



**Ongoing Service Analysis Report:  
Individuals with Complex Health, Behavioral, and Adaptive Support Needs  
FY2025**

Background: The Commonwealth of Virginia and the United States entered into a [Permanent Injunction](#) in January 2025, which terminated and supplants the [Settlement Agreement](#) and related [compliance indicators](#) reached in January 2012 and January 2020, respectively. A core underpinning of both orders is the continued enhancement of quality community-based services for individuals with developmental disabilities. This report speaks to Term 44 of the Permanent Injunction, which reads as follows:

***Ongoing Service Analyses.*** *The Commonwealth, through DBHDS, will collect and analyze data at least annually regarding the management needs of individuals with identified complex behavioral, health, and adaptive support needs to monitor the adequacy of management and supports provided. DBHDS will develop corrective actions based on its analysis as it determines appropriate, track the efficacy of the actions, and revise as it determines necessary to address the deficiency. To implement the preceding steps, the Commonwealth will take the following actions:*

- a) *DBHDS will use data from the Skilled Nursing Review detailed in Paragraph 39(c), the IMNR process for individuals with complex medical needs, data from the care concerns process, data from the BSPARI quality reviews, and data from the Quality Service Reviews to monitor the adequacy of management and supports provided. Within six months of the date of this Order, DBHDS will develop a report consolidating the information from these sources to provide a comprehensive summary of the management and support provided to individuals with complex needs. This summary will be completed annually.*
- b) *DBHDS will continue to implement the IMNR process for no less than 70 people annually who have complex medical, behavioral, or adaptive support needs (Tier 4) to include onsite visits, reviews of specific health care documentation, and a factual questionnaire administered by qualified nursing professionals to primary caregivers most familiar with the person’s health care needs.*

Thus, this report consolidates key information from the following processes and instruments:

- [Nursing Utilization Review](#) (referenced in the Term as “Skilled Nursing Review”)
- [Intense Management Needs Review](#) (IMNR)
- [Behavior Support Plan Adherence Review Instrument](#) (BSPARI)
- [Care Concerns](#)
- [Quality Service Reviews](#) (QSR)

The current report is the second and will continue to be enhanced as additional data from the aforementioned tools and processes become available. The current report encompasses FY25 (July 1, 2024, through June 30, 2025). A brief [Summary](#) is provided at the conclusion of this report.

**Nursing Utilization Review**

As part of DBHDS’s ongoing process improvement efforts, a comprehensive review of Fiscal Years 2019 through 2024 was conducted using the most current attested calculation methodology. This updated approach incorporates additional billing data that was previously unavailable during earlier study periods. The availability of this data is due to the billing window that allows providers up to one year to submit claims for services rendered. In addition, DBHDS performed a preliminary analysis of FY2025 to provide an early snapshot of service delivery trends. Providers have until June 30, 2026, to complete initial billing for FY2025 services. As new billing data becomes available, FY2025 calculations will be revised and included in the 28th Study review period. DD Waiver Nursing services are eligible to be authorized for individuals enrolled in the DD Waiver who have significant medical conditions and complex healthcare needs.

**Private Duty Nursing**

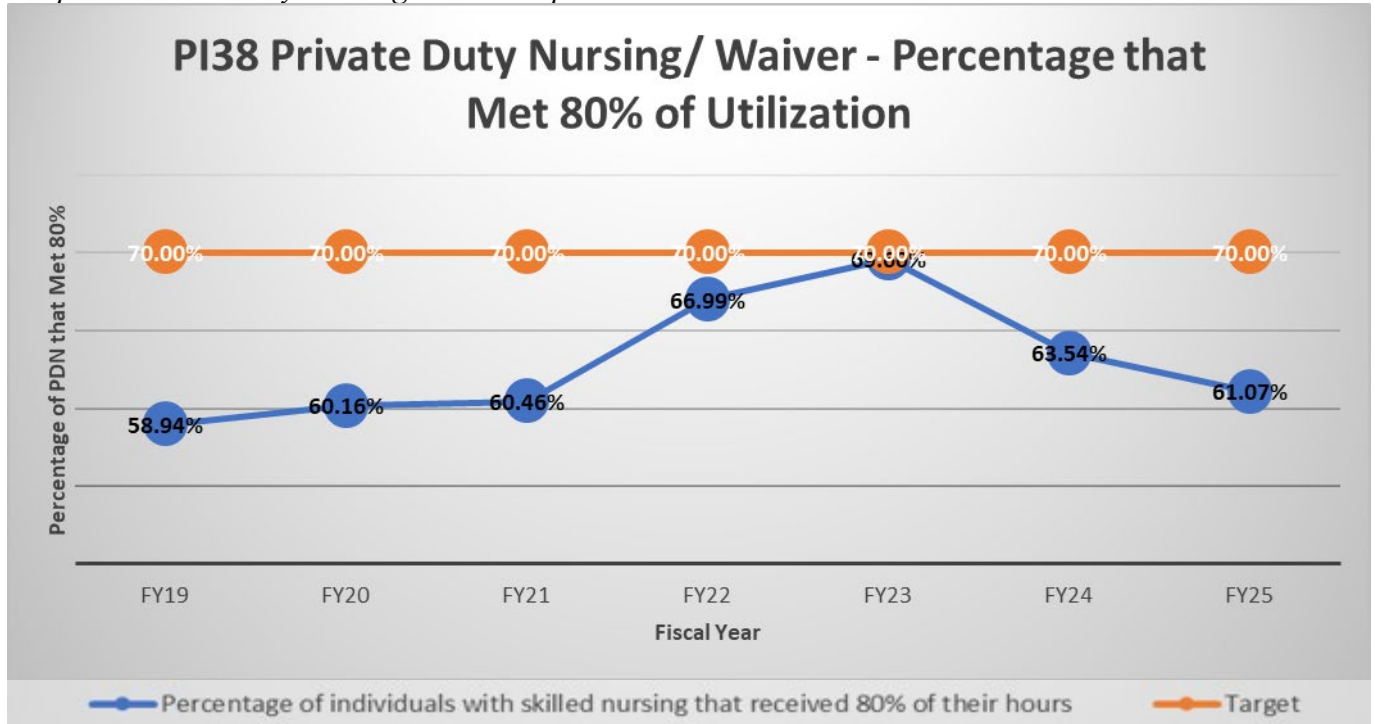
Table 1 and Graph 2 below present a trend of Private Duty Nursing utilization from FY2019 through FY2025. As noted in the previous report, the data for FY2019 through FY2024 has been recalculated using updated billing information available as of the close of FY2025 (June 30, 2025). The initial billing cycle for FY2025 will officially conclude on June 30, 2026, and the FY2025 percentage may continue to fluctuate as final billing data is received.

Table 1: FY19 – FY25 Private Duty Nursing Utilization data

PI38 Private Duty Nursing - Percentage that Met 80% of Utilization				
Fiscal Year	Percentage of individuals with private duty nursing that received 80% of their hours	Number of individuals with private duty nursing that received 80% of their hours	Number of individuals identified with private duty nursing	Since FY19
FY19	53.78%	185	344	-
FY20	55.56%	200	360	1.78%
FY21	58.07%	205	353	4.29%
FY22	65.05%	242	372	11.27%
FY23	65.83%	262	398	12.05%
FY24	59.60%	267	448	5.82%
FY25	59.43%	312	525	5.65%

The trend graph in Graph 2 shows a gradual increase in utilization from FY2019 (53.78%) through FY2021 (58.07%), followed by a notable jump in FY2022 (65.05%) and a slight increase in FY2023 (65.83%). However, utilization declined in FY2024 (59.6%) and remained relatively stable in FY2025 (59.43%). Despite some progress, the percentage remains below the established target of 70%.

