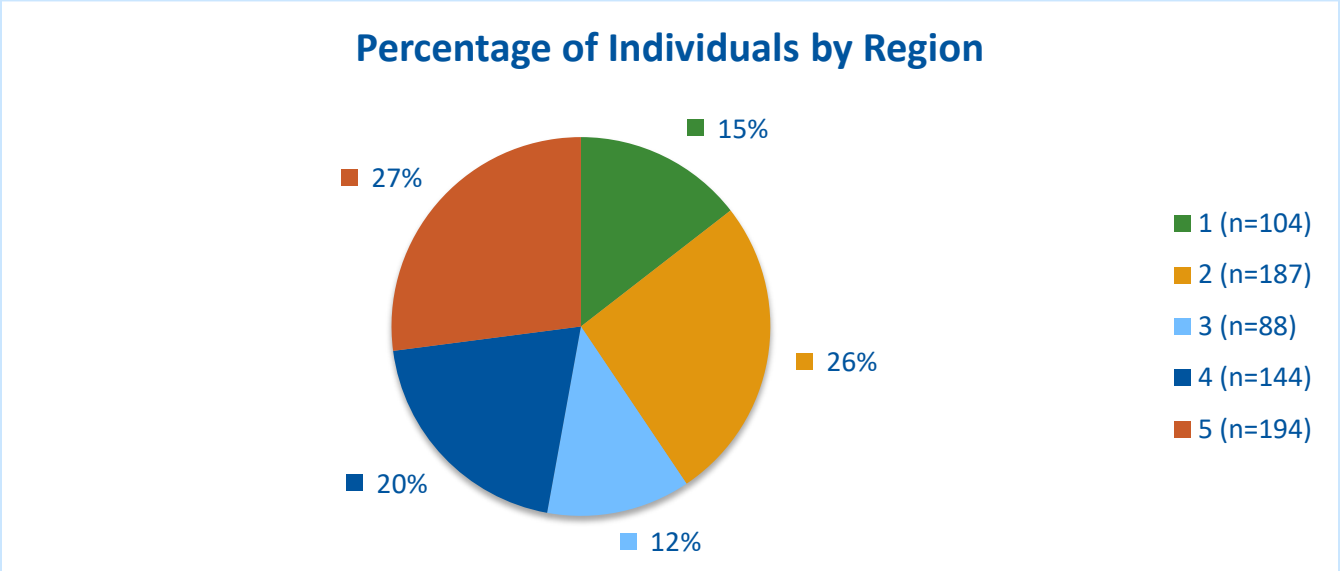


Figure 2-5: Percentage by Region



Data Limitations

Individuals sampled for the 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 the potential impact of these data limitations on PCR results.

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 the contact information provided
- Individuals may have been incarcerated, hospitalized, or deceased
- Individuals may not have received the service during the lookback period
- Licensed providers may not have participated (refusal, non-responsive, closure)

Provider service type level tabulation of the provider PQR compliance results was not possible due to the measurement of compliance by the provider rather than their specific service type. For example, a single provider PQR compliance score could be attributed to more than one service type, resulting in the provider's PQR compliance score being included in the aggregate score for more than one service type. Region-level tabulation of provider PQR compliance results was not possible due to the use of the tax identification number (TIN) as the unique provider identifier. For example, a single provider could serve individuals across multiple regions, resulting in that provider's compliance score being included in the aggregate score for more than one region.

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 QSR reviewers reviewed documentation for the selected cases. Licensed provider service and service coordination documentation were reviewed for a seven-month evaluation window from July 1, 2023–January 31, 2024. The methodology for specific scored elements was designed to incorporate the review of documentation that may have occurred outside of the evaluation window, such as individual support plans that began prior to July 1, 2023. This allowed QSR reviewers to examine information that reflected the services and supports authorized for the individual during the evaluation window, and current services and supports. The review team determined whether each state and federal requirement was supported by evidence of case documentation submitted by the licensed service 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/CSB. Each applicable requirement within each domain was scored as *Yes, No, N/A (Not Applicable), or UTA/CND (Unable to Assess/Could Not Determine)*. 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 an aggregate performance by a licensed provider/CSB.

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/CSB 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/CND 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.

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. Additionally, licensed providers/CSBs were assessed using qualitative 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
- Provider Capacity and Competency
- Community Integration and Inclusion
- Individual and SDM/Family member interview responses

Compliance elements for these areas were associated with the KPAs: *Health, Safety, and Well-Being; Community Integration and Inclusion;* and *Provider Capacity and Competency.* All R6 PQR and PCR compliance elements applicable to each KPA are listed below, with the R6 statewide compliance score noted in parentheses for each element.

The QSR process included a review of documents, such as policies and procedures, licensed provider/CSB status of implementation of HSAG approved quality improvement plans (QIPs), 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 reviewer assessment of the *Health, Safety, and Well-Being KPA* compliance elements, in R6, yielded the following results:

- The licensed provider/CSB had someone designated as responsible for risk management functions (88%) with evidence of completion of department approved training attestation (91%)
- Licensed providers/CSBs collected and tracked performance data, including serious incidents and other risk information, with the ability to analyze trends over time (42%)
- Licensed providers/CSBs current quality improvement plan included at least one goal or objective that meets SMART criteria using serious incident data, abuse/neglect data, seclusion/restraint data, and/or participation in community activities data (41%)
- Licensed providers/CSBs made progress on actions identified in the QSR QIP (61%)
- Licensed providers and CSBs who offer waiver services had policies and procedures that address Home and Community-Based Services (HCBS) rights (91%)
- Licensed providers and CSBs who offer waiver services were able to demonstrate the HCBS policies and procedures have been reviewed with individuals being served (79%)

- The licensed provider/CSB had a policy and procedure that demonstrates assurance of individual choice and self-determination (77%), and dignity of risk (65%)
- The licensed provider/CSB had policies that address medical and behavioral health emergencies (72%)
- The licensed residential provider had policies that support individuals' participation in financial management and decision-making (70%)
- The licensed residential provider had a lease, residency agreement, or other written agreement in place which includes language referencing individual protections from eviction. (54%)
- The CSB developed and completed an [Individual Support Plan] ISP within 365 days of the previous ISP (93%)
- The ISP developed by CSB included all medical needs identified in the Supports Intensity Scale® (SIS®) or other assessment utilized to develop the ISP (82%)
- The ISP developed by CSB included all behavioral needs identified in the Supports Intensity Scale® (SIS®) or other assessment utilized to develop the ISP (78%)
- The CSB completed the Risk Assessment Tool (RAT) accurately (67%)
- The ISP Part II developed by the CSB includes all high-risk health factors (67%)
- The ISP Part I developed by the CSB was complete and thorough (86%)
- The ISP Part II developed by the CSB included the social and developmental behavioral family history (90%)
- The ISP Part II developed by the CSB included medications (96%)
- The ISP developed by the CSB included strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions (88%)
- The CSB completed a review of the ISP with the individual every 90 days and/or quarterly as required (85%)
- The ISP developed by the CSB was developed according to the processes required (56%)
- The ISP developed by the CSB 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 (75%)
- The ISP developed by the CSB indicated outcomes have been developed as appropriate for the following life area(s): Safety & Security (84%) and Health Living (95%)
- The Support Coordinator accurately reported risks addressed in the most recent ISP (88%)
- The Support Coordinator accurately reported changes which occurred during the lookback period [for the individual reviewed] (89%)
- The CSB support coordinator documentation showed evidence of the actions taken to address the change in status as reported by the Support Coordinator (89%).
- All medical and behavioral support needs [of the individual reviewed] were currently being addressed, either through documented supports or an in-progress referral (95%)

- The licensed residential provider documentation review indicated the completion of an annual physical exam (83%)
- The licensed residential provider documentation reviewed indicated the completion of an annual dental exam (57%)
- Licensed provider/CSB documentation shows evidence the provider implemented actions to address the changing needs and/or status (84%)
- The licensed provider documentation reviewed indicated receipt and signature of HCBS rights disclosure for individuals on an annual basis (78%)
- Licensed provider and CSB staff knew what medications the individual was taking (96%) and the common side effects of the medication (94%), or where to locate that information, if applicable.
- The individual's/licensed provider's/CSB's environment was neat and clean (98%)
- The person's/licensed provider's/CSB's environment was accessible (100%)
- The individual appeared well-kempt (99%)
- Licensed provider/CSB documentation indicated all adaptive equipment is in working order (97%)

Community Integration and Inclusion KPA

HSAG reviewer assessment of the *Community Integration and Inclusion KPA* compliance elements, in R6, yielded the following results:

- The licensed residential or day support provider/CSB was able to demonstrate methods or strategies to promote participation in meaningful work activities as defined by DBHDS (97%)
- The licensed provider/CSB was able to demonstrate methods or strategies to promote participation in non-large group activities (98%)
- The licensed provider/CSB was able to demonstrate methods or strategies to encourage participation in community outings with people other than those with whom they live (97%)
- The ISP Part II developed by the CSB included the individual's communication, assistive technology, and modification needs (89%)
- The ISP Part II developed by the CSB included the individual's employment status and assessment of barriers to employment (98%)
- The ISP Part II developed by the CSB included the individual's meaningful day and community involvement status (98%)
- The individual had support from licensed providers, CSBs, and family members during the development of the ISP that they wanted (95%)
- The ISP developed by the CSB indicated outcomes had been developed as appropriate for the following life area(s): Employment (78%), Integrated Community Involvement (89%), Community Living (93%), Social & Spirituality (76%), Citizenship & Advocacy (91%)
- All outcomes identified in ISP Part III developed by the CSB were linked to Part V Plan for Supports (PFS) as appropriate (95%)

- The ISP developed by the CSB and/or other documentation supporting that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them (93%)
- The ISP developed by the CSB included signatures of the individual (or representative) and all licensed providers responsible for its implementation (90%)
- Licensed provider/CSB staff engaged with the individual based on the person's preference and interests (99%)
- The individual was being offered choices by licensed providers and CSB staff throughout the visit (99%)

Provider Capacity and Competency KPA

HSAG reviewer assessment of the *Provider Capacity and Competency KPA* compliance elements, in R6, yielded the following results:

- The licensed provider/CSB had a hiring policy and procedure (68%)
- The licensed provider/CSB hiring policy included requirements for background checks (83%)
- The licensed provider/CSB had an orientation training policy for all staff at all levels (79%)
- The licensed provider/CSB had a written process for determining staff competence (66%)
- Licensed provider/CSB employee records submitted included proof of background checks (94%)
- Licensed provider/CSB employee records submitted included documentation of provider-based orientation training (89%)
- Licensed provider/CSB employee records submitted included proof of competency-based training (84%)
- Licensed provider/CSB employee records submitted included documentation of advanced competency training as appropriate (72%)
- The licensed provider had evidence supporting the implementation of annual HCBS-specific training with all staff (80%)
- The licensed provider/CSB staff utilized person-centered language and talked with the individual as opposed to about the individual (100%)
- The licensed provider/CSB service provided to the individual reflected the implementation of the ISP Part V as written (98%)
- The licensed provider/CSB staff followed strategies as outlined in the behavioral support plan or protocol, if applicable (98%)
- The licensed provider/CSB staff adhered to medical protocols to support the individual as outlined in the plan (97%)
- The licensed provider/CSB staff were able to describe what community inclusion looks like for the individual (99%)

- The licensed provider/CSB staff demonstrated competency in supporting the individual (99%)
- The licensed provider/CSB demonstrated oversight and monitoring of new staff supporting the individual, if applicable (94%)
- The licensed provider/CSB implemented 1:1 specialized staffing support during observation as required, if applicable (98%)
- The licensed provider/CSB staff were familiar with adaptive equipment needs (97%) and utilized adaptive equipment the individual had as part of their plan (88%)
- The licensed provider/CSB staff were able to describe things important to and important for the individual (99%)
- The licensed provider/CSB staff were able to describe the outcomes worked on in this environment (96%)
- The licensed provider/CSB staff were able to describe the medical support needs (97%) and behavioral support needs (97%) of the individual
- The licensed provider/CSB staff were familiar with the medical (95%) and/or behavioral support protocols (94%) developed to support the person
- The licensed provider/CSB staff were able to verbalize the concept of person-centered care (93%)
- The licensed provider/CSB staff were able to explain individuals' rights in their program (97%)

3. QSR Results

The R6 QSR results are aggregated statewide. PCR results are also aggregated by region, by CSB, and by licensed provider service type. Regional and provider service type level tabulation of the provider PQR compliance results was not possible due to the sampling methodology detailed in Section 2, Data Limitations.

Data in the tables below reflect the aggregated results, which are representative of the statewide compliance threshold for each element. Each compliance element listed in the tables below was scored as Yes, No, N/A (Not Applicable), CND (Could Not Determine), or UTA (Unable to Assess). HSAG calculated an overall percentage-of-performance score for each of the requirements using Yes/(Yes+No).

Region, CSB, and licensed provider service type-specific results are available in Appendices A–O. 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.

The target compliance threshold for R6 reviews was 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 the results for five 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
Does the ISP Part II include all high-risk health factors?	Statewide	67%
Is Part I of the ISP complete and thorough?	Statewide	86%
Does the ISP Part II include medications?	Statewide	96%
Does the ISP Part II include the individual's social, developmental, behavioral, and family history?	Statewide	90%
Does the ISP Part II include the individual's communication, assistive technology and modifications needs?	Statewide	89%

As described in Table 3-1, statewide results revealed a performance of 90 percent or greater compliance for two of the five elements.

Enhancement opportunities for CSBs include ensuring:

- ISP Part II incorporates all high-risk health factors.
- ISP Part I contains adequate information to have a good idea of the individual's specific likes, preferences, and how the person is best supported (i.e., complete and thorough).
- ISP Part II includes the individual's communication, assistive technology, and modifications needs.

CSB, region, and service type-specific results are available in Appendix A, Appendix D, and Appendix H, respectively.

ISP Development and Implementation Compliance Elements

Below are the results for 23 compliance elements that represent 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
The ISP for this review period is within 365 days of the previous ISP.	Statewide	93%
The ISP reviewed identified all medical needs found in the SIS® or other relevant assessments.	Statewide	82%
The ISP reviewed identified all behavioral needs found in the SIS® or other relevant assessments.	Statewide	78%
Was the RAT completed accurately?	Statewide	67%
Does the ISP Part II include the individual's employment status and assessment of barriers to employment?	Statewide	98%
Does the ISP Part II include the individual's meaningful day and community involvement status?	Statewide	98%
Did the individual have support from people during the development of the ISP that they wanted?	Statewide	95%
Outcomes are developed in the life area of Employment as appropriate.	Statewide	78%
Outcomes are developed in the life area of Integrated Community Involvement as appropriate.	Statewide	89%
Outcomes are developed in the life area of Community Living as appropriate.	Statewide	93%
Outcomes are developed in the life area of Safety & Security as appropriate.	Statewide	84%
Outcomes are developed in the life area of Healthy Living as appropriate.	Statewide	95%
Outcomes are developed in the life area of Social & Spirituality as appropriate.	Statewide	76%
Outcomes are developed in the life area of Citizenship & Advocacy as appropriate.	Statewide	91%
Are all outcomes identified in Part III linked to Part V PFS as appropriate?	Statewide	95%
Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?	Statewide	88%

Compliance Element	Aggregate Type	Result
The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	Statewide	85%
The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	Statewide	93%
The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	Statewide	90%
The ISP was developed according to the processes required.	Statewide	56%
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	75%
Did the support coordinator accurately report changes in status that occurred during the lookback period?	Statewide	89%
Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?	Statewide	89%

As described in Table 3-2, statewide results revealed a performance of 90 percent or greater compliance for ten of the 23 elements.

Enhancement opportunities for CSBs include ensuring:

- ISP identification of medical needs and/or behavioral needs found in the SIS® or other relevant assessment(s).
- Accurate completion of the RAT e.g. ensuring that identified potential risks are included in the RAT.
- Inclusion of outcomes in life areas of Employment, Integrated Community Involvement, Safety & Security, and Social & Spirituality in Part III of the ISP, as appropriate.
- ISP documentation of strategies used to resolve conflict that may arise during ISP planning.
- ISP is reviewed with individuals quarterly or every 90 days.
- ISP documentation that the 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.
- ISP is developed according to processes required including coordination with the individual and their family/caregiver, as appropriate, all providers, and others as desired by the individual, completion of updated VIDES, completed within a year of previous VIDES; and accurate risk identification in the ISP.
- Support coordinators demonstrate a working knowledge of changes in status which occurred during the lookback and the individual's file shows evidence of the actions taken by the support coordinator to address the change.

