

**FY 2022 Combined 3rd and 4th Qtr. QRT Meeting Summary  
From QRT Meeting 8/2022**

**Meeting Attendance (via Google Meet)**

- Thren Baugh, QMR Supervisor Y or N
- Donna Boyce, DMAS Program Advisor Y or N
- Patricia Cafaro, DBHDS Mortality Review Program Clinical Manager Y or N
- Jennifer Kurtz, DBHDS Community Resource Consultant Y or N
- Taneika Goldman, DBHDS Director of Human Rights Y or N
- Jae Benz, DBHDS Director of Licensing Y or N
- Ann Bevan, DMAS Director of Developmental Services Y or N
- Deanna Parker, DBHDS Policy and Compliance Manager Y or N
- Jason Perkins, DMAS DD Program Manager Y or N
- Jenni Schodt, DBHDS Settlement Agreement Director Y or N
- Britton Welch, DBHDS Director Office of Community Quality Improvement Y or N
- Susan Moon, DBHDS Director of the Office of Integrated Health Y or N
- Dawn Traver, DBHDS Waiver Operations Director Y or N
- Patrick Buzzee-Penfold, DMAS Contract Monitor Y or N
- Katie Morris, DMAS HCBS Program Manager Y or N
- Andrew Greer, Sr. Policy Analyst Y or N
- Rupinder Kaur, DBHDS Data Analyst Y or N
- Maureen Kennedy, DBHDS SIS Manager Y or N
- Jessa Sprouse, OIH Designee Y or N
- Christy Lambert, DBHDS Quality Improvement, Guest Y or N

	Agenda Item	Meeting Discussion
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The meeting consisted of a deferred review and discussion of Qtr 2 QRT data. Discussion of some of the ongoing agenda items was deferred as they will eventually be absorbed in ongoing discussions in preparation for potential changes to PM information in the waiver application. The meeting format will be new with a focus of the data presented from the new QRT APP.

<b>I.</b>	<b>Follow-up/ and global updates</b>	<b>Follow-up</b>
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1.0	<p><b>Waiver Operations: SFY 2021 QRT EOY Report Update to QIC</b></p>	<p>The QRT was informed that the QIC received a presentation on the results of SFY 2021 QRT performance on 7/30/2022.</p> <p>Background: Per VDI- 35.6 of the DOJ Settlement Agreement, DBHDS must publish an annual report of waiver performance that must be posted to the DBHDS website AND each CSB must review and provide feedback on the QRT EOY report annually. This requirements is also outlined in the CSB Performance Contract.</p> <p>The agenda highlighted performance data with high level graphics that summarized overall 2021 performance under the waiver assurances. The committee was provided with an overview of the report.</p> <p>For SFY 2021, 84% of the measures were compliant, with 16% noncompliant which represents the most consistently low performing PM's and those that have been the most challenging to try to resolve. The committee was informed that data trends from 2019 to the current year will be examined when the historical information in the app is validated and corrected.</p> <p>The committee reviewed a graphic that presented non-compliant PM's by waiver type and percentage.</p> <ul style="list-style-type: none"> <li>• In SFY 2021, there were nine PM's that did not meet compliance. A graphic comparing noncompliant PM's in SFY 2021 to SFY 2020 showed the following: <ul style="list-style-type: none"> <li>○ Three PMs that were noncompliant in SFY 2020 met compliance in SFY 2021.</li> <li>○ Five PMs that did not meet compliance in SFY 2020 that remained unmet in SFY2021.</li> <li>○ Four additional PM's that were compliant in SFY 2020 did not meet compliance in SFY 2021</li> </ul> </li> </ul> <p>In 2020 there were 8 individual performance measures out of compliance and in 2021, there were nine. For those measures that were noncompliant during both years, there was some percentage improvement, with the exception of C9 and G4.</p> <p>A SurveyMonkey survey of CSB feedback on the report was</p>	<p><b>Follow-up:</b> Requested meeting with DS Council to share results. Update: Presented QRT EOY data and results during DS Council Meeting with on 8/22/2022. Presented to QIC on 9/21/2022</p>
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distributed to the Executive Directors and DD Directors of each CSB. The CSB's were surveyed regarding their agreement/disagreement with the primary reasons for PM noncompliance noted in the report and associated remediation activities:

- 38 CSB's completed the Survey Monkey questionnaire (95% response rate).
- 79% of respondents agreed with the primary reasons for PM noncompliance identified in report (ranging from 55%-84).
- **PM D6** represented largest difference (55%-44%). CSB feedback identified SC/Provider work demands (89.66) and SC turnover (75.86) as reason for noncompliance.
- Most commonly occurring remediation activities reported (Provider Roundtable/SC Meetings (35.7%), CSB worked w/individual providers (26.56%), and DBHDS Training and TA (26.43%).

