



Virginia Department of  
Behavioral Health &  
Developmental Services

# **DBHDS Quality Service Review**

*Aggregate Report*

*Review 4 SFY 2022*

*February 6, 2023*



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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 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 (KPAs): *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.

The Round 4 (R4) state fiscal year (SFY) 2022 QSRs were conducted from July 2022 through December 2022, reviewing services that occurred during the lookback period of July 1, 2021, through April 30, 2022. 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 2022 included applicable federal regulations, Virginia Administrative Code, the requirements set forth in the DBHDS Performance Contract, and the HCBS Settings Rule.

The QSR process included a review of documents such as policies and procedures, QSR quality improvement plans (QIPs) completed by licensed providers, 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, 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 licensed provider service type. Table 1--1 displays the licensed provider service type and associated number of PCRs selected for R4.

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

DD Waiver Service Licensed Provider Service Type	Population of Service Recipients	Required Sample Size with Finite Population Correction <sup>1</sup>
Community Coaching	318	62
Community Engagement	2,594	74
Crisis Support Services	192	55
Group Day	6,114	76
Group Residential Support ≤ 4 Persons	3,230	75
Group residential Support > 4 Persons	2,025	74
Group Home (Customized Rate)	148	51
Independent Living Supports	151	51
In-Home Supports	2,121	74
Sponsored Residential	2,277	74
Supported Living	177	54
<b>Grand Total<sup>1</sup></b>	<b>19,347</b>	<b>720</b>

<sup>1</sup>Service recipients may be duplicated across service types if receiving more than one service type.

The sample was distributed among 360 licensed providers.

### Sample Attributes

HSAG analyzed the attributes of the individuals selected for the PCR sample. Attributes of the individuals included gender, age, Supports Intensity Scale<sup>®</sup> (SIS<sup>®</sup>) level, and the percentage of individuals by Office of Human Rights region.

### 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/alternates 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 experienced QSR reviewers reviewed documentation for the selected cases. Licensed provider service and service coordination documentation were reviewed for a ten-month evaluation window from July 1, 2021–April 30, 2022. The methodology for specific scored elements was designed to incorporate a review of documentation that may have occurred outside of the evaluation window, such as individual support plans that began prior to July 1, 2021. This allowed QSR reviewers to review the information that reflected the services and supports authorized for the individual during the evaluation window, even if the documentation was developed prior to the evaluation period. 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.

## Conclusions

The results of the Round 4 QSR provide evidence that statewide, ISPs accurately reflect outcomes in life areas of healthy living, community living, and citizenship and advocacy as appropriate. ISPs accurately document prescribed medications for the individual and reflect individuals are being offered a choice of service and licensed service providers as appropriate. HCBS policies are present when required, and those policies are being reviewed with individuals as appropriate. Individuals have received an annual physical exam as required, or valid documentation for deferral is present. Licensed providers are demonstrating competence in supporting individuals across service types and across regions evidenced through direct observation, including engaging with individuals based on preference and interest, offering choices, implementing medical and behavioral protocols as appropriate, and implementing adaptive equipment as required. Patterns of abuse, neglect, or exploitation were not found within licensed provider CHRIS incident reports, and environments were observed to be accessible and clean. Licensed providers have hiring policies that include the requirement of background checks, and orientation policies that address all staff at all levels. Lastly, licensed providers have policies in place that promote the pursuit of community-based activities, which include those that represent meaningful work, non-large group activities, and activities with people they do not live with.

The R4 QSR results demonstrate:

- A 90 percent or greater compliance for four of eight Individual Service Plan (ISP) Assessment elements
- A 90 percent or greater compliance for nine of 21 ISP Development and Implementation elements
- A 90 percent or greater compliance for three of 10 Quality Improvement plan elements
- A 90 percent or greater compliance for two of nine Risk/Harm elements
- A 90 percent or greater compliance for one of one Incidents element
- A 90 percent or greater compliance for 26 of 29 Licensed Provider Capacity and Competency elements
- A 90 percent or greater compliance for three of three Community Integration and Inclusion elements

## Recommendations for Quality Improvement

Round 4 of the QSRs yielded opportunities for improvement for 248 licensed providers who received detailed reports noting specific deficiencies that required submissions of QIP responses. Licensed provider response and/or action was required for any compliance element with a score less than 90 percent. Licensed providers submitted QIPs to HSAG for review and approval and the status of implementation of those QIPs will be assessed during the next QSR the licensed provider is selected to participate in.

Overall statewide Round 4 of the QSR indicates:

1. Licensed providers have a risk management plan
2. Licensed providers have policies and procedures that address Home and Community-Based Services (HCBS) rights and can demonstrate those policies have been reviewed with individuals they serve
3. Licensed providers have a hiring policy that includes requirements for background checks
4. Licensed providers have an orientation training policy for all staff at all levels
5. Licensed providers incident reporting is free from patterns of abuse, neglect, or exploitation
6. Licensed provider documentation review indicates the completion of an annual physical exam or a valid justification for deferral of the annual exam
7. The ISP includes prescribed medications and has outcomes developed in the life area of healthy living, as appropriate
8. The ISP includes the development of outcomes in the life areas of community living, citizenship & advocacy, as appropriate
9. The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them
10. Staff is knowledgeable about the medications the individual is taking
11. Individuals' environments are neat, clean, and accessible



12. Licensed providers are able to demonstrate methods or strategies to promote participation in activities that represent meaningful work as determined by the individual, non-large group activities, and community outings with people other than those with whom they live
13. Staff observations demonstrated that staff were engaging with the individual based on the person's preference and interest
14. Staff observations demonstrated that individuals were being offered choices throughout the visit
15. The service that staff provided to the individual reflects the implementation of the ISP Part V as written
16. The staff utilized strategies identified in the behavioral support plan to support the individual, if applicable
17. The staff utilized medical and behavioral protocols to support the individual as indicated in the protocol
18. The staff demonstrated competence in supporting the individual
19. The individual's specialized staffing support is being implemented when such supports are required
20. The staff supported the individual utilizing the adaptive equipment as indicated in the ISP, if applicable
21. Staff interviews demonstrated that staff was able to describe things important to and important for the individual
22. Staff interviews demonstrated that staff were able to describe the outcomes being worked on in this environment, for the individual(s) served
23. Staff interviews demonstrated that staff were familiar with the medical and/or behavioral support needs of the individual and any signs/symptoms that need to be monitored

Opportunities for improvement statewide can generally be sorted into three areas: service plan development, licensed provider service provision, and licensed provider quality improvement/risk management activities.

Service planning improvements should focus on accurate documentation of all medical and behavioral needs evidenced in the SIS<sup>®</sup>, ensuring ISP Part I is complete and thorough and accurately reflects the individual, specifically that it contains adequate information for a reader to have a good idea of the individual's specific likes, preferences, and how the person is best supported, ensuring ISP planning is person-centered and includes all relevant/responsible parties, including strategies to resolve conflict that may arise during ISP planning. Additional areas of opportunity for improvement, specific to service plan development, include ensuring the RAT is completed timely (to best integrate risks and potential risks into the ISP as appropriate), ensuring the development of outcomes in all relevant life areas is documented in the ISP as required, ensuring individuals' service planning includes documentation of the most recent annual dental exam or valid justification for deferral of the dental exam, and completion of assessments after initiation of the ISP start date when applicable and indicated, including an update of

the ISP when required. HSAG also recommends CSBs identify key sources of variability related to deficiencies identified through the QSR to effectively mitigate those sources of error.

Licensed provider service provision improvements should focus on consistent implementation of HCBS settings rule requirements in all settings, development of hiring policies and procedures, and development and monitoring of policies that specify provider process for determining staff competence.

Licensed provider Quality Improvement/Risk Management (QI/RM) activity improvements should focus on understanding the difference between a Quality Improvement policy and a Quality Improvement plan, specifically the development of an appropriate QI policy distinct from the provider QI plan. Additionally, licensed providers should ensure their active QI plans are reviewed annually. Licensed providers should ensure Quality Improvement plan includes all aspects of Virginia regulatory code 12VAC35-105-620 A-E as required and ensure Risk Management Plan includes all aspects of Virginia regulatory code 12VAC35-105-160(C), 12VAC35-105-520(C)(5) and 12VAC35-105-520(D) as required. Licensed providers should increase their capacity to implement and monitor QI/RM activities which adequately identify risks of harm specific to the individuals they serve. Lastly, licensed providers should focus on developing policies specific to dignity of risk, individual choice, and self-determination, in addition to policies that detail procedures for staff response to both medical and behavioral emergencies. HSAG also recommends licensed providers identify key sources of systemic variability related to the inability to proactively identify and address risks of harm for the individuals they serve, such as competency of staff designated and responsible for risk management, turnover of staff responsible for the monitoring of risks for individuals, or other systemic factors, to effectively mitigate those sources of error. HSAG recommends that DBHDS identify key sources of systemic variability specific to the provider's inability to proactively identify and address risks, such as the size of the provider, length of time providing services, competency of staff designated as responsible for risk management activities, and availability of appropriate local resources to mitigate the complex medical and behavioral risks of individuals statewide. HSAG recommends DBHDS synthesize current trainings available to providers regarding quality improvement and risk management into an understandable curriculum that licensed providers may use to develop or revise QI/RM programs, including the development or revision of competencies for staff tasked with QI/RM activities, to better ensure understanding of key components of QI/RM activities. Further, HSAG recommends targeted support to new or small providers that may have limited QI/RM staff to ensure an understanding of regulations and best practices.

## 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 that 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.

HSAG provides technical and administrative assistance to licensed providers whose quality improvement strategies the Commonwealth determines to be inadequate through review and approval of QSR QIPs submitted. 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 in one or more of the following areas:

- Safety and freedom from harm (e.g., neglect and abuse, injuries, use of seclusion or restraints, deaths, the effectiveness of corrective actions, licensing 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).

- Avoiding crises (e.g., use of crisis services, admissions to emergency rooms or hospitals, admissions to training centers or other congregate settings, contact with the criminal justice system)
- Stability (e.g., maintenance of chosen living arrangement, change in licensed providers, 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., waitlists, outreach efforts, identified barriers, service gaps, and delays, adaptive equipment, transportation, availability of services geographically, cultural, and linguistic competency)
- Licensed provider capacity (e.g., caseloads, training, staff turnover, licensed provider competency)
- Licensed provider implementation of approved QSR QIP

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.

The Round 4 (R4) QSRs were conducted between July 2022 and December 2022, with in-person observations conducted from September 2022 to December 2022. The QSR review included a review of 60 percent of eligible licensed providers and 50 percent of CSBs delivering waiver services. Due to the nature of the QSR process, CSBs not selected for review of a waiver service in R4 (n=20) were required to provide documentation related to support coordination for individuals sampled for the Person-Centered Review of a licensed provider and participate in the submission of required Quality Improvement Plans (QIPs) to HSAG, if applicable. The aggregate findings from the R4 state fiscal year (SFY) 2022 review are summarized within this report.

## Methods for Conducting the Review

The scope of the QSR for SFY 2022 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 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 improvement plans (QIPs) completed by licensed providers, 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, 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, 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 an 11.24 percent margin of error (MOE). The PCR sample did not need to be representative of the populations 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 50 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.

HSAG conducted a PQR review of 60 percent of eligible licensed providers and 50 percent of CSBs delivering waiver services. 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, 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 licensed provider service type. Table 2--1 displays the licensed provider service type and associated number of PCRs selected for R4.

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

DD Waiver Service Licensed Provider Service Type	Population of Service Recipients	Required Sample Size with Finite Population Correction <sup>1</sup>
Community Coaching	318	62
Community Engagement	2,594	74
Crisis Support Services	192	55
Group Day	6,114	76
Group Residential Support ≤ 4 Persons	3,230	75
Group residential Support > 4 Persons	2,025	74
Group Home (Customized Rate)	148	51
Independent Living Supports	151	51
In-Home Supports	2,121	74
Sponsored Residential	2,277	74
Supported Living	177	54
<b>Grand Total<sup>1</sup></b>	<b>19,347</b>	<b>720</b>

<sup>1</sup>Service recipients may be duplicated across service types if receiving more than one service type.

The sample was distributed among 360 licensed providers.

### Sample Attributes

Figures 1, 2, 3, 4, and 5 provide information on the attributes of the individuals in the R4 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=719). One individual was excluded from the total sample due to death and the lack of availability of an alternate.

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

**Figure 2--1: Percentage of Gender**

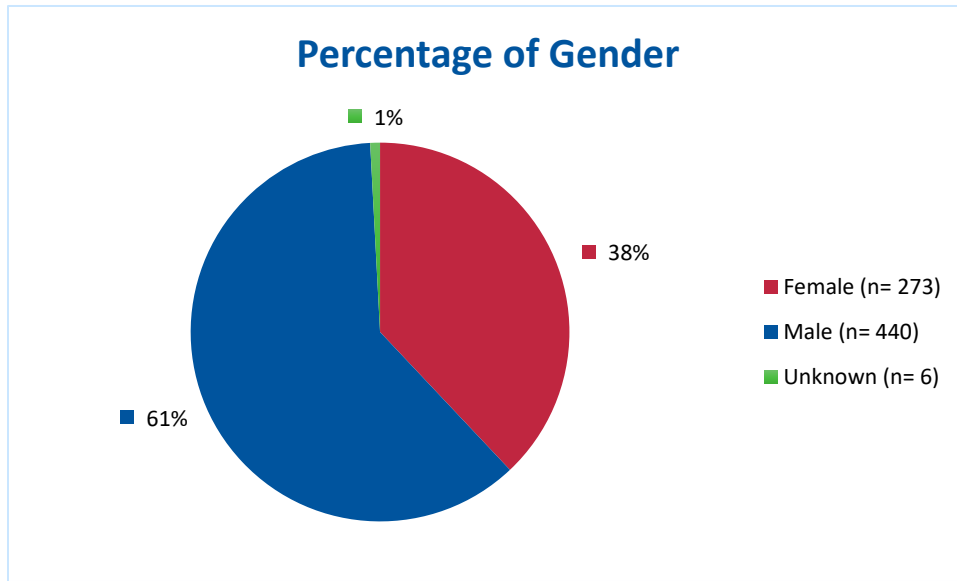


Figure 2--2 displays the distribution of individuals by age group.

**Figure 2--2: Distribution of Individuals by Age**

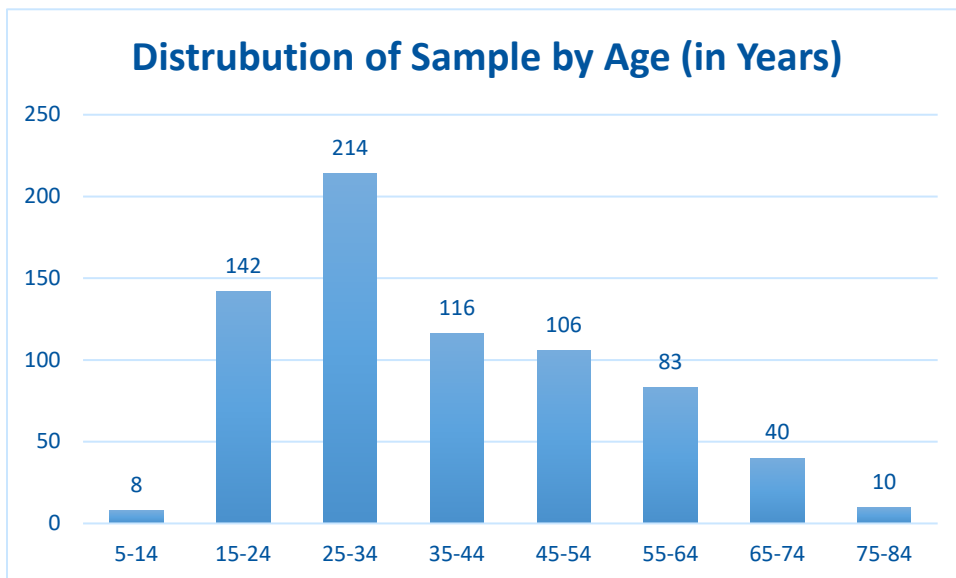
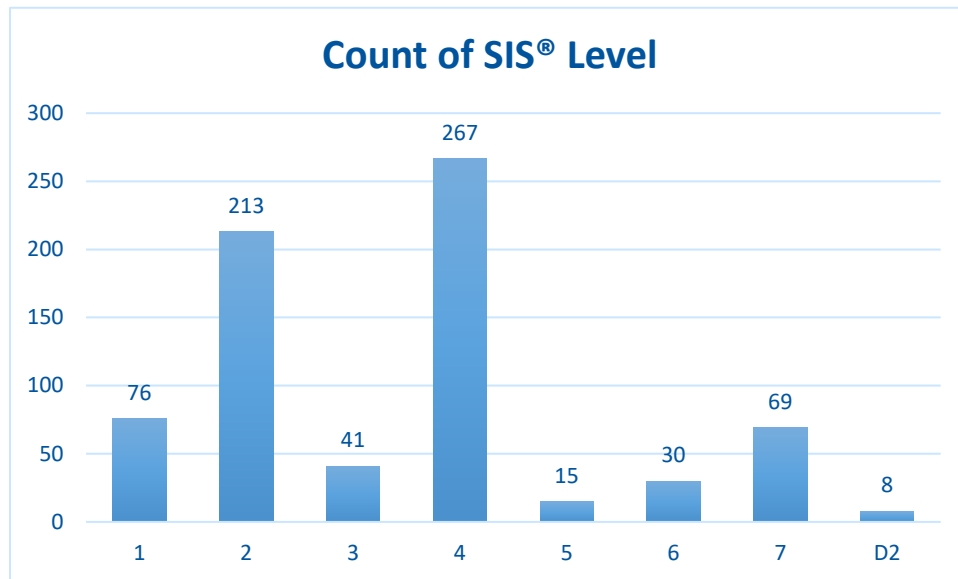


Figure 2--3 displays the distribution of the Supports Intensity Scale® (SIS®) levels of the individuals selected for the sample. The SIS® is an assessment instrument utilized by DBHDS that assesses the level of support an individual needs, as well as what is important to and for him/her. The SIS® level 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®.