CSB, region, and service type-specific results are available in Appendix B, Appendix E, and Appendix I, respectively.

Quality Improvement Plan Compliance Elements

Below are the results for six compliance elements that 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 provider collect and track performance data, including serious incidents and other risk information?	Statewide	42%
Does the provider's current quality improvement plan include at least one goal or objective based on one or more of the performance data types above that meet SMART criteria?	Statewide	41%
Does the agency have policies and procedures that address HCBS rights?	Statewide	91%
Are those policies and procedures reviewed with the individuals being served?	Statewide	79%
Does the agency have policies around assurance of individual choice and self-determination?	Statewide	77%
Does the agency have policies around dignity of risk?	Statewide	65%

As described in Table 3-3, statewide results revealed a performance of 90 percent or greater compliance for one of the six elements.

Enhancement opportunities for licensed providers and/or CSBs include ensuring:

- Licensed providers/CSBs collect, track, and review performance data, including but not limited to serious incidents; abuse/neglect; use of seclusion/restraint; and/or individual participation in community activities, with the ability to analyze trends over time.
- Licensed provider/CSB development of a QI plan that includes at least one goal or objective based on performance data related to serious incidents, abuse/neglect, use of seclusion/restraint, and/or individual participation in community activities, that is specific, measurable, attainable, relevant, and time-bound Licensed provider/CSB review of HCBS policies with individuals they serve when applicable.
- Licensed provider/CSB development of policies around the assurance of individual choice and self-determination.
- Licensed provider/CSB development of policies around dignity of risk.

Risk/Harm Compliance Elements

Below are the results for 10 elements that 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 someone designated as responsible for risk management functions?	Statewide	88%
If yes, has the designated person completed department-approved training?	Statewide	91%
Has the provider made progress on the actions identified in the QSR QIP?	Statewide	61%
Does the agency have policies around medical and behavioral health emergencies?	Statewide	72%
Does the agency have policies that support individuals' participation in financial management and decision-making?	Statewide	70%
Does the agency have documentation of a signed lease, residency agreement, or other written agreement in place that provides language referencing individual protections from eviction for all persons served?	Statewide	54%
Did the support coordinator accurately report the risks addressed in the most recent ISP?	Statewide	88%
Are all medical and behavioral support needs currently being addressed, either through documented support or in-progress referral?	Statewide	95%
Is there evidence of completion of an annual physical exam?	Statewide	83%
Is there evidence of completion of an annual dental exam?	Statewide	57%

As described in Table 3-4, statewide results revealed a performance of 90 percent or greater compliance for two of 10 elements.

Enhancement opportunities for licensed providers and/or CSBs include ensuring:

- Licensed provider/CSB designation of staff responsible for risk management functions within their Risk Management Plan.
- Licensed provider/CSB progress on actions identified in QSR QIP.
- Licensed provider/CSB development of policies for medical and behavioral health emergencies.
- Licensed residential provider development of policies that support individuals' participation in financial management and decision-making.
- Licensed residential provider development of a lease, residency agreement, or other written agreement that includes eviction protection, specifically regulation VRLTA § 55-248.16.
- Support coordinators demonstrate a working knowledge of the risks addressed in the most recent ISP.

- Licensed residential provider/CSB's documentation of completion of annual physical exam and annual dental exam.

CSB, region, and service type-specific results are available for PCR compliance elements in Appendix C, Appendix F, and Appendix J, respectively.

Provider Capacity and Competency Compliance Elements

Below are the results for 28 elements that represent core components of licensed provider capacity and competency. Table 3-5 provides the performance results for licensed provider capacity and competency elements assessed in the person-centered review (PCR).

Table 3-5: Provider Capacity and Competency Compliance Elements

Compliance Element	Aggregate Type	Result
Was there evidence that the provider implemented actions to address the changing needs and/or status?	Statewide	84%
Is there a record of the individual receiving and signing their HCBS rights disclosure on an annual basis?	Statewide	78%
Is the individual's/provider's environment neat and clean?	Statewide	98%
Was the person's/provider's environment accessible?	Statewide	100%
Does the individual appear well-kempt?	Statewide	99%
Were staff engaging with the individual based on the person's preferences and interests?	Statewide	99%
Was the person being offered choices throughout the visit?	Statewide	99%
Was the staff utilizing person-centered language and talking with the individual as opposed to about the individual?	Statewide	100%
Were staff implementing Part V as written?	Statewide	98%
For individuals with a behavioral support plan or protocol, were staff following strategies as outlined in the written plan?	Statewide	98%
Were staff adhering to medical protocols as outlined in the plan?	Statewide	97%
Were staff able to describe what community inclusion looks like for the individual?	Statewide	99%
Did the staff demonstrate competency in supporting the individual?	Statewide	99%
If yes, was there evidence of oversight and monitoring of the new staff?	Statewide	94%
If Yes, is 1-1 or specialized staffing support being implemented during observation as required?	Statewide	98%
Are staff familiar with adaptive equipment needs?	Statewide	97%
Were staff utilizing adaptive equipment the individual had as part of their plan?	Statewide	88%

Compliance Element	Aggregate Type	Result
Is all equipment in working order?	Statewide	97%
Are staff able to describe things important to and important for the individual?	Statewide	99%
Was the staff able to describe the outcomes being worked on in this environment?	Statewide	96%
Could the staff describe the medical support needs of the individual?	Statewide	97%
Were staff familiar with the medical protocols to support the person?	Statewide	95%
Could the staff describe behavioral support needs?	Statewide	97%
Were staff familiar with the behavioral support plan or protocols developed to support the person?	Statewide	94%
Does the staff know what medications the person is taking or where to locate this information?	Statewide	96%
Can the staff list the most common side effects of the medications the person is on or where to locate this information?	Statewide	94%
Can you tell me what person-centered care means?	Statewide	93%
Can you explain the individual's rights in your program?	Statewide	97%

As described in Table 3-5, statewide results revealed a performance of 90 percent or greater compliance for 25 of 28 elements.

Enhancement opportunities for licensed providers include ensuring:

- Licensed provider documentation of individuals' annual review and receipt of HCBS rights disclosure.
- Licensed provider documentation as evidence of actions implemented to address changing needs and/or status.
- Licensed provider staff utilization of all adaptive equipment the individual has as part of their plan.

Region and service type-specific results are available in Appendix G, and Appendix K, respectively.

Below are the results for nine elements that assess licensed provider capacity and competency. Table 3-6 provides the statewide results for licensed provider capacity and competency assessed in the provider quality review (PQR).

Table 3-6: Provider Capacity and Competency Compliance Elements

Compliance Element	Aggregate Type	Result
Does the agency have a hiring policy and procedure?	Statewide	68%
Does the policy include requirements around background checks?	Statewide	83%
Does the agency have an orientation training policy for all staff at all levels?	Statewide	79%

Compliance Element	Aggregate Type	Result
Does the agency have a process written for determining staff competence?	Statewide	66%
Does provider documentation show that the setting has implemented annual HCBS-specific training with all staff?	Statewide	80%
How many employee records had proof of background checks?	Statewide	94%
How many employee records had documentation of provider-based orientation training?	Statewide	89%
How many employee records have proof of competency-based training?	Statewide	84%
How many employees serving someone in tier 4 have documentation of advanced competency training?	Statewide	72%

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

Enhancement opportunities for licensed providers include ensuring:

- Licensed provider development of a hiring policy and procedure and ensuring that policy includes the requirement of a background check.
- Licensed provider development of orientation training policy for all staff at all levels.
- Licensed provider development of written policies regarding how competency is defined, and staff competence is determined.
- Licensed provider implementation of annual HCBS-specific training with all staff (documentation that staff have completed HCBS training within the last year AND that training materials demonstrate all HCBS requirements).
- Licensed provider staff members have documentation of provider-based orientation training.
- Licensed provider staff members have documentation of DBHDS competency-based training.
- Licensed provider staff members who serve individuals in Tier 4 have documentation of advanced competency training.

Below are the results for elements that specifically assess licensed provider medication administration training and crisis intervention training. Table 3-7 provides the statewide results for licensed provider capacity and competency medication administration and crisis intervention training elements.

Table 3-7: Provider Capacity and Competency Elements

Provider Capacity and Competency Elements				
	When were you last trained on Medication Administration?		When were you last trained on Crisis Intervention?	
DSP Response	>12 months	Never	>12 months	Never
Statewide	5%	4%	3%	2%

Statewide results are offered for information only as DBHDS has not established a compliance threshold for these elements. As described in Table 3-7, 4% of staff interviewed have never been trained on Medication Administration, with an additional 5% reported training completed over 12 months prior to the date of the interview, and 2% of staff interviewed have never been trained on Crisis Intervention, with an additional 3% reporting training completed over 12 months prior to the date of interview.

Community Integration and Inclusion Elements

Below are the results for three elements that best represent the core components of community integration and inclusion. Table 3-8 provides the performance results for community integration and inclusion elements.

Table 3-8: Community Integration and Inclusion Compliance Elements

Compliance Element	Aggregate Type	Result
Does the provider promote individual participation in meaningful work activities as defined by DBHDS?	Statewide	97%
Does the provider promote individual participation in non-large group activities?	Statewide	98%
Does the provider encourage individual participation in community outings with people other than those with whom they live?	Statewide	97%

As described in Table 3-8, statewide results revealed a performance of 90 percent or greater compliance for all three elements.

Individual Interview Results

HSAG aggregated individual interview results, consisting of 24 interview questions scored using individual self-reports, into statewide percentages and using a standard compliance cutoff of 90 percent

to identify areas with opportunities for improvement. Table 3-9 displays the aggregate results of individual interview responses.

Table 3-9: Individual Interview Responses

Aggregate Individual Interview Responses	
Individual Interview Questions	**Result**
Do you like living here?	97%
Would you like to live somewhere else?[2]	33%
Did you choose the people you live with?	77%
Do you have a key to your home?	84%
Do you have a key to your bedroom?	78%
Do you open your mail or help with opening your mail?	93%
Do you have visitors at your home?	95%
Do you like attending this program?	99%
Did you get to choose the people you participate in the group with?	79%
Would you like to do something else during the day?[1]	46%
Do you like your staff?	98%
If you want to go somewhere, does your provider take you?	98%
Can you get where you want to go without problems?	95%
Do you spend time in the community doing the things you like to do?	99%
Do you get to do those things as much as you would like?	91%
Are there things you would like to do that you are not able to do?[1]	27%
Do you want to attend a church/synagogue/mosque or other religious activity of your choice?	68%
Do you attend religious services?	59%
Are you registered to vote?	61%
Did you vote in the last election?	33%
Do you participate in your banking?	75%
Do you have a job?	25%
Is your support coordinator currently addressing your employment goals?	86%
Do you feel safe here?	98%

[1]*These compliance elements were measured using inverse scoring criteria, meaning a lower percentage indicates greater compliance. Compliance cut-off standards remained the same, hence compliance percentages greater than 10% indicate areas with opportunities for improvement.*

Strengths include:

- Individuals like their staff
- Individuals like where they live
- Individuals feel safe where they live
- Individuals have visitors where they live

- Individuals open their mail
- Individuals like attending community-based program
- Individuals spend time in the community doing activities they enjoy
- Individuals are able to do activities they enjoy as often as they like
- Individuals' providers take them where they want to go
- Individuals are able to get where they want to go without problems

Areas of focus for licensed providers and CSBs include:

- Supporting individuals to address current employment goals with their support coordinator
- Increasing options for individuals to participate in religious activities of their choice
- Increasing options for individuals to participate in activities of their choice
- Increasing options for exercising choice in the daily schedule for activities
- Supporting individuals to participate in daily activities of their preference and choosing
- Supporting individuals to participate in their banking
- Providing keys to residence
- Providing keys to personal bedroom
- Supporting individuals in registering to vote
- Supporting individuals in voting
- Supporting individuals in expressing when they would prefer to live elsewhere
- Providing individual choice of where to live
- Providing individual choice of housemate(s)
- Providing individual choice of who to participate in group activities with

Region and service type-specific results are available in Appendix L and Appendix M, respectively.

Substitute Decision Maker (SDM)/Family Interview Results

HSAG aggregated SDM/Family interview results, consisting of 7 interview questions scored using SDM/Family self-report, into statewide percentages; using a standard compliance cutoff of 90 percent to identify areas with opportunities for improvement. Substitute decision-makers, family members, and/or legal guardians are not required to participate in the QSR interview. Table 3-10 displays the aggregate results of SDM/Family interview responses.

Table 3-10: SDM/Family Interview Responses

Aggregate SDM/Family Interview Responses	
SDM/Family Interview Questions	**Result**
Did the SC provide the individual with a choice in service providers, including a choice in SC?	91%
Did the SC discuss employment goals and options with the individual?	89%
Did the SC discuss community involvement opportunities with the individual?	94%
Are all of the individual's needs and supports currently being met?	91%
Did you have an opportunity to participate in the ISP development?	93%
Do you feel the ISP is representative of the person's needs?	96%
Does the SDM/Family confirm there are no concerns regarding the current service providers?	85%

SDM/Family member responses statewide indicate 90% or greater compliance for five of the seven elements above. Based on SDM/family member report, strengths include:

- SC provides the individual with a choice of service providers, including a choice in SC
- SC discussing community involvement opportunities with the individual
- Ensuring individuals' needs and supports are met
- The SDM/Family has an opportunity to participate in ISP development
- The ISP is representative of the person's needs

The compliance elements that fell below the state standard are self-report data collected through interviews with natural supports or family members, SDM, and legal guardians. Opportunities for licensed providers/CSBs include ensuring:

- Ensuring SDM/Family members are aware of employment options discussed with the individual during ISP planning
- Ensuring SDM/Family members' concerns are addressed as appropriate, including concerns about current service providers.

Region and service type specific results are available in Appendix N and Appendix O, respectively.

4. Conclusions and Recommendations

Conclusions

The results of the R6 QSR provide evidence that in general, statewide:

1. Licensed providers/CSBs who have someone designated as responsible for risk management functions have evidence of completed department approved training and training attestation.
2. Licensed providers have policies and procedures that address Home and Community-Based Services (HCBS) rights.
3. Licensed providers/CSBs were able to demonstrate methods or strategies to promote participation in activities that represent meaningful work as defined by DBHDS, non-large group activities, and community outings with people other than those with whom they live.
4. Employee records reviewed for licensed providers/CSBs included proof of background checks.
5. The ISP was developed and completed within 365 days of the previous ISP.
6. The ISP Part II includes employment status and assessment of barriers to employment; meaningful day and community involvement status; prescribed medications; and social and developmental behavioral family history.
7. The ISP has outcomes developed in the life areas of community living, citizenship and advocacy, and healthy living, as appropriate.
8. The ISP Part III outcomes are all linked to a Part V Plan for Supports as appropriate.
9. The ISP and/or other documentation supports that the individual had support from people during the development of the ISP that they wanted, was given a choice regarding services and supports, including the individual's residential setting, and who provides them, and includes signatures of the individual or their representative and all licensed providers responsible for its implementation.
10. Family members/Substitute Decision Makers/Legal Guardians had the opportunity to participate in ISP development and feel the ISP is representative of the individual's needs.
11. Licensed provider and individual environments are neat, clean, and accessible.
12. Staff is knowledgeable about the medications the individual is taking and the common side effects of those medications, or where to find that information.
13. Staff observations demonstrated that staff were engaging with the individual based on the person's preference and interest.
14. Staff observations demonstrated that individuals were being offered choices throughout the visit.
15. Staff observations demonstrated the utilization of person-centered language and communication with the individual rather than about the individual.
16. The service that the observed staff provided to the individual reflects the implementation of the ISP Part V as written.