Graph 2: Private Duty Nursing Trend Graph



Skilled Nursing

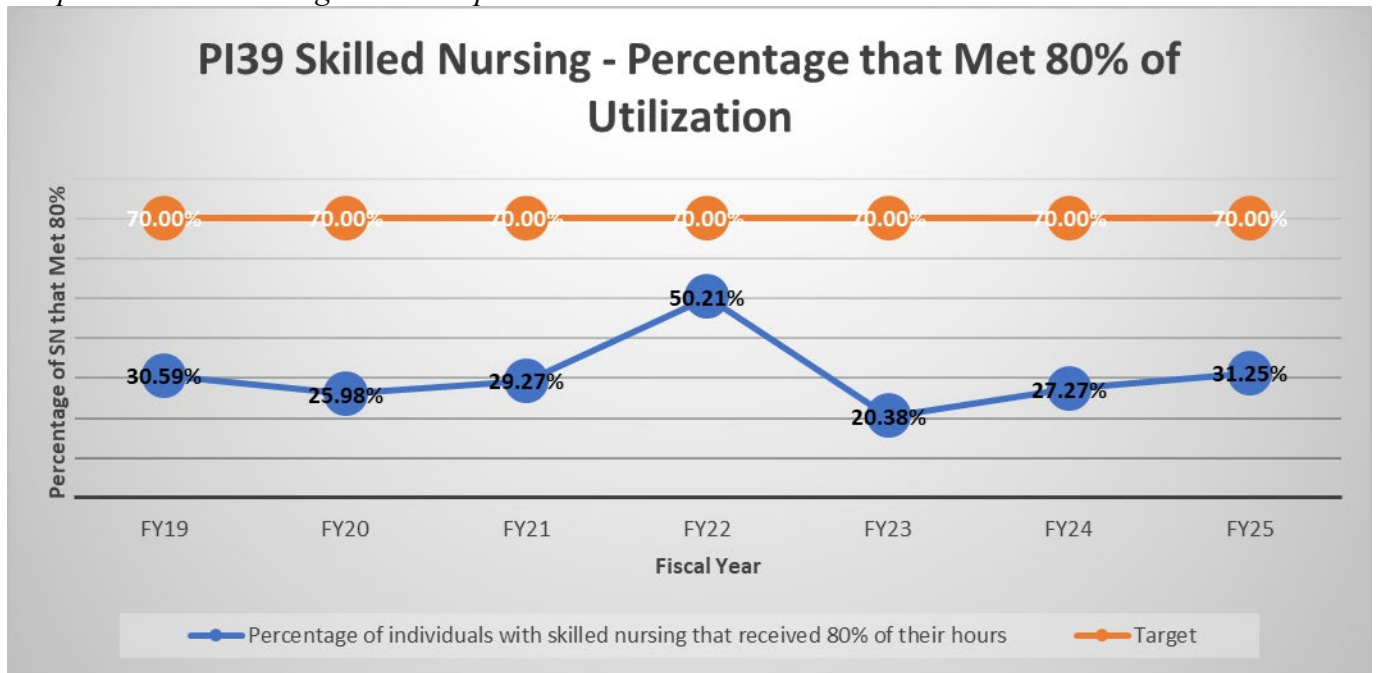
Table 3 and Graph 4 below present a trend of Skilled Nursing services beginning in FY2019. As noted in the previous report, the data for the entire period from FY2019 through FY2024 has been recalculated using updated billing information available as of the close of FY2025 (June 30, 2025). The initial billing cycle for FY2025 will officially conclude on June 30, 2026. It is expected that the FY2025 percentage may continue to fluctuate as final billing data is received and processed.

Table 3: FY19 – FY25 Skilled Nursing Utilization data

PI39 Skilled Nursing - Percentage that Met 80% of Utilization				
Fiscal Year	Percentage of individuals with skilled nursing that received 80% of their hours	Number of individuals with skilled nursing that received 80% of their hours	Number of individuals identified with skilled nursing	Since FY19
FY19	30.59%	108	353	-
FY20	25.98%	86	331	-4.61%
FY21	29.27%	84	287	-1.32%
FY22	50.21%	121	241	19.62%
FY23	20.38%	43	211	-10.21%
FY24	27.27%	54	198	-3.32%
FY25	31.25%	60	192	0.66%

The trend graph in Graph 4 shows notable variability across fiscal years. After a relatively stable range between FY2019 (30.59%) and FY2021 (29.27%), there was a sharp increase in FY2022 to 50.21%, followed by a significant drop in FY2023 to 20.38%. FY2024 saw a modest recovery to 27.27%, and the preliminary figure for FY2025 stands at 31.25%.

Graph 4: Skilled Nursing Trend Graph



DBHDS initiated an IMNR review process around Skilled Nursing in April 2025 that will assist with assessing if individuals have unmet nursing or other medical needs. The focus will determine if an individual’s skilled nursing service needs are being met. DBHDS is doing that by adding a series of questions to the IMNR questionnaire around Skilled Nursing. In addition, the nurses conducting the review will also be interviewing the nurse providing the care to the individual. DBHDS is reviewing a random sample of 10% (25) of the individuals with Skilled Nursing authorizations annually (roughly 250 individuals per year) to determine if their needs are being met.

DBHDS completed the process titled *DOJ Process PI 39 and PI 44 Skilled Nursing V.001* along with the questionnaire titled *IMNR Skilled Nursing Questionnaire Review Final* in March 2025. The first random sample of individuals was pulled by the Data Analyst within DBHDS the week of March 24, 2025. The initial skilled nursing review was completed by Office of Integrated Health Supports Network (OIHSN) nurses on April 22, 2025, with subsequent reviews conducted monthly thereafter. To ensure the most accurate assessment of each individual’s status, reviews are scheduled within two months of the start of the skilled nursing authorization period. For example, the random sample selected for June 2025 was reviewed in August 2025. As of the date of this report, a total of 26 reviews have been completed.

Importantly, DBHDS continues to issue remediation plans and provide technical assistance even when it is determined that an individual’s needs are met. A remediation plan does not necessarily indicate that something is wrong but can be issued when we can recommend additional resources that could be considered accessing to include the offer of technical assistance from OIHSN. This proactive approach supports ongoing quality improvement and reinforces best practices in service delivery.

Results from the completed reviews are summarized below in Tables, 5, 6, and 7. Additional findings, including outcomes of remediation plans, will be available in the next study period.

A total of 26 reviews have been completed across all five regions. The regional breakdown is provided below in *Table 5*.

*Table 5: Skilled Nursing Review Region Breakdown*

Region	Count
Region 1	3
Region 2	6
Region 3	9
Region 4	4
Region 5	4
<b>Grand Total</b>	<b>26</b>

Among the 26 individuals reviewed, 17 (65.4%) were male and 9 (34.6%) were female. See *Table 6* below.

*Table 6: Skilled Nursing Review Gender Breakdown*

Gender	Count
Female	9
Male	17
<b>Grand Total</b>	<b>26</b>

The age range of the 26 individuals reviewed is presented below in *Table 7*.

*Table 7: Skilled Nursing Review Age Range Breakdown*

Age Range	Count
23 - 30	3
31 - 40	5
41 - 50	4
51 - 60	7
61 - 70	4
71 - 80	3
<b>Grand Total</b>	<b>26</b>

### **Intense Management Needs Review**

The Intense Management Needs Review (IMNR) process is established to assess and monitor the adequacy of management and supports provided to all individuals whose SIS evaluation results placed them in tier four level five, six and seven (intense management needs). The purpose is to ensure that individuals' needs are met and that the documentation properly reflects the continuity of care across services.

The Intense Management Needs Review questions were developed utilizing the Individual Service Review Monitoring Questionnaire developed by the Independent Reviewer and his nursing consultants as a guide. The Director of the Office of Integrated Health along with support from Registered Nurse

Care Consultants (RNCC) and OIHSN Project Manager reviewed and provided guidance towards enhancing questions based on firsthand knowledge they have gained from working with individuals with developmental disabilities within Virginia. Additional questions were added to further assist in determining if an individual is receiving necessary supports. There are supplemental questionnaires to accompany the IMNR questionnaire when conducting reviews for individuals specifically around Skilled Nursing, Behavioral, or Adaptive Needs. The DBHDS Behavior Network Supports (BNS) team assisted with question development around the supplemental behavioral questionnaire. Utilizing what was learned from the 25<sup>th</sup> and 26<sup>th</sup> Study Periods, IMNR questions were improved or added to continue determining if an individual's needs are met. The questions were approved by the Deputy Commissioner, Community Services. These questions have been enhanced based on lessons learned and feedback from prior reviews.

Similarly, to the 25<sup>th</sup> and 26<sup>th</sup> Study Period, the same process was used to pull a sample of 30 individuals plus alternates for the 27<sup>th</sup> Study Period. This sample included individuals with SIS level 7 needs (extraordinary behavioral needs) who had annual ISP meetings between October 1, 2024 – December 31, 2024. The selected sample was stratified across three regions to include 10 individuals and alternates in each region. The DBHDS Regions represented in the randomly selected sample include Region 1, Region 3 and Region 4.

After the sample was selected, the Independent Reviewer Consultant, with assistance from DBHDS, scheduled on-site visits with all primary residential contacts. Visits to each residence were conducted by one of the three Independent Reviewer nurse consultants along with one of three DBHDS RNCCs. Three teams of two conducted 10 reviews in each of the assigned regions. The reviews for the 27<sup>th</sup> Study Period took place between August 11, 2025, and September 19, 2025. To complete the reviews, the ISR Nurses and DBHDS Nurses continued to conduct the reviews at the same time with each filling out their respective questionnaire. Responses to questions were not discussed between the teams.

As mentioned above, all of the reviews from the 27<sup>th</sup> Study Period were completed at the same time but there was no collaboration between the ISR team and RNCCs on response determinations to ensure the ability to objectively assess the Commonwealth's accurate identification of areas for commendation and in need of improvement/remediation. The intention was and continues to be to establish validity and reliability of the review process and that the responses reflected in the review were consistent across both the nurse consultants and DBHDS RNCCs.