Overall feedback:

- The most frequently occurring CSB comment (7 total) was a request for CSB-specific performance data. We do not collect nor review CSB-specific QMR or Licensing citations (nor visit each CSB annually for QMR reviews). A licensing CAP can represent one or multiple citations so although we do not review individual citations, we do collect the number of CAPs per waiver for a particular PM. An annual count of the number of CAPS for each PM can be added to next year's report.
- The second most frequently occurring comment (5 total) included a request for ongoing training on risk mitigation using the RAT.

2.0	<b>QRT App</b>	<ul style="list-style-type: none"> <li>The committee was informed that the QRT app is now being used to collect the PM data for each meeting. There are some adjustments that will need to be made to the app to make it more streamlined and functional and help decrease the likelihood of errors. As such, we cannot be 100% confident that the filter used for this data adequately captured all of the PM's. The goal is to work to ensure that the data is validated before the next reporting. Further IT development will continue to refine the app.</li> <li>The QRT received a demonstration of all of the information captured in the exported QRT report of noncompliant PM's, including information shared demonstrating CRC training and technical assistance delivered under the relevant PM.</li> </ul>	<b>Follow-up:</b> Ongoing discussions needed to address errors and data validation issues.
3.0	<b>Settlement Agreement Reporting</b>	<p><b>UPDATE:</b></p> <ul style="list-style-type: none"> <li>The Final Independent Reviewer 20th Report to the Court on the Commonwealth's Compliance (covering the period October 1, 2021 – March 31, 2022) was released in June.</li> <li>The status is unchanged for QRT reporting area as we are still noncompliant regarding the data validation of our measures and timeliness of data produced through the QRT.</li> </ul>	<b>Follow-up:</b> As needed
4.0	<b>Consolidated Evidence Report</b>	<p><b>UPDATE:</b></p> <ul style="list-style-type: none"> <li>CMS has accepted the final Evidentiary Report and supplemental information provided by DMAS, but they have reserved the right to request quarterly updates on data for three of the noncompliant PMs until the state demonstrates full compliance.</li> <li>The state received the first request for quarterly update for the three measures that are noncompliant. The quarterly update to CMS is due the end of September. With the information request, CMS is hoping to confirm steps the Commonwealth is taking to demonstrate compliance in the PM's related to the competencies, service plans meeting the needs of individuals, and the health and safety of individuals receiving services.</li> </ul>	<b>Follow-up:</b> TBD

		<p>CMS previously requested the most recent two quarters (in response to our Evidence Report submission) and is now requesting the additional four quarters of 2021. The next data submission will include the remainder of SFY2021 data. It was noted that there are still questions regarding the interpretation of the request so follow-up will be needed.</p> <ul style="list-style-type: none"> <li>• In the next year this will change altogether to reflect new measures with data over which the state has more control.</li> <li>• DMAS also agreed to working with a data analyst to pull a listing of all enrolled providers to match up with existing information, to develop a comprehensive listing of waiver providers to help develop information targeted to specific providers.</li> </ul>	
6.0	<b>Risk Awareness Tools: Continued Discussion</b>	This standing agenda was deferred to the next meeting during a discussion of the waiver renewal.	<b>Follow-up:</b> TBD
7.0	<b>DMAS Update: Mandatory Provider Remediation Process</b>	This standing agenda was deferred to the next meeting during a discussion of the waiver renewal.	<b>Follow-up:</b> TBD
	<b>Update PM/ Discussion: C8/C9 QSR QII</b>	This standing agenda was deferred to the next meeting during a discussion of the waiver renewal.	<b>Follow-up:</b> TBD.
II.	<p><b><i>Review and Discussion of 2nd and 3rd Qtr. QRT Data (10/1/2022-12/31/2022) (PM's with percentages reported below the 86% threshold for the Quarter). See QRT APP spreadsheet.</i></b></p> <p><b>Summary:</b></p> <ul style="list-style-type: none"> <li>• There were 15 noncompliant PMs reported for 2nd quarter.</li> <li>• We are still missing data for at least two PM's.</li> <li>• The QRT team discussed capturing more fully, information on providers referred for a CAP who do not accept technical assistance and training from the Provider Development team. Provider Development does NOT currently capture this information. The group discussed where that information would be reported and how it might be used. OIH offers</li> </ul>		<b>Follow-up:</b>