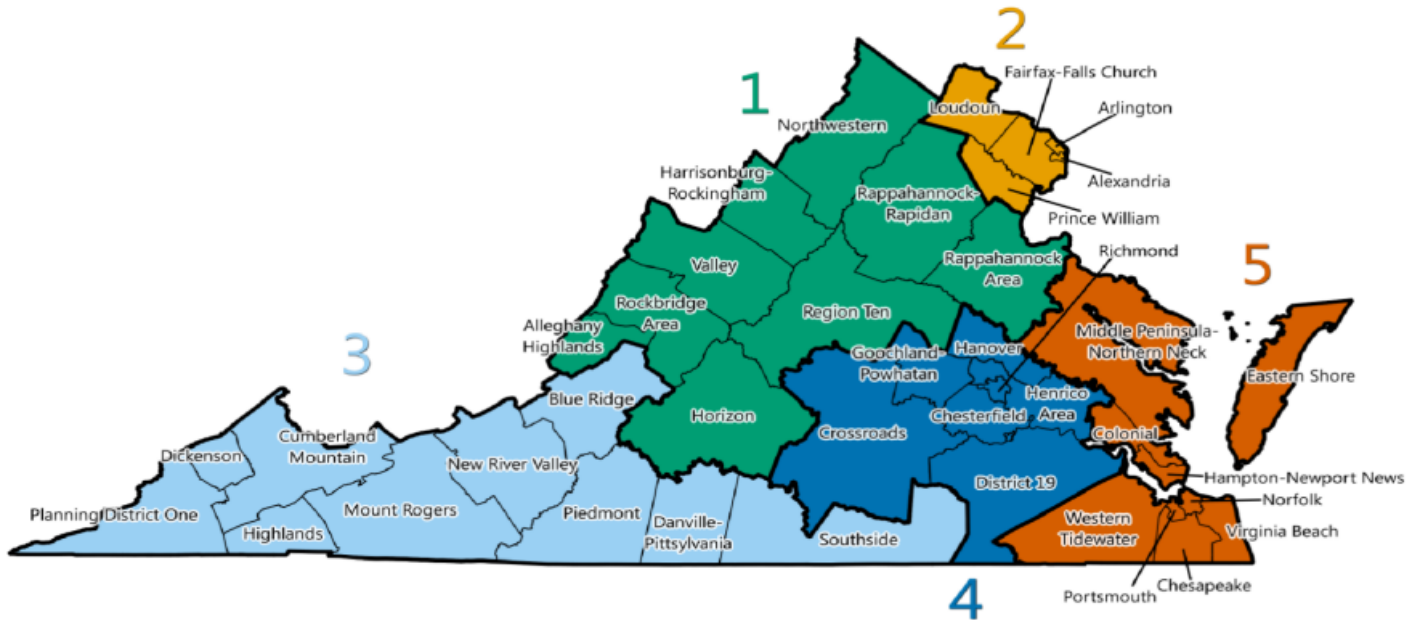
**Figure 2--3: SIS® Level**



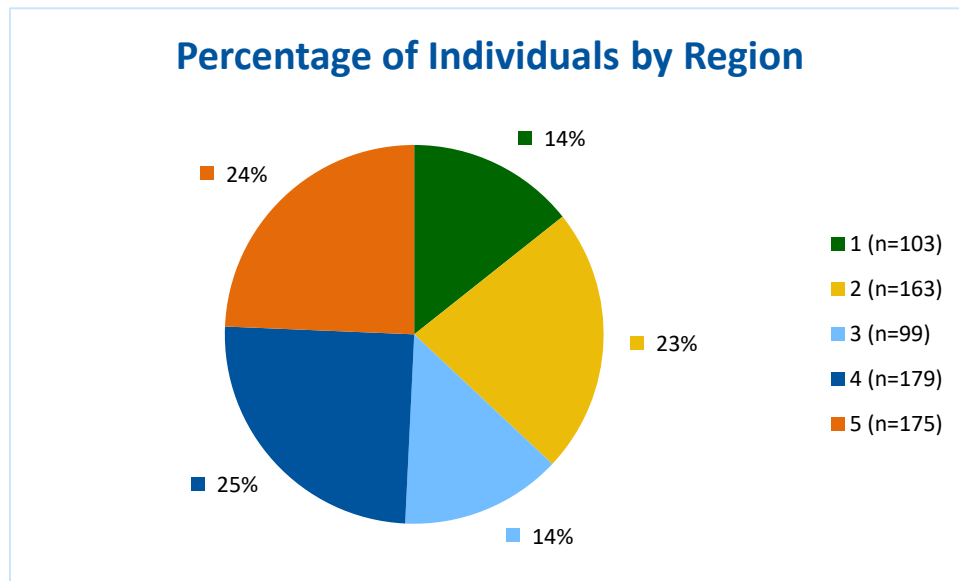


QSR results are presented by region. Figure 2--4 displays the DBHDS Office of Human Rights regions. Figure 2--5 displays the distribution of the individuals in the sample by region of the state.

**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:

- 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 experienced QSR reviewers reviewed documentation for the selected cases. Licensed provider service and service coordination documentation were reviewed for a ten-month evaluation window from July 1, 2021–April 30, 2022. 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 prior to July 1, 2021. This allowed QSR reviewers to examine information that reflected the services and supports authorized for the individual during the evaluation window, even if the documentation was developed prior to the evaluation period. 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. Each applicable requirement within each domain was scored as *Yes*, *No*, *N/A (Not Applicable)*, or *UTA (Unable to Assess)*. 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.

## 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* indicated that the licensed provider achieved the following criteria:

- Documentation in the cases reviewed met the evaluation criteria assigned to each requirement

*No* indicated either of the following:

- Not all documentation was present
- Documentation in the cases reviewed did not meet the evaluation criteria assigned to each requirement

*N/A and UTA* 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.

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 experiences of the individuals within that service type. Additionally, licensed providers 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
- Incidents
- 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 R4 PQR and PCR elements applicable to each KPA are listed below, with R4 statewide compliance score noted in parentheses for each element.

The QSR process included a review of documents, such as policies and procedures, licensed provider status of implementation of HSAG approved quality improvement plans (QIPs), 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 reviewers assessed the following *Health, Safety, and Well-Being KPA* compliance elements in R4.

- The licensed provider has a risk management plan (95%)
- The licensed provider risk management plan is thorough (84%)
- The licensed provider risk management plan is complete (85%)
- Licensed providers proactively identify and address risks of harm (87%)
- The licensed provider implements risk management processes, including the establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm (86%)
- The licensed provider has a quality improvement policy (87%)
- The licensed provider has a quality improvement plan (92%)

- The licensed provider quality improvement plan is thorough (86%)
- The licensed provider quality improvement plan is complete (87%)
- The quality improvement plan is reviewed annually (85%)
- Licensed providers have active risk management and quality improvement programs (86%)
- Licensed providers have policies and procedures that address Home and Community-Based Services (HCBS) rights (94%)
- Licensed providers can demonstrate the HCBS policies and procedures have been reviewed with individuals being served (99%)
- The licensed provider has a policy and procedure that demonstrates assurance of individual choice and self-determination (86%)
- The licensed provider has policies that address the dignity of risk (83%) and medical and behavioral health emergencies (86%)
- The CHRIS incident report spreadsheet is free from provider patterns of abuse, neglect, or exploitation (97%)
- The licensed provider has made progress on actions identified in QSR QIP (81%)
- The licensed provider documentation review indicates the completion of an annual physical exam or a valid justification for deferral of the annual exam (90%)
- The licensed provider documentation review indicates the completion of an annual dental exam or a valid justification for deferral of the annual exam (84%)
- All medical (83%) and/or behavioral (82%) needs identified in the Supports Intensity Scale® (SIS®) or any other assessment are addressed in the ISP
- The Risk Assessment Tool (RAT) was completed timely (87%)
- The ISP incorporated elements from the RAT (69%)
- The ISP Part I is complete and thorough (73%)
- The ISP Part II includes the individual's health and behavioral support needs (83%), physical and health conditions (90%), and social and developmental behavioral family history (96%)
- The ISP Part II includes medications (96%)
- The ISP includes strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions (88%)
- All needs identified in Part II of the ISP are addressed under an outcome in Part III including the responsible provider (91%)
- The ISP confirmed a review of the ISP was conducted with the individual every 90 days (86%)
- Assessment(s) were completed after the initiation of the ISP plan and used to inform changes to the ISP as appropriate (60%)
- The ISP and/or the individual's file included documentation the support coordinator (SC) identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a

deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences (5%)

- The ISP indicates outcomes have been developed as appropriate for the following life area(s): safety & security (88%) and health living (98%)
- Does the staff know what medications the individual is taking (91%) and the common side effects of the medication (89%), if applicable?
- Is the individual's environment neat and clean? (99%)
- Was the person's environment accessible? (99%)

### **Community Integration and Inclusion KPA**

HSAG reviewers assessed the following *Community Integration and Inclusion KPA* compliance elements in R4.

- The licensed provider is able to demonstrate methods or strategies to promote participation in meaningful work activities as determined by the individual (97%)
- The licensed provider is able to demonstrate methods or strategies to promote participation in non-large group activities as determined by the individual (97%)
- The licensed provider is able to demonstrate methods or strategies to encourage participation in community outings with people other than those with whom they live including community members (98%)
- The ISP Part II includes individual's communication, assistive technology, and modification needs (98%)
- The ISP Part II includes the individual's employment status and assessment of barriers to employment (99%)
- The ISP Part II includes the individual's meaningful day and community involvement status (99%)
- The individual had support from people during the development of the ISP that they wanted (99%)
- The ISP indicates outcomes have been developed as appropriate for the following life area(s): employment (79%), integrated community involvement (79%), community living (95%), social & spirituality (79%), citizenship & advocacy (92%)
- All needs in ISP Part II are assigned to Part III Outcome, including responsible provider (91%)
- All outcomes identified in ISP Part III are linked to Part V Plan for Supports (PFS) as appropriate (94%)
- The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them (96%)
- The ISP includes signatures of the individual (or representative) and all licensed providers responsible for its implementation (76%)
- Staff were engaging with the individual based on the person's preference and interest (100%)

- The individual was being offered choices throughout the visit (99%)

### ***Provider Capacity and Competency KPA***

HSAG reviewers assessed the following *Provider Capacity and Competency KPA* compliance elements in R4.

- The licensed provider has a hiring policy and procedure (88%)
- The hiring policy includes requirements for background checks (93%)
- The licensed provider has an orientation training policy for all staff at all levels (92%)
- The licensed provider has a written process for determining staff competence (84%)
- Employee records submitted included proof of background checks (96%)
- Employee records submitted included documentation of provider-based orientation training (98%)
- Employee records submitted included proof of competency-based training (95%)
- Employee records submitted included documentation of advanced competency training as appropriate (96%)
- The staff service provided to the individual reflects the implementation of the ISP Part V as written (99%)
- The staff utilized strategies identified in the behavioral support plan to support the individual, if applicable (97%)
- The staff utilized medical and behavioral protocols to support the individual as outlined in the plan (99%)
- The staff demonstrated competency in supporting the individual (99%)
- The individual has specialized staffing support and it is being implemented (93%)
- The staff utilized adaptive equipment the individual had as part of their plan (99%)
- The staff were able to describe things important to and important for the individual (100%)
- The staff were able to describe the outcomes worked on in this environment (99%)
- The staff were able to describe the medical support needs (99%) and behavioral support needs (99%) of the individual
- The staff were familiar with the medical (99%) and/or behavioral support needs (97%) of the individual and any signs/symptoms that need to be monitored



### 3. QSR Results

#### Results

The R4 QSR results are aggregated statewide, by region, by CSB, and by licensed provider service type. The data collected are representative at the state level by service category only, as described in the methodology section of this report. Licensed provider service type results are weighted and reported to the tenth of a percent to reflect statistical representativeness and represent the aggregate performance of the licensed provider service types identified in the methodology section of this report.

Data in the tables below reflect the aggregated results, which are representative of the statewide compliance threshold for each element.

Region, CSB, and licensed provider service type-specific results are available in Appendices A–AN. 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 R4 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 eight 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	Aggregate Type	Result
Were any assessments completed after the initiation of the ISP and used to inform changes to the ISP?	Statewide	60%
Does the ISP incorporate elements from the RAT?	Statewide	69%
Is Part I of the ISP complete and thorough?	Statewide	73%
Does the ISP Part II include the individual’s health and behavioral support needs?	Statewide	83%
Does the ISP Part II include medications?	Statewide	96%
Does the ISP Part II include the individual’s physical and health conditions?	Statewide	90%
Does the ISP Part II include the individual’s social, developmental, behavioral, and family history?	Statewide	96%
Does the ISP Part II include the individual’s communication, assistive technology, and modifications needs?	Statewide	98%



As described in Table 3--1, statewide results revealed a performance of greater than 90 percent compliance for four of the eight elements.

Enhancement opportunities for CSBs include:

- Identification of medical needs and/or behavioral needs evidenced in the SIS<sup>®</sup> or other assessment, as appropriate, in the ISP
- Timely completion of the RAT
- Inclusion of all risks identified in outcomes, as appropriate
- Development of Outcomes in life areas of Employment, Integrated Community Involvement, Safety & Security, and Social & Spirituality, as appropriate
- Documentation of individual’s active participation in ISP development and planning including individuals’ signature or their representative if applicable, and all others responsible for ISP implementation
- Documentation of strategies used to resolve conflict that may arise during ISP planning
- Documentation ISP was reviewed with individuals every 90 days
- ISP included documentation that the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status; a deficiency in the individual’s support plan or its implementation; or a discrepancy between the implementation of supports and services and the individual’s strengths and preferences

CSB, region, and service type-specific results are available in Appendix A-B, Appendix J, and Appendix V-W, respectively.

### ***ISP Development and Implementation Compliance Elements***

Below are the results for 21 compliance elements that represent core components of ISP Development and Implementation. Table 3--2 provides the performance results for the ISP development and implementation elements.

**Table 3--2: ISP Development and Implementation Compliance Elements**

<b>Compliance Element</b>	<b>Aggregate Type</b>	<b>Result</b>
The ISP reviewed identified all medical needs found in the SIS <sup>®</sup> or other relevant assessments.	Statewide	83%
The ISP reviewed identified all behavioral needs found in the SIS <sup>®</sup> or other relevant assessments.	Statewide	82%
Was the RAT completed timely?	Statewide	87%
Does the ISP Part II include the individual’s employment status and assessment of barriers to employment?	Statewide	99%
Does the ISP Part II include the individual’s meaningful day and community involvement status?	Statewide	99%
Did the individual have support from people during the development of the ISP that they wanted?	Statewide	99%

Compliance Element	Aggregate Type	Result
Are all risks identified in Part II of the ISP addressed under an outcome in Part III?	Statewide	66%
Outcomes are developed in the life area of Employment as appropriate.	Statewide	79%
Outcomes are developed in the life area of Integrated Community Involvement as appropriate.	Statewide	79%
Outcomes are developed in the life area of Community Living as appropriate.	Statewide	95%
Outcomes are developed in the life area of Safety & Security as appropriate.	Statewide	88%
Outcomes are developed in the life area of Healthy Living as appropriate.	Statewide	98%
Outcomes are developed in the life area of Social & Spirituality as appropriate.	Statewide	79%
Outcomes are developed in the life area of Citizenship & Advocacy as appropriate.	Statewide	92%
Are all needs in Part II assigned to Part III Outcome, including the responsible provider?	Statewide	91%
Are all outcomes identified in Part III linked to Part V PFS as appropriate?	Statewide	94%
Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions?	Statewide	88%
The ISP and/or other SC documentation confirmed a review of the ISP was conducted with the individual quarterly or every 90 days.	Statewide	86%
The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual’s residential setting, and who provides them.	Statewide	96%
The ISP includes the signatures of the individual (or representative) and all providers responsible for its implementation.	Statewide	76%
The ISP and/or the individual’s file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual’s support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual’s strengths and preferences.	Statewide	5%

As described in Table 3--2, statewide results revealed a performance of greater than 90 percent compliance for nine of the 21 elements.

Statewide performance results for ISP Development and Implementation compliance elements overall indicate individuals across the Commonwealth were provided the opportunity to choose services and supports, including who provides those supports, ISPs included individuals’ employment status and assessment of barriers to employment and individuals’ meaningful day status and barriers to integrated community involvement, that individuals had present with them during ISP planning the natural and paid supports of their choice, and that outcomes were developed in the life areas of Community Living, Healthy Living, Citizenship and Advocacy as appropriate. Further, results indicate licensed providers were assigned to Part III outcomes for needs identified in the ISP, with attached Part V Plan for Supports (PFS) as appropriate.

In previous QSR reviews, multiple aspects of compliance specific to ISP Development and Implementation were subsumed within one element, also included in Table 3-2: *“The ISP and/or the individual’s file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status; a deficiency in the individual’s support plan or its implementation; or a discrepancy between the implementation of supports and services and the individual’s strengths and preferences.”* However, this compliance element was identified as needing additional, more robust measurements to accurately capture needs identified in the record that are not accurately reflected in the ISPs reviewed. To that end, additional elements were added for Round 4 to specifically assess core components of ISP development and implementation specifically related to unidentified needs, inadequately addressed risks, or deficiencies in the ISP development and/or implementation. It should be noted that areas with opportunities for improvement from this section listed below reflect some of the additional elements added for Round 4 and the compliance element noted in the last bullet (5%) subsumes deficiencies identified within previous compliance elements. For example, if the QSR review identifies medical or behavioral needs noted in the SIS<sup>®</sup> that were not included in the ISP and scores element No, the compliance element specific to the documentation of unidentified risks is required to be scored No to capture the specific deficiency.