Documentation, including the ISP, the Health Care Plan, and the authorization form (CMS 485) for nursing services, as well as behavioral documentation (only for Level 7) was provided in advance for each person. Supplemental documentation, such as medical consults and medication administration records as well as additional documentation, were examined during the nurses' site visits. During the review, the DBHDS RNCCs completed the paper questionnaire making any necessary notes. Any immediate concerns were instantly sent to DBHDS leadership for prompt attention, action and follow-through. Upon conclusion of the weekly onsite reviews, the DBHDS RNCCs recorded responses into an established electronic monitoring system (Microsoft Forms). Finally, the DBHDS RNCCs established Remediation Plans based on the findings. The BNS team reviewed the responses to the behavioral questionnaire and passed along any additional remediation plans to the DBHDS RNCCs. The Remediation Plans are then reviewed by a Quality Assurance team within DBHDS to ensure they are in line with the purpose of the process. These are then sent to the CSB DD Directors and Support Coordinators by email for the cohort reviewed, providing feedback that also includes commendations.

These Remediation Plans are tracked in an electronic monitoring system (Microsoft Forms/SharePoint Lists) to ensure follow through. At the conclusion of this process, analysis of responses to the questionnaires was completed to establish overall findings. The RNCCs continue to follow up on Remediation Plans until there is a resolution.

The cohort for the 27th study included 30 individuals with SIS level 7 needs (extraordinary behavioral needs) who had annual ISP meetings between October 1, 2024 – December 31, 2024. The selected sample was stratified across three regions to include 10 individuals and alternates. The DBHDS Regions represented in the randomly selected sample include Region 1, Region 3 and Region 4.

Among the 30 individuals reviewed, 22 (73.3%) were male and 8 (26.7%) were female. See *Table 8* below.

*Table 8: 27<sup>th</sup> Review IMNR Gender Breakdown*

Gender	Count	Percent
Female	8	26.67%
Male	22	73.33%
<b>Grand Total</b>	<b>30</b>	<b>100.00%</b>

The age range of the 30 individuals reviewed is presented below in *Table 9*.

*Table 9: 27<sup>th</sup> Review IMNR Age Range Breakdown*

Age Range	Count	Percent
Under 22	5	16.67%
23 - 30	11	36.67%
31 - 40	6	20.00%
41 - 50	1	3.33%
51 - 60	5	16.67%
61 - 70	1	3.33%
81 - 90	1	3.33%
<b>Grand Total</b>	<b>30</b>	<b>100.00%</b>

The mobility status of the 30 individuals is presented below in *Table 10*. Most individuals in this cohort walk without support (86.7%).

Table 10: 27<sup>th</sup> Review IMNR Mobility Status Breakdown

Mobility Status	Count	Percent
Total assistance with walking	1	3.33%
Uses wheelchair	2	6.67%
Walks with support	1	3.33%
Walks without support	26	86.67%
<b>Grand Total</b>	<b>30</b>	<b>100.00%</b>

The breakdown for the type of residence is presented below in Table 11.

Table 11: 27<sup>th</sup> Review IMNR Type of Residence Breakdown

Type of Residence	Count	Percent
Family run sponsored home	2	6.67%
Group home - 4 or fewer	10	33.33%
Group home - 5 or more	1	3.33%
Own/family home	9	30.00%
Sponsored home	8	26.67%
<b>Grand Total</b>	<b>30</b>	<b>100.00%</b>

The breakdown for the method of communication is presented below in Table 12.

Table 12: 27<sup>th</sup> Review IMNR Method of Communication Breakdown

Method of Communication	Count	Percent
Gestures	4	13.33%
Limited spoken language, needs some staff support	14	46.67%
Spoken language, fully articulates without assistance	9	30.00%
Vocalizations	3	10.00%
<b>Grand Total</b>	<b>30</b>	<b>100.00%</b>

### **IMNR Results – 27<sup>th</sup> Study**

Many of the individuals within the sample share several of the same health indicators. For example, 43% of the individuals have choking precautions in place, 33% are monitored for constipation, 30% have a major seizure disorder and 20% have had a significant change in health/behavior in past year and 20% have PICA.

Health Indicator Checklist: Table 13 below shows the number of individuals identified with each Health Indicator.

Table 13: 27<sup>th</sup> Review IMNR Health Indicator Checklist

Health Indicator	Count
Choking precautions	13
Constipation	10
Major seizure disorder (if checked list date of most recent seizure)	9
Significant change in health/behavior in past year	6
PICA	6
Hypertension	5
Mobility	4
Difficulty maintaining or losing weight (not within BMI range)	4
Diabetes	4
Pressure injury/skin breakdown	3
Injuries (other than Fall)	2
Dysphagia	4
Bladder Elimination Problems	1
Bowel Elimination Problems - diarrhea	2
Communicable disease	1
Aspiration Pneumonia	1
Recurrent (3 or more a year) respiratory infections	1
Tube feeding (if check, list type of tube feeding)	1
2 or more medical hospitalizations in the past year	1

The health indicators identified highlights the difference between the sample for the 27<sup>th</sup> Study Period for SIS level 7 (extraordinary behavioral needs) individuals versus the sample for the 26<sup>th</sup> for SIS level 6 (extraordinary medical needs) individuals. See Table 14 below.

Table 14: 27<sup>th</sup> Review IMNR Health Indicator Checklist 26<sup>th</sup> Study vs 27<sup>th</sup> Study

Health Indicator	26 <sup>th</sup> Study - Medical	27 <sup>th</sup> Study - Behavioral
Choking Precautions	90%	43%
Major Seizure Disorder	93%	30%
Bowel Elimination Probl	21%	7%
Nutrition via G-Tube	62%	3%
Suctioning	62%	None Indicated
Hospitalization (2 or more times in the past year)	17%	3%
Recurrent respiratory infections (3 or more in the past year)	10%	3%
Significant change in health/behavior in the last year	45%	20%

As part of the IMNR, a question is posed: *“In the past year, has the individual had a Care Concern reported?”* If the response is affirmative, a follow-up question is asked: *“If yes, what incident was reported?”* Prior to conducting the visit, the RNCC reviews this information to gain insight into any reported concerns. This review helps ensure that appropriate supports are in place to address the incident and mitigate future risks. One of the 30 individuals reviewed in the 27<sup>th</sup> Study had a reported Care Concern within the past year. This concern was for orthostatic hypotension with the diagnosis of a urinary tract infection. Following the review of the reported care concern, the RNCC provided the following recommendations and resources to support the individual's ongoing health and safety:

1. **Medical Follow-Up:** Schedule an appointment with the Primary Care Provider (PCP) to review current medications and assess the recent diagnosis of orthostatic hypotension.
2. **Preventative Protocols:** Develop or update an individualized protocol aimed at reducing the risk of urinary tract infections (UTIs). A sample protocol was provided for reference.
3. **Specialist Referral:** Determine whether the individual has been evaluated by a urologist for recurrent UTIs. If not, a referral is recommended.
4. **Educational Materials:** Review relevant resources available on the Office of Integrated Health (OIH) website, specifically under the “Educational Resources” and “Urinary Tract Infection” sections. A direct link was provided.
5. **Health & Safety Alerts:** Examine the “Leading Fatalities and Recognizing Declining Health” alerts to enhance awareness and early identification of health concerns.

The provider acknowledged receipt of the recommendations and resources shared by the RNCC and expressed appreciation for the guidance. They indicated that the information would be forwarded to the local team for further review and appropriate follow-up. Upon completion of the IMNR review, the RNCC determined that no additional support was necessary at this time in relation to the reported concern.

The care concern question is consistently included across all variations of the IMNR process. Responses to this question will be further analyzed to identify patterns and trends across different review types, supporting data-informed decision-making and continuous quality improvement.

### **Behavioral Questionnaire Responses**

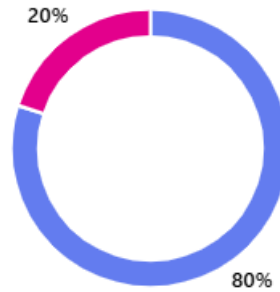
The 27<sup>th</sup> Study Period marked the first completed set of reviews for individuals identified with SIS Level 7 needs, indicating extraordinary behavioral support requirements. This cohort was evaluated using both the Supplemental Behavioral Questionnaire and the Individual Medical and Nursing Review (IMNR) tool. Below are key findings from the Behavioral Questionnaire.