17. The licensed provider/CSB demonstrated oversight and monitoring of new staff supporting the individual, if applicable.
18. The licensed provider/CSB implemented 1:1 specialized staffing support during observation as required, if applicable.
19. Staff interviews demonstrated that staff were able to describe and were familiar with the medical and/or behavioral support needs of the individual and any signs/symptoms that need to be monitored.
20. The staff utilized strategies identified in the behavioral support plan to support the individual, if applicable.
21. The staff utilized medical protocols to support the individual as outlined in the plan.
22. The staff demonstrated competence in supporting the individual.
23. Licensed provider/CSB documentation shows evidence all adaptive equipment is in working order, and licensed provider/CSB staff are familiar with adaptive equipment needs.
24. Staff interviews demonstrated that staff was able to describe things important to and important for the individual.
25. Staff interviews demonstrated that staff were able to describe the outcomes being worked on in this environment, for the individual(s) served.
26. Staff interviews demonstrated that staff were able to describe what community inclusion looks like for the individual.
27. Staff interviews demonstrated that staff were able to verbalize the concept of person-centered care.
28. Staff interviews demonstrated that staff were able to explain individual rights in their program.

The R6 QSR results demonstrate:

- A 90 percent or greater compliance for two of five Individual Service Plan (ISP) Assessment elements
- A 90 percent or greater compliance for 10 of 23 ISP Development and Implementation elements
- A 90 percent or greater compliance for one of six Quality Improvement plan elements
- A 90 percent or greater compliance for two of 10 Risk/Harm elements
- A 90 percent or greater compliance for 26 of 37 Licensed Provider Capacity and Competency 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 QSR, not just the elements with a QIP to ensure continued demonstrable compliance.

Recommendations for Quality Improvement

Of the total number of licensed providers and CSBs who participated in R6 QSR, 280 licensed providers and 37 CSBs received detailed reports noting specific deficiencies and opportunities for improvement that required submissions of QIP responses. Licensed provider/CSB response and/or action was required for any compliance element with a score less than 90 percent. Licensed providers/CSBs submitted QIPs to HSAG for review and approval and the status of implementation of those QIPs will be assessed during the next QSR the licensed provider/CSB is selected to participate in.

Opportunities for improvement statewide can generally be sorted into three areas: service plan development and/or implementation, service provision, and quality improvement/risk management activities and are offered to address specific compliance elements assessed as not meeting the statewide standard by licensed providers and/or CSBs in QSR R6. The purpose of recommendations listed here and detailed in Table 4-1 is to assist licensed providers and/or CSBs in identifying and addressing deficient findings from the QSR and incorporating those findings into QI activities to a) ensure licensed providers/CSBs are implementing the most current best practices for service planning and service provision, b) ensure compliance with all relevant DBHDS regulations and best practices, and c) improve the overall quality of service planning and service provision by licensed providers and CSBs.

HSAG recommends that all licensed providers/CSBs incorporate QSR findings and QSR QIPs into agency quality improvement plans and programs to ensure identification and addressing of root causes, development and implementation of initiatives to drive systemic change, and tracking of progress through to systemic resolution. Specifically, HSAG recommends licensed providers/CSBs develop policies and processes to ensure QSR data is utilized as part of ongoing quality improvement initiatives specific to support coordination and/or waiver service provision. HSAG recommends that it partner with DBHDS to identify CSBs/licensed providers with repeat findings from round to round, to help DBHDS identify patterns, and work with CSBs/licensed providers to understand root causes and develop statewide strategies to address them. HSAG recommends DBHDS ensure licensed providers/CSBs understand the expectation for fully participating in the QSR and using QSR data as a standard for quality assurance activities.

Listed below are QSR compliance elements specific to individual service planning that did not meet the statewide standard for compliance in R6. Service planning development and/or implementation improvements for CSBs should include:

- Accurate documentation of all medical and behavioral evidenced in the SIS®;
- Development of the ISP Part I that is complete, thorough, and accurately reflects the individual, specifically containing adequate information for a reader to have a good idea of the individual's specific likes, preferences, and how the person is best supported, ensuring ISP planning is person-centered, including strategies to resolve conflict that may arise during ISP planning;
- Accurate completion of the RAT to allow integration of high-risk health factors and potential risks into the ISP;

- Development of the ISP which includes all high-risk health factors, and individual's communication, assistive technology, and modifications needs;
- Development of outcomes in the ISP for all relevant life areas as documented in Part I Important To section;
- Development of the ISP according to processes required;
- Review of the ISP with the individual every 90 days;
- Evidence 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; and
- Demonstrate a working knowledge of risks addressed in the individual's most recent ISP and changes which occurred during the lookback through accurate reporting by the support coordinator and evidence in CSB documentation.

The following recommendations are suggested to address deficient QSR findings specific to Individual Service Planning and assist CSBs with the incorporation of findings into QI activities. HSAG recommends CSBs:

1. Ensure all staff are aware of and trained on the most recent changes to WaMS ISP v4.0 development implemented by DBHDS, and ensure processes are in place to train/re-train staff when changes to WaMS are implemented by DBHDS.
2. Develop and implement quality assurance activities that utilize relevant key metrics from QSR compliance elements and ensure processes are in place for ongoing use of QSR data specific to support coordination.
3. Address ISP development deficiencies identified in the QSR with systemic approaches and interventions, rather than singular actions that correct individual findings, to better rectify and minimize/eliminate the root causes of deficiencies.

Listed below are QSR compliance elements specific to service provision that did not meet the statewide standard for compliance in R6. Service provision improvements for licensed providers and/or CSBs who offer waiver services should include:

- Review of HCBS rights with individuals annually as required;
- Development of policies specific to assurance of individual choice and self-determination and dignity of risk;
- Development of policies by licensed providers of residential services that support individual participation in financial management and decision-making;
- Development by licensed providers of residential services of residency agreements or other written protections from eviction are in place for individuals they serve;

- Development of hiring policies and procedures which include the requirement of a background check;
- Development of an orientation training policy for all staff levels;
- Ensuring staff have documentation of DHBDS competency-based training, and advanced competency training when applicable;
- Implementation of annual HCBS-specific training for all staff;
- Development and monitoring of policies that specify provider processes for determining staff competence;
- Ensuring changes to an individual's needs or status are addressed and documented appropriately;
- Ensuring facilitation of annual physical exam and annual dental exam by providers of residential services;
- Ensuring staff utilization of all adaptive equipment the individual has as part of their plan;
- Ensuring individuals have the opportunity to participate in religious activities of their choice, choice of daily schedule, choice of with whom to participate in group activities with, and increasing options for daily activities;
- Ensuring individuals have keys to the residence and/or their bedroom; and
- Ensuring individuals have the opportunity to participate in their banking and supporting individuals in registering to vote.

The following recommendations are suggested to address deficient QSR findings specific to service provision and assist licensed providers and/or CSBs with the incorporation of findings into QI activities. HSAG recommends that licensed providers and CSBs who offer waiver services:

1. Develop and implement policies and processes specific to hiring, orienting, and training staff, and policies and/or processes that detail how staff competence is determined and maintained.
2. Identify systemic deficiencies specific to ensuring HCBS rights are reviewed annually with all individuals as required, ensuring individuals have a choice in where to live, a choice of who to participate in group activities with, and a choice of daily activities.
3. Ensure policies specific to dignity of risk and individual choice and determination are in place and ensure staff have a working understanding of the concepts represented in each policy, specifically how they apply to the individuals served by the licensed provider and/or CSB.

Listed below are QSR compliance elements specific to QI/RM activities that did not meet the statewide standard for compliance in R6. Quality Improvement/Risk Management (QI/RM) activity improvements for licensed providers and/or CSBs should include:

- Development by licensed providers/CSBs of policies for medical and behavioral health emergencies;
- Development by licensed providers/CSBs of a risk management plan that designates staff responsible for risk management activities;

- Development by licensed providers/CSBs of a quality improvement program that collects, tracks, and reviews performance data specific to serious incidents, abuse/neglect, use of seclusion/restraint, and/or individual participation in community activities, with the ability to analyze trends over time;
- Development by licensed providers/CSBs of a quality improvement plan that includes at least one goal or objective based on performance data and relevant analysis of trends related to serious incidents, abuse/neglect, use of seclusion/restraint, and/or individual participation in community activities that is specific, measurable, attainable, relevant, and timebound; and
- Licensed provider/CSB progress on actions identified in previous rounds of the QSR, and incorporation of QSR findings into licensed providers'/CSBs' QI/RM processes as appropriate.

The following recommendations are suggested to address deficient QSR findings specific to licensed provider/CSB QI/RM activities and assist licensed providers/CSBs with the incorporation of findings into QI activities. HSAG recommends that licensed providers/CSBs:

1. Ensure quality improvement programs are data-driven by collecting, tracking, and reviewing performance data with the ability to analyze trends over time and utilizing performance data in processes specific to the development of quality improvement goals and objectives that are specific, measurable, attainable, relevant, and time-bound.
2. Utilize QSR findings in tandem with the most current DBHDS tools, resources, and training materials to ensure policies, procedures, and processes include all required regulatory aspects.

The following recommendations are suggested for DBHDS to support licensed providers and/or CSBs in addressing statewide deficiencies in Individual Service Planning, service provision, and/or QI/RM activities, using systemic analysis and interventions. HSAG recommends DBHDS consider the following statewide actions to address findings in R6 QSR.

1. Continue to define and communicate best practices for ISP documentation. to CSBs through the development of training curriculum or refinement of the current training curriculum, for targeted technical assistance specific to:
   a) Recognizing when a new assessment may be indicated, and/or when intervention or action is most appropriate or required to address the change and incorporating newly identified needs into the ISP; and
   b) Recognizing when a new assessment requires a change to the in-progress ISP.
2. Review individual ISPs to determine if they include person-centered measurable outcomes and address risks identified during ISP development and provide technical assistance, training, and resources to support improvement.
3. Ensure the development, communication, and implementation of SC competencies and the provision of competency training to support coordinators, confirm CSB support coordinators are implementing ISP changes in accordance with DBHDS expectations, and provide individual and systemwide support as needed.

4. Confirm QSR compliance elements specific to ISP development and implementation are updated with relevant ISP changes where applicable to better assist CSBs in incorporating DBHDS standards into best practices via future rounds of the QSR.
5. Continue to clarify and communicate expectations for licensed provider implementation of HCBS settings rules related to choice of where to live and with whom to live, choice of who to participate in group with, and choice of daily activities, for all applicable service types.
6. Continue to define and communicate best practice expectations, through targeted training (using the most current DBHDS curriculum) for licensed providers and CSBs specific to:
   a) Development of policies and processes specific to hiring, orienting, and training staff;
   b) Development of policies and processes for assessing staff competence; and
   c) Implementation of policies specific to individual choice and self-determination and dignity of risk to ensure staff can apply the policy to individuals served.
7. Continue to develop and disseminate quality improvement training with a curriculum that emphasizes bridging the gap between written policy and provider practice to ensure licensed providers/CSBs ability to synthesize relevant regulations into a data-driven quality improvement program.
8. Ensure licensed providers/CSBs are aware of and able to access all relevant DBHDS training curriculum specific to quality improvement, ISP development, and waiver service provision including recorded training not posted on the DBHDS website (i.e., YouTube).
9. Update the Toolkit for Prospective DD Waiver Providers with input from stakeholders and promote participation in the Provider Readiness Education Program (PREP) to ensure user-friendly resources are available for new providers with the most current and pertinent information to utilize when developing required quality improvement policies and procedures and provide opportunities for licensed providers to engage/network with other licensed providers (in the same region or who offer the same type of service) about best practices and/or challenges related to service provision in workgroup fashion.
10. Continue to communicate the expectation of licensed providers/CSBs to incorporate QSR findings into agency quality improvement programs and offer targeted technical assistance to licensed providers and CSBs to confirm quality improvement program processes require the incorporation of QSR findings to track the identification and remediation of systemic concerns.

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	
Community Coaching – CCO	Group Residential Support > 4 Persons – GRL
Community Engagement – CEN	Independent Living Supports – ILS
Group Day – GDY	In-Home Supports – IHS
Group Home (Customized Rate) – GHC	Sponsored Residential – SPR
Group Residential Support <= 4 Persons – GRS	Supported Living – SUL

Element	Opportunity for Improvement
Does the ISP Part II include all high-risk health factors?	**Statewide**: 67% **Regions with opportunity**: 1, 2, 3, 4, 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs ensure support coordinators understand the expectations for incorporating all risks and potential risks related to high-risk health factors into the ISP, by providing training specific to the most recent DBHDS changes to ISP development to all support coordinators and ensure processes are in place to train/re-train staff on changes to WaMS as needed. HSAG recommends DBHDS ensure that CSBs have trained staff on changes to ISP v4.0 and assess compliance in future rounds of the QSR.
Is Part I of the ISP complete and thorough?	**Statewide**: 86% **Regions with opportunity**: 1, 3, 5 **Service types with opportunity**: CEN, GDY, GRS, GRL, IHS, SPR **Recommendation**: HSAG recommends that CSBs ensure support coordinators understand the expectation for ISP Part I documentation, specifically the minimum requirement that details are written in person-centered language and include individuals meeting details, talents, and contributions, what is important to and for the individual and what s/he does and does not want, and addresses all life areas for the individual including a preference to not develop outcome in a life area, by providing additional training on person-centered planning for all support coordinators using DBHDS published resources.

Element	Opportunity for Improvement
	HSAG recommends DBHDS ensure that CSBs have knowledge of and access to the most current DBHDS training materials detailing recent ISP development changes and that training provided to CSB staff is implemented per DBHDS expectations.
The ISP reviewed identified all medical needs found in the SIS® or other relevant assessments.	**Statewide**: 82% **Regions with opportunity**: 1, 3, 4, 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR **Recommendation**: HSAG recommends that CSBs ensure the support coordinator's understanding of the most recent changes to ISP development and best practice expectations for documenting all medical needs identified in most recent assessments in the ISP. HSAG recommends DBHDS ensure that CSBs have knowledge of and access to the most current DBHDS training materials detailing recent ISP development changes and that the training provided to CSB staff is implemented per DBHDS expectations.
The ISP reviewed identified all behavioral needs found in the SIS® or other relevant assessments.	**Statewide**: 78% **Regions with opportunity**: 1, 3, 4, 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs ensure the support coordinator's understanding of the most recent changes to ISP development and best practice expectations for documenting all behavioral needs identified in most recent assessments in the ISP. HSAG recommends DBHDS ensure that CSBs have knowledge of and access to the most current DBHDS training materials detailing recent ISP development changes and that training provided to CSB staff is implemented per DBHDS expectations.
Was the RAT completed accurately?	**Statewide**: 67% **Regions with opportunity**: 1, 2, 3, 4, 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs, ensure the support coordinators are equipped to document risks and potential risks in the ISP v4.0 per DBHDS expectations.