Enhancement opportunities for CSBs include:

- Identification of medical needs and/or behavioral needs evidenced in the SIS<sup>®</sup> or other assessment, as appropriate, in the ISP
- Timely completion of the RAT
- Inclusion of all risks identified in outcomes, as appropriate
- Development of Outcomes in life areas of Employment, Integrated Community Involvement, Safety & Security, and Social & Spirituality, as appropriate
- Documentation of individual’s active participation in ISP development and planning including individuals’ signature or their representative if applicable, and all others responsible for ISP implementation
- Documentation of strategies used to resolve conflict that may arise during ISP planning
- Documentation ISP was reviewed with individuals every 90 days
- ISP included documentation that the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status; a deficiency in the individual’s support plan or its implementation; or a discrepancy between the implementation of supports and services and the individual’s strengths and preferences

CSB, region, and service type-specific results are available in Appendices C-H, Appendices K-P, and Appendices X-AC, respectively.

### Quality Improvement Plan Compliance Elements

Below are the results for ten compliance elements that represent the core components of Quality Improvement Plans. Table 3--3 provides the performance results for the Quality Improvement Plan elements.

**Table 3--3: Quality Improvement Plan Compliance Elements**

Compliance Element	Aggregate Type	Result
Does the agency have a QI policy and procedure?	Statewide	87%
Does the agency have a QI plan?	Statewide	92%
Is the QI plan thorough?	Statewide	86%
Is the QI plan complete?	Statewide	87%
The quality improvement plan is reviewed annually.	Statewide	85%
Providers have active risk management and quality improvement programs.	Statewide	86%
Does the agency have policies and procedures that address HCBS rights?	Statewide	94%
Are those policies and procedures reviewed with the individuals being served?	Statewide	99%
Does the agency have policies around the assurance of individual choice and self-determination?	Statewide	86%
Does the agency have policies around the dignity of risk?	Statewide	83%

As described in Table 3--3, statewide results revealed a performance of greater than 90 percent compliance for three of the 10 elements.

Enhancement opportunities for licensed providers include:

- Licensed provider development of QI policy and procedures
- Licensed provider development of QI plan that includes all aspects of 12VAC35-105-620 A-E, specifically:
  - Be reviewed and updated at least annually, when the provider is issued a licensing citation or CAP, or there is a change in systems or programs;
  - Define measurable goals and objectives;
  - Include and report on statewide performance measures, as required by DBHDS;
  - Monitor implementation and effectiveness of approved corrective action plans pursuant to 12VAC35-105-170;
  - Include ongoing monitoring and evaluation of progress toward meeting established goals and objectives;
  - Design and scope;
  - Governance and leadership;
  - Feedback/data systems and monitoring;
  - Performance improvement projects;

- Systemic analysis;
- Systemic actions.
- Licensed provider review of QI plans annually
- Licensed provider implementation and monitoring of QI and RM policies and procedures (“active” QI/RM programs)
- Licensed provider development of policies around the assurance of individual choice and self-determination
- Licensed provider development of policies around the dignity of risk

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 were not possible due to the use of 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 multiple regions.

### Risk/Harm Compliance Elements

Below are the results for 9 elements that represent core components of the licensed providers’ 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	Aggregate Type	Result
Does the agency have a Risk Management plan?*	Statewide	95%
Is the Risk Management plan thorough?*	Statewide	84%
Is the Risk Management plan complete?*	Statewide	85%
Providers proactively identify and address risks of harm and develop and monitor corrective actions.*	Statewide	87%
The provider implements risk management processes, including the establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.*	Statewide	86%
Does the agency have policies around medical and behavioral health emergencies?*	Statewide	86%
Has the provider made progress on actions identified in the QSR QIP?*	Statewide	81%
Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Statewide	90%

Compliance Element	Aggregate Type	Result
Is there evidence of completion of an annual dental exam or a valid justification for deferral of the annual exam?	Statewide	84%

*\* Provider service type level tabulation of the provider PQR compliance results were not possible due to the measurement of compliance by provider rather than their specific service type. Region level tabulation of provider PQR compliance results were not possible due to use of tax identification number (TIN) as the unique provider identifier.*

As described in Table 3--4, statewide results revealed a performance of greater than 90 percent compliance for two of nine elements.

Enhancement opportunities for licensed providers include:

- Licensed provider development of Risk Management Plan that includes all aspects of 12VAC35-105-160(C), 12VAC35-105-520(C)(5), and 12VAC35-105-520(D), specifically:
  - The provider implements a written plan to identify, monitor, reduce, and minimize harms and risk of harm, including:
    - Personal injury
    - Infectious disease
    - Property damage or loss, and
    - Other sources of potential liability
  - It must be a written document that is reviewed quarterly and updated annually or as needed
- Licensed provider identification of risks of harm including development and monitoring of corrective actions as appropriate
- Licensed provider implementation of risk management processes that adequately address harms and risks of harm
- Licensed provider development of policies for medical and behavioral health emergencies
- Licensed provider progress on actions identified in QSR QIP

Enhancement opportunities for CSBs include:

- CSB’s documentation of completion of annual dental exam or evidence of valid justification for deferral.

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

### **Incidents Compliance Element**

Below are the results for the element that best represents the core component of the licensed providers’ incident reporting processes. Table 3--5 provides the performance results for the incident reporting element.

**Table 3--5: Incident Reporting Compliance Element**

Compliance Element	Aggregate Type	Result
Reviewer confirms CHRIS incident report spreadsheet is free from patterns of abuse, neglect, or exploitation.	Statewide	97%

As described in Table 3--5, statewide results revealed performance of greater than 90 percent compliance for the one incident reporting element.

Provider service type level tabulation of the provider PQR compliance results were not possible due to measurement of compliance by provider rather than their specific service type. Region level tabulation of provider PQR compliance results were not possible due to use of tax identification number (TIN) as the unique provider identifier.

***Provider Capacity and Competency Compliance Elements***

Below are the results for 25 elements that represent core components of licensed provider capacity and competency. Table 3--6 provides the performance results for licensed provider capacity and competency elements.

**Table 3--6: Provider Capacity and Competency Compliance Elements**

Compliance Element	Aggregate Type	Result
Does the agency have a hiring policy and procedure?	Statewide	88%
Does the policy include requirements around background checks?	Statewide	93%
Does the agency have an orientation training policy for all staff at all levels?	Statewide	92%
Does the agency have a process written for determining staff competence?	Statewide	84%
Is the individual’s environment neat and clean?	Statewide	99%
Was the person’s environment accessible?	Statewide	99%
Were staff engaging with the individual based on the person’s preferences and interests?	Statewide	100%
Was the person being offered choices throughout the visit?	Statewide	99%
Were staff implementing Part V as written?	Statewide	99%
For individuals with behavioral support plans, were staff addressing behaviors per the written plan?	Statewide	97%
Were staff adhering to medical and behavioral protocols as outlined in the plan?	Statewide	99%
Were staff able to describe what community inclusion looks like for the individual?	Statewide	100%
Did the staff demonstrate competency in supporting the individual?	Statewide	99%



Compliance Element	Aggregate Type	Result
Are specialized staffing support needs being implemented?	Statewide	93%
Are staff familiar with adaptive equipment needs?	Statewide	100%
Were staff utilizing adaptive equipment the individual had as part of their plan?	Statewide	99%
Are staff able to describe things important to and important for the individual?	Statewide	100%
Was the staff able to describe the outcomes being worked on in this environment?	Statewide	99%
Could the staff describe the medical support needs of the individuals?	Statewide	99%
Were the staff familiar with medical protocols to support the person?	Statewide	99%
Could the staff describe behavioral support needs?	Statewide	99%
Were the staff familiar with behavioral support plans or protocols developed to support the person?	Statewide	97%
Does the staff know what medications the person is taking?	Statewide	91%
Can the staff list the most common side effects of the medications the person is on?	Statewide	89%
Can you tell me what person-centered care means?	Statewide	95%

As described in Table 3--6, statewide results revealed a performance of greater than 90 percent compliance for 22 of 25 elements. All 22 elements that achieved compliance were assessed using direct observation and/or interview of staff supporting individuals selected for review in the QSR.

Enhancement opportunities for licensed providers include:

- Licensed provider development of hiring policy and procedure
- Licensed provider development of written policies that determine staff competence
- Licensed provider staff members ability to list the most common side effects of the medication the individual is on

Region and service type-specific results are available in Appendix R-U, and Appendix AE-AJ, respectively.

Below are the results for elements that specifically assess licensed provider capacity and competency through review of submitted staff records. Table 3--7 provides the statewide results for licensed provider capacity and competency employee records elements.

**Table 3--7: Provider Capacity and Competency Compliance Elements**

Compliance Element	Aggregate Type	Result
How many employee records had proof of background checks?	Statewide	96%



Compliance Element	Aggregate Type	Result
How many employee records had documentation of provider-based orientation training?	Statewide	98%
How many employee records have proof of competency-based training?	Statewide	95%
How many employees serving someone in tier 4 have documentation of advanced competency training?	Statewide	96%

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

Provider service type level tabulation of the provider PQR compliance results were not possible due to measurement of compliance by provider rather than their specific service type. Region level tabulation of provider PQR compliance results were not possible due to use of tax identification number (TIN) as the unique provider identifier.

### **Provider Capacity and Competency HSW Alert Elements**

Below are the results for 14 elements (3 PQR and 11 PCR) that were identified by DBHDS as indicative of core deficiencies in service provision by licensed providers which required submission of a *Provider Capacity and Competency HSW Alert*. Providers who were assessed as deficient for any element below were documented and communicated to DBHDS for follow-up.

Table 3-8 provides the statewide results for PQR *Provider Capacity and Competency HSW Alert* elements, tabulated using the total number of employee records reviewed across all licensed providers and service types.

**Table 3--8: PQR Provider Capacity and Competency HSW Alert Elements**

PQR Provider Competency & Capacity HSW Alert Elements	# Records Reviewed	# Records Compliant	Result
How many licensed provider employee records had documentation of provider-based orientation training?	691	675	98%
How many licensed provider employee records to have proof of competency-based training?	691	659	95%
How many licensed provider employees serving someone in tier 4 have documentation of advanced competency training?	336	323	96%

As described in table 3--8 statewide results revealed greater than 90% of all employee records reviewed included required documentation.

Table 3--9 provides the statewide results for PCR *Provider Capacity and Competency HSW Alert* elements, tabulated by the total number of PCRs scored deficient for each element that were documented

on a submitted *Provider Capacity and Competency HSW Alert* to DBHDS, and including the gross percentage for each element across all PCR *Provider Capacity and Competency HSW Alerts* submitted.

**Table 3--9: PCR Provider Capacity and Competency HSW Alert Elements**

PCR Provider Capacity and Competency HSW Alert Elements	# PCRs scored deficient	% of Total PC&C HSW Alerts Submitted
For individuals with behavioral support plans, were staff addressing behaviors per the written plan?	5	4%
Were staff adhering to medical and behavioral protocols as outlined in the plan?	3	2%
Did the staff demonstrate competency in supporting the individual?	5	4%
Are staff able to describe things important to and important for the individual?	2	1%
Was staff able to describe the outcomes being worked on in this environment?	3	2%
Could the staff describe the medical support needs of the individuals?	5	4%
Were staff familiar with medical protocols to support the person?	4	3%
Could the staff describe behavioral support needs?	2	1%
Were staff familiar with behavioral support plans or protocols developed to support the person?	8	6%
Does the staff know what medications the person is taking?	43	32%
Can the staff list the most common side effects of the medications the person is on?	56	41%
<b>Total</b>	136	

### Community Integration and Inclusion Elements

Below are the results for three elements that best represent core components of community integration and inclusion. Table 3--10 provides the performance results for community integration and inclusion elements.

**Table 3--10: Community Integration and Inclusion Compliance Elements**

Compliance Element	Aggregate Type	Result
Does the licensed provider promote individual participation in what the individual considers to be meaningful work activities?	Statewide	97%
Does the licensed provider promote individual participation in non-large group activities?	Statewide	97%
Does the licensed provider encourage individual participation in community outings with people other than those with whom they live?	Statewide	98%

As described in Table 3--10, statewide results revealed a performance of greater than 90 percent compliance for all three elements.

Provider service type level tabulation of the provider PQR compliance results was not possible due to the measurement of compliance by the licensed provider rather than their specific service type. Region-level tabulation of provider PQR compliance results were not possible due to the use of tax identification number (TIN) as the unique provider identifier.

### **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.

Strengths include:

- Individuals like their staff
- Individuals like where they live
- Individuals feel safe where they live
- Individuals have visitors where they live
- Individuals open their mail
- Individuals choose the people in their group program
- Individuals like attending community-based programs
- Individuals do not experience barriers to accessing their community
- Individuals are able to participate in daily activity of their choice as much as they would like

Opportunities for licensed providers and CSBs include:

- Supporting individuals to address current employment goals with their support coordinator
- Increasing options for individuals to participate in religious activities of their choice
- Supporting individuals to participate in their banking
- Providing keys to residence and/or personal bedroom
- Supporting individuals in registering to vote
- Providing individual choice of housemate(s)
- can and will be mitigated; identifying, developing, and implementing strategies to address those challenges systemically

Individual responses statewide indicate satisfaction with staff, satisfaction within their community-based services, and do not indicate significant barriers to accessing their communities. Additionally, in response to query about how they would spend their ideal day, 91% of individuals report they are able to participate in those daily activities of their preference as much as they wish. Lastly, individuals statewide report liking where they live and feeling safe in those environments. Individual responses statewide indicate the need for increased support addressing individuals' employment goals and greater opportunities for individuals to participate in religious activities of their choosing. Further, 27% of

individuals statewide report wanting to live somewhere else, and 34% report wanting to do something else during the day. Lastly, four compliance elements which assess specific aspects of HCBS Settings Rule implementation at the licensed provider level were identified as areas with opportunities for improvement.

Table 3--11 displays the aggregate results of individual interview responses.

**Table 3--11: Individual Interview Responses**

Aggregate Individual Interview Responses				
Individual Interview Questions	Percent Yes	Percent No	Percent CND <sup>1</sup>	Percent Positive <sup>2</sup> (Yes/Yes+No)
Do you like living here?	84%	3%	13%	97%
Would you like to live somewhere else? <sup>3</sup>	22%	58%	20%	27%
Did you choose the people you live with?	64%	14%	22%	82%
Do you have a key to your home?	64%	19%	17%	77%
Do you have a key to your bedroom?	53%	29%	18%	65%
Do you open your mail or help with opening your mail?	76%	5%	19%	94%
Do you have visitors at your home?	81%	5%	14%	94%
Do you like attending this program?	86%	1%	13%	99%
Did you get to choose the people you participate in the group with?	71%	7%	21%	91%
Would you like to do something else during the day? <sup>3</sup>	26%	51%	23%	34%
Do you like your staff?	86%	1%	13%	99%
If you want to go somewhere, does your provider take you?	81%	1%	18%	99%
Can you get where you want to go without problems?	73%	5%	23%	94%
Do you get to do those things as much as you would like?	25%	7%	68%	91%
Do you want to attend a church/synagogue/mosque or other religious activity of your choice?	52%	28%	20%	65%
Do you attend religious services?	47%	33%	20%	59%
Are you registered to vote?	43%	25%	32%	63%
Did you vote in the last election?	31%	33%	36%	48%
Do you participate in your banking?	60%	14%	26%	81%
Do you have a job?	24%	56%	20%	30%
Is your support coordinator currently addressing your employment goals?	65%	14%	21%	82%
Do you feel safe here?	84%	1%	15%	99%

<sup>1</sup>CND: could not determine (individual’s response was unable to be understood/determined)

<sup>2</sup>Percent Positive is the percentage of Yes responses divided by the sum of Yes+No responses to the question. The CND response is not utilized to calculate this performance.

<sup>3</sup>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.

Region and service type-specific results are available in Appendix AK-AL.

### 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 and 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--12: SDM/Family Interview Responses**

Aggregate SDM/Family Interview Responses				
SDM/Family Interview Questions	Percent Yes	Percent No	Percent Not Sure <sup>2</sup>	Percent Positive <sup>1</sup> (Yes/Yes+No)
Did the SC provide the individual with a choice in service providers, including a choice in SC?	91%	5%	4%	95%
Did the SC discuss employment goals and options with the individual?	89%	5%	6%	95%
Did the SC discuss community involvement opportunities with the individual?	95%	2%	3%	98%
Are all of the individual’s needs and supports currently being met?	89%	10%	1%	90%
Did you have an opportunity to participate in the ISP development?	98%	2%	-	98%
Do you feel the ISP is representative of the person’s needs?	93%	3%	4%	97%
Does the SDM/Family confirm there are no concerns regarding the current service providers?	91%	9%	-	91%

<sup>1</sup>Percent Positive is the percentage of Yes responses divided by the sum of Yes+No responses to the question. The “Not Sure” response is not utilized to calculate this performance.

<sup>2</sup>Not Sure: SDM/Family is not certain, or their response was unable to be understood/determined.

SDM/Family member responses statewide indicate above 90% compliance for all elements above. Based on SDM/family member report, strengths include:

- SC provides the individual with a choice of service providers, including a choice in SC
- SC discussing employment goals and options with the individual
- SC discussing community involvement opportunities with the individual
- Individual’s needs and supports are currently being met
- The individual has an opportunity to participate in ISP development
- The ISP is representative of the person’s needs

- The SDM/Family confirms there are no concerns regarding the current service providers

Region and service type-specific results are available in Appendix AM-AN.

