



DBHDS Quality Service Review

Aggregate Report

Review 7 SFY 2025

September 30, 2025



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1. Executive Summary

The Department of Behavioral Health and Developmental Services (DBHDS) functions as the state authority for the public behavioral health, developmental disabilities, and substance use disorder services system. DBHDS uses Quality Service Reviews (QSRs) and other mechanisms to assess the adequacy of licensed providers' quality improvement strategies and provide technical assistance and other oversight to licensed providers/Community Service Boards whose quality improvement strategies the Commonwealth determines to be inadequate. The results of the QSR will be used to evaluate:

- The quality of services at an individual, licensed provider, region, and system-wide level.
- The extent services are provided in the most integrated setting suitable to the individuals' needs and choices.
- Whether individuals' needs are being identified and met through person-centered planning and thinking (including building on the individuals' strengths, preferences, and goals).
- Whether services are being provided in the most integrated setting suitable to the individuals' needs and are consistent with their informed choices.
- Whether individuals are having opportunities for integration in all aspects of their lives (living arrangements, work, and other day activities, access to community services and activities, and opportunities for relationships with non-paid individuals).

In addition, the QSR process will provide data associated with the following Key Performance Areas (KPA): *Health, Safety, and Well-Being KPA*, *Community Integration and Inclusion KPA*, and *Provider Capacity and Competency KPA*.

HSAG was selected by DBHDS to evaluate the quality of home and community-based services that are provided through the Home and Community-Based Services Waiver program by conducting QSRs. The QSR includes two components: Provider Quality Reviews (PQRs) and Person-Centered Reviews (PCRs). DBHDS requires all licensed providers and Community Service Boards (CSBs)/Behavioral Health Authorities (BHAs) to participate in the QSR process. Whenever a QSR element, in either the PQR or the PCR, scores below the established QSR standard, a plan for improvement is needed. To lessen any potential confusion between the QSR Quality Improvement Plan (QIP) and licensed provider/CSB quality improvement plans, DBHDS changed the QSR QIP to Quality Enhancement Plan (QEP).

The Round 7 (R7) state fiscal year (SFY) 2025 QSRs were conducted from April 2025 through July 2025, reviewing services that occurred during the lookback period of September 16, 2024, through January 31, 2025. The target sample size approved by DBHDS for this review was 720 individuals. The aggregate findings from the review are summarized within this report.

Methods for Conducting the Review

The scope of the QSR for SFY 2025 included applicable federal regulations, Virginia Administrative Code, the requirements set forth in the DBHDS Performance Contract, and the Centers for Medicare & Medicaid Services Home and Community Based Services (HCBS) Settings Rule.

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

Sample Included in QSR

The sample for the QSR review was selected utilizing the DBHDS-approved sampling methodology, based on the licensed provider service type. Table 1-1 displays the licensed provider/CSB service type and associated number of PCRs selected for R7.

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

DD Waiver Service	Population of Service Recipients	Required Sample Size with Finite Population Correction
Center-Based Respite	30	24
Community Coaching	65	42
Community Engagement	715	100
Group Day	1350	106
Group Residential Support <= 4 Persons	843	102
Group Residential Support > 4 Persons	299	84
Group Home (Customized Rate)	18	16
Independent Living Supports	27	23
In-Home Supports	478	93
Sponsored Residential	500	94
Supported Living	39	30
Total without Case Management	4,364	714
Case Management ¹	N/A	6
Grand Total²	4,364	720

¹ Case Management was added to include CSBs that only provide case management services to their members. Six CSBs fell into this group. Because each PCR includes a review of case management services, case management does not require a representative sample of members to participate in PCRs. The total population of members receiving services is not required, and HSAG sampled one member from each of the six CSBs providing only case management services.

² Service recipients may be duplicated across service types if receiving more than one service type.

The sample was distributed among 310 licensed providers/CSBs.

Sample Attributes

HSAG analyzed the attributes of the individuals selected for the PCR sample. Attributes of the individuals included gender, age, Supports Intensity Scale® (SIS®) level, and the percentage of individuals by DBHDS region. The PCR sampling pool was comprised of individuals with an individual support plan (ISP) version 4.0 in DBHDS Waiver Management System (WaMS).

Data Limitations

PCR results presented in this report may not reflect the full sample set for a given service type. Oversampling was conducted to reduce the potential impact of data limitations on PCR results. Details about oversampling/alternate methodology can be found in the Sampling Guidelines section.

The following were known limitations to the QSRs that could impact data:

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

Evaluation Phase

The evaluation phase consisted of a review of individual care management/support coordination and licensed provider service records. The HSAG review team of QSR reviewers reviewed documentation for the selected cases. Licensed provider service and service coordination documentation were reviewed for a five-month evaluation window from September 16, 2024–January 31, 2025. The methodology for specific scored elements was designed to incorporate a review of documentation that may have occurred outside of the evaluation window. This allowed QSR reviewers to review the information that reflected the services and support authorized for the individual during the evaluation window, and current services and supports. The review team determined whether each state and federal requirement was supported by evidence of case documentation submitted by the licensed service provider/CSB, as well as the support coordinators involved for each respective case.

Conclusions

The R7 QSR results demonstrate overall compliance statewide as indicated below:

- A 90 percent or greater compliance for zero of five Individual Service Plan (ISP) Assessment elements
- A 90 percent or greater compliance for seven of 23 ISP Development and Implementation elements

- A 90 percent or greater compliance for zero of 15 Quality Improvement plan elements
- A 90 percent or greater compliance for five of 14 Risk/Harm elements
- A 90 percent or greater compliance for 34 of 45 Provider Capacity and Competency elements
- A 90 percent or greater compliance for two of two Community Integration and Inclusion elements
- A 90 percent or greater compliance for 13 of 22 Individual Interview elements
- A 90 percent or greater compliance for six of seven Substitute Decision Maker (SDM)/Family Interview elements

Detailed data tables for each area above are found in Tables 3-1 through 3-9.

Recommendations for Quality Enhancement

Of the total number of licensed providers and CSBs who participated in R7 QSR, 272 licensed providers and 39 CSBs received detailed reports noting specific deficiencies and opportunities for improvement that required submissions of QEP responses. Licensed provider/CSB response and/or action was required for any compliance element with a score less than 90 percent. Licensed providers/CSBs submitted QEPs to HSAG for review and approval and the status of implementation of those QEPs will be assessed during the next QSR the licensed provider/CSB is selected to participate in.

Opportunities for improvement statewide can be sorted into three areas: service plan development and/or implementation, service provision, and quality improvement/risk management activities and are offered to address specific compliance elements assessed as not meeting the statewide standard by licensed providers and/or CSBs in QSR R7. The purpose of recommendations listed here and with detail in Table 4-1 is to assist licensed providers, CSBs, and DBHDS ensure services are of good quality, meet individuals' needs, and help individuals achieve positive outcomes, including avoidance of harm, stable community living, increased integration, and independence and self-determination. Recommendations are offered for providers and CSBs to consider as enhancements to their existing quality improvement (QI) planning, quality assurance activities, and can be incorporated into their QI Plan. New for R7 is the reporting of data collected through interview with the individual receiving services, including the new expectation that any deficiencies identified will be addressed, through development of a QEP, by both the provider of services and the CSB assigned to support the individual .

The purpose of recommendations listed here and detailed in Table 4-1 is to a) promote licensed providers/CSBs implementation of current DBHDS best practices for service planning and service provision, b) ensure understanding of and compliance with all DBHDS quality improvement best practices, and c) improve the overall quality of service planning and service provision by licensed providers and CSBs. The QSRs are an integral part of DBHDS' Quality Management System's cycle of continuous quality improvement. QSRs are structured to provide actionable recommendations for providers and CSBs to consider as enhancements to their existing quality improvement (QI) planning.

HSAG recommend that all licensed providers/CSBs adhere to DBHDS requirements to incorporate QSR findings and QSR QEPs into agency quality improvement plans and programs to increase identification and addressing of root causes, development, and implementation of initiatives to drive

systemic change, and tracking of progress through to systemic resolution. Specifically, HSAG recommends licensed providers/CSBs develop policies and processes to ensure QSR data is utilized as part of ongoing quality improvement initiatives specific to support coordination and/or waiver service provision. HSAG helps DBHDS identify patterns to support working with CSBs/licensed providers to understand root causes and develop statewide strategies to address them. HSAG recommends DBHDS ensure licensed providers/CSBs understand the expectation for fully participating in the QSR and using QSR data as a standard for quality improvement activities.

The following recommendations are suggested to address deficient QSR findings specific to Individual Service Planning and provide CSBs with possible systemic actions to address statewide deficiencies. HSAG recommends CSBs:

1. Ensure all staff are aware of DBHDS expectations for ISP development.
2. Ensure all staff understand DBHDS expectations for development of Outcomes in the ISP.
3. Ensure all staff understand DBHDS expectations for documenting identified and potential risks in the ISP.
4. Ensure all staff are aware of and trained on DBHDS expectations for thorough completion of the ISP Part II Physical and Health conditions.
5. Address ISP development deficiencies identified in the QSR with systemic approaches and interventions, rather than singular actions that correct individual findings, to better rectify and minimize/eliminate the root causes of deficiencies.

The following recommendations are suggested to address deficient QSR findings specific to service provision and provide licensed providers and/or CSBs with possible systemic actions to address statewide deficiencies. HSAG recommends licensed providers and CSBs who offer waiver services:

1. Develop and implement policies and procedures specific to hiring, orienting, and training staff, and policies and/or procedures that detail how staff competence is determined and maintained.
2. Develop and implement procedures to track staff training to ensure completion of all required training and timely completion of annual trainings.
3. Ensure any staff serving individuals assigned to SIS[®] Level 5, 6, or 7 have completed DBHDS Advanced Competencies.
4. Ensure HCBS Rights are reviewed annually with all individuals.
5. Develop and implement staff training which includes curriculum focused on the practical application of policies related to HCBS rights.
6. Develop procedures and/or assessment mechanisms that ensure staff have a working understanding of the concepts represented in policies related to HCBS rights and individual choice and self-determination.
7. Develop and implement procedures that facilitate individuals' understanding of their HCBS Rights and support individuals' exercising choice in their daily lives.
8. Ensure individual changes in status are documented appropriately in the individual's record.

The following recommendations are suggested to address deficient QSR findings specific to licensed provider/CSB QI/RM activities and provide licensed providers/CSBs with possible systemic actions to address statewide deficiencies. HSAG recommends licensed providers/CSBs:

1. Ensure quality improvement plans include all regulatory requirements (12VAC35-620A-D), ensure the QI plan aligns with the quality improvement program or policy; ensure annual review of quality improvement plans is documented via a signed and dated plan; and ensure goals and objectives are measurable (i.e., use quantifiable performance data to evaluate progress towards goals).
2. Keep meeting minutes for quarterly review of serious incidents, or other meetings where collected performance data is reviewed and discussed.
3. Ensure performance data is being collected, tracked, and regularly reviewed; ensure performance data is utilized to develop measurable goals and objectives; ensure processes for how to determine which performance data are used in the development of goals and objectives are documented in meeting minutes for quarterly reviews of data, and ensure the development of improvement strategies for goals not met are documented in meeting minutes.
4. Ensure performance data specific to allegations of abuse/neglect and use of seclusion and restraint is collected, tracked, and incorporated into quarterly review of serious incidents.
5. Utilize the DBHDS risk tracking tool, ensuring completion of all tabs; document quarterly review of data in the Quarterly & Annual Worksheet section of the risk tracking tool in the form of meeting minutes.
6. Review the DBHDS Quality Manual (<https://dbhds.virginia.gov/wp-content/uploads/2025/08/Quality-Manual-FINAL-July-2025.pdf>) and utilize it as a desk reference guide for quality management. Participate in Expanded Consultation and Technical Assistance (ECTA) when invited by DBHDS.
7. Ensure all leases/residency agreements include all aspects of VRLTA code, identified as such, and ensure all leases/residency agreements align with HCBS Settings Rules.
8. Ensure policies around assurance of individual choice and determination are in place.
9. Develop and implement staff training which includes curriculum focused on the practical application of policies related to HCBS rights, individual choice and self-determination, and dignity of risk.
10. Develop procedures and/or assessment mechanisms that ensure staff have a working understanding of the concepts represented in policies related to HCBS rights, individual choice and self-determination, and dignity of risk.
11. Increase staff understanding of modifications for an individual's health and safety using current DBHDS resources on this topic. Ensure any new admissions to services includes a discussion of modifications for health and safety.

The following recommendations are suggested for DBHDS to support licensed providers and/or CSBs in understanding DBHDS best practice expectations for Individual Service Planning, service provision, and/or QI/RM activities, and offer possible systemic interventions that address statewide deficiencies. HSAG recommends DBHDS consider the following statewide actions to address findings in R7 QSR.

1. Continue to define and communicate best practices for ISP documentation to CSBs through the development of training curriculum or refinement of the current training curriculum.
2. Consider how current WaMS functionality may impact team ability to appropriately address new risks identified after the initiation of the ISP.
3. Clarify expectations for updating an in-progress ISP to ensure that all Part Vs have current risks.
4. Develop best practices guidelines for support coordinators to ensure timely receipt of quarterly reviews of services from all licensed providers.
5. Continue to disseminate training resources and materials that clarify expectations for when modifications for health and safety risks require DBHDS approval.
6. Continue to clarify and communicate expectations for licensed provider implementation of HCBS settings rules.
7. Continue to define and communicate best practice expectations through the development of resources or training for licensed providers and CSBs.
8. Promote the availability and use of resources and trainings that assist providers understanding of how to collect, track, and review performance data.
9. Emphasize expectations that licensed providers chronicle review of data in meeting minutes or other formal manner that can illustrate the use of root cause analysis and other standard tools when reviewing data and in the development of goals and objectives.
10. Promote availability and use of the DBHDS Quality Manual in varied contexts to ensure licensed providers, CSBs, and other invested community stakeholders know of its availability.
11. Continue to provide opportunities for licensed providers to engage/network with other licensed providers (in the same region or who offer the same type of service) about best practices and/or challenges related to service provision in workgroup fashion.
12. Continue to offer targeted technical assistance to licensed providers and CSBs.
13. Continue to provide DBHDS Expanded Consultation and Technical Assistance (ECTA) to licensed providers/CSBs with approved QEP for QI/RM elements.

2. Background and Purpose

The Department of Behavioral Health and Developmental Services (DBHDS) functions as the state authority for the public behavioral health, developmental disabilities, and substance use disorder services system. DBHDS licenses public and private providers of community services throughout Virginia, pursuant to §37.2-405. DBHDS licenses services provide treatment, training, support, and habilitation to individuals who have behavioral health disorders, developmental disabilities, or substance use disorders; and to individuals receiving services under the Medicaid Home and Community-Based Services Waiver (HCBS Waiver) programs.

HCBS Waiver services support individuals with developmental disabilities to live integrated and engaged lives in their communities. Waiver regulations standardize and simplify access to services, cover services that promote community integration and engagement, promote better outcomes for individuals supported in smaller community settings, and facilitate meeting the Commonwealth's commitments under the community integration mandate of Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, as interpreted by *Olmstead v. L.C.*, 527 U.S. 581 (1999).

The Commonwealth uses Quality Service Reviews (QSRs) and other mechanisms to assess the adequacy of licensed providers' quality improvement strategies and provide actionable recommendations to licensed providers/Community Service Boards whose quality improvement strategies the Commonwealth determines to be inadequate.

The results of the QSR will be used to evaluate:

- The quality of services at an individual, licensed provider, region, and system-wide level
- The extent services are provided in the most integrated setting suitable to the individuals' needs and choices
- Whether individuals' needs are being identified and met through person-centered planning and thinking (including building on the individuals' strengths, preferences, and goals)
- Whether services are provided in the most integrated setting suitable to the individuals' needs and are consistent with their informed choices
- Whether individuals are having opportunities for independence and self-determination in all aspects of their lives (living arrangements, work, education, healthcare, recreation, and other day activities, access to community services and activities, and opportunities for relationships with non-paid individuals)

In addition, the QSR process will provide data in one or more of the following areas:

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

- Physical, mental, and behavioral health and well-being (e.g., access to medical care, including preventative care; timeliness and adequacy of interventions, particularly in response to changes in status)
- Stability (e.g., maintenance of chosen living arrangement, change in licensed providers/CSB, work/other day program stability)
- Choice and self-determination (e.g., service plans developed through a person-centered planning process, choice of services and licensed providers, individualized goals, self-direction of services)
- Community inclusion (e.g., community activities, integrated work opportunities, integrated living options, educational opportunities, relationships with non-paid individuals)
- Access to services (e.g., outreach efforts, identified barriers, service gaps and delays, adaptive equipment, transportation, availability of services geographically, cultural, and linguistic competency)
- Licensed provider/CSB capacity (e.g., caseloads, training, staff turnover, licensed provider competency)
- Licensed provider/CSB implementation of enhancements incorporated in the QI Plan from the approved QSR QEP

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

HSAG was selected by DBHDS to evaluate the quality of home and community-based services that are provided through the HCBS Waiver program by conducting QSRs. The QSR includes two components: Provider Quality Reviews (PQRs) and Person-Centered Reviews (PCRs). DBHDS requires all licensed providers and Community Service Boards (CSBs)/Behavioral Health Authorities (BHAs) [hereafter referred to as CSBs] to participate in the QSR process. Whenever a QSR element, in either the PQR or the PCR, scores below the established QSR standard, a plan for improvement is needed. To lessen any potential confusion between the QSR Quality Improvement Plan (QIP) and licensed provider/CSB quality improvement plans, DBHDS changed the QSR QIP to Quality Enhancement Plan (QEP). This change clarifies the role of the QSR in relation to DBHDS Licensing requirements. DBHDS Office of Licensing regulations sets the minimum standard required for licensed providers and CSBs. With the QSR process, DBHDS sets a higher quality standard. DBHDS Licensing assures the minimum standards have been met; while QSRs seeks to ensure that licensed providers and CSBs are working towards quality improvement. DBHDS expects results of the QSR QEP to be incorporated into licensed provider/CSB QI Plans.

The Round 7 (R7) QSRs were conducted between April 2025 and July 2025, with in-person observations and interviews conducted from June 2025 through July 2025. The R7 QSR included reviewing 290 active licensed providers not reviewed in Round 6 (R6), plus the remaining 20 CSBs not selected for a PQR review in R6. Due to the nature of the QSR process, CSBs not selected for review of a waiver service in R7 were required to provide documentation related to support coordination for individuals sampled for the Person-Centered Review of a licensed provider/CSB and participate in the submission of required Quality Enhancement Plans (QEPs) to HSAG, if applicable. The aggregate findings from the R7 state fiscal year (SFY) 2025 review are summarized within this report.

Methods for Conducting the Review

The scope of the QSR for SFY 2025 included applicable federal regulations, Virginia Administrative Code, the requirements set forth in the DBHDS Performance Contract, and the HCBS Settings Rule. HSAG developed a QSR File Review Tool in collaboration with DBHDS, which was used to record the findings of the review at the licensed provider/CSB and the individual level. The electronic QSR review tools addressed the services and support necessary to meet the individuals' needs. The tools included elements for review of records and individual service plans to ensure that they met the intent of the HCBS Settings Final Rule, such as a person-centered approach to service planning and service delivery, and community integration. The QSR electronic tools included indicators to review for the inclusion, facilitation, and receipt of HCBS services and supports. QSR reviewers verified whether ordered and clinical care assessments were documented in the records and the individual support plans (ISP) reviewed for the QSR. In scenarios where there are clinical concerns that are not documented in the service plan, the reviewers utilized the Clinical Decision Tree and referred to the clinical reviewer. All review elements of the QSR were recorded in the electronic QSR tools.

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

Sampling Guidelines

Using QSR sampling strategy considerations provided by DBHDS, including this round's new requirement for sampling a minimum of two individuals from each licensed provider/CSB for all HCBS service types. HSAG developed a sampling methodology inclusive of a representative sample of individuals for each Developmental Disabilities (DD) Waiver service provided to its members, such that estimates of proportions may be calculated within a 9.15 percent margin of error (MOE). The PCR sample did not need to be representative of the population served by each licensed provider or by region of the state. Some individuals selected for PCRs declined the opportunity to participate, expired prior to the completion of the PCR interview, or may have been excluded due to not meeting other eligibility criteria. An oversample of DD Waiver service recipients, that was up to 100 percent of the required sample size, was drawn to provide replacements when individuals could not or chose not to participate. Some members receiving these DD Waiver services who declined or were otherwise unable to participate may not have been able to be replaced by others receiving those services. For DD Waiver services where nearly the entire population was included in the sample, a limited oversample was drawn. If the refusal rate for participation by recipients of those services was high enough, it was possible that the oversample may not have been large enough to obtain the necessary sample size and HSAG then proceeded to collect PCR data through record and document reviews only.

During R7, HSAG conducted a PQR review of 290 eligible licensed providers and the 20 CSBs not reviewed in R6. Therefore, R7 consists of 310 PQRs of licensed providers and CSBs. The target sample

size approved by DBHDS for this review was 720 individuals. Based on the target sample size, it was not possible to sample at least one PCR from each licensed provider (due to reasons stated below in the *Data Limitations* section), therefore, some licensed providers do not have any associated PCRs in the sample.

Sample Included in QSR

The sample for the QSR review was selected utilizing the DBHDS-approved sampling methodology based on the licensed provider/CSB service type. Table 2-1 displays the licensed provider/CSB service type and associated number of PCRs selected for R7.

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

DD Waiver Service	Population of Service Recipients	Required Sample Size with Finite Population Correction
Center-Based Respite	30	24
Community Coaching	65	42
Community Engagement	715	100
Group Day	1350	106
Group Residential Support <= 4 Persons	843	102
Group Residential Support > 4 Persons	299	84
Group Home (Customized Rate)	18	16
Independent Living Supports	27	23
In-Home Supports	478	93
Sponsored Residential	500	94
Supported Living	39	30
Total without Case Management	4,364	714
Case Management ¹	N/A	6
Grand Total²	4,364	720

¹ Case Management was added to include CSBs that only provide case management services to their members. Six CSBs fell into this group. Because each PCR includes a review of case management services, case management does not require a representative sample of members to participate in PCRs. The total population of members receiving services is not required, and HSAG sampled one member from each of the six CSBs providing only case management services.

² Service recipients may be duplicated across service types if receiving more than one service type.

The sample was distributed among 310 licensed providers/CSBs.

Sample Attributes

Figures 2-1 through 2-5 provide information on the attributes of the individuals in the R7 sample. The PCR sample is representative of the DD Waiver services provided in the state. Figures below include demographic data for all individuals who met the eligibility criteria, to be included in QSR, (n=717). Three individuals met exclusion criteria after the alternate period and could not be replaced with an alternate.

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

Figure 2-1: Percentage of Gender

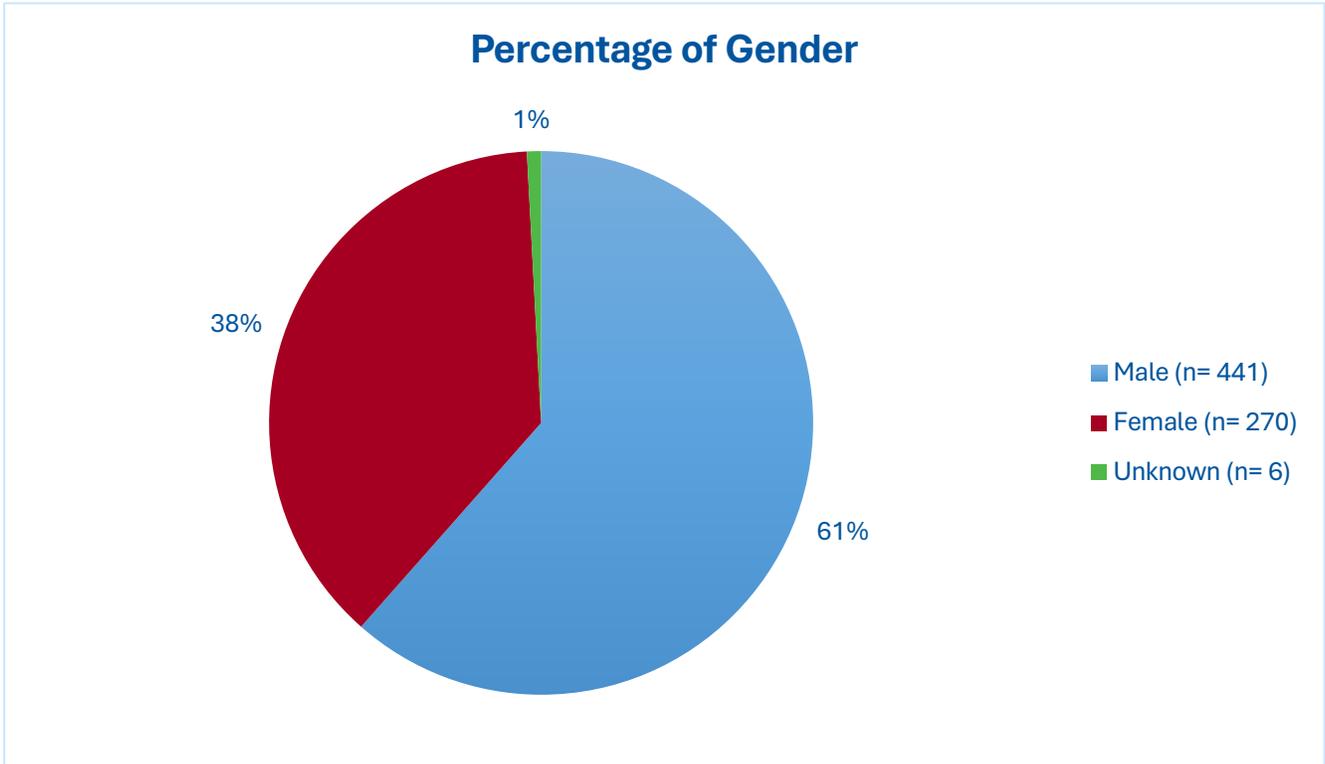


Figure 2-2 displays the distribution of individuals by age group.

Figure 2-2: Distribution of Individuals by Age

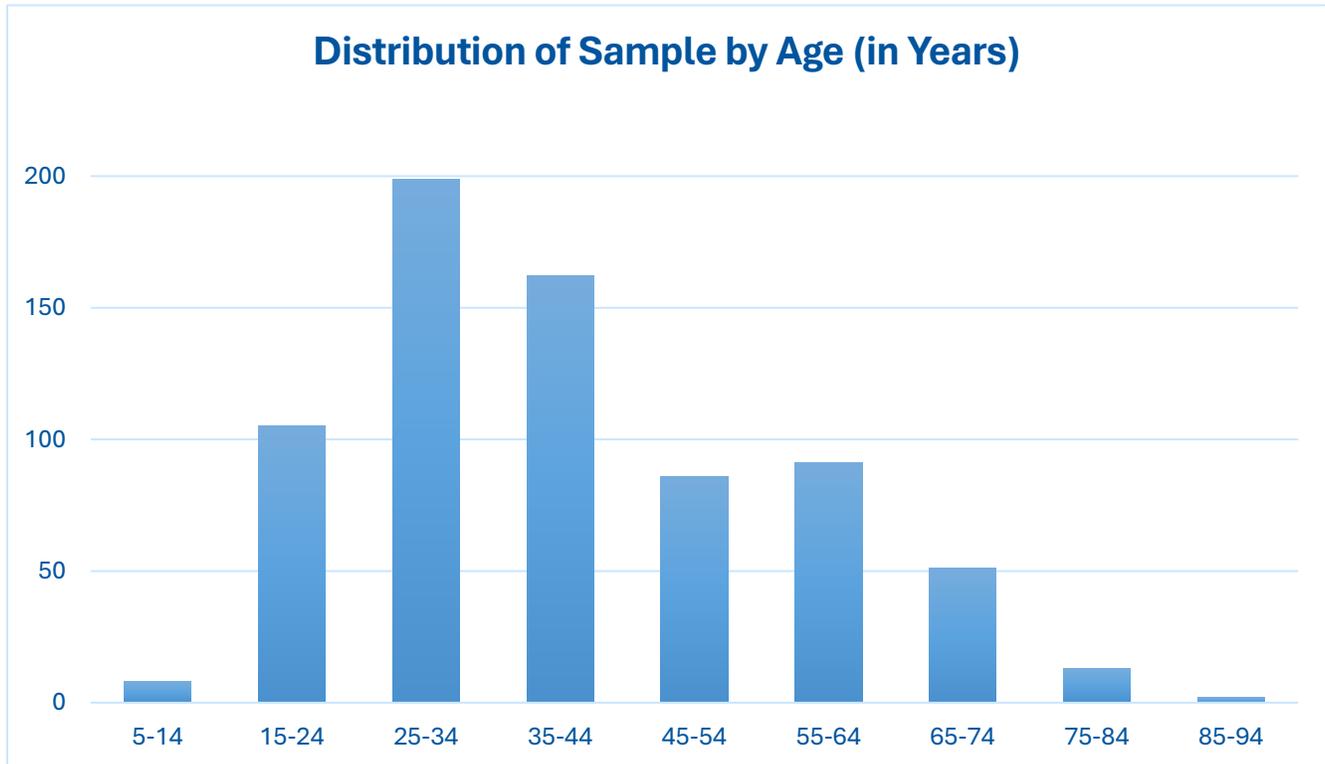
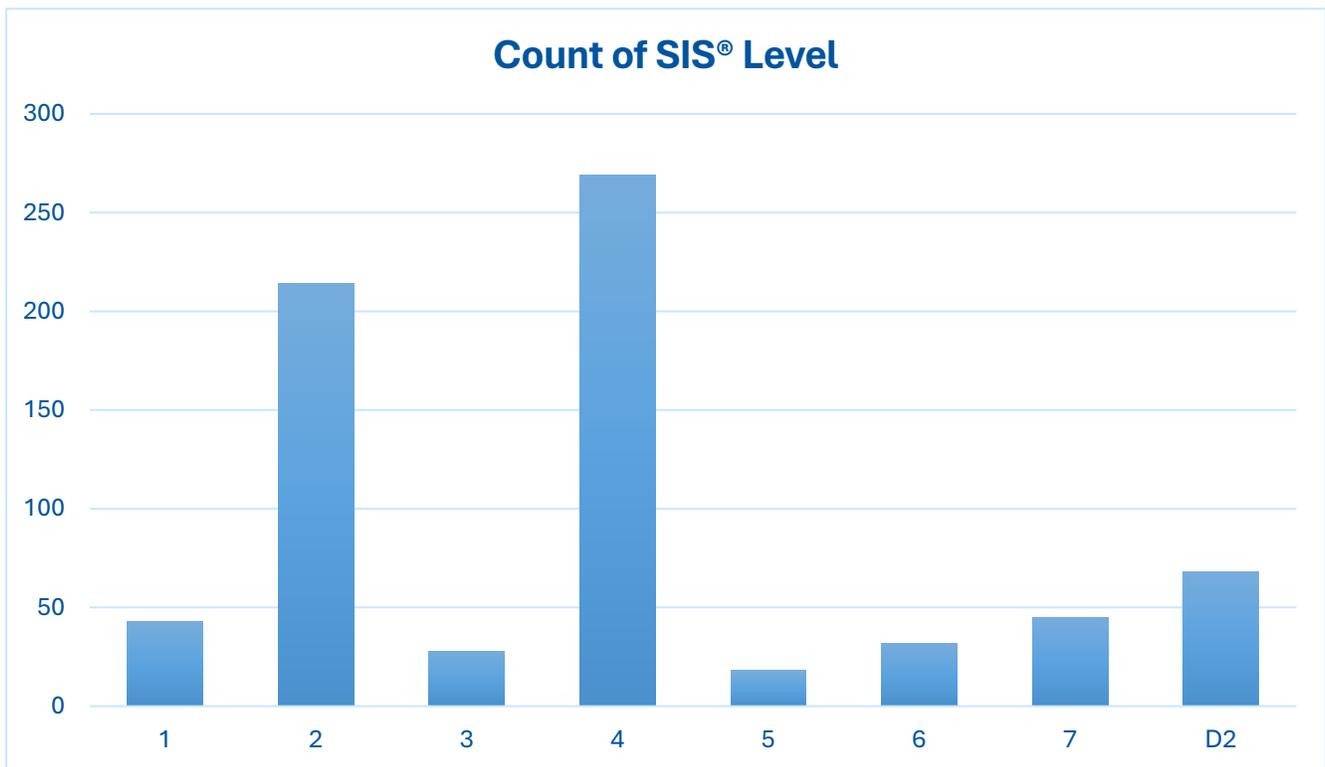


Figure 2-3 displays the distribution of the Supports Intensity Scale® (SIS®) levels of the individuals selected for the sample. The SIS® is an assessment instrument utilized by DBHDS that assesses the level of support an individual needs, as well as what is important to and for him/her. The SIS® level numbering refers to the level of intensity of support needs of the individual, with level 1 representing mild support needs and higher levels such as 6 and 7 representing intensive medical and behavioral support needs. The D2 level describes individuals who have been assigned a default level 2 and have not yet received a SIS® assessment; these individuals receive a final level after completion of the SIS®.

