



VA DD Waiver Quality Assurance Program: Quality Review Team (QRT) 2023 Report Update for QIC

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Waiver Network Supports Director

*Data provided by DMAS





Related Authorities

- Per VD I-35.6 of the Settlement Agreement and outlined in the CSB Performance Contract, each CSB must review and provide feedback on the QRT EOY report annually.
- This requirement is met via publication of the QRT EOY Report posted on the DBHDS Website:
https://dbhds.virginia.gov/wpcontent/uploads/2022/05/FINAL-QRT-End-of-YearReport-7-1-2020-v-6_30-2021.pdf.
- CSB's provide feedback on this report annually via Survey Monkey questionnaire.





Waiver Assurances

- **A – Administrative Authority** - The State Medicaid agency is involved in the oversight of the waiver and is ultimately responsible for all facets of the program.
- **B - Level of Care** - Persons enrolled in the waiver have needs consistent with an institutional level of care.
- **C - Service Plan** - Participants have a service plan that is appropriate to their needs and services/supports are delivered as specified in the plan.
- **D - Qualified Providers** - Waiver providers are qualified to deliver services/supports.
- **G - Health and Welfare** - Participants' health and welfare is safeguarded and monitored.
- **I - Financial Accountability** - Claims for waiver services are paid according to state payment methodologies.





- Data should represent 2023 *averages* across *all three waivers* population.
- QMR Sampling Methodology: provider, service, and individual record level.
- Data represents a *snapshot* of compliance for a PM; different providers sampled each quarter.
- Trends inferred when persisting over several quarters or years.
- Improvements in performance typically demonstrated over 2-3 quarters or a year's review.
- Remediation required to be implemented each quarter (6 months max per DOJ SA).





C - Service Plan - Participants have a service plan that is appropriate to their needs and services/supports are delivered as specified in the plan.

- **Performance Measure C9:** *Number and percent of provider agency direct support professionals (DSPs) meeting competency training requirements.*





D - Qualified Providers - Waiver providers are qualified to deliver services/supports.

- ***Performance Measure D1:** Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes. (DMAS)
- ***Performance Measure D3:** Number and percent of individuals whose Plan for Supports includes a risk mitigation strategy when the risk assessment indicates a need.
- **Performance Measure 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.
- ***Performance Measure D6:** Number and percent of individuals whose service plan was revised, as needed, to address changing needs.
- **Performance Measure D7:** Number and percent of individuals who received services in the frequency specified in the service plan.
- **Performance Measure D11:** Number and percent of individuals who received services in the amount specified in the service plan.