## 4. Conclusions and Recommendations

### Conclusions

The R4 QSR results demonstrate:

- A 90 percent or greater compliance for four of eight Individual Service Plan (ISP) Assessment elements
- A 90 percent or greater compliance for nine of 21 ISP Development and Implementation elements
- A 90 percent or greater compliance for three of 10 Quality Improvement plan elements
- A 90 percent or greater compliance for two of nine Risk/Harm elements
- A 90 percent or greater compliance for one of one Incident element
- A 90 percent or greater compliance for 26 of 29 Licensed Provider Capacity and Competency elements
- A 90 percent or greater compliance for three of three Community Integration and Inclusion elements

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

### Recommendations for Quality Improvement

The QSRs yielded opportunities for improvement for licensed providers who received licensed provider-specific reports that included data and analysis of their samples. When a licensed provider scored less than 90 percent on any element, the licensed provider was required to complete a QIP. Licensed providers submitted QIPs to HSAG for review and approval. Opportunities for improvement statewide can generally be sorted into three areas: service plan development, licensed provider service provision, and licensed provider quality improvement/risk management activities.

Opportunities for improvement related to service plan development include:

1. Assessments were completed after initiation of the ISP and used to inform changes to the ISP as appropriate
2. The ISP incorporates elements from the RAT
3. ISP Part I development that is complete and thorough (i.e., includes individual's ISP meeting details, their talents & contributions, Important to/Important for, and is written in person-centered language)
4. Identification of medical needs and/or behavioral needs evidenced in the SIS<sup>®</sup> or other assessment, as appropriate, in the ISP



5. Timely completion of the RAT
6. Inclusion of all risks identified in outcomes, as appropriate
7. Development of Outcomes in life areas of Employment, Integrated Community Involvement, Safety & Security, and Social & Spirituality, as appropriate
8. Supporting individuals to address current employment goals with their support coordinator
9. Documentation of completion of an annual dental exam or evidence of valid justification for deferral.
10. Documentation of individual's active participation in ISP development and planning, including individuals' signature or their representative if applicable, and all others responsible for ISP implementation
11. Documentation of strategies used to resolve conflict that may arise during ISP planning
12. Documentation that the ISP was reviewed with the individual every 90 days
13. The ISP included documentation that the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status; a deficiency in the individual's support plan or its implementation; or a discrepancy between the implementation of supports and services and the individual's strengths and preferences

Opportunities for improvement related to licensed provider service provision include:

1. Licensed provider development of hiring policy and procedure
2. Licensed provider development of written policies that determine staff competence
3. Staff members' ability to list the most common side effects of the medication the individual is on
4. Increasing options for individuals to participate in religious activities of their choice
5. Supporting individuals to participate in their banking
6. Providing keys to residence and/or personal bedroom
7. Supporting individuals in registering to vote
8. Providing the individual choice of housemate(s)

Opportunities for improvement related to licensed provider quality improvement/risk management activities include:

1. Licensed provider development of QI policy and procedures
2. Licensed provider development of QI plan that includes all aspects of 12VAC35-105-620 A-E
3. Licensed provider review of QI plan annually
4. Licensed provider implementation and monitoring of QI and RM policies and procedures ("active" QI/RM programs)
5. Licensed provider development of policies around the assurance of individual choice and self-determination
6. Licensed provider development of policies around dignity of risk



7. Licensed provider development of Risk Management Plan that includes all aspects of 12VAC35-105-160(C), 12VAC35-105-520(C)(5), and 12VAC35-105-520(D)
8. Licensed provider identification of risks of harm including development and monitoring of corrective actions, as appropriate
9. Licensed provider implementation of risk management processes that adequately address harms and risks of harm
10. Licensed provider development of policies for medical and behavioral health emergencies
11. Licensed provider progress on actions identified in QSR QIP

Overall statewide, ISPs accurately document prescribed medications for the individual and reflect individuals are being offered a choice of service and licensed service providers as appropriate. ISPs accurately reflect outcomes in life areas of healthy living, community living, and citizenship and advocacy as appropriate. HCBS policies are present when required, and those policies are being reviewed with individuals as appropriate. Individuals have received an annual physical exam as required, or valid documentation for deferral is present. Licensed providers are demonstrating competence in supporting individuals across service types and across regions evidenced through direct observation, including engaging with individuals based on preference and interest, offering choices, implementing medical and behavioral protocols as appropriate, and implementing adaptive equipment as required. Patterns of abuse, neglect, or exploitation were not found within licensed provider CHRIS incident reports, and environments were observed to be accessible and clean. Licensed providers have hiring policies that include the requirement of background checks, and orientation policies that address all staff at all levels. Lastly, licensed providers have policies in place that promote the pursuit of community-based activities, which include those that represent meaningful work, non-large group activities, and activities with people they do not live with.

Service planning improvements should focus on accurate documentation of all medical and behavioral needs evidenced in the SIS<sup>®</sup>, ensuring ISP Part I is complete and thorough and accurately reflects the individual, ensuring ISP planning is person-centered and includes all relevant/responsible parties, including strategies to resolve conflict that may arise during ISP planning. Additional areas of opportunity for improvement specific to service plan development include ensuring the RAT is completed timely to best integrate risks and potential risks into the ISP as appropriate, ensuring the development of outcomes in all relevant life areas are documented in the ISP as required, ensuring individuals' service planning includes documentation of most recent annual dental exam or valid justification for deferral of a dental exam, and completion of assessments after initiation of the ISP start date when applicable and indicated, including an update of the ISP.

Licensed provider service provision improvements should focus on consistent implementation of HCBS settings rule requirements in all settings, development of hiring policies and procedures, and development of policies that specify provider process for determining staff competence to perform duties identified in the job description.

Licensed provider QI/RM activity improvements should focus on understanding the difference between Quality Improvement policy and Quality Improvement plan and the development of appropriate QI policy distinct from the provider QI plan. Additionally, licensed providers should focus attention to

ensure their active QI plans are reviewed annually. Licensed providers should focus on developing policies specific to the dignity of risk, individual choice, and self-determination, in addition to policies that detail procedures for staff response to both medical and behavioral emergencies. Licensed providers should ensure Quality Improvement plan includes all aspects of Virginia regulatory code 12VAC35-105-620 A-E as required and ensure Risk Management Plan includes all aspects of Virginia regulatory code 12VAC35-105-160(C), 12VAC35-105-520(C)(5) and 12VAC35-105-520(D) as required. Lastly, licensed providers need to increase their capacity to implement and monitor QI/RM activities which adequately identify risks of harm specific to the individuals they serve.

HSAG reviewed the statewide, CSB, region, and service type-specific aggregate results and offered the following recommendations:

**Table 4--1-: Opportunities for Improvement and Recommendations**

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

Element	Opportunity for Improvement
Were any assessments completed after the initiation of the ISP and used to inform changes to the ISP?	<p><b>Statewide:</b> 60%</p> <p><b>Regions with opportunity:</b> 1, 2, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure support coordinator understanding of the expectation for completion of assessments after the ISP start date and best practice expectations for ISP updates/changes, by providing additional clinical-based training and/or DBHDS published resources to all support coordinators focusing on the integration of relevant assessments into current ISP.</p>
Does the ISP incorporate elements from the RAT?	<p><b>Statewide:</b> 69%</p>

Element	Opportunity for Improvement
	<p><b>Regions with opportunity:</b> 1, 2, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure support coordinator understanding of the expectations for incorporation of all risks and potential risks related to high-risk health factors into the ISP, by providing additional clinical-based training and/or DBHDS published resources to all support coordinators focusing on the incorporation of RAT in ISP planning, specifically the expectation that SC will ensure all risks and potential risks are noted in Part II of the ISP, and that all risks or potential risks are addressed in Part III Outcome or have notation regarding mitigation of that risk or potential risk when the development of outcome has been declined, including ensuring referrals to Qualified Health Professional (QHP) has been completed when indicated.</p>
<p>Is Part I of the ISP complete and thorough?</p>	<p><b>Statewide:</b> 73%</p> <p><b>Regions with opportunity:</b> 1, 2, 3, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure support coordinator understanding of the expectation for ISP Part I documentation, specifically the minimum requirement that details are written in person-centered language and includes individuals meeting details, 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 outcome in a life area, by providing additional clinical-based training and/or DBHDS published resources focusing on critical aspects of person-centered planning to all support coordinators.</p>
<p>Does the ISP section II include the individual’s health and behavioral support needs?</p>	<p><b>Statewide:</b> 83%</p> <p><b>Regions with opportunity:</b> 1, 2, 3, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GRS, ILS, IHS, SPR, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure support coordinator understanding of the expectation for ISP Part II documentation, specifically</p>

Element	Opportunity for Improvement
	<p>the inclusion of individual’s essential information, health information, and behavioral and/or crisis support needs as reflected in most recent assessments by providing additional clinical-based training and/or DBHDS published resources focusing on inclusion of all relevant health and behavioral support needs in ISP planning documentation to all support coordinators.</p>
<p>The ISP reviewed identified all medical needs found in the SIS® or other relevant assessments.</p>	<p><b>Statewide:</b> 83%</p> <p><b>Regions with opportunity:</b> 1, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure support coordinator understanding of the expectation for ISP Part II documentation of all medical needs identified in most recent assessments by providing additional clinical-based training and/or DBHDS published resources focusing on proper identification and inclusion of all medical needs documented in most recent assessments to all support coordinators.</p>
<p>The ISP reviewed identified all behavioral needs found in the SIS® or other relevant assessments.</p>	<p><b>Statewide:</b> 82%</p> <p><b>Regions with opportunity:</b> 1, 2, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure support coordinator understanding of the expectation for ISP Part II documentation of all behavioral needs identified in most recent assessments by providing additional clinical-based training and/or DBHDS published resources focusing on proper identification and inclusion of all behavioral needs documented in most recent assessments to all support coordinators.</p>
<p>Was the RAT completed timely?</p>	<p><b>Statewide:</b> 87%</p> <p><b>Regions with opportunity:</b> 3, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, SPR</p> <p><b>Recommendation:</b> HSAG recommends that CSBs, in regions noted, who provide the service types listed ensure support coordinator understanding of the</p>

Element	Opportunity for Improvement
	expectation for completion of the RAT prior to, or in conjunction with, ISP planning.
Are all risks identified in Part II of the ISP addressed under an outcome in Part III?	<p><b>Statewide:</b> 66%</p> <p><b>Regions with opportunity:</b> 1, 2, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure the support coordinator’s understanding of the expectation for inclusion of any risk identified in ISP Part II documentation to be included in Part III outcomes or include adequate notation regarding why the outcome was not developed for that risk, by providing additional clinical-based training and/or DBHDS published resources focusing on proper inclusion of all risks in the appropriate Part III outcome.</p>
Outcomes are developed in the life area of Employment as appropriate.	<p><b>Statewide:</b> 79%</p> <p><b>Regions with opportunity:</b> 2, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GHC, GRS, GRL, IHS, SPR</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure support coordinator’s understanding of the expectations for ISP Part III outcome development including best practice documentation when individual preference is to not develop outcome in the life area of Employment.</p>
Outcomes are developed in the life area of Integrated Community Involvement as appropriate.	<p><b>Statewide:</b> 79%</p> <p><b>Regions with opportunity:</b> 1, 2, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure the support coordinator’s understanding of the expectations for ISP Part III outcome development including best practice documentation when individual preference is to not develop outcome in the life area of Integrated Community Involvement.</p>
Outcomes are developed in the life area of Safety & Security as appropriate.	<p><b>Statewide:</b> 88%</p> <p><b>Regions with opportunity:</b> 1, 2, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GHC, GRS, GRL, IHS</p>

Element	Opportunity for Improvement
	<p><b>Recommendation:</b> HSAG recommends that CSBs ensure support coordinator understanding of the expectations for ISP Part III outcome development including best practice documentation when individual preference is to not develop outcome in the life area of Safety &amp; Security.</p>
<p>Outcomes are developed in the life area of Social &amp; Spirituality as appropriate.</p>	<p><b>Statewide:</b> 79%</p> <p><b>Regions with opportunity:</b> 1, 2, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GHC, GRS, GRL, IHS, SPR, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure the support coordinator’s understanding of the expectations for ISP Part III outcome development including best practice documentation when individual preference is to not develop outcome in the life area of Social &amp; Spirituality.</p>
<p>Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions?</p>	<p><b>Statewide:</b> 88%</p> <p><b>Regions with opportunity:</b> 1, 5</p> <p><b>Service types with opportunity:</b> GDY, GRS, GRL, ILS, SPR</p> <p><b>Recommendation:</b> HSAG recommends CSBs ensure support coordinators understand what types of conflict may arise during ISP planning, specifically as they relate to the implementation of person-centered practices, to better prepare support coordinators for the role of advocacy during ISP development. HSAG recommends that CSBs, in regions noted, who provide service types listed ensure the support coordinator’s understanding of best practice expectations for documentation and notation of conflict and subsequent resolution which may occur during ISP planning in progress note that details ISP planning meeting.</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><b>Statewide:</b> 86%</p> <p><b>Regions with opportunity:</b> 1, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CEN, CSS, GDY, GHC, GRS, ILS, IHS, SPR</p> <p><b>Recommendation:</b> HSAG recommends that CSBs, in regions noted, who provide the service types listed ensure the support coordinator’s understanding of the</p>



Element	Opportunity for Improvement
	<p>expectation that ISP review will occur with each individual quarterly or every 90 days.</p> <p>HSAG recommends CSBs identify key sources of variability related to the timely completion of quarterly reviews to identify if late entry is due to staff error, staff turnover, late submission by the licensed provider, or other reasons, to effectively mitigate that source of error.</p>
<p>The ISP includes the signatures of the individual (or representative) and all licensed providers responsible for its implementation.</p>	<p><b>Statewide:</b> 76%</p> <p><b>Regions with opportunity:</b> 1, 2, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GHC, GRS, GRL, IHS, SPR, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure support coordinator understanding of the best practice expectations regarding the location of signatures for all licensed providers responsible for the implementation of the ISP, including the individual and/or their guardian.</p> <p>HSAG recommends DBHDS provide greater clarity regarding best practice expectations for signatures when EHR upload is utilized by CSBs, specifically by defining if ISP is considered signed when evidence of signatures is not present in the waiver management system that holds the ISP.</p>
<p>The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.</p>	<p><b>Statewide:</b> 5%</p> <p><b>Regions with opportunity:</b> 1, 2, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GHC, GRS, GRL, ILS, IHS, SPR, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs provide additional clinical-based training focusing on ensuring support coordinator understanding of proper identification and assessment of new or previously unidentified risks; how to properly document changes in status including relevant follow-up; how to identify deficiencies or discrepancies in support plan or its implementation; and best practices for how to address and mitigate risks incorporating individual's strengths and preferences with support of planning team.</p>
<p>Does the agency have a QI policy and procedure?</p>	<p><b>Statewide:</b> 87%</p> <p><b>Regions with opportunity:</b> *</p> <p><b>Service types with opportunity:</b> **</p>



Element	Opportunity for Improvement
	<p><b>Recommendation:</b> HSAG recommends that licensed providers develop a Quality Improvement (QI) policy and/or procedure that is separate from the provider’s QI plan and is congruent with DBHDS requirements.</p>
<p>Is the QI plan thorough?</p>	<p><b>Statewide:</b> 86%  <b>Regions with opportunity:</b> *  <b>Service types with opportunity:</b> **  <b>Recommendation:</b> HSAG recommends that licensed providers ensure the QI plan contains all aspects of 12VAC35-105-170 and 12VAC35-105-620A-E. HSAG recommends DBHDS synthesize current trainings into a usable curriculum that may be translated into the development of minimum competencies that are required statewide for each licensed provider/CSB.</p>
<p>Is the QI plan complete?</p>	<p><b>Statewide:</b> 87%  <b>Regions with opportunity:</b> *  <b>Service types with opportunity:</b> **  <b>Recommendation:</b> HSAG recommends that licensed providers ensure the QI plan includes all aspects of 12VAC35-105-620 A-E, including design and scope, governance and leadership, data systems and monitoring of feedback, performance improvement projects, systematic analysis, and systemic actions. HSAG recommends that licensed providers utilize DBHDS published resources and trainings to guide plan development and/or revision.</p>
<p>The quality improvement plan is reviewed annually.</p>	<p><b>Statewide:</b> 85%  <b>Regions with opportunity:</b> *  <b>Service types with opportunity:</b> **  <b>Recommendation:</b> HSAG recommends that licensed providers develop a process to conduct an annual review of their quality improvement plan, and document that process in accordance with Office of Licensing Guidance for a Quality Improvement Program, LIC 16, November 2020.</p>
<p>Licensed providers have active risk management and quality improvement programs.</p>	<p><b>Statewide:</b> 86%  <b>Regions with opportunity:</b> *  <b>Service types with opportunity:</b> **</p>

Element	Opportunity for Improvement
	<p><b>Recommendation:</b> HSAG recommends that licensed providers ensure quality improvement and risk management programs include evidence of active staff engagement in those activities.</p>
<p>Does the agency have policies around the assurance of individual choice and self-determination?</p>	<p><b>Statewide:</b> 86%  <b>Regions with opportunity:</b> *  <b>Service types with opportunity:</b> **  <b>Recommendation:</b> HSAG recommends that licensed providers develop policies that address assurance of individual choice and self-determination, or policies that address the staff’s role in supported decision-making.            HSAG recommends DBHDS synthesize current trainings into a usable curriculum that may be translated into the development of minimum competencies that are required statewide for each licensed provider/CSB.</p>
<p>Does the agency have policies around the dignity of risk?</p>	<p><b>Statewide:</b> 83%  <b>Regions with opportunity:</b> *  <b>Service types with opportunity:</b> **  <b>Recommendation:</b> HSAG recommends that licensed providers develop a policy that addresses the dignity of risk, including the rights of a person to make an informed choice, and the rights of the person to engage in experiences meaningful to him/her that is necessary for personal growth and development.            HSAG recommends that licensed providers utilize DBHDS published resources and trainings to guide policy development and/or revision.</p>
<p>Is the Risk Management plan thorough?</p>	<p><b>Statewide:</b> 84%  <b>Regions with opportunity:</b> *  <b>Service types with opportunity:</b> **  <b>Recommendation:</b> HSAG recommends that licensed providers ensure the RM plan contains all aspects of 12VAC35-105-160(C) and 12VAC35-105-520(C)(5) and -520(D).            HSAG recommends DBHDS synthesize current trainings into a usable curriculum that may be translated into the development of minimum competencies that are required statewide for each licensed provider/CSB.</p>