Figure 2-3: SIS® Level



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

Figure 2-4: DBHDS Regions

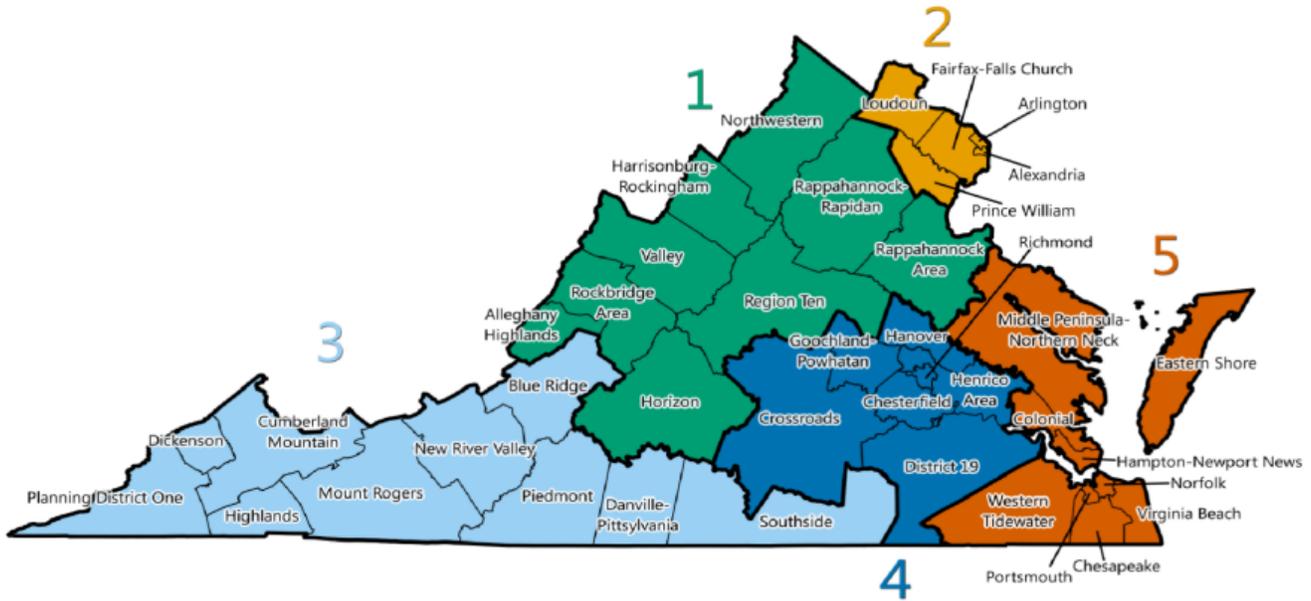
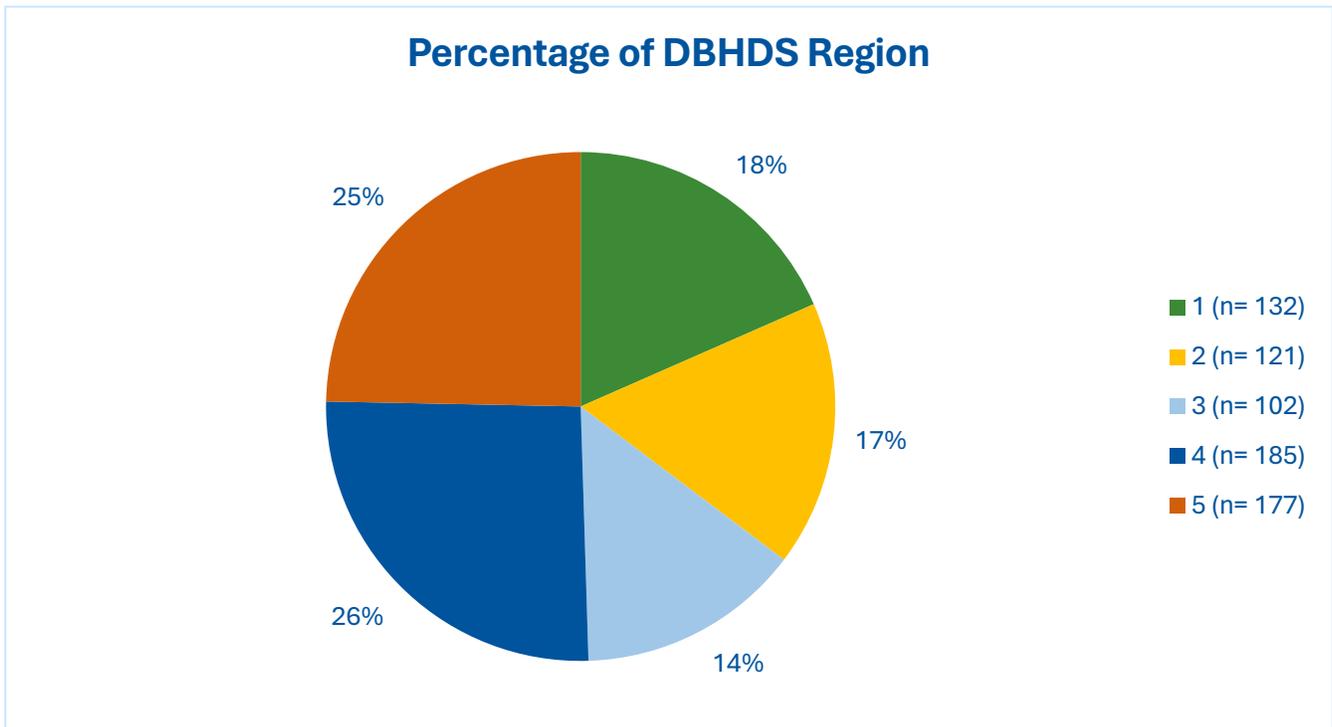


Figure 2-5: Percentage by Region



Data Limitations

Individuals sampled for the QSR are not required to participate, hence the original sample for a given licensed provider or licensed provider service type may change due to individual choice, or one of the reasons noted below. Oversampling, or alternate selection, was conducted to reduce the potential impact of these data limitations on PCR results.

The following were known limitations to the QSRs that could impact data:

- Sampling parameters required a minimum of two (2) individuals from each licensed provider/CSB for all HCBS service types
- PCR sampling parameters required individuals to have an individual support plan (ISP) in WaMS version 4.0
- Individuals may have declined to participate
- Individuals may not have been reachable with the contact information provided
- Individuals may have been incarcerated, hospitalized, or deceased
- Individuals may not have received the service during the lookback period
- Licensed providers may not have participated (refusal, non-responsive, closure)

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

Evaluation Phase

The evaluation phase consisted of a review of individual care management/support coordination and licensed provider service records. The HSAG review team of QSR reviewers reviewed documentation for the selected cases. Licensed provider service and service coordination documentation were reviewed for a five-month evaluation window from September 16, 2024–January 31, 2025. The methodology for specific scored elements was designed to incorporate the review of documentation that may have occurred outside of the evaluation window, such as individual support plans that began after January 31, 2025. This allowed QSR reviewers to examine the most current individual support plan (ISP) in Waiver Management System (WaMS) version 4.0. The review team determined whether each state and federal requirement was supported by evidence of case documentation submitted by the licensed service provider, as well as the support coordinators involved for each respective case.

Data Analysis and Aggregation

HSAG aggregated the review results across all licensed provider service types and individuals included in the sample for the licensed provider/CSB. Each applicable requirement within each domain was scored as *Yes*, *No*, *N/A (Not Applicable)*, or *UTA/CND (Unable to Assess/Could Not Determine)*. HSAG calculated an overall percentage-of-performance score for each of the requirements. HSAG calculated the score for each requirement by adding the score from each case, indicating either a score of *Yes* (value: 1 point) or *No* (value: 0 points) and dividing the summed scores by the total number of applicable cases. Data analysis also included an aggregate performance by a licensed provider/CSB.

Scoring Methodology

To quantify the compliance performance for the scored elements, HSAG used a two-point scoring methodology. Each requirement was scored as *Yes* or *No* according to the criteria identified below.

Yes indicates full compliance, defined as including the following:

- All documentation reviewed, including policies and procedures, meet requirements; and
- Those interviewed can provide responses to reviewers that are consistent with the requirements or documentation.
- Observations are consistent with the ISP.

No indicates noncompliance, defined as any one or more of the following:

- Documentation does not meet the requirements;
- Providers or staff members interviewed describe processes that conflict with policies or procedures or have little or no knowledge of the process or requirement;
- The interview or observation results do not support that the requirement has been implemented.

N/A and UTA/CND indicated a requirement that was not scored for performance based on the criteria listed for the specific element in the PQR and/or PCR tool. HSAG collected statewide data that did not reflect compliance but rather provided more detail about the statewide deficiency. For these elements, categorical scoring criteria were used, and results do not represent statewide compliance. These elements are italicized in results tables further in this report.

The data collected for this report were obtained from a limited, but representative sample of individuals, meaning the results presented are an accurate representation of the average experience of the individuals within that service type. Additionally, licensed providers/CSBs were assessed using qualitative elements that informed the QSR review which are not presented in this report.

Performance Areas and KPAs

HSAG aggregated QSR results related to the following areas of person-centered planning and service provision:

- ISP Assessment
- ISP Development and Implementation
- Quality Improvement Plan
- Risk/Harm
- Provider Capacity and Competency
- Community Integration and Inclusion
- Individual and SDM/Family member interview responses

Compliance elements for these areas were associated with the KPAs: *Health, Safety, and Well-Being*; *Community Integration and Inclusion*; and *Provider Capacity and Competency*. All R7 PQR and PCR compliance elements applicable to each KPA are listed below, with the R7 statewide compliance score noted in parentheses for each element.

The QSR process included a review of documents, such as policies and procedures, licensed provider/CSB status of implementation of HSAG approved quality enhancement plans (QEPs), licensed provider records, support coordinator records including the individual support plan (ISP), interviews and observations of individuals, and interviews with licensed providers, support coordinators, and individual family members and/or substitute decision-makers.

Health, Safety, and Well-Being KPA

HSAG reviewer assessment of the *Health, Safety, and Well-Being KPA* compliance elements, in R7, yielded the following results:

- The CSB developed and completed an [Individual Support Plan] ISP within 365 days of the previous ISP (99%)
- The ISP Part I developed by the CSB was complete and thorough (73%)
- The ISP Part II developed by the CSB included all prescribed and over-the-counter medications in the Essential Information Medication section (88%) and documentation of medication side effect review Part II Essential Information, Medications section of the ISP (85%)
- The ISP Part II developed by the CSB included the social, developmental, behavioral, and family history in the Essential Information Social, Developmental, Behavioral, and Family History section (82%)
- The ISP Part III developed by the CSB identifies all high-risk health factors and potential risks in the Shared Planning Essential Supports section for diagnoses listed in Part II Physical and Health Conditions section (58%)

- The ISP Part III developed by CSB included all medical needs identified in the Supports Intensity Scale[®] (SIS[®]) or other assessments utilized to develop the ISP in the Shared Planning Routine Supports section (67%)
- The ISP Part III developed by CSB included all behavioral needs identified in the Supports Intensity Scale[®] (SIS[®]) or other assessment utilized to develop the ISP in the Shared Planning Routine Supports section (55%)
- The ISP developed by the CSB indicated outcomes have been developed as appropriate for the following life area(s): Safety & Security (54%) and Health Living (63%)
- The ISP developed by the CSB included strategies for solving conflict or disagreement that occurred during the ISP meeting regarding ISP supports, outcomes, or individual decisions (93%)
- The CSB completed a review of the ISP with the individual quarterly or every 90 days (89%)
- The ISP developed by the CSB was developed according to the processes required (31%)
- The ISP developed by the CSB was updated to reflect changes in status, as required (58%)
- The individual's file included documentation the support coordinator (SC) identified and resolved any change(s) in status (any new or unidentified risk, injury, need, or deficiency in support plan or a discrepancy between the implementation of supports and services and the individual's strengths and preferences) through the convening of the individuals team to address the issue (43%)
- The Support Coordinator accurately reported the identified risks addressed in Part III of the most recent ISP (93%)
- The Support Coordinator accurately reported changes in status which occurred since initiation of the ISP [for the individual reviewed] (93%)
- The individual's file showed evidence of the actions taken to address the change in status as reported by the Support Coordinator (91%)
- All medical and behavioral support needs [of the individual reviewed] were currently being addressed, either through documented support or an in-progress referral (97%)
- The licensed residential provider documentation reviewed indicated the completion of an annual physical exam (88%)
- The licensed residential provider documentation reviewed indicated the completion of an annual dental exam (64%)
- Licensed residential provider documentation includes evidence of a signed lease, residency agreement, or other written agreement for the person that includes VRLTA language referencing individual protection from eviction (70%)
- Licensed provider documentation reviewed indicated receipt and signature of HCBS rights disclosure for individuals on an annual basis (83%)
- Licensed provider/CSB documentation shows evidence of an approved modification in place or in the process of requesting approval for individuals requiring a modification for health and safety risks (50%)
- The individual's/licensed provider's/CSB's environment was neat and clean (97%)
- The person's/licensed provider's/CSB's environment was accessible (99%)

- The individual appeared well-kempt (99%)
- Licensed provider/CSB documentation indicates follow up on repairs for non-working adaptive equipment (56%)
- Licensed provider/CSB staff were able to describe appropriate steps to take if an individual experiences a medical crisis (96%)
- Licensed provider/CSB staff were able to describe appropriate steps to take if an individual was beginning to experience a mental health or behavioral crisis (93%)
- Licensed provider/CSB staff knew what medications the individual was taking (93%) and the common side effects of the medication (88%), or where to locate that information, if applicable.
- The individual reported they like living in their current residence (97%)
- The individual reported they would like to live elsewhere (*inverse*) (24%)
- The individual reported they chose the people they live with (82%)
- The individual reported they have a key to their home (74%)
- The individual reported they have a key to their bedroom (75%)
- The individual reported they open their mail or receive help opening their mail (93%)
- The individual reported they have visitors at their home (97%)
- The individual reported they like attending their program (99%)
- The individual reported they are able to choose the people they participate in group with (89%)
- The individual reported they do not want to do something else during the day (*inverse*) (30%)
- The individual reported they like their staff (99%)
- The individual reported their provider takes them places they want to go (99%)
- The individual reported they are able to get where they want to go without problems (97%)
- The individual reported they spend time in the community doing things they like to do (98%)
- The individual reported they are able to do those things as often as they would like to (93%)
- The individual reported they do activities with people they like (98%)
- The individual reported there are things they are not able to do that they would like to do (*inverse*) (25%)
- The individual reported they are able to eat when they are hungry (98%)
- The individual reported they want to attend religious services and are able to attend those services (90%)
- The individual reported they participate in their banking (77%)
- The individual reported that their support coordinator is currently addressing their employment goals (84%)
- The individual reported they feel safe where they live (99%)
- Family members, legal guardians, supported decision makers, and/or authorized representatives for the individual reported all of the individual's needs and supports are currently being met (95%)

- Family members, legal guardians, supported decision makers, and/or authorized representatives for the individual reported having an opportunity to participate in ISP development (96%)
- Family members, legal guardians, supported decision makers, and/or authorized representatives for the individual reported believing the ISP is representative of the individual's needs (97%)
- Family members, legal guardians, supported decision makers, and/or authorized representatives for the individual reported there are no concerns regarding the current service providers (87%)
- Licensed provider/CSB had a risk management plan (89%); of those licensed provider/CSBs with a risk management plan, 72% had been reviewed/updated in the past year as evidenced in the provider's annual systemic risk assessment, and 75% had been signed and dated in the past year
- Of those licensed provider/CSB with a risk management plan, 89% had someone designated as responsible for risk management (RM) functions listed in the risk management plan that aligns with the job description for the staff designated for RM functions.
- Licensed provider/CSB had evidence of completion of department approved training attestation by the staff designated as responsible for risk management functions (93%)
- Licensed providers/CSBs had a quality improvement plan (69%) that meets regulation 12VAC35-105-620
- Licensed providers/CSBs had quality improvement plans with SMART goals and objectives (40%)
- Licensed providers/CSBs tracked and reviewed performance data (65%)
- Licensed providers/CSBs had quality improvement plans that reflected the use of performance data (77%), including review of the following at least quarterly: serious incidents (77%), abuse and neglect (35%), and seclusion and restraint (20%)
- Licensed providers/CSBs use one or more methods to track data (88%)
- Licensed providers/CSBs documentation shows evidence of one or more processes that utilize performance data in the development of quality improvement plan goals/objectives (84%)
- Licensed providers/CSBs developed improvement strategies for goals not met (60%)
- Licensed providers/CSBs implemented the QSR QEP from a previous review (45%)
- Licensed providers and CSBs who offer waiver services had policies and procedures that address Home and Community-Based Services (HCBS) rights (85%)
- Licensed providers/CSBs had a policy and procedure that demonstrates assurance of individual choice and self-determination (81%)
- Licensed providers/CSBs had a policy detailing how they assure dignity of risk for individuals they serve (46%)
- Licensed providers/CSBs had policies that address medical emergencies (90%)
- Licensed providers/CSBs had policies that address behavioral health emergencies (91%)
- Licensed residential providers had policies that support individuals' participation in financial management and decision-making (73%)
- Licensed provider/CSB staff were able to explain the process for addressing what to do when someone is having a medical emergency (98%)

Community Integration and Inclusion KPA

HSAG reviewer assessment of the *Community Integration and Inclusion KPA* compliance elements, in R7, yielded the following results:

- The ISP Part II developed by the CSB included the individual's employment status and assessment of barriers to employment in the Essential Information Employment section (94%)
- The ISP Part II developed by the CSB included the individual's integrated community involvement status (95%)
- The individual had support from licensed providers, CSBs, and family members during the development of the ISP that they wanted (87%)
- The ISP developed by the CSB indicated outcomes had been developed as appropriate for the following life area(s): Employment (68%), Integrated Community Involvement (86%), Community Living (79%), Social & Spirituality (65%), Citizenship & Advocacy (84%)
- All outcomes identified in ISP Part III developed by the CSB were linked to Part V Plan for Supports (PFS) as appropriate (92%)
- The ISP developed by the CSB and/or other documentation supporting that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them (88%)
- The ISP developed by the CSB included signatures of the individual (or representative) and all licensed providers responsible for its implementation (84%)
- Licensed provider/CSB staff engaged with the individual based on the person's preference and interests (98%)
- The individual was offered choices by licensed providers/CSB staff throughout the visit (97%)
- Family members, legal guardians, supported decision makers, and/or authorized representatives for the individual reported the support coordinator offered a choice in service providers including a choice in support coordinator (92%)
- Family members, legal guardians, supported decision makers, and/or authorized representatives for the individual reported the support coordinator discussed employment goals and options with the individual (94%)
- Family members, legal guardians, supported decision makers, and/or authorized representatives for the individual reported the support coordinator discussed community involvement opportunities with the individual (97%)
- Licensed providers/CSBs tracked and reviewed Community Integration performance data at least annually (36%)
- Licensed provider/CSB was able to demonstrate methods or strategies to promote participation in non-large group activities (96%)

- Licensed provider/CSB was able to demonstrate methods or strategies to encourage participation in community outings with people other than those with whom they live (94%)

Provider Capacity and Competency KPA

HSAG reviewer assessment of the *Provider Capacity and Competency KPA* compliance elements, in R7, yielded the following results:

- The observation of licensed provider/CSB staff was completed with the staff selected by HSAG (84%)
- Licensed provider/CSB demonstrated oversight and monitoring of new staff supporting the individual, if applicable (90%)
- Licensed provider/CSB staff observed had evidence of completion of DBHDS competencies (91%)
- Licensed provider/CSB staff observed had evidence of completion of DBHDS advanced competencies for individuals identified as SIS Level 5, 6, or 7 (81%)
- Licensed provider/CSB staff observed were using person-centered language and talking with the individual as opposed to about the individual (99%)
- Licensed provider/CSB service provided to the individual reflected the implementation of the ISP Part V as written (98%)
- Licensed provider/CSB staff followed strategies as outlined in the behavioral support plan or protocol, if applicable (94%)
- Licensed provider/CSB staff adhered to medical protocols to support the individual as outlined in the plan (97%)
- Licensed provider/CSB staff were able to describe what community inclusion looks like for the individual (97%)
- Licensed provider/CSB staff demonstrated competency in supporting the individual (99%)
- Licensed provider/CSB implemented 1:1 specialized staffing support during observation as required, if applicable (100%)
- Licensed provider/CSB staff were familiar with adaptive equipment needs (96%)
- Licensed provider/CSB staff utilized adaptive equipment the individual had as part of their plan (94%)
- Licensed provider/CSB staff observation confirmed all routine supports were included in the providers' Part V (97%)
- Licensed provider/CSB staff were able to describe things important to and important for the individual (95%)
- Licensed provider/CSB staff were able to describe the outcomes worked on in this environment (95%)
- Licensed provider/CSB staff were able to describe the medical support needs of the individual (93%)

- Licensed provider/CSB staff were able to describe the behavioral support needs of the individual (94%)
- Licensed provider/CSB staff were familiar with the medical protocols developed to support the person (94%)
- Licensed provider/CSB staff were familiar with the behavioral support protocols developed to support the person (92%)
- Licensed provider/CSB staff were able to verbalize the concept of person-centered care (93%)
- Licensed provider/CSB staff were able to explain individuals' rights in their program (97%)
- Licensed provider/CSB identified any changes to needs or status since the initiation of the ISP requires an adjustment to services or supports (92%)
- Licensed provider/CSB documentation implemented actions to address the changing needs and/or status (87%)
- Licensed provider/CSB had a policy and procedure for recruiting and hiring staff (86%)
- Licensed provider/CSB hiring policy included requirements for background checks (87%)
- Licensed provider/CSB had an orientation training policy (95%). Of those licensed provider/CSBs with an orientation training policy, 95% included the requirement for all staff at all levels
- Licensed provider/CSB had a written process for determining staff competence (73%)
- Licensed provider/CSB employee records submitted included proof of background checks (92%)
- Licensed provider/CSB had a policy on annual HCBS training (85%)
- Licensed provider/CSB had evidence supporting the implementation of annual HCBS-specific training with all staff (56%)
- Licensed provider/CSB leadership staff can explain an individual's rights in the program (98%)

3. QSR Results

The R7 QSR results are aggregated statewide. PCR results are also aggregated by region, by CSB, and by licensed provider service type. Regional and provider service type level tabulation of the provider PQR compliance results was not possible due to the sampling methodology detailed in Section 2, Data Limitations.

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

Region, CSB, and licensed provider service type-specific results are available in Appendices A–Q. Region-specific results represent aggregate results across all five statewide regions, CSB-specific results represent aggregate results across all CSBs, and licensed provider service type-specific results represent performance scores across all licensed providers in those service types.

The target compliance threshold for R7 reviews was 90 percent. HSAG reported results performing at, above and below 90 percent compliance to identify potential opportunities for improvement.

ISP Assessment Compliance Elements

Below are the results for five compliance elements that best represent the core components of ISP Assessment. Table 3-1 provides the performance results for the ISP assessment elements.

Table 3-1: ISP Assessment Compliance Elements

Compliance Element	Statewide Result
Is Part I of the ISP complete and thorough?	73%
Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?	88%
If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	85%
Does the ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections include the individual’s social, developmental, behavioral, and family history?	82%
Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?	58%

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

Enhancement opportunities for CSBs include ensuring:

- ISP Part I contains adequate information to have a good idea of the individual’s specific likes, preferences, and how the person is best supported (i.e., complete, and thorough).
- ISP Part II Essential Information, Medications section includes both prescribed and over-the-counter medications and includes documentation of side effect review.
- ISP Part II Essential Information, Social, Developmental, Behavioral and Family History section includes the individual’s social, developmental, behavioral, and family history.
- ISP Part III Shared Planning Essential Supports section identifies all high-risk health factors and the potential risks for diagnoses listed in Part II Physical and Health Conditions.

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

ISP Development and Implementation Compliance Elements

Below are the results for 23 compliance elements that represent core components of ISP Development and Implementation. Table 3-2 provides performance results for the ISP development and implementation elements.

Table 3-2: ISP Development and Implementation Compliance Elements

Compliance Element	Statewide Result
The ISP for this review period is within 365 days of the previous ISP.	99%
Did the individual have support from people during the development of the ISP that they wanted?	87%
Does the ISP Part II Essential Information Employment section include the individual’s employment status and assessment of barriers to employment?	94%
Does the ISP Part II include the individual’s integrated community involvement status?	95%
The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS [®] or other relevant assessments.	67%
The ISP Part III Shared Planning Routine Supports section identified all behavioral needs found in the SIS [®] or other relevant assessments.	55%
Outcomes are developed in the life area of Employment, as appropriate.	68%
Outcomes are developed in the life area of Integrated Community Involvement, as appropriate.	86%
Outcomes are developed in the life area of Community Living, as appropriate.	79%
Outcomes are developed in the life area of Safety & Security, as appropriate.	54%
Outcomes are developed in the life area of Healthy Living, as appropriate.	63%
Outcomes are developed in the life area of Social & Spirituality, as appropriate.	65%
Outcomes are developed in the life area of Citizenship & Advocacy, as appropriate.	84%
Are all outcomes identified in Part III linked to Part V Plan for Supports (PFS) as appropriate?	92%

Compliance Element	Statewide Result
Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?	93%
The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	89%
The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual’s residential setting, and who provides them.	88%
The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	84%
The ISP was developed according to the processes required.	31%
If Yes, was the ISP updated to reflect the change in status?	58%
If No, does the individual’s file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual’s strengths and preferences) through the convening of the individual’s team to address the issue?	43%
Did the support coordinator accurately report changes in status that occurred since the initiation of the ISP?	93%
Does the individual’s file show evidence of the actions taken to address the change in status as reported by the support coordinator?	91%

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

Enhancement opportunities for CSBs include ensuring:

- ISP Part I reflects that the individual was given the opportunity to invite preferred people to participate in the in the ISP planning process.
- ISP Part III Shared Planning Routine Supports section includes identification of medical needs and/or behavioral needs found in the SIS[®] or other relevant assessment(s).
- Inclusion of outcomes in life areas identified as Important To the individual in Part I of the ISP Important To section, specifically Employment, Integrated Community Involvement, Safety & Security, Healthy Living, Social & Spirituality, and Citizenship and Advocacy in Part III of the ISP, as appropriate.
- ISP is reviewed with individuals quarterly or every 90 days.
- ISP and/or support coordinator documentation reflects that the individual was given a choice regarding services and support, including the individual’s residential setting, and who provides them.
- ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.
- ISP is developed according to processes required including coordination with the individual and their family/caregiver, as appropriate, all providers, and others as desired by the individual, completion of updated VIDES, completed within a year of previous VIDES; accurately updated risks

in the ISP; one or more outcomes that reflect what is Important To the individual; documentation of a meaningful conversation about employment if applicable; and a documentation of a meaningful conversation about integrated community involvement.

- ISPs are updated to reflect changes in status which occur after the initiation of the ISP.
- Individual’s support coordinator documentation reflects that when an ISP was not updated to reflect a change in status, the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual’s strengths and preferences) through the convening of the individual’s team to address the issue.

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

Quality Improvement Plan Compliance Elements

Below are the results for fifteen compliance elements that represent the core components of Quality Improvement Plans. DBHDS requested HSAG collect categorical data for three (3) elements below to capture more detail about the statewide deficiency. These elements are italicized. Table 3-3 provides the performance results and descriptive data for the Quality Improvement Plan elements.