Scale for Doughnut Chart below:

- Blue = Yes
- Red = No
- Teal/Green = N/A

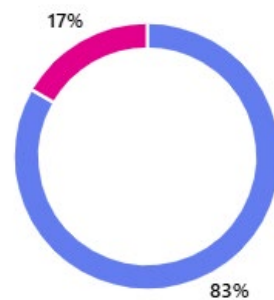
1. **Does the individual engage in any behaviors (e.g., self-injury, aggression, property destruction, pica, elopement, etc. that:**
  - a. **Could result in injury to self or others?**

24 (80%) of the 30 individuals were marked as “Yes”



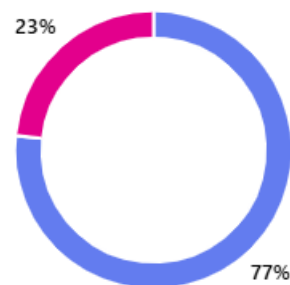
**b. Disrupt the environment?**

25 (83%) of the 30 individuals were marked as “Yes”



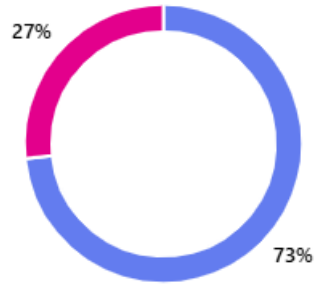
**c. Impede his/her ability to access a wide range of environments (e.g., public markets, restaurants, libraries, etc.)?**

23 (77%) of the 30 individuals resulted in “Yes”



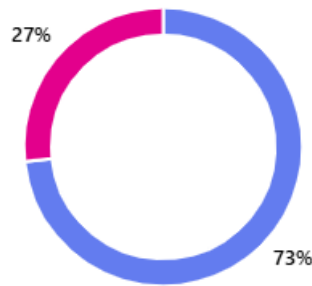
**d. Impede his/her ability to learn new skills or generalize already learned skills?**

22 (73%) of the 30 individuals resulted in “Yes”



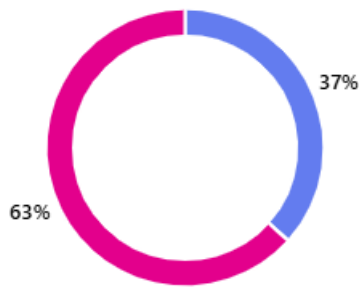
**e. Negatively impact his/her quality of life and greater independence?**

22 (73%) of the 30 individuals resulted in “Yes”



**f. If yes, does the ISP authorize the need for behavioral services?**

11 (37%) of the 30 individuals resulted in “Yes”

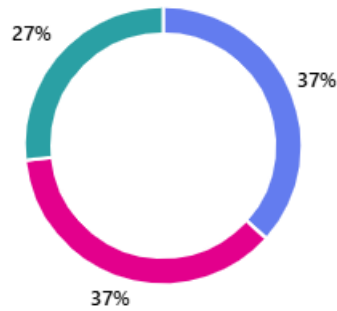


**2. Are behavioral services currently being provided?**

11 (37%) individuals resulted in “Yes”

11 (37%) individuals resulted in “No”

Eight (27%) individuals resulted in “N/A” (this response indicates this ISP does not authorize the need for behavioral services)



**a. If no, are they in the process of being provided?**

Of the 11 individuals that responded “No” to the above question

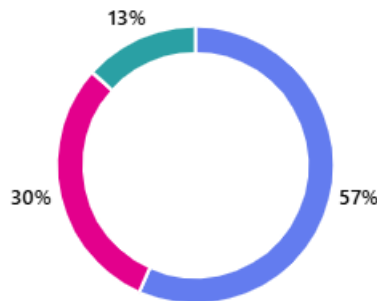
Two (18%) individuals who responded “Yes” to ‘in the process of being provided’

**3. Are the behavioral services wanted by the individual or his/her Guardian/Authorized Representative?**

17 (57%) individuals resulted in “Yes”

Nine (30%) individuals resulted in “No”

Four (13%) individuals responded “N/A” (this response indicates behavioral services are not being provided)



**a. If no, why not?**

The nine individuals that responded “No” to behavioral services being wanted were asked why they were not interested in these services. A categorized list of responses is below.

**1. Perceived Lack of Need**

These responses suggest that caregivers or providers believe behavioral services are unnecessary due to current stability or manageable behaviors:

- *Behaviors are not frequent and easy to redirect.*
- *Individual is currently stable and skill building activity list has been sufficient to support current behavioral concerns.*
- *Currently behaviors are well managed by provider and day support and felt no active services are needed.*
- *Group Home provider states they are not needed; the individual is mellowing out due to aging, residential Part V has detailed supports for behaviors.*

## 2. Negative Past Experiences with Services

These reflect prior attempts at behavioral services that were not viewed as helpful:

- *Attempted behavioral services years ago and it was not positive. Individual currently is easily directed when presenting with a behavior without escalation.*
- *Sponsored Home provider states it was not helpful.*
- *The school plan was not effective or beneficial.*

## 3. Family or Guardian Refusal or Resistance

These statements indicate that the family or guardian is not supporting the use of behavioral services:

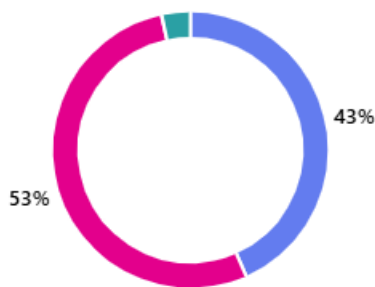
- *Family does not believe would be beneficial.*
- *Mother/guardian/sponsored provider does not feel her son would benefit from behavioral services.*
- *Mother reports she does not need anything else and does not want another service.*

## 4. Is there a behavior plan in place to address the behavior(s) identified above?

13 (43%) individuals have a behavior plan in place

16 (53%) individuals do not have a behavior plan in place

One (2%) individual responded "N/A" (this response indicates there is not a need for a behavior plan)



### a. If responded "No", to having a behavior plan in place, is there a behavior plan in progress because services recently started?

Of the 16 individuals that responded there is not a behavior plan in place

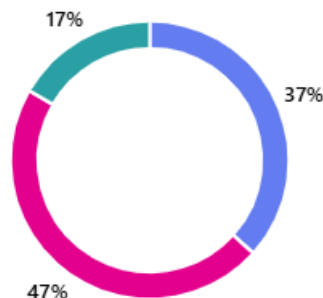
Three (19%) responded that there is a behavior plan in progress.

**5. Is there a functional behavior assessment (FBA) completed in the current setting?**

11 (37%) of the individuals responded “Yes”

14 (47%) of the individuals responded “No”

Five (17%) of the individuals responded “N/A” (this response indicates that based on previous responses, there may not be a need for an FBA)



**a. If “No” to the FBA question above, is the FBA in progress because the services recently started?**

Of the 14 individuals that responded “No”, zero (0%) responded that the FBA was in progress

**6. Are there target behaviors for decrease?**

15 (50%) of the individuals responded “Yes”

Two (7%) of the individuals responded “No”

13 individuals responded “N/A” (this response indicates there is no plan in place but is not all encompassing)

**7. Are there target behaviors for increase?**

15 (50%) of the individuals responded “Yes”

Two (7%) of the individuals responded “No”

13 individuals responded “N/A” (this response is only applicable if they have an FBA)

**8. Does the behavior plan or the Part V Plan for Supports specify the data to be collected to determine whether planned interventions are working?**

11 (37%) of the individuals responded “Yes”

Five (17%) of the individuals responded “No”

14 individuals responded “N/A” (this indicates there is no Behavior Plan in place)

**9. Has the data been summarized and reviewed by a qualified behavior clinician?**

Nine (30%) of the individuals responded “Yes”

Six (20%) of the individuals responded “No”

15 (50%) of the individuals responded “N/A”(this response indicates there is no need for data or if there is no plan in place)

Responses to these questions were evaluated by a Behavior Analyst from the Office of Behavior Network Supports in collaboration with the RNCC. Based on this review, a Remediation Plan may have been developed to address identified concerns. Detailed outcomes and findings from these Remediation Plans will be presented later in this report.

The N/A responses from this review are being reviewed to ensure all reviewers are answering consistently.

### **Annual Dental and Physical Exams**

*Term 40: The Commonwealth will work to achieve a goal that 86% of individuals who are supported in residential settings and have coverage for dental services will receive an annual dental exam. Annual Physical Exams.*

*Term 54: The Commonwealth will work to achieve a goal that 86% of individuals supported in residential settings receive annual physical exams.*

Physical Exam within 14 months: 29 (96.67%) of the 30 individuals had a physical examination within the last 14 months. See *Table 15* below.

*Table 15: 27<sup>th</sup> Review IMNR Physical Exam Results*

<b>Physical Exam</b>	<b>Count</b>	<b>Percent</b>
<b>No</b>	1	3.33%
<b>Yes</b>	29	96.67%
<b>Grand Total</b>	<b>30</b>	<b>100.00%</b>

Evidence about annual physical exams was attained through document review and interviews. There is evidence that 29 (96.67%) of the 30 individuals in the sample had an annual exam. In the one instance the individual did not receive their annual exam within the past year, it was indicated that the individual does not have a primary care physician (PCP) but is seen at urgent care when needed. A recommendation was made to this individual’s Support Coordinator to discuss the importance of healthcare and the importance of establishing and maintaining a PCP. Another individual had received their annual physical exam, and it was recommended that the individual should have an eye exam. This had not been scheduled at the time of the review and was sent to the individual’s support coordinator as a recommended remediation plan. Two individuals were indicated as not having lab work/diagnostic consultants completed timely as ordered by a physician. One individual does not have an established PCP as mentioned above. The other individual must be sedated to obtain labs. Orders are in place for that individual to have vaccines and labs drawn during an upcoming sedation dental appointment. This is also a recommended remediation plan for this individual to ensure that the labs occur.