Element	Opportunity for Improvement
<p>Is the Risk Management plan complete?</p>	<p><b>Statewide:</b> 85%</p> <p><b>Regions with opportunity:</b> *</p> <p><b>Service types with opportunity:</b> **</p> <p><b>Recommendation:</b> HSAG recommends that licensed providers ensure the RM plan contains all aspects of 12VAC35-105-160(C) and 12VAC35-105-520(C)(5) and -520(D).</p> <p>HSAG recommends DBHDS synthesize current trainings into a usable curriculum that may be translated into the development of minimum competencies that are required statewide for each licensed provider/CSB.</p>
<p>Licensed providers proactively identify and address risks of harm and develop and monitor corrective actions.</p>	<p><b>Statewide:</b> 87%</p> <p><b>Regions with opportunity:</b> *</p> <p><b>Service types with opportunity:</b> **</p> <p><b>Recommendation:</b> HSAG recommends that licensed providers increase their effort to proactively identify harms or risks of harm, including potential areas of risk and corresponding risk thresholds, through a better understanding of what a systemic risk assessment should include for the individuals they serve; what DBHDS Care Concerns are; and how to incorporate them appropriately into risk management activities. HSAG recommends licensed providers identify key sources of variability related to the inability to proactively identify and address risks of harm for the individuals they serve such as competency of staff designated and responsible for risk management, turnover of staff responsible for the monitoring of risks for individuals, or other systemic factors.</p> <p>HSAG recommends that DBHDS identify key sources of variability specific to the provider’s inability to proactively identify and address risks such as the size of the provider, length of time providing services, competency of staff designated as responsible for risk management activities, and availability of appropriate local resources to mitigate the complex medical and behavioral risks of individuals statewide.</p> <p>HSAG recommends DBHDS synthesize current training into a usable curriculum that may be</p>

Element	Opportunity for Improvement
	translated into the development of minimum competencies that are required statewide for each licensed provider/CSB.
The licensed provider implements risk management processes, including the establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.	<p><b>Statewide:</b> 86%</p> <p><b>Regions with opportunity:</b> *</p> <p><b>Service types with opportunity:</b> **</p> <p><b>Recommendation:</b> HSAG recommends that licensed providers increase efforts to implement Risk Management processes that contain all required aspects per DBHDS requirements, specifically the establishment of uniform risk triggers and a system for tracking those risk triggers and thresholds to better mitigate risks of harm. HSAG recommends that licensed providers utilize DBHDS published resources and trainings to guide process development and/or revision.</p>
Does the agency have policies around medical and behavioral health emergencies?	<p><b>Statewide:</b> 86%</p> <p><b>Regions with opportunity:</b> *</p> <p><b>Service types with opportunity:</b> **</p> <p><b>Recommendation:</b> HSAG recommends that licensed providers develop a policy and/or procedure(s) for staff to follow when medical and behavioral emergencies occur.</p>
Has the provider made progress on the actions identified in the QSR QIP?	<p><b>Statewide:</b> 81%</p> <p><b>Regions with opportunity:</b> *</p> <p><b>Service types with opportunity:</b> **</p> <p><b>Recommendation:</b> HSAG recommends licensed providers incorporate QSR findings into current QI/RM processes as applicable.</p>
Is there evidence of completion of an annual dental exam or a valid justification for deferral of the annual exam?	<p><b>Statewide:</b> 84%</p> <p><b>Regions with opportunity:</b> 1, 3, 4, 5</p> <p><b>Service types with opportunity:</b> CCO, CEN, CSS, GDY, GHC, GRL, ILS, IHS, SUL</p> <p><b>Recommendation:</b> HSAG recommends that CSBs ensure all support coordinators discuss dental care during ISP planning and facilitate a dental exam with individual and all relevant parties, at minimum, annually; <u>OR</u> ensure any risks secondary to lack of dental exam are mitigated in ISP as appropriate. HSAG recommends that licensed providers who are assigned this outcome in Part II ensure active</p>

Element	Opportunity for Improvement
	<p>facilitation of annual dental exams OR note mitigation of potential risks secondary to lack of dental exam in Part V Plan for Supports.</p> <p>HSAG recommends that licensed providers not assigned to this outcome in Part III of the ISP are aware of and document appropriately any health risks which require increased monitoring due to the lack of annual dental exams.</p>
<p>Does the agency have a hiring policy and procedure?</p>	<p><b>Statewide:</b> 88%</p> <p><b>Regions with opportunity:</b> *</p> <p><b>Service types with opportunity:</b> **</p> <p><b>Recommendation:</b> HSAG recommends that licensed providers develop policy and procedure for hiring staff.</p>
<p>Does the agency have a process written for determining staff competence?</p>	<p><b>Statewide:</b> 84%</p> <p><b>Regions with opportunity:</b> *</p> <p><b>Service types with opportunity:</b> **</p> <p><b>Recommendation:</b> HSAG recommends that licensed providers develop processes for determining staff competence and document that process in written training policy, or other policy/procedure as appropriate.</p>
<p>Can the staff list the most common side effects of the medications the person is on?</p>	<p><b>Statewide:</b> 89%</p> <p><b>Regions with opportunity:</b> 1, 3, 4</p> <p><b>Service types with opportunity:</b> CCO, CEN, GDY, GRL, ILS, IHS,</p> <p><b>Recommendation:</b> HSAG recommends that licensed providers ensure staff can identify the most common side effects prescribed to individuals they support or report where to find that information.</p> <p>HSAG recommends licensed providers develop practices that ensure community-based staff has appropriate records available for individuals during service provision, including side effects.</p> <p>HSAG recommends DBHDS clarify best practices for staff knowledge and understanding of medication side effects for all service types and settings and communicates those best practices to providers.</p>

\*Region level tabulation of licensed provider PQR compliance results were not possible due to 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 were 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: ISP Assessment 1

Table 1 provides the CSB-specific compliance results for four of the ISP assessment elements.

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

ISP Assessment Compliance Elements				
CSB	Were any assessments completed after the initiation of the ISP and used to inform changes to the ISP?	Does the ISP incorporate elements from the RAT?	Is Part I of the ISP complete and thorough?	Does the ISP Part II include the individual's health and behavioral support needs?
<b>All CSBs: Aggregate</b>	<b>60%</b>	<b>69%</b>	<b>73%</b>	<b>83%</b>
ALEXANDRIA COMMUNITY SERV BD	50%	70%	30%	60%
ALLEGHANY HIGHLANDS CSB	-	100%	100%	100%
ARLINGTON MENTAL HEALTH	75%	87%	33%	87%
BLUE RIDGE CSB	0%	15%	46%	54%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	67%	69%	69%	92%
CHESTERFIELD CSB	90%	85%	91%	96%
CITY OF VA BEACH CSB MHMRSAS	50%	73%	73%	76%
COLONIAL BEHAVIORAL HEALTH	100%	78%	33%	100%
CROSSROADS CSB	100%	22%	78%	78%
CUMBERLAND MNTL HLTH CTR	50%	71%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	0%	75%	25%	50%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	-	100%	100%	100%
DISTRICT 19 MEN HLTH SER	78%	74%	79%	89%
EASTERN SHORE CSB	-	80%	100%	80%
FAIRFAX-FALLS CHURCH CSB	70%	85%	78%	95%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%	100%
HAMPTON-NN CSB	0%	30%	59%	74%



ISP Assessment Compliance Elements				
CSB	Were any assessments completed after the initiation of the ISP and used to inform changes to the ISP?	Does the ISP incorporate elements from the RAT?	Is Part I of the ISP complete and thorough?	Does the ISP Part II include the individual's health and behavioral support needs?
HANOVER COUNTY COMMUNITY SERVICES	60%	82%	100%	91%
HARRISONBURG-ROCKINGHAM CSB	57%	17%	100%	33%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	75%	64%	88%	88%
HIGHLANDS CMNTY SVCS BOARD	-	80%	100%	100%
HORIZON BEHAVIORAL HEALTH	0%	61%	28%	72%
LOUDOUN COUNTY CSB	100%	76%	62%	81%
MIDDLE PENINSULA NORTHERN NECK CSB	-	80%	100%	100%
MOUNT ROGERS CSB	0%	80%	95%	80%
NEW RIVER VALLEY COMMUNITY SERVICES	-	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	96%	96%	100%
NORTHWESTERN COMMUNITY SVCS	100%	40%	50%	40%
PIEDMONT COMMUNITY SERVICES	0%	50%	75%	88%
PLANNING DISTRICT ONE CSB	-	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	25%	56%	50%	94%
PRINCE WILLIAM COUNTY CSB	82%	63%	50%	83%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	60%	93%	97%
RAPPAHANNOCK RAPIDAN CSB	50%	71%	29%	86%
REGION TEN CMMNTY SVCS BRD	88%	47%	53%	40%
RICHMOND BHVRL HLTH AUTHORITY	70%	79%	96%	96%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	60%	80%	20%	80%
SOUTHSIDE CSB	50%	93%	80%	93%

ISP Assessment Compliance Elements				
CSB	Were any assessments completed after the initiation of the ISP and used to inform changes to the ISP?	Does the ISP incorporate elements from the RAT?	Is Part I of the ISP complete and thorough?	Does the ISP Part II include the individual's health and behavioral support needs?
VALLEY CSB	0%	40%	80%	40%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	17%	52%	59%	55%

“” symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.

## Appendix B. CSB: ISP Assessment 2

Table 2 provides the CSB-specific compliance results for four of the ISP assessment elements.

**Table 2—CSB: Individual Support Plan (ISP) Assessment Compliance Elements 2**

ISP Assessment Compliance Elements				
CSB	Does the ISP Part II include medications?	Does the ISP Part II include the individual's physical and health conditions?	Does the ISP Part II include the individual's social, developmental, behavioral, and family history?	Does the ISP Part II include the individual's communication, assistive technology and modifications needs?
<b>All CSBs: Aggregate</b>	<b>96%</b>	<b>90%</b>	<b>96%</b>	<b>98%</b>
ALEXANDRIA COMMUNITY SERV BD	100%	100%	100%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	100%	100%	93%
BLUE RIDGE CSB	79%	62%	100%	100%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	88%	92%	96%	100%
CHESTERFIELD CSB	99%	94%	98%	100%
CITY OF VA BEACH CSB MHMRSAS	97%	79%	97%	100%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%	100%
CROSSROADS CSB	75%	56%	100%	89%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	86%	100%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	100%	95%	100%	95%
EASTERN SHORE CSB	100%	100%	100%	100%
FAIRFAX-FALLS CHURCH CSB	98%	94%	97%	99%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%	100%

ISP Assessment Compliance Elements				
CSB	Does the ISP Part II include medications?	Does the ISP Part II include the individual's physical and health conditions?	Does the ISP Part II include the individual's social, developmental, behavioral, and family history?	Does the ISP Part II include the individual's communication, assistive technology and modifications needs?
HAMPTON-NN CSB	96%	100%	93%	96%
HANOVER COUNTY COMMUNITY SERVICES	91%	100%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	100%	75%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	91%	97%	94%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%	100%	100%
LOUDOUN COUNTY CSB	100%	95%	95%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%	100%
MOUNT ROGERS CSB	95%	95%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	96%	96%	100%
NORTHWESTERN COMMUNITY SVCS	100%	90%	100%	100%
PIEDMONT COMMUNITY SERVICES	88%	75%	100%	100%
PLANNING DISTRICT ONE CSB	100%	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	94%	81%	100%
PRINCE WILLIAM COUNTY CSB	96%	90%	97%	90%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	70%	100%	90%
RAPPAHANNOCK RAPIDAN CSB	100%	71%	100%	100%
REGION TEN CMMNTY SVCS BRD	100%	93%	87%	100%
RICHMOND BHVRL HLTH AUTHORITY	91%	92%	96%	100%

<b>ISP Assessment Compliance Elements</b>				
<b>CSB</b>	<b>Does the ISP Part II include medications?</b>	<b>Does the ISP Part II include the individual's physical and health conditions?</b>	<b>Does the ISP Part II include the individual's social, developmental, behavioral, and family history?</b>	<b>Does the ISP Part II include the individual's communication, assistive technology and modifications needs?</b>
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	80%	80%	80%
SOUTHSIDE CSB	100%	93%	100%	100%
VALLEY CSB	40%	80%	80%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	100%	76%	79%	100%

## Appendix C. CSB: ISP Development & Implementation 1

Table 3 provides the CSB-specific compliance results for four of the ISP development and implementation elements.

**Table 3—CSB: ISP Development and Implementation Compliance Elements 1**

ISP Development and Implementation Compliance Elements				
CSB	The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.	The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.	Was the RAT completed timely?	Does the ISP Part II include the individual's employment status and assessment of barriers to employment?
<b>All CSBs: Aggregate</b>	<b>83%</b>	<b>82%</b>	<b>87%</b>	<b>99%</b>
ALEXANDRIA COMMUNITY SERV BD	75%	75%	70%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	93%	100%	100%
BLUE RIDGE CSB	24%	39%	50%	92%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	91%	90%	73%	100%
CHESTERFIELD CSB	91%	91%	98%	99%
CITY OF VA BEACH CSB MHMRSAS	88%	77%	76%	100%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%	100%
CROSSROADS CSB	78%	100%	78%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	71%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	40%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	88%	87%	100%	100%
EASTERN SHORE CSB	100%	80%	100%	100%

ISP Development and Implementation Compliance Elements				
CSB	The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.	The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.	Was the RAT completed timely?	Does the ISP Part II include the individual's employment status and assessment of barriers to employment?
FAIRFAX-FALLS CHURCH CSB	93%	96%	97%	99%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%	100%
HAMPTON-NN CSB	63%	50%	78%	100%
HANOVER COUNTY COMMUNITY SERVICES	90%	90%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	57%	50%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	87%	83%	85%	94%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	80%	100%
HORIZON BEHAVIORAL HEALTH	64%	63%	100%	100%
LOUDOUN COUNTY CSB	80%	72%	95%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%	100%
MOUNT ROGERS CSB	79%	89%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	95%	88%	96%
NORTHWESTERN COMMUNITY SVCS	86%	80%	100%	100%
PIEDMONT COMMUNITY SERVICES	63%	75%	100%	100%
PLANNING DISTRICT ONE CSB	100%	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	64%	80%	50%	100%
PRINCE WILLIAM COUNTY CSB	86%	77%	87%	97%



ISP Development and Implementation Compliance Elements				
CSB	The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.	The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.	Was the RAT completed timely?	Does the ISP Part II include the individual's employment status and assessment of barriers to employment?
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	96%	90%	90%	100%
RAPPAHANNOCK RAPIDAN CSB	86%	100%	86%	86%
REGION TEN CMMNTY SVCS BRD	60%	60%	93%	100%
RICHMOND BHVRL HLTH AUTHORITY	86%	90%	100%	96%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	75%	60%	80%	100%
SOUTHSIDE CSB	93%	100%	100%	100%
VALLEY CSB	0%	0%	80%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	62%	70%	48%	100%

## Appendix D. CSB: ISP Development & Implementation 2

Table 4 provides the CSB-specific compliance results for four of the ISP development and implementation elements.

**Table 4—CSB: ISP Development and Implementation Compliance Elements 2**

ISP Development and Implementation Compliance Elements				
CSB	Does the ISP Part II include the individual's meaningful day and community involvement status?	Did the individual have support from people during the development of the ISP that they wanted?	Are all risks identified in Part II of the ISP addressed under an outcome in Part III?	Outcomes are developed in the life area of Employment as appropriate.
<b>All CSBs: Aggregate</b>	<b>99%</b>	<b>99%</b>	<b>66%</b>	<b>79%</b>
ALEXANDRIA COMMUNITY SERV BD	100%	100%	70%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	100%	67%	75%
BLUE RIDGE CSB	100%	100%	15%	100%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	100%	100%	92%	80%
CHESTERFIELD CSB	100%	99%	72%	90%
CITY OF VA BEACH CSB MHMRSAS	100%	100%	48%	75%
COLONIAL BEHAVIORAL HEALTH	100%	100%	67%	100%
CROSSROADS CSB	100%	100%	44%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%	38%	0%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%	100%

ISP Development and Implementation Compliance Elements				
CSB	Does the ISP Part II include the individual's meaningful day and community involvement status?	Did the individual have support from people during the development of the ISP that they wanted?	Are all risks identified in Part II of the ISP addressed under an outcome in Part III?	Outcomes are developed in the life area of Employment as appropriate.
DISTRICT 19 MEN HLTH SER	100%	100%	47%	60%
EASTERN SHORE CSB	100%	100%	60%	33%
FAIRFAX-FALLS CHURCH CSB	99%	100%	74%	68%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	0%	-
HAMPTON-NN CSB	100%	100%	59%	67%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%	82%	60%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	33%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	97%	97%	76%	64%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%	56%	100%
LOUDOUN COUNTY CSB	95%	100%	57%	79%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	80%	-
MOUNT ROGERS CSB	100%	95%	80%	67%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%	-
NORFOLK COMMUNITY SERVICES BOARD	92%	100%	84%	67%
NORTHWESTERN COMMUNITY SVCS	100%	100%	70%	100%

ISP Development and Implementation Compliance Elements				
CSB	Does the ISP Part II include the individual's meaningful day and community involvement status?	Did the individual have support from people during the development of the ISP that they wanted?	Are all risks identified in Part II of the ISP addressed under an outcome in Part III?	Outcomes are developed in the life area of Employment as appropriate.
PIEDMONT COMMUNITY SERVICES	100%	100%	50%	100%
PLANNING DISTRICT ONE CSB	100%	100%	100%	-
PORTSMOUTH DEPT OF BEHAVIORAL	100%	94%	81%	25%
PRINCE WILLIAM COUNTY CSB	97%	100%	53%	93%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	100%	87%	88%
RAPPAHANNOCK RAPIDAN CSB	86%	86%	29%	67%
REGION TEN CMMNTY SVCS BRD	100%	100%	40%	100%
RICHMOND BHVRL HLTH AUTHORITY	100%	100%	83%	93%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%	40%	100%
SOUTHSIDE CSB	100%	93%	67%	33%
VALLEY CSB	100%	80%	40%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	97%	100%	66%	50%

“-“ symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.