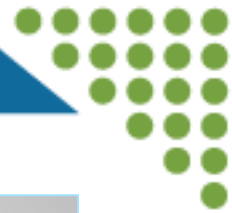




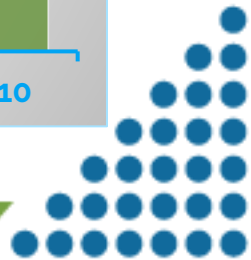
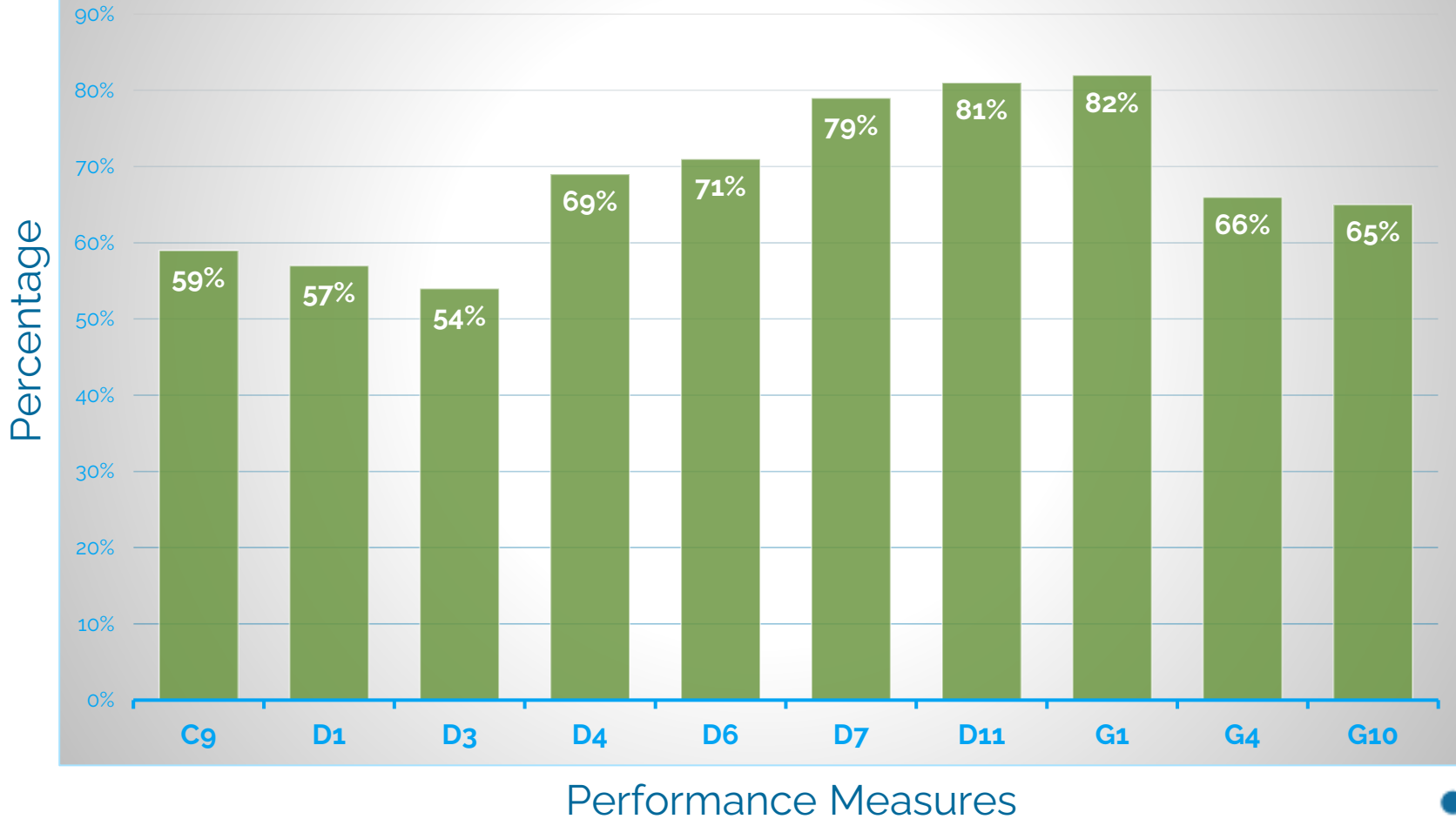
G - Health and Welfare - Participants' health and welfare is safeguarded and monitored.

- **Performance Measure 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.*
- ***Performance Measure G4:** *Number and percent of individuals who receive annual notification of rights and information to report ANE.*
- ***Performance Measure G10:** *Number and percent of participants 19 and younger who had an ambulatory or preventive care visit during the year.*





FY 2023 DD Waiver Performance Measures Below 86% Threshold



- **Performance Measure C9:** *Number and percent of provider agency direct support professionals (DSPs) meeting competency training requirements.*
 - **Primary reason for noncompliance:** Limited engagement of providers in staying up to date on DD waiver requirements, poor recordkeeping.
 - **Recommendation:** Implementation of the Mandatory Provider Remediation process through DMAS for those providers found not in compliance.
- **Performance Measure D1:** *Number and percent of individuals who have Plans for Support that address their assessed needs, capabilities and desired outcomes. (DMAS)*
 - **Primary reason for noncompliance:** None identified this year.
 - **Recommendation:** Continue to remind as an agenda item in Provider Roundtable, develop a method to partially automate this process to help guide support coordinators and providers in the identification and addressing of assessed needs and desired outcomes, may include updates to ISP in WaMS.
- **Performance Measure D3:** *Number and percent of individuals whose Plan for Supports includes a risk mitigation strategy when the risk assessment indicates a need.*
 - **Primary reason for noncompliance:** related to PM #D1
 - **Recommendation:** Continue to remind as an agenda item in Provider Roundtable, develop a method to partially automate this process to help guide support coordinators and providers in the identification and addressing of assessed needs and desired outcomes, may include updates to ISP in WaMS.
- **Performance Measure 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.*
 - **Primary reason for noncompliance:** None identified this year.
 - **Recommendation:** Continue to remind as an agenda item in Provider Roundtable, develop a method to partially automate this process to help guide support coordinators and providers in the identification and addressing of assessed needs and desired outcomes, may include updates to ISP in WaMS.