Dental Exam within 14 months: 25 (83.33%) of the 30 individuals had a dental examination within the last 14 months. See *Table 16* below.

Table 16: 27<sup>th</sup> Review IMNR Dental Exam Results

Dental Exam	Count	Percent
No	5	16.67%
Yes	25	83.33%
<b>Grand Total</b>	<b>30</b>	<b>100.00%</b>

Evidence about dental exams was attained through document review and interviews. Dental exams were conducted annually for 25 (83.33%) of the 30 individuals in the sample. Of the five individuals that had not had an annual dental exam within the last 14 months, four of the five individuals had seen a dentist in the last two years. One individual is seen by Carilion and was recommended to return in two years from their last appointment in 2024. An individual with a formal clinical recommendation to return in two years is included as having satisfied an annual dental exam. Technically, this individual could be included as a “Yes” above increasing the percent for this sample to 86.7%. Another individual has an appointment scheduled in early 2026 for sedation at UVA while another has had a few appointments scheduled by the dental office but has an appointment in October 2025. Part of the remediation plans will be to ensure these appointments occur. A fourth individual has aged out of their pediatric dentist and is in search of a provider while the final individual has a great fear of the dentist and refuses to go to their appointments. The individuals without a scheduled appointment were sent remediation plans with resources around the DBHDS Dental Team as well as to how to submit a referral for the program. The residence type of the five individuals who have not received an annual dental exam within a year is as follows:

- Three (60%) individual lives in a group home – 4 or fewer
- One (20%) individual lives in a sponsored home
- One (20%) individual lives in their own/family home

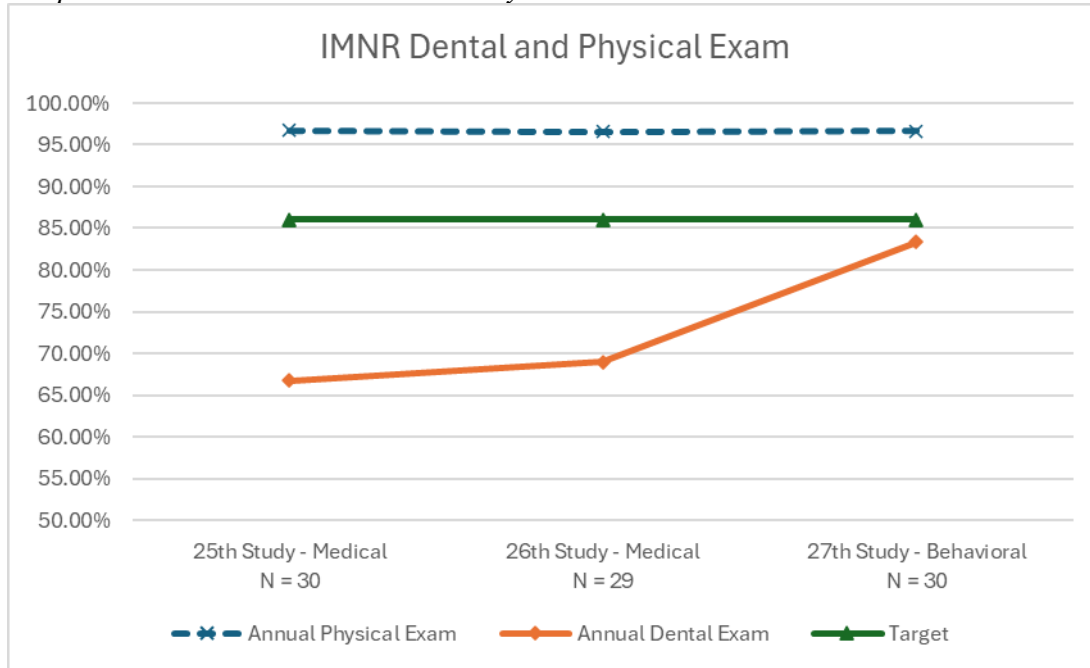
### Terms 40 and 54 – Annual Dental and Physical Exams Trend

The results of both physical and dental examinations from the 25th through the 27th Study Periods indicate distinct trends. Physical exam outcomes remained consistent across all three periods, suggesting stability in general health assessments. In contrast, dental exam results showed a significant increase during the 27th Study Period. This shift aligns with the cohort's transition from extraordinary medical needs to extraordinary behavioral needs, which may have influenced delivery of dental care services.

Table 17: 25<sup>th</sup> – 27<sup>th</sup> Review IMNR Physical and Dental Exam Results

Exam	25th Study - Medical N = 30	26th Study - Medical N = 29	27th Study - Behavioral N = 30
Annual Physical Exam	96.70%	96.60%	97%
Annual Dental Exam	66.70%	68.97%	83.33%
Target	86.00%	86.00%	86.00%

Graph 18: 25<sup>th</sup> – 27<sup>th</sup> Review IMNR Physical and Dental Exam Trend



**Terms 38 and 39 – Private Duty and Skilled Nursing**

Term 38: *The Commonwealth will work to achieve a goal that 86% of individuals who are supported in residential settings and have coverage for dental services will receive an annual dental exam. Annual Physical Exams.*

Term 39: *The Commonwealth will work to achieve a goal that 86% of individuals supported in residential settings receive annual physical exams.*

Nursing Services: None of the individuals in this sample were authorized for nursing services. One individual was identified by the reviewer that Skilled Nursing services would be beneficial. This was sent to the Support Coordinator as a Remediation plan to discuss with the individual/family the role of Skilled Nursing services and the benefits to health and safety. DBHDS is highly encouraged by this finding during these reviews as it reiterates their performance and they are capturing the necessary support that can assist meeting individual’s medical needs.

Table 19: 27<sup>th</sup> Review IMNR Summary of Individual Findings

Summary of Individual Findings - 27th Study							
ID #	Type of Residence	Annual Physical Exam	Annual Dental Exam	80% of authorized nursing hours were received - Average	Does ISP authorize need for behavioral services?	Are behavioral services currently being provided?	Behavioral services are wanted
1	Own/family home	Yes	Yes	N/A	No	N/A	Yes
2	Own/family home	Yes	Yes	N/A	No	No	No
3	Group home - 4 or fewer	Yes	Yes	N/A	No	N/A	No
4	Own/family home	Yes	Yes	N/A	No	N/A	Yes
5	Sponsored home	Yes	Yes	N/A	Yes	Yes	N/A
6	Group home - 4 or fewer	Yes	No	N/A	No	Yes	Yes
7	Sponsored home	Yes	No	N/A	No	N/A	No
8	Sponsored home	Yes	Yes	N/A	Yes	No	Yes
9	Group home - 4 or fewer	Yes	No	N/A	Yes	No	No
10	Sponsored home	Yes	Yes	N/A	No	No	Yes
11	Family run sponsored home	Yes	Yes	N/A	No	No	No
12	Group home - 4 or fewer	Yes	Yes	N/A	Yes	Yes	Yes
13	Group home - 4 or fewer	Yes	Yes	N/A	No	N/A	N/A
14	Group home - 4 or fewer	Yes	No	N/A	Yes	Yes	Yes
15	Sponsored home	Yes	Yes	N/A	No	No	No
16	Group home - 5 or more	Yes	Yes	N/A	Yes	Yes	Yes
17	Sponsored home	Yes	Yes	N/A	No	No	No
18	Group home - 4 or fewer	Yes	Yes	N/A	Yes	Yes	Yes
19	Sponsored home	Yes	Yes	N/A	Yes	Yes	Yes
20	Family run sponsored home	Yes	Yes	N/A	No	No	No
21	Group home - 4 or fewer	Yes	Yes	N/A	No	N/A	N/A
22	Own/family home	Yes	Yes	N/A	No	No	No
23	Sponsored home	Yes	Yes	N/A	Yes	Yes	Yes
24	Own/family home	Yes	Yes	N/A	No	Yes	Yes
25	Group home - 4 or fewer	Yes	Yes	N/A	Yes	No	Yes
26	Own/family home	Yes	Yes	N/A	No	No	N/A
27	Group home - 4 or fewer	Yes	Yes	N/A	Yes	Yes	Yes
28	Own/family home	No	Yes	N/A	No	No	Yes
29	Own/family home	Yes	Yes	N/A	No	Yes	Yes
30	Own/family home	Yes	No	N/A	No	N/A	Yes

## Remediation Plan Results

At the conclusion of the 27th Study Period, a total of 134 remediation plans were recommended, addressing concerns related to 29 individuals. Notably, one individual in Region 3 did not require any remediation.