Table 3-3: Quality Improvement Plan Compliance Elements

Compliance Element	Statewide Result
Does the provider have a quality improvement plan [that meets regulation]?	69%
<ul style="list-style-type: none"> • <i>Does not have a quality improvement plan</i> 	5%
<ul style="list-style-type: none"> • <i>Quality improvement plan does not meet regulation</i> 	26%
If the provider’s quality improvement plan does not meet regulation:	26%
<ul style="list-style-type: none"> ○ <i>The provider's quality improvement plan was developed or reviewed in the past year and adheres to the provider’s quality improvement policy as defined in 12VAC35-105-620C.</i> 	21%
<ul style="list-style-type: none"> ○ <i>The provider's quality improvement plan was not developed or reviewed in the past year</i> 	3%
<ul style="list-style-type: none"> ○ <i>[The provider’s quality improvement plan] Does not adhere with the provider’s [quality improvement] policy as defined in 12VAC35-105-620C</i> 	2%
If the provider’s quality improvement plan does not meet regulation:	26%
<ul style="list-style-type: none"> ○ <i>The provider's quality improvement plan includes measurable goals and objectives and adheres to the provider’s policy as defined in 12VAC35-105-620.D</i> 	17%

○ <i>The provider's quality improvement plan does not include measurable goals and objectives</i>	6%
○ <i>[The provider's quality improvement plan] Does not adhere with the provider's [quality improvement] policy as defined in 12VAC35-105-620D</i>	3%
Do all goals and objectives in the provider's quality improvement plan meet SMART criteria?	40%
Does the provider track and review performance data?	65%
Does the most current provider quality improvement plan reflect the use of performance data?	77%
How does the provider track data?	88%
Identify the frequency of data reviewed: Serious Incidents <i>[compliance is at least quarterly]</i>	77%
Identify the frequency of data reviewed: Abuse/Neglect <i>[compliance is at least quarterly]</i>	35%
Identify the frequency of data reviewed: Seclusion and Restraint <i>[compliance is at least quarterly]</i>	20%
Identify the frequency of data reviewed: Community Integration <i>[compliance is at least annually]</i>	36%
What processes are evidenced in the provider documentation that indicate how performance data was used in the development of goals/objectives?	84%
Has the provider developed improvement strategies for goals not met?	60%
Has the provider implemented their QEP (QSR QIP)?	45%
Does the agency have policies and procedures that address HCBS rights?	85%
If No, is the issue no policy or missing any of the HCBS required components?	15%
• <i>Missing one or more of the HCBS requirements</i>	3%
• <i>The policy does not address reviewing with individuals</i>	6%
• <i>Missing one or more of the HCBS requirements; The policy does not address reviewing with individuals</i>	2%
• <i>No policy</i>	4%
Does the agency have policies around assurance of individual choice and self-determination?	81%
Does the agency have policies detailing how they assure dignity of risk for individuals they serve?	46%
If No, what is missing in the dignity of risk policy?	54%
• <i>No policy submitted</i>	9%
• <i>Policy missing rights of person to engage in experiences that are necessary for personal growth and development</i>	9%
• <i>Policy missing rights of person to make informed choice</i>	
• <i>Policy missing rights of person to engage in experiences that are necessary for personal growth and development</i>	1%

<ul style="list-style-type: none"> • Policy missing rights of person to engage in experiences meaningful to him/her • Policy missing rights of person to engage in experiences that are necessary for personal growth and development 	15%
<ul style="list-style-type: none"> • Policy missing rights of person to make informed choice • Policy missing rights of person to engage in experiences meaningful to him/her 	1%
<ul style="list-style-type: none"> • Policy missing rights of person to make informed choice • Policy missing rights of person to engage in experiences meaningful to him/her • Policy missing rights of person to engage in experiences that are necessary for personal growth and development 	19%

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

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

- Licensed providers/CSBs have a quality improvement plan that includes all aspects of 12VAC35-620A-D regulations, which are reviewed annually and include goals and objectives.
- Licensed providers/CSBs quality improvement plan contains goals and objectives that are specific, measurable, attainable, relevant, and timebound (SMART).
- Licensed providers collect data and have mechanisms to document the data collected over time using one or more methods, including but not limited to: the DBHDS Risk Tracking Tool, commercial or provider developed software, Excel or similar spreadsheets, or Word document.
- Licensed providers/CSBs collect, track, and review performance data, and utilize performance data in the development of quality improvement goals and objectives.
- Licensed providers/CSBs review serious incident data including but not limited to; data on reports of abuse/neglect and data on the use of seclusion/restraint, at least quarterly; and review data on individual participation in community activities at least annually.
- Licensed provider/CSB utilization and documentation of processes which indicate how performance data was used in the development of goals and objectives, including the development of improvement strategies for goals not met.
- Licensed provider/CSB implementation of their QSR quality enhancement (formerly quality improvement) plan from the previous round with documentation in the QI Plan to support the implementation.
- Licensed provider/CSB development of policies that address HCBS rights, policies around the assurance of individual choice and self-determination, and policies detailing how they assure dignity of risk for the individuals served.

Risk/Harm Compliance Elements

Below are the results for 14 elements that represent core components of licensed providers/CSBs risk management plans and processes. Table 3-4 provides the performance results for the risk management/harm elements.

Table 3-4: Risk Management/Harm Compliance Elements

Compliance Element	Statewide Result
Did the support coordinator accurately report the identified risks addressed in Part III of the most recent ISP?	93%
Are all medical and behavioral support needs currently being addressed, either through documented supports or an in-progress referral?	97%
Is there evidence of completion of an annual physical exam?	88%
If No, please select reason:	12%
○ Documentation submitted by the provider is more than 14 months old	2%
○ No documentation/insufficient documentation submitted by the provider	10%
Is there evidence of completion of an annual dental exam?	64%
If No, please select reason	36%
○ Documentation submitted by the provider is more than 14 months old	3%
○ No documentation/insufficient documentation submitted by the provider	33%
Is there evidence of a signed lease, residency agreement, or other written agreement for the person that includes language referencing individual protections from eviction?	70%
If Yes, is there an approved modification in place for health and safety risk or is the provider in the process of requesting such approval?	50%
Does the provider have a risk management plan?	89%
Does the job description for the staff designated for risk management (RM) functions include the roles and responsibilities as listed in the provider’s risk management plan?	89%
Has the staff designated as responsible for risk functions completed department-approved training with RM attestation?	93%
Has the risk management plan been reviewed/updated in the past year as evidenced in the provider’s annual systemic risk assessment?	72%
Has the provider’s risk management plan been signed and dated in the past year?	75%
Does the agency have policies around medical emergencies?	90%
Does the agency have policies around behavioral health emergencies?	91%
Does the agency have policies that support individuals’ participation in financial management and decision making?	73%

As described in Table 3-4, statewide results revealed a performance of 90 percent or greater compliance for five of 14 elements.

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

- Licensed provider/CSB have a risk management plan, and the plan has been signed and dated within the last year.
- Licensed provider/CSB roles and responsibilities as listed in the Risk Management Plan align with the job description for the staff designated as responsible for risk management functions.
- Licensed provider/CSB have evidence of completion of a risk management plan that has been updated in conjunction with completion of the annual systemic risk assessment.
- Licensed residential providers development of policies that support individuals’ participation in financial management and decision-making.
- Individual’s residential provider documentation shows evidence of a signed lease, residency agreement, or other written agreement that includes eviction protection, specifically regulation VRLTA § 55-248.16.
- Licensed residential provider/CSB’s documentation of completion of annual physical exam and annual dental exam.
- Licensed provider/CSB have documentation of an approved modification for an individual’s health and safety risks or shows evidence of being in process of requesting such approval.

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

Provider Capacity and Competency Compliance Elements

Below are the results for 35 elements that represent core components of licensed provider capacity and competency. Table 3-5 provides the performance results for licensed provider capacity and competency elements assessed in the person-centered review (PCR).

Table 3-5: Provider Capacity and Competency Compliance Elements

Compliance Element	Statewide Result
Is there a record of the individual receiving and signing their HCBS rights disclosure on an annual basis?	83%
Was the observation completed with staff selected by HSAG?	84%
Did the staff observed complete DBHDS competency-based training?	91%
[If staff is in their first 180 days of employment (new)] Is there evidence of oversight and monitoring of new staff?	90%
Did the staff observed complete DBHDS advanced competencies?	81%
Is the individual’s/provider environment neat and clean?	97%
Was the person’s/provider's environment accessible?	99%

Compliance Element	Statewide Result
Does the individual appear well-kempt?	99%
Were staff engaging with the individual based on the person’s preference and interests?	98%
Was the person being offered choices throughout the visit?	97%
Was the staff utilizing person-centered language and talking with the individual as opposed to about the individual?	99%
Were staff implementing the ISP Part V Plan for Supports (PFS) as written?	98%
For individuals with a behavioral support plan or protocol, were staff following strategies as outlined in the written plan?	94%
Were staff adhering to medical protocols as outlined in the plan?	97%
Were staff able to describe what integrated community inclusion looks like for the individual?	97%
Did the staff demonstrate competency in supporting the individual?	99%
If Yes, is 1-1 or specialized staffing support being implemented during observation as required, per Provider Part V PFS?	100%
Are staff familiar with adaptive equipment needs?	96%
Were staff utilizing adaptive equipment the individual had as part of their plan?	94%
Has repair or follow-up on repairs been occurring?	56%
Did the reviewer observe that all routine supports being provided were included in the provider Part V?	97%
Are staff able to describe things Important To and Important For the individual?	95%
Was staff able to describe the outcomes being worked on in this environment?	95%
Could the staff describe the medical support needs of the individual?	93%
Were staff familiar with medical protocols to support the person?	94%
Were staff able to describe appropriate steps to take if the individual experienced a medical crisis?	96%
Could the staff describe behavioral support needs?	94%
Were staff familiar with the behavioral support plan or protocols developed to support the person?	92%
Were staff able to describe appropriate steps to take if an individual they are supporting was beginning to experience a mental health or behavioral crisis?	93%
Does the staff know what medications the person is taking, or where to locate this information?	93%
Can the staff list the most common side effects of the medications the person is on, or where to locate this information?	88%
Can you tell me what person-centered care means?	93%
Can you explain individual's rights in your program?	97%
Did the provider identify any changes to needs or status since initiation of the ISP requiring an adjustment to services or supports?	92%
Did the provider implement actions to address the changing needs and/or status?	87%

As described in Table 3-5, statewide results revealed a performance of 90 percent or greater compliance for 29 of 35 elements.

Enhancement opportunities for licensed providers include ensuring:

- Licensed provider documentation shows evidence of the individual receiving and signing their HCBS rights disclosure on an annual basis.
- The observation of individuals’ services for the QSR is conducted with staff selected by HSAG.
- Licensed provider documentation shows evidence of DBHDS Advanced Competencies for observed staff who serve individuals assigned to SIS Level 5, 6, or 7.
- Licensed provider documentation shows evidence of follow-up on needed repairs for non-working adaptive equipment.
- Licensed provider staff are able to list the most common side effects of the medications the person is on, or where to locate that information.
- Licensed provider documentation has evidence of actions implemented to address changing needs and/or status.

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

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

Table 3-6: Provider Capacity and Competency Compliance Elements

Compliance Element	Statewide Result
Does the agency have a policy and procedure for recruiting and hiring staff?	86%
Does the hiring policy include requirements around background checks?	87%
Does the agency have an orientation training policy?	95%
Does the orientation training policy address all staff at all levels?	95%
Does the agency have a written process for determining staff competence?	73%
How many employee records had proof of background checks?	92%
Does the provider/CSB have a policy on annual HCBS training?	85%
Has the provider/CSB implemented annual HCBS-specific training with all staff?	56%
Can the provider explain an individual's rights in the program?	98%
Is the staff able to explain the provider's process for addressing what to do when someone is having a medical emergency?	98%

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

Enhancement opportunities for licensed providers include ensuring:

- Licensed provider/CSB development of a policy and procedure for recruiting and hiring staff.
- Licensed provider hiring policy and procedure includes the requirement of a background check.
- Licensed provider development of written policies regarding how competency is defined, and how staff competence is determined.
- Licensed providers have a policy on annual HCBS training for staff.
- Licensed provider implementation of annual HCBS-specific training with all staff including evidence of signed acknowledgement.

Community Integration and Inclusion Elements

Below are the results for two elements that best represent the core components of community integration and inclusion. Table 3-7 provides the performance results for community integration and inclusion elements.

Table 3-7: Community Integration and Inclusion Compliance Elements

Compliance Element	Statewide Result
Does the provider promote individual participation in non-large group activities?	96%
Does the provider encourage individual participation in community outings with people other than those with whom they live?	94%

As described in Table 3-7, statewide results revealed a performance of 90 percent or greater compliance for both elements.

Individual Interview Results

HSAG aggregated individual interview results, consisting of 22 interview questions scored using individual self-reports, into statewide percentages and using a standard compliance cutoff of 90 percent to identify areas with opportunities for improvement. Table 3-8 displays the aggregate results of individual interview responses.

Table 3-8: Individual Interview Responses

Individual Interview Questions	Statewide Result
Do you like living here?	97%
Would you like to live somewhere else? ¹	24%
Did you choose the people you live with?	82%
Do you have a key to your home?	74%
Do you have a key to your bedroom?	75%

Individual Interview Questions	Statewide Result
Do you open your mail or receive help with opening your mail?	93%
Do you have visitors at your home?	97%
Do you like attending this program?	99%
Did you get to choose the people you participate in the group with?	89%
Would you like to do something else during the day? ¹	30%
Do you like your staff?	99%
If you want to go somewhere, does your provider take you?	99%
Can you get where you want to go without problems?	97%
Do you spend time in the community doing the things you like to do?	98%
Do you do those things as often as you would like?	93%
Do you do activities with the people you would like to?	98%
Are there things you would like to do that you are not able to do? ¹	25%
When you are hungry, are you able to eat?	98%
[Are you able to] attend religious services?	90%
Do you participate in your banking?	77%
Is your support coordinator currently addressing your employment goals?	84%
Do you feel safe here?	99%

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

As described in Table 3-8, statewide results revealed a performance of 90 percent or greater compliance for 13 of 22 elements.

Enhancement opportunities for licensed providers and CSBs include developing strategies to:

- Support individuals in expressing when they would prefer to live elsewhere.
- Provide individual choice of housemate(s).
- Provide keys to residence and keys to personal bedroom.
- Provide individual choice of who to participate in group activities with.
- Provide support for individuals to participate in preferred activities of their choice.
- Provide support for individuals to participate in preferred activities that may not be on the daily schedule.
- Support individuals to participate in their banking.
- Support individuals to address current employment goals with their support coordinator

CSB, region and service type-specific results are available in Appendix L, Appendix M and Appendix N, respectively.

Substitute Decision Maker (SDM)/Family Interview Results

HSAG aggregated SDM/Family interview results, consisting of 7 interview questions scored using SDM/Family self-report, into statewide percentages; using a standard compliance cutoff of 90 percent to identify areas with opportunities for improvement. Substitute decision-makers, family members, and/or legal guardians are not required to participate in the QSR interview. Table 3-9 displays the aggregate results of SDM/Family interview responses.

Table 3-9: SDM/Family Interview Responses

SDM/Family Interview Questions	Statewide Result
Did the SC provide the individual with a choice in service providers, including a choice in SC?	92%
Did the SC discuss employment goals and options with the individual?	94%
Did the SC discuss community involvement opportunities with the individual?	97%
Are all of the individual’s needs and supports currently being met?	95%
Did you have an opportunity to participate in the ISP development?	96%
Do you feel the ISP is representative of the person’s needs?	97%
Does the SDM/Family confirm there are no concerns regarding the current service providers?	87%

As described in Table 3-9, statewide results revealed a performance of 90 percent or greater compliance for six of the seven elements.

Enhancement opportunities for licensed providers/CSBs include:

- Ensuring SDM/Family members’ concerns are addressed as appropriate, including concerns about current service providers.

CSB, region and service type specific results are available in Appendix O, Appendix P and Appendix Q, respectively.

4. Conclusions and Recommendations

Conclusions

The R7 QSR results demonstrate overall compliance statewide as indicated below:

- A 90 percent or greater compliance for zero of five Individual Service Plan (ISP) Assessment elements
- A 90 percent or greater compliance for seven of 23 ISP Development and Implementation elements
- A 90 percent or greater compliance for zero of 15 Quality Improvement plan elements
- A 90 percent or greater compliance for five of 14 Risk/Harm elements
- A 90 percent or greater compliance for 34 of 45 Provider Capacity and Competency elements
- A 90 percent or greater compliance for two of two Community Integration and Inclusion elements
- A 90 percent or greater compliance for 13 of 22 Individual Interview elements
- A 90 percent or greater compliance for six of seven Substitute Decision Maker (SDM)/Family Interview elements

CSBs and licensed providers must maintain a quality improvement program for all elements assessed in the QSR, not just the elements with a QEP to ensure continued demonstrable compliance.

Recommendations for Quality Enhancement

Of the total number of licensed providers and CSBs who participated in R7 QSR, 272 licensed providers and 39 CSBs received detailed reports noting specific deficiencies and opportunities for improvement that required submissions of QEP responses. Licensed provider/CSB response and/or action was required for any compliance element with a score less than 90 percent. Licensed providers/CSBs submitted QEPs to HSAG for review and approval and the status of implementation of those QEPs will be assessed during the next QSR the licensed provider/CSB is selected to participate in.

Opportunities for improvement statewide can be sorted into three areas: service plan development and/or implementation, service provision, and quality improvement/risk management activities and are offered to address specific compliance elements assessed as not meeting the statewide standard by licensed providers and/or CSBs in QSR R7. The purpose of recommendations listed here and with detail in Table 4-1 is to assist licensed providers, CSBs, and DBHDS ensure services are of good quality, meet individuals' needs, and help individuals achieve positive outcomes, including avoidance of harm, stable community living, increased integration, and independence and self-determination. Recommendations are offered for providers and CSBs to consider as enhancements to their existing quality improvement (QI) planning, quality assurance activities, and can be incorporated into their QI Plan. New for R7 is the reporting of data collected through interview with the individual receiving services, including the new expectation that any deficiencies identified will be addressed by both the provider of services and the CSB assigned to support the individual through development of a QEP. Additionally, HSAG developed recommendations for how licensed providers, CSBs, and DBHDS can ensure individuals more fully understand their rights and are able to exercise them in their daily lives.

The purpose of recommendations listed here and detailed in Table 4-1 is to a) promote licensed providers/CSBs implementation of current DBHDS best practices for service planning and service provision, b) ensure understanding of and compliance with all relevant DBHDS regulations and best practices, and c) improve the overall quality of service planning and service provision by licensed providers and CSBs. The QSRs are an integral part of DBHDS' Quality Management System's cycle of continuous quality improvement. QSRs are structured to provide recommendations for providers and CSBs to consider as enhancements to their existing quality improvement (QI) planning.

HSAG recommends that all licensed providers/CSBs adhere to DBHDS expectations and incorporate QSR findings and QSR QEPs into agency quality improvement plans and programs to increase identification and addressing of root causes, development, implementation of initiatives to drive systemic change, and tracking of progress through to systemic resolution. Specifically, HSAG recommends licensed providers/CSBs develop policies and processes to ensure QSR data is utilized as part of ongoing quality improvement initiatives specific to support coordination and/or waiver service provision. HSAG helps DBHDS identify patterns to support working with CSBs/licensed providers to understand root causes and develop statewide strategies to address them. HSAG recommends DBHDS ensure licensed providers/CSBs understand the expectation for fully participating in the QSR and using QSR data as a standard for quality improvement activities.. HSAG recommends DBHDS and DMAS develop and implement mechanisms that ensure providers full participation in future rounds.

The following recommendations are suggested to address deficient QSR findings specific to Individual Service Planning and provide CSBs with possible systemic actions to address statewide deficiencies. HSAG recommends CSBs:

1. Ensure all staff are aware of and trained on DBHDS expectations for ISP development, including coordination with the individual and their family/caregiver and others as desired by the individual; completion of updated VIDES within a year of previous VIDES; accurately updated risks; the inclusion of one or more outcomes that reflect what is Important To the individual; documentation of a meaningful conversation about employment if applicable; and a documentation of a meaningful conversation about integrated community involvement.
2. Ensure all staff are aware of and trained on DBHDS expectations for development of Outcomes in the ISP, specifically that any life area listed as Important To the individual in Part I of the ISP should have a corresponding outcome in Part III Shared Planning Section.
3. Ensure all staff are aware of and trained on DBHDS expectations for documenting identified and potential risks in the ISP, specifically that any risk known to be true to the planning team be included as an identified risk in the ISP Part III Shared Planning Essential Supports section. Ensure all staff understand identification of risks and potential risks using the Risk Awareness Tool (RAT) instructions will result in development of an ISP that does not align with DBHDS expectations for documenting risks in version 4.0 of the ISP.
4. Ensure all staff are aware of and trained on DBHDS expectations for thorough completion of the ISP Part II Physical and Health conditions, specifically that all current diagnoses are documented, including developmental and intellectual disability diagnoses (i.e., Autism, Mild Intellectual Disability, Profound Intellectual Disability, etc.).
5. Address ISP development deficiencies identified in the QSR with systemic approaches and interventions, rather than singular actions that correct individual findings, to better rectify and minimize/eliminate the root causes of deficiencies.

The following recommendations are suggested to address deficient QSR findings specific to service provision and provide licensed providers and/or CSBs with possible systemic actions to address statewide deficiencies. HSAG recommends licensed providers and CSBs who offer waiver services:

1. Develop and implement policies and procedures specific to hiring, orienting, and training staff, and policies and/or procedures that detail how staff competence is determined and maintained.
2. Develop and implement procedures to track staff training to ensure completion of all required training and timely completion of annual trainings.
3. Ensure any staff serving individuals assigned to SIS[®] Level 5, 6, or 7 have completed DBHDS Advanced Competencies.
4. Ensure HCBS Rights are reviewed annually with all individuals.
5. Develop and implement staff training which includes curriculum focused on the practical application of policies related to HCBS rights.

6. Develop procedures and/or assessment mechanisms that ensure staff have a working understanding of the concepts represented in policies related to HCBS rights and individual choice and self-determination, specifically how they apply to the individuals currently served by the licensed provider and/or CSB and how staff can maximize opportunities for individuals to exercise choice in their daily lives.
7. Develop and implement procedures that facilitate individuals' understanding of their HCBS Rights and support individuals' exercising choice in their daily lives.
8. Ensure individual changes in status are documented appropriately in the individual's record, including any actions taken to address the change in status, and ensure those changes in status are communicated to the individual's support coordinator through the completion and submission of timely quarterly reviews.

The following recommendations are suggested to address deficient QSR findings specific to licensed provider/CSB QI/RM activities and provide licensed providers/CSBs with possible systemic actions to address statewide deficiencies. HSAG recommends licensed providers/CSBs:

1. Ensure quality improvement plans include all regulatory requirements (12VAC35-620A-D), ensure the QI plan aligns with the quality improvement program or policy; ensure annual review of quality improvement plans is documented via a signed and dated plan; and ensure goals and objectives are measurable (i.e., use quantifiable performance data to evaluate progress towards goals).
2. Keep meeting minutes for quarterly review of serious incidents, or other meetings where collected performance data is reviewed and discussed.
3. Ensure performance data is being collected, tracked, and regularly reviewed; ensure performance data is utilized to develop measurable goals and objectives; ensure processes for how to determine which performance data are used in the development of goals and objectives are documented in meeting minutes for quarterly reviews of data, and ensure the development of improvement strategies for goals not met are documented in meeting minutes.
4. Ensure performance data specific to allegations of abuse/neglect and use of seclusion and restraint is collected, tracked, and incorporated into quarterly review of serious incidents.
5. Utilize the DBHDS risk tracking tool, ensuring completion of all tabs; document quarterly review of data in the Quarterly & Annual Worksheet section of the risk tracking tool in the form of meeting minutes.
6. Review the DBHDS Quality Manual (<https://dbhds.virginia.gov/wp-content/uploads/2025/08/Quality-Manual-FINAL-July-2025.pdf>) and utilize it as a desk reference guide for quality management. Participate in Expanded Consultation and Technical Assistance (ECTA) when invited by DBHDS.
7. Ensure all leases/residency agreements include all aspects of VRLTA code, identified as such, and ensure all leases/residency agreements align with HCBS Settings Rules, specifically that they do not contain provisions that all individuals will use the provider as rep payee and do not include a payment structure based on percentage of income, and include line-item detail for all "program fees".

8. Ensure policies around assurance of individual choice and determination are in place. Ensure policies around how dignity of risk is assured for the individuals served includes the rights of the person to make an informed choice, the right to engage in experiences meaningful to him/her, and the right to engage in experiences that are necessary for personal growth and development.
9. Develop and implement staff training which includes curriculum focused on the practical application of policies related to HCBS rights, individual choice and self-determination, and dignity of risk.
10. Develop procedures and/or assessment mechanisms that ensure staff have a working understanding of the concepts represented in policies related to HCBS rights, individual choice and self-determination, and dignity or risk, specifically how they apply to the individuals currently served by the licensed provider and/or CSB.
11. Increase staff understanding of modifications for an individual's health and safety using current DBHDS resources on this topic, including expectations for ongoing data collection related to the modification and regular review of the modification. Ensure any new admissions to services includes a discussion of modifications for health and safety (both approved modifications and modifications not approved by DBHDS) to prevent "grandfathering" of interventions without DBHDS approval.

The following recommendations are suggested for DBHDS to support licensed providers and/or CSBs in understanding DBHDS best practice expectations for Individual Service Planning, service provision, and/or QI/RM activities, and offer possible systemic interventions that address statewide deficiencies. HSAG recommends DBHDS consider the following statewide actions to address findings in R7 QSR.

1. Continue to define and communicate best practices for ISP documentation to CSBs through the development of training curriculum or refinement of the current training curriculum, which emphasizes/reinforces expectations specific to:
 - a) Documenting all routine supports in Part III of the ISP to ensure provider Part Vs reflects those routine supports even when not tied to a specific developed outcome.
 - b) Recognizing when a new assessment requires a change to the in-progress ISP.
 - c) Documenting risks known to be true to the planning team as an identified risk in the ISP, not as a potential risk, and understanding that identification of risks and potential risks via the Risk Awareness Tool (RAT) instructions will result in development of an ISP that does not align with expectations for identifying and documenting risks in ISP version 4.0.
 - d) Documenting all current diagnoses in Part II, including developmental and intellectual disability diagnoses (i.e., Autism, Mild Intellectual Disability, Profound Intellectual Disability, etc.).
2. Consider how WaMS functionality, specifically the inability to add newly identified risks to Part III Essential Supports, may impact team ability to appropriately address new risks identified after the initiation of the ISP.
3. Clarify expectations for updating an in-progress ISP to ensure that all Part Vs have current risks. Specifically, clarify if a provider updates their Part V with a newly identified risk, all other provider Part Vs are updated automatically or if the support coordinator must ask other providers to also add the new risk. Clarify expectations for how new staff, new support coordinators, or external entities should assess an ISP for proper updating to reflect changes in status when Part III may not reflect current risks. Consider modifications to the Waiver Management System (WaMS) that creates

functionality which would allow the support coordinator to update identified risks in Part III after initiation of the ISP to reflect newly or previously unidentified risks recently diagnosed or known to be true.

5. Develop best practices guidelines for support coordinators to ensure timely receipt of quarterly reviews of services from all licensed providers, including providers of non-waiver services such as therapeutic consult, to ensure all team members have current information about the individual and status of progress towards goals and objectives, new risks that may have been identified or diagnosed, etc.
6. Continue to disseminate training resources and materials that clarify expectations for when modifications for health and safety risks require DBHDS approval, how to obtain that approval, and how to properly document modifications in the ISP Part V. Continue to emphasize expectations for ongoing data collection for any modifications in place and expectations for regular review of the modification to ensure it continues to be the least restrictive option and individual still agrees to the modification.
7. Continue to clarify and communicate expectations for licensed provider implementation of HCBS settings rules, specifically which HCBS regulations are applicable or not applicable to waiver services.
8. Continue to define and communicate best practice expectations through the development of resources or training for licensed providers and CSBs specific to:
 - a) Development of policies and processes for assessing staff competence; and
 - b) Implementation of policies specific to individual choice and self-determination and dignity of risk to ensure licensed providers have resources to train staff on the practical application of these policies and understand expectations for maximizing opportunities for individuals to exercise personal choice in their daily lives.
9. Promote the availability and use of resources and trainings that assist providers understanding of how to collect, track, and review performance data, including but not limited to trainings on the *DBHDS Risk Tracking Tool* and how to use it, and trainings on using data to drive quality improvement programs.
10. Emphasize expectations that licensed providers chronicle review of data in meeting minutes or other formal manner that can illustrate the use of root cause analysis and other standard tools when reviewing data and in the development of goals and objectives.
11. Promote availability and use of the DBHDS Quality Manual in varied contexts that ensure licensed providers, CSBs, and other invested community stakeholders know of its availability, specifically that the manual includes foundational knowledge of quality management, templates, tools, and tips, and suggested processes for a successful quality management program.
12. Continue to provide opportunities for licensed providers to engage/network with other licensed providers (in the same region or who offer the same type of service) about best practices and/or challenges related to service provision in workgroup fashion.
13. Continue to offer targeted technical assistance to licensed providers and CSBs.
14. Continue to provide DBHDS Expanded Consultation and Technical Assistance (ECTA) to licensed providers/CSBs with approved QEP for QI/RM elements.



HSAG reviewed the statewide, CSB, region, and service type-specific aggregate results. Any compliance element results below 90% statewide are listed below with statewide compliance percentages reported. Region-level and service type tabulation of licensed provider/CSB PCR compliance results is included. Region-level and service type tabulation of licensed provider/CSB PQR compliance results are not possible due to licensed providers potentially operating in multiple regions measurement of compliance by the licensed provider rather than their specific service type.