	<p>training and technical support for providers who do not accept it from Provider Development. This data could be beneficial during the MPR decision-making process when the types of remediation the provider should complete is discussed, if necessary.</p> <ul style="list-style-type: none"> <li>• This discussion should be reexamined once an outlined process, location and use for the information is identified.</li> </ul>	
<b>B2</b>	<p><b>B2. Number and percent of VIDES (LOC) completed within 60 days of application for those for whom there is a reasonable indication that services may be needed in the future.</b></p> <p><b>All Waivers PM = 85%</b></p> <p><b>Discussion:</b> It was reported that Service Authorization has been seeing a lot of VIDES not done within the allotted timeframe. A notice was sent via Constant Contact as a reminder to providers. The impression was that the delays were due to SC turnover and new SC's not aware of the rules around the timeframe for VIDES.</p>	<b>Follow-up:</b>
<b>C2.</b>	<p><b>Number &amp; percent of licensed/certified waiver provider agency staff who have criminal background checks as specified in policy/regulation with satisfactory results.</b></p> <p><b>BI Waiver = 20%</b></p> <ul style="list-style-type: none"> <li>• CL waiver noncompliance last quarter was 81.4% versus 84.9% the previous quarter</li> <li>• Reasons for BI noncompliance discussed: <ul style="list-style-type: none"> <li>○ <i>Small sample size is generally an issue with the Bi waiver; 5 employee records were in the sample and 4 did not meet compliance</i></li> <li>○ <i>Meeting discussion from the previous quarter included potentially instituting punitive measures (\$\$\$ financial penalties) against providers who continue noncompliance). Noncompliance has persisted for three quarters. The randomly sampled DMAS audits for provider integrity do not account for some of these areas of challenge and it is not being captured from that perspective. It was mentioned that auditors returning to field work should help identify some of these issues so that providers can be issued payment retractions (paybacks). This will an area for continued discussion by the state.</i></li> <li>○ <i>Discussion also included only showing the percentages for the combined waivers to dilute the effect of small numbers from the BI waiver. This will be explored for future quarters once there is more familiarity with the Power BI reporting functionality in the QRT App. The data can be presented by 1. Each</i></li> </ul> </li> </ul>	<b>Follow-up:</b>

	<i>noncompliant PM by waiver type AND 2. each noncompliant PM averaged by all waivers combined.</i>	
<b>C9.</b>	<p><b>Number and percent of provider agency direct support professionals (DSP's) meeting competency training requirements,</b></p> <p><b>CL Waiver =66%</b></p> <ul style="list-style-type: none"> <li>• All three waivers show low compliance:</li> <li>• CL Waiver 66%, versus 38% last quarter and 57% for the previous quarter</li> <li>• QMR is the data source for the PM with additional data from the QSR QII potentially used as surveillance data.</li> </ul>	<b>Follow-up:</b> Review QSR QII surveillance data next meeting
<b>C9.</b>	<p><b>Number and percent of provider agency direct support professionals (DSP's) meeting competency training requirements</b></p> <p><b>FIS Waiver =38% FIS Waiver 38% (FIS was compliant last quarter)</b></p> <ul style="list-style-type: none"> <li>• QMR is the data source for the PM with additional data from the QSR QII potentially used as surveillance data.</li> <li>• Continue discussion of provider paybacks</li> </ul>	<b>Follow-up:</b> Review QSR QII surveillance data next meeting
<b>C9</b>	<p><b>Number and percent of provider agency direct support professionals (DSP's) meeting competency training requirements</b></p> <p><b>BI Waiver 80%</b></p> <ul style="list-style-type: none"> <li>• Noncompliance for the past three quarters; BI Waiver 80% versus 66.7% last quarter and 50% the previous quarter</li> <li>• The QRT will continue to examine the PM with additional surveillance data from the Provider Competencies QII to be considered as a new data source for the PM with the waiver renewal. QII Report will be released the next month and will be shared in TEAMS with the committee</li> <li>• Of the three PM's that CMS has required additional reporting, this PM is the most concerning and the one that CMS has had the most questions about since we have never demonstrated compliance since using the competencies.</li> </ul>	<b>Follow-up:</b> Review QSR QII surveillance data next meeting