Element	Opportunity for Improvement
	HSAG recommends DBHDS ensure that CSBs have knowledge of and access to DBHDS training materials detailing recent ISP changes and ensure training provided to CSB staff is implemented per DBHDS expectations.
Does the ISP Part II include the individual's communication, assistive technology and modifications needs?	**Statewide**: 89% **Regions with opportunity**: 1, 3, 4 **Service types with opportunity**: GDY, GRS, GRL, IHS **Recommendation**: HSAG recommends that CSBs, ensure the support coordinator's understanding of the most recent changes to ISP development, specifically best practice expectations for documenting an individual's communication and assistive technology and modifications needs. HSAG recommends DBHDS ensure CSBs have knowledge of and access to DBHDS training materials detailing recent ISP changes and ensure the training provided to CSB staff is implemented per DBHDS expectations.
Outcomes are developed in the life area of Employment as appropriate.	**Statewide**: 78% **Regions with opportunity**: 1, 2, 3, 4, 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRL, ILS, IHS, SPR, SUL **Recommendation:** HSAG recommends that CSBs ensure the support coordinator's understanding of the expectations for ISP Part III outcome development including best practice documentation when individual preference is to not develop an outcome in the life area of Employment. HSAG recommends CSBs use DBHDS *ISP Fact Sheet: Employment/Employment Related Outcomes* (https://dbhds.virginia.gov/wp-content/uploads/2024/02/Employment-Outcomes-Fact-Sheet-FINAL-1.19.24-2.pdf). HSAG recommends DBHDS continue to communicate best practice expectations to CSBs regarding the development of ISP outcomes in the Employment life area and how to best document conversations during ISP planning and development that reflect the individuals' choice to not develop outcomes in a specific life area. HSAG recommends DBHDS ensure CSBs are aware of and utilize DBHDS resources available that provide clarity about best practices for ISP

Element	Opportunity for Improvement
	development of Employment outcomes and promote the use of the *ISP Life Area Cheat Sheet* and *ISP Fact Sheet: Employment/Employment Related Outcomes* resources.
Outcomes are developed in the life area of Integrated Community Involvement as appropriate.	**Statewide**: 89% **Regions with opportunity**: 1, 3, 4 **Service types with opportunity**: CCO, GDY, GRL, SPR, SUL **Recommendation**: HSAG recommends that CSBs ensure support coordinator's understanding of the expectations for ISP Part III outcome development including best practice documentation when individual preference is to not develop outcomes in the life area of Integrated Community Involvement. HSAG recommends CSBs use DBHDS *ICI Fact Sheet* (https://dbhds.virginia.gov/wp-content/uploads/2023/10/ICI-Fact-Sheet-FINAL_newlogo-1.pdf). HSAG recommends DBHDS continue to communicate best practice expectations to CSBs regarding the development of ISP outcomes in the Integrated Community Involvement life area and how to best document conversations during ISP planning and development that reflect the individuals' choice to not develop outcomes in a specific life area. HSAG recommends DBHDS ensure CSBs are aware of and utilize DBHDS resources available that provide clarity about best practices for ISP development of Integrated Community Involvement outcomes and promote the use of the *ICI Fact Sheet* and the *ISP Life Area Cheat Sheet* resources.
Outcomes are developed in the life area of Social & Spirituality as appropriate.	**Statewide**: 76% **Regions with opportunity:** 1, 2, 3, 4, 5 **Service types with opportunity**: CEN, CCO, GDY, GRS, GRL, ILS, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs ensure the support coordinator's understanding of the expectations for ISP Part III outcome development and utilize the DBHDS *ISP Life Area Cheat Sheet* as a training resource. HSAG recommends DBHDS promote the use of the *ISP Life Area Cheat Sheet* resource and continue to communicate best practice expectations to CSBs regarding the development of ISP outcomes in the Social & Spirituality life area and how to best document

Element	Opportunity for Improvement
	conversations during ISP planning and development that reflect the individuals' choice to not develop outcomes in a specific life area.
Outcomes are developed in the life area of Safety & Security as appropriate.	**Statewide**: 84% **Regions with opportunity**: 1, 4, 5 **Service types with opportunity**: CEN, GDY, GRS, GRL, ILS, IHS, SUL **Recommendation**: HSAG recommends that CSBs ensure the support coordinator's understanding of the expectations for ISP Part III outcome development and utilize DBHDS *ISP Life Area Cheat Sheet* as a training resource. HSAG recommends DBHDS promote the use of the *ISP Life Area Cheat Sheet* resource and continue to communicate best practice expectations to CSBs regarding the development of ISP outcomes in Safety & Security life area and how to best document conversations during ISP planning and development that reflect the individuals' choice to not develop outcomes in a specific life area.
Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions?	**Statewide**: 88% **Regions with opportunity**: 1, 3, 5 **Service types with opportunity**: CEN, GHC, GRS, GRL, SPR, SUL **Recommendation**: HSAG recommends CSBs ensure support coordinators understand what types of conflict may arise during ISP planning, specifically as they relate to the implementation of person-centered practices, to better prepare support coordinators for the role of advocacy during ISP development. HSAG recommends that CSBs ensure the support coordinator's understanding of best practice expectations for documentation and notation of conflict and subsequent resolution which may occur during ISP planning in progress note that details ISP planning meeting. HSAG recommends DBHDS continue to communicate best practice expectations to CSBs regarding documentation of conflict or disagreement and subsequent resolution that occurs during ISP planning.
The ISP and/or other SC documentation confirmed a review of the ISP was conducted with the individual quarterly or every 90 days.	**Statewide**: 85% **Regions with opportunity**: 1, 3, 4, 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, IHS, SPR

Element	Opportunity for Improvement
	Recommendation: HSAG recommends that CSBs identify key sources of systemic variability, within their CSB, that prevent timely completion of quarterly reviews such as staff turnover or late submission by the licensed provider to better address root causes. HSAG recommends DBHDS assess variance specific to lack of timely review of the ISP to determine what variance, if any, may be attributed to lack of timely submission of quarterly reviews by licensed providers. HSAG recommends that DBHDS communicate best practice standards for support coordinators to document when licensed providers are not completing and submitting quarterly reviews of services timely and/or consistently.
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**: 75% **Regions with opportunity**: 1, 3, 4, 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs, ensure the support coordinator's understanding of the most recent changes to ISP development, specifically best practice expectations for documenting new risks or needs and changes in status in the in-progress ISP. HSAG recommends DBHDS ensure CSBs have knowledge of and access to DBHDS training materials detailing recent ISP changes and ensure training provided to CSB staff is implemented per DBHDS expectations.
The ISP was developed according to the processes required.	**Statewide**: 56% **Regions with opportunity**: 1, 2, 3, 4, 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL **Recommendation**: HSAG recommends that CSBs ensure the support coordinator's understanding of the most recent changes to ISP development and ensure support coordinators are trained on DBHDS expectations for processes specific to ISP development. HSAG recommends DBHDS ensure that CSBs have knowledge of and access to DBHDS training materials detailing recent ISP development changes and that training provided to CSB staff is implemented per DBHDS expectations.

Element	Opportunity for Improvement
Did the support coordinator accurately report the risks addressed in the most recent ISP?	**Statewide**: 88% **Regions with opportunity**: 3, 4 **Service types with opportunity**: CCO, GDY, GRL **Recommendation**: HSAG recommends that CSBs ensure support coordinators are able to demonstrate a working knowledge of an individual's ISP, specifically the objectives and strategies contained in the ISP and health and safety risks and protocols, sufficient to properly monitor implementation of the ISP across all providers and settings. HSAG recommends DBHDS ensure CSBs are aware of all relevant case management regulations detailing expectations for ISP implementation and ensure training provided to support coordinators is implemented per DBHDS expectations.
Did the support coordinator accurately report changes in status that occurred during the lookback period?	**Statewide**: 89% **Regions with opportunity**: 2, 3, 4 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRL, ILS **Recommendation**: HSAG recommends that CSBs ensure support coordinators are able to demonstrate a working knowledge of an individual's current health status specific to all relevant mental, physical, and behavioral conditions and demonstrate a working knowledge of changes to needs or preferences which have occurred within the last year. HSAG recommends CSBs ensure support coordinators can demonstrate sufficient skills to properly implement, monitor, review, and revise the individual's ISP based on changing needs and/or preferences. HSAG recommends DBHDS ensure CSBs are aware of all relevant case management regulations detailing expectations for ISP implementation and ensure the development, communication, and implementation of SC competencies and the provision of competency training to support coordinators.
Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?	**Statewide**: 89% **Regions with opportunity**: 1, 3, 4 **Service types with opportunity**: CCO, CEN, GDY, GHC, ILS **Recommendation**: HSAG recommends that CSBs ensure support coordinators understand expectations for appropriate documentation of an individual's changing needs and status for the duration of implementation of an ISP.

Element	Opportunity for Improvement
	HSAG recommends DBHDS ensure CSBs are aware of all relevant case management regulations detailing expectations for documenting changing needs and status and ensure training provided to support coordinators is implemented per DBHDS expectations.
Is there a record of the individual receiving and signing their HCBS rights disclosure on an annual basis?	**Statewide**: 78% **Regions with opportunity**: 1, 2, 3, 4, 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRL, GRS, IHS, SPR **Recommendation**: HSAG recommends that licensed providers ensure HCBS policies are reviewed with and signed by the individuals they serve or their representative upon admission to agency service and annually thereafter. HSAG recommends DBHDS promote review and signature by individuals of HCBS rights disclosure as part of annual ISP development training for providers/CSBs.
Was there evidence that the provider implemented actions to address the changing needs and/or status?	**Statewide**: 84% **Regions with opportunity**: 1, 2, 3, 4 **Service types with opportunity**: CEN, GDY, GHC, GRS, GRL, ILS, IHS **Recommendation**: HSAG recommends licensed providers ensure a quarterly review of services provided is documented with the input of all relevant staff and communicated to the support coordinator to ensure changing needs are properly addressed, either in the provider's current scope of practice and adjustment of outcomes or discussion with team and the individual to address possible referrals necessary to support the change in needs. HSAG recommends DBHDS communicate best practice standards for licensed provider completion and submission of a quarterly review of services and establish mechanisms for support coordinators to engage all parties when licensed providers are not completing and submitting quarterly reviews of services sufficient to ensure all changing needs are properly addressed in the licensed provider's current scope of practice.
Were staff utilizing adaptive equipment the individual had as part of their plan?	**Statewide**: 88% **Regions with opportunity**: 1, 3, 4 **Service types with opportunity**: CCO, CEN, GHC, GRS, GRL, IHS, SUL

Element	Opportunity for Improvement
	Recommendation: HSAG recommends that licensed providers ensure staff are able to demonstrate the skills necessary to consistently utilize all prescribed adaptive equipment for individuals served. HSAG recommends DBHDS communicate guidance for licensed provider to assess staff utilization of all adaptive equipment, including when the individual declines use of adaptive equipment.
Is there evidence of completion of an annual physical exam?	**Statewide**: 83% **Regions with opportunity**: 1, 2, 3, 4, 5 **Service types with opportunity**: GHC, GRL, GRS, SPR **Recommendation**: HSAG recommends that CSBs ensure all support coordinators discuss the completion of an annual physical exam during ISP planning and facilitate a physical exam with individual and all relevant parties, at minimum, annually; OR ensure any risks secondary to lack of physical exam are mitigated in ISP as appropriate. HSAG recommends that licensed residential providers ensure active facilitation of annual physical exams OR note mitigation of potential risks secondary to lack of physical exam in Part V Plan for Supports. HSAG recommends that licensed residential providers are aware of and document appropriately any health risks which require increased monitoring due to the lack of annual physical exam. HSAG recommends DBHDS ensure CSBs are aware of DBHDS process tools available for use during ISP planning specifically when the individual and/or their representative are resistant to the completion of an annual physical exam.
Is there evidence of completion of an annual dental exam?	**Statewide**: 57% **Regions with opportunity**: 1, 2, 3, 4, 5 **Service types with opportunity**: GHC, GRL, GRS, SPR **Recommendation**: HSAG recommends that CSBs ensure all support coordinators discuss dental care during ISP planning to encourage completion of an annual dental exam with individual and all relevant parties, at minimum, annually; OR ensure any risks secondary to lack of dental exam are mitigated in ISP as appropriate. HSAG recommends that licensed residential providers ensure active facilitation of annual dental exams OR note mitigation of potential risks secondary to lack of dental exam in Part V Plan for Supports.

Element	Opportunity for Improvement
	HSAG recommends that licensed residential providers are aware of and document appropriately any health risks which require increased monitoring due to the lack of annual dental exam. HSAG recommends DBHDS ensure CSB knowledge and utilization of state resources designated to improve dental hygiene for individuals, specifically individuals with documented health and/or behavioral barriers to obtaining appropriate dental care. HSAG recommends DBHDS develop and communicate to CSBs best practice expectations for mitigation of health risks secondary to lack of appropriate dental exam when completion of this assessment is declined by individual and/or their designated representative. HSAG recommends DBHDS ensure CSBs are aware of DBHDS process tools available for use during ISP planning specifically when the individual and/or their representative are resistant to the completion of an annual dental exam.
Does the agency have someone designated as responsible for risk management functions?	**Statewide**: 88% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation:** HSAG recommends that licensed providers/CSBs ensure their risk management plan includes the designation of specific staff position responsible for risk management functions. HSAG recommends DBHDS continue to communicate best practice expectations regarding the need for the licensed provider/CSB risk management plan or other risk management policy to include designated staff for risk management activities, including smaller providers where designated staff serve multiple roles.
Does the provider collect and track performance data, including serious incidents and other risk information?	**Statewide**: 42% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends licensed providers/CSBs ensure their quality improvement program is data-driven by implementing processes to collect, track, and review performance data, including but not limited to serious incidents; abuse/neglect; use of seclusion/restraint; and/or individual participation in community activities, with ability to analyze trends over time. HSAG recommends licensed providers/CSBs review data collected

Element	Opportunity for Improvement
	at regular intervals and ensure analysis of trends is documented in meeting minutes. HSAG recommends DBHDS continue to provide Expanded Consultation/Technical Assistance (ECTA) through the Office of Community Quality Improvement (OCQI) to ensure licensed providers/CSBs ability to develop and implement a data driven quality improvement program where performance data specific to serious incidents, abuse/neglect, use of seclusion/restraint, and individual participation in community activities is collected, tracked, and reviewed.
Does the provider's current quality improvement plan include at least one goal or objective based on one or more of the performance data types above that meet SMART criteria?	**Statewide**: 41% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation:** HSAG recommends licensed providers/CSBs ensure their quality improvement program is data-driven and includes at least one goal or objective based on data related to serious incidents, abuse/neglect, use of seclusion/restraint, or individual participation in community activities that is specific, measurable, attainable, relevant, and timebound per DBHDS standards. HSAG recommends DBHDS ensure licensed providers/CSBs have access to training, resources, tools, and/or technical assistance to assist licensed providers/CSBs development and implementation of a data-driven quality improvement program where performance data (related to serious incidents, abuse/neglect, use of seclusion/restraint, and individual participation in community activities) is used to develop goals/objectives that are specific, measurable, attainable, relevant, and timebound.
Are HCBS policies and procedures reviewed with the individuals being served?	**Statewide**: 79% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers ensure HCBS policies include procedures for review with the individuals they serve to ensure completion upon admission to agency service and annually thereafter, and document when the policy is reviewed.

Element	Opportunity for Improvement
	HSAG recommends DBHDS promote review and signature by individuals of HCBS rights disclosure as part of annual ISP development for all relevant providers/CSBs.
Does the agency have policies around the assurance of individual choice and self-determination?	**Statewide**: 77% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers/CSBs develop policies that address assurance of individual choice and self-determination, or policies that address the staff's role in supported decision-making and ensure staff understanding of concepts and how they apply to the individuals being served. HSAG recommends DBHDS continue to disseminate training with curriculum specific to individual choice and self-determination to ensure licensed providers/CSBs have a working understanding of the concept and how to apply it to the individuals they serve. HSAG recommends that DBHDS promote licensed provider/CSB participation in person-centered thinking training.
Does the agency have policies around the dignity of risk?	**Statewide**: 65% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers develop a policy that addresses the dignity of risk, including the rights of a person to make an informed choice, and the rights of the person to engage in experiences meaningful to him/her that are necessary for personal growth and development. HSAG recommends that licensed providers/CSBs utilize DBHDS published resources and trainings to guide policy development and/or revision and ensure staff understanding of the concept and how to apply it to individuals being served. HSAG recommends DBHDS continue to develop and/or disseminate training with a curriculum specific to dignity of risk to ensure licensed providers/CSBs and their staff have a working understanding of the concept and how it applies to the individuals they serve. HSAG recommends that DBHDS promote licensed provider/CSB participation in person-centered thinking training and/or ensure licensed provider/CSB access to regional quality council summit materials specific to dignity of risk.

Element	Opportunity for Improvement
Does the agency have policies around medical and behavioral health emergencies?	**Statewide**: 72% **Regions with opportunity**: * **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. HSAG recommends DBHDS communicate best practice expectations for responding to behavioral health emergencies or utilize the current DBHDS curriculum with this content for targeted training (CSB, regional or licensed provider specific based on needs of individuals served) to ensure knowledge of statewide initiatives specific to behavioral health emergency response.
Does the agency have policies that support individuals' participation in financial management and decision-making?	**Statewide**: 70% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers of residential services develop a policy, procedure, or written process that outlines how they support individual participation in financial decision-making. HSAG recommends DBHDS continue to develop and/or disseminate training with a curriculum specific to individuals' participation in financial decision-making to ensure licensed providers/CSBs have a working understanding of the concept, and how to develop policies for the individuals they serve.
Does the agency have documentation of a signed lease, residency agreement, or other written agreement in place that provides language referencing individual protections from eviction for all persons served?	**Statewide**: 54% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends licensed providers of residential services develop a lease, residency agreement, or other written agreement that includes eviction protection, specifically regulation VRLTA § 55-248.16. HSAG recommends DBHDS identify key sources of a licensed provider and/or CSB specific variability related to lack of lease or residency agreement that includes individual protections from eviction to better identify statewide patterns and provide immediate

Element	Opportunity for Improvement
	remediation for individuals without current eviction protection for their residential supports.
Has the provider made progress on the actions identified in the QSR QIP?	**Statewide**: 61% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends licensed providers/CSBs ensure the QSR findings/QSR QIP are incorporated into current QI/RM activities. HSAG recommends DBHDS continue to communicate expectations for licensed providers/CSBs to incorporate findings from QSR into systemic risk management and/or quality improvement activities. HSAG recommends that it partner with DBHDS to identify CSBs/licensed providers with repeat findings from round to round, in which they have participated, to help DBHDS identify patterns, work with CSBs/licensed providers to understand root causes and develop statewide strategies to address them.
Does the agency have a hiring policy and procedure?	**Statewide**: 68% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends licensed providers/CSBs ensure they develop and implement a hiring policy with detail sufficient to ensure compliance with DBHDS regulations specific to the qualifications of employees (12VAC35-105-420). HSAG recommends DBHDS share resources that licensed providers/CSBs can use to develop appropriate hiring policies and procedures.
Does the [hiring] policy include requirements around background checks?	**Statewide**: 83% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers/CSBs follow the DBHDS expectations for the development of a policy and procedure specific to pre-employment requirements when hiring staff.