HSAG offers the following recommendations:

Table 4-1: Opportunities for Improvement and Recommendations

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

Element	Opportunity for Improvement
Is Part I of the ISP complete and thorough?	<p>Statewide: 73%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR</p> <p>Recommendation: HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for completion of ISP Part I, specifically: the minimum requirement that details are written in person-centered language; include preferences for the meeting requested by the individual including day, time, place, and the people who support the individual; the individual’s talents, and contributions, what is important to and for the individual and what s/he does and does not want, and addresses all life areas for the individual including a preference to not develop outcomes in a life area, by providing additional training on person-centered planning for all support coordinators using DBHDS published resources.</p> <p>HSAG recommends DBHDS provide additional guidance to CSBs in all regions regarding expectations for ISP Part I development specifically related to best practices for documenting when individuals have no preferences for their annual meetings.</p>

Element	Opportunity for Improvement
	<p>HSAG recommends DBHDS ensures all CSBs know where to locate and are able to access the most current training materials and resources regarding best practices for ISP development.</p>
<p>Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?</p>	<p>Statewide: 88% Regions with opportunity: 2, 3 Service types with opportunity: CBR, CCO, GDY, GRL, ILS, SPR, SUL Recommendation: HSAG recommends that CSBs in regions identified above ensure support coordinators understand the DBHDS expectation for the ISP Part II Medications section to include all current prescribed and over the counter medications.</p> <p>HSAG recommends DBHDS provide additional guidance to CSBs in regions identified above regarding expectations for ISP Part II development related to the inclusion of over-the-counter medications in the ISP Part II Medications section. HSAG recommends DBHDS ensures CSBs in regions identified above know where to locate and are able to access the most current training materials and resources regarding best practices for ISP development.</p>
<p>If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?</p>	<p>Statewide: 85% Regions with opportunity: 1, 4, 5 Service types with opportunity: CBR, CEN, GDY, GRS, GRL, SPR, SUL Recommendation: HSAG recommends that CSBs in regions identified above ensure support coordinators understand DBHDS expectations for the ISP Part II Medications section to include the potential side effects for all medications listed.</p> <p>HSAG recommends that CSBs in regions identified above ensure support coordinators understand the DBHDS expectation that potential side effects be reviewed with the individual and that review be documented in the ISP or progress note.</p> <p>HSAG recommends CSBs utilize the best practice of reviewing potential side effects during annual ISP development and when new medications are added to an in-progress ISP to ensure individual’s understanding of their medications and related potential side effects.</p> <p>HSAG recommends DBHDS provide additional guidance to CSBs in regions identified above regarding expectations for ISP Part II development related documenting potential side effects and review of those side effects with the individual’s served.</p> <p>HSAG recommends DBHDS ensures CSBs in regions identified above know where to locate and can access the most current training materials and resources regarding best practices for ISP development.</p>
<p>Does the ISP Part II Essential Information, Social, Developmental, Behavioral and</p>	<p>Statewide: 82% Regions with opportunity: 1, 3, 4, 5 Service types with opportunity: CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p>

Element	Opportunity for Improvement
<p>Family History sections include the individual’s social, developmental, behavioral, and family history?</p>	<p>Recommendation: HSAG recommends that CSBs in regions identified above ensure support coordinators understand the DBHDS expectation for the ISP Part II Essential Information Social Developmental Behavioral and Family history section to include historical and current information and emphasize the need for current living arrangements to be documented and/or updated when living arrangements change.</p> <p>HSAG recommends DBHDS ensure CSBs in regions identified above understand expectations for including both historical and current information in the ISP Part II Essential Information Social Developmental Behavioral and Family History section and know where to locate and are able to access the most current training materials and resources regarding best practices for ISP development.</p>
<p>Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?</p>	<p>Statewide: 58%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for documenting identified and potential risks in version 4.0 of the ISP, specifically the expectation that any risk <i>known to be true</i> to the planning team be included as an <i>identified</i> risk in the ISP (PC ISP v4 0 Overview). HSAG recommends CSBs in all regions ensure support coordinators understand health conditions, including those which may have been diagnosed over a year prior to development of the ISP, should be categorized as <i>identified risks</i> if they are <i>known to be true</i>.</p> <p>HSAG recommends all CSBs ensure support coordinators are aware of and trained on DBHDS expectations for thorough completion of the ISP Part II Physical and Health conditions, specifically that all current diagnoses are documented, including developmental and intellectual disability diagnoses (i.e., Autism, Mild Intellectual Disability, Profound Intellectual Disability, etc.)</p> <p>HSAG recommends DBHDS emphasize the expectation that all current medical and behavioral diagnoses and conditions be listed in Part II.</p> <p>HSAG recommends DBHDS continue to provide clarification and training about how version 4.0 of the ISP differs from previous versions, specifically that risks “<i>known to be true</i>” should be documented as an <i>identified</i> risk in the ISP Part III Shared Planning Essential Supports section.</p> <p>HSAG recommends DBHDS continue to clarify how identification and categorization of risks using the RAT differs from current processes, i.e., classification of risks diagnosed longer than one year prior as “potential” risks even when those risks are present and known to be true (i.e., seizure diagnosis >1 year prior but currently experiencing seizures).</p>

Element	Opportunity for Improvement
<p>Did the individual have support from people during the development of the ISP that they wanted?</p>	<p>Statewide: 87%</p> <p>Regions with opportunity: 1, 3, 4, 5</p> <p>Service types with opportunity: CBR, GDY, GHC, GRS, GRL, ILS, SPR</p> <p>Recommendation: HSAG recommends CSBs in regions identified above ensure support coordinators understand DBHDS expectations for documenting individuals’ preferences for supports during ISP development in Part I of the ISP and facilitating participation of preferred people per the individual’s preference.</p> <p>HSAG recommends DBHDS clarify expectations for facilitating participation of preferred people during ISP development and planning, specifically how to properly document individuals preferences for annual planning and offer options for ISP planning that individuals may not be aware of (i.e., cannot express preferences if they do not know about options to express their choice).</p>
<p>The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS® or other relevant assessments.</p>	<p>Statewide: 67%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for documenting medical needs and supports found in the SIS® or other assessments in the ISP Part III Routine Supports section.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for what kinds of medical needs should be documented as “other medical” supports.</p> <p>HSAG recommends DBHDS provide additional guidance to all CSBs about best practices for documenting medical needs and support found in SIS® or other assessments and emphasize the expectation that routine supports be included in the Part III Routine Supports section, not in Part III Shared Planning outcomes.</p> <p>HSAG recommends DBHDS provide the updated best practice expectations specific to incorporating the new SIS® reports into the ISP.</p> <p>HSAG recommends DBHDS provide additional guidance to all CSBs about how to document “other medical” needs and supports as compared to documenting when there are protocols for medical needs (for example, should a g-tube protocol should be included in Part III Routine Supports AND Part II under medical protocols?).</p>
<p>The ISP Part III Shared Planning Routine Supports section identified all behavioral needs found in the SIS® or</p>	<p>Statewide: 55%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p>

Element	Opportunity for Improvement
<p>other relevant assessments.</p>	<p>Recommendation: HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for documenting behavioral needs and support found in the SIS[®] or other assessments in the ISP Part III Routine Supports section.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for what kinds of behavioral needs should be documented as “other behavioral” supports.</p> <p>HSAG recommends DBHDS provide additional guidance to all CSBs about best practices for documenting behavioral needs and support found in the SIS[®] or other assessments and emphasize the expectation that routine supports be included in the Part III Routine Supports section, not in Part III Shared Planning section.</p> <p>HSAG recommends DBHDS provide updated best practice expectations specific to incorporating the new SIS[®] reports into the ISP.</p> <p>HSAG recommends DBHDS provide additional guidance about proper documentation of behavioral needs and supports in Part III Routine Supports “other behavioral” section of the ISP to CSBs. HSAG recommends DBHDS provide specific guidance about best practice documentation of behavioral needs and supports, when a formal behavioral protocol is in place, to CSBs.</p>
<p>Outcomes are developed in the life area of Employment, as appropriate.</p>	<p>Statewide: 68%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends CSBs utilize and distribute to support coordinators the DBHDS ISP Fact Sheet: Employment/Employment Related Outcomes (https://dbhds.virginia.gov/wp-content/uploads/2024/02/Employment-Outcomes-Fact-Sheet-FINAL-1.19.24-2.pdf).</p> <p>HSAG recommends that all CSBs ensure support coordinators understand DBHDS expectations for development of outcomes in the life area of Employment, specifically the expectation for development of an outcome in this life area if the individual identifies employment as important to them during ISP planning and development and the life area is listed in Part I Important To section.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for the development of an outcome in all life areas listed as Important To the individual in Part I.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for how the ISP Part I Important To section and ISP Part III Shared Planning section align.</p> <p>HSAG recommends DBHDS ensure all CSBs understand expectations for development of outcomes in life areas identified as important to the individual in Part I of the ISP</p>

Element	Opportunity for Improvement
	<p>and emphasize ISP version 4.0 requires any life area identified as important to the individual include a corresponding outcome developed in that life area.</p> <p>HSAG recommends DBHDS ensure all CSBs are aware of and utilize DBHDS resources available that provide clarity about best practices for ISP development of Employment outcomes and promote the use of the <i>ISP Life Area Cheat Sheet</i> and <i>ISP Fact Sheet: Employment/Employment Related Outcomes</i> resources.</p>
<p>Outcomes are developed in the life area of Integrated Community Involvement, as appropriate.</p>	<p>Statewide: 86%</p> <p>Regions with opportunity: 1, 2, 3, 4</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GRS, GRL, ILS, IHS, SPR</p> <p>Recommendation: HSAG recommends CSBs utilize and distribute to support coordinators the DBHDS <i>ICI Fact Sheet</i> (https://dbhds.virginia.gov/wp-content/uploads/2023/10/Life-Area-Cheat-Sheet-FINAL_newlogo-1.pdf).</p> <p>HSAG recommends that all CSBs ensure support coordinators understand DBHDS expectations for development of outcomes in the life area of Integrated Community Involvement, specifically the expectation for development of an outcome in this life area if the individual identifies integrated community involvement as important to them during ISP planning and development and the life area is listed in Part I Important To section.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for the development of an outcome in all life areas listed as Important To the individual in Part I.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for how the ISP Part I Important To section and ISP Part III Shared Planning section align.</p> <p>HSAG recommends DBHDS ensure all CSBs understand expectations for development of outcomes in life areas identified as important to the individual in Part I of the ISP and emphasize ISP version 4.0 requires any life area identified as important to the individual include a corresponding outcome developed in that life area.</p>
<p>Outcomes are developed in the life area of Community Living, as appropriate.</p>	<p>Statewide: 79%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends all CSBs utilize and distribute to support coordinators the DBHDS <i>Life Area Cheat Sheet</i> (https://dbhds.virginia.gov/wp-content/uploads/2023/10/Life-Area-Cheat-Sheet-FINAL_newlogo-1.pdf).</p> <p>HSAG recommends that all CSBs ensure support coordinators understand DBHDS expectations for development of outcomes in the life area of Community Living, specifically the expectation for development of an outcome in this life area if the individual identifies community living as important to them during ISP planning and development and the life area is listed in Part I Important To section.</p>

Element	Opportunity for Improvement
	<p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for the development of an outcome in all life areas listed as Important To the individual in Part I.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for how the ISP Part I Important To section and ISP Part III Shared Planning section align.</p> <p>HSAG recommends DBHDS ensure all CSBs understand expectations for development of outcomes in life areas identified as important to the individual in Part I of the ISP and emphasize ISP version 4.0 requires any life area identified as important to the individual include a corresponding outcome developed in that life area.</p>
<p>Outcomes are developed in the life area of Safety & Security, as appropriate.</p>	<p>Statewide: 54%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends all CSBs utilize and distribute to support coordinators the DBHDS <i>Life Area Cheat Sheet</i> (https://dbhds.virginia.gov/wp-content/uploads/2023/10/Life-Area-Cheat-Sheet-FINAL_newlogo-1.pdf).</p> <p>HSAG recommends that all CSBs ensure support coordinators understand DBHDS expectations for development of outcomes in the life area of Safety & Security, specifically the expectation for development of an outcome in this life area if the individual identifies safety and security as important to them during ISP planning and development and the life area is listed in Part I Important To section.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for the development of an outcome in all life areas listed as Important To the individual in Part I.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for how the ISP Part I Important To section and ISP Part III Shared Planning section align.</p> <p>HSAG recommends DBHDS ensure all CSBs understand expectations for development of outcomes in life areas identified as important to the individual in Part I of the ISP and emphasize ISP version 4.0 requires any life area identified as important to the individual include a corresponding outcome developed in that life area.</p>
<p>Outcomes are developed in the life area of Healthy Living, as appropriate.</p>	<p>Statewide: 63%</p> <p>Regions with opportunity: 1, 2, 3, 4</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends all CSBs utilize and distribute to support coordinators the DBHDS <i>Life Area Cheat Sheet</i> (https://dbhds.virginia.gov/wp-content/uploads/2023/10/Life-Area-Cheat-Sheet-FINAL_newlogo-1.pdf).</p>

Element	Opportunity for Improvement
	<p>HSAG recommends that all CSBs ensure support coordinators understand DBHDS expectations for development of outcomes in the life area of Healthy Living, specifically the expectation for development of an outcome in this life area if the individual identifies healthy living as important to them during ISP planning and development and the life area is listed in Part I Important To section.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for the development of an outcome in all life areas listed as Important To the individual in Part I.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for how the ISP Part I Important To section and ISP Part III Shared Planning section align.</p> <p>HSAG recommends DBHDS ensure all CSBs understand expectations for development of outcomes in life areas identified as important to the individual in Part I of the ISP and emphasize ISP version 4.0 requires any life area identified as important to the individual include a corresponding outcome developed in that life area.</p>
<p>Outcomes are developed in the life area of Social & Spirituality, as appropriate.</p>	<p>Statewide: 65%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends all CSBs utilize and distribute to support coordinators the DBHDS <i>Life Area Cheat Sheet</i> (https://dbhds.virginia.gov/wp-content/uploads/2023/10/Life-Area-Cheat-Sheet-FINAL_newlogo-1.pdf).</p> <p>HSAG recommends that all CSBs ensure support coordinators understand DBHDS expectations for development of outcomes in the life area of Social & Spirituality, specifically the expectation for development of an outcome in this life area if the individual identifies social and spirituality as important to them during ISP planning and development and the life area is listed in Part I Important To section.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for the development of an outcome in all life areas listed as Important To the individual in Part I.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for how the ISP Part I Important To section and ISP Part III Shared Planning section align.</p> <p>HSAG recommends DBHDS ensure all CSBs understand expectations for development of outcomes in life areas identified as important to the individual in Part I of the ISP and emphasize ISP version 4.0 requires any life area identified as important to the individual include a corresponding outcome developed in that life area.</p>
<p>Outcomes are developed in the life</p>	<p>Statewide: 84%</p> <p>Regions with opportunity: 1, 2</p>

Element	Opportunity for Improvement
<p>area of Citizenship & Advocacy, as appropriate.</p>	<p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, IHS, SPR</p> <p>Recommendation: HSAG recommends all CSBs utilize and distribute to support coordinators the DBHDS <i>Life Area Cheat Sheet</i> (https://dbhds.virginia.gov/wp-content/uploads/2023/10/Life-Area-Cheat-Sheet-FINAL_newlogo-1.pdf).</p> <p>HSAG recommends that all CSBs ensure support coordinators understand DBHDS expectations for development of outcomes in the life area of Citizenship & Advocacy, specifically the expectation for development of an outcome in this life area if the individual identifies citizenship and advocacy as important to them during ISP planning and development and the life area is listed in Part I Important To section.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for the development of an outcome in all life areas listed as Important To the individual in Part I.</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for how the ISP Part I Important To section and ISP Part III Shared Planning section align.</p> <p>HSAG recommends DBHDS ensure all CSBs understand expectations for development of outcomes in life areas identified as important to the individual in Part I of the ISP and emphasize ISP version 4.0 requires any life area identified as important to the individual include a corresponding outcome developed in that life area.</p>
<p>The ISP and/or other SC documentation confirmed a review of the ISP was conducted with the individual quarterly or every 90 days.</p>	<p>Statewide: 89%</p> <p>Regions with opportunity: 3, 4, 5</p> <p>Service types with opportunity: CCO, CEN, GDY, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends CSBs in regions identified above identify key sources of systemic variability that prevent timely completion of quarterly reviews (i.e., staff turnover, staff training, or late submission by the licensed provider) to better address root causes.</p> <p>HSAG recommends that DBHDS communicate best practice standards for how support coordinators should document when licensed providers are not completing and submitting quarterly reviews of services timely and/or consistently.</p>
<p>The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual’s residential setting,</p>	<p>Statewide: 88%</p> <p>Regions with opportunity: 3, 4, 5</p> <p>Service types with opportunity: CEN, GDY, GRS, GRL, IHS, SPR</p> <p>Recommendation: HSAG recommends CSBs in regions identified above ensure support coordinators understand how to properly complete the Virginia Informed Choice form, specifically how to document that education materials were presented in an accommodating format for the individual and/or their authorized representative and document annual education about less restrictive options available to the individual.</p>

Element	Opportunity for Improvement
and who provides them.	<p>HSAG recommends DBHDS reinforce expectations for completion of the Virginia Informed Choice form, specifically the expectations to document that materials were presented in an accommodating format for the individual and/or their authorized representative, and that annual education about less restrictive options available to the individual were discussed.</p>
<p>The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.</p>	<p>Statewide: 84%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR</p> <p>Recommendation: HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for ISP development to include obtaining signatures of the individual and/or their representative and all providers responsible for its implementation, including providers of non-waiver services such as therapeutic consult.</p> <p>HSAG recommends CSBs ensure support coordinators are aware of the expectation that all providers supporting an individual, including providers of non-waiver services such as therapeutic consult, should either participate in ISP planning and development or contribute information about current status of services during the ISP planning process.</p> <p>HSAG recommends DBHDS continue to emphasize expectations that all providers participate in or contribute to ISP planning and development, including providers of non-waiver services such as therapeutic consultants.</p>
<p>The ISP was developed according to the processes required.</p>	<p>Statewide: 31%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends all CSBs ensure support coordinator understanding of DBHDS expectations for processes specific to ISP development, specifically coordination with the individual and their family/caregiver, as appropriate, all providers, and others as desired by the individual; completion of updated VIDES, completed within a year of previous VIDES; accurately updated risks in the ISP; one or more outcomes that reflect what is Important To the individual; documentation of a meaningful conversation about employment if applicable; and a documentation of a meaningful conversation about integrated community involvement.</p> <p>HSAG recommends DBHDS continue to communicate minimum expectations for ISP development to all CSBs and continue to provide resources and training that clarify these expectations.</p>

Element	Opportunity for Improvement
<p>If Yes, was the ISP updated to reflect the change in status?</p>	<p>Statewide: 58%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends all CSBs train support coordinators on the DBHDS definitions for change in status and appropriate implementation of the ISP using DBHDS training materials (https://dbhds.virginia.gov/assets/doc/sccm/osvt-definitions-defining-change-in-status-and-isp-implemented-appropriately-6.9.20-final.pdf).</p> <p>HSAG recommends all CSBs ensure support coordinators understand DBHDS expectations for updating an in-progress ISP.</p> <p>HSAG recommends DBHDS clarify expectations for updating an in-progress ISP, specifically how to ensure Part III includes all risks known to be true to the planning team.</p> <p>HSAG recommends DBHDS consider modifications to the Waiver Management System (WaMS) functionality that would allow the support coordinator to update identified risks in Part III Essential Supports section after initiation of the ISP to reflect newly or previously unidentified risks recently diagnosed or known to be true.</p>
<p>If No, does the individual’s file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual’s strengths and preferences) through the convening of the individual’s team to address the issue?</p>	<p>Statewide: 43%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends all CSBs train support coordinators on the DBHDS definitions for change in status and appropriate implementation of the ISP using DBHDS training materials (https://dbhds.virginia.gov/assets/doc/sccm/osvt-definitions-defining-change-in-status-and-isp-implemented-appropriately-6.9.20-final.pdf).</p> <p>HSAG recommends all CSBs ensure support coordinators are trained on DBHDS expectations for conducting face-to-face meetings using DBHDS resource materials (https://dbhds.virginia.gov/case-management/dd-manual/), specifically emphasizing the core purpose of assessing individuals’ status and satisfaction with services, including the need for additional services and supports.</p> <p>HSAG recommends all CSBs ensure support coordinators understand the DBHDS expectation that completion of the OSVT does not preclude the need for an explanatory progress note about the face-to-face visit.</p> <p>HSAG recommends DBHDS ensure all CSBs have access to the most current training materials and resources that detail expectations and best practices for documenting</p>

Element	Opportunity for Improvement
	changes in status, how to complete the OSVT with appropriate explanatory progress notes, and expectations for appropriate implementation of the ISP.
Is there a record of the individual receiving and signing their HCBS rights disclosure on an annual basis?	<p>Statewide: 83%</p> <p>Regions with opportunity: 1, 2, 3, 5</p> <p>Service types with opportunity: GDY, GHC, GRL, GRS, SPR, SUL</p> <p>Recommendation: HSAG recommends licensed providers/CSBs in regions identified above implement procedures and/or tracking mechanisms that ensure all individuals receive and sign their HCBS rights disclosure annually.</p> <p>HSAG recommends DBHDS promote review and signature by individuals of HCBS rights disclosure as part of annual ISP development training for providers/CSBs.</p>
Is there evidence of a signed lease, residency agreement, or other written agreement for the person that includes language referencing individual protections from eviction?	<p>Statewide: 70%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: GRS, GRL, SPR</p> <p>Recommendation: HSAG recommends licensed providers of residential services in all regions ensure leases/residency agreements include eviction protection, specifically regulation VRLTA § 55-248.16 (Code of Virginia § 55-248.16 - Tenant to maintain dwelling unit :: Chapter 13.2 - Virginia Residential Landlord and Tenant Act :: Title 55 — PROPERTY AND CONVEYANCES. :: 2006 Code of Virginia :: Code of Virginia :: U.S. Codes and Statutes :: U.S. Law :: Justia).</p> <p>HSAG recommends that licensed providers of residential services in all regions review current lease/residency agreements to ensure alignment with HCBS Settings Rules, specifically monthly rent be a dollar amount and not a percentage of income, all program fees be itemized, and that individuals are not required to use the provider as representative payee as stipulation of the lease/residency agreement.</p> <p>HSAG recommends DBHDS continue to emphasize expectations for lease agreements, ensure licensed providers of residential services have access to the most current trainings and resources on leases/residency agreements that HCBS Settings Rule compliant, and develop resource materials for the audience of individuals and families that will increase understanding of HCBS Settings Rules amongst consumers of waiver services.</p>
If Yes, is there an approved modification in place for health and safety risk or is the provider in the process of requesting such approval?	<p>Statewide: 50%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CEN, GDY, GHC, GRS, GRL, IHS, SPR</p> <p>Recommendation: HSAG recommends licensed providers and CSBs in all regions increase staff understanding of modifications for an individual’s health and safety by training staff and support coordinators using current DBHDS resources on this topic, with the goal of understanding how to request modification approval, document the modification properly in the ISP Part V, and documenting ongoing review of the</p>

Element	Opportunity for Improvement
	<p>modification (https://dbhds.virginia.gov/wp-content/uploads/2025/05/HCBS-Modification-Training-2025-1-1.pdf).</p> <p>HSAG recommends licensed providers and CSBs in all regions ensure any new admissions to services include a discussion of current interventions and/or modifications for health and safety (both approved modifications and modifications not approved by DBHDS) to prevent “grandfathering” of restrictive interventions without DBHDS approval (i.e., new residential provider uses intervention because it was used by a previous provider).</p> <p>HSAG recommends DBHDS continue to disseminate current training resources and materials to all regions that detail when modifications for health and safety risks require DBHDS approval, how to obtain that approval, and how to properly document modifications in the ISP Part V.</p> <p>HSAG recommends DBHDS continue to emphasize expectations for ongoing data collection for any modifications in place and expectations for regular review of the modification to ensure it continues to be the least restrictive option, and the individual still agrees to the modification.</p>
<p>Was the observation completed with staff selected by HSAG?</p>	<p>Statewide: 84%</p> <p>Regions with opportunity: 1, 2, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, IHS</p> <p>Recommendation: HSAG recommends licensed providers/CSBs in regions identified above understand expectations for QSR observations, specifically the expectation that staff selected by HSAG to be observed be put forth for observation whenever possible. HSAG recommends licensed providers/CSBs in all regions communicate with HSAG throughout the QSR about staffing changes that impact staff selected for observation.</p> <p>HSAG recommends DBHDS clarify expectations for when a QEP is required when staff observed is not staff selected by HSAG through the development of more detailed scoring criteria.</p>
<p>Did the staff observed complete DBHDS advanced competencies?</p>	<p>Statewide: 81%</p> <p>Regions with opportunity: 2, 4, 5</p> <p>Service types with opportunity: CCO, GDY, GHC, GRS, IHS, SPR</p> <p>Recommendation: HSAG recommends licensed providers in regions identified above ensure any staff serving individuals assigned to SIS[®] Level 5, 6, or 7 have completed DBHDS Advanced Competencies.</p> <p>HSAG recommends DBHDS continue to explore ways to streamline required competencies and facilitate ease of completion.</p>

Element	Opportunity for Improvement
<p>Has repair or follow-up on repairs [on non-working adaptive equipment] been occurring?</p>	<p>Statewide: 56%</p> <p>Regions with opportunity: 1, 4</p> <p>Service types with opportunity: GDY, GRS, GRL</p> <p>Recommendation: HSAG recommends licensed providers and CSBs in regions identified above ensure appropriate follow-up on repairs to non-working adaptive equipment and contact the DBHDS Mobile Rehab Engineering Team for assistance for support (https://dbhds.virginia.gov/office-of-integrated-health/health-support-network/mobile-rehab-engineering/).</p> <p>HSAG recommends licensed providers and CBS increase understanding of how to document supports in the absence of prescribed adaptive equipment.</p> <p>HSAG recommends DBHDS promote use of the Mobile Rehab Engineering Team and the services available to individuals for maintenance and repair of durable medical equipment.</p>
<p>Can the staff list the most common side effects of the medications the person is on, or where to locate this information?</p>	<p>Statewide: 88%</p> <p>Regions with opportunity: 2, 4</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, IHS, SUL</p> <p>Recommendation: HSAG recommends licensed providers in regions listed above understand expectations for staff to hold knowledge of the potential side effects for all prescribed medications an individual is taking, or where to readily find that information, even if the staff does not administer medications or the individual does not take medications in the provider setting.</p> <p>HSAG recommends licensed providers train staff about the importance of monitoring for possible side effects as method to assess for changes in status that may reflect a new health risk.</p> <p>HSAG recommends DBHDS identify best practice “location” for where to document possible side effects when services are community based (i.e., cheat sheet for the person carried by staff, access via provider mobile device to individuals record, other mechanism).</p>
<p>Did the provider implement actions to address the changing needs and/or status?</p>	<p>Statewide: 87%</p> <p>Regions with opportunity: 2, 4</p> <p>Service types with opportunity: GHC, GRS, GRL, ILS, SPR, SUL</p> <p>Recommendation: HSAG recommends licensed providers in the regions listed above ensure individual changes in status are documented appropriately in the individuals record including any interventions taken to address the change in status, and ensure any changes are communicated to support coordinators timely and documented in quarterly review of services.</p>

Element	Opportunity for Improvement
	<p>HSAG recommends licensed providers in the regions listed above train staff on the importance of monitoring for changes in status to ensure staff providing daily support to individuals understand the importance of documenting and communicating changes to the team.</p> <p>HSAG recommends licensed providers in all regions ensure there are communication pathways established for line staff to document and communicate changes in status that ensure support coordinators are informed of all relevant changes which may occur over the course of a quarter (i.e., structure progress notes to capture changes in status as the OSVT does).</p> <p>HSAG recommends licensed providers develop mechanisms that ensure timely completion of a quarterly review of services provided, including submission to the support coordinator to ensure changing needs are properly addressed.</p> <p>HSAG recommends DBHDS communicate best practice standards for licensed provider completion and submission of a quarterly review of services and establish mechanisms for support coordinators to engage all parties when licensed providers are not completing and submitting quarterly reviews of services sufficient to ensure all changing needs are properly addressed.</p>
<p>Is there evidence of completion of an annual physical exam?</p>	<p>Statewide: 88%</p> <p>Regions with opportunity: 2, 4, 5</p> <p>Service types with opportunity: GRS, SPR</p> <p>Recommendation: HSAG recommends that licensed providers of residential services and regions listed above understand expectations for documenting annual physicals using standardized forms that ensure all health concerns are discussed and documented appropriately.</p> <p>HSAG recommends licensed providers of residential services in all regions utilize the DBHDS Annual Healthcare Visit Toolkit (https://dbhds.virginia.gov/wp-content/uploads/2023/07/Instructions-Annual-Healthcare-Visit-Toolkit.pdf) and follow the guidelines included within regarding ensuring annual physicals are completed and appropriate follow up occurs for all health and behavioral needs.</p> <p>HSAG recommends all CSBs ensure support coordinators understand their role in advocating for the completion of annual physical exams and establish best practice expectations for next steps a support coordinator should take to address when annual exams are not occurring as required.</p> <p>HSAG recommends DBHDS promote use of their Annual Healthcare Visit Toolkit in all regions and define best practice next steps for support coordinators to take when licensed providers of residential services are not ensuring completion of annual physical as required.</p>

Element	Opportunity for Improvement
<p>Is there evidence of completion of an annual dental exam?</p>	<p>Statewide: 64%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: GHC, GRS, GRL, SPR</p> <p>Recommendation: HSAG recommends licensed providers of residential services utilize resources available through DBHDS Office of Integrated Health when barriers exist to obtaining regular dental care, including but not limited to completion of an online Dental Referral Form for individuals who meet dental program criteria (https://dbhds.virginia.gov/office-of-integrated-health/dental/).</p> <p>HSAG recommends licensed providers of residential services utilize DentaQuest toll-free number (888-912-3456) when attempting to find local dentists for individuals with Medicaid.</p> <p>HSAG recommends licensed providers of residential services in all regions understand DBHDS expectations that annual dental exams are completed as required.</p> <p>HSAG recommends all CSBs ensure support coordinators are aware of DBHDS Office of Integrated Health resources specific to dental care including the online Dental Referral Form and dental program exclusion criteria.</p> <p>HSAG recommends all CSBs ensure support coordinators are trained to advocate for the completion of annual dental exams during ISP development and planning.</p> <p>HSAG recommends DBHDS ensure licensed providers, CSBs, individuals, and family members statewide are aware of DentaQuest toll-free phone number and the availability of customer service representatives who will assist with answering questions (888-912-3456).</p> <p>HSAG recommends DBHDS continue to develop and disseminate resources designed to improve daily dental hygiene for individuals.</p> <p>HSAG recommends DBHDS develop and disseminate resources designed for licensed providers and CSBs to share with individuals and families about dental hygiene, specifically with individuals who are not receiving residential services.</p>
<p>Would you like to live somewhere else?¹</p>	<p>Statewide: 24%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends licensed providers and CSBs in all regions ensure policies and procedures are in place that facilitate review of all HCBS rights with individuals annually and develop mechanisms to ensure individuals are aware of and are able to exercise those rights in their daily lives.</p> <p>HSAG recommends licensed providers and CSBs ensure staff and support coordinators are trained in the practical application of policies and procedures specific to ensuring HCBS Settings Rules and Rights are maintained for all individuals served.</p> <p>HSAG recommends licensed providers and CSBs implement procedures or programming that facilitate individuals' understanding of HCBS Settings Rules and</p>

Element	Opportunity for Improvement
	<p>Rights in all locations and settings (i.e., facilitating a group discussion at a day program about individuals’ HCBS rights on a regular basis).</p> <p>HSAG recommends DBHDS develop and/or promote resource materials designed for the audiences of individuals receiving waiver services and their families that explains HCBS Settings Rules and Rights, with links to the DBHDS website and/or who to contact about HCBS Settings Rules and Rights (if different from Office of Human Rights).</p> <p>HSAG recommends DBHDS develop resource materials specifically for the audience of parent providers to ensure understanding of roles and responsibilities related to ensuring individual rights when staff hold multiple roles in the planning team, with specific Do’s and Don’ts for parents who are legal guardians and paid providers.</p>
<p>Did you choose the people you live with?</p>	<p>Statewide: 82%</p> <p>Regions with opportunity: 4, 5</p> <p>Service types with opportunity: GHC, GRS, GRL, SPR</p> <p>Recommendation: HSAG recommends licensed providers and CSBs in regions listed above ensure policies and procedures are in place that facilitate review of all HCBS rights with individuals annually and develop mechanisms to ensure individuals are aware of and are able to exercise those rights in their daily lives.</p> <p>HSAG recommends licensed providers and CSBs ensure staff and support coordinators are trained in the practical application of policies and procedures specific to ensuring HCBS Settings Rules and Rights are maintained for all individuals served.</p> <p>HSAG recommends licensed providers and CSBs implement procedures or programming that facilitate individuals’ understanding of HCBS Settings Rules and Rights in all locations and settings (i.e., facilitating a group discussion at a day program about individuals’ HCBS rights on a regular basis).</p> <p>HSAG recommends DBHDS develop and/or promote resource materials designed for the audiences of individuals receiving waiver services and their families that explains HCBS Settings Rules and Rights, with links to the DBHDS website and/or who to contact about HCBS Settings Rules and Rights (if different from Office of Human Rights).</p> <p>HSAG recommends DBHDS develop resource materials specifically for the audience of parent providers to ensure understanding of roles and responsibilities related to ensuring individual rights when staff hold multiple roles in the planning team, with specific Do’s and Don’ts for parents who are legal guardians and paid providers.</p>
<p>Do you have a key to your home?</p>	<p>Statewide: 74%</p> <p>Regions with opportunity: 1, 2, 4, 5</p> <p>Service types with opportunity: GHC, GRS, GRL, SPR</p>