	<ul style="list-style-type: none"> <li>It was noted that one provider cited had not been doing the competencies at all. There is unfortunately a cohort of providers who know very little about waiver requirements, who to ask and where to go for help, even after licensure and Medicaid enrollment.</li> <li>Continue discussion of provider paybacks</li> </ul>	
<b>D1.</b>	<p><b>Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes.</b></p> <ul style="list-style-type: none"> <li><b>CL Waiver 57%</b> (versus 56.8% and 81.9% in previous quarters)</li> <li>A downward trend for the PM continues for this PM as it has for the past few quarters, with all three waivers showing compliance below the 86% threshold:</li> <li>Previous meeting discussion referenced several internal groups working on this and an existing QIL. This information needs to be captured and referenced to determine if it can help with developing solutions.</li> <li>It was noted that the HCBS reviews are another way to implement remediation - (i.e. reviewing ISP's for assessed needs is a common remediation area and so many more providers will be examined in this area, possibly leading to improved plans in the long term due to more attention and intervention in this area.</li> <li>Smaller providers also in the sample who sometimes do not understand requirements to the degree that they should. One provider cited that low compliance due to confusion around interpretation of the RAT</li> </ul>	<b>Follow-up: TBD</b>
<b>D1.</b>	<p><b>Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes.</b></p> <p><b>FIS Waiver 57%</b></p> <ul style="list-style-type: none"> <li>FIS Waiver 51% (versus 57.9% and 83.3 % in previous quarters)</li> <li>See discussion under <b>D1 - CL waiver</b></li> </ul>	<b>Follow-up: TBD</b>
<b>D1.</b>	<p><b>Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes.</b></p> <p><b>BI Waiver 43%</b></p> <ul style="list-style-type: none"> <li>BI Waiver 43% (versus 83.3% and 76.5% in previous quarters)</li> <li>See discussion under <b>D1 - CL waiver</b></li> </ul>	<b>Follow-up: TBD</b>



<p><b>D3.</b></p>	<p><b>Number and percent of individuals whose Plan for Supports includes a risk mitigation strategy when the risk assessment indicates a need.</b></p> <p><b>CL Waiver 42%</b></p> <ul style="list-style-type: none"> <li>• CL Waiver 42%, versus 54.1%, and 79.3% in previous quarters; compliance is low three quarters in a row</li> <li>• Last quarter the FIS was at 44% versus 71.9% previous quarter. FIS did not show compliance this quarter but need to check to make sure that the report filtered correctly.</li> <li>• Problem is potentially smaller, newer providers out of touch</li> <li>• DMAS reminded that the DMAS Data Analyst is running data reports to connect provider enrollment data to our data to identify contact information for each and every provider (licensed and non-licensed) to push out important communications to them, since currently this is an opt in communication list (address, phone number and contact person). There could be many different uses for this list. It is a big project that will not be available until 2023.</li> <li>• The committee discussed requirements for maintaining the list to keep provider information current. The first step is to develop a contact list and then build into the project a requirement to update their information through provider enrollment.</li> <li>• More discussion is needed once DMAS gets closer to implementing the project.</li> </ul>	<p><b>Follow-up: TBD</b></p>
<p><b>D3.</b></p>	<p><b>Number and percent of individuals whose Plan for Supports includes a risk mitigation strategy when the risk assessment indicates a need.</b></p> <ul style="list-style-type: none"> <li>• <b>BI Waiver 20%</b></li> <li>• BI Waiver 20% versus 50% and 40% previous quarters</li> <li>• Last quarter the FIS was at 44% versus 71.9% previous quarter. FIS did not show compliance this quarter but need to check to make sure that the report filtered correctly.</li> <li>• <b>See related discussion D3- CL</b></li> </ul>	<p><b>Follow-up: TBD</b></p>