- **Performance Measure D6:** *Number and percent of individuals whose service plan was revised, as needed, to address changing needs.*
 - **Primary reason for noncompliance:** Multifactorial and rooted that it is easier to review the plan and make changes annually.
 - **Recommendation:** Providers should be included in the cohort required to participate in the mandatory provider remediation (MPR) process.
- **Performance Measure D7:** *Number and percent of individuals who received services in the frequency specified in the service plan.*
 - **Primary reason for noncompliance:** PM varies by service or the actual support activity.
 - **Recommendation:** Prerecorded, on demand training as a possible option and potential referral to the aforementioned mandatory provider remediation (MPR) process.
- **Performance Measure D11:** *Number and percent of individuals who received services in the amount specified in the service plan.*
 - **Primary reason for noncompliance:** PM varies by service or the actual support activity.
 - **Recommendation:** Prerecorded, on demand training as a possible option and potential referral to the aforementioned mandatory provider remediation (MPR) process.



Performance Measure 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.

- **Primary reason for noncompliance:** The retrospective community reviews were paused due to FY 2022 reporting using data from The office of Data Quality and Visualization and Office of Licensing Information System (CONNECT), resulting in data only being available for PM #G1 for Quarters 3 and 4 of SFY 2023.
- **Recommendation:** No recommendation until FY 2023 data is collected and reviewed.