Element	Opportunity for Improvement
	<p>Recommendation: HSAG recommends licensed providers and CSBs in regions listed above ensure policies and procedures are in place that facilitate review of all HCBS rights with individuals annually and develop mechanisms to ensure individuals are aware of and are able to exercise those rights in their daily lives.</p> <p>HSAG recommends licensed providers and CSBs ensure staff and support coordinators are trained in the practical application of policies and procedures specific to ensuring HCBS Settings Rules and Rights are maintained for all individuals served.</p> <p>HSAG recommends licensed providers and CSBs implement procedures or programming that facilitate individuals’ understanding of HCBS Settings Rules and Rights in all locations and settings (i.e., facilitating a group discussion at a day program about individuals’ HCBS rights on a regular basis).</p> <p>HSAG recommends DBHDS develop and/or promote resource materials designed for the audiences of individuals receiving waiver services and their families that explains HCBS Settings Rules and Rights, with links to the DBHDS website and/or who to contact about HCBS Settings Rules and Rights (if different from Office of Human Rights).</p> <p>HSAG recommends DBHDS develop resource materials specifically for the audience of parent providers to ensure understanding of roles and responsibilities related to ensuring individual rights when staff hold multiple roles in the planning team, with specific Do’s and Don’ts for parents who are legal guardians and paid providers.</p>
Do you have a key to your bedroom?	<p>Statewide: 75%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: GHC, GRS, GRL, SPR, SUL</p> <p>Recommendation: HSAG recommends licensed providers and CSBs in all regions ensure policies and procedures are in place that facilitate review of all HCBS rights with individuals annually and develop mechanisms to ensure individuals are aware of and are able to exercise those rights in their daily lives.</p> <p>HSAG recommends licensed providers and CSBs ensure staff and support coordinators are trained in the practical application of policies and procedures specific to ensuring HCBS Settings Rules and Rights are maintained for all individuals served.</p> <p>HSAG recommends licensed providers and CSBs implement procedures or programming that facilitate individuals’ understanding of HCBS Settings Rules and Rights in all locations and settings (i.e., facilitating a group discussion at a day program about individuals’ HCBS rights on a regular basis).</p> <p>HSAG recommends DBHDS develop and/or promote resource materials designed for the audiences of individuals receiving waiver services and their families that explains HCBS Settings Rules and Rights, with links to the DBHDS website and/or who to</p>

Element	Opportunity for Improvement
	<p>contact about HCBS Settings Rules and Rights (if different from Office of Human Rights).</p> <p>HSAG recommends DBHDS develop resource materials specifically for the audience of parent providers to ensure understanding of roles and responsibilities related to ensuring individual rights when staff hold multiple roles in the planning team, with specific Do's and Don'ts for parents who are legal guardians and paid providers.</p>
<p>Did you get to choose the people you participate in the group with?</p>	<p>Statewide: 89%</p> <p>Regions with opportunity: 4, 5</p> <p>Service types with opportunity: CEN, GDY</p> <p>Recommendation: HSAG recommends licensed providers and CSBs in regions listed above ensure policies and procedures are in place that facilitate review of all HCBS rights with individuals annually and develop mechanisms to ensure individuals are aware of and are able to exercise those rights in their daily lives.</p> <p>HSAG recommends licensed providers and CSBs ensure staff and support coordinators are trained in the practical application of policies and procedures specific to ensuring HCBS Settings Rules and Rights are maintained for all individuals served.</p> <p>HSAG recommends licensed providers and CSBs implement procedures or programming that facilitate individuals' understanding of HCBS Settings Rules and Rights in all locations and settings (i.e., facilitating a group discussion at a day program about individuals' HCBS rights on a regular basis).</p> <p>HSAG recommends DBHDS develop and/or promote resource materials designed for the audiences of individuals receiving waiver services and their families that explains HCBS Settings Rules and Rights, with links to the DBHDS website and/or who to contact about HCBS Settings Rules and Rights (if different from Office of Human Rights).</p> <p>HSAG recommends DBHDS develop resource materials specifically for the audience of parent providers to ensure understanding of roles and responsibilities related to ensuring individual rights when staff hold multiple roles in the planning team, with specific Do's and Don'ts for parents who are legal guardians and paid providers.</p>
<p>Would you like to do something else during the day?¹</p>	<p>Statewide: 30%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends licensed providers and CSBs in all regions ensure policies and procedures are in place that facilitate review of all HCBS rights with individuals annually and develop mechanisms to ensure individuals are aware of and are able to exercise those rights in their daily lives.</p>

Element	Opportunity for Improvement
	<p>HSAG recommends licensed providers and CSBs ensure staff and support coordinators are trained in the practical application of policies and procedures specific to ensuring HCBS Settings Rules and Rights are maintained for all individuals served.</p> <p>HSAG recommends licensed providers and CSBs implement procedures or programming that facilitate individuals’ understanding of HCBS Settings Rules and Rights in all locations and settings (i.e., facilitating a group discussion at a day program about individuals’ HCBS rights on a regular basis).</p> <p>HSAG recommends DBHDS develop and/or promote resource materials designed for the audiences of individuals receiving waiver services and their families that explains HCBS Settings Rules and Rights, with links to the DBHDS website and/or who to contact about HCBS Settings Rules and Rights (if different from Office of Human Rights).</p> <p>HSAG recommends DBHDS develop resource materials specifically for the audience of parent providers to ensure understanding of roles and responsibilities related to ensuring individual rights when staff hold multiple roles in the planning team, with specific Do’s and Don’ts for parents who are legal guardians and paid providers.</p>
<p>Are there things you would like to do that you are not able to do?¹</p>	<p>Statewide: 25%</p> <p>Regions with opportunity: 1, 2, 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends licensed providers and CSBs in all regions ensure policies and procedures are in place that facilitate review of all HCBS rights with individuals annually and develop mechanisms to ensure individuals are aware of and are able to exercise those rights in their daily lives.</p> <p>HSAG recommends licensed providers and CSBs ensure staff and support coordinators are trained in the practical application of policies and procedures specific to ensuring HCBS Settings Rules and Rights are maintained for all individuals served.</p> <p>HSAG recommends licensed providers and CSBs implement procedures or programming that facilitate individuals’ understanding of HCBS Settings Rules and Rights in all locations and settings (i.e., facilitating a group discussion at a day program about individuals’ HCBS rights on a regular basis).</p> <p>HSAG recommends DBHDS develop and/or promote resource materials designed for the audiences of individuals receiving waiver services and their families that explains HCBS Settings Rules and Rights, with links to the DBHDS website and/or who to contact about HCBS Settings Rules and Rights (if different from Office of Human Rights).</p> <p>HSAG recommends DBHDS develop resource materials specifically for the audience of parent providers to ensure understanding of roles and responsibilities related to</p>

Element	Opportunity for Improvement
<p>Do you participate in your banking?</p>	<p>ensuring individual rights when staff hold multiple roles in the planning team, with specific Do's and Don'ts for parents who are legal guardians and paid providers.</p> <p>Statewide: 77%</p> <p>Regions with opportunity: 3, 4, 5</p> <p>Service types with opportunity: CBR, CCO, CEN, GDY, GRS, GRL, IHS, SPR, SUL</p> <p>Recommendation: HSAG recommends licensed providers and CSBs in regions listed above ensure policies and procedures are in place that facilitate review of all HCBS rights with individuals annually and develop mechanisms to ensure individuals are aware of and are able to exercise those rights in their daily lives.</p> <p>HSAG recommends licensed providers and CSBs ensure staff and support coordinators are trained in the practical application of policies and procedures specific to ensuring HCBS Settings Rules and Rights are maintained for all individuals served.</p> <p>HSAG recommends licensed providers and CSBs implement procedures or programming that facilitate individuals' understanding of HCBS Settings Rules and Rights in all locations and settings (i.e., facilitating a group discussion at a day program about individuals' HCBS rights on a regular basis).</p> <p>HSAG recommends DBHDS develop and/or promote resource materials designed for the audiences of individuals receiving waiver services and their families that explains HCBS Settings Rules and Rights, with links to the DBHDS website and/or who to contact about HCBS Settings Rules and Rights (if different from Office of Human Rights).</p> <p>HSAG recommends DBHDS develop resource materials specifically for the audience of parent providers to ensure understanding of roles and responsibilities related to ensuring individual rights when staff hold multiple roles in the planning team, with specific Do's and Don'ts for parents who are legal guardians and paid providers.</p>
<p>Is your support coordinator currently addressing your employment goals?</p>	<p>Statewide: 84%</p> <p>Regions with opportunity: 1, 2, 3, 5</p> <p>Service types with opportunity: CCO, CEN, GDY, GRS, ILS, IHS</p> <p>Recommendation: HSAG recommends CSBs in regions listed above ensure support coordinator understanding for how to document and support individual interests in employment, including long-term goals that require skill-building outcomes to accomplish, and increase understanding of how staff bias can influence ISP development when staff or support coordinators perceive employment goals to be unattainable.</p> <p>HSAG recommends licensed providers and CSBs in all regions receive additional training on how to develop skill-building outcomes that assist individuals in working towards employment goals. (i.e., if a person wants to be a professional wrestler, suggest a goal that increases physical fitness vs. deeming the goal unrealistic).</p>

Element	Opportunity for Improvement
<p>Does the SDM/Family confirm there are no concerns regarding the current service providers?</p>	<p>HSAG recommends DBHDS disseminate or develop trainings that focus on skill building outcomes that support long-term employment goals.</p> <p>Statewide: 87% Regions with opportunity: 1, 3, 4 Service types with opportunity: CBR, CCO, GDY, GHC, GRS, GRL, ILS, SPR, SUL Recommendation: HSAG recommends licensed providers and CSBs in regions listed above ensure staff and support coordinator understanding of DBHDS expectations for inclusion of family members in ISP development and planning and addressing issues or concerns expressed by family members through convening of a team meeting and clear documentation of steps taken to resolve the issue to family members' satisfaction.</p> <p>HSAG recommends DBHDS clarify best practice expectations for documenting concerns expressed by family members that are in direct opposition to wishes expressed by the individual for their support to ensure concerns are directly related to service provision and not family member personal preference.</p>
<p>Does the provider have a quality improvement plan?</p>	<p>Statewide: 69% Regions with opportunity: * Service types with opportunity: ** Recommendation: HSAG recommends licensed providers/CSBs review and utilize the <i>DBHDS Quality Manual</i> (Quality-Manual-FINAL-July-2025.pdf).</p> <p>HSAG recommends licensed providers/CSBs review the DBHDS Guidance document for quality improvement programs (https://dojsettlementagreement.virginia.gov/dojapplication/external/documents/LIC16-Guidance-for-a-Quality-Improvement-Program.pdf) to ensure all regulatory requirements are included in their quality improvement plan and program.</p> <p>HSAG recommends licensed providers/CSBs review the DBHDS Office of Licensing Tools for Developing a Quality Improvement Program (https://dbhds.virginia.gov/wp-content/uploads/2025/03/Tools-for-Developing-a-Quality-Improvement-Program_March-2025.pdf).</p> <p>HSAG recommends licensed providers/CSBs ensure annual review of their quality improvement plan is documented via signature and date and ensure goals and objectives in the quality improvement plan are measurable.</p> <p>HSAG recommends DBHDS continue to provide resources and training that aid licensed providers/CSBs in the development of a quality improvement plan and program that meets all regulatory requirements.</p> <p>HSAG recommends DBHDS promote availability and use of the <i>DBHDS Quality Manual</i> in varied contexts that ensure licensed providers, CSBs, and other invested community stakeholders are aware of its availability, specifically that the manual</p>

Element	Opportunity for Improvement
	includes foundational knowledge of quality management, templates, tools, and tips, and suggested processes for a successful quality management program.
Do all goals and objectives in the provider’s quality improvement plan meet SMART criteria?	<p>Statewide: 40%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs review DBHDS resources available about the development of measurable goals and objectives in a quality improvement plan and program (Sample-Provider-Quality-Improvement-Plan-Revised-March-2024.pdf).</p> <p>HSAG recommends licensed providers/CSBs ensure that all goals and objectives in their quality improvement plan and program are operationally defined and measurable and include a schedule for monitoring progress towards achieving the planned goal and objective.</p> <p>HSAG recommends DBHDS continue to provide resources and training that aid licensed providers/CSBs in the development of goals and objectives that are specific, measurable, attainable, relevant, and time bound.</p> <p>HSAG recommends DBHDS promote availability and use of the <i>DBHDS Quality Manual</i> in varied contexts that ensure licensed providers, CSBs, and other invested community stakeholders are aware of its availability, specifically that the manual includes foundational knowledge of quality management, templates, tools, and tips, and suggested processes for a successful quality management program.</p>
Does the provider track and review performance data?	<p>Statewide: 65%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs use the <i>DBHDS Risk Tracking Tool</i> to track and review performance data, available via the DBHDS Office of Licensing (https://dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/).</p> <p>HSAG recommends licensed providers/CSBs watch the <i>Risk Tracking Tool Instructional Video</i> available via the DBHDS Office of Licensing (https://dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/) or YouTube (Instruction Video Risk Tracking Tool 2025B - YouTube) to ensure full and proper usage of the tool, including completion of all worksheets in the tool.</p> <p>HSAG recommends licensed providers/CSBs ensure performance data is being collected, tracked, and regularly reviewed with meeting minutes kept that document review of data.</p> <p>HSAG recommends DBHDS continue to promote usage of the DBHDS Risk Tracking Tool for licensed providers/CSBs to use for the collection, tracking, and review of</p>

Element	Opportunity for Improvement
	<p>performance data. HSAG recommends DBHDS continue to provide resources and training that ensure licensed providers/CSBs understand and are able to use the tools available for tracking and reviewing performance data.</p>
<p>Does the most current provider quality improvement plan reflect the use of performance data?</p>	<p>Statewide: 77%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs review DBHDS resources and training materials to ensure understanding of how data should be used in the development of measurable goals and objectives (https://dbhds.virginia.gov/wp-content/uploads/2025/03/Using-Data-to-Drive-Quality-PPT.pdf), including accompanying training video (https://www.youtube.com/watch?v=jV-I5eR95ok). HSAG recommends licensed providers/CSBs understand DBHDS expectations that quality improvement plan goals and objectives are operationally defined, use quantifiable performance data, and include a schedule/timeframe for monitoring progress towards established goals.</p> <p>HSAG recommends DBHDS continue to develop and disseminate resources and training that assist licensed providers/CSBs develop quality improvement plans that reflect the use of quantifiable data.</p>
<p>How does the provider track data?</p>	<p>Statewide: 88%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs use the <i>DBHDS Risk Tracking Tool</i> to track and review performance data, available via the DBHDS Office of Licensing (https://dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/).</p> <p>HSAG recommends licensed providers/CSBs watch the <i>Risk Tracking Tool Instructional Video</i> available via the DBHDS Office of Licensing (https://dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/) or YouTube (Instruction Video Risk Tracking Tool 2025B) to ensure full and proper usage of the tool, including completion of all worksheets in the tool.</p> <p>HSAG recommends licensed providers/CSBs document quarterly review of data in the Quarterly & Annual Worksheet section of the DBHDS Risk Tracking Tool in the form of meeting minutes.</p> <p>HSAG recommends licensed providers/CSBs who do not use the DBHDS Risk Tracking Tool use standardized methods that ensure performance data is being collected, tracked, and regularly reviewed with meeting minutes that document review of data.</p>

Element	Opportunity for Improvement
	<p>HSAG recommends DBHDS continue to promote usage of the DBHDS Risk Tracking Tool for licensed providers/CSBs to use for the collection, tracking, and review of performance data.</p> <p>HSAG recommends DBHDS continue to provide resources and training that ensure licensed providers/CSBs understand and are able to use the tools available for tracking and reviewing performance data.</p>
<p>Identify the frequency of data reviewed: Serious Incidents Abuse/Neglect Seclusion and Restraint</p>	<p>Statewide: 77% Serious Incidents; 35% Abuse/Neglect; 20% Seclusion and Restraint Regions with opportunity: * Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs implement procedures that ensures review of data specific to serious incidents occur at least quarterly, and ensure data collected, tracked, and reviewed includes data specific to allegations of abuse/neglect, and the use of seclusion and restraint.</p> <p>HSAG recommends licensed providers/CSBs understand DBHDS expectations for reporting data specific to the use of seclusion and restraint even if those interventions are not used by the licensed provider.</p> <p>HSAG recommends licensed providers/CSBs implement procedures that ensure data specific to the use of seclusion and restraint is reported to DBHDS annually by January 15th as required, even when there have been zero instances using seclusion or restraint. 2024 Community Annual Restraint and Seclusion Reporting Memo FINAL.pdf</p> <p>HSAG recommends DBHDS emphasize the expectation that data specific to allegations of abuse/neglect and the use of seclusion and restraint is included as part of quarterly review of serious incidents and are documented in the form of meeting minutes.</p>
<p>Identify the frequency of data reviewed: Community Integration</p>	<p>Statewide: 36% Regions with opportunity: * Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs understand DBHDS expectations for collecting data specific to individual participation in integrated community activities (https://dbhds.virginia.gov/wp-content/uploads/2023/12/Expectations-regarding-provider-reporting-measures-and-risk-management-programs2.pdf).</p> <p>HSAG recommends licensed providers/CSBs implement procedures to collect, track, and review data specific to individual participation in activities that meet criteria for integrated community involvement, i.e., are delivered in a group of three individuals or fewer, are based on the person’s preferences and choice, and completed with people the person prefers to engage with.</p>

Element	Opportunity for Improvement
	<p>HSAG recommends licensed providers/CSBs ensure data collected specific to individual participation in integrated community involvement activities are reviewed annually, at minimum.</p> <p>HSAG recommends DBHDS continue to emphasize the expectation that data specific to individual participation in integrated community involvement activities is collected, tracked, and reviewed annually at minimum.</p> <p>HSAG recommends DBHDS continue to develop and disseminate resources that clarify what activities meet the definition of integrated community involvement.</p>
<p>What processes are evidenced in the provider documentation that indicate how performance data was used in the development of goals/objectives?</p>	<p>Statewide: 84%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs use DBHDS resources and training materials to ensure understanding of how data should be used in the development of measurable goals and objectives (https://dbhds.virginia.gov/wp-content/uploads/2025/03/Using-Data-to-Drive-Quality-PPT.pdf), including accompanying training video (Using Data to Drive Quality - YouTube).</p> <p>HSAG recommends licensed providers/CSBs ensure performance data is utilized to develop measurable goals and objectives and ensure processes for how to determine which performance data are used in the development of goals and objectives are documented in meeting minutes for quarterly reviews of data.</p> <p>HSAG recommends DBHDS continue to promote use of current resources and training that assist licensed providers/CSBs in understanding how to use performance data to develop measurable goals and objectives for their quality improvement plan and program.</p>
<p>Has the provider developed improvement strategies for goals not met?</p>	<p>Statewide: 60%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs understand DBHDS expectations for regular review of data to assess progress towards goals and objectives in the quality improvement plan and understand the expectation that strategies to improve progress towards goals will be implemented when goals are not met (Tools-for-Developing-a-Quality-Improvement-Program_March-2025.pdf).</p> <p>HSAG recommends licensed providers/CSBs ensure the development of improvement strategies for goals not met are documented in meeting minutes.</p> <p>HSAG recommends DBHDS continue to promote use of current resources and training that assist licensed providers/CSBs in understanding expectations for ongoing</p>

Element	Opportunity for Improvement
	<p>monitoring of data and expectations for the development and implementation of strategies when goals are not met.</p>
<p>Has the provider implemented their QEP (QSR QIP)?</p>	<p>Statewide: 45% Regions with opportunity: * Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs develop and implement procedures that ensure QSR results are incorporated into the agency quality improvement plan, as required by DBHDS, and develop procedures that document progress and monitor completion of remediations from previous rounds.</p> <p>HSAG recommends licensed providers/CSBs understand DBHDS expectations for implementation of their QSR QEP from previous rounds, specifically the expectation that licensed providers/CSBs will incorporate QSR results into their agency quality improvement plan (QIP-to-QEP-Memo-3.25.25.pdf).</p> <p>HSAG recommends DBHDS continue to emphasize the expectation that QSRs are part of DBHDS quality management system and that results from QSR reviews and actions documented in the QSR Quality Enhancement Plan must be incorporated into the licensed provider/CSB quality improvement plan.</p>
<p>Does the agency have policies and procedures that address HCBS rights?</p>	<p>Statewide: 85% Regions with opportunity: * Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs ensure they have a policy for HCBS rights which includes all HCBS rights (has a lease or enforceable residency agreement, privacy in lockable rooms, choice of roommates, the ability to furnish one's unit, freedom to control one's schedule and activities, access to food at any time, the right to visitors, and an accessible environment) and also includes the provision of annual review of rights with individuals served.</p> <p>HSAG recommends that licensed providers/CSBs develop policies and procedures that ensure all individuals sign their HCBS rights annually and track and demonstrate adherence to this expectation.</p> <p>HSAG recommends licensed providers/CSBs adopt the practice of reviewing HCBS rights with individuals in conjunction with annual ISP planning and development.</p> <p>HSAG recommends DBHDS promote review and signature of HCBS rights disclosure as part of annual ISP development for all relevant providers/CSBs.</p>
<p>Does the agency have policies around the assurance of</p>	<p>Statewide: 81% Regions with opportunity: * Service types with opportunity: **</p>

Element	Opportunity for Improvement
individual choice and self-determination?	<p>Recommendation: HSAG recommends licensed providers/CSBs understand how policies around assurance of individual choice and self-determination are key to providing person-centered care and ensuring individuals they serve have maximum opportunities to exercise personal choice in their daily lives.</p> <p>HSAG recommends licensed providers/CSBs develop a policy that is distinct from their dignity of risk policy that specifically addresses how the agency facilitates and maximizes opportunities to exercise personal choice. The agency should also demonstrate adherence to DBHDS expectations for maximizing opportunities to exercise personal choice.</p> <p>HSAG recommends licensed providers/CSBs develop policies that address staff’s role in supported decision-making and ensure staff understanding of concepts and how they apply to the individuals being served.</p> <p>HSAG recommends licensed providers/CSBs review DBHDS resources specific to supported decision making (https://dbhds.virginia.gov/wp-content/uploads/2023/03/SDMA-Info-Sheet.pdf; https://dbhds.virginia.gov/supported-decision-making-supported-decision-making-agreements/) to understand how supported decision-making can benefit individuals.</p> <p>HSAG recommends DBHDS continue to disseminate training with curriculum specific to individual choice and self-determination which emphasizes individual choice and self-determination as a core aspect of person-centered planning and practices.</p> <p>HSAG recommends DBHDS continue to promote the availability of resources specific to supported decision-making and how supported decision-making agreements can benefit individuals.</p>
Does the agency have policies detailing how they assure dignity of risk for individuals they serve?	<p>Statewide: 46%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs understand DBHDS expectations for policies detailing how they assure dignity of risk for the individuals they serve, and review available DBHDS resources specific to dignity of risk (https://dbhds.virginia.gov/wp-content/uploads/2024/10/About-Dignity-of-Risk-FINAL.pdf).</p> <p>HSAG recommends licensed providers/CSBs ensure their dignity of risk policy includes all required aspects, including the rights of a person to make an informed choice, the rights of the person to engage in experiences meaningful to him/her, and the right to engage in experiences that are necessary for personal growth and development.</p> <p>HSAG recommends licensed providers/CSBs ensure staff understanding of the concept and how to apply it to individuals being served.</p>

Element	Opportunity for Improvement
	<p>HSAG recommends licensed providers/CSBs train all staff in the practical application of the dignity of risk policy to ensure staff are able to implement policy with the individuals served.</p> <p>HSAG recommends DBHDS continue to disseminate and promote use of resource materials about dignity of risk.</p> <p>HSAG recommends DBHDS develop resource materials for the audience of licensed providers/CSBs who are also family members of the individual to ensure duality of roles and responsibilities does not impact assurance of dignity of risk.</p>
<p>Does the provider have a risk management plan?</p>	<p>Statewide: 89%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs understand DBHDS expectations to have a risk management plan, and review available DBHDS resources (https://dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/), including but not limited to trainings, templates, and/or a sample risk management plan (https://dbhds.virginia.gov/assets/doc/QMD/OL/sample-provider-risk-management-plan-6-2021.pdf).</p> <p>HSAG recommends licensed providers/CSBs review the risk management guidance document (<i>LIC 21: Guidance for Risk Management</i>) available on the DBHDS Office of Licensing website (https://dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/).</p> <p>HSAG recommends licensed providers/CSBs ensure if the risk management plan is subsumed within the quality improvement plan, the risk management plan is identified as such to ensure all required components are included.</p> <p>HSAG recommends DBHDS ensure licensed providers/CSBs are aware of DBHDS resources available on the DBHDS Office of Licensing website specific to risk management, including but not limited to training, tools, templates, and sample risk management plan.</p>
<p>Does the job description for the staff designated for risk management (RM) functions include the roles and responsibilities as listed in the provider’s risk management plan?</p>	<p>Statewide: 89%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs understand DBHDS expectations for alignment between the job description for the staff designated for risk management functions and the roles and responsibilities listed in the provider’s risk management plan, and understand DBHDS expectations that the title of the person designated as responsible for risk management functions in the risk management plan should align with the title on the job description for the person serving in that function.</p>

Element	Opportunity for Improvement
	<p>HSAG recommends DBHDS ensure licensed providers/CSBs are aware of DBHDS resources available on the DBHDS Office of Licensing website specific to risk management.</p>
<p>Has the risk management plan been reviewed/updated in the past year as evidenced in the provider’s annual systemic risk assessment?</p>	<p>Statewide: 72%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs understand DBHDS expectations for completion of an annual systemic risk assessment and risk management plan (https://dbhds.virginia.gov/wp-content/uploads/2025/09/Risk-Management-Tips-and-Tools-June-2021-Updated-June-2022.pdf).</p> <p>HSAG recommends licensed providers/CSBs review resources available from DBHDS Office of Licensing including but not limited to video trainings and systemic risk assessment templates (Systemic-Risk-Assessment-Template_fillable-with-examples.pdf) to ensure annual completion of a systemic risk assessment.</p> <p>HSAG recommends licensed providers/CSBs understand DBHDS expectations for the completion of an annual systemic risk assessment, and the expectation the agency risk management plan will be updated to reflect risks identified in the annual systemic risk assessment.</p> <p>HSAG recommends licensed providers/CSBs sign and date the annual systemic risk assessment and the risk management plan to reflect date of review.</p> <p>HSAG recommends DBHDS ensure licensed providers/CSBs are aware of the expectation that risk management plans are reviewed annually and revised in conjunction with completion of the annual systemic risk assessment and emphasize the best practice including the date of review/revision on policies, plans, or procedures that are regularly reviewed.</p>
<p>Has the provider’s risk management plan been signed and dated in the past year?</p>	<p>Statewide: 75%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs understand DBHDS expectations for completion of a risk management plan (Risk-Management-Tips-and-Tools-June-2021-Updated-June-2022.pdf).</p> <p>HSAG recommends licensed providers/CSBs sign and date the risk management plan to reflect date of review.</p> <p>HSAG recommends DBHDS ensure licensed providers/CSBs are aware of the expectation that risk management plans are reviewed annually and emphasize the best practice of including the date of review/revision on policies, plans, or procedures that are regularly reviewed.</p>

Element	Opportunity for Improvement
Does the agency have policies that support individuals' participation in financial management and decision-making?	<p>Statewide: 73%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs understand HCBS rights include the right of an individual to make decisions about and manage their own finances and understand the importance of having a policy that details how the licensed provider/CSB will ensure individuals retain this right and track and demonstrate adherence to this expectation.</p> <p>HSAG recommends licensed providers/CSBs understand that policies which require individuals to utilize the licensed provider/CSB as a representative payee do not align with HCBS rights and should not be included in provider policy specific to individual financial management.</p> <p>HSAG recommends DBHDS continue to disseminate resources and trainings that emphasize financial decision-making is an HCBS right and detail expectations for the development of a policy that supports individual's participation in financial management and decision-making.</p>
Does the agency have a policy and procedure for recruiting and hiring staff?	<p>Statewide: 86%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs ensure they develop and implement a hiring policy with detail sufficient to ensure compliance with DBHDS regulations specific to the qualifications of employees (12VAC35-105-420) and demonstrate adherence to this expectation.</p> <p>HSAG recommends DBHDS share resources that licensed providers/CSBs can use to develop appropriate hiring policies and procedures.</p>
Does the hiring policy include requirements around background checks?	<p>Statewide: 87%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends that licensed providers/CSBs understand DBHDS expectations that the hiring policy includes the requirement of completion of a background check.</p> <p>HSAG recommends DBHDS continue to disseminate best practice expectations for licensed providers/CSBs hiring policies and procedures.</p>
Does the agency have a written process for	<p>Statewide: 73%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p>

Element	Opportunity for Improvement
determining staff competence?	<p>Recommendation: HSAG recommends licensed providers/CSBs understand DBHDS expectations for development of written policies and processes that determine staff competence (https://dbhds.virginia.gov/wp-content/uploads/2025/05/Expectations-Regarding-Provider-Training-and-Development-5.2.25-1.pdf) and track and demonstrate adherence to this expectation.</p> <p>HSAG recommends licensed providers/CSBs utilize available DBHDS resources for developing written processes and policies for determining staff competence, including but not limited to sample policies (https://dbhds.virginia.gov/wp-content/uploads/2025/04/Employee-Orientation_Training-and-Development-Policy-Template.pdf) and/or form templates (https://dbhds.virginia.gov/wp-content/uploads/2025/04/Orientation-Form-Template.pdf).</p> <p>HSAG recommends DBHDS continue to disseminate resources specific to the development of policies and processes for determining staff competence and promote the availability of sample policies and templates.</p>
Does the provider/CSB have a policy on annual HCBS training?	<p>Statewide: 85%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs understand DBHDS expectations for the development of a policy on annual HCBS training and understand the importance of ensuring all staff have knowledge of HCBS rights and how to ensure individuals they support are able to exercise those rights.</p> <p>HSAG recommends licensed providers/CSBs develop a standalone policy or revise their current training policy to reflect DBHDS expectations for annual completion of HCBS training with all staff and track and demonstrate adherence to this expectation.</p> <p>HSAG recommends DBHDS communicate best practice expectations for annual HCBS settings rules training.</p> <p>HSAG recommends DBHDS promote the Quality Manual and use of the tools, templates, and sample logs therein for tracking staff training.</p>
Has the provider/CSB implemented annual HCBS-specific training with all staff?	<p>Statewide: 56%</p> <p>Regions with opportunity: *</p> <p>Service types with opportunity: **</p> <p>Recommendation: HSAG recommends licensed providers/CSBs understand DBHDS expectations for tracking completion of annual HCBS training with all staff, specifically that evidence of completion of training includes a staff signature.</p> <p>HSAG recommends licensed providers/CSBs implement procedures that track staff training to ensure annual completion of HCBS training, including signed acknowledgement of HCBS training by all staff.</p>

Element	Opportunity for Improvement
	<p>HSAG recommends licensed providers/CSBs ensure procedures for tracking staff training are in place to ensure annual completion by all staff.</p> <p>HSAG recommends DBHDS communicate best practice expectations for annual HCBS settings rules training.</p> <p>HSAG recommends DBHDS to promote the Quality Manual and use of the tools, templates, and sample logs therein for tracking staff training.</p>

**Region-level tabulation of licensed provider PQR compliance results was not possible due to the use of tax identification number (TIN) as the unique licensed provider identifier. For example, a single licensed provider could serve individuals across multiple regions, resulting in that licensed provider’s compliance score being included in the aggregate score for multiple regions.*

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

Appendix A. CSB: Individual Support Plan (ISP) Assessment

Table 1 provides CSB-specific compliance results for the Individual Support Plan (ISP) assessment elements.