## Appendix E. CSB: ISP Development & Implementation 3

Table 5 provides the CSB-specific compliance results for four of the ISP development and implementation elements.

**Table 5—CSB: ISP Development and Implementation Compliance Elements 3**

ISP Development and Implementation Compliance Elements				
CSB	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.	Outcomes are developed in the life area of Healthy Living as appropriate.
<b>All CSBs: Aggregate</b>	<b>79%</b>	<b>95%</b>	<b>88%</b>	<b>98%</b>
ALEXANDRIA COMMUNITY SERV BD	50%	100%	60%	100%
ALLEGHANY HIGHLANDS CSB	100%	-	100%	100%
ARLINGTON MENTAL HEALTH	100%	93%	93%	100%
BLUE RIDGE CSB	94%	91%	81%	96%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	77%	100%	90%	100%
CHESTERFIELD CSB	79%	99%	93%	100%
CITY OF VA BEACH CSB MHMRSAS	89%	100%	82%	100%
COLONIAL BEHAVIORAL HEALTH	100%	86%	100%	100%
CROSSROADS CSB	100%	67%	100%	89%
CUMBERLAND MNTL HLTH CTR	75%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	63%	83%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	69%	88%	94%	100%

ISP Development and Implementation Compliance Elements				
CSB	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.	Outcomes are developed in the life area of Healthy Living as appropriate.
EASTERN SHORE CSB	100%	100%	100%	100%
FAIRFAX-FALLS CHURCH CSB	62%	98%	94%	94%
GOOCHLAND POWHATAN MENTAL HLTH	-	-	-	100%
HAMPTON-NN CSB	86%	87%	94%	93%
HANOVER COUNTY COMMUNITY SERVICES	70%	91%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	83%	75%	67%	92%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	81%	91%	87%	100%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%	80%
HORIZON BEHAVIORAL HEALTH	73%	100%	88%	100%
LOUDOUN COUNTY CSB	85%	94%	65%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	40%	80%	80%	100%
MOUNT ROGERS CSB	100%	100%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	86%	100%	76%	100%
NORTHWESTERN COMMUNITY SVCS	56%	100%	70%	100%
PIEDMONT COMMUNITY SERVICES	100%	100%	100%	100%
PLANNING DISTRICT ONE CSB	100%	100%	100%	100%

ISP Development and Implementation Compliance Elements				
CSB	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.	Outcomes are developed in the life area of Healthy Living as appropriate.
PORTSMOUTH DEPT OF BEHAVIORAL	75%	94%	70%	100%
PRINCE WILLIAM COUNTY CSB	86%	100%	92%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	96%	100%	93%	100%
RAPPAHANNOCK RAPIDAN CSB	100%	80%	25%	100%
REGION TEN CMMNTY SVCS BRD	73%	92%	73%	80%
RICHMOND BHVRL HLTH AUTHORITY	75%	90%	89%	95%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	40%	100%	40%	100%
SOUTHSIDE CSB	43%	100%	100%	100%
VALLEY CSB	33%	100%	40%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	74%	100%	96%	96%

“-” symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.



## Appendix F. CSB: ISP Development & Implementation 4

Table 6 provides the CSB-specific compliance results for four of the ISP development and implementation elements.

**Table 6—CSB: ISP Development and Implementation Compliance Elements 4**

ISP Development and Implementation Compliance Elements				
CSB	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 needs in Part II assigned to Part III Outcome, including responsible provider?	Are all outcomes identified in Part III linked to Part V PFS as appropriate?
<b>All CSBs: Aggregate</b>	<b>79%</b>	<b>92%</b>	<b>91%</b>	<b>94%</b>
ALEXANDRIA COMMUNITY SERV BD	100%	75%	100%	100%
ALLEGHANY HIGHLANDS CSB	-	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	100%	100%	100%
BLUE RIDGE CSB	100%	92%	77%	62%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	76%	95%	85%	88%
CHESTERFIELD CSB	95%	94%	93%	96%
CITY OF VA BEACH CSB MHMRSAS	65%	97%	61%	100%
COLONIAL BEHAVIORAL HEALTH	67%	100%	100%	100%
CROSSROADS CSB	89%	100%	89%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	75%	80%	100%	88%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	79%	100%	84%	89%

ISP Development and Implementation Compliance Elements				
CSB	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 needs in Part II assigned to Part III Outcome, including responsible provider?	Are all outcomes identified in Part III linked to Part V PFS as appropriate?
EASTERN SHORE CSB	100%	100%	60%	80%
FAIRFAX-FALLS CHURCH CSB	69%	67%	100%	99%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%	100%
HAMPTON-NN CSB	57%	100%	78%	93%
HANOVER COUNTY COMMUNITY SERVICES	78%	91%	73%	91%
HARRISONBURG-ROCKINGHAM CSB	25%	67%	100%	92%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	71%	100%	94%	94%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	89%	100%	89%	94%
LOUDOUN COUNTY CSB	82%	100%	100%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	75%	0%	100%	100%
MOUNT ROGERS CSB	100%	100%	90%	85%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	58%	100%	92%	96%
NORTHWESTERN COMMUNITY SVCS	78%	70%	100%	90%
PIEDMONT COMMUNITY SERVICES	100%	100%	100%	75%
PLANNING DISTRICT ONE CSB	100%	100%	100%	100%

ISP Development and Implementation Compliance Elements				
CSB	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 needs in Part II assigned to Part III Outcome, including responsible provider?	Are all outcomes identified in Part III linked to Part V PFS as appropriate?
PORTSMOUTH DEPT OF BEHAVIORAL	85%	100%	94%	100%
PRINCE WILLIAM COUNTY CSB	78%	92%	100%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	93%	100%	93%	90%
RAPPAHANNOCK RAPIDAN CSB	83%	100%	100%	100%
REGION TEN CMMNTY SVCS BRD	55%	30%	93%	100%
RICHMOND BHVRL HLTH AUTHORITY	86%	96%	96%	96%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	50%	100%	80%	100%
SOUTHSIDE CSB	77%	100%	100%	93%
VALLEY CSB	75%	67%	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	71%	100%	72%	93%

“-” symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.

## Appendix G. CSB: ISP Development & Implementation 5

Table 7 provides the CSB-specific compliance results for four of the ISP development and implementation elements.

**Table 7—CSB: ISP Development and Implementation Compliance Elements 5**

ISP Development and Implementation Compliance Elements				
CSB	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions?	The ISP and/or other SC documentation confirmed a review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other 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 the signatures of the individual (or representative) and all providers responsible for its implementation.
<b>All CSBs: Aggregate</b>	<b>88%</b>	<b>86%</b>	<b>96%</b>	<b>76%</b>
ALEXANDRIA COMMUNITY SERV BD	-	90%	100%	100%
ALLEGHANY HIGHLANDS CSB	-	100%	100%	100%
ARLINGTON MENTAL HEALTH	-	100%	100%	73%
BLUE RIDGE CSB	-	52%	88%	46%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	50%	92%	92%	65%
CHESTERFIELD CSB	100%	87%	99%	79%
CITY OF VA BEACH CSB MHMRSAS	-	91%	97%	70%
COLONIAL BEHAVIORAL HEALTH	100%	78%	100%	67%
CROSSROADS CSB	-	89%	100%	89%
CUMBERLAND MNTL HLTH CTR	-	100%	100%	100%

ISP Development and Implementation Compliance Elements				
CSB	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions?	The ISP and/or other SC documentation confirmed a review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other 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 the signatures of the individual (or representative) and all providers responsible for its implementation.
DANVILLE-PITTSYLVANIA COM SERV	-	88%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	-	100%	100%	100%
DISTRICT 19 MEN HLTH SER	100%	63%	95%	79%
EASTERN SHORE CSB	100%	100%	100%	80%
FAIRFAX-FALLS CHURCH CSB	100%	100%	99%	86%
GOOCHLAND POWHATAN MENTAL HLTH	-	0%	0%	100%
HAMPTON-NN CSB	100%	48%	100%	52%
HANOVER COUNTY COMMUNITY SERVICES	83%	91%	91%	73%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%	75%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	72%	97%	79%
HIGHLANDS CMNTY SVCS BOARD	-	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	-	47%	100%	72%
LOUDOUN COUNTY CSB	100%	95%	100%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%	100%
MOUNT ROGERS CSB	-	100%	100%	95%

ISP Development and Implementation Compliance Elements				
CSB	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions?	The ISP and/or other SC documentation confirmed a review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other 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 the signatures of the individual (or representative) and all providers responsible for its implementation.
NEW RIVER VALLEY COMMUNITY SERVICES	-	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	0%	96%	92%	76%
NORTHWESTERN COMMUNITY SVCS	100%	90%	100%	90%
PIEDMONT COMMUNITY SERVICES	-	88%	100%	63%
PLANNING DISTRICT ONE CSB	-	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	33%	75%	88%	44%
PRINCE WILLIAM COUNTY CSB	100%	100%	90%	60%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	-	97%	97%	90%
RAPPAHANNOCK RAPIDAN CSB	100%	100%	86%	86%
REGION TEN CMMNTY SVCS BRD	-	87%	100%	87%
RICHMOND BHVRL HLTH AUTHORITY	100%	88%	96%	88%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	-	100%	100%	80%
SOUTHSIDE CSB	-	87%	93%	100%
VALLEY CSB	0%	100%	100%	60%

ISP Development and Implementation Compliance Elements				
CSB	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions?	The ISP and/or other SC documentation confirmed a review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other 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 the signatures of the individual (or representative) and all providers responsible for its implementation.
WESTERN TIDEWATER COMMUNITY SERVICES BOA	100%	55%	86%	14%

“-” symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.

## Appendix H. CSB: ISP Development & Implementation 6

Table 8 provides the CSB-specific compliance results for one of the ISP development and implementation elements.

**Table 8—CSB: ISP Development and Implementation Compliance Elements 6**

ISP Development and Implementation Compliance Elements	
<b>CSB</b>	<b>The ISP and/or the individual’s file included documentation that the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual’s support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual’s strengths and preferences.</b>
<b>All CSBs: Aggregate</b>	<b>5%</b>
ALEXANDRIA COMMUNITY SERV BD	0%
ALLEGHANY HIGHLANDS CSB	-
ARLINGTON MENTAL HEALTH	14%
BLUE RIDGE CSB	0%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	9%
CHESTERFIELD CSB	4%
CITY OF VA BEACH CSB MHMRSAS	3%
COLONIAL BEHAVIORAL HEALTH	0%
CROSSROADS CSB	0%
CUMBERLAND MNTL HLTH CTR	0%
DANVILLE-PITTSYLVANIA COM SERV	0%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	-
DISTRICT 19 MEN HLTH SER	0%
EASTERN SHORE CSB	0%
FAIRFAX-FALLS CHURCH CSB	18%
GOOCHLAND POWHATAN MENTAL HLTH	0%
HAMPTON-NN CSB	11%
HANOVER COUNTY COMMUNITY SERVICES	0%



ISP Development and Implementation Compliance Elements	
<b>CSB</b>	<b>The ISP and/or the individual's file included documentation that the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.</b>
HARRISONBURG-ROCKINGHAM CSB	8%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	0%
HIGHLANDS CMNTY SVCS BOARD	0%
HORIZON BEHAVIORAL HEALTH	0%
LOUDOUN COUNTY CSB	6%
MIDDLE PENINSULA NORTHERN NECK CSB	0%
MOUNT ROGERS CSB	0%
NEW RIVER VALLEY COMMUNITY SERVICES	-
NORFOLK COMMUNITY SERVICES BOARD	0%
NORTHWESTERN COMMUNITY SVCS	0%
PIEDMONT COMMUNITY SERVICES	0%
PLANNING DISTRICT ONE CSB	0%
PORTSMOUTH DEPT OF BEHAVIORAL	0%
PRINCE WILLIAM COUNTY CSB	4%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	5%
RAPPAHANNOCK RAPIDAN CSB	0%
REGION TEN CMMNTY SVCS BRD	0%
RICHMOND BHVRL HLTH AUTHORITY	11%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	0%
SOUTHSIDE CSB	0%
VALLEY CSB	0%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	0%

“-” symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.

## Appendix I. CSB: Risk/Harm

Table 9 provides the CSB-specific compliance results for the risk/harm elements.

**Table 9—CSB: Risk/Harm Compliance Elements**

Risk/Harm Compliance Elements		
CSB	Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?
<b>All CSBs: Aggregate</b>	<b>90%</b>	<b>84%</b>
ALEXANDRIA COMMUNITY SERV BD	100%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%
ARLINGTON MENTAL HEALTH	75%	75%
BLUE RIDGE CSB	76%	71%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	84%	74%
CHESTERFIELD CSB	96%	88%
CITY OF VA BEACH CSB MHMRSAS	71%	58%
COLONIAL BEHAVIORAL HEALTH	100%	86%
CROSSROADS CSB	83%	83%
CUMBERLAND MNTL HLTH CTR	80%	80%
DANVILLE-PITTSYLVANIA COM SERV	88%	88%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%
DISTRICT 19 MEN HLTH SER	75%	67%
EASTERN SHORE CSB	100%	100%
FAIRFAX-FALLS CHURCH CSB	96%	97%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%
HAMPTON-NN CSB	95%	91%

Risk/Harm Compliance Elements		
CSB	Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?
HANOVER COUNTY COMMUNITY SERVICES	71%	86%
HARRISONBURG-ROCKINGHAM CSB	90%	80%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	80%
HIGHLANDS CMNTY SVCS BOARD	100%	100%
HORIZON BEHAVIORAL HEALTH	94%	88%
LOUDOUN COUNTY CSB	89%	78%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%
MOUNT ROGERS CSB	91%	82%
NEW RIVER VALLEY COMMUNITY SERVICES	-	-
NORFOLK COMMUNITY SERVICES BOARD	90%	90%
NORTHWESTERN COMMUNITY SVCS	89%	78%
PIEDMONT COMMUNITY SERVICES	100%	100%
PLANNING DISTRICT ONE CSB	100%	83%
PORTSMOUTH DEPT OF BEHAVIORAL	82%	82%
PRINCE WILLIAM COUNTY CSB	93%	93%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	86%
RAPPAHANNOCK RAPIDAN CSB	86%	86%
REGION TEN CMMNTY SVCS BRD	75%	75%
RICHMOND BHVRL HLTH AUTHORITY	92%	77%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	67%
SOUTHSIDE CSB	100%	82%

Risk/Harm Compliance Elements		
CSB	Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?
VALLEY CSB	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	78%	74%

“-“ symbol in any of the CBS tables demonstrates that the associated PCR(s) had N/A as a response for the element.

## Appendix J. Region: ISP Assessment

Tables 10 and 11 provide the region-specific compliance results for the ISP assessment elements.

**Table 10—Region: ISP Assessment Compliance Elements**

ISP Assessment Compliance Elements				
Region	Were any assessments completed after the initiation of the ISP and used to inform changes to the ISP?	Does the ISP incorporate elements from the RAT?	Is Part I of the ISP complete and thorough?	Does the ISP section II include the individual's health and behavioral support needs?
<b>All Regions: Aggregate</b>	<b>60%</b>	<b>69%</b>	<b>73%</b>	<b>83%</b>
Region 1	68%	52%	64%	67%
Region 2	74%	79%	64%	88%
Region 3	5%	64%	74%	78%
Region 4	82%	76%	90%	93%
Region 5	40%	65%	69%	82%

**Table 11—Region: ISP Assessment Compliance Elements**

ISP Assessment Compliance Elements				
Region	Does the ISP section II include medications?	Does the ISP section II include the individual's physical and health conditions?	Does the ISP section II include the individual's social, developmental, behavioral, and family history?	Does the ISP section II include the individual's communication, assistive technology and modifications needs?
<b>All Regions: Aggregate</b>	<b>96%</b>	<b>90%</b>	<b>96%</b>	<b>98%</b>
Region 1	97%	83%	96%	96%
Region 2	98%	94%	97%	97%
Region 3	92%	86%	100%	100%
Region 4	97%	92%	98%	98%
Region 5	97%	90%	92%	99%

## Appendix K. Region: ISP Development & Implementation 1

Table 12 provides the region-specific compliance results for four of the ISP development and implementation elements.

**Table 12—Region: ISP Development and Implementation Compliance Elements 1**

ISP Development and Implementation Compliance Elements				
Region	The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.	The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.	Was the RAT completed timely?	Does the ISP Part II include the individual’s employment status and assessment of barriers to employment?
<b>All Regions: Aggregate</b>	<b>83%</b>	<b>82%</b>	<b>87%</b>	<b>99%</b>
Region 1	77%	68%	93%	99%
Region 2	90%	88%	93%	99%
Region 3	71%	76%	84%	98%
Region 4	89%	89%	95%	98%
Region 5	82%	79%	73%	99%

## Appendix L. Region: ISP Development & Implementation 2

Table 13 provides the region-specific compliance results for four of the ISP development and implementation elements.