Element	Opportunity for Improvement
	HSAG recommends DBHDS develop and communicate best practice expectations for licensed providers/CSBs hiring policies and procedures.
Does the agency have an orientation training policy for all staff at all levels?	**Statewide**: 79% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers/CSBs ensure their orientation training policy includes the orientation requirements for all staff levels, or that providers/CSBs develop an orientation training policy that includes all staff levels. HSAG recommends DBHDS develop and communicate best practice expectations for licensed providers/CSBs orientation training that is appropriate for all staff levels.
Does the agency have a process written for determining staff competence?	**Statewide**: 66% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends that licensed providers/CSBs develop processes for determining staff competence and document that process in written training policy, or other policy/procedure as appropriate. HSAG recommends DBHDS develop training with a curriculum that outlines best practice processes for determining staff competence.
Does provider documentation show that the setting has implemented annual HCBS-specific training with all staff?	**Statewide**: 80% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends licensed providers ensure annual HCBS-specific training is conducted and documented for all staff and implement tracking processes to ensure timely refresher. HSAG recommends DBHDS establish and communicate best practice expectations for annual HCBS settings rules training.
How many employee records had documentation of provider-based orientation training?	**Statewide**: 89% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends licensed providers/CSBs ensure implementation of their orientation policy sufficient to

Element	Opportunity for Improvement
	document compliance with DBHDS regulations related to orienting new employees (12VAC35-105-440). HSAG recommends DBHDS work with HSAG to revise the QSR methodology and PCR tool to collect regional and service type specific data on licensed providers/CSBs compliance with implementing provider-based orientation training.
How many employee records have proof of competency-based training?	**Statewide**: 84% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends licensed providers/CSBs ensure implementation of their employee training policy sufficient to document compliance with DMAS regulations specific to employee training (12VAC30-122-180). HSAG recommends DBHDS work with HSAG to revise the QSR methodology and PCR tool to collect regional and service type specific data on licensed providers/CSBs compliance with implementing DBHDS competency-based training.
How many employees serving someone in SIS Tier 4 have documentation of advanced competency training?	**Statewide**: 72% **Regions with opportunity**: * **Service types with opportunity**: ** **Recommendation**: HSAG recommends licensed providers/CSBs ensure implementation of their employee training policy sufficient to document compliance with DMAS regulations specific to employee training (12VAC30-122-180). HSAG recommends DBHDS work with HSAG revise the QSR methodology and PCR tool to collect regional and service type specific data on licensed providers/CSBs compliance with implementing advanced competency training.

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

Appendix A. CSB: ISP Assessment

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

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

ISP Assessment Compliance Elements					
CSB	**Does the ISP Part II include all high-risk health factors?**	**Is Part I of the ISP complete and thorough?**	**Does the ISP Part II include medications?**	**Does the ISP Part II include the individual's social, developmental, behavioral, and family history?**	**Does the ISP Part II include the individual's communication, assistive technology and modifications needs?**
All CSBs: Aggregate	**67%**	**86%**	**96%**	**90%**	**89%**
ALEXANDRIA COMMUNITY SERV BD	65%	88%	100%	94%	100%
ARLINGTON MENTAL HEALTH	63%	100%	100%	100%	89%
BLUE RIDGE CSB	50%	94%	94%	88%	82%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	67%	81%	100%	100%	100%
CHESTERFIELD CSB	71%	91%	98%	85%	85%
CITY OF VA BEACH CSB MHMRSAS	41%	70%	90%	91%	94%
COLONIAL BEHAVIORAL HEALTH	58%	67%	100%	100%	100%
CROSSROADS CSB	100%	93%	83%	100%	86%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	0%	100%	83%	100%	83%
DISTRICT 19 MEN HLTH SER	25%	82%	100%	76%	88%
EASTERN SHORE CSB	83%	67%	100%	83%	100%
ENCOMPASS COMMUNITY SUPPORTS	42%	100%	100%	75%	67%

ISP Assessment Compliance Elements					
CSB	**Does the ISP Part II include all high-risk health factors?**	**Is Part I of the ISP complete and thorough?**	**Does the ISP Part II include medications?**	**Does the ISP Part II include the individual's social, developmental, behavioral, and family history?**	**Does the ISP Part II include the individual's communication, assistive technology and modifications needs?**
FAIRFAX-FALLS CHURCH CSB	87%	98%	97%	98%	92%
GOOCHLAND POWHATAN MENTAL HLTH	0%	100%	100%	100%	100%
HAMPTON-NN CSB	47%	83%	100%	96%	87%
HANOVER COUNTY COMMUNITY SERVICES	89%	89%	89%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	83%	100%	100%	92%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	58%	95%	100%	79%	95%
HIGHLANDS CMNTY SVCS BOARD	71%	100%	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	63%	38%	93%	69%	81%
LOUDOUN COUNTY CSB	73%	88%	100%	96%	88%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%	100%	100%
MOUNT ROGERS CSB	86%	95%	95%	91%	91%
NEW RIVER VALLEY COMMUNITY SERVICES	50%	100%	50%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	53%	94%	97%	75%	78%
NORTHWESTERN COMMUNITY SVCS	43%	100%	93%	100%	86%
PIEDMONT COMMUNITY SERVICES	19%	56%	100%	81%	56%
PORTSMOUTH DEPT OF BEHAVIORAL	74%	78%	96%	67%	96%

ISP Assessment Compliance Elements					
CSB	**Does the ISP Part II include all high-risk health factors?**	**Is Part I of the ISP complete and thorough?**	**Does the ISP Part II include medications?**	**Does the ISP Part II include the individual's social, developmental, behavioral, and family history?**	**Does the ISP Part II include the individual's communication, assistive technology and modifications needs?**
PRINCE WILLIAM COUNTY CSB	90%	93%	95%	95%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	79%	86%	94%	89%	80%
REGION TEN CMMNTY SVCS BRD	50%	100%	75%	100%	25%
RICHMOND BHVRL HLTH AUTHORITY	77%	92%	100%	92%	92%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	43%	0%	100%	100%	71%
SOUTHSIDE CSB	73%	83%	100%	83%	83%
VALLEY CSB	75%	25%	25%	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	75%	79%	100%	93%	100%

Appendix B. CSB: ISP Development & Implementation

Table 2 – Table 7 provide the CSB-specific compliance results for the ISP development and implementation elements.

Table 2—CSB: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
CSB	**The ISP for this review period is within 365 days of the previous ISP.**	**The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.**	**The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.**	**Was the RAT completed accurately?**
All CSBs: Aggregate	**93%**	**82%**	**78%**	**67%**
ALEXANDRIA COMMUNITY SERV BD	50%	88%	93%	65%
ARLINGTON MENTAL HEALTH	100%	86%	83%	67%
BLUE RIDGE CSB	82%	81%	81%	47%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	89%	77%	60%	43%
CHESTERFIELD CSB	97%	91%	76%	78%
CITY OF VA BEACH CSB MHMRSAS	94%	60%	65%	39%
COLONIAL BEHAVIORAL HEALTH	100%	67%	83%	92%
CROSSROADS CSB	100%	90%	73%	71%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	22%
DANVILLE-PITTSYLVANIA COM SERV	50%	40%	50%	0%
DISTRICT 19 MEN HLTH SER	93%	85%	50%	65%
EASTERN SHORE CSB	100%	60%	60%	67%
ENCOMPASS COMMUNITY SUPPORTS	55%	45%	56%	50%
FAIRFAX-FALLS CHURCH CSB	94%	96%	94%	86%
GOOCHLAND POWHATAN MENTAL HLTH	50%	100%	0%	0%
HAMPTON-NN CSB	100%	76%	71%	51%

ISP Development and Implementation Compliance Elements				
CSB	**The ISP for this review period is within 365 days of the previous ISP.**	**The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.**	**The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.**	**Was the RAT completed accurately?**
HANOVER COUNTY COMMUNITY SERVICES	88%	100%	89%	78%
HARRISONBURG-ROCKINGHAM CSB	92%	100%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	84%	63%	82%	58%
HIGHLANDS CMNTY SVCS BOARD	100%	86%	71%	100%
HORIZON BEHAVIORAL HEALTH	94%	73%	100%	44%
LOUDOUN COUNTY CSB	100%	100%	94%	75%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	-	100%	100%
MOUNT ROGERS CSB	100%	86%	90%	91%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	50%	50%	0%
NORFOLK COMMUNITY SERVICES BOARD	100%	60%	41%	47%
NORTHWESTERN COMMUNITY SVCS	100%	67%	64%	57%
PIEDMONT COMMUNITY SERVICES	64%	75%	64%	31%
PORTSMOUTH DEPT OF BEHAVIORAL	92%	84%	80%	59%
PRINCE WILLIAM COUNTY CSB	100%	87%	93%	84%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	80%	77%	80%
REGION TEN CMMNTY SVCS BRD	33%	75%	75%	0%
RICHMOND BHVRL HLTH AUTHORITY	100%	77%	85%	69%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%	100%	86%
SOUTHSIDE CSB	100%	89%	43%	75%

ISP Development and Implementation Compliance Elements				
CSB	**The ISP for this review period is within 365 days of the previous ISP.**	**The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.**	**The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.**	**Was the RAT completed accurately?**
VALLEY CSB	100%	50%	50%	75%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	100%	91%	85%	79%

"-" *symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.*

Table 3—CSB: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
CSB	**Does the ISP Part II include the individual's employment status and assessment of barriers to employment?**	**Does the ISP Part II include the individual's meaningful day and community involvement status?**	**Did the individual have support from people during the development of the ISP that they wanted?**	**Outcomes are developed in the life area of Employment as appropriate.**
All CSBs: Aggregate	**98%**	**98%**	**95%**	**78%**
ALEXANDRIA COMMUNITY SERV BD	100%	88%	94%	88%
ARLINGTON MENTAL HEALTH	100%	100%	100%	100%
BLUE RIDGE CSB	88%	94%	100%	71%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	100%	95%	75%
CHESTERFIELD CSB	98%	100%	96%	94%
CITY OF VA BEACH CSB MHMRSAS	100%	100%	94%	43%
COLONIAL BEHAVIORAL HEALTH	100%	92%	100%	100%
CROSSROADS CSB	100%	100%	100%	0%
CUMBERLAND MNTL HLTH CTR	100%	100%	78%	0%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%	100%	0%

ISP Development and Implementation Compliance Elements				
CSB	**Does the ISP Part II include the individual's employment status and assessment of barriers to employment?**	**Does the ISP Part II include the individual's meaningful day and community involvement status?**	**Did the individual have support from people during the development of the ISP that they wanted?**	**Outcomes are developed in the life area of Employment as appropriate.**
DISTRICT 19 MEN HLTH SER	100%	100%	100%	86%
EASTERN SHORE CSB	100%	100%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	100%	100%	100%	50%
FAIRFAX-FALLS CHURCH CSB	99%	100%	97%	80%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%	-
HAMPTON-NN CSB	98%	100%	100%	67%
HANOVER COUNTY COMMUNITY SERVICES	100%	89%	100%	88%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	83%	70%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	95%	100%	58%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	75%	94%	88%	50%
LOUDOUN COUNTY CSB	95%	96%	100%	88%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%	-
MOUNT ROGERS CSB	100%	100%	91%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	94%	100%	91%	82%
NORTHWESTERN COMMUNITY SVCS	100%	100%	93%	100%
PIEDMONT COMMUNITY SERVICES	100%	94%	69%	25%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	96%	85%	40%
PRINCE WILLIAM COUNTY CSB	98%	100%	100%	92%

ISP Development and Implementation Compliance Elements				
CSB	**Does the ISP Part II include the individual's employment status and assessment of barriers to employment?**	**Does the ISP Part II include the individual's meaningful day and community involvement status?**	**Did the individual have support from people during the development of the ISP that they wanted?**	**Outcomes are developed in the life area of Employment as appropriate.**
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	94%	94%	65%
REGION TEN CMMNTY SVCS BRD	100%	100%	100%	-
RICHMOND BHVRL HLTH AUTHORITY	100%	100%	100%	83%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%	100%	100%
SOUTHSIDE CSB	100%	100%	75%	60%
VALLEY CSB	100%	100%	100%	-
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	91%	100%	100%	75%

"-" *symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.*

Table 4—CSB: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
CSB	**Outcomes are developed in the life area of Integrated Community Involvement as appropriate.**	**Outcomes are developed in the life area of Community Living as appropriate.**	**Outcomes are developed in the life area of Safety & Security as appropriate.**	**Outcomes are developed in the life area of Healthy Living as appropriate.**
All CSBs: Aggregate	**89%**	**93%**	**84%**	**95%**
ALEXANDRIA COMMUNITY SERV BD	91%	94%	63%	82%
ARLINGTON MENTAL HEALTH	100%	100%	100%	100%
BLUE RIDGE CSB	89%	87%	79%	85%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	93%	94%	88%	100%

ISP Development and Implementation Compliance Elements				
CSB	**Outcomes are developed in the life area of Integrated Community Involvement as appropriate.**	**Outcomes are developed in the life area of Community Living as appropriate.**	**Outcomes are developed in the life area of Safety & Security as appropriate.**	**Outcomes are developed in the life area of Healthy Living as appropriate.**
CHESTERFIELD CSB	83%	88%	88%	96%
CITY OF VA BEACH CSB MHMRSAS	79%	96%	48%	83%
COLONIAL BEHAVIORAL HEALTH	90%	80%	89%	100%
CROSSROADS CSB	100%	73%	62%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	80%	80%	80%	100%
DISTRICT 19 MEN HLTH SER	75%	100%	80%	89%
EASTERN SHORE CSB	100%	100%	100%	80%
ENCOMPASS COMMUNITY SUPPORTS	75%	88%	64%	75%
FAIRFAX-FALLS CHURCH CSB	95%	99%	97%	96%
GOOCHLAND POWHATAN MENTAL HLTH	100%	-	100%	100%
HAMPTON-NN CSB	100%	86%	90%	91%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%	88%	89%
HARRISONBURG-ROCKINGHAM CSB	75%	100%	67%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	80%	74%	78%	89%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	86%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%	89%	100%
LOUDOUN COUNTY CSB	100%	94%	87%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	-	100%	100%	100%
MOUNT ROGERS CSB	89%	100%	95%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%	100%

ISP Development and Implementation Compliance Elements				
CSB	**Outcomes are developed in the life area of Integrated Community Involvement as appropriate.**	**Outcomes are developed in the life area of Community Living as appropriate.**	**Outcomes are developed in the life area of Safety & Security as appropriate.**	**Outcomes are developed in the life area of Healthy Living as appropriate.**
NORFOLK COMMUNITY SERVICES BOARD	78%	91%	82%	96%
NORTHWESTERN COMMUNITY SVCS	83%	90%	64%	100%
PIEDMONT COMMUNITY SERVICES	70%	100%	92%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	83%	92%	89%	96%
PRINCE WILLIAM COUNTY CSB	92%	100%	98%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	96%	94%	84%	97%
REGION TEN CMMNTY SVCS BRD	67%	75%	75%	100%
RICHMOND BHVRL HLTH AUTHORITY	83%	73%	67%	92%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	33%	83%	14%	100%
SOUTHSIDE CSB	38%	100%	100%	100%
VALLEY CSB	100%	100%	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	100%	100%	90%	100%

"-" *symbol in any of the CBS tables demonstrates that the associated PCR(s)had N/A as a response for the element.*