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

ISP Assessment Compliance Elements					
CSB	Is Part I of the ISP complete and thorough?	Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?	If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	Does the ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections include the individual’s social, developmental, behavioral, and family history?	Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?
All CSBs: Aggregate	73%	88%	85%	82%	58%
ALEXANDRIA COMMUNITY SERV BD	100%	100%	100%	100%	25%
ALLEGHANY HIGHLANDS COMMUNITY	0%	100%	100%	75%	50%
ARLINGTON MENTAL HEALTH	56%	78%	100%	89%	22%
BLUE RIDGE COMMUNITY SERVICES BOARD	86%	71%	90%	64%	36%

ISP Assessment Compliance Elements					
CSB	Is Part I of the ISP complete and thorough?	Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?	If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	Does the ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections include the individual's social, developmental, behavioral, and family history?	Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	85%	82%	93%	85%
CHESTERFIELD CSB	48%	92%	80%	52%	67%
COLONIAL BEHAVIORAL HEALTH	50%	100%	50%	50%	50%
CROSSROADS CSB	89%	78%	100%	78%	56%
DANVILLE PITTSYLVANIA COMM SVC	88%	94%	100%	88%	41%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	83%	67%	100%	83%	83%
DISTRICT 19 MEN HLTH SER	32%	88%	100%	68%	67%

ISP Assessment Compliance Elements					
CSB	Is Part I of the ISP complete and thorough?	Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?	If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	Does the ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections include the individual's social, developmental, behavioral, and family history?	Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?
EASTERN SHORE COMMUNITY SERVICES BOARD	70%	70%	86%	60%	70%
ENCOMPASS COMMUNITY SUPPORTS	100%	100%	100%	80%	100%
FAIRFAX-FALLS CHURCH CSB	98%	88%	100%	95%	46%
GOOCHLAND POWHATAN COMMUNITY SERVICES	60%	100%	60%	100%	80%
HAMPTON NN COMM SERVICES BOARD	69%	82%	87%	90%	59%
HANOVER COMMUNITY SERVICES BOARD	70%	100%	75%	70%	60%

ISP Assessment Compliance Elements					
CSB	Is Part I of the ISP complete and thorough?	Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?	If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	Does the ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections include the individual's social, developmental, behavioral, and family history?	Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?
HARRISONBURG-ROCKINGHAM CSB	100%	100%	92%	100%	69%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	73%	96%	100%	98%	67%
HIGHLANDS COMM SERVICES BOARD	100%	100%	100%	50%	100%
HORIZON BEHAVIORAL HEALTH	53%	87%	26%	83%	50%
LOUDOUN COUNTY CSB	60%	88%	100%	93%	47%
MIDDLE PENINSULA-NORTHERN NECK	75%	75%	0%	75%	75%

ISP Assessment Compliance Elements					
CSB	Is Part I of the ISP complete and thorough?	Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?	If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	Does the ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections include the individual's social, developmental, behavioral, and family history?	Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?
MOUNT ROGERS COMMUNITY MENTAL	88%	50%	75%	75%	75%
NEW RIVER VALLEY COMMUNITY SERVICES	83%	67%	100%	100%	61%
NORFOLK COMMUNITY SERVICES BOARD	67%	100%	76%	89%	52%
NORTHWESTERN COMMUNITY SVCS	83%	100%	75%	100%	83%
PIEDMONT REG COMM SVCS BOARD	82%	88%	93%	76%	76%
PLANNING DISTRICT ONE CSB	80%	40%	100%	100%	100%

ISP Assessment Compliance Elements					
CSB	Is Part I of the ISP complete and thorough?	Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?	If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	Does the ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections include the individual's social, developmental, behavioral, and family history?	Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?
PORTSMOUTH DEPT OF BEHAVIORAL	78%	100%	100%	89%	63%
PRINCE WILLIAM COUNTY CSB	69%	88%	93%	89%	57%
RAPPAHANNOCK AREA COMMUNITY CSB	81%	92%	100%	88%	62%
REGION TEN COMMUNITY SERVICES BOARD	82%	100%	89%	91%	59%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	84%	81%	59%	74%	53%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	33%	67%	100%	67%	0%

ISP Assessment Compliance Elements					
CSB	Is Part I of the ISP complete and thorough?	Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?	If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	Does the ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections include the individual's social, developmental, behavioral, and family history?	Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?
SOUTHSIDE BEHAVIORAL HEALTH	70%	78%	57%	60%	70%
VALLEY COMMUNITY SERVICES BOARD	43%	86%	83%	71%	57%
VIRGINIA BEACH CSB	76%	94%	88%	78%	35%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	54%	100%	96%	54%	64%

Appendix B. CSB: ISP Development & Implementation

Table 2 – Table 6 provide CSB-specific compliance results for the ISP development and implementation elements.

TABLE 2—CSB: ISP DEVELOPMENT & IMPLEMENTATION

ISP Development and Implementation Compliance Elements					
CSB	The ISP for this review period is within 365 days of the previous ISP.	Did the individual have support from people during the development of the ISP that they wanted?	Does the ISP Part II Essential Information Employment section include the individual’s employment status and assessment of barriers to employment?	Does the ISP Part II include the individual’s integrated community involvement status?	The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS or other relevant assessments.
All CSBs: Aggregate	99%	87%	94%	95%	67%
ALEXANDRIA COMMUNITY SERV BD	100%	100%	67%	80%	100%
ALLEGHANY HIGHLANDS COMMUNITY	100%	100%	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	100%	78%	89%	56%
BLUE RIDGE COMMUNITY SERVICES BOARD	100%	100%	79%	93%	42%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	100%	92%	86%	50%

ISP Development and Implementation Compliance Elements					
CSB	The ISP for this review period is within 365 days of the previous ISP.	Did the individual have support from people during the development of the ISP that they wanted?	Does the ISP Part II Essential Information Employment section include the individual's employment status and assessment of barriers to employment?	Does the ISP Part II include the individual's integrated community involvement status?	The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS or other relevant assessments.
CHESTERFIELD CSB	100%	84%	85%	92%	64%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%	100%	100%
CROSSROADS CSB	100%	56%	100%	100%	25%
DANVILLE PITTSYLVANIA COMM SVC	100%	100%	94%	94%	75%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	100%	33%	100%	100%	17%
DISTRICT 19 MEN HLTH SER	100%	63%	64%	79%	75%
EASTERN SHORE COMMUNITY SERVICES BOARD	100%	100%	100%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	100%	100%	100%	100%	75%

ISP Development and Implementation Compliance Elements					
CSB	The ISP for this review period is within 365 days of the previous ISP.	Did the individual have support from people during the development of the ISP that they wanted?	Does the ISP Part II Essential Information Employment section include the individual's employment status and assessment of barriers to employment?	Does the ISP Part II include the individual's integrated community involvement status?	The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS or other relevant assessments.
FAIRFAX-FALLS CHURCH CSB	98%	95%	98%	100%	68%
GOOCHLAND POWHATAN COMMUNITY SERVICES	100%	80%	80%	80%	60%
HAMPTON NN COMM SERVICES BOARD	100%	97%	89%	97%	62%
HANOVER COMMUNITY SERVICES BOARD	100%	90%	100%	100%	88%
HARRISONBURG-ROCKINGHAM CSB	100%	92%	100%	100%	85%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	100%	82%	100%	100%	79%
HIGHLANDS COMM SERVICES BOARD	100%	100%	100%	100%	0%
HORIZON BEHAVIORAL HEALTH	100%	80%	100%	100%	66%

ISP Development and Implementation Compliance Elements					
CSB	The ISP for this review period is within 365 days of the previous ISP.	Did the individual have support from people during the development of the ISP that they wanted?	Does the ISP Part II Essential Information Employment section include the individual's employment status and assessment of barriers to employment?	Does the ISP Part II include the individual's integrated community involvement status?	The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS or other relevant assessments.
LOUDOUN COUNTY CSB	100%	87%	100%	100%	83%
MIDDLE PENINSULA-NORTHERN NECK	100%	100%	100%	100%	100%
MOUNT ROGERS COMMUNITY MENTAL	100%	100%	100%	100%	63%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%	83%	67%
NORFOLK COMMUNITY SERVICES BOARD	100%	78%	95%	96%	51%
NORTHWESTERN COMMUNITY SVCS	100%	100%	75%	92%	57%
PIEDMONT REG COMM SVCS BOARD	94%	76%	100%	100%	46%
PLANNING DISTRICT ONE CSB	100%	100%	100%	100%	80%

ISP Development and Implementation Compliance Elements					
CSB	The ISP for this review period is within 365 days of the previous ISP.	Did the individual have support from people during the development of the ISP that they wanted?	Does the ISP Part II Essential Information Employment section include the individual's employment status and assessment of barriers to employment?	Does the ISP Part II include the individual's integrated community involvement status?	The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS or other relevant assessments.
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	100%	100%	67%
PRINCE WILLIAM COUNTY CSB	97%	97%	97%	97%	70%
RAPPAHANNOCK AREA COMMUNITY CSB	100%	88%	100%	100%	71%
REGION TEN COMMUNITY SERVICES BOARD	100%	86%	95%	95%	82%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	100%	79%	97%	95%	65%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	100%	100%	100%	67%	33%
SOUTHSIDE BEHAVIORAL HEALTH	100%	70%	100%	100%	78%

ISP Development and Implementation Compliance Elements					
CSB	The ISP for this review period is within 365 days of the previous ISP.	Did the individual have support from people during the development of the ISP that they wanted?	Does the ISP Part II Essential Information Employment section include the individual's employment status and assessment of barriers to employment?	Does the ISP Part II include the individual's integrated community involvement status?	The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS or other relevant assessments.
VALLEY COMMUNITY SERVICES BOARD	100%	100%	57%	71%	50%
VIRGINIA BEACH CSB	97%	89%	89%	97%	65%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	100%	62%	96%	85%	68%

TABLE 3—CSB: ISP DEVELOPMENT & IMPLEMENTATION

ISP Development and Implementation Compliance Elements					
CSB	The ISP Part III Shared Planning Routine Supports section identified all behavioral needs found in the SIS or other relevant assessments.	Outcomes are developed in the life area of Employment, as appropriate.	Outcomes are developed in the life area of Integrated Community Involvement, as appropriate.	Outcomes are developed in the life area of Community Living, as appropriate.	Outcomes are developed in the life area of Safety & Security, as appropriate.
All CSBs: Aggregate	55%	68%	86%	79%	54%
ALEXANDRIA COMMUNITY SERV BD	75%	100%	100%	60%	75%
ALLEGHANY HIGHLANDS COMMUNITY	75%	100%	100%	100%	25%
ARLINGTON MENTAL HEALTH	50%	60%	71%	89%	78%
BLUE RIDGE COMMUNITY SERVICES BOARD	31%	33%	50%	82%	22%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	40%	100%	100%	90%	50%
CHESTERFIELD CSB	65%	76%	86%	81%	65%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%	100%	N/A
CROSSROADS CSB	88%	100%	89%	25%	50%

ISP Development and Implementation Compliance Elements					
CSB	The ISP Part III Shared Planning Routine Supports section identified all behavioral needs found in the SIS or other relevant assessments.	Outcomes are developed in the life area of Employment, as appropriate.	Outcomes are developed in the life area of Integrated Community Involvement, as appropriate.	Outcomes are developed in the life area of Community Living, as appropriate.	Outcomes are developed in the life area of Safety & Security, as appropriate.
DANVILLE PITTSYLVANIA COMM SVC	50%	67%	88%	64%	67%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	33%	50%	50%	50%	0%
DISTRICT 19 MEN HLTH SER	46%	50%	88%	100%	100%
EASTERN SHORE COMMUNITY SERVICES BOARD	50%	100%	100%	100%	33%
ENCOMPASS COMMUNITY SUPPORTS	100%	33%	60%	50%	33%
FAIRFAX-FALLS CHURCH CSB	65%	71%	83%	84%	89%
GOOCHLAND POWHATAN COMMUNITY SERVICES	80%	0%	100%	100%	50%
HAMPTON NN COMM SERVICES BOARD	54%	100%	100%	73%	75%

ISP Development and Implementation Compliance Elements					
CSB	The ISP Part III Shared Planning Routine Supports section identified all behavioral needs found in the SIS or other relevant assessments.	Outcomes are developed in the life area of Employment, as appropriate.	Outcomes are developed in the life area of Integrated Community Involvement, as appropriate.	Outcomes are developed in the life area of Community Living, as appropriate.	Outcomes are developed in the life area of Safety & Security, as appropriate.
HANOVER COMMUNITY SERVICES BOARD	57%	50%	83%	100%	75%
HARRISONBURG-ROCKINGHAM CSB	91%	100%	100%	63%	11%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	77%	75%	86%	86%	58%
HIGHLANDS COMM SERVICES BOARD	0%	N/A	100%	0%	100%
HORIZON BEHAVIORAL HEALTH	58%	88%	94%	79%	52%
LOUDOUN COUNTY CSB	50%	40%	92%	85%	57%
MIDDLE PENINSULA-NORTHERN NECK	100%	100%	100%	50%	0%
MOUNT ROGERS COMMUNITY MENTAL	83%	0%	100%	83%	100%

ISP Development and Implementation Compliance Elements					
CSB	The ISP Part III Shared Planning Routine Supports section identified all behavioral needs found in the SIS or other relevant assessments.	Outcomes are developed in the life area of Employment, as appropriate.	Outcomes are developed in the life area of Integrated Community Involvement, as appropriate.	Outcomes are developed in the life area of Community Living, as appropriate.	Outcomes are developed in the life area of Safety & Security, as appropriate.
NEW RIVER VALLEY COMMUNITY SERVICES	69%	43%	88%	14%	20%
NORFOLK COMMUNITY SERVICES BOARD	26%	57%	91%	85%	71%
NORTHWESTERN COMMUNITY SVCS	67%	100%	82%	63%	38%
PIEDMONT REG COMM SVCS BOARD	23%	100%	80%	79%	50%
PLANNING DISTRICT ONE CSB	29%	N/A	50%	57%	0%
PORTSMOUTH DEPT OF BEHAVIORAL	71%	0%	83%	100%	67%
PRINCE WILLIAM COUNTY CSB	62%	73%	100%	96%	94%
RAPPAHANNOCK AREA COMMUNITY CSB	70%	83%	73%	68%	41%

ISP Development and Implementation Compliance Elements					
CSB	The ISP Part III Shared Planning Routine Supports section identified all behavioral needs found in the SIS or other relevant assessments.	Outcomes are developed in the life area of Employment, as appropriate.	Outcomes are developed in the life area of Integrated Community Involvement, as appropriate.	Outcomes are developed in the life area of Community Living, as appropriate.	Outcomes are developed in the life area of Safety & Security, as appropriate.
REGION TEN COMMUNITY SERVICES BOARD	40%	33%	86%	37%	0%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	76%	63%	62%	76%	16%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	100%	100%	67%	0%	0%
SOUTHSIDE BEHAVIORAL HEALTH	30%	100%	100%	100%	67%
VALLEY COMMUNITY SERVICES BOARD	33%	67%	60%	67%	0%
VIRGINIA BEACH CSB	19%	77%	85%	86%	60%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	30%	0%	100%	100%	100%

TABLE 4—CSB: ISP DEVELOPMENT & IMPLEMENTATION

ISP Development and Implementation Compliance Elements					
CSB	Outcomes are developed in the life area of Healthy Living, as appropriate.	Outcomes are developed in the life area of Social & Spirituality, as appropriate.	Outcomes are developed in the life area of Citizenship & Advocacy, as appropriate.	Are all outcomes identified in Part III linked to Part V Plan for Supports (PFS) as appropriate?	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?
All CSBs: Aggregate	63%	65%	84%	92%	93%
ALEXANDRIA COMMUNITY SERV BD	100%	100%	50%	100%	100%
ALLEGHANY HIGHLANDS COMMUNITY	0%	0%	100%	100%	N/A
ARLINGTON MENTAL HEALTH	88%	71%	56%	89%	N/A
BLUE RIDGE COMMUNITY SERVICES BOARD	50%	46%	100%	93%	N/A
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	100%	100%	100%	100%
CHESTERFIELD CSB	73%	88%	87%	94%	100%
COLONIAL BEHAVIORAL HEALTH	N/A	N/A	100%	100%	N/A

ISP Development and Implementation Compliance Elements					
CSB	Outcomes are developed in the life area of Healthy Living, as appropriate.	Outcomes are developed in the life area of Social & Spirituality, as appropriate.	Outcomes are developed in the life area of Citizenship & Advocacy, as appropriate.	Are all outcomes identified in Part III linked to Part V Plan for Supports (PFS) as appropriate?	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?
CROSSROADS CSB	43%	88%	100%	100%	N/A
DANVILLE PITTSYLVANIA COMM SVC	92%	27%	100%	100%	N/A
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	40%	33%	83%	83%	N/A
DISTRICT 19 MEN HLTH SER	100%	100%	90%	95%	100%
EASTERN SHORE COMMUNITY SERVICES BOARD	100%	100%	100%	80%	N/A
ENCOMPASS COMMUNITY SUPPORTS	100%	33%	100%	100%	N/A
FAIRFAX-FALLS CHURCH CSB	70%	73%	51%	95%	N/A
GOOCHLAND POWHATAN COMMUNITY SERVICES	50%	100%	100%	80%	100%

ISP Development and Implementation Compliance Elements					
CSB	Outcomes are developed in the life area of Healthy Living, as appropriate.	Outcomes are developed in the life area of Social & Spirituality, as appropriate.	Outcomes are developed in the life area of Citizenship & Advocacy, as appropriate.	Are all outcomes identified in Part III linked to Part V Plan for Supports (PFS) as appropriate?	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?
HAMPTON NN COMM SERVICES BOARD	100%	81%	100%	93%	50%
HANOVER COMMUNITY SERVICES BOARD	67%	80%	100%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	20%	38%	89%	85%	N/A
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	58%	84%	98%	98%	93%
HIGHLANDS COMM SERVICES BOARD	50%	100%	100%	100%	N/A
HORIZON BEHAVIORAL HEALTH	63%	23%	81%	85%	N/A
LOUDOUN COUNTY CSB	77%	67%	71%	100%	N/A
MIDDLE PENINSULA-NORTHERN NECK	100%	50%	0%	100%	N/A

ISP Development and Implementation Compliance Elements					
CSB	Outcomes are developed in the life area of Healthy Living, as appropriate.	Outcomes are developed in the life area of Social & Spirituality, as appropriate.	Outcomes are developed in the life area of Citizenship & Advocacy, as appropriate.	Are all outcomes identified in Part III linked to Part V Plan for Supports (PFS) as appropriate?	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?
MOUNT ROGERS COMMUNITY MENTAL	25%	25%	83%	100%	N/A
NEW RIVER VALLEY COMMUNITY SERVICES	29%	71%	94%	89%	N/A
NORFOLK COMMUNITY SERVICES BOARD	88%	53%	100%	76%	100%
NORTHWESTERN COMMUNITY SVCS	78%	78%	90%	100%	100%
PIEDMONT REG COMM SVCS BOARD	55%	53%	86%	88%	N/A
PLANNING DISTRICT ONE CSB	63%	50%	70%	100%	N/A
PORTSMOUTH DEPT OF BEHAVIORAL	67%	50%	100%	89%	100%
PRINCE WILLIAM COUNTY CSB	92%	79%	77%	89%	N/A

ISP Development and Implementation Compliance Elements					
CSB	Outcomes are developed in the life area of Healthy Living, as appropriate.	Outcomes are developed in the life area of Social & Spirituality, as appropriate.	Outcomes are developed in the life area of Citizenship & Advocacy, as appropriate.	Are all outcomes identified in Part III linked to Part V Plan for Supports (PFS) as appropriate?	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?
RAPPAHANNOCK AREA COMMUNITY CSB	38%	53%	91%	100%	N/A
REGION TEN COMMUNITY SERVICES BOARD	70%	39%	14%	100%	100%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	10%	64%	86%	88%	73%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	50%	0%	67%	67%	0%
SOUTHSIDE BEHAVIORAL HEALTH	89%	100%	100%	100%	100%
VALLEY COMMUNITY SERVICES BOARD	50%	33%	100%	86%	N/A
VIRGINIA BEACH CSB	86%	70%	95%	92%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	91%	100%	100%	96%	100%

TABLE 5—CSB: ISP DEVELOPMENT & IMPLEMENTATION

ISP Development and Implementation Compliance Elements					
CSB	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual’s residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	The ISP was developed according to the processes required.	If Yes, was the ISP updated to reflect the change in status?
All CSBs: Aggregate	89%	88%	84%	31%	58%
ALEXANDRIA COMMUNITY SERV BD	100%	80%	40%	20%	100%
ALLEGHANY HIGHLANDS COMMUNITY	100%	100%	100%	0%	50%
ARLINGTON MENTAL HEALTH	100%	89%	78%	11%	50%
BLUE RIDGE COMMUNITY SERVICES BOARD	73%	71%	93%	14%	50%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	92%	71%	100%	64%	100%
CHESTERFIELD CSB	86%	90%	88%	24%	68%

ISP Development and Implementation Compliance Elements					
CSB	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	The ISP was developed according to the processes required.	If Yes, was the ISP updated to reflect the change in status?
COLONIAL BEHAVIORAL HEALTH	50%	100%	50%	50%	100%
CROSSROADS CSB	100%	67%	56%	22%	N/A
DANVILLE PITTSYLVANIA COMM SVC	82%	100%	88%	12%	63%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	N/A	33%	100%	50%	N/A
DISTRICT 19 MEN HLTH SER	80%	53%	95%	11%	50%
EASTERN SHORE COMMUNITY SERVICES BOARD	100%	100%	80%	60%	50%
ENCOMPASS COMMUNITY SUPPORTS	80%	100%	100%	100%	100%

ISP Development and Implementation Compliance Elements					
CSB	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual’s residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	The ISP was developed according to the processes required.	If Yes, was the ISP updated to reflect the change in status?
FAIRFAX-FALLS CHURCH CSB	85%	98%	79%	28%	50%
GOOCHLAND POWHATAN COMMUNITY SERVICES	100%	100%	100%	40%	33%
HAMPTON NN COMM SERVICES BOARD	84%	97%	93%	34%	100%
HANOVER COMMUNITY SERVICES BOARD	78%	100%	90%	40%	100%
HARRISONBURG-ROCKINGHAM CSB	92%	92%	100%	69%	100%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	100%	100%	92%	35%	80%

ISP Development and Implementation Compliance Elements					
CSB	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	The ISP was developed according to the processes required.	If Yes, was the ISP updated to reflect the change in status?
HIGHLANDS COMM SERVICES BOARD	N/A	100%	100%	100%	0%
HORIZON BEHAVIORAL HEALTH	50%	95%	83%	8%	35%
LOUDOUN COUNTY CSB	100%	93%	80%	13%	57%
MIDDLE PENINSULA-NORTHERN NECK	100%	100%	100%	75%	0%
MOUNT ROGERS COMMUNITY MENTAL	100%	100%	100%	88%	33%
NEW RIVER VALLEY COMMUNITY SERVICES	93%	78%	72%	22%	10%
NORFOLK COMMUNITY SERVICES BOARD	93%	83%	83%	35%	39%

ISP Development and Implementation Compliance Elements					
CSB	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	The ISP was developed according to the processes required.	If Yes, was the ISP updated to reflect the change in status?
NORTHWESTERN COMMUNITY SVCS	100%	83%	92%	42%	50%
PIEDMONT REG COMM SVCS BOARD	83%	82%	71%	6%	40%
PLANNING DISTRICT ONE CSB	N/A	60%	100%	90%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	67%	100%	56%	67%
PRINCE WILLIAM COUNTY CSB	100%	97%	83%	37%	83%
RAPPAHANNOCK AREA COMMUNITY CSB	100%	96%	69%	35%	57%
REGION TEN COMMUNITY SERVICES BOARD	100%	95%	86%	32%	67%

ISP Development and Implementation Compliance Elements					
CSB	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	The ISP was developed according to the processes required.	If Yes, was the ISP updated to reflect the change in status?
RICHMOND BEHAVIORAL HEALTH AUTHORITY	67%	84%	70%	26%	44%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	100%	100%	33%	0%	0%
SOUTHSIDE BEHAVIORAL HEALTH	100%	80%	70%	30%	N/A
VALLEY COMMUNITY SERVICES BOARD	100%	100%	71%	14%	50%
VIRGINIA BEACH CSB	100%	95%	92%	24%	79%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	58%	65%	69%	19%	78%

TABLE 6—CSB: ISP DEVELOPMENT & IMPLEMENTATION

ISP Development and Implementation Compliance Elements			
CSB	If No, does the individual’s file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual’s strengths and preferences) through the convening of the individual’s team to address the issue?	Did the support coordinator accurately report changes in status that occurred since the initiation of the ISP?	Does the individual’s file show evidence of the actions taken to address the change in status as reported by the support coordinator?
All CSBs: Aggregate	43%	93%	91%
ALEXANDRIA COMMUNITY SERV BD	N/A	80%	100%
ALLEGHANY HIGHLANDS COMMUNITY	100%	100%	100%
ARLINGTON MENTAL HEALTH	0%	100%	100%
BLUE RIDGE COMMUNITY SERVICES BOARD	50%	71%	100%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	N/A	100%	100%
CHESTERFIELD CSB	0%	84%	86%

ISP Development and Implementation Compliance Elements			
CSB	If No, does the individual’s file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual’s strengths and preferences) through the convening of the individual’s team to address the issue?	Did the support coordinator accurately report changes in status that occurred since the initiation of the ISP?	Does the individual’s file show evidence of the actions taken to address the change in status as reported by the support coordinator?
COLONIAL BEHAVIORAL HEALTH	N/A	100%	100%
CROSSROADS CSB	N/A	100%	N/A
DANVILLE PITTSYLVANIA COMM SVC	33%	82%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	N/A	100%	N/A
DISTRICT 19 MEN HLTH SER	0%	89%	100%
EASTERN SHORE COMMUNITY SERVICES BOARD	0%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	N/A	100%	100%

ISP Development and Implementation Compliance Elements			
CSB	If No, does the individual’s file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual’s strengths and preferences) through the convening of the individual’s team to address the issue?	Did the support coordinator accurately report changes in status that occurred since the initiation of the ISP?	Does the individual’s file show evidence of the actions taken to address the change in status as reported by the support coordinator?
FAIRFAX-FALLS CHURCH CSB	54%	89%	100%
GOOCHLAND POWHATAN COMMUNITY SERVICES	0%	100%	33%
HAMPTON NN COMM SERVICES BOARD	N/A	97%	100%
HANOVER COMMUNITY SERVICES BOARD	N/A	100%	100%
HARRISONBURG-ROCKINGHAM CSB	N/A	100%	N/A
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	25%	90%	86%

ISP Development and Implementation Compliance Elements			
CSB	If No, does the individual’s file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual’s strengths and preferences) through the convening of the individual’s team to address the issue?	Did the support coordinator accurately report changes in status that occurred since the initiation of the ISP?	Does the individual’s file show evidence of the actions taken to address the change in status as reported by the support coordinator?
HIGHLANDS COMM SERVICES BOARD	100%	50%	N/A
HORIZON BEHAVIORAL HEALTH	36%	93%	70%
LOUDOUN COUNTY CSB	100%	93%	100%
MIDDLE PENINSULA-NORTHERN NECK	100%	100%	100%
MOUNT ROGERS COMMUNITY MENTAL	0%	88%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	56%	100%	89%
NORFOLK COMMUNITY SERVICES BOARD	45%	91%	93%

ISP Development and Implementation Compliance Elements			
CSB	If No, does the individual’s file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual’s strengths and preferences) through the convening of the individual’s team to address the issue?	Did the support coordinator accurately report changes in status that occurred since the initiation of the ISP?	Does the individual’s file show evidence of the actions taken to address the change in status as reported by the support coordinator?
NORTHWESTERN COMMUNITY SVCS	0%	100%	67%
PIEDMONT REG COMM SVCS BOARD	100%	100%	100%
PLANNING DISTRICT ONE CSB	N/A	80%	N/A
PORTSMOUTH DEPT OF BEHAVIORAL	0%	100%	67%
PRINCE WILLIAM COUNTY CSB	50%	94%	100%
RAPPAHANNOCK AREA COMMUNITY CSB	100%	96%	100%
REGION TEN COMMUNITY SERVICES BOARD	100%	95%	100%

ISP Development and Implementation Compliance Elements			
CSB	If No, does the individual’s file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual’s strengths and preferences) through the convening of the individual’s team to address the issue?	Did the support coordinator accurately report changes in status that occurred since the initiation of the ISP?	Does the individual’s file show evidence of the actions taken to address the change in status as reported by the support coordinator?
RICHMOND BEHAVIORAL HEALTH AUTHORITY	0%	91%	75%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	50%	100%	100%
SOUTHSIDE BEHAVIORAL HEALTH	N/A	100%	N/A
VALLEY COMMUNITY SERVICES BOARD	100%	100%	100%
VIRGINIA BEACH CSB	75%	97%	94%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	0%	92%	100%

Appendix C. CSB: Risk/Harm

Table 7 provides CSB-specific compliance results for the risk/harm elements.

TABLE 7—CSB: RISK/HARM
Risk/Harm Compliance Elements

CSB	Did the support coordinator accurately report the identified risks addressed in Part III of the most recent ISP?	Are all medical and behavioral support needs currently being addressed, either through documented supports or an in-progress referral?
All CSBs: Aggregate	93%	97%
ALEXANDRIA COMMUNITY SERV BD	80%	100%
ALLEGHANY HIGHLANDS COMMUNITY	100%	100%
ARLINGTON MENTAL HEALTH	100%	100%
BLUE RIDGE COMMUNITY SERVICES BOARD	100%	86%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	86%	100%
CHESTERFIELD CSB	88%	94%
COLONIAL BEHAVIORAL HEALTH	100%	100%
CROSSROADS CSB	89%	89%
DANVILLE PITTSYLVANIA COMM SVC	100%	94%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	100%	100%
DISTRICT 19 MEN HLTH SER	100%	95%
EASTERN SHORE COMMUNITY SERVICES BOARD	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	100%	100%

Risk/Harm Compliance Elements

CSB	Did the support coordinator accurately report the identified risks addressed in Part III of the most recent ISP?	Are all medical and behavioral support needs currently being addressed, either through documented supports or an in-progress referral?
FAIRFAX-FALLS CHURCH CSB	91%	93%
GOOCHLAND POWHATAN COMMUNITY SERVICES	100%	100%
HAMPTON NN COMM SERVICES BOARD	86%	100%
HANOVER COMMUNITY SERVICES BOARD	90%	90%
HARRISONBURG-ROCKINGHAM CSB	100%	100%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	98%	100%
HIGHLANDS COMM SERVICES BOARD	50%	100%
HORIZON BEHAVIORAL HEALTH	100%	98%
LOUDOUN COUNTY CSB	93%	100%
MIDDLE PENINSULA-NORTHERN NECK	100%	100%
MOUNT ROGERS COMMUNITY MENTAL	63%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	93%	100%
NORTHWESTERN COMMUNITY SVCS	100%	100%
PIEDMONT REG COMM SVCS BOARD	76%	100%
PLANNING DISTRICT ONE CSB	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	89%	89%

Risk/Harm Compliance Elements		
CSB	Did the support coordinator accurately report the identified risks addressed in Part III of the most recent ISP?	Are all medical and behavioral support needs currently being addressed, either through documented supports or an in-progress referral?
PRINCE WILLIAM COUNTY CSB	97%	94%
RAPPAHANNOCK AREA COMMUNITY CSB	92%	100%
REGION TEN COMMUNITY SERVICES BOARD	100%	95%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	93%	100%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	100%	100%
SOUTHSIDE BEHAVIORAL HEALTH	100%	100%
VALLEY COMMUNITY SERVICES BOARD	71%	100%
VIRGINIA BEACH CSB	97%	97%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	85%	96%

Appendix D. Region: ISP Assessment

Table 8 provides region-specific compliance results for the ISP assessment elements.