**Table 13—Region: ISP Development and Implementation Compliance Elements 2**

ISP Development and Implementation Compliance Elements				
Region	Does the ISP Part II include the individual’s meaningful day and community involvement status?	Did the individual have support from people during the development of the ISP that they wanted?	Are all risks identified in Part II of the ISP addressed under an outcome in Part III?	Outcomes are developed in the life area of Employment as appropriate.
<b>All Regions: Aggregate</b>	<b>99%</b>	<b>99%</b>	<b>66%</b>	<b>79%</b>
Region 1	99%	98%	58%	93%
Region 2	98%	100%	67%	76%
Region 3	100%	98%	60%	81%
Region 4	99%	99%	70%	83%
Region 5	98%	99%	70%	64%

## Appendix M. Region: ISP Development & Implementation 3

Table 14 provides the region-specific compliance results for four of the ISP development and implementation elements.

**Table 14—Region: ISP Development and Implementation Compliance Elements 3**

ISP Development and Implementation Compliance Elements				
Region	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.	Outcomes are developed in the life area of Healthy Living as appropriate.
<b>All Regions: Aggregate</b>	<b>79%</b>	<b>95%</b>	<b>88%</b>	<b>98%</b>
Region 1	78%	94%	75%	96%
Region 2	73%	97%	88%	97%
Region 3	86%	96%	95%	98%
Region 4	78%	93%	92%	99%
Region 5	82%	96%	87%	99%



## Appendix N. Region: ISP Development & Implementation 4

Table 15 provides the region-specific compliance results for four of the ISP development and implementation elements.

**Table 15—Region: ISP Development and Implementation Compliance Elements 4**

ISP Development and Implementation Compliance Elements				
Region	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 needs in Part II assigned to Part III Outcome, including the responsible provider?	Are all outcomes identified in Part III linked to Part V PFS as appropriate?
<b>All Regions: Aggregate</b>	<b>79%</b>	<b>92%</b>	<b>91%</b>	<b>94%</b>
Region 1	72%	83%	94%	94%
Region 2	78%	81%	100%	99%
Region 3	93%	97%	92%	83%
Region 4	86%	96%	91%	95%
Region 5	69%	97%	79%	95%

## Appendix O. Region: ISP Development & Implementation 5

Table 16 provides the region-specific compliance results for four of the ISP development and implementation elements.

**Table 16—Region: ISP Development and Implementation Compliance Elements 5**

ISP Development and Implementation Compliance Elements				
Region	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions?	The ISP and/or other SC documentation confirmed a review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other 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 the signatures of the individual (or representative) and all providers responsible for its implementation.
<b>All Regions: Aggregate</b>	<b>88%</b>	<b>86%</b>	<b>96%</b>	<b>76%</b>
Region 1	89%	87%	98%	83%
Region 2	100%	99%	98%	83%
Region 3	100%	84%	96%	82%
Region 4	97%	81%	97%	80%
Region 5	67%	78%	94%	57%

## Appendix P. Region: ISP Development & Implementation 6

Table 17 provides the region-specific compliance results for one of the ISP development and implementation elements.

**Table 17—Region: ISP Development and Implementation Compliance Elements 6**

ISP Development and Implementation Compliance Elements	
Region	The ISP and/or the individual’s file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual’s support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual’s strengths and preferences.
<b>All Regions: Aggregate</b>	<b>5%</b>
Region 1	2%
Region 2	12%
Region 3	0%
Region 4	3%
Region 5	4%

## Appendix Q. Region: Risk/Harm

Table 18 provides the region-specific compliance results for the risk/harm elements.

**Table 18—Region: Risk/Harm Compliance Elements**

Risk/Harm Compliance Elements		
Region	Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?
<b>All Regions: Aggregate</b>	<b>90%</b>	<b>84%</b>
Region 1	93%	84%
Region 2	93%	92%
Region 3	89%	83%
Region 4	92%	83%
Region 5	85%	78%

## Appendix R. Region: Provider Capacity and Competency 1

Table 19 provides the region-specific compliance results for five of the provider capacity and competency elements.

**Table 19—Region: Provider Capacity and Competency 1**

Provider Capacity and Competency					
Region	Is the individual’s environment neat and clean?	Was the person’s environment accessible?	Were staff engaging with the individual based on the person’s preference and interests?	Was the person being offered choices throughout the visit?	Were staff implementing the Part V as written?
<b>All Regions: Aggregate</b>	<b>99%</b>	<b>99%</b>	<b>100%</b>	<b>99%</b>	<b>99%</b>
Region 1	100%	98%	100%	100%	100%
Region 2	99%	99%	99%	99%	99%
Region 3	97%	99%	100%	100%	98%
Region 4	98%	98%	100%	100%	97%
Region 5	100%	100%	100%	98%	99%

## Appendix S. Region: Provider Capacity and Competency 2

Table 20 provides the region-specific compliance results for five of the provider capacity and competency elements.

**Table 20—Region: Provider Capacity and Competency 2**

Provider Capacity and Competency					
Region	For individuals with behavioral support plans, were staff addressing behaviors per the written plan?	Were staff adhering to medical and behavioral protocols as outlined in the plan?	Were staff able to describe what community inclusion looks like for the individual?	Did the staff demonstrate competency in supporting the individual?	Are specialized staffing support needs being implemented?
<b>All Regions: Aggregate</b>	<b>97%</b>	<b>99%</b>	<b>100%</b>	<b>99%</b>	<b>93%</b>
Region 1	100%	100%	100%	100%	100%
Region 2	100%	100%	99%	99%	100%
Region 3	100%	100%	100%	100%	100%
Region 4	93%	97%	99%	97%	88%
Region 5	95%	99%	100%	99%	75%

## Appendix T. Region: Provider Capacity and Competency 3

Table 21 provides the region-specific compliance results for five of the provider capacity and competency elements.

**Table 21—Region: Provider Capacity and Competency 3**

Provider Capacity and Competency					
Region	Are staff familiar with adaptive equipment needs?	Were staff utilizing adaptive equipment the individual had as part of their plan?	Are staff able to describe things important to and important for the individual?	Was staff able to describe the outcomes being worked on in this environment?	Could the staff describe the medical support needs of the individuals?
<b>All Regions: Aggregate</b>	<b>100%</b>	<b>99%</b>	<b>100%</b>	<b>99%</b>	<b>99%</b>
Region 1	100%	100%	99%	99%	100%
Region 2	100%	98%	100%	99%	98%
Region 3	100%	100%	100%	100%	100%
Region 4	100%	100%	99%	99%	98%
Region 5	100%	100%	100%	100%	99%

## Appendix U. Region: Provider Capacity and Competency 4

Table 22 provides the region-specific compliance results for six of the provider capacity and competency elements.

**Table 22—Region: Provider Capacity and Competency 4**

Provider Capacity and Competency						
Region	Were staff familiar with medical protocols to support the person?	Could the staff describe behavioral support needs?	Were staff familiar with behavioral support plans or protocols developed to support the person?	Does the staff know what medications the person is taking?	Can the staff list the most common side effects of the medications the person is on?	Can you tell me what person-centered care means?
<b>All Regions: Aggregate</b>	<b>99%</b>	<b>99%</b>	<b>97%</b>	<b>91%</b>	<b>89%</b>	<b>95%</b>
Region 1	100%	100%	100%	89%	89%	100%
Region 2	98%	99%	98%	92%	90%	97%
Region 3	100%	100%	100%	82%	76%	84%
Region 4	99%	99%	94%	91%	85%	95%
Region 5	99%	100%	97%	97%	96%	96%



## Appendix V. Service Type: ISP Assessment 1

Table 23 provides the provider service type-specific compliance results for four of the ISP assessment elements.

**Table 23—Service Type: ISP Assessment Compliance Elements 1**

Individual Support Plan (ISP) Assessment Compliance Elements				
Provider Service Type	Were any assessments completed after the initiation of the ISP and used to inform changes to the ISP?	Does the ISP incorporate elements from the RAT?	Is Part I of the ISP complete and thorough?	Does the ISP Part II include the individual's health and behavioral support needs?
<b>All Service Type: Aggregate</b>	<b>58.62%</b>	<b>67.91%</b>	<b>71.01%</b>	<b>83.37%</b>
Community Coaching	26.09%	54.10%	73.77%	75.41%
Community Engagement	57.89%	60.81%	72.97%	75.68%
Crisis Support Services	100%	89.09%	65.45%	89.09%
Group Day	66.67%	69.74%	67.11%	85.53%
Group Home (Customized Rate)	70.59%	72.55%	66.67%	94.12%
Group Residential Support <= 4 Persons	63.16%	70.67%	73.33%	86.67%
Group Residential Support > 4 Persons	59.09%	77.03%	86.49%	90.54%
Independent Living Supports	0.00%	74.51%	82.35%	82.35%
In-Home Supports	25.00%	58.11%	62.16%	72.97%
Sponsored Residential	57.14%	67.57%	68.92%	85.14%
Supported Living	72.00%	68.52%	85.19%	81.48%

## Appendix W. Service Type: ISP Assessment 2

Table 24 provides the provider service type-specific compliance results for four of the ISP assessment elements.

**Table 24—Service Type: ISP Assessment Compliance Elements 2**

Individual Support Plan (ISP) Assessment Compliance Elements				
Provider Service Type	Does the ISP Part II include medications?	Does the ISP Part II include the individual's physical and health conditions?	Does the ISP Part II include the individual's social, developmental, behavioral, and family history?	Does the ISP Part II include the individual's communication, assistive technology and modifications needs?
<b>All Service Type: Aggregate</b>	<b>95.58%</b>	<b>88.40%</b>	<b>95.70%</b>	<b>97.92%</b>
Community Coaching	93.22%	90.16%	98.36%	98.36%
Community Engagement	100%	87.84%	97.30%	97.30%
Crisis Support Services	98.18%	98.18%	96.36%	96.36%
Group Day	93.33%	86.84%	94.74%	97.37%
Group Home (Customized Rate)	96.00%	92.16%	94.12%	98.04%
Group Residential Support <= 4 Persons	96.00%	84.00%	94.67%	98.67%
Group Residential Support > 4 Persons	100%	93.24%	100 %	95.95%
Independent Living Supports	97.56%	82.35%	96.08%	100%
In-Home Supports	92.65%	87.84%	94.59%	98.65%
Sponsored Residential	94.29%	94.59%	94.59%	100%
Supported Living	100%	90.74%	98.15%	98.15%

## Appendix X. Service Type: ISP Development & Implementation 1

Table 25 provides the provider service type-specific compliance results for four of the ISP development and implementation elements.

**Table 25—Service Type: ISP Development and Implementation Compliance Elements 1**

ISP Development and Implementation Compliance Elements				
Provider Service Type	The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.	The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.	Was the RAT completed timely?	Does the ISP Part II include the individual’s employment status and assessment of barriers to employment?
<b>All Service Type: Aggregate</b>	<b>82.65%</b>	<b>81.27%</b>	<b>87.39%</b>	<b>98.83%</b>
Community Coaching	71.43%	78.18%	85.25%	96.67%
Community Engagement	78.33%	81.67%	87.84%	97.14%
Crisis Support Services	96.08%	92.45%	90.91%	100%
Group Day	84.72%	83.87%	89.47%	98.65%
Group Home (Customized Rate)	88.64%	83.67%	80.39%	98.00%
Group Residential Support <= 4 Persons	80.95%	80.30%	88.00%	98.57%
Group Residential Support > 4 Persons	88.24%	81.97%	86.49%	100%
Independent Living Supports	76.60%	80.85%	88.24%	93.75%
In-Home Supports	74.19%	66.10%	81.08%	100%
Sponsored Residential	85.48%	87.10%	86.49%	100%
Supported Living	93.75%	87.50%	100%	100%

## Appendix Y. Service Type: ISP Development & Implementation 2

Table 26 provides the provider service type-specific compliance results for four of the ISP development and implementation elements.

**Table 26—Service Type: ISP Development and Implementation Compliance Elements 2**

ISP Development and Implementation Compliance Elements				
Provider Service Type	Does the ISP Part II include the individual’s meaningful day and community involvement status?	Did the individual have support from people during the development of the ISP that they wanted?	Are all risks identified in Part II of the ISP addressed under an outcome in Part III?	Outcomes are developed in the life area of Employment as appropriate.
<b>All Service Type: Aggregate</b>	<b>99.23%</b>	<b>99.39%</b>	<b>64.09%</b>	<b>72.94%</b>
Community Coaching	98.36%	100%	55.74%	77.78%
Community Engagement	98.65%	98.65%	64.86%	68.18%
Crisis Support Services	100%	100%	74.55%	78.26%
Group Day	100%	100%	57.89%	64.71%
Group Home (Customized Rate)	96.08%	98.04%	62.75%	72.22%
Group Residential Support <= 4 Persons	98.67%	98.67%	65.33%	79.31%
Group Residential Support > 4 Persons	100%	98.65%	66.22%	63.64%
Independent Living Supports	98.04%	98.04%	72.55%	93.55%
In-Home Supports	97.30%	100%	60.81%	79.17%
Sponsored Residential	100%	100%	78.38%	77.78%
Supported Living	100%	96.30%	72.22%	92.68%

## Appendix Z. Service Type: ISP Development & Implementation 3

Table 27 provides the provider service type-specific compliance results for four of the ISP development and implementation elements.

**Table 27—Service Type: ISP Development and Implementation Compliance Elements 3**

ISP Development and Implementation Compliance Elements				
Provider Service Type	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.	Outcomes are developed in the life area of Healthy Living as appropriate.
<b>All Service Type: Aggregate</b>	<b>77.28%</b>	<b>95.16%</b>	<b>87.16%</b>	<b>96.56%</b>
Community Coaching	82.00%	96.30%	89.29%	100%
Community Engagement	78.57%	93.65%	73.77%	94.37%
Crisis Support Services	89.36%	96.30%	88.89%	98.18%
Group Day	72.22%	94.20%	88.52%	94.52%
Group Home (Customized Rate)	62.86%	93.02%	85.11%	100%
Group Residential Support <= 4 Persons	76.79%	98.55%	88.24%	98.61%
Group Residential Support > 4 Persons	72.22%	95.71%	89.71%	100%
Independent Living Supports	86.67%	94.87%	90.91%	100%
In-Home Supports	83.61%	98.41%	85.71%	97.01%
Sponsored Residential	85.71%	90.48%	95.08%	96.92%
Supported Living	77.14%	98.04%	91.84%	98.15%

## Appendix AA. Service Type: ISP Development & Implementation 4

Table 28 provides the provider service type-specific compliance results for four of the ISP development and implementation elements.

**Table 28—Service Type: ISP Development and Implementation Compliance Elements 4**

ISP Development and Implementation Compliance Elements				
Provider Service Type	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 needs in Part II assigned to Part III Outcome, including responsible provider?	Are all outcomes identified in Part III linked to Part V PFS as appropriate?
<b>All Service Type: Aggregate</b>	<b>78.49%</b>	<b>92.45%</b>	<b>89.41%</b>	<b>95.85%</b>
Community Coaching	78.05%	92.73%	83.61%	85.25%
Community Engagement	75.44%	95.45%	94.59%	95.95%
Crisis Support Services	85.11%	90.24%	100%	100%
Group Day	81.36%	90.63%	86.84%	97.37%
Group Home (Customized Rate)	77.78%	85.37%	92.16%	90.20%
Group Residential Support <= 4 Persons	85.71%	97.01%	86.67%	96.00%
Group Residential Support > 4 Persons	78.79%	89.55%	94.59%	95.95%
Independent Living Supports	96.00%	92.68%	88.24%	86.27%
In-Home Supports	72.22%	86.44%	89.19%	94.59%
Sponsored Residential	67.31%	96.36%	89.19%	94.59%
Supported Living	77.78%	86.36%	96.30%	96.30%

## Appendix AB. Service Type: ISP Development & Implementation 5

Table 29 provides the provider service type-specific compliance results for four of the ISP development and implementation elements.

**Table 29—Service Type: ISP Development and Implementation Compliance Elements 5**

ISP Development and Implementation Compliance Elements				
Provider Service Type	Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting regarding ISP supports, outcomes, or individual decisions?	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 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.
<b>All Service Type: Aggregate</b>	<b>74.96%</b>	<b>82.93%</b>	<b>96.71%</b>	<b>74.69%</b>
Community Coaching	100%	93.44%	98.36%	73.77%
Community Engagement	100%	89.19%	94.59%	79.73%
Crisis Support Services	100%	88.89%	98.18%	74.55%
Group Day	62.50%	78.67%	100%	77.63%
Group Home (Customized Rate)	100%	84.31%	90.20%	74.51%
Group Residential Support <= 4 Persons	85.71%	85.14%	92.00%	68.00%
Group Residential Support > 4 Persons	71.43%	94.59%	100%	82.43%
Independent Living Supports	-	83.67%	96.08%	90.20%
In-Home Supports	100%	83.78%	93.24%	66.22%
Sponsored Residential	50.00%	69.86%	97.30%	70.27%
Supported Living	100%	92.59%	98.15%	79.63%

“-“ all associated PCR(s) were scored N/A for this element.

## Appendix AC. Service Type: ISP Development & Implementation 6

Table 30 provides the provider service type-specific compliance results for one of the ISP development and implementation elements.