<p><b>D6.</b></p>	<p><b>Number and percent of individuals whose service plan was revised, as needed, to address changing needs (Individual Support Plan was updated/revised when individual's needs changed)</b></p> <p><b>CL Waiver 67%</b></p> <ul style="list-style-type: none"> <li>• CL Waiver 67% versus 68.4% and 52.5% in previous quarters</li> <li>• Last quarter FIS was noncompliant at 66.7% but will check to make sure report filtered correctly.</li> <li>• Additional discussion needed for short-term remediation</li> <li>• <b>See related discussion D3- CL</b></li> </ul>	<p><b>Follow-up: TBD</b></p>
<p><b>D7.</b></p>	<p><b>Number and percent of individuals who received services in the frequency specified in the service plan</b></p> <p><b>CL Waiver 46%</b></p> <ul style="list-style-type: none"> <li>• This PM is not typically noncompliant, though compliance is determined by the individual providers in the sample.</li> <li>• Reasons for CAPs related to support activities not documented. If supports not able to be provided consistently providers should consider making changes to the plan. It is also believed that one of the providers cited is no longer a provider.</li> <li>• TSADF Grid has been used to remediate noncompliance</li> <li>• Suggestion to consider prerecorded on demand training as an option</li> <li>• Will continue to review for a few additional quarters to determine if %'s improve</li> </ul>	<p><b>Follow-up: TBD</b></p>
<p><b>D13.</b></p>	<p><b>Number and percent of individuals whose case management records contain an appropriately completed and signed form that specifies choice was offered among waiver services.</b></p> <p><b>CL Waiver 8%</b></p> <ul style="list-style-type: none"> <li>• CL Waiver 8%</li> <li>• Last quarter the BI Wavier was out of compliance at 75%.</li> <li>• Will check reporting.</li> <li>• TSADF Grid has been used to remediate noncompliance</li> </ul>	<p><b>Follow-up: TBD</b></p>

<p><b>G4.</b></p>	<p><b>Number and percent of individuals who receive annual notification of rights and information to report ANE</b></p> <p><b>FIS Waiver 72%</b></p> <ul style="list-style-type: none"> <li>• FIS Waiver 72% versus 84% and 55.9% in previous quarters</li> <li>• CL Waiver was noncompliant last quarter at 83.3% versus 70.6% previous quarter)</li> <li>• Will check data reporting for filtering error</li> <li>• This PM will be reviewed for new PM/and OHR data source for waiver renewal</li> </ul>	<p><b>Follow-up: TBD</b></p>
<p><b>G4.</b></p>	<p><b>Number and percent of individuals who receive annual notification of rights and information to report ANE</b></p> <p><b>BI Waiver 83%</b></p> <ul style="list-style-type: none"> <li>• BI Waiver 83%</li> <li>• See previous discussion G4 -FIS</li> </ul>	<p><b>Follow-up: TBD</b></p>
<p><b>Part III</b></p>	<p><b>Review of potential changes to PM's in waiver renewal</b></p> <p>The QRT reviewed the following approved PMs to document those the committee should consider either changing the PM wording or the data source, or both. Agreement was reached through consensus during discussion. DMAS and DBHDS met on 11/10/2022 for a follow up call to re-confirm PM's to potentially be revised for the waiver renewal. Comments during the meeting are incorporated as notes.</p>	<p><b>Follow-up: TBD</b></p>

**A. Waiver Administration and Operation: Administrative Authority of the Single State Medicaid Agency**

*Assurance: The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.*

**A1. Number and percent of satisfactory Medicaid-initiated operating agency and contractor (i.e. DBHDS, Xerox & PPL) evaluations.**

Data Source: DMAS Annual Medicaid contractor and operating agency evaluation reports

Contact: Thren Baugh

**Modify PM**      **Yes**      **No**  

**Modify Data Source** **Yes**      **No**  

**A2. Number and percent of DBHDS provider memorandums pertaining the waiver approved by DMAS prior to being issued by DBHDS.**

Data Source: DMAS Operating Agency/Contract Monitor performance monitoring

Contact: Thren Baugh

**Modify PM**      **Yes**      **No**  

**Modify Data Source** **Yes**      **No**  

**A3. Number and percent of slots allocated to CSB's in accordance with the standardized statewide slot assignment process.**

Data Source: DBHDS Operating Agency/Slot Allocation Reports-RSS

Contact: Thren Baugh

**Modify PM**      **Yes**      **No**  

**Modify Data Source** **Yes**      **No**

*Assurance: The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID*

*Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.*

## **B. Level of Care**

### **B1. Number and percent of all new enrollees who have a level of care evaluation prior to receiving waiver services**

Data Source: DBHDS WaMS

Contact: Vaishali Joshi

**Modify PM**            Yes       No  

**Modify Data Source** Yes       No  

### **B2. The number and percent of VIDES (LOC) completed within 60 days of application for those for whom there is a reasonable indication that services may be needed in the future.**

