1.
Completion of this questionnaire is required under the CSB Performance Contract Agreement and is directly tied to VD1 35.7 of the Department of Justice (DOJ) Settlement Agreement. This questionnaire should be completed in conjunction with review of the 2021 QRT End of Year Report. This questionnaire seeks your input regarding the DD Waivers' Performance Measures found not to be in compliance in SFY 2021. Even if your agency did NOT received a citation from the relevant reviewing entitiy in SFY 2021 for a performance area covered in the report, please use your professional judgement to provide feedback on the reason(s) for noncompliance.
* 1. Name of the person completing questionnaire
* 2. Title of the person completing this questionnaire
OS Director
Other Staff Designee (please specify title)
* 3. Name of CSB/BHA
* 4. Performance Measure C8 : Number and percent of provider agency staff meeting provider orientation training requirements (DMAS). Please indicate the following:
5. If you disagree with the primary reason for noncompliance, what are
alternative/supplemental reasons for noncompliance?

We have not reme	ediated this area of noncompliance yet
We have referred	l providers to DBHDS for training.
We have attended	d Provider Rountable/SC meetings with discussion on the topic
We have attended	d a DBHDS training/received technical assistance on this topic
We have worked	with individual providers to remediate this area of noncompliance.
We have not rece	eived a citation in this area.
Other remediation (plea	ase specify)
	Measure C9: Number and percent of provider agency direct supp SPs) meeting competency training requirements. Please indicate the
ernative/supplemen	ntal reasons for noncompliance?
er native/suppleme	ntal reasons for noncompliance?
69. How has your	
9. How has your o	CSB remediated this area of noncompliance? Please select all that appl
9. How has your we have not remainded. We have referred.	CSB remediated this area of noncompliance? Please select all that apple ediated this area of noncompliance yet.
9. How has your of the weak was not removed. We have referred to the weak was well as	CSB remediated this area of noncompliance? Please select all that apply ediated this area of noncompliance yet. I providers to DBHDS for training.
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' 12. How h	as your CSB remediated this area of noncompliance? Please select all that a
We have	not remediated this area of noncompliance yet.
We have	referred providers to DBHDS for training.
We have	attended Provider Rountable/SC meetings with discussion on the topic.
We have	attended a DBHDS training/received technical assistance on this topic.
We have	worked with individual providers to remediate noncompliance in this area.
We have	not received a citation in this area.
Other remedia	ition (please specify)
upport tha	rmance Measure D3: Number and percent of individuals who have Plans for it address their assessed needs, capabilities and desired outcomes. (DMAS) gree with the primary reason for noncompliance, what are oplemental reasons for noncompliance?
Support tha	gree with the primary reason for noncompliance, what are
Support tha	gree with the primary reason for noncompliance, what are
If you disacrnative/sup	gree with the primary reason for noncompliance, what are oplemental reasons for noncompliance?
If you disa crnative/sup	gree with the primary reason for noncompliance, what are oplemental reasons for noncompliance? as your CSB remediated this area of noncompliance? Please select all that approximately approximate the primary reason for noncompliance?
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If you disacernative/supersona	gree with the primary reason for noncompliance, what are oplemental reasons for noncompliance? as your CSB remediated this area of noncompliance? Please select all that approximate the provider to DBHDS for training. attended Provider Rountable/SC meetings with discussion on the topic. attended a DBHDS training/received technical assistance on this topic. worked with individual providers to remediate noncompliance in this area. not received a citation in this area.

, ,	with the primary reason for noncompliance, what are mental reasons for noncompliance?
Support Coordin	ator turnover
Time/workload d	lemands of Support Coordinator/Provider
Training issue - S	Support Coordinator/Provider may not recognize when the Plan needs to be updated
Easier to keep th	ne same goals from year to year
Changes are made	de to support the person but not added (documented) until the Plan is due to be updated
Primary focus is	on changes needed to support the individual's health and safety
Other reason (please s	pecify)
* 18. How has you	r CSB remediated this area of noncompliance? Please select all that app
We have not rem	nediated this area of noncompliance yet.
We have referred	d providers to DBHDS for training.
We have attende	d Provider Rountable/SC meetings with discussion on the topic.
We have attende	d a DBHDS training/received technical assistance on this topic.
We have worked	with individual providers to remediate noncompliance in this area.
We have not rece	eived a citation in this area.
Other remediation (ple	ease specify)
	e Measure G4: Number and percent of individuals who receive annual its and information to report ANE
•	ith the primary reason for noncompliance, what are ntal reasons for noncompliance?

* 21. How has your CSB remediated this area of noncompliance? Please select all that apply.
We have not remediated this area of noncompliance yet.
We have referred providers to DBHDS for training.
We have attended Provider Rountable/SC meetings with discussion on the topic.
We have attended a DBHDS training/received technical assistance on this topic.
We have worked with individual providers to remediate noncompliance in this area.
We have not received a citation in this area
Other remediation (please specify)
* 22. Performance Measure G10: Number and percent of participants 19 years and younger who had an ambulatory or preventive care visit during the year.
* 24. How has your CSB remediated this area of noncompliance? Please select all that apply.
We have not remediated this area of noncompliance yet.
We have referred providers to DBHDS for training.
We have attended Provider Rountable/SC meetings with discussion on the topic.
We have attended a DBHDS training/received technical assistance on this topic.
We have worked with individual providers to remediate noncompliance in this area.
We have not received a citation in this area
Other remediation (please specify)
25. Do you have any additional feedback on any PM not expressely solicited in previous questions?

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Overall Feedback on Cool/Ease of Use 7. Do you have any additional feedback on the overall QRT EOY Report and/or the QRT CS	Appendix A: Acronym Guide					
7. Do you have any additional feedback on the <u>overall</u> QRT EOY Report and/or the QRT CS			\bigcirc			
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