TABLE 8—REGION: ISP ASSESSMENT

ISP Assessment Compliance Elements	All Regions: Aggregate	Region 1	Region 2	Region 3	Region 4	Region 5
Is Part I of the ISP complete and thorough?	73%	70%	82%	83%	65%	71%
Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?	88%	93%	87%	73%	90%	92%
If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	85%	73%	98%	92%	83%	84%
Does the ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections include the individual’s social, developmental, behavioral, and family history?	82%	87%	93%	81%	75%	80%
Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?	58%	60%	47%	65%	63%	56%

Appendix E. Region: ISP Development & Implementation

Table 9 provides region-specific compliance results for the ISP development & implementation elements.

TABLE 9—REGION: ISP DEVELOPMENT & IMPLEMENTATION

ISP Development & Implementation Compliance Elements	All Regions: Aggregate	Region 1	Region 2	Region 3	Region 4	Region 5
The ISP for this review period is within 365 days of the previous ISP.	99%	100%	98%	99%	100%	99%
Did the individual have support from people during the development of the ISP that they wanted?	87%	89%	95%	89%	79%	86%
Does the ISP Part II Essential Information Employment section include the individual’s employment status and assessment of barriers to employment?	94%	94%	95%	96%	91%	93%
Does the ISP Part II include the individual’s integrated community involvement status?	95%	96%	98%	95%	94%	94%
The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS or other relevant assessments.	67%	71%	70%	60%	70%	63%
The ISP Part III Shared Planning Routine Supports section identified all behavioral needs found in the SIS or other relevant assessments.	55%	64%	61%	42%	71%	36%
Outcomes are developed in the life area of Employment, as appropriate.	68%	76%	67%	56%	69%	68%
Outcomes are developed in the life area of Integrated Community Involvement, as appropriate.	86%	85%	88%	81%	81%	94%
Outcomes are developed in the life area of Community Living, as appropriate.	79%	64%	86%	68%	82%	88%
Outcomes are developed in the life area of Safety & Security, as appropriate.	54%	31%	84%	38%	46%	67%
Outcomes are developed in the life area of Healthy Living, as appropriate.	63%	55%	79%	58%	46%	90%
Outcomes are developed in the life area of Social & Spirituality, as appropriate.	65%	37%	75%	55%	80%	74%
Outcomes are developed in the life area of Citizenship & Advocacy, as appropriate.	84%	78%	60%	91%	92%	98%
Are all outcomes identified in Part III linked to Part V Plan for Supports (PFS) as appropriate?	92%	92%	93%	94%	94%	89%

ISP Development & Implementation Compliance Elements	All Regions: Aggregate	Region 1	Region 2	Region 3	Region 4	Region 5
Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?	93%	75%	100%	100%	89%	97%
The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	89%	93%	92%	86%	85%	88%
The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual’s residential setting, and who provides them.	88%	95%	96%	79%	87%	85%
The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	84%	83%	79%	84%	84%	86%
The ISP was developed according to the processes required.	31%	30%	27%	32%	27%	36%
If Yes, was the ISP updated to reflect the change in status?	58%	46%	61%	41%	66%	67%
If No, does the individual’s file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual’s strengths and preferences) through the convening of the individual’s team to address the issue?	43%	55%	58%	54%	5%	43%
Did the support coordinator accurately report changes in status that occurred since the initiation of the ISP?	93%	96%	92%	89%	90%	95%
Does the individual’s file show evidence of the actions taken to address the change in status as reported by the support coordinator?	91%	85%	100%	96%	82%	94%

Appendix F. Region: Risk/Harm

Table 10 – Table 12 provide region-specific compliance results for the risk/harm elements.

TABLE 10—REGION: RISK/HARM

Risk/Harm Compliance Elements	All Regions: Aggregate	Region 1	Region 2	Region 3	Region 4	Region 5
Did the support coordinator accurately report the identified risks addressed in Part III of the most recent ISP?	93%	97%	93%	92%	94%	92%
Are all medical and behavioral support needs currently being addressed, either through documented supports or an in-progress referral?	97%	98%	95%	97%	97%	98%
Is there evidence of a signed lease, residency agreement, or other written agreement for the person that includes language referencing individual protections from eviction?	70%	65%	61%	73%	74%	72%
If Yes, is there an approved modification in place for health and safety risk or is the provider in the process of requesting such approval?	50%	44%	0%	89%	0%	50%

TABLE 11—REGION: RISK/HARM

Risk/Harm Compliance Elements			
Provider Service Type	Is there evidence of completion of an annual physical exam?	If No, please select reason:	
		Documentation submitted by the provider is more than 14 months old	No documentation/insufficient documentation submitted by the provider
All Regions: Aggregate	88%	2%	10%
Region 1	95%	0%	5%
Region 2	89%	5%	5%
Region 3	97%	0%	3%
Region 4	87%	2%	11%
Region 5	79%	2%	19%

TABLE 12—REGION: RISK/HARM

Risk/Harm Compliance Elements			
Provider Service Type	Is there evidence of completion of an annual dental exam?	If No, please select reason:	
		Documentation submitted by the provider is more than 14 months old	No documentation/insufficient documentation submitted by the provider
All Regions: Aggregate	64%	3%	32%
Region 1	70%	2%	28%
Region 2	68%	0%	32%
Region 3	81%	8%	11%
Region 4	64%	4%	31%
Region 5	47%	2%	52%

Appendix G. Region: Provider Capacity & Competency

Table 13 provides region-specific compliance results for the provider capacity and competency elements.

TABLE 13—REGION: PROVIDER CAPACITY & COMPETENCY

Provider Capacity & Competency Compliance Elements	All Regions: Aggregate	Region 1	Region 2	Region 3	Region 4	Region 5
Is there a record of the individual receiving and signing their HCBS rights disclosure on an annual basis?	83%	83%	70%	77%	93%	80%
Was the observation completed with staff selected by HSAG?	84%	87%	85%	96%	77%	83%
Did the staff observed complete DBHDS competency-based training?	91%	92%	91%	93%	91%	90%
If Yes, is there evidence of oversight and monitoring of new staff?	90%	75%	N/A	100%	N/A	100%
Did the staff observed complete DBHDS advanced competencies?	81%	93%	78%	92%	82%	62%
Is the individual's/ provider environment neat and clean?	97%	99%	96%	97%	95%	98%
Was the person's/provider's environment accessible?	99%	97%	100%	99%	100%	100%
Does the individual appear well-kempt?	99%	99%	96%	99%	100%	100%
Were staff engaging with the individual based on the person's preference and interests?	98%	100%	100%	100%	98%	95%
Was the person being offered choices throughout the visit?	97%	100%	100%	100%	99%	90%
Was the staff utilizing person-centered language and talking with the individual as opposed to about the individual?	99%	100%	100%	100%	97%	100%
Were staff implementing the ISP Part V Plan for Supports (PFS) as written?	98%	100%	95%	100%	98%	99%
For individuals with a behavioral support plan or protocol, were staff following strategies as outlined in the written plan?	94%	100%	95%	100%	79%	100%
Were staff adhering to medical protocols as outlined in the plan?	97%	100%	100%	100%	89%	100%
Were staff able to describe what integrated community inclusion looks like for the individual?	97%	98%	98%	100%	91%	99%
Did the staff demonstrate competency in supporting the individual?	99%	100%	96%	100%	97%	99%
If Yes, is 1-1 or specialized staffing support being implemented during observation as required, per Provider Part V PFS?	100%	100%	100%	100%	100%	100%

Provider Capacity & Competency Compliance Elements	All Regions: Aggregate	Region 1	Region 2	Region 3	Region 4	Region 5
Are staff familiar with adaptive equipment needs?	96%	100%	100%	97%	86%	96%
Were staff utilizing adaptive equipment the individual had as part of their plan?	94%	98%	97%	90%	94%	92%
Has repair or follow-up on repairs been occurring?	56%	33%	100%	N/A	33%	100%
Did the reviewer observe that all routine supports being provided were included in the provider Part V?	97%	96%	93%	99%	97%	99%
Are staff able to describe things Important To and Important For the individual?	95%	97%	94%	100%	89%	98%
Was staff able to describe the outcomes being worked on in this environment?	95%	98%	96%	100%	87%	97%
Could the staff describe the medical support needs of the individual?	93%	99%	88%	100%	83%	96%
Were staff familiar with medical protocols to support the person?	94%	99%	87%	100%	88%	95%
Were staff able to describe appropriate steps to take if the individual experienced a medical crisis?	96%	100%	89%	100%	91%	99%
Could the staff describe behavioral support needs?	94%	99%	94%	100%	84%	97%
Were staff familiar with the behavioral support plan or protocols developed to support the person?	92%	98%	83%	100%	80%	98%
Were staff able to describe appropriate steps to take if an individual they are supporting was beginning to experience a mental health or behavioral crisis?	93%	98%	92%	100%	82%	98%
Does the staff know what medications the person is taking, or where to locate this information?	93%	99%	92%	97%	84%	97%
Can the staff list the most common side effects of the medications the person is on, or where to locate this information?	88%	97%	85%	97%	71%	94%
Can you tell me what person-centered care means?	93%	98%	96%	98%	84%	94%
Can you explain individual's rights in your program?	97%	99%	95%	98%	93%	99%
Did the provider identify any changes to needs or status since initiation of the ISP requiring an adjustment to services or supports?	92%	88%	92%	100%	87%	95%
Did the provider implement actions to address the changing needs and/or status?	87%	90%	75%	94%	88%	90%

Appendix H. Service Type: ISP Assessment

Table 14 provides service type-specific compliance results for the ISP assessment elements.

TABLE 14—SERVICE TYPE: ISP ASSESSMENT

ISP Assessment Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Is Part I of the ISP complete and thorough?	70.87%	58.33%	66.67%	71.00%	70.75%	80.00%	60.40%	84.34%	78.26%	77.42%	73.40%	90.00%
Does the ISP Part II Essential Information, Medications section include prescribed or over-the-counter medications?	89.18%	80.95%	80.00%	90.11%	88.35%	93.33%	90.00%	86.59%	84.21%	94.19%	88.04%	81.48%
If Yes, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	83.24%	88.24%	100%	85.37%	80.22%	92.86%	80.00%	77.46%	93.75%	92.59%	85.19%	86.36%

ISP Assessment Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Does the ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections include the individual’s social, developmental, behavioral, and family history?	80.17%	91.67%	80.95%	79.00%	77.36%	86.67%	77.23%	85.54%	82.61%	89.25%	80.85%	86.67%
Does the ISP Part III Shared Planning Essential Supports section identify all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?	59.08%	39.13%	54.76%	64.95%	60.38%	57.14%	53.47%	68.67%	60.87%	54.84%	57.45%	51.72%

Provider Service Type:

CBR: Center-Based Respite

CCO: Community Coaching

CEN: Community Engagement

GHC: Group Home Customized Rate

GRS: Group Residential Support <=4 Persons

GRL: Group Residential Support >4 Persons

ILS: Independent Living Supports

IHS: In-Home Supports

SPR: Sponsored Residential

SUL: Supported Living

Appendix I. Service Type: ISP Development & Implementation

Table 15 provides service type-specific compliance results for the ISP development and implementation elements.

TABLE 15—SERVICE TYPE: ISP DEVELOPMENT & IMPLEMENTATION

ISP Development & Implementation Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
The ISP for this review period is within 365 days of the previous ISP.	99.41%	100%	100%	100%	98.99%	100%	100%	100%	100%	97.75%	100%	96.00%
Did the individual have support from people during the development of the ISP that they wanted?	85.64%	83.33%	100%	90.00%	84.91%	73.33%	77.23%	80.72%	82.61%	96.77%	86.17%	90.00%
Does the ISP Part II Essential Information Employment section include the individual’s employment status and assessment of barriers to employment?	94.04%	90.48%	89.74%	91.58%	94.85%	93.33%	96.15%	94.37%	95.45%	90.70%	96.43%	93.10%

ISP Development & Implementation Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Does the ISP Part II include the individual's integrated community involvement status?	94.75%	91.67%	100%	93.00%	93.40%	93.33%	96.04%	97.59%	100%	93.55%	97.87%	90.00%
The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS or other relevant assessments.	68.26%	38.10%	58.82%	70.37%	68.54%	63.64%	68.60%	70.15%	52.94%	66.27%	67.82%	83.33%
The ISP Part III Shared Planning Routine Supports section identified all behavioral needs found in the SIS or other relevant assessments.	56.23%	52.63%	64.86%	64.47%	57.65%	53.33%	57.32%	61.64%	25.00%	45.95%	47.06%	55.56%
Outcomes are developed in the life area of Employment, as appropriate.	64.68%	42.86%	55.56%	60.61%	57.89%	75.00%	62.50%	75.86%	90.91%	67.57%	70.83%	89.47%

ISP Development & Implementation Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Outcomes are developed in the life area of Integrated Community Involvement, as appropriate.	85.44%	71.43%	88.89%	88.89%	82.43%	91.67%	84.62%	84.85%	82.35%	88.89%	85.51%	95.65%
Outcomes are developed in the life area of Community Living, as appropriate.	80.97%	57.89%	58.62%	76.71%	82.14%	78.57%	86.30%	80.88%	85.71%	80.88%	79.71%	73.91%
Outcomes are developed in the life area of Safety & Security, as appropriate.	52.54%	60.00%	48.28%	42.22%	47.83%	53.85%	56.14%	50.00%	57.14%	66.67%	57.14%	55.56%
Outcomes are developed in the life area of Healthy Living, as appropriate.	61.71%	50.00%	58.06%	65.00%	49.15%	38.46%	63.08%	59.38%	87.50%	76.19%	75.00%	52.63%
Outcomes are developed in the life area of Social & Spirituality, as appropriate.	64.10%	73.68%	64.52%	60.29%	62.16%	71.43%	64.86%	84.62%	38.46%	56.14%	66.07%	72.73%

ISP Development & Implementation Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Outcomes are developed in the life area of Citizenship & Advocacy, as appropriate.	85.32%	40.00%	75.00%	88.31%	84.62%	84.62%	88.10%	90.14%	92.86%	77.14%	85.29%	90.91%
Are all outcomes identified in Part III linked to Part V Plan for Supports (PFS) as appropriate?	92.22%	95.83%	95.24%	93.00%	90.57%	86.67%	90.10%	92.77%	78.26%	96.77%	94.68%	93.33%
Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?	92.68%	N/A	100%	100%	90.00%	100%	86.67%	100%	66.67%	90.91%	100%	0.00%
The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	87.55%	100%	88.24%	83.56%	85.71%	100%	91.30%	94.74%	100%	87.88%	86.89%	80.95%

ISP Development & Implementation Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	87.16%	95.83%	92.86%	89.00%	83.96%	100%	89.11%	85.54%	95.65%	86.02%	89.36%	93.33%
The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	83.92%	54.17%	83.33%	83.00%	84.91%	86.67%	82.18%	84.34%	86.96%	83.87%	86.17%	93.33%
The ISP was developed according to the processes required.	30.88%	16.67%	30.95%	38.00%	30.19%	26.67%	28.71%	33.73%	39.13%	29.03%	26.60%	33.33%
If Yes, was the ISP updated to reflect the change in status?	56.06%	0.00%	81.82%	45.45%	60.61%	75.00%	43.33%	67.86%	70.00%	77.42%	48.65%	38.46%

ISP Development & Implementation Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
If No, does the individual's file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need or deficiency in support plan, or discrepancy between implementation of supports and services and the individual's strengths and preferences) through the convening of the individual's team to address the issue?	45.09%	75.00%	50.00%	44.44%	61.54%	50.00%	41.18%	55.56%	0.00%	42.86%	21.05%	50.00%

ISP Development & Implementation Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Did the support coordinator accurately report changes in status that occurred since the initiation of the ISP?	93.18%	87.50%	90.48%	91.00%	96.23%	93.33%	90.10%	97.59%	86.96%	93.55%	91.49%	90.00%
Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?	90.92%	N/A	100%	82.61%	100%	100%	73.68%	91.30%	100%	100%	86.96%	87.50%

Provider Service Type:

CBR: Center-Based Respite

CCO: Community Coaching

CEN: Community Engagement

GHC: Group Home Customized Rate

GRS: Group Residential Support <=4 Persons

GRL: Group Residential Support >4 Persons

ILS: Independent Living Supports

IHS: In-Home Supports

SPR: Sponsored Residential

SUL: Supported Living

Appendix J. Service Type: Risk/Harm

Table 16 – Table 18 provide service type-specific compliance results for the risk/harm elements.

TABLE 16—SERVICE TYPE: RISK/HARM

Risk/Harm Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Did the support coordinator accurately report the identified risks addressed in Part III of the most recent ISP?	93.08%	100%	90.48%	96.00%	91.51%	86.67%	96.04%	96.39%	100%	87.10%	91.49%	96.67%
Are all medical and behavioral support needs currently being addressed, either through documented supports or an in-progress referral?	97.66%	100%	95.24%	98.00%	97.17%	93.33%	99.01%	97.59%	91.30%	97.85%	96.81%	96.67%

Risk/Harm Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Is there evidence of a signed lease, residency agreement, or other written agreement for the person that includes language referencing individual protections from eviction?	69.20%	N/A	N/A	N/A	N/A	100%	67.74%	69.14%	N/A	N/A	71.08%	N/A
If Yes, is there an approved modification in place for health and safety risk or is the provider in the process of requesting such approval?	50.60%	N/A	N/A	75.00%	33.33%	0.00%	62.50%	0.00%	N/A	0.00%	66.67%	N/A

Provider Service Type:

CBR: Center-Based Respite
 CCO: Community Coaching
 CEN: Community Engagement
 GHC: Group Home Customized Rate

GRS: Group Residential Support <=4 Persons
 GRL: Group Residential Support >4 Persons
 ILS: Independent Living Supports
 IHS: In-Home Supports

SPR: Sponsored Residential
 SUL: Supported Living

TABLE 17—SERVICE TYPE: RISK/HARM

Risk/Harm Compliance Elements			
Provider Service Type	Is there evidence of completion of an annual physical exam?	If No, please select reason:	
		Documentation submitted by the provider is more than 14 months old	No documentation/insufficient documentation submitted by the provider
All Service Type: Aggregate	87.46%	1.92%	10.62%
Center-Based Respite	N/A	N/A	N/A
Community Coaching	N/A	N/A	N/A
Community Engagement	N/A	N/A	N/A
Group Day	N/A	N/A	N/A
Group Home (Customized Rate)	100%	N/A	N/A
Group Residential Support <= 4 Persons	86.02%	2.15%	11.83%
Group Residential Support > 4 Persons	90.12%	2.47%	7.41%
Independent Living Supports	N/A	N/A	N/A
In-Home Supports	N/A	N/A	N/A
Sponsored Residential	87.95%	1.20%	10.84%
Supported Living	N/A	N/A	N/A

TABLE 18—SERVICE TYPE: RISK/HARM

Risk/Harm Compliance Elements			
Provider Service Type	Is there evidence of completion of an annual dental exam?	If No, please select reason:	
		Documentation submitted by the provider is more than 14 months old	No documentation/insufficient documentation submitted by the provider
All Service Type: Aggregate	63.54%	3.60%	32.86%
Center-Based Respite	N/A	N/A	N/A

Risk/Harm Compliance Elements			
Provider Service Type	Is there evidence of completion of an annual dental exam?	If No, please select reason:	
		Documentation submitted by the provider is more than 14 months old	No documentation/insufficient documentation submitted by the provider
Community Coaching	N/A	N/A	N/A
Community Engagement	N/A	N/A	N/A
Group Day	N/A	N/A	N/A
Group Home (Customized Rate)	66.67%	0.00%	33.33%
Group Residential Support <= 4 Persons	62.37%	4.30%	33.33%
Group Residential Support > 4 Persons	67.90%	3.70%	28.40%
Independent Living Supports	N/A	N/A	N/A
In-Home Supports	N/A	N/A	N/A
Sponsored Residential	62.65%	2.41%	34.94%
Supported Living	N/A	N/A	N/A

Appendix K. Service Type: Provider Capacity & Competency

Table 19 provides service type-specific compliance results for the provider capacity and competency elements.

TABLE 19—SERVICE TYPE: PROVIDER CAPACITY & COMPETENCY

Provider Capacity & Competency Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Is there a record of the individual receiving and signing their HCBS rights disclosure on an annual basis?	82.79%	N/A	N/A	N/A	84.69%	88.89%	78.49%	79.01%	N/A	N/A	86.75%	88.89%
Was the observation completed with staff selected by HSAG?	83.93%	85.71%	76.92%	80.33%	88.42%	77.78%	76.67%	83.75%	100%	83.33%	90.24%	100%
Did the staff observed complete DBHDS competency-based training?	91.35%	100%	77.78%	93.75%	91.84%	88.89%	89.13%	97.53%	76.92%	92.68%	86.75%	92.59%
If Yes, is there evidence of oversight and monitoring of new staff?	88.37%	N/A	100%	66.67%	100%	N/A	100%	N/A	N/A	N/A	100%	N/A
Did the staff observed complete DBHDS advanced competencies?	76.50%	100%	83.33%	100%	63.64%	75.00%	66.67%	100%	N/A	75.00%	88.89%	N/A

Provider Capacity & Competency Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Is the individual's/provider environment neat and clean?	97.89%	N/A	95.00%	100%	100%	88.89%	94.62%	95.06%	100%	97.10%	98.80%	96.15%
Was the person's/provider's environment accessible?	99.39%	N/A	100%	100%	100%	100%	97.85%	100%	100%	98.57%	100%	100%
Does the individual appear well-kempt?	99.21%	N/A	100%	100%	98.86%	100%	100%	100%	100%	95.83%	100%	100%
Were staff engaging with the individual based on the person's preference and interests?	98.47%	N/A	95.24%	98.59%	100%	100%	97.75%	97.37%	100%	95.77%	98.77%	100%
Was the person being offered choices throughout the visit?	96.86%	N/A	100%	95.77%	96.34%	100%	98.86%	97.33%	87.50%	94.29%	97.59%	100%
Was the staff utilizing person-centered language and talking with the individual as opposed to about the individual?	99.65%	N/A	95.24%	100%	100%	100%	100%	96.05%	100%	100%	100%	100%

Provider Capacity & Competency Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Were staff implementing the ISP Part V Plan for Supports (PFS) as written?	98.56%	N/A	100%	98.51%	100%	100%	96.43%	98.61%	87.50%	96.92%	100%	100%
For individuals with a behavioral support plan or protocol, were staff following strategies as outlined in the written plan?	94.24%	N/A	100%	100%	92.00%	80.00%	92.59%	88.00%	100%	95.83%	96.30%	100%
Were staff adhering to medical protocols as outlined in the plan?	97.98%	N/A	100%	100%	97.87%	85.71%	98.31%	91.11%	100%	100%	98.00%	100%
Were staff able to describe what integrated community inclusion looks like for the individual?	97.57%	73.33%	100%	100%	97.89%	88.89%	95.60%	94.81%	100%	97.53%	100%	92.31%
Did the staff demonstrate competency in supporting the individual?	98.82%	N/A	95.65%	100%	98.85%	87.50%	97.78%	98.63%	100%	98.70%	100%	95.65%

Provider Capacity & Competency Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
If Yes, is 1-1 or specialized staffing support being implemented during observation as required, per Provider Part V PFS?	100%	N/A	100%	100%	100%	100%	100%	100%	N/A	100%	100%	N/A
Are staff familiar with adaptive equipment needs?	94.32%	100%	100%	95.65%	84.85%	100%	100%	96.55%	100%	97.56%	100%	77.78%
Were staff utilizing adaptive equipment the individual had as part of their plan?	95.78%	N/A	100%	100%	100%	100%	96.88%	100%	60.00%	87.10%	90.00%	100%
Has repair or follow-up on repairs been occurring?	46.17%	N/A	N/A	N/A	50.00%	N/A	0.00%	0.00%	N/A	100%	N/A	N/A
Did the reviewer observe that all routine supports being provided were included in the provider Part V?	97.71%	N/A	100%	100%	98.68%	85.71%	95.24%	95.77%	85.71%	98.51%	98.67%	82.35%

Provider Capacity & Competency Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Are staff able to describe things Important To and Important For the individual?	95.59%	93.33%	100%	100%	92.86%	88.89%	95.70%	92.59%	84.62%	96.34%	100%	81.48%
Was staff able to describe the outcomes being worked on in this environment?	94.45%	86.67%	100%	97.50%	91.84%	88.89%	93.55%	92.59%	100%	97.56%	97.59%	92.59%
Could the staff describe the medical support needs of the individual?	92.91%	75.00%	90.91%	96.92%	89.41%	87.50%	92.94%	90.28%	100%	93.51%	100%	84.21%
Were staff familiar with medical protocols to support the person?	94.30%	58.33%	92.00%	96.97%	91.46%	77.78%	95.29%	95.31%	100%	93.06%	100%	84.21%
Were staff able to describe appropriate steps to take if the individual experienced a medical crisis?	95.94%	40.00%	100%	100%	91.84%	88.89%	97.85%	95.06%	100%	98.78%	98.80%	96.30%

Provider Capacity & Competency Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Could the staff describe behavioral support needs?	93.77%	75.00%	100%	92.45%	91.78%	87.50%	92.06%	93.44%	100%	98.00%	100%	95.00%
Were staff familiar with the behavioral support plan or protocols developed to support the person?	92.59%	66.67%	90.00%	95.12%	90.00%	75.00%	89.80%	91.30%	100%	95.00%	100%	100%
Were staff able to describe appropriate steps to take if an individual they are supporting was beginning to experience a mental health or behavioral crisis?	93.63%	80.00%	96.30%	95.00%	91.84%	88.89%	93.55%	88.89%	100%	96.34%	98.80%	81.48%
Does the staff know what medications the person is taking, or where to locate this information?	92.92%	71.43%	92.00%	90.41%	89.69%	88.89%	95.65%	91.25%	100%	94.81%	100%	100%

Provider Capacity & Competency Compliance Elements	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Can the staff list the most common side effects of the medications the person is on, or where to locate this information?	87.21%	64.29%	84.00%	85.14%	83.51%	88.89%	89.13%	87.50%	100%	87.01%	97.56%	88.00%
Can you tell me what person-centered care means?	92.54%	100%	92.59%	97.50%	89.80%	77.78%	92.47%	86.42%	100%	91.46%	98.80%	92.59%
Can you explain individual's rights in your program?	97.00%	93.33%	92.59%	96.25%	95.92%	100%	100%	92.59%	92.31%	96.34%	100%	96.30%
Did the provider identify any changes to needs or status since initiation of the ISP requiring an adjustment to services or supports?	94.09%	100%	100%	92.86%	100%	75.00%	88.00%	88.89%	100%	93.75%	100%	81.82%
Did the provider implement actions to address the changing needs and/or status?	87.66%	100%	100%	100%	90.00%	66.67%	80.00%	86.67%	66.67%	100%	83.33%	77.78%

Provider Service Type:

CBR: Center-Based Respite

CCO: Community Coaching

CEN: Community Engagement

GHC: Group Home Customized Rate

GRS: Group Residential Support <=4 Persons

GRL: Group Residential Support >4 Persons

ILS: Independent Living Supports

IHS: In-Home Supports

SPR: Sponsored Residential

SUL: Supported Living

Appendix L. CSB: Individual Interview Responses

Table 20 – Table 25 provide CSB-specific compliance results for the individual interview responses.