In October 2025, these plans, along with accompanying educational materials, were distributed to Support Coordinators and Developmental Disability (DD) Directors. The DBHDS RNCCs are currently collaborating with Support Coordinators and DD Directors to ensure timely and effective resolution of the identified issues.

There was a total of 101 recommended remediation plans at the conclusion of the reviews for the 26<sup>th</sup> Study Period. These plans were sent to Support Coordinators and DD Directors in March 2025. Of the 101 remediation plans sent out, a total of 83 (82%) plans have been completed as requested by DBHDS. One individual still has two open remediation plans. The DBHDS RNCCs are still in communication with 11 individuals that still have open remediation plans from the 26<sup>th</sup> Study Period. Most open plans remain open as they wait for appointments or evaluations to take place or for protocols/documentation to be updated.

The top five reasons for remediation plans during this study period categorized by DBHDS and Independent Reviewer Nurse Consultant include:

1. Assessments
2. Adaptive Equipment Issues
3. Dental Issues
4. Protocols
5. Documentation

At the start of the 27th Study Period, ISR Nurses initiated a review of a sample of remediation plans developed during the 26th Study Period. A 10% sample was selected from each designated category. If an individual selected in the random sample had multiple remediation plans, all associated plans were included in the review. For instance, if an individual was sampled due to a dental issue but also had plans related to adaptive equipment and assessments, all relevant plans were examined. In total, the sample included 14 individuals and 56 remediation plans. DBHDS is currently awaiting the results of this Look Behind review.

There was a total of 82 recommended remediation plans at the conclusion of the 25<sup>th</sup> study period. These findings were sent to Support Coordinators and DD Directors in September – October 2024. Of the 82 remediation plans sent out, a total of 81 (99%) plans have been completed as requested by DBHDS. One individual still has one open remediation plan. RNCCs that completed these reviews with remediation plans that are still open continue to follow up and offer assistance. The top five reasons for remediation plans in the previous period categorized by DBHDS include:

1. Needed Assessments/Evaluations
2. Adaptive Equipment repairs
3. Individualized protocols
4. Dental exams/visits
5. Nursing needs

### **Behavior Support Plan Adherence Review Instrument (BSPARI)**

In 2022, DBHDS created a quality assurance scoring tool that determines the adherence of behavior support plans to the [DBHDS/DMAS Practice Guidelines for Behavior Support Plans](#). The Behavior Support Plan Adherence Review Instrument (BSPARI) utilizes a weighted scoring system that evaluates behavior support plan content areas, and the associated minimum elements as outlined in the Practice Guidelines. The BSPARI and its automated features have been described in previous [Behavioral Supports Reports](#). Its genesis and a detailed review of its contents, along with other behavior program evaluation tools, are outlined in a 2024 publication by its creators ([Habel et al., 2024](#)). The Scoring Instructions Guide and current iteration of the BSPARI can be found under the “Quality Reviews” section of the [DBHDS Behavioral Services website](#). BSPARI reviews are conducted on a statistically significant, randomized sample of behavior support plans created within Virginia’s DD waiver system via the therapeutic consultation service. Reviews are completed by DBHDS Licensed and Board Certified Behavior Analysts within the DBHDS Office of Behavior Network Supports. DBHDS behavior analysts have extensive experience in the assessment and treatment of challenging behavior and related function-based, person-centered treatment.

The BSPARI uses a weighted scoring system, with 40 total weighted points possible. Behavioral programming created through the therapeutic behavioral consultation waiver service is determined to be adhering to the *Practice Guidelines* if 34 points are obtained on the BSPARI (which equates to a

score of 85%). Additionally, a behavior program that scores at least 30 out of 40 weighted points is deemed to be overall adequate. *Table 20* outlines FY24 performance on BSPARIs.

*Table 20: FY25 BSPARI data*

Reporting period timeframe	# of BSPARIs reviewed	Mean points score and % on BSPARI	Median points score and % on BSPARI	Score ranges, mode	BSPARIs scoring at least 34 out of 40 points (85%)	BSPARIs scoring at least 30 out of 40 points (75%)
FY25Q1 (July 2024-September 2024)	125	32 points, 80%	34 points, 85%	Range of scores: 30 (10-40) Mode = 34	71 out of 125 (57%)	95 out of 125 (76%)
FY25Q2 (October 2024-December 2024)	79	36 points, 90%	36 points, 90%	Range of scores 14 (26 to 40), Mode = 34	76 out of 79 (96%)	77 out of 79 (97%)
FY25Q3 (January 2025-March 2025)	99	36 points, 90%	36 points, 90%	Range of scores: 12 (28 to 40), Mode = 35	91 out of 99 (92%)	97 out of 99 (98%)
FY25Q4 (April-June 2025)	97	35 points, 88%	35 points, 88%	Range of scores: 16 (24 to 40), Mode = 35	86 out of 97 (89%)	91 out of 97 (94%)
<b>FY25 Total (FY25Q1 – FY25Q4)</b>	<b>400</b>	<b>35 points, 88%</b>	<b>35 points, 88%</b>	<b>Range of scores: 30 (10 to 40), Mode = 34</b>	<b>324 out of 400 (81%)</b>	<b>360 out of 400 (90%)</b>

As observed in the table above, the means, medians, and overall percentages of BSPARIs scoring at 30 or 34 or more points (or above) increased between the first and last quarters of FY25, though there was some variability beginning in the second quarter. At the end of the fiscal year, 81% of plans were in adherence with the Practice Guidelines (34 or more points), and 90% were overall adequate (30 or more points). These are significant improvements from FY24 (56% and 80%, respectively).

Another important aspect of behavioral services is ensuring that people that need therapeutic consultation services receive them. Previous [Behavioral Supports Reports](#) have outlined the Commonwealth’s progress toward ensuring that persons that have a need for these services as outlined in their ISP receive them. In the 24<sup>th</sup> study period, the Independent Reviewer determined a calculation that DBHDS has used to measure if persons have adequate and appropriately delivered behavioral services. This calculation combines BSPARI scores at 30 points or above with utilization data for therapeutic consultation to arrive at a percentage of people receiving adequate services. For FY25, 80% of people received adequate services, and 20% received inadequate or no services. These are improvements from the previous fiscal year, when the percentages were 68% and 32%, respectively. For the full calculation and other context on utilization, see the [FY26Q1 Behavioral Supports Report](#).

To continue to improve the quality of behavioral programs, revisions of behavior programs not in adherence to the Practice Guidelines were requested by DBHDS from behavioral providers starting in

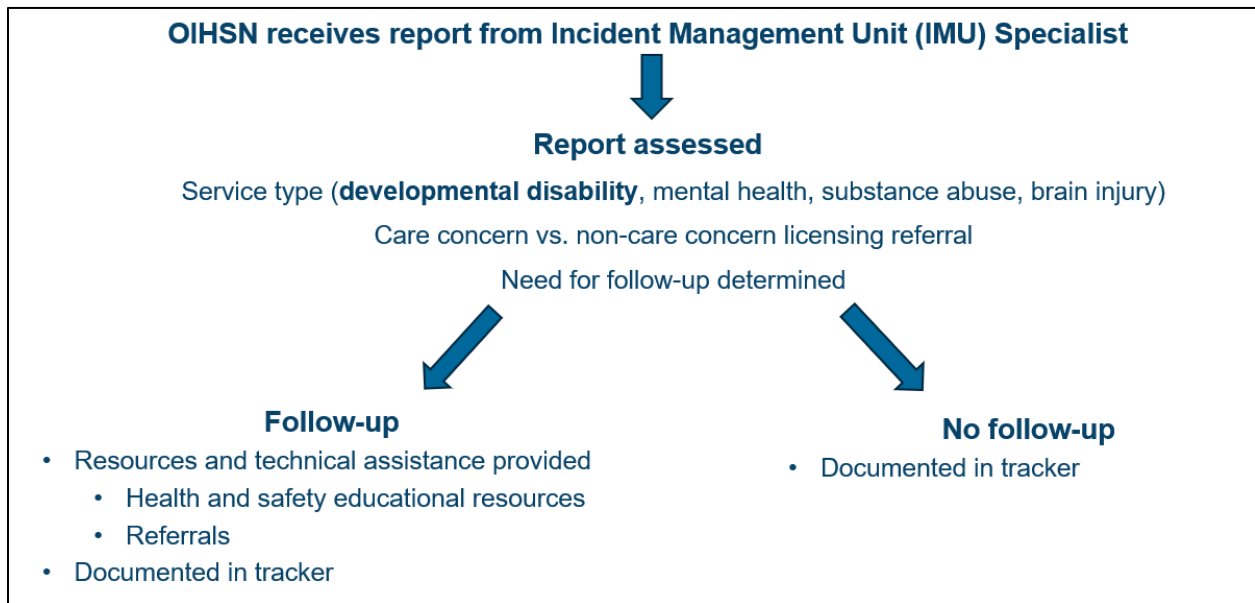
the second quarter of FY25. It is hypothesized that this initiative, along with ongoing collaboration with community services boards and behavioral providers, has helped to improve the quality and availability of behavioral services through the DD waivers in the Commonwealth.