Data Source: DBHDS WaMS via DW\_0078

Contact: Angela Bright

**Modify PM**            Yes       No  

**Modify Data Source** Yes       No  

### **B3. Number and percent of VIDES determinations that followed the required process, defined as completed by a qualified CM, conducted face-to-face with individual and those who know him (if needed)**

Data Source: DMAS QMR

Contact: Thren Baugh

Modify PM            Yes       No  

Modify Data Source    Yes       No  

**B4. Number and percent of VIDES determinations for which the appropriate number of criteria were met to enroll or maintain a person in the waiver**

Data Source: DMAS QMR

Contact: Thren Baugh

Modify PM            Yes       No  

Modify Data Source    Yes       No  

**C. Provider Qualifications**

*Assurance: The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers*

*Sub-Assurance a) The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

**C1. Number and percent of licensed/certified waiver provider agency enrollments for which the appropriate lic./certif. was obtained in accordance with waiver reqmts prior to service provision.**

Data Source: DMAS Xerox Claims Data

Contact: Thren Baugh

Modify PM            Yes       No  

Modify Data Source    Yes       No

**C2. Number & percent of licensed/certified waiver provider agency staff who have criminal background checks as specified in policy/regulation with satisfactory results.**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**            Yes       No  

**Modify Data Source** Yes       No  

**C3. Number & percent of enrolled licensed/certified provider agencies, continuing to meet applicable licensure/certification following initial enrollment.**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**            Yes       No  

**Modify Data Source** Yes       No  

**C4. Number and percent of non-licensed/non-certified provider agencies that meet waiver provider qualifications.**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**            Yes       No  

**Modify Data Source** Yes       No

**C5. Number & percent of nonlicensed/noncertified provider agency DSPs who have criminal background checks as specified in policy/regulation with satisfactory results.**

Data Source: DMAS QMR - Provider Enrollment Form  
Contact: Thren Baugh

**Modify PM**            **Yes**       **No**  

**Modify Data Source** **Yes**       **No**  

**C6. Number of new consumer-directed employees who have a criminal background check at initial enrollment**

Data Source: DMAS Fiscal Agency Reports  
Contact: Thren Baugh

**Modify PM**            **Yes**       **No**  

**Modify Data Source** **Yes**       **No**  

**C7. Number of consumer-directed employees who have a failed criminal background who are barred from employment**

Data Source: DMAS Fiscal Agency Reports  
Contact: Thren Baugh

**Modify PM**            **Yes**       **No**  

**Modify Data Source** **Yes**       **No**  

*Sub-assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*



**C8. Number and percent of provider agency staff meeting provider orientation training requirements**

Data Source: DMAS QMR Reports

Contact: Thren Baugh

**Modify PM**      Yes       No  

**Modify Data Source** Yes       No  

**C9. Number and percent of provider agency direct support professionals (DSP's) meeting competency training requirements**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**      Yes       No  

**Modify Data Source** Yes       No  

**C10. Number of services facilitators meeting training requirements and passing competency testing**

Data Source: DMAS Training Verification Records

Contact: Thren Baugh

**Modify PM**      Yes       No  

**Modify Data Source** Yes       No

## D. Service Plan

*Assurance: The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.*

*Sub-assurance a) Service plans address all participants assessed needs (including health and safety risk factors (and personal goals, either by the provision of waiver services or through other means.*

### **D1. Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes.**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**      Yes       No   

**Modify Data Source**   Yes       No   

### **D2. Number and percent of individual records that indicate that a risk assessment was completed as required.**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**      Yes       No   

**Modify Data Source**   Yes       No   

### **D3. Number and percent of individuals whose Plan for Supports includes a risk mitigation strategy when the risk assessment indicates a need.**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**      Yes     No

**Modify Data Source** Yes     No

**D4. Number and percent of service plans that include a back-up plan when required for services to include in home supports, personal assistance, respite, companion, and shared living.**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**      Yes     No

**Modify Data Source** Yes     No

*Sub-assurance: c) Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.*

**D5. Number and percent of service plans reviewed and revised by the case manager by the individual's annual review date. (completed 365 days or less from last Individual support Plan)**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**      Yes     No

**Modify Data Source** Yes     No

**D6. Number and percent of individuals whose service plan was revised, as needed, to address changing needs (Individual Support Plan was updated/revised when individual's needs changed)**