**Table 30—Service Type: ISP Development and Implementation Compliance Elements 6**

ISP Development and Implementation Compliance Elements	
Provider Service Type	The ISP and/or the individual’s file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual’s support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual’s strengths and preferences.
<b>All Service Type: Aggregate</b>	<b>3.94%</b>
Community Coaching	2.08%
Community Engagement	1.75%
Crisis Support Services	5.13%
Group Day	1.56%
Group Home (Customized Rate)	7.14%
Group Residential Support <= 4 Persons	4.76%
Group Residential Support > 4 Persons	7.55%
Independent Living Supports	8.57%
In-Home Supports	7.69%
Sponsored Residential	4.92%
Supported Living	2.44%



## Appendix AD. Service Type: Risk/Harm

Table 31 provides the provider service type-specific compliance results for the risk/harm elements.

**Table 31—Service Type: Risk/Harm Compliance Elements**

Risk/Harm Compliance Elements		
Provider Service Type	Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?
<b>All Service Type: Aggregate</b>	<b>89.75%</b>	<b>85.52%</b>
Community Coaching	82.14%	75.00%
Community Engagement	97.92%	85.42%
Crisis Support Services	85.00%	85.00%
Group Day	88.71%	83.87%
Group Home (Customized Rate)	95.12%	87.80%
Group Residential Support <= 4 Persons	85.96%	91.23%
Group Residential Support > 4 Persons	94.64%	89.29%
Independent Living Supports	87.80%	70.73%
In-Home Supports	81.67%	73.33%
Sponsored Residential	93.65%	92.06%
Supported Living	95.83%	85.42%

## Appendix AE. Service Type: Provider Capacity and Competency 1

Table 32 provides the service type-specific compliance results for four of the provider capacity and competency elements

**Table 32—Service Type: Provider Capacity and Competency 1**

Provider Capacity and Competency				
Provider Service Type	Is the individual's environment neat and clean?	Was the person's environment accessible?	Were staff engaging with the individual based on the person's preference and interests?	Was the person being offered choices throughout the visit?
<b>All Service Type: Aggregate</b>	<b>98.88%</b>	<b>98.94%</b>	<b>99.80%</b>	<b>98.63</b>
Community Coaching	100%	100%	100%	100%
Community Engagement	100%	100%	100%	100%
Crisis Support Services	100%	100%	100%	100%
Group Day	98.33%	100%	100%	98.21%
Group Home (Customized Rate)	100%	100%	100%	100%
Group Residential Support <= 4 Persons	98.21%	96.43%	100%	98.08%
Group residential Support > 4 Persons	98.21%	98.15%	98.15%	97.96%
Independent Living Supports	92.86%	96.77%	100%	100%
In-Home Supports	100%	100%	100%	97.92%
Sponsored Residential	100%	98.41%	100%	100%
Supported Living	100%	100%	100%	100%

## Appendix AF. Service Type: Provider Capacity and Competency 2

Table 33 provides the service type-specific compliance results for four of the provider capacity and competency elements

**Table 33—Service Type: Provider Capacity and Competency 2**

Provider Capacity and Competency				
Provider Service Type	Were staff implementing the Part V as written?	For individuals with behavioral support plans, were staff addressing behaviors per the written plan?	Were staff adhering to medical and behavioral protocols as outlined in the plan?	Were staff able to describe what community inclusion looks like for the individual?
<b>All Service Type: Aggregate</b>	<b>98.90%</b>	<b>94.54%</b>	<b>98.43%</b>	<b>99.60%</b>
Community Coaching	94.74%	90.91%	94.74%	100%
Community Engagement	100%	100%	100%	100%
Crisis Support Services	-	100%	100%	100%
Group Day	98.15%	92.31%	96.97%	100%
Group Home (Customized Rate)	100%	100%	100%	100%
Group Residential Support <= 4 Persons	98.04%	87.50%	97.06%	100%
Group residential Support > 4 Persons	100%	100%	100%	100%
Independent Living Supports	92.11%	100%	100%	100%
In-Home Supports	100%	100%	100%	98.28%
Sponsored Residential	100%	95.00%	100%	98.41%
Supported Living	100%	100%	100%	100%

“-“ all associated PCR(s) were scored N/A for this element.

## Appendix AG. Service Type: Provider Capacity and Competency 3

Table 34 provides the service type-specific compliance results for four of the provider capacity and competency elements

**Table 34—Service Type: Provider Capacity and Competency 3**

Provider Capacity and Competency				
Provider Service Type	Did the staff demonstrate competency in supporting the individual?	Are specialized staffing support needs being implemented?	Are staff familiar with adaptive equipment needs?	Were staff utilizing adaptive equipment the individual had as part of their plan?
<b>All Service Type: Aggregate</b>	<b>98.34%</b>	<b>88.31%</b>	<b>100%</b>	<b>99.45%</b>
Community Coaching	100%	100%	100%	100%
Community Engagement	100%	87.50%	100%	100%
Crisis Support Services	100%	100%	100%	100%
Group Day	96.55%	80.00%	100%	100%
Group Home (Customized Rate)	97.44%	95.83%	100%	100%
Group Residential Support <= 4 Persons	98.18%	90.00%	100%	100%
Group residential Support > 4 Persons	100%	100%	100%	100%
Independent Living Supports	100%	0.00%	100%	100%
In-Home Supports	98.11%	90.91%	100%	100%
Sponsored Residential	100%	90.00%	100%	95.45%
Supported Living	100%	100%	100%	100%

## Appendix AH. Service Type: Provider Capacity and Competency 4

Table 35 provides the service type-specific compliance results for four of the provider capacity and competency elements.

**Table 35—Service Type: Provider Capacity and Competency 4**

Provider Capacity and Competency				
Provider Service Type	Are staff able to describe things important to and important for the individual?	Was staff able to describe the outcomes being worked on in this environment?	Could the staff describe the medical support needs of the individuals?	Were staff familiar with medical protocols to support the person?
<b>All Service Type: Aggregate</b>	<b>99.94%</b>	<b>99.66%</b>	<b>98.49%</b>	<b>98.75%</b>
Community Coaching	96.43%	96.43%	96.00%	95.83%
Community Engagement	100%	100%	100%	100%
Crisis Support Services	100%	100%	100%	100%
Group Day	100%	100%	96.30%	97.92%
Group Home (Customized Rate)	100%	100%	100%	100%
Group Residential Support <= 4 Persons	100%	98.25%	100%	100%
Group residential Support > 4 Persons	100%	100%	100%	98.00%
Independent Living Supports	100%	100%	97.30%	100%
In-Home Supports	100%	100%	98.04%	97.67%
Sponsored Residential	100%	100%	100%	100%
Supported Living	97.92%	97.92%	100%	100%

## Appendix A1. Service Type: Provider Capacity and Competency 5

Table 36 provides the service type-specific compliance results for four of the provider capacity and competency elements.

**Table 36—Service Type: Provider Capacity and Competency 5**

Provider Capacity and Competency				
Provider Service Type	Could the staff describe behavioral support needs?	Were staff familiar with behavioral support plans or protocols developed to support the person?	Does the staff know what medications the person is taking?	Can the staff list the most common side effects of the medications the person is on?
<b>All Service Type: Aggregate</b>	<b>99.63%</b>	<b>96.59%</b>	<b>90.61%</b>	<b>88.32%</b>
Community Coaching	95.83%	95.83%	72.00%	68.00%
Community Engagement	100%	100%	76.92%	79.49%
Crisis Support Services	100%	100%	97.37%	92.11%
Group Day	100%	96.55%	86.54%	84.31%
Group Home (Customized Rate)	100%	97.22%	100%	100%
Group Residential Support <= 4 Persons	100%	88.89%	100%	98.18%
Group residential Support > 4 Persons	96.97%	96.43%	98.21%	88.89%
Independent Living Supports	100%	100%	83.33%	80.56%
In-Home Supports	100%	100%	81.25%	79.17%
Sponsored Residential	100%	100%	98.33%	98.31%
Supported Living	100%	95.24%	95.74%	91.30%

## Appendix AJ. Service Type: Provider Capacity and Competency 6

Table 37 provides the service type-specific compliance results for one of the provider capacity and competency elements.

**Table 37—Service Type: Provider Capacity and Competency 6**

Provider Capacity and Competency	
Provider Service Type	Can you tell me what person-centered care means?
<b>All Service Type: Aggregate</b>	<b>95.97%</b>
Community Coaching	82.14%
Community Engagement	95.83%
Crisis Support Services	100%
Group Day	95.16%
Group Home (Customized Rate)	95.12%
Group Residential Support <= 4 Persons	98.25%
Group residential Support > 4 Persons	94.64%
Independent Living Supports	95.12%
In-Home Supports	93.33%
Sponsored Residential	100%
Supported Living	89.58%

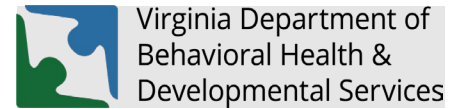
## Appendix AK. Region: Individual Interview Responses

Table 38 provides the region-specific individual interview responses.

**Table 38—Region: Individual Interview Responses**

Individual Interview Responses					
Percent Positive (Yes/Yes+No)					
Individual Interview Questions	Region 1	Region 2	Region 3	Region 4	Region 5
Do you like living here?	100%	98%	97%	94%	96%
Would you like to live somewhere else? <sup>1</sup>	19%	27%	32%	27%	29%
Did you choose the people you live with?	94%	70%	100%	82%	80%
Do you have a key to your home?	68%	88%	86%	76%	70%
Do you have a key to your bedroom?	54%	71%	68%	68%	61%
Do you open your mail or help with opening your mail?	98%	97%	90%	96%	88%
Do you have visitors at your home?	98%	99%	95%	94%	89%
Do you like attending this program?	100%	100%	92%	100%	100%
Did you get to choose the people you participate in the group with?	94%	60%	100%	100%	95%
Would you like to do something else during the day? <sup>1</sup>	29%	26%	45%	37%	37%
Do you like your staff?	100%	100%	100%	94%	100%
If you want to go somewhere, does your provider take you?	98%	98%	100%	99%	100%
Can you get where you want to go without problems?	94%	93%	94%	93%	96%
Do you get to do those things as much as you would like?	92%	91%	80%	91%	93%
Do you want to attend a church/synagogue/mosque or other religious activity of your choice?	76%	57%	76%	68%	60%
Do you attend religious services?	71%	56%	62%	63%	48%





Individual Interview Responses					
Percent Positive (Yes/Yes+No)					
Individual Interview Questions	Region 1	Region 2	Region 3	Region 4	Region 5
Are you registered to vote?	63%	52%	65%	66%	72%
Did you vote in the last election?	44%	44%	48%	51%	53%
Do you participate in your banking?	79%	86%	78%	89%	72%
Do you have a job?	34%	30%	34%	33%	23%
Is your support coordinator currently addressing your employment goals?	96%	83%	75%	87%	72%
Do you feel safe here?	98%	99%	98%	100%	98%

<sup>1</sup>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.

## Appendix AL. Service Type: Individual Interview Responses

Table 39 provides the provider service type-specific individual interview responses.

**Table 39—Service Type: Individual Interview Responses**

Individual Interview Responses											
Percent Positive (Yes/Yes+No)											
Individual Interview Questions	Comm Coach	Comm Engage	Crisis Supp	Group Day	Group Home (Cust)	Group Res <=4	Group Res >4	Ind Living	In-Home	Spons Res	Supp Living
Do you like living here?	-	-	-	-	96.00%	93.02%	94.74%	97.22%	100%	100%	97.22%
Would you like to live somewhere else? <sup>1</sup>	-	-	-	-	22.22%	29.73%	35.29%	22.22%	25.00%	26.09%	29.41%
Did you choose the people you live with?	-	-	-	-	56.52%	69.23%	79.41%	100%	92.11%	95.12%	72.41%
Do you have a key to your home?	-	-	-	-	54.17%	67.50%	55.56%	100%	84.62%	71.43%	100%
Do you have a key to your bedroom?	-	-	-	-	60.87%	78.05%	72.22%	54.55%	52.63%	64.29%	66.67%
Do you open your mail or help with opening your mail?	92.86%	94.44%	82.35%	91.43%	95.45%	92.50%	91.67%	100%	94.74%	90.70%	100%
Do you have visitors at your home?	-	-	-	-	100%	80.95%	92.31%	100%	100%	93.33%	91.67%
Do you like attending this program?	100%	100%	-	97.62%	-	-	-	-	-	-	-
Did you get to choose the people you participate in the group with?	85.71%	91.67%	-	92.11%	-	-	-	-	-	-	-
Would you like to do something else during the day? <sup>1</sup>	15.38%	33.33%	-	47.06%	21.05%	39.47%	38.24%	22.22%	33.33%	36.59%	37.50%
Do you like your staff?	93.33%	100%	100%	97.62%	100%	100%	100%	100%	100%	100%	91.67%
If you want to go somewhere, does your provider take you?	100%	100%	-	97.37%	100%	97.67%	100%	100%	100%	100%	94.44%

**Individual Interview Responses**  
**Percent Positive**  
**(Yes/Yes+No)**

Individual Interview Questions	Comm Coach	Comm Engage	Crisis Supp	Group Day	Group Home (Cust)	Group Res <=4	Group Res >4	Ind Living	In-Home	Spons Res	Supp Living
Can you get where you want to go without problems?	92.86%	100%	-	96.88%	100%	90.24%	100%	86.11%	94.87%	97.37%	85.71%
Do you get to do those things as much as you would like?	100%	93.55%	82.35%	88.89%	90.48%	89.74%	93.55%	88.24%	91.67%	91.18%	91.18%
Do you want to attend a church/synagogue/mosque or other religious activity of your choice?	46.15%	82.86%	58.82%	64.52%	62.50%	62.50%	60.00%	71.43%	62.50%	63.41%	68.57%
Do you attend religious services?	46.15%	80.00%	52.94%	53.13%	56.52%	53.85%	54.29%	62.86%	57.50%	59.52%	57.14%
Are you registered to vote?	42.86%	76.00%	46.15%	59.26%	38.46%	51.43%	48.00%	76.47%	61.76%	70.59%	86.21%
Did you vote in the last election?	33.33%	57.14%	25.00%	44.00%	16.67%	40.00%	33.33%	67.65%	45.16%	51.72%	74.07%
Do you participate in your banking?	100%	83.33%	58.82%	73.33%	85.00%	71.79%	73.33%	94.29%	82.50%	84.21%	87.10%
Do you have a job?	18.18%	16.67%	30.00%	24.14%	5.00%	25.00%	29.03%	50.00%	35.71%	27.27%	51.52%
Is your support coordinator currently addressing your employment goals?	85.71%	83.33%	57.14%	100%	84.62%	73.68%	93.33%	93.33%	81.25%	72.22%	75.00%
Do you feel safe here?	100%	97.50%	94.12%	100%	100%	95.12%	97.30%	100%	100%	100%	100%

<sup>1</sup>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.

"-"Indicates question N/A to service type.

**\*Provider Service Type:**

*Cen Based Resp: Center-Based Respite Care*

*Comm Coach: Community Coaching*

*Comm Engage: Community Engagement*

*Crisis Supp: Crisis Support Services*

*Supp Living: Supported Living*

*Group Home (Cust): Group Home Customized Rate*

*Group Res<=4: Group Residential Support <=4 Persons*

*Group Res >4: Group Residential Support >4 Persons*

*Ind Living: Independent Living Supports*

*In-Home: In-Home Supports*

*Spons Res: Sponsored Residential*

## Appendix AM. Region: Substitute Decision Maker/Family Interview Responses

Table 40 provides the region-specific Substitute Decision Maker (SDM)/Family Member interview responses.

**Table 40—Region: SDM/Family Member Interview Responses**

SDM/Family Member Interview Responses					
Percent Positive (Yes/Yes+No)					
SDM/Family Member Interview Questions	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?	100%	93%	82%	97%	99%
Did the SC discuss employment goals and options with the individual?	97%	93%	83%	97%	99%
Did the SC discuss community involvement opportunities with the individual?	97%	97%	96%	97%	100%
Are all of the individual’s needs and supports currently being met?	100%	82%	96%	88%	93%
Did you have an opportunity to participate in the ISP development?	95%	100%	96%	94%	99%
Do you feel the ISP is representative of the person’s needs?	100%	97%	87%	93%	99%
Does the SDM/Family confirm there are no concerns regarding the current service providers?	97%	86%	92%	91%	92%

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

Table 41 provides the provider service type-specific SDM/Family Member interview responses.

**Table 41—Service Type: SDM/Family Member Interview Responses**

SDM/Family Member Interview Responses											
Percent Positive (Yes/Yes+No)											
SDM/Family Member Interview Questions	Comm Coach	Comm Engage	Crisis Supp	Group Day	Group Home (Cust)	Group Res <=4	Group Res >4	Ind Living	In-Home	Spons Res	Supp Living
Did the SC provide the individual with a choice in service providers, including a choice in SC?	100%	100%	77.78%	100%	100%	100%	93.10%	100%	92.31%	96.77%	92.31%
Did the SC discuss employment goals and options with the individual?	100%	100%	66.67%	95.24%	95.00%	100%	100%	100%	94.74%	96.43%	92.86%
Did the SC discuss community involvement opportunities with the individual?	100%	100%	83.33%	100%	100%	100%	100%	100%	97.44%	100%	92.86%
Are all of the individual’s needs and supports currently being met?	100%	89.47%	50.00%	95.65%	85.71%	91.67%	96.67%	90.00%	95.00%	93.55%	100%
Did you have an opportunity to participate in the ISP development?	100%	100%	100%	95.65%	100%	100%	93.75%	100%	97.50%	96.77%	93.75%
Do you feel the ISP is representative of the person’s needs?	100%	100%	88.24%	95.65%	94.74%	95.65%	96.67%	100%	100%	96.77%	92.86%
Does the SDM/Family confirm there are no concerns regarding the current service providers?	87.50%	100%	55.56%	100%	90.48%	95.83%	93.75%	100%	90%	93.55%	87.50%