### **Care Concerns**

The DBHDS Incident Management Unit (IMU) notifies the OIHSN Director or designee of a serious incident reported through the DBHDS Computerized Human Rights Information System (CHRIS) that meets care concern criteria. The OIHSN triages the care concern to determine the service type, whether care concern criteria are met, and if follow up from the OIHSN is needed. All care concerns, as well as non-care concern licensing referrals, are documented in the care concerns tracker. *Image 1* provides an overview of the care concerns process.

Through technical assistance and educational resources, the OIHSN equips providers with health and safety information reflecting best practices to improve health and safety supports. This helps the system mitigate risks, train staff, and reduce future incidents to improve health and safety outcomes.

*Image 1: Overview, Care Concerns Process*



### **Care Concerns Data**

#### **Primary Health and Safety Topic**

The OIHSN tracks the primary health and safety topic of each care concern received. In FY25Q1 and FY25Q2, the OIHSN tracked sepsis and constipation as primary health and safety topics and did not track unplanned psychiatric admissions or non-care concern licensing referrals (documented as “other”). Beginning in FY25Q3, the OIHSN aligned their tracking of primary health and safety topics with IMU care concern criteria: aspiration pneumonia, bowel obstruction, choking, dehydration, falls, pressure injuries, seizures, urinary tract infections (UTIs), and unplanned psychiatric admissions.

Sepsis and constipation were removed from tracking and unplanned psychiatric admissions as well as non-care concern licensing referrals were added. *Table 21* reflects the total number of care concerns received by the OIHSN in FY25 by primary health and safety topic.

*Table 21: FY25 Total Care Concern Count and Percentage by Primary Health and Safety Topic*

<b>Primary Health and Safety Topic</b>	<b>Count</b>	<b>Percent of Total</b>
Aspiration pneumonia	40	5%
Bowel obstruction	74	9%
Choking	89	11%
Constipation*	6	1%
Dehydration	22	3%
Fall	139	17%
Pressure injury	117	14%
Seizures	140	17%
Sepsis**	9	1%
Unplanned psychiatric admission***	47	6%
Urinary tract infection (UTI)	126	15%
Other****	15	2%
<b>Total</b>	<b>824</b>	<b>100%</b>

\* FY25Q1 and FY25Q2 only

\*\* FY25Q1 and FY25Q2 only

\*\*\* FY25Q3 and FY25Q4 only

\*\*\*\* FY25Q3 and FY25Q4 only

### Follow-Up

RNCCs review all care concerns received from IMU and determine whether follow-up is needed. If follow-up is needed, RNCCs assess the incident and identify resources and recommendations to share with the reporting provider to strengthen health and safety supports. RNCCs document their actions and the provider response, as applicable, in the OIH Care Concern Tracker. OIH care concern data is gathered, analyzed, and presented quarterly to the Risk Management Review Committee (RMRC).

Table 22 reflects the OIHSN follow up by primary health and safety topic.

Table 22: FY25 Care Concerns Follow Up

Primary Health and Safety Topic	No Follow Up	Follow Up	Blank
Aspiration pneumonia	2	38	0
Bowel obstruction	3	71	0
Choking	1	88	0
Constipation*	0	6	0
Dehydration	1	21	0
Fall	9	129	1
Pressure injury	9	108	0
Seizures	29	111	0
Sepsis**	1	8	0
Unplanned psychiatric admission***	25	22	0
Urinary tract infection (UTI)	21	104	1
Other****	7	8	0
<b>Total</b>	<b>108</b>	<b>714</b>	<b>2</b>

(blank) column has a number if the Follow Up field was left blank. This is an area that will be addressed by OIHSN in future reporting to ensure the proper categories are coded.

\* FY25Q1 and FY25Q2 only

\*\*\* FY25Q3 and FY25Q4 only

\*\* FY25Q1 and FY25Q2 only

\*\*\*\* FY25Q3 and FY25Q4 only

Table 23 represents the percentage of total care concerns receiving follow up and not receiving follow up by quarter.

Table 23: FY25 Care Concerns Follow Up Percentage by Quarter

FY25 Quarter	No Follow Up	Follow Up	Blank
Q1	6%	94%	0%
Q2	10%	90%	<1%
Q3	18%	82%	0%
Q4	22%	78%	<1%

Percent values are rounded to the nearest whole number which may affect total equaling 100%

(blank) column has a number if the Follow Up field was left blank. This is an area that will be addressed by OIHSN in future reporting to ensure the proper categories are coded.

### Level of OIHSN Follow Up

The degree to which the OIHSN follows up on a care concern depends on several factors including, but not limited to, the medical severity and complexity of the incident, previous OIHSN follow up, and timeframe of receiving the care concern (i.e. if the care concern is received while the person being supported is still hospitalized, the OIHSN has an opportunity to make a phone call and provide timely recommendations as needed as opposed to receiving the care concern several days after the incident which has since resolved).

In FY25Q1 and FY25Q2, the OIHSN documented their level of follow up as one of the following:

- Not applicable – follow up is not applicable to the care concern

- No – follow up is not necessary for the care concern
- Offered training/assistance – training/assistance was offered to the provider
- Provided training/assistance – training/assistance was given to the provider
- Suggested training/assistance – training/assistance was suggested to the provider

Beginning in FY25Q3, the OIHSN narrowed the options for level of follow up to be:

- Not applicable – follow up is not applicable to the care concern
- No – follow up is not necessary for the care concern
- Provided training/assistance – training/assistance was given to the provider
- Suggested training/assistance – training/assistance was suggested to the provider

Table 24 shows the level of follow up by primary health and safety topic for FY25.

Table 24: FY25 Level of OIHSN Follow Up by Primary Health and Safety Topic

Primary Health and Safety Topic	Blank	N/A	No	Offered	Provided	Suggested
Aspiration pneumonia	2	1	1	1	0	35
Bowel obstruction	0	1	4	3	1	65
Choking	0	0	1	1	1	86
Constipation*	0	0	0	0	0	6
Dehydration	0	1	0	0	2	19
Fall	1	6	4	2	0	126
Pressure injury	0	2	9	1	1	104
Seizures	1	14	15	4	0	106
Sepsis**	0	1	1	0	0	7
Unplanned psychiatric admission***	0	11	18	n/a	0	18
Urinary tract infection (UTI)	1	11	11	2	2	99
Other****	0	5	4	n/a	0	6
<b>Total</b>	<b>5</b>	<b>53</b>	<b>68</b>	<b>14</b>	<b>7</b>	<b>677</b>

(blank) column has a number if the Follow Up field was left blank. This is an area that will be addressed by OIHSN in future reporting to ensure the proper categories are coded.

Table 25 shows the level of OIHSN follow-up percentage by quarter.

Table 25: FY25 Level of OIHSN Follow Up Percentage by Quarter

FY25 Quarter	Blank	N/A	No	Offered	Provided	Suggested
Q1	0%	6%	1%	2%	1%	91%
Q2	1%	5%	5%	6%	0%	84%
Q3	0%	10%	10%	n/a	1%	79%
Q4	2%	4%	20%	n/a	1%	72%

Percent values are rounded to the nearest whole number which may affect total equaling 100%

(blank) column has a number if the Follow Up field was left blank. This is an area that will be addressed by OIHSN in future reporting to ensure the proper categories are coded.

## Provider Response

The OIHSN follows up with providers through email or phone call and tracks whether providers respond to the follow up. “No” means that the provider did not answer the phone, return a voice message, or acknowledge receipt of educational resources or technical assistance by email. “Yes” means that the provider answered the phone, returned a voice message, sent a read receipt reply to an OIHSN email, or otherwise replied to acknowledge receipt of educational resources and technical assistance. *Table 26* represents the provider response percentage by quarter.

*Table 26: FY25 Provider Response Percentage to OIHSN Follow Up by Quarter*

<b>FY25 Quarter</b>	<b>No Provider Response</b>	<b>Provider Response</b>
Q1	6%	94%
Q2	10%	90%
Q3*	18%	82%
Q4*	22%	78%

\*Unplanned psychiatric admissions and non-care concern licensing referrals begin to be tracked.

*Table 27* represents the provider response percentage by primary health and safety topic for FY25.