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

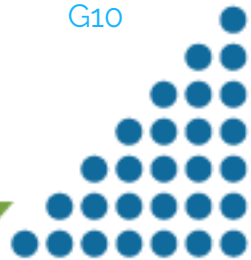
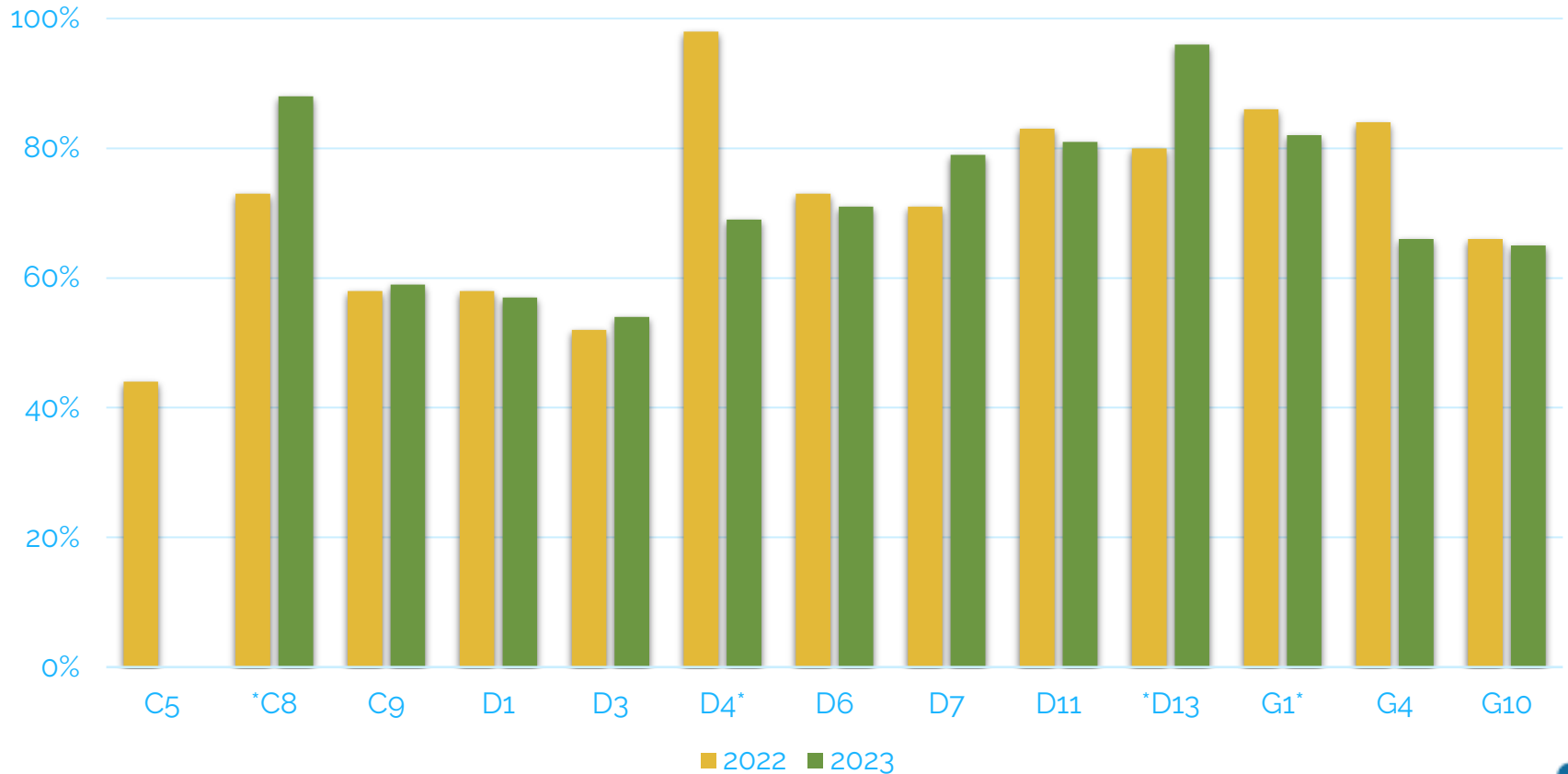
- **Primary reason for noncompliance:** Confusion between requirements of HCBS and verification of HCBS rights in the individual's record and ongoing verification of Human Rights in the individual's record. Provider's attempting to conflate the two into one.
- **Recommendation:** No recommendation provided aside from continued education.

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

- **Primary reason for noncompliance:** May be connected to the change in public behavior throughout the COVID public health emergency, as families are less likely to take their children/youths to medical facilities for routine screenings out of concerns for general health and safety.
- **Recommendation:** Telemedicine options were implemented in FY 2024 to encourage Medicaid members and their families to see proper routine medical care.