Table 5—CSB: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
CSB	**Outcomes are developed in the life area of Social & Spirituality as appropriate.**	**Outcomes are developed in the life area of Citizenship & Advocacy as appropriate.**	**Are all outcomes identified in Part III linked to Part V PFS as appropriate?**	**Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?**
All CSBs: Aggregate	**76%**	**91%**	**95%**	**88%**
ALEXANDRIA COMMUNITY SERV BD	100%	92%	94%	100%
ARLINGTON MENTAL HEALTH	100%	100%	89%	100%
BLUE RIDGE CSB	71%	85%	94%	100%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	78%	94%	90%	100%
CHESTERFIELD CSB	69%	80%	97%	100%
CITY OF VA BEACH CSB MHMRSAS	86%	100%	97%	0%
COLONIAL BEHAVIORAL HEALTH	67%	100%	100%	100%
CROSSROADS CSB	100%	100%	93%	-
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	-
DANVILLE-PITTSYLVANIA COM SERV	80%	80%	83%	-
DISTRICT 19 MEN HLTH SER	82%	89%	94%	100%
EASTERN SHORE CSB	83%	100%	100%	-
ENCOMPASS COMMUNITY SUPPORTS	78%	100%	92%	-
FAIRFAX-FALLS CHURCH CSB	79%	77%	96%	100%
GOOCHLAND POWHATAN MENTAL HLTH	50%	100%	100%	-
HAMPTON-NN CSB	90%	100%	98%	-
HANOVER COUNTY COMMUNITY SERVICES	33%	100%	100%	-
HARRISONBURG-ROCKINGHAM CSB	50%	67%	92%	-

ISP Development and Implementation Compliance Elements				
CSB	**Outcomes are developed in the life area of Social & Spirituality as appropriate.**	**Outcomes are developed in the life area of Citizenship & Advocacy as appropriate.**	**Are all outcomes identified in Part III linked to Part V PFS as appropriate?**	**Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?**
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	47%	94%	89%	75%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%	-
HORIZON BEHAVIORAL HEALTH	33%	100%	94%	67%
LOUDOUN COUNTY CSB	81%	95%	96%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	-	100%	-
MOUNT ROGERS CSB	73%	95%	100%	0%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	56%	95%	91%	-
NORTHWESTERN COMMUNITY SVCS	92%	100%	93%	-
PIEDMONT COMMUNITY SERVICES	90%	100%	94%	33%
PORTSMOUTH DEPT OF BEHAVIORAL	61%	96%	93%	100%
PRINCE WILLIAM COUNTY CSB	90%	81%	86%	89%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	81%	97%	97%	50%
REGION TEN CMMNTY SVCS BRD	33%	50%	100%	67%
RICHMOND BHVRL HLTH AUTHORITY	62%	100%	100%	67%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	50%	100%	100%	-
SOUTHSIDE CSB	82%	100%	75%	100%

ISP Development and Implementation Compliance Elements				
CSB	**Outcomes are developed in the life area of Social & Spirituality as appropriate.**	**Outcomes are developed in the life area of Citizenship & Advocacy as appropriate.**	**Are all outcomes identified in Part III linked to Part V PFS as appropriate?**	**Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?**
VALLEY CSB	50%	100%	100%	-
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	100%	100%	100%	100%

"-" *symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.*

Table 6—CSB: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
CSB	**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 SC 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 providers responsible for its implementation.**	**The ISP was developed according to the processes required.**
All CSBs: Aggregate	**85%**	**93%**	**90%**	**56%**
ALEXANDRIA COMMUNITY SERV BD	100%	100%	88%	35%
ARLINGTON MENTAL HEALTH	89%	100%	89%	67%
BLUE RIDGE CSB	88%	94%	71%	41%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	95%	100%	95%	43%

ISP Development and Implementation Compliance Elements				
CSB	**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 SC 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 providers responsible for its implementation.**	**The ISP was developed according to the processes required.**
CHESTERFIELD CSB	78%	91%	97%	52%
CITY OF VA BEACH CSB MHMRSAS	97%	94%	88%	39%
COLONIAL BEHAVIORAL HEALTH	92%	100%	92%	75%
CROSSROADS CSB	93%	86%	100%	29%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	22%
DANVILLE-PITTSYLVANIA COM SERV	60%	83%	67%	0%
DISTRICT 19 MEN HLTH SER	29%	65%	94%	35%
EASTERN SHORE CSB	100%	100%	100%	50%
ENCOMPASS COMMUNITY SUPPORTS	67%	100%	100%	33%
FAIRFAX-FALLS CHURCH CSB	100%	99%	98%	76%
GOOCHLAND POWHATAN MENTAL HLTH	50%	50%	50%	0%
HAMPTON-NN CSB	74%	96%	87%	40%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%	100%	78%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	83%	92%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	74%	95%	100%	53%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%	71%
HORIZON BEHAVIORAL HEALTH	69%	94%	38%	25%

ISP Development and Implementation Compliance Elements				
CSB	**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 SC 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 providers responsible for its implementation.**	**The ISP was developed according to the processes required.**
LOUDOUN COUNTY CSB	90%	88%	96%	75%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%	100%
MOUNT ROGERS CSB	100%	100%	91%	73%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%	0%
NORFOLK COMMUNITY SERVICES BOARD	97%	97%	81%	41%
NORTHWESTERN COMMUNITY SVCS	75%	86%	93%	57%
PIEDMONT COMMUNITY SERVICES	53%	100%	69%	25%
PORTSMOUTH DEPT OF BEHAVIORAL	73%	96%	89%	52%
PRINCE WILLIAM COUNTY CSB	88%	93%	98%	77%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	89%	66%	91%	80%
REGION TEN CMMNTY SVCS BRD	100%	100%	75%	0%
RICHMOND BHVRL HLTH AUTHORITY	77%	92%	92%	62%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	71%	100%	100%	100%
SOUTHSIDE CSB	73%	92%	83%	42%
VALLEY CSB	100%	75%	100%	75%

ISP Development and Implementation Compliance Elements				
CSB	**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 SC 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 providers responsible for its implementation.**	**The ISP was developed according to the processes required.**
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	29%	93%	57%	57%

Table 7—CSB: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements			
CSB	**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.**	**Did the support coordinator accurately report changes in status that occurred during the lookback period?**	**Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?**
All CSBs: Aggregate	**75%**	**89%**	**89%**
ALEXANDRIA COMMUNITY SERV BD	100%	88%	100%

ISP Development and Implementation Compliance Elements			
CSB	**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.**	**Did the support coordinator accurately report changes in status that occurred during the lookback period?**	**Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?**
ARLINGTON MENTAL HEALTH	100%	89%	100%
BLUE RIDGE CSB	17%	71%	82%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	95%	91%
CHESTERFIELD CSB	84%	93%	97%
CITY OF VA BEACH CSB MHMRSAS	100%	94%	95%
COLONIAL BEHAVIORAL HEALTH	88%	100%	100%
CROSSROADS CSB	67%	93%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	25%	100%	100%
DISTRICT 19 MEN HLTH SER	64%	82%	73%
EASTERN SHORE CSB	100%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	67%	100%	100%
FAIRFAX-FALLS CHURCH CSB	86%	76%	86%
GOOCHLAND POWHATAN MENTAL HLTH	50%	100%	100%

ISP Development and Implementation Compliance Elements			
CSB	**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.**	**Did the support coordinator accurately report changes in status that occurred during the lookback period?**	**Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?**
HAMPTON-NN CSB	83%	91%	90%
HANOVER COUNTY COMMUNITY SERVICES	-	100%	-
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	78%	68%	63%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	62%	75%	70%
LOUDOUN COUNTY CSB	100%	92%	86%
MIDDLE PENINSULA NORTHERN NECK CSB	0%	100%	50%
MOUNT ROGERS CSB	50%	95%	80%
NEW RIVER VALLEY COMMUNITY SERVICES	0%	50%	100%
NORFOLK COMMUNITY SERVICES BOARD	77%	88%	100%
NORTHWESTERN COMMUNITY SVCS	75%	86%	75%
PIEDMONT COMMUNITY SERVICES	38%	75%	71%

ISP Development and Implementation Compliance Elements			
CSB	**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.**	**Did the support coordinator accurately report changes in status that occurred during the lookback period?**	**Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?**
PORTSMOUTH DEPT OF BEHAVIORAL	53%	89%	86%
PRINCE WILLIAM COUNTY CSB	92%	93%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	83%	100%	100%
REGION TEN CMMNTY SVCS BRD	50%	100%	67%
RICHMOND BHVRL HLTH AUTHORITY	89%	92%	89%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%	100%
SOUTHSIDE CSB	75%	100%	100%
VALLEY CSB	100%	100%	67%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	56%	79%	67%

"-" *symbol in any of the CBS tables demonstrates that the associated PCR(s)had N/A as a response for the element.*

Appendix C. CSB: Risk/Harm

Table 8 provides the CSB-specific compliance results for the risk/harm elements.

Table 8—CSB: Risk/Harm Compliance Elements

Risk/Harm Compliance Elements				
CSB	**Did the support coordinator accurately report the risks addressed in the most recent ISP?**	**Are all medical and behavioral support needs currently being addressed, either through documented supports or in progress referral?**	**Is there evidence of completion of an annual physical exam?**	**Is there evidence of completion of an annual dental exam?**
All CSBs: Aggregate	**88%**	**95%**	**83%**	**57%**
ALEXANDRIA COMMUNITY SERV BD	71%	100%	100%	60%
ARLINGTON MENTAL HEALTH	89%	100%	100%	0%
BLUE RIDGE CSB	82%	71%	67%	33%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	90%	95%	100%	50%
CHESTERFIELD CSB	78%	99%	90%	62%
CITY OF VA BEACH CSB MHMRSAS	97%	97%	70%	50%
COLONIAL BEHAVIORAL HEALTH	100%	92%	100%	57%
CROSSROADS CSB	71%	93%	50%	0%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	67%	100%	100%	40%
DISTRICT 19 MEN HLTH SER	71%	88%	67%	67%
EASTERN SHORE CSB	100%	100%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	75%	100%	100%	75%
FAIRFAX-FALLS CHURCH CSB	96%	99%	82%	69%
GOOCHLAND POWHATAN MENTAL HLTH	50%	100%	100%	100%
HAMPTON-NN CSB	89%	100%	94%	47%
HANOVER COUNTY COMMUNITY SERVICES	89%	100%	-	-
HARRISONBURG-ROCKINGHAM CSB	92%	100%	-	-

Risk/Harm Compliance Elements				
CSB	**Did the support coordinator accurately report the risks addressed in the most recent ISP?**	**Are all medical and behavioral support needs currently being addressed, either through documented supports or in progress referral?**	**Is there evidence of completion of an annual physical exam?**	**Is there evidence of completion of an annual dental exam?**
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	89%	100%	80%	60%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	75%	50%
HORIZON BEHAVIORAL HEALTH	94%	75%	75%	25%
LOUDOUN COUNTY CSB	92%	96%	67%	67%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%	0%
MOUNT ROGERS CSB	100%	95%	92%	69%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	50%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	91%	91%	67%	33%
NORTHWESTERN COMMUNITY SVCS	86%	93%	33%	33%
PIEDMONT COMMUNITY SERVICES	44%	81%	82%	64%
PORTSMOUTH DEPT OF BEHAVIORAL	93%	100%	64%	55%
PRINCE WILLIAM COUNTY CSB	93%	95%	85%	75%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	94%	97%	89%	67%
REGION TEN CMMNTY SVCS BRD	100%	100%	-	-
RICHMOND BHVRL HLTH AUTHORITY	100%	92%	75%	25%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%	80%	60%
SOUTHSIDE CSB	67%	92%	100%	50%
VALLEY CSB	100%	75%	100%	0%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	93%	93%	83%	50%

"-" *symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.*

Appendix D. Region: ISP Assessment

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

Table 9—Region: ISP Assessment Compliance Elements

ISP Assessment Compliance Elements					
Region	**Does the ISP Part II include all high-risk health factors?**	**Is Part I of the ISP complete and thorough?**	**Does the ISP Part II include medications?**	**Does the ISP Part II include the individual's social, developmental, behavioral, and family history?**	**Does the ISP Part II include the individual's communication, assistive technology and modifications needs?**
All Regions: Aggregate	**67%**	**86%**	**96%**	**90%**	**89%**
Region 1	64%	76%	92%	88%	80%
Region 2	83%	95%	97%	97%	94%
Region 3	57%	88%	95%	90%	84%
Region 4	68%	91%	97%	87%	88%
Region 5	57%	80%	97%	88%	92%

Appendix E. Region: ISP Development & Implementation

Table 10 – Table 15 provide the region-specific compliance results for the ISP development and implementation elements.

Table 10—Region: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements					
Region	**The ISP for this review period is within 365 days of the previous ISP.**	**The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.**	**The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.**	**Was the RAT completed accurately?**	**Does the ISP Part II include the individual's employment status and assessment of barriers to employment?**
All Regions: Aggregate	**93%**	**82%**	**78%**	**67%**	**98%**
Region 1	91%	76%	80%	67%	96%
Region 2	92%	93%	93%	81%	98%
Region 3	87%	81%	76%	56%	98%
Region 4	94%	85%	74%	71%	99%
Region 5	97%	72%	67%	54%	98%

Table 11—Region: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
Region	**Does the ISP Part II include the individual's meaningful day and community involvement status?**	**Did the individual have support from people during the development of the ISP that they wanted?**	**Outcomes are developed in the life area of Employment as appropriate.**	**Outcomes are developed in the life area of Integrated Community Involvement as appropriate.**
All Regions: Aggregate	**98%**	**95%**	**78%**	**89%**
Region 1	97%	93%	71%	85%
Region 2	98%	98%	85%	95%
Region 3	98%	86%	50%	81%
Region 4	99%	98%	84%	87%
Region 5	99%	95%	69%	90%

Table 12—Region: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
Region	**Outcomes are developed in the life area of Community Living as appropriate.**	**Outcomes are developed in the life area of Safety & Security as appropriate.**	**Outcomes are developed in the life area of Healthy Living as appropriate.**	**Outcomes are developed in the life area of Social & Spirituality as appropriate.**
All Regions: Aggregate	**93%**	**84%**	**95%**	**76%**
Region 1	93%	72%	96%	68%
Region 2	98%	93%	96%	84%
Region 3	96%	91%	98%	85%
Region 4	85%	81%	94%	67%
Region 5	92%	82%	93%	78%

Table 13—Region: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
Region	**Outcomes are developed in the life area of Citizenship & Advocacy as appropriate.**	**Are all outcomes identified in Part III linked to Part V PFS as appropriate?**	**Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?**	**The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.**
All Regions: Aggregate	**91%**	**95%**	**88%**	**85%**
Region 1	93%	95%	63%	82%
Region 2	83%	93%	97%	96%
Region 3	95%	93%	57%	84%
Region 4	90%	96%	93%	76%
Region 5	98%	95%	83%	83%

Table 14—Region: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements			
Region	**The ISP and/or other SC 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 providers responsible for its implementation.**	**The ISP was developed according to the processes required.**
All Regions: Aggregate	**93%**	**90%**	**56%**
Region 1	85%	84%	63%
Region 2	96%	96%	72%
Region 3	98%	83%	43%
Region 4	88%	96%	49%
Region 5	96%	86%	46%

Table 15—Region: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements			
Region	**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.**	**Did the support coordinator accurately report changes in status that occurred during the lookback period?**	**Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?**
All Regions: Aggregate	**75%**	**89%**	**89%**
Region 1	73%	94%	84%
Region 2	91%	84%	92%
Region 3	40%	88%	86%
Region 4	78%	89%	89%
Region 5	80%	91%	91%

Appendix F. Region: Risk/Harm

Table 16 provides the region-specific compliance results for the risk/harm elements.

Table 16—Region: Risk/Harm Compliance Elements

Risk/Harm Compliance Elements				
Region	**Did the support coordinator accurately report the risks addressed in the most recent ISP?**	**Are all medical and behavioral support needs currently being addressed, either through documented supports or in progress referral?**	**Is there evidence of completion of an annual physical exam?**	**Is there evidence of completion of an annual dental exam?**
All Regions: Aggregate	**88%**	**95%**	**83%**	**57%**
Region 1	91%	93%	81%	54%
Region 2	92%	98%	84%	67%
Region 3	81%	88%	88%	63%
Region 4	80%	97%	78%	50%
Region 5	93%	96%	81%	48%

Appendix G. Region: Provider Capacity and Competency

Table 17 – Table 23 provide the region-specific compliance results for the provider capacity and competency elements.