TABLE 20—CSB: INDIVIDUAL INTERVIEW RESPONSES

Individual Interview Questions				
CSB	Do you like living here?	Would you like to live somewhere else? ¹	Did you choose the people you live with?	Do you have a key to your home?
All CSBs: Aggregate	97%	24%	82%	74%
ALEXANDRIA COMMUNITY SERV BD	100%	0%	100%	100%
ALLEGHANY HIGHLANDS COMMUNITY	100%	0%	100%	N/A
ARLINGTON MENTAL HEALTH	100%	0%	N/A	50%
BLUE RIDGE COMMUNITY SERVICES BOARD	100%	0%	100%	100%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	0%	100%	N/A
CHESTERFIELD CSB	95%	39%	56%	44%
COLONIAL BEHAVIORAL HEALTH	N/A	N/A	N/A	N/A
CROSSROADS CSB	80%	20%	75%	60%
DANVILLE PITTSYLVANIA COMM SVC	83%	33%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	100%	0%	100%	100%
DISTRICT 19 MEN HLTH SER	100%	29%	43%	50%
EASTERN SHORE COMMUNITY SERVICES BOARD	100%	0%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	N/A	N/A	N/A	N/A
FAIRFAX-FALLS CHURCH CSB	95%	11%	100%	92%

Individual Interview Questions

CSB	Do you like living here?	Would you like to live somewhere else?¹	Did you choose the people you live with?	Do you have a key to your home?
GOOCHLAND POWHATAN COMMUNITY SERVICES	100%	67%	N/A	100%
HAMPTON NN COMM SERVICES BOARD	100%	14%	75%	67%
HANOVER COMMUNITY SERVICES BOARD	100%	0%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	100%	0%	100%	100%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	100%	33%	89%	63%
HIGHLANDS COMM SERVICES BOARD	N/A	N/A	N/A	N/A
HORIZON BEHAVIORAL HEALTH	100%	33%	88%	89%
LOUDOUN COUNTY CSB	100%	25%	100%	N/A
MIDDLE PENINSULA-NORTHERN NECK	100%	50%	50%	100%
MOUNT ROGERS COMMUNITY MENTAL	100%	0%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	29%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	95%	44%	77%	75%
NORTHWESTERN COMMUNITY SVCS	100%	0%	100%	50%
PIEDMONT REG COMM SVCS BOARD	100%	14%	100%	75%
PLANNING DISTRICT ONE CSB	100%	0%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	50%	100%	0%	100%
PRINCE WILLIAM COUNTY CSB	93%	15%	71%	88%
RAPPAHANNOCK AREA COMMUNITY CSB	100%	25%	71%	50%

Individual Interview Questions				
CSB	Do you like living here?	Would you like to live somewhere else? ¹	Did you choose the people you live with?	Do you have a key to your home?
REGION TEN COMMUNITY SERVICES BOARD	100%	11%	100%	88%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	92%	45%	50%	58%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	100%	0%	100%	100%
SOUTHSIDE BEHAVIORAL HEALTH	86%	33%	83%	100%
VALLEY COMMUNITY SERVICES BOARD	100%	50%	100%	50%
VIRGINIA BEACH CSB	100%	19%	100%	67%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	100%	25%	67%	75%

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

TABLE 21—CSB: INDIVIDUAL INTERVIEW RESPONSES

Individual Interview Questions				
CSB	Do you have a key to your bedroom?	Do you open your mail or receive help with opening your mail?	Do you have visitors at your home?	Do you like attending this program?
All CSBs: Aggregate	75%	93%	97%	99%
ALEXANDRIA COMMUNITY SERV BD	100%	N/A	100%	100%
ALLEGHANY HIGHLANDS COMMUNITY	N/A	100%	100%	N/A
ARLINGTON MENTAL HEALTH	50%	100%	100%	100%

Individual Interview Questions				
CSB	Do you have a key to your bedroom?	Do you open your mail or receive help with opening your mail?	Do you have visitors at your home?	Do you like attending this program?
BLUE RIDGE COMMUNITY SERVICES BOARD	100%	100%	100%	100%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	N/A	100%	100%	100%
CHESTERFIELD CSB	50%	89%	90%	100%
COLONIAL BEHAVIORAL HEALTH	N/A	N/A	N/A	100%
CROSSROADS CSB	100%	100%	100%	100%
DANVILLE PITTSYLVANIA COMM SVC	N/A	100%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	0%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	86%	100%	100%	100%
EASTERN SHORE COMMUNITY SERVICES BOARD	100%	100%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	N/A	N/A	N/A	100%
FAIRFAX-FALLS CHURCH CSB	67%	100%	100%	100%
GOOCHLAND POWHATAN COMMUNITY SERVICES	100%	100%	100%	100%
HAMPTON NN COMM SERVICES BOARD	75%	86%	100%	100%
HANOVER COMMUNITY SERVICES BOARD	100%	100%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%	100%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	71%	90%	100%	100%
HIGHLANDS COMM SERVICES BOARD	N/A	N/A	N/A	N/A

Individual Interview Questions				
CSB	Do you have a key to your bedroom?	Do you open your mail or receive help with opening your mail?	Do you have visitors at your home?	Do you like attending this program?
HORIZON BEHAVIORAL HEALTH	71%	100%	89%	83%
LOUDOUN COUNTY CSB	N/A	100%	100%	100%
MIDDLE PENINSULA-NORTHERN NECK	100%	100%	100%	100%
MOUNT ROGERS COMMUNITY MENTAL	100%	100%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	86%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	82%	81%	100%	100%
NORTHWESTERN COMMUNITY SVCS	0%	100%	100%	100%
PIEDMONT REG COMM SVCS BOARD	75%	100%	86%	100%
PLANNING DISTRICT ONE CSB	67%	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	100%	100%
PRINCE WILLIAM COUNTY CSB	75%	80%	100%	100%
RAPPAHANNOCK AREA COMMUNITY CSB	50%	100%	80%	100%
REGION TEN COMMUNITY SERVICES BOARD	86%	100%	100%	100%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	78%	88%	100%	92%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	100%	100%	100%	N/A
SOUTHSIDE BEHAVIORAL HEALTH	100%	86%	100%	100%
VALLEY COMMUNITY SERVICES BOARD	100%	50%	100%	100%

Individual Interview Questions				
CSB	Do you have a key to your bedroom?	Do you open your mail or receive help with opening your mail?	Do you have visitors at your home?	Do you like attending this program?
VIRGINIA BEACH CSB	50%	94%	94%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	75%	80%	80%	100%

TABLE 22—CSB: INDIVIDUAL INTERVIEW RESPONSES

Individual Interview Questions				
CSB	Did you get to choose the people you participate in the group with?	Would you like to do something else during the day? ¹	Do you like your staff?	If you want to go somewhere, does your provider take you?
All CSBs: Aggregate	89%	30%	99%	99%
ALEXANDRIA COMMUNITY SERV BD	100%	0%	100%	100%
ALLEGHANY HIGHLANDS COMMUNITY	N/A	0%	100%	100%
ARLINGTON MENTAL HEALTH	100%	50%	100%	67%
BLUE RIDGE COMMUNITY SERVICES BOARD	100%	0%	100%	100%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	20%	100%	100%
CHESTERFIELD CSB	80%	42%	92%	96%
COLONIAL BEHAVIORAL HEALTH	100%	0%	100%	100%
CROSSROADS CSB	50%	43%	100%	100%

Individual Interview Questions

CSB	Did you get to choose the people you participate in the group with?	Would you like to do something else during the day?¹	Do you like your staff?	If you want to go somewhere, does your provider take you?
DANVILLE PITTSYLVANIA COMM SVC	100%	50%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	100%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	100%	13%	100%	100%
EASTERN SHORE COMMUNITY SERVICES BOARD	100%	0%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	100%	0%	100%	100%
FAIRFAX-FALLS CHURCH CSB	100%	13%	100%	100%
GOOCHLAND POWHATAN COMMUNITY SERVICES	N/A	0%	100%	100%
HAMPTON NN COMM SERVICES BOARD	80%	18%	100%	100%
HANOVER COMMUNITY SERVICES BOARD	100%	20%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	50%	0%	100%	100%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	80%	32%	100%	100%
HIGHLANDS COMM SERVICES BOARD	N/A	N/A	N/A	N/A
HORIZON BEHAVIORAL HEALTH	100%	57%	100%	100%
LOUDOUN COUNTY CSB	100%	67%	100%	100%
MIDDLE PENINSULA-NORTHERN NECK	100%	0%	100%	100%
MOUNT ROGERS COMMUNITY MENTAL	60%	25%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	60%	100%	78%

Individual Interview Questions

CSB	Did you get to choose the people you participate in the group with?	Would you like to do something else during the day?¹	Do you like your staff?	If you want to go somewhere, does your provider take you?
NORFOLK COMMUNITY SERVICES BOARD	100%	45%	96%	100%
NORTHWESTERN COMMUNITY SVCS	N/A	0%	100%	100%
PIEDMONT REG COMM SVCS BOARD	100%	50%	100%	100%
PLANNING DISTRICT ONE CSB	100%	33%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	N/A	100%	100%	100%
PRINCE WILLIAM COUNTY CSB	100%	25%	100%	100%
RAPPAHANNOCK AREA COMMUNITY CSB	100%	0%	100%	100%
REGION TEN COMMUNITY SERVICES BOARD	100%	10%	100%	100%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	92%	76%	92%	100%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	N/A	33%	100%	100%
SOUTHSIDE BEHAVIORAL HEALTH	100%	43%	89%	100%
VALLEY COMMUNITY SERVICES BOARD	100%	33%	100%	100%
VIRGINIA BEACH CSB	100%	8%	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	50%	13%	100%	100%

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

TABLE 23—CSB: INDIVIDUAL INTERVIEW RESPONSES

Individual Interview Questions				
CSB	Can you get where you want to go without problems?	Do you spend time in the community doing the things you like to do?	Do you do those things as often as you would like?	Do you do activities with the people you would like to?
All CSBs: Aggregate	97%	98%	93%	98%
ALEXANDRIA COMMUNITY SERV BD	100%	100%	100%	100%
ALLEGHANY HIGHLANDS COMMUNITY	100%	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	100%	100%	100%
BLUE RIDGE COMMUNITY SERVICES BOARD	100%	100%	100%	100%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	100%	100%	100%
CHESTERFIELD CSB	96%	100%	96%	100%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%	100%
CROSSROADS CSB	100%	100%	100%	100%
DANVILLE PITTSYLVANIA COMM SVC	100%	83%	75%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	100%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	100%	100%	100%	100%
EASTERN SHORE COMMUNITY SERVICES BOARD	100%	100%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	100%	100%	100%	100%
FAIRFAX-FALLS CHURCH CSB	96%	100%	100%	96%
GOOCHLAND POWHATAN COMMUNITY SERVICES	100%	100%	100%	100%

Individual Interview Questions

CSB	Can you get where you want to go without problems?	Do you spend time in the community doing the things you like to do?	Do you do those things as often as you would like?	Do you do activities with the people you would like to?
HAMPTON NN COMM SERVICES BOARD	100%	100%	92%	100%
HANOVER COMMUNITY SERVICES BOARD	100%	100%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	83%	100%	100%	100%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	96%	96%	92%	96%
HIGHLANDS COMM SERVICES BOARD	N/A	N/A	N/A	N/A
HORIZON BEHAVIORAL HEALTH	93%	100%	75%	100%
LOUDOUN COUNTY CSB	100%	100%	100%	100%
MIDDLE PENINSULA-NORTHERN NECK	100%	100%	100%	100%
MOUNT ROGERS COMMUNITY MENTAL	100%	88%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	40%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	100%	100%	100%
NORTHWESTERN COMMUNITY SVCS	100%	100%	80%	100%
PIEDMONT REG COMM SVCS BOARD	89%	100%	100%	100%
PLANNING DISTRICT ONE CSB	100%	100%	100%	78%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	100%	100%
PRINCE WILLIAM COUNTY CSB	100%	94%	83%	93%
RAPPAHANNOCK AREA COMMUNITY CSB	100%	100%	100%	100%

Individual Interview Questions				
CSB	Can you get where you want to go without problems?	Do you spend time in the community doing the things you like to do?	Do you do those things as often as you would like?	Do you do activities with the people you would like to?
REGION TEN COMMUNITY SERVICES BOARD	91%	100%	100%	100%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	92%	91%	90%	95%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	100%	100%	67%	100%
SOUTHSIDE BEHAVIORAL HEALTH	100%	100%	100%	100%
VALLEY COMMUNITY SERVICES BOARD	100%	100%	100%	100%
VIRGINIA BEACH CSB	100%	100%	91%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	100%	100%	100%	100%

TABLE 24—CSB: INDIVIDUAL INTERVIEW RESPONSES

Individual Interview Questions				
CSB	Are there things you would like to do that you are not able to do? ¹	When you are hungry, are you able to eat?	Do you attend religious services?	Do you participate in your banking?
All CSBs: Aggregate	25%	98%	90%	77%
ALEXANDRIA COMMUNITY SERV BD	0%	100%	100%	100%
ALLEGHANY HIGHLANDS COMMUNITY	0%	100%	0%	N/A
ARLINGTON MENTAL HEALTH	0%	100%	100%	100%

Individual Interview Questions

CSB	Are there things you would like to do that you are not able to do?¹	When you are hungry, are you able to eat?	Do you attend religious services?	Do you participate in your banking?
BLUE RIDGE COMMUNITY SERVICES BOARD	20%	100%	100%	100%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	25%	100%	100%	40%
CHESTERFIELD CSB	22%	96%	78%	68%
COLONIAL BEHAVIORAL HEALTH	0%	100%	100%	0%
CROSSROADS CSB	17%	100%	75%	100%
DANVILLE PITTSYLVANIA COMM SVC	50%	100%	67%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	100%	100%	100%	0%
DISTRICT 19 MEN HLTH SER	22%	100%	75%	63%
EASTERN SHORE COMMUNITY SERVICES BOARD	0%	100%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	0%	100%	100%	100%
FAIRFAX-FALLS CHURCH CSB	26%	100%	92%	81%
GOOCHLAND POWHATAN COMMUNITY SERVICES	0%	67%	100%	60%
HAMPTON NN COMM SERVICES BOARD	0%	100%	90%	56%
HANOVER COMMUNITY SERVICES BOARD	0%	100%	67%	60%
HARRISONBURG-ROCKINGHAM CSB	20%	100%	100%	100%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	41%	93%	83%	67%
HIGHLANDS COMM SERVICES BOARD	N/A	N/A	N/A	N/A

Individual Interview Questions

CSB	Are there things you would like to do that you are not able to do?¹	When you are hungry, are you able to eat?	Do you attend religious services?	Do you participate in your banking?
HORIZON BEHAVIORAL HEALTH	31%	100%	89%	93%
LOUDOUN COUNTY CSB	13%	100%	100%	100%
MIDDLE PENINSULA-NORTHERN NECK	0%	100%	100%	100%
MOUNT ROGERS COMMUNITY MENTAL	13%	100%	67%	40%
NEW RIVER VALLEY COMMUNITY SERVICES	44%	100%	100%	63%
NORFOLK COMMUNITY SERVICES BOARD	29%	100%	100%	70%
NORTHWESTERN COMMUNITY SVCS	0%	100%	100%	80%
PIEDMONT REG COMM SVCS BOARD	33%	100%	86%	89%
PLANNING DISTRICT ONE CSB	29%	100%	100%	70%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	100%	0%
PRINCE WILLIAM COUNTY CSB	27%	95%	92%	94%
RAPPAHANNOCK AREA COMMUNITY CSB	8%	100%	100%	100%
REGION TEN COMMUNITY SERVICES BOARD	20%	100%	75%	92%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	55%	92%	100%	63%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	0%	100%	100%	100%
SOUTHSIDE BEHAVIORAL HEALTH	14%	100%	100%	100%
VALLEY COMMUNITY SERVICES BOARD	50%	100%	67%	100%

Individual Interview Questions				
CSB	Are there things you would like to do that you are not able to do? ¹	When you are hungry, are you able to eat?	Do you attend religious services?	Do you participate in your banking?
VIRGINIA BEACH CSB	9%	100%	91%	78%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	30%	94%	83%	67%

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

TABLE 25—CSB: INDIVIDUAL INTERVIEW RESPONSES

Individual Interview Questions		
CSB	Is your support coordinator currently addressing your employment goals?	Do you feel safe here?
All CSBs: Aggregate	84%	99%
ALEXANDRIA COMMUNITY SERV BD	N/A	100%
ALLEGHANY HIGHLANDS COMMUNITY	100%	100%
ARLINGTON MENTAL HEALTH	100%	100%
BLUE RIDGE COMMUNITY SERVICES BOARD	75%	100%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	100%
CHESTERFIELD CSB	100%	100%
COLONIAL BEHAVIORAL HEALTH	100%	100%
CROSSROADS CSB	100%	100%
DANVILLE PITTSYLVANIA COMM SVC	50%	100%

Individual Interview Questions		
CSB	Is your support coordinator currently addressing your employment goals?	Do you feel safe here?
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	100%	100%
DISTRICT 19 MEN HLTH SER	100%	100%
EASTERN SHORE COMMUNITY SERVICES BOARD	75%	100%
ENCOMPASS COMMUNITY SUPPORTS	100%	100%
FAIRFAX-FALLS CHURCH CSB	86%	100%
GOOCHLAND POWHATAN COMMUNITY SERVICES	0%	100%
HAMPTON NN COMM SERVICES BOARD	33%	100%
HANOVER COMMUNITY SERVICES BOARD	100%	100%
HARRISONBURG-ROCKINGHAM CSB	N/A	100%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	88%	96%
HIGHLANDS COMM SERVICES BOARD	N/A	N/A
HORIZON BEHAVIORAL HEALTH	82%	100%
LOUDOUN COUNTY CSB	83%	100%
MIDDLE PENINSULA-NORTHERN NECK	100%	100%
MOUNT ROGERS COMMUNITY MENTAL	67%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	73%	96%
NORTHWESTERN COMMUNITY SVCS	100%	100%
PIEDMONT REG COMM SVCS BOARD	67%	100%

Individual Interview Questions

CSB	Is your support coordinator currently addressing your employment goals?	Do you feel safe here?
PLANNING DISTRICT ONE CSB	67%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	0%	100%
PRINCE WILLIAM COUNTY CSB	90%	100%
RAPPAHANNOCK AREA COMMUNITY CSB	100%	100%
REGION TEN COMMUNITY SERVICES BOARD	100%	100%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	93%	92%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	50%	100%
SOUTHSIDE BEHAVIORAL HEALTH	67%	100%
VALLEY COMMUNITY SERVICES BOARD	100%	100%
VIRGINIA BEACH CSB	92%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	60%	100%

Appendix M. Region: Individual Interview Responses

Table 26 provides region-specific individual interview responses.

TABLE 26—REGION: INDIVIDUAL INTERVIEW RESPONSES

Individual Interview Questions	All Regions: Aggregate	Region 1	Region 2	Region 3	Region 4	Region 5
Do you like living here?	97%	100%	96%	95%	96%	97%
Would you like to live somewhere else? ¹	24%	18%	14%	17%	35%	28%
Did you choose the people you live with?	82%	90%	92%	97%	67%	79%
Do you have a key to your home?	74%	81%	87%	96%	58%	76%
Do you have a key to your bedroom?	75%	75%	70%	86%	71%	77%
Do you open your mail or receive help with opening your mail?	93%	98%	93%	94%	92%	88%
Do you have visitors at your home?	97%	93%	100%	97%	97%	96%
Do you like attending this program?	99%	96%	100%	100%	97%	100%
Did you get to choose the people you participate in the group with?	89%	94%	100%	91%	85%	83%
Would you like to do something else during the day? ¹	30%	21%	24%	40%	42%	20%
Do you like your staff?	99%	100%	100%	98%	96%	99%
If you want to go somewhere, does your provider take you?	99%	100%	98%	97%	99%	100%
Can you get where you want to go without problems?	97%	95%	98%	98%	96%	100%
Do you spend time in the community doing the things you like to do?	98%	100%	98%	97%	97%	100%
Do you do those things as often as you would like?	93%	91%	94%	88%	95%	97%
Do you do activities with the people you would like to?	98%	100%	96%	96%	98%	100%
Are there things you would like to do that you are not able to do? ¹	25%	17%	22%	31%	33%	17%
When you are hungry, are you able to eat?	98%	100%	98%	100%	94%	99%
Do you attend religious services?	90%	89%	94%	90%	84%	93%
Do you participate in your banking?	77%	94%	90%	77%	67%	68%
Is your support coordinator currently addressing your employment goals?	84%	89%	88%	71%	92%	76%
Do you feel safe here?	99%	100%	100%	100%	97%	99%

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

Appendix N. Service Type: Individual Interview Responses

Table 27 provides service type-specific individual interview responses.

TABLE 27—SERVICE TYPE: INDIVIDUAL INTERVIEW RESPONSES

Individual Interview Questions	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Do you like living here?	96.03%	N/A	N/A	N/A	N/A	87.50%	93.44%	98.00%	100%	96.55%	98.31%	100%
Would you like to live somewhere else? ¹	22.42%	N/A	N/A	N/A	N/A	50.00%	23.53%	25.58%	55.56%	20.37%	18.37%	30.00%
Did you choose the people you live with?	80.64%	N/A	N/A	N/A	N/A	33.33%	71.43%	77.14%	100%	94.59%	87.18%	92.31%
Do you have a key to your home?	72.12%	N/A	N/A	N/A	N/A	25.00%	72.73%	66.67%	100%	N/A	71.15%	95.45%
Do you have a key to your bedroom?	74.31%	N/A	N/A	N/A	N/A	50.00%	73.08%	74.36%	N/A	N/A	76.00%	80.95%
Do you open your mail or receive help with opening your mail?	94.00%	N/A	N/A	N/A	N/A	100%	97.67%	85.71%	88.89%	92.31%	95.92%	90.91%
Do you have visitors at your home?	96.07%	N/A	N/A	N/A	N/A	100%	96.23%	100%	100%	94.64%	94.34%	100%
Do you like attending this program?	98.10%	N/A	100%	100%	97.10%	N/A						

Individual Interview Questions	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Did you get to choose the people you participate in the group with?	88.42%	N/A	100%	85.11%	89.66%	N/A						
Would you like to do something else during the day? ¹	30.77%	N/A	20.00%	30.43%	37.04%	25.00%	26.53%	35.71%	33.33%	25.49%	22.92%	42.86%
Do you like your staff?	98.51%	100%	100%	100%	98.48%	85.71%	96.67%	97.87%	100%	98.31%	100%	100%
If you want to go somewhere, does your provider take you?	99.28%	N/A	100%	100%	100%	100%	100%	96.00%	100%	96.49%	100%	100%
Can you get where you want to go without problems?	97.40%	N/A	100%	97.96%	96.49%	100%	97.92%	97.67%	88.89%	98.11%	97.87%	95.45%
Do you spend time in the community doing the things you like to do?	97.43%	100%	100%	100%	94.64%	100%	96.15%	100%	100%	98.25%	100%	100%
Do you do those things as often as you would like?	93.51%	100%	87.50%	96.08%	92.86%	75.00%	92.00%	95.56%	100%	90.74%	96.15%	90.91%
Do you do activities with the people you would like to?	98.06%	100%	100%	95.92%	98.04%	66.67%	97.78%	100%	100%	100%	98.04%	100%

Individual Interview Questions	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Are there things you would like to do that you are not able to do? ¹	25.69%	33.33%	12.50%	18.60%	28.57%	50.00%	32.50%	28.95%	22.22%	13.21%	30.95%	25.00%
When you are hungry, are you able to eat?	98.56%	80.00%	100%	98.28%	100%	100%	98.15%	95.83%	100%	100%	96.43%	95.45%
Do you attend religious services?	91.18%	100%	66.67%	89.47%	97.56%	100%	87.50%	96.55%	100%	87.88%	81.82%	72.73%
Do you participate in your banking?	76.02%	75.00%	57.14%	76.19%	72.00%	100%	80.00%	79.07%	100%	75.00%	79.59%	75.00%
Is your support coordinator currently addressing your employment goals?	81.65%	100%	80.00%	75.00%	75.86%	100%	85.00%	95.24%	33.33%	86.11%	90.00%	100%
Do you feel safe here?	98.58%	100%	100%	100%	96.55%	83.33%	98.18%	100%	100%	100%	100%	100%

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

Provider Service Type:

CBR: Center-Based Respite

CCO: Community Coaching

CEN: Community Engagement

GHC: Group Home Customized Rate

GRS: Group Residential Support <=4 Persons

GRL: Group Residential Support >4 Persons

ILS: Independent Living Supports

IHS: In-Home Supports

SPR: Sponsored Residential

SUL: Supported Living

Appendix O. CSB: Substitute Decision Maker/Family Interview Responses

Table 28 – Table 29 provide CSB-specific compliance results for the Substitute Decision Maker (SDM)/Family Member interview responses.

TABLE 28—CSB: SDM/FAMILY MEMBER INTERVIEW RESPONSES

SDM/Family Member Interview Questions				
CSB	Did the SC provide the individual with a choice in service providers, including a choice in SC?	Did the SC discuss employment goals and options with the individual?	Did the SC discuss community involvement opportunities with the individual?	Are all of the individual’s needs and supports currently being met?
All CSBs: Aggregate	92%	94%	97%	95%
ALEXANDRIA COMMUNITY SERV BD	75%	100%	100%	100%
ALLEGHANY HIGHLANDS COMMUNITY	100%	100%	100%	50%
ARLINGTON MENTAL HEALTH	100%	100%	100%	100%
BLUE RIDGE COMMUNITY SERVICES BOARD	100%	100%	100%	83%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	100%	100%	100%
CHESTERFIELD CSB	88%	80%	93%	93%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%	100%
CROSSROADS CSB	100%	100%	100%	100%
DANVILLE PITTSYLVANIA COMM SVC	100%	100%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	60%	N/A	100%	100%
DISTRICT 19 MEN HLTH SER	100%	100%	100%	80%

SDM/Family Member Interview Questions				
CSB	Did the SC provide the individual with a choice in service providers, including a choice in SC?	Did the SC discuss employment goals and options with the individual?	Did the SC discuss community involvement opportunities with the individual?	Are all of the individual's needs and supports currently being met?
EASTERN SHORE COMMUNITY SERVICES BOARD	100%	100%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	100%	N/A	100%	100%
FAIRFAX-FALLS CHURCH CSB	97%	100%	100%	91%
GOOCHLAND POWHATAN COMMUNITY SERVICES	50%	75%	75%	75%
HAMPTON NN COMM SERVICES BOARD	82%	82%	100%	100%
HANOVER COMMUNITY SERVICES BOARD	100%	83%	83%	100%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%	100%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	89%	93%	100%	100%
HIGHLANDS COMM SERVICES BOARD	N/A	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	94%	100%	95%
LOUDOUN COUNTY CSB	100%	100%	100%	100%
MIDDLE PENINSULA-NORTHERN NECK	100%	N/A	100%	100%
MOUNT ROGERS COMMUNITY MENTAL	100%	100%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	70%	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	94%	100%	100%	100%

SDM/Family Member Interview Questions				
CSB	Did the SC provide the individual with a choice in service providers, including a choice in SC?	Did the SC discuss employment goals and options with the individual?	Did the SC discuss community involvement opportunities with the individual?	Are all of the individual's needs and supports currently being met?
NORTHWESTERN COMMUNITY SVCS	75%	75%	100%	100%
PIEDMONT REG COMM SVCS BOARD	100%	86%	100%	100%
PLANNING DISTRICT ONE CSB	100%	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	100%	75%
PRINCE WILLIAM COUNTY CSB	87%	90%	93%	87%
RAPPAHANNOCK AREA COMMUNITY CSB	100%	100%	100%	91%
REGION TEN COMMUNITY SERVICES BOARD	62%	83%	93%	93%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	85%	90%	77%	85%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	100%	100%	100%	100%
SOUTHSIDE BEHAVIORAL HEALTH	100%	100%	100%	100%
VALLEY COMMUNITY SERVICES BOARD	100%	100%	100%	100%
VIRGINIA BEACH CSB	100%	94%	100%	94%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	100%	100%	100%	100%

TABLE 29—CSB: SDM/FAMILY MEMBER INTERVIEW RESPONSES

SDM/Family Member Interview Questions			
CSB	Did you have an opportunity to participate in the ISP development?	Do you feel the ISP is representative of the person’s needs?	Does the SDM/Family confirm there are no concerns regarding the current service providers?
All CSBs: Aggregate	96%	97%	87%
ALEXANDRIA COMMUNITY SERV BD	100%	100%	100%
ALLEGHANY HIGHLANDS COMMUNITY	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	100%	86%
BLUE RIDGE COMMUNITY SERVICES BOARD	100%	100%	50%
CHESAPEAKE INTEGRATED BEHAV HEALTHCARE	100%	100%	90%
CHESTERFIELD CSB	81%	93%	75%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%
CROSSROADS CSB	50%	100%	50%
DANVILLE PITTSYLVANIA COMM SVC	100%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SERVICES	100%	100%	100%
DISTRICT 19 MEN HLTH SER	67%	100%	83%
EASTERN SHORE COMMUNITY SERVICES BOARD	100%	100%	100%
ENCOMPASS COMMUNITY SUPPORTS	100%	100%	100%
FAIRFAX-FALLS CHURCH CSB	97%	97%	97%
GOOCHLAND POWHATAN COMMUNITY SERVICES	100%	100%	75%

SDM/Family Member Interview Questions			
CSB	Did you have an opportunity to participate in the ISP development?	Do you feel the ISP is representative of the person's needs?	Does the SDM/Family confirm there are no concerns regarding the current service providers?
HAMPTON NN COMM SERVICES BOARD	92%	82%	100%
HANOVER COMMUNITY SERVICES BOARD	100%	86%	29%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%
HENRICO AREA MENTAL HLTH AND DEVLPMNTL SVC	89%	100%	63%
HIGHLANDS COMM SERVICES BOARD	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%	95%
LOUDOUN COUNTY CSB	100%	100%	100%
MIDDLE PENINSULA-NORTHERN NECK	100%	100%	100%
MOUNT ROGERS COMMUNITY MENTAL	100%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	80%
NORFOLK COMMUNITY SERVICES BOARD	100%	100%	94%
NORTHWESTERN COMMUNITY SVCS	100%	67%	50%
PIEDMONT REG COMM SVCS BOARD	100%	100%	80%
PLANNING DISTRICT ONE CSB	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	75%
PRINCE WILLIAM COUNTY CSB	100%	93%	87%
RAPPAHANNOCK AREA COMMUNITY CSB	100%	100%	100%

SDM/Family Member Interview Questions			
CSB	Did you have an opportunity to participate in the ISP development?	Do you feel the ISP is representative of the person's needs?	Does the SDM/Family confirm there are no concerns regarding the current service providers?
REGION TEN COMMUNITY SERVICES BOARD	93%	93%	79%
RICHMOND BEHAVIORAL HEALTH AUTHORITY	100%	100%	85%
ROCKBRIDGE AREA COMMUNITY SERVICES BOARD	100%	100%	100%
SOUTHSIDE BEHAVIORAL HEALTH	100%	100%	100%
VALLEY COMMUNITY SERVICES BOARD	100%	100%	75%
VIRGINIA BEACH CSB	100%	100%	94%
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	92%	100%	100%

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

Table 30 provides region-specific Substitute Decision Maker (SDM)/Family Member interview responses.

TABLE 30—REGION: SDM/FAMILY MEMBER INTERVIEW RESPONSES

SDM/Family Member Interview Questions	All Regions: Aggregate	Region 1	Region 2	Region 3	Region 4	Region 5
Did the SC provide the individual with a choice in service providers, including a choice in SC?	92%	90%	94%	90%	87%	96%
Did the SC discuss employment goals and options with the individual?	94%	92%	98%	98%	87%	95%
Did the SC discuss community involvement opportunities with the individual?	97%	98%	98%	100%	90%	100%
Are all of the individual’s needs and supports currently being met?	95%	93%	93%	98%	92%	97%
Did you have an opportunity to participate in the ISP development?	96%	98%	99%	100%	88%	97%
Do you feel the ISP is representative of the person’s needs?	97%	97%	97%	100%	97%	97%
Does the SDM/Family confirm there are no concerns regarding the current service providers?	87%	88%	94%	87%	69%	95%

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

Table 31 provides service type-specific Substitute Decision Maker (SDM)/Family Member interview responses.

TABLE 31—SERVICE TYPE: SDM/FAMILY MEMBER INTERVIEW RESPONSES

SDM/Family Member Interview Questions	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Did the SC provide the individual with a choice in service providers, including a choice in SC?	92.06%	75.00%	100%	97.30%	90.48%	75.00%	91.43%	91.89%	83.33%	89.47%	94.55%	85.71%
Did the SC discuss employment goals and options with the individual?	94.72%	77.78%	83.33%	94.12%	96.97%	100%	91.67%	88.89%	100%	96.08%	95.92%	100%
Did the SC discuss community involvement opportunities with the individual?	97.66%	91.67%	100%	100%	100%	100%	91.18%	94.44%	100%	100%	96.30%	100%
Are all of the individual’s needs and supports currently being met?	96.14%	90.91%	93.33%	100%	95.45%	75.00%	100%	94.74%	83.33%	92.98%	94.83%	85.71%
Did you have an opportunity to participate in the ISP development?	95.62%	100%	93.33%	97.56%	97.73%	100%	83.33%	97.37%	100%	98.25%	98.25%	100%
Do you feel the ISP is representative of the person’s needs?	97.73%	100%	100%	100%	97.73%	75.00%	97.06%	100%	100%	96.36%	96.43%	100%

SDM/Family Member Interview Questions	All Service Types: Aggregate	CBR	CCO	CEN	GDY	GHC	GRS	GRL	ILS	IHS	SPR	SUL
Does the SDM/Family confirm there are no concerns regarding the current service providers?	87.46%	75.00%	86.67%	92.68%	84.44%	75.00%	86.84%	84.21%	83.33%	91.23%	87.93%	75.00%

Provider Service Type:

CBR: Center-Based Respite

CCO: Community Coaching

CEN: Community Engagement

GHC: Group Home Customized Rate

GRS: Group Residential Support <=4 Persons

GRL: Group Residential Support >4 Persons

ILS: Independent Living Supports

IHS: In-Home Supports

SPR: Sponsored Residential

SUL: Supported Living