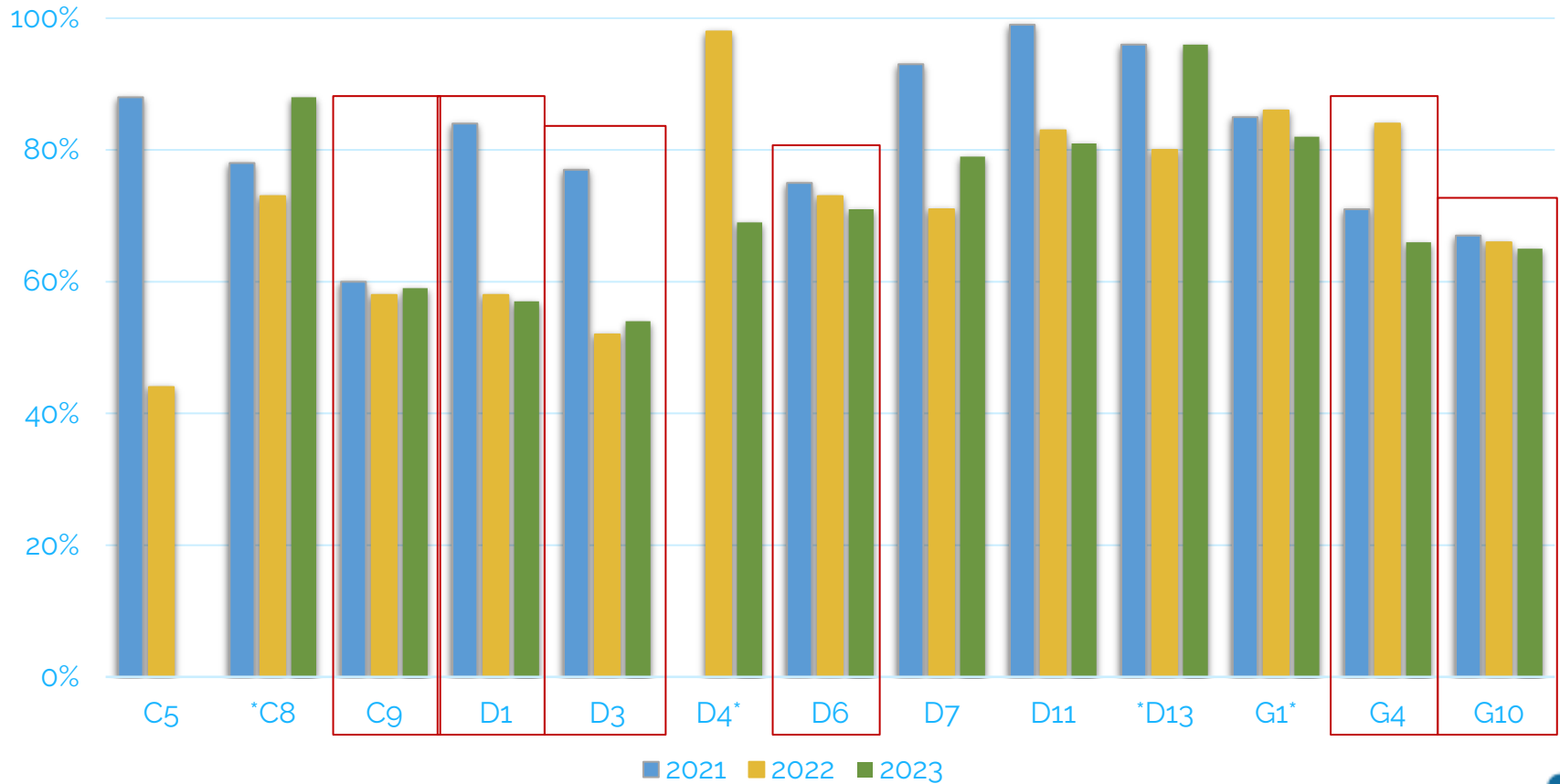


Comparison of Overall Performance Measures Not Met FY 2022/2023



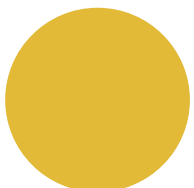
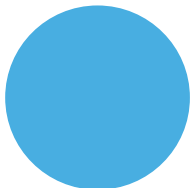
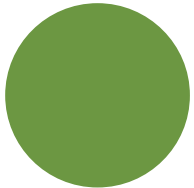


Comparison of Overall Performance Measures Not Met FY 2021/2022/2023



Overall Results

- 24 of 40 Community Service Boards (CSB) or Behavioral Health Authority (BHA) responded (60%).
- Survey was available to complete for over 2 weeks.
- In general, the CSBs/BHA agreed with the primary reasons for why each of the Performance Measures were not met.
- If the CSBs/BHA disagreed with the primary reason for noncompliance it was requested what the alternative/supplemental reasons were and how the CSB/BHA remediated the area of noncompliance.
 - Top three (3) alternative/supplementals reasons specific to Support Coordination included:
 - Time/workload demands of Support Coordinator/Provider
 - Support Coordinator turnover
 - Training issues – Support Coordinator/Provider may not recognize when the plan needs to be updated.
 - Top three (3) remediation areas include:
 - CSB/BHA have worked with individual providers to remediate noncompliance in the area
 - CSB/BHA referred providers to DBHDS for training
 - CSB/BHA has attended a DBHDS training for technical assistance to include Provider Roundtables/SC meetings regarding discussed topics.



Thank you.

Questions?

DMAS

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