*Table 27: FY25 Provider Response Percentage to OIHSN Follow Up by Primary Health and Safety Topic*

<b>Primary Health and Safety Topic</b>	<b>No Provider Response</b>	<b>Provider Response</b>
Aspiration pneumonia	32%	68%
Bowel obstruction	20%	80%
Choking	28%	72%
Constipation*	17%	83%
Dehydration	50%	50%
Fall	34%	66%
Pressure injury	33%	67%
Seizures	44%	56%
Sepsis**	13%	88%
Unplanned psychiatric admission***	59%	41%
Urinary tract infection (UTI)	32%	68%
Other****	44%	56%

Percent values are rounded to the nearest whole number which may affect total equaling 100%

\* FY25Q1 and FY25Q2 only

\*\*\* FY25Q3 and FY25Q4 only

\*\* FY25Q1 and FY25Q2 only

\*\*\*\* FY25Q3 and FY25Q4 only

*Table 28* represents the overall provider response percentage to OIHSN follow up for FY25.

*Table 28: FY25 Overall Provider Response Percentage to OIHSN Follow Up*

<b>FY25</b>	<b>No Provider Response</b>	<b>Provider Response</b>
Response to OIHSN follow up	34%	66%

## Care Concerns Summary

The OIHSN uses quarterly care concern data to prioritize projects and target perceived system needs. For example, when there was an increase in UTI care concerns, the OIHSN decided to focus on UTIs when they hosted the statewide nurses conference. The OIHSN also uses care concern primary health and safety topic data to influence the creation and maintenance of educational resources for professional development such as the newsletter, health and safety alerts, statewide virtual training offerings, and courses on the Commonwealth of Virginia Learning Center (COVLC). For example, in FY25, OIHSN developed and distributed 12 Health Trends Newsletters and 10 Health and Safety Alerts promoting best practices in health care and promoting safety interventions that can mitigate risk. These educational documents that aid providers and other caregivers in developing community-based care that is researched based and best practices. The FY25, topics included: Medical Emergency Drills with checklists; Recognizing Pain; Common Medical Emergencies with Scenarios; Dehydration with Quiz; Dental with Quiz; Seizure Disorder and Epilepsy Basics Part 1 with Quiz; Constipation and People with IDD Part 1 with Quiz; Constipation and People with IDD Part 2 with Quiz; Mobile Rehab Engineering (MRE) Team Services with Quiz; and End-Of-Life Planning for Individuals with IDD. OIHSN hosts many training courses either specific to providers or for the broader community throughout the year. In FY25, OIHSN hosted provider specific training for 19 providers with a total of 337 participants. OIHSN also hosted 13 general training courses with a total of 628 participants. For example, in FY25, OIHSN developed and distributed 12 Health Trends Newsletters and 10 Health and Safety Alerts promoting best practices in health care and promoting safety interventions that can mitigate risk. These educational documents that aid providers and other caregivers in developing community-based care that is researched based and best practices. The FY25, topics included: Medical Emergency Drills with checklists; Recognizing Pain; Common Medical Emergencies with Scenarios; Dehydration with Quiz; Dental with Quiz; Seizure Disorder and Epilepsy Basics Part 1 with Quiz; Constipation and People with IDD Part 1 with Quiz; Constipation and People with IDD Part 2 with Quiz; Mobile Rehab Engineering (MRE) Team Services with Quiz; and End-Of-Life Planning for Individuals with IDD.

The OIHSN also uses care concern data to manage team capacity. By tracking the amount and degree of follow-up, the OIHSN can ensure that enough RNCCs are available to review care concern reports in a timely manner. Follow up data also reveals areas in which providers need additional resources or technical assistance as indicated by some primary health and safety topics receiving more follow up and/or a higher degree of follow up than others.

The OIHSN is interested in the provider response rate not only as an indicator of assurance that resources and technical assistance were received, but also as an indicator of whether a connection is being formed between the provider and the OIHSN. Provider response to care concern follow up is an opportunity to forge a relationship whereby the OIHSN is a trusted, available, and reliable resource for health and safety information reflecting best practices specific to the DD population.

## Quality Service Reviews (QSR)

Quality Service Reviews (QSRs) are an external review conducted by a vendor procured through competitive bids per the Commonwealth's established procurement process. Reviews are conducted annually on a sample of providers, with the goal that each provider is sampled at least once every two to three years, comprised of Person-Centered Reviews ("PCRs") and Provider Quality Reviews

(“PQRs”), to evaluate the quality of services at an individual, provider, and system wide level and the extent to which services are provided in the most integrated setting appropriate to individuals’ needs and preferences. The QSRs assess on an individual service-recipient level and individual provider level whether:

- a. *Individuals’ needs are identified and met, including health and safety consistent with the individual’s desires, informed choice and dignity of risk.*
- b. *Person-centered thinking and planning is applied and people are supported in self-direction consistent with their person-centered plans, and in accordance with CMS Home and Community Based Service planning requirements.*

This report focuses on responses collected during Round 7 of the QSR, specifically addressing question 210 from the Substitute Decision Maker (SDM)/Family Interview: *“Does the SDM/Family confirm there are no concerns regarding the current service providers?”* The RNCCs within the OIHSN team reviewed all cases in which respondents answered “No” to this question, indicating potential concerns.

A total of 32 reviews were examined. Of these, nine reviews were determined not to require further follow-up. The remaining 23 reviews identified concerns warranting additional attention. RNCCs conducted direct follow-up on four reviews and referred another four reviews to the Director of Behavioral Services and Projects for further evaluation. Following collaborative review, it was determined that one of these referred cases required additional follow-up with the provider. The remaining reviews were redirected to other internal departments within DBHDS for further review and potential action.

The information that follows provides additional context for those responses, specifically indications from the 23 respondents that indicated needs were not being met. The underlying themes identified for those respondents that indicated needs were not met are thematically grouped (with sub-bullets) as follows:

- Inadequate coordinated services
  - Staffing shortages/turnover concerns/inconsistent staffing
  - Lack of follow-through
  - Dissatisfaction with supports
  - Essential needs are unmet
  - Gaps in communication and follow-through
- Lack of communication
  - Challenges reaching the support coordinator
  - Concerns about lack of support coordinator presence
  - Slow response times
  - Lack in planning inclusion
- Health and safety concerns
  - High-need medical conditions
  - Unhealthy diet
  - Behavioral issues

- Dental care barriers/sedation
- Accessibility/Environmental concerns
- Family burden
  - Aging caregivers
  - Navigating complex systems
  - Family taking on SC responsibilities
  - Fear of Waiver cuts
  - Lack of knowledge
  - Financial strain
- Other
  - Lack of person-centered approach
  - Employment goals
  - Fear of State interference and program elimination
  - Transportation issues
  - Lack of community-based activities

OIHSN RNCCs have developed a process to follow up on these identified needs that mimics the [Care Concern Process](#) described earlier in the report. The OIHSN assesses the need for follow up and triages incidents that present a need for education or technical assistance. Throughout this process, OIHSN is focused on ensuring that providers receive education and resources to provide supports around health and safety that reflect best practices. This may also include notifying other offices within DBHDS such as Office of Licensing, Office of Human Rights, Office of Waiver Network Supports, Office of Provider Network Supports, or other relevant experts within DBHDS if additional support is needed.

## **Summary**

Over the past several years, the Commonwealth, through DBHDS, has developed robust tools and processes for monitoring the complex medical and behavioral needs of individuals with developmental disabilities. While some data sets are currently established, others remain in development for future reporting. Recently implemented recommendations will allow DBHDS to consolidate data into a comprehensive summary of support services. This will be achieved by standardizing data collection methods across all platforms to ensure consistency and comparability. These updates will be phased in starting with the 28<sup>th</sup> Study Period for the IMNR and Skilled Nursing IMNR processes, followed by the Care Concern process in FY26Q3 and QSR Tracker refinements in Round 8.

Performance is improving in several key areas of the overall support system, including the utilization of nursing and behavioral services and the quality of behavioral support programs. Reviews of care concerns and intensive needs are being completed, with follow-up and monitoring being delivered to mitigate risks for individuals and to provide training and resources to those that support them. Intra- and inter-agency collaborations have emerged, to include data sharing and problem solving across Regional Quality Councils, the Office of Integrated Health, the Office of Licensing, the Office of Behavior Network Supports, and the Department of Medical Assistance Services. Regardless of the tenure of an evaluation method as outlined in the preceding report, data is being used to assess needs and drive decisions that improve DBHDS' processes and instruments.

DBHDS is updating processes to maximize the efficacy of efforts based on results. For example, beginning in FY25Q2 the BSPARI process commenced a requirement for providers to revise and resubmit behavioral programs that are not meeting adherence levels to the Practice Guidelines and regulations governing therapeutic behavioral consultation. This updated process appears to be positively impacting performance on BSPARI scores across providers. OIHSN will be completing a deeper review on QSR results related to needs not being met, and data coded during the Care Concerns process will be improved upon to ensure consistent coding of results. The IMNR process outlined above already consists of corrective action to ensure follow-up remediation occurs based on the findings of the process. These and other continuous quality improvement actions outlined within this report are derived from analysis of available data and related decision-making. Future related process improvements will continue to focus on enhancing the quality and availability of critical services and supports for Virginians that need them.