Table 17—Region: Provider Capacity and Competency

Provider Capacity and Competency					
Region	**Was there evidence that the provider implemented actions to address the changing needs and/or status?**	**Is there a record of the individual receiving and signing their HCBS rights disclosure on an annual basis?**	**Is the individual's/ provider's environment neat and clean?**	**Was the person's/ provider's environment accessible?**	**Does the individual appear well kept?**
All Regions: Aggregate	**84%**	**78%**	**98%**	**100%**	**99%**
Region 1	82%	80%	100%	100%	100%
Region 2	82%	85%	99%	100%	99%
Region 3	79%	72%	99%	100%	100%
Region 4	74%	80%	96%	99%	99%
Region 5	91%	71%	98%	99%	99%

Table 18—Region: Provider Capacity and Competency

Provider Capacity and Competency					
Region	**Were staff engaging with the individual based on the person's preference and interests?**	**Was the person being offered choices throughout the visit?**	**Was the staff utilizing person centered language and talking with the individual as opposed to about the individual?**	**Were staff implementing the Part V as written?**	**For individuals with a behavioral support plan or protocol, were staff following strategies as outlined in the written plan?**
All Regions: Aggregate	**99%**	**99%**	**100%**	**98%**	**98%**
Region 1	100%	100%	100%	98%	95%
Region 2	99%	98%	100%	99%	97%
Region 3	100%	100%	100%	98%	100%
Region 4	99%	99%	99%	96%	100%
Region 5	99%	99%	99%	98%	98%

Table 19—Region: Provider Capacity and Competency

Provider Capacity and Competency					
Region	**Were staff adhering to medical protocols as outlined in the plan?**	**Were staff able to describe what community inclusion looks like for the individual?**	**Did the staff demonstrate competency in supporting the individual?**	**If Yes, was there evidence of oversight and monitoring of the new staff?**	**If Yes, is 1-1 or specialized staffing support being implemented during observation as required?**
All Regions: Aggregate	**97%**	**99%**	**99%**	**94%**	**98%**
Region 1	100%	100%	100%	100%	83%
Region 2	99%	97%	99%	88%	98%
Region 3	100%	100%	100%	100%	100%
Region 4	94%	100%	100%	94%	100%
Region 5	94%	99%	99%	90%	100%

Table 20—Region: Provider Capacity and Competency

Provider Capacity and Competency				
Region	**Are staff familiar with adaptive equipment needs?**	**Were staff utilizing adaptive equipment the individual had as part of their plan?**	**Is all equipment in working order?**	**Are staff able to describe things important to and important for the individual?**
All Regions: Aggregate	**97%**	**88%**	**97%**	**99%**
Region 1	98%	84%	97%	100%
Region 2	96%	90%	100%	99%
Region 3	100%	86%	92%	100%
Region 4	92%	81%	97%	99%
Region 5	98%	93%	98%	98%

"-"Indicates question N/A to region.

Table 21—Region: Provider Capacity and Competency

Provider Capacity and Competency					
Region	**Was the staff able to describe the outcomes being worked on in this environment?**	**Could the staff describe the medical support needs of the individual?**	**Were staff familiar with the medical protocols to support the person?**	**Could the staff describe behavioral support needs?**	**Were staff familiar with the behavioral support plan or protocols developed to support the person?**
All Regions: Aggregate	**96%**	**97%**	**95%**	**97%**	**94%**
Region 1	100%	97%	99%	100%	95%
Region 2	96%	98%	96%	98%	98%
Region 3	100%	100%	100%	100%	100%
Region 4	90%	93%	88%	91%	81%
Region 5	94%	95%	94%	97%	93%

Table 22—Region: Provider Capacity and Competency

Provider Capacity and Competency				
Region	**Does the staff know what medications the person is taking or where to locate this information?**	**Can the staff list the most common side effects of the medications the person is on or where to locate this information?**	**Can you tell me what person-centered care means?**	**Can you explain the individual's rights in your program?**
All Regions: Aggregate	**96%**	**94%**	**93%**	**97%**
Region 1	100%	96%	95%	100%
Region 2	95%	93%	96%	97%
Region 3	100%	97%	98%	100%
Region 4	93%	88%	84%	90%
Region 5	97%	97%	95%	98%

Table 23—Region: Provider Capacity and Competency

Provider Capacity and Competency				
Region	When were you last trained on Medication Administration?		When were you last trained on Crisis Intervention?	
	>12 months	Never	>12 months	Never
All Regions: Aggregate	**5%**	**4%**	**3%**	**2%**
Region 1	7%	5%	5%	1%
Region 2	5%	6%	5%	5%
Region 3	5%	0%	1%	0%
Region 4	3%	1%	4%	0%
Region 5	6%	6%	1%	1%

Statewide, regional, and service type breakdown for compliance elements specific to training on medication administration and crisis intervention are offered for information only. DBHDS has not established a compliance threshold for these elements.

Appendix H. Service Type: ISP Assessment

Table 24 provides the provider service type-specific compliance results for the ISP assessment elements.

Table 24—Service Type: ISP Assessment Compliance Elements

Individual Support Plan (ISP) Assessment Compliance Elements					
Provider Service Type	**Does the ISP Part II include all high-risk health factors?**	**Is Part I of the ISP complete and thorough?**	**Does the ISP Part II include medications?**	**Does the ISP Part II include the individual's social, developmental, behavioral, and family history?**	**Does the ISP Part II include the individual's communication, assistive technology and modifications needs?**
All Service Type: Aggregate	**63.92%**	**84.41%**	**96.76%**	**89.29%**	**87.24%**
Community Coaching	66.13%	92.42%	98.39%	92.42%	90.91%
Community Engagement	68.06%	85.37%	97.47%	92.68%	91.46%
Group Day	61.25%	85.54%	97.44%	89.16%	84.34%
Group Home (Customized Rate)	75.00%	91.84%	95.83%	93.88%	93.88%
Group Residential Support <= 4 Persons	62.34%	77.78%	97.50%	87.65%	86.42%
Group Residential Support > 4 Persons	58.67%	77.50%	97.47%	87.50%	83.75%
Independent Living Supports	78.85%	90.91%	89.80%	94.55%	94.55%
In-Home Supports	71.43%	88.75%	95.89%	90.00%	88.75%
Sponsored Residential	62.34%	88.89%	93.75%	87.65%	90.12%
Supported Living	75.86%	90.00%	96.61%	88.33%	90.00%

Appendix I. Service Type: ISP Development & Implementation

Table 25 – Table 30 provide the provider service type-specific compliance results for the ISP development and implementation elements.

Table 25—Service Type: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements					
Provider Service Type	**The ISP for this review period is within 365 days of the previous ISP.**	**The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.**	**The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.**	**Was the RAT completed accurately?**	**Does the ISP Part II include the individual's employment status and assessment of barriers to employment?**
All Service Type: Aggregate	**92.59%**	**79.67%**	**74.38%**	**64.34%**	**97.90%**
Community Coaching	96.97%	76.79%	79.69%	60.61%	98.41%
Community Engagement	96.05%	84.38%	73.24%	68.29%	98.73%
Group Day	92.68%	78.26%	68.66%	61.45%	97.47%
Group Home (Customized Rate)	95.83%	86.05%	81.25%	75.51%	100%
Group Residential Support <= 4 Persons	91.89%	76.81%	77.46%	67.90%	98.68%
Group Residential Support > 4 Persons	88.46%	85.94%	77.78%	60.00%	100%
Independent Living Supports	98.15%	84.21%	94.74%	72.73%	94.23%
In-Home Supports	88.57%	77.05%	80.60%	66.25%	96.05%
Sponsored Residential	94.59%	79.10%	73.91%	60.49%	97.33%
Supported Living	89.66%	94.12%	86.27%	81.67%	98.25%

Table 26—Service Type: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
Provider Service Type	**Does the ISP Part II include the individual's meaningful day and community involvement status?**	**Did the individual have support from people during the development of the ISP that they wanted?**	**Outcomes are developed in the life area of Employment as appropriate.**	**Outcomes are developed in the life area of Integrated Community Involvement as appropriate.**
All Service Type: Aggregate	**98.68%**	**95.18%**	**72.99%**	**88.62%**
Community Coaching	98.48%	96.97%	84.62%	86.79%
Community Engagement	98.78%	98.78%	61.54%	91.53%
Group Day	98.80%	92.77%	55.00%	86.15%
Group Home (Customized Rate)	97.96%	100%	75.00%	91.18%
Group Residential Support <= 4 Persons	100%	96.30%	90.91%	90.74%
Group Residential Support > 4 Persons	98.75%	85.00%	72.22%	82.14%
Independent Living Supports	100%	100%	82.86%	97.06%
In-Home Supports	97.50%	97.50%	80.00%	92.31%
Sponsored Residential	97.53%	100%	81.25%	89.29%
Supported Living	95.00%	83.33%	84.09%	84.78%

Table 27—Service Type: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
Provider Service Type	**Outcomes are developed in the life area of Community Living as appropriate.**	**Outcomes are developed in the life area of Safety & Security as appropriate.**	**Outcomes are developed in the life area of Healthy Living as appropriate.**	**Outcomes are developed in the life area of Social & Spirituality as appropriate.**
All Service Type: Aggregate	**92.82%**	**80.57%**	**94.62%**	**74.14%**
Community Coaching	94.23%	94.55%	92.86%	75.47%
Community Engagement	89.23%	83.82%	95.71%	82.76%
Group Day	93.65%	67.21%	91.18%	66.67%
Group Home (Customized Rate)	91.43%	95.24%	97.67%	91.67%
Group Residential Support <= 4 Persons	93.55%	89.06%	97.10%	76.09%
Group Residential Support > 4 Persons	95.83%	79.73%	92.31%	84.13%
Independent Living Supports	95.00%	83.33%	100%	85.19%
In-Home Supports	92.42%	83.58%	95.89%	70.69%
Sponsored Residential	91.94%	91.07%	98.46%	76.60%
Supported Living	92.98%	82.35%	92.73%	62.50%

Table 28—Service Type: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements				
Provider Service Type	**Outcomes are developed in the life area of Citizenship & Advocacy as appropriate.**	**Are all outcomes identified in Part III linked to Part V PFS as appropriate?**	**Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?**	**The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.**
All Service Type: Aggregate	**92.46%**	**93.94%**	**87.08%**	**81.49%**
Community Coaching	82.00%	95.45%	91.67%	80.95%
Community Engagement	95.38%	96.34%	88.89%	83.95%
Group Day	95.16%	93.98%	90.00%	78.05%
Group Home (Customized Rate)	89.74%	93.88%	83.33%	86.96%
Group Residential Support <= 4 Persons	88.52%	91.36%	81.82%	76.62%
Group Residential Support > 4 Persons	95.65%	92.50%	50.00%	89.87%
Independent Living Supports	95.45%	98.18%	100%	92.31%
In-Home Supports	85.94%	91.25%	100%	89.87%
Sponsored Residential	93.44%	97.53%	80.00%	79.49%
Supported Living	88.46%	96.67%	80.00%	93.22%

Table 29—Service Type: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements			
Provider Service Type	**The ISP and/or other SC 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 providers responsible for its implementation.**	**The ISP was developed according to the processes required.**
All Service Type: Aggregate	**92.31%**	**87.01%**	**52.22%**
Community Coaching	95.45%	90.91%	46.97%
Community Engagement	86.59%	91.46%	57.32%
Group Day	93.98%	79.52%	45.78%
Group Home (Customized Rate)	91.84%	95.92%	61.22%
Group Residential Support <= 4 Persons	90.12%	88.89%	58.02%
Group Residential Support > 4 Persons	96.25%	92.50%	45.00%
Independent Living Supports	100%	92.73%	67.27%
In-Home Supports	93.75%	93.75%	57.50%
Sponsored Residential	93.83%	86.42%	50.62%
Supported Living	90.00%	91.67%	76.67%

Table 30—Service Type: ISP Development and Implementation Compliance Elements

ISP Development and Implementation Compliance Elements			
Provider Service Type	**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.**	**Did the support coordinator accurately report changes in status that occurred during the lookback period?**	**Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?**
All Service Type: Aggregate	**71.71%**	**89.53%**	**88.00%**
Community Coaching	82.35%	86.36%	86.67%
Community Engagement	78.95%	89.02%	83.33%
Group Day	67.74%	87.95%	76.00%
Group Home (Customized Rate)	80.00%	87.76%	85.00%
Group Residential Support <= 4 Persons	65.91%	91.36%	93.18%
Group Residential Support > 4 Persons	71.43%	88.75%	90.32%
Independent Living Supports	78.57%	78.18%	87.50%
In-Home Supports	77.42%	92.50%	96.88%
Sponsored Residential	73.91%	90.12%	95.12%
Supported Living	83.33%	93.33%	90.48%

Appendix J. Service Type: Risk/Harm

Table 31 provides the provider service type-specific compliance results for the risk/harm elements.

Table 31—Service Type: Risk/Harm Compliance Elements

Risk/Harm Compliance Elements				
Provider Service Type	**Did the support coordinator accurately report the risks addressed in the most recent ISP?**	**Are all medical and behavioral support needs currently being addressed, either through documented supports or in progress referral?**	**Is there evidence of completion of an annual physical exam?**	**Is there evidence of completion of an annual dental exam?**
All Service Type: Aggregate	**86.64%**	**94.04%**	**83.30%**	**56.91%**
Community Coaching	80.30%	92.42%	-	-
Community Engagement	91.46%	96.34%	-	-
Group Day	80.72%	91.57%	-	-
Group Home (Customized Rate)	97.96%	95.92%	80.95%	61.90%
Group Residential Support <= 4 Persons	90.12%	95.06%	84.38%	57.81%
Group Residential Support > 4 Persons	73.75%	96.25%	84.62%	55.13%
Independent Living Supports	94.55%	100%	-	-
In-Home Supports	92.50%	92.50%	-	-
Sponsored Residential	92.59%	95.06%	81.08%	56.76%
Supported Living	95.00%	100%	-	-

"-" Indicates question N/A to service type.

Appendix K. Service Type: Provider Capacity and Competency

Table 32 – Table 39 provides the service type-specific compliance results for the provider capacity and competency elements.