Data Source: DMAS QMR\  
Contact: Thren Baugh

**Modify PM**      Yes       No  

**Modify Data Source** Yes       No  

*Sub-assurance: d) Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.*

**D7. Number and percent of individuals who received services in the frequency specified in the service plan**

Data Source: DMAS QMR  
Contact: Thren Baugh

**Modify PM**      Yes       No  

**Modify Data Source** Yes       No  

**D8. Number and percent of individuals who received services in the duration specified in the service plan**

Data Source: DMAS QMR  
Contact: Thren Baugh

**Modify PM**      Yes       No  

**Modify Data Source** Yes       No

**D9. Number and percent of individuals who received services in the type specified in the service plan**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**      Yes       No  

**Modify Data Source** Yes       No  

**D10. Number and percent of individuals who received services in the scope specified in the service plan**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**      Yes       No  

**Modify Data Source** Yes       No  

**D11. Number and percent of individuals who received services in the amount specified in the service plan**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**      Yes       No  

**Modify Data Source** Yes       No

**D12. Number and percent of individuals whose case management records documented that choice of waiver providers was provided to and discussed with the individual.**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**            Yes       No  

**Modify Data Source** Yes       No  

**D13. Number and percent of individuals whose case management records contain an appropriately completed and signed form that specifies choice was offered among waiver services**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**            Yes       No  

**Modify Data Source** Yes       No

## G. Health and Welfare

*Assurance: The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare*

### **G1. Number and percent of closed cases of abuse/neglect/exploitation for which DBHDS verified that the investigation conducted by the provider was done in accordance with regulations.**

Data Source: DBHDS OHR Retrospective review

Contact: Taneika Goldman

**Modify PM**      Yes       No   

**Modify Data Source** Yes       No   

### **G2. Number and percent of substantiated cases of abuse/neglect/exploitation for which the required corrective action was verified by DBHDS as being implemented**

Data Source: DBHDS CHRIS system via Data Warehouse Report # 0071-OHR90Days

Contact: Taneika Goldman

**Modify PM**      Yes       No   

**Modify Data Source** Yes       No   

### **G3. Number and percent of unexpected deaths where the cause of the death/factor in the death, was potentially preventable & some intervention to remediate was taken**

Data Source: DBHDS Mortality Review Committee Data Tracking

Contact: Whitney Queen

**Modify PM**      Yes       No   

**Modify Data Source** Yes       No

**G4. Number and percent of individuals who receive annual notification of rights and information to report ANE**

Data Source: DMAS QMR

Contact: Thren Baugh

**Modify PM**            Yes       No   

**Modify Data Source** Yes       No   

*Sub-assurance: The State demonstrates on an ongoing basis that it identifies addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.*

**G5. Number and percent of critical incidents reported to the Office of Licensing within the required timeframes as specified in the approved waiver.**

Data Source: DBHDS CHRIS system via Data Warehouse Report #12VAC35-105-780(5): 12VAC35-105-620

Contact: Jae Benz

**Modify PM**            Yes       No   

**Modify Data Source** Yes       No   

**G6. Number and percent of licensed DD providers that administer medications that were not cited for failure to review medication errors at least quarterly.**

Data Source: Office of Licensing data regulation

Contact: Jae Benz

**Modify PM**            Yes       No   

**Modify Data Source** Yes       No



**G7. Number and percent of individuals reviewed who did not have unauthorized restrictive interventions.**

Data Source: DBHDS QSR contractor alerts 12VAC35-115-100 12VAC35-115-105

Contact: Taneika Goldman

**Modify PM**            Yes       No   

**Modify Data Source** Yes       No   



**G8. Number and percent of individuals who did not have unauthorized seclusion.**

Data Source: DBHDS CHRIS critical incident reports - Report # 0070-OHR CommunitySeclusi/0030-OHR\_CSBIincident and 0038-OHR-ProviderIncident

Contact: Taneika Goldman

**Modify PM**            Yes       No   

**Modify Data Source** Yes       No   

**G9. Number and percent of participants 20 years and older who had an ambulatory or preventive care visit during the year.**

Data Source: DMAS NCQA Data

Contact: Thren Baugh

**Modify PM**            Yes       No   

**Modify Data Source** Yes       No   

**G10. Number and percent of participants 19 and younger who had an ambulatory or preventive care visit during the year.**

Data Source: DMAS NCQA Data

Contact: Thren Baugh

**Modify PM**      **Yes**       **No**

**Modify Data Source** **Yes**       **No**