Table 32—Service Type: Provider Capacity and Competency

Provider Capacity and Competency				
Provider Service Type	**Was there evidence that the provider implemented actions to address the changing needs and/or status?**	**Is there a record of the individual receiving and signing their HCBS rights disclosure on an annual basis?**	**Is the individual's/ provider's environment neat and clean?**	**Was the person's/ provider's environment accessible?**
All Service Type: Aggregate	**81.14%**	**74.90%**	**98.48%**	**99.54%**
Community Coaching	100%	66.67%	100%	100%
Community Engagement	85.71%	77.27%	100%	100%
Group Day	71.43%	72.00%	100%	100%
Group Home (Customized Rate)	57.14%	78.57%	95.24%	100%
Group Residential Support <= 4 Persons	76.47%	73.02%	96.83%	98.41%
Group Residential Support > 4 Persons	80.95%	73.08%	100%	100%
Independent Living Supports	60.00%	100%	97.44%	100%
In-Home Supports	82.35%	83.33%	91.84%	97.96%
Sponsored Residential	92.86%	81.08%	98.61%	100%
Supported Living	100%	94.64%	100%	100%

Table 33—Service Type: Provider Capacity and Competency

Provider Capacity and Competency				
Provider Service Type	**Does the individual appear well kept?**	**Were staff engaging with the individual based on the person's preference and interests?**	**Was the person being offered choices throughout the visit?**	**Was the staff utilizing person centered language and talking with the individual as opposed to about the individual?**
All Service Type: Aggregate	**98.99%**	**99.31%**	**98.53%**	**99.47%**
Community Coaching	100%	100%	100%	100%
Community Engagement	100%	100%	100%	100%
Group Day	96.77%	100%	100%	100%
Group Home (Customized Rate)	97.50%	97.30%	100%	100%
Group Residential Support <= 4 Persons	100%	98.25%	96.43%	98.21%
Group Residential Support > 4 Persons	100%	98.59%	98.46%	100%
Independent Living Supports	100%	100%	100%	100%
In-Home Supports	100%	100%	100%	100%
Sponsored Residential	100%	98.55%	95.52%	98.53%
Supported Living	100%	100%	100%	100%

Table 34—Service Type: Provider Capacity and Competency

Provider Capacity and Competency				
Provider Service Type	**Were staff implementing the Part V as written?**	**For individuals with a behavioral support plan or protocol, were staff following strategies as outlined in the written plan?**	**Were staff adhering to medical protocols as outlined in the plan?**	**Were staff able to describe what community inclusion looks like for the individual?**
All Service Type: Aggregate	**96.95%**	**98.95%**	**95.90%**	**99.23%**
Community Coaching	100%	100%	100%	100%
Community Engagement	98.21%	95.24%	94.87%	100%
Group Day	94.23%	100%	91.43%	100%
Group Home (Customized Rate)	97.06%	96.00%	100%	97.62%
Group Residential Support <= 4 Persons	95.92%	100%	97.30%	98.44%
Group Residential Support > 4 Persons	100%	100%	100%	100%
Independent Living Supports	100%	92.31%	95.24%	100%
In-Home Supports	97.30%	94.74%	96.67%	95.00%
Sponsored Residential	100%	100%	100%	100%
Supported Living	100%	100%	96.43%	100%

Table 35—Service Type: Provider Capacity and Competency

Provider Capacity and Competency				
Provider Service Type	**Did the staff demonstrate competency in supporting the individual?**	**If Yes, was there evidence of oversight and monitoring of the new staff?**	**If Yes, is 1-1 or specialized staffing support being implemented during observation as required?**	**Are staff familiar with adaptive equipment needs?**
All Service Type: Aggregate	**99.41%**	**95.01%**	**99.75%**	**96.94%**
Community Coaching	100%	100%	100%	100%
Community Engagement	98.41%	100%	100%	100%
Group Day	100%	100%	100%	94.44%
Group Home (Customized Rate)	97.50%	66.67%	93.55%	91.67%
Group Residential Support <= 4 Persons	100%	100%	100%	96.15%
Group Residential Support > 4 Persons	100%	100%	100%	100%
Independent Living Supports	100%	-	100%	100%
In-Home Supports	96.08%	71.43%	100%	95.83%
Sponsored Residential	100%	100%	100%	100%
Supported Living	100%	100%	100%	89.47%

"-"Indicates question N/A to service type.

Table 36—Service Type: Provider Capacity and Competency

Provider Capacity and Competency			
Provider Service Type	**Were staff utilizing adaptive equipment the individual had as part of their plan?**	**Is all equipment in working order?**	**Are staff able to describe things important to and important for the individual?**
All Service Type: Aggregate	**89.83%**	**96.22%**	**98.64%**
Community Coaching	80.00%	100%	100%
Community Engagement	78.57%	100%	98.55%
Group Day	92.31%	96.67%	100%
Group Home (Customized Rate)	77.78%	100%	100%
Group Residential Support <= 4 Persons	87.50%	91.67%	95.31%
Group Residential Support > 4 Persons	82.05%	100%	100%
Independent Living Supports	100%	100%	100%
In-Home Supports	88.89%	95.24%	96.67%
Sponsored Residential	100%	95.00%	100%
Supported Living	75.00%	94.12%	98.21%

"-"Indicates question N/A to service type.

Table 37—Service Type: Provider Capacity and Competency

Provider Capacity and Competency				
Provider Service Type	**Was the staff able to describe the outcomes being worked on in this environment?**	**Could the staff describe the medical support needs of the individual?**	**Were staff familiar with the medical protocols to support the person?**	**Could the staff describe behavioral support needs?**
All Service Type: Aggregate	**95.91%**	**95.40%**	**94.35%**	**97.02%**
Community Coaching	100%	96.30%	100%	100%
Community Engagement	92.75%	96.55%	98.15%	97.87%
Group Day	97.33%	95.24%	90.74%	96.30%
Group Home (Customized Rate)	88.10%	97.37%	86.84%	95.12%
Group Residential Support <= 4 Persons	92.19%	90.57%	92.45%	96.08%
Group Residential Support > 4 Persons	100%	98.63%	98.48%	100%
Independent Living Supports	95.83%	100%	96.88%	95.24%
In-Home Supports	93.33%	94.34%	93.75%	93.48%
Sponsored Residential	100%	98.41%	98.18%	100%
Supported Living	94.64%	98.08%	97.92%	94.74%

Table 38—Service Type: Provider Capacity and Competency

Provider Capacity and Competency					
Provider Service Type	**Were staff familiar with the behavioral support plan or protocols developed to support the person?**	**Does the staff know what medications the person is taking or where to locate this information?**	**Can the staff list the most common side effects of the medications the person is on or where to locate this information?**	**Can you tell me what person-centered care means?**	**Can you explain the individual's rights in your program?**
All Service Type: Aggregate	**92.82%**	**95.63%**	**93.05%**	**91.74%**	**97.52%**
Community Coaching	96.15%	81.82%	81.82%	96.97%	100%
Community Engagement	94.12%	94.12%	92.54%	92.75%	97.10%
Group Day	92.50%	91.78%	89.04%	90.67%	97.33%
Group Home (Customized Rate)	94.87%	97.62%	90.24%	90.48%	95.24%
Group Residential Support <= 4 Persons	90.00%	100%	93.75%	87.50%	98.44%
Group Residential Support > 4 Persons	94.12%	100%	98.70%	96.15%	98.72%
Independent Living Supports	93.75%	100%	97.73%	95.83%	91.67%
In-Home Supports	93.75%	92.73%	90.91%	91.67%	93.33%
Sponsored Residential	94.74%	100%	100%	94.59%	100%
Supported Living	92.86%	100%	100%	100%	94.64%

Table 39—Service Type: Provider Capacity and Competency

Provider Capacity and Competency				
Service Type	**When were you last trained on Medication Administration?**		**When were you last trained on Crisis Intervention?**	
	>12 months	**Never**	**>12 months**	**Never**
All Service Type: Aggregate	**4.15%**	**4.15%**	**3.79%**	**1.68%**
Community Coaching	15.15%	9.09%	3.03%	0.00%
Community Engagement	7.25%	2.90%	2.90%	0.00%
Group Day	1.33%	5.33%	2.67%	0.00%
Group Home (Customized Rate)	2.38%	0.00%	2.38%	0.00%
Group Residential Support <= 4 Persons	3.13%	3.13%	7.81%	3.13%
Group Residential Support > 4 Persons	2.56%	1.28%	2.56%	0.00%
Independent Living Supports	2.08%	12.50%	2.08%	2.08%
In-Home Supports	10.00%	10.00%	3.33%	11.67%
Sponsored Residential	5.41%	1.35%	4.05%	0.00%
Supported Living	3.57%	0.00%	0.00%	0.00%

Statewide, regional, and service type breakdown for compliance elements specific to training on medication administration and crisis intervention are offered for information only. DBHDS has not established a compliance threshold for these elements.

Appendix L. Region: Individual Interview Responses

Table 40 provides the region-specific individual interview responses.

Table 40—Region: Individual Interview Responses

Individual Interview Responses					
Individual Interview Questions	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**
Do you like living here?	97%	100%	98%	95%	94%
Would you like to live somewhere else?[1]	30%	34%	31%	45%	22%
Did you choose the people you live with?	62%	85%	74%	60%	95%
Do you have a key to your home?	86%	86%	83%	75%	89%
Do you have a key to your bedroom?	91%	80%	85%	57%	87%
Do you open your mail or help with opening your mail?	97%	90%	88%	92%	98%
Do you have visitors at your home?	88%	97%	95%	95%	97%
Do you like attending this program?	100%	100%	92%	100%	100%
Did you get to choose the people you participate in the group with?	76%	100%	89%	61%	84%
Would you like to do something else during the day?[1]	40%	34%	41%	62%	46%
Do you like your staff?	100%	99%	97%	95%	99%
If you want to go somewhere, does your provider take you?	98%	99%	96%	99%	99%
Can you get where you want to go without problems?	88%	99%	93%	96%	95%
Do you spend time in the community doing the things you like to do?	100%	100%	98%	96%	100%
Do you get to do those things as much as you would like?	88%	94%	91%	84%	97%
Are there things you would like to do that you are not able to do?[1]	42%	17%	34%	23%	26%
Do you want to attend a church/synagogue/mosque or other religious activity of your choice?	65%	61%	75%	63%	74%
Do you attend religious services?	60%	52%	57%	56%	66%

Individual Interview Responses					
Individual Interview Questions	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**
Are you registered to vote?	60%	66%	56%	75%	49%
Did you vote in the last election?	33%	33%	35%	33%	32%
Do you participate in your banking?	72%	75%	81%	74%	74%
Do you have a job?	29%	36%	14%	31%	17%
Is your support coordinator currently addressing your employment goals?	77%	96%	77%	83%	89%
Do you feel safe here?	98%	98%	100%	99%	98%

[1]*These compliance elements were measured using scoring criteria that are inverse, meaning a lower percentage indicates better compliance. Compliance cut-off standards remained the same, hence compliance percentages greater than 10% indicate areas with opportunities for improvement.*

Appendix M. Service Type: Individual Interview Responses

Table 41 provides the provider service type-specific individual interview responses.

Table 41—Service Type: Individual Interview Responses

Individual Interview Responses										
Individual Interview Questions	**CCO**	**CEN**	**GDY**	**GHC**	**GRS**	**GRL**	**ILS**	**IHS**	**SPR**	**SUL**
Do you like living here?	-	-	-	95.65%	97.92%	96.08%	94.29%	97.30%	98.00%	97.87%
Would you like to live somewhere else?[1]	-	-	-	38.10%	30.23%	38.64%	34.29%	25.00%	26.09%	38.30%
Did you choose the people you live with?	-	-	-	55.56%	70.59%	70.45%	100%	100%	93.33%	57.58%
Do you have a key to your home?	-	-	-	61.90%	76.09%	77.08%	100%	83.33%	83.33%	95.74%
Do you have a key to your bedroom?	-	-	-	71.43%	95.35%	86.96%	52.94%	72.73%	89.58%	68.09%
Do you open your mail or help with opening your mail?	-	-	-	73.68%	88.37%	86.67%	100%	96.97%	97.83%	97.83%
Do you have visitors at your home?	-		-	95.45%	95.56%	93.75%	100%	97.06%	93.75%	93.62%
Do you like attending this program?	100%	98.18%	100%	-	-	-	-	-	-	-
Did you get to choose the people you participate in the group with?	90.00%	76.74%	79.49%	-	-	-	-	-	-	-
Would you like to do something else during the day?[1]	33.33%	46.81%	61.54%	35.29%	53.49%	37.50%	37.14%	30.00%	48.84%	52.17%

Individual Interview Responses										
Individual Interview Questions	**CCO**	**CEN**	**GDY**	**GHC**	**GRS**	**GRL**	**ILS**	**IHS**	**SPR**	**SUL**
Do you like your staff?	100%	98.18%	100%	86.96%	100%	98.04%	100%	97.37%	100%	95.74%
If you want to go somewhere, does your provider take you?	100%	100%	97.62%	84.21%	97.78%	100%	97.14%	100%	100%	100%
Can you get where you want to go without problems?	92.86%	93.62%	94.74%	89.47%	95.24%	97.73%	97.14%	96.55%	95.12%	93.48%
Do you spend time in the community doing the things you like to do?	100%	98.08%	100%	95.00%	100%	96.00%	100%	100%	100%	100%
Do you get to do those things as much as you would like?	76.92%	89.36%	94.29%	85.00%	92.50%	92.50%	100%	90.63%	95.12%	86.96%
Are there things you would like to do that you are not able to do?[1]	18.18%	30.23%	40.74%	23.53%	17.50%	24.14%	20.00%	38.71%	22.22%	28.89%
Do you want to attend a church/synagogue/mosque or other religious activity of your choice?	80.00%	58.14%	60.00%	71.43%	74.42%	73.91%	44.12%	78.79%	76.09%	68.09%
Do you attend religious services?	50.00%	54.55%	51.43%	52.38%	61.36%	59.09%	45.16%	75.00%	71.11%	55.32%
Are you registered to vote?	66.67%	59.46%	46.43%	47.06%	63.89%	51.61%	87.10%	51.85%	45.00%	82.93%
Did you vote in the last election?	50.00%	29.73%	36.84%	13.33%	21.43%	35.71%	38.71%	37.04%	29.41%	40.48%
Do you participate in your banking?	81.82%	72.34%	60.61%	50.00%	70.45%	76.92%	97.14%	84.85%	73.33%	76.60%
Do you have a job?	0.00%	20.41%	12.50%	0.00%	20.00%	25.58%	62.50%	18.18%	16.67%	50.00%
Is your support coordinator currently addressing your employment goals?	100%	88.89%	63.16%	91.67%	88.89%	69.57%	100%	90.48%	93.10%	80.65%

Individual Interview Responses										
Individual Interview Questions	**CCO**	**CEN**	**GDY**	**GHC**	**GRS**	**GRL**	**ILS**	**IHS**	**SPR**	**SUL**
Do you feel safe here?	93.33%	100%	100%	95.83%	100%	100%	97.14%	94.59%	100%	97.87%

[1]*These compliance elements were measured using scoring criteria that are inverse, meaning a lower percentage indicates better compliance. Compliance cut-off standards remained the same, hence compliance percentages greater than 10% indicate areas with opportunities for improvement.*
"-"Indicates question N/A to service type.

Provider Service Type:
CCO: Community Coaching
CEN: Community Engagement
GHC: Group Home Customized Rate
GRS: Group Residential Support <=4 Persons
GRL: Group Residential Support >4 Persons
ILS: Independent Living Supports
IHS: In-Home Supports
SPR: Sponsored Residential
SUL: Supported Living

Appendix N. Region: Substitute Decision Maker/Family Interview Responses

Table 42 provides the region-specific Substitute Decision Maker (SDM)/Family Member interview responses.

Table 42—Region: SDM/Family Member Interview Responses

SDM/Family Member Interview Responses					
SDM/Family Member Interview Questions	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**
Did the SC provide the individual with a choice in service providers, including a choice in SC?	81%	94%	94%	82%	96%
Did the SC discuss employment goals and options with the individual?	97%	90%	89%	93%	83%
Did the SC discuss community involvement opportunities with the individual?	100%	97%	92%	88%	94%
Are all of the individual's needs and supports currently being met?	82%	89%	89%	88%	98%
Did you have an opportunity to participate in the ISP development?	91%	96%	95%	84%	95%
Do you feel the ISP is representative of the person's needs?	91%	95%	97%	95%	99%
Does the SDM/Family confirm there are no concerns regarding the current service providers?	79%	84%	89%	80%	87%

Appendix O. Service Type: Substitute Decision Maker/Family Interview Responses

Table 43 provides the provider service type-specific SDM/Family Member interview responses.

Table 43—Service Type: SDM/Family Member Interview Responses

SDM/Family Member Interview Responses										
SDM/Family Member Interview Questions	**CCO**	**CEN**	**GDY**	**GHC**	**GRS**	**GRL**	**ILS**	**IHS**	**SPR**	**SUL**
Did the SC provide the individual with a choice in service providers, including a choice in SC?	93.75%	96.30%	87.50%	95.00%	84.21%	80.00%	100%	96.67%	97.62%	78.95%
Did the SC discuss employment goals and options with the individual?	87.50%	85.19%	93.94%	100%	78.95%	85.71%	90.91%	90.91%	88.10%	84.21%
Did the SC discuss community involvement opportunities with the individual?	100%	92.59%	93.55%	100%	90.48%	93.33%	90.91%	96.97%	95.24%	84.21%
Are all of the individual's needs and supports currently being met?	66.67%	96.43%	94.29%	80.00%	85.71%	100%	90.91%	91.18%	95.24%	89.47%
Did you have an opportunity to participate in the ISP development?	100%	85.71%	91.43%	90.48%	85.71%	93.75%	100%	100%	95.24%	89.47%
Do you feel the ISP is representative of the person's needs?	100%	100%	93.94%	95.00%	90.48%	93.55%	100%	97.06%	100%	89.47%

SDM/Family Member Interview Responses										
SDM/Family Member Interview Questions	**CCO**	**CEN**	**GDY**	**GHC**	**GRS**	**GRL**	**ILS**	**IHS**	**SPR**	**SUL**
Does the SDM/Family confirm there are no concerns regarding the current service providers?	75.00%	92.86%	91.43%	80.95%	71.43%	90.63%	81.82%	85.29%	90.48%	63.16%

"-"Indicates question N/A to service type.

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