Virginia Department of Behavioral Health & Developmental Services

DBHDS Quality Service Review

Executive Summary

Review 2 State Fiscal Year 2021

August 16, 2021

HSAG HEALTH SERVICES ADVISORY GROUP

Virginia Department of Behavioral Health & Developmental Services

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 providers' quality improvement strategies and provide technical assistance and other oversight to providers whose quality improvement strategies the Commonwealth determines to be inadequate. The results of the QSR aggregate report will be used to evaluate:

- The quality of services at an individual, 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 choice
- 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, 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 criminal justice system);
- Stability (e.g., maintenance of chosen living arrangement, change in providers, work/other day program stability);
- Choice and self-determination (e.g., service plans developed through person-centered planning process, choice of services and 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); and
- Provider capacity (e.g., caseloads, training, staff turnover, provider competency).

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

Methods for Conducting the Review

The scope of the QSR for SFY 2021 included applicable federal regulations, Virginia Administrative Code, and 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 provider and individual level. The electronic QSR review tools addressed the services and supports necessary to meet 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 in 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 utilize the Clinical Decision Tree and refer to the clinical reviewer. All review elements of the QSR were recorded in the electronic QSR tool.

The QSR process included a review of documents, such as policies and procedures, licensing information, provider records, support coordinator (SC) records including the ISP. The QSR also includes interviews and observations of individuals and interviews with providers, support coordinators, individual family members and/or substitute decision makers.

The QSR includes two components: Provider Quality Reviews (PQRs) and Person-Centered Reviews (PCRs).

The Round 2 (R2) QSRs were conducted between February and June 2021 with in-person observations starting April 2021.

Sample Included in QSR

The sample for the QSR review was selected via the sampling methodology. Table 1.1 displays the provider service type and associated number of PCRs selected for R2.

Table 1.1: Provider Service Type and Associated PCRs

DD Waiver Service Provider Service Type	Population of Service Recipients	Required Sample Size with Finite Population Correction[2]
Center Based Respite Care	72	61
Community Coaching	354	185
Community Engagement	2,852	339
Crisis Support Services	239	148
Group Day	6,802	364
Group Residential Support ≤ 4 Persons	2,942	405
Group residential Support > 4 Persons	2,200	328

DD Waiver Service Provider Service Type	Population of Service Recipients	Required Sample Size with Finite Population Correction[2]
Group Home (Customized Rate)	95	77
Independent Living Supports	125	95
In-Home Supports	1,989	323
Sponsored Residential	2,095	325
Supported Living	154	111
Total without Case Management	**19,919**	**2,761**
Case Management[1]	N/A	7
Grand Total[2]	**19,919**	**2,768**

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

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

The sample was distributed among 600 providers.

Sample Attributes

HSAG analyzed the attributes of the individuals selected for the PCR sample (provided in the Aggregate Report). Attributes of the individuals included gender, age, Supports Intensity Scale® (SIS®) level, and percentage of individuals by Office of Human rights region.

Data Limitations

PCR results presented are representative of elements that were able to be conducted (i.e., denominators may not reflect the full sample set if interviews were declined or documentation was unable to be obtained). The following were known data limitations to the QSRs:

- Individuals may have declined to participate or may have been unable to be located or contacted (i.e., incarcerated, hospitalized, deceased), resulting in the selection of alternate (oversample) cases, if available for the provider and provider service type. If alternates were not available for the provider, the associated PCR(s) could not be conducted.
- Providers may not have participated.
- Providers may have closed, temporarily or permanently, due to COVID-19.
- Providers may have suspended service types, temporarily or permanently, due to COVID-19.

Evaluation Phase

The evaluation phase consisted of a review of individual care management/support coordination and provider service records. The HSAG team of experienced QSR reviewers inspected documentation for the selected cases. Provider service documentation was reviewed for a six-month evaluation window from May 1, 2020–October 31, 2020, to assess the individuals' recent service provision. Support coordination documentation was reviewed for an evaluation window of November 1, 2019–October 31, 2020. The methodology for specific scored elements was designed to incorporate review of documentation that may have occurred outside of the evaluation window, such as ISPs that began prior to November 1, 2019. 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 service provider, as well as the support coordinators involved for each respective case.

Conclusions

The results of the R2 QSR provided evidence that providers' settings are integrated in and support full access of individuals to, the greater community, as well as optimize individual initiative, autonomy, and independence in making life choices.

The R2 QSR results demonstrated:

- Greater than 90 percent compliance for three of four Individual Service Plans (ISP) Assessment elements.
- A 90 percent or greater compliance for six of 11 ISP Development and Implementation elements.
- Greater than 90 percent compliance for two of four ISP Interaction elements.
- Less than 90 percent compliance for all three Quality Improvement Plan (QIP) elements.
- A 90 percent or greater compliance for two of three Risk/Harm elements. CSB-specific results demonstrated 90 percent or greater compliance for all three Risk/Harm elements.
- Greater than 90 percent compliance for two of two Incidents/Disputes elements.
- A 90 percent or greater compliance for one of three Competency and Capacity elements.

Recommendations for Quality Improvement

The QSRs yielded opportunities for improvement for providers who received provider-specific reports that included data and analysis for their samples. When a provider scored less than 90 percent on any element and opportunities for improvement were identified, the provider was required to complete a QIP. Providers submitted QIPs to HSAG for review and approval. The QSR reviewers will assess the status of implementation of provider QIPs as part of Round 3 reviews.

Virginia Department of Behavioral Health & Developmental Services

DBHDS Quality Service Review

Aggregate Report

Review 2 SFY 2021

August 16, 2021

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1. 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 (HCBS) Waivers-Developmental Disabilities (DD).

HCBS DD 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 providers' quality improvement strategies and provide technical assistance and other oversight to 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, provider, private providers, 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 choice.
- 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, 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 criminal justice system).
- Stability (e.g., maintenance of chosen living arrangement, change in providers, work/other day program stability).
- Choice and self-determination (e.g., service plans developed through person-centered planning process, choice of services and 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).
- Provider capacity (e.g., caseloads, training, staff turnover, provider competency).

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

HSAG was selected by DBHDS to evaluate the quality of home and community-based services that are provided through the HCBS DD Waiver program by conducting QSRs. The QSR includes two components: Provider Quality Reviews (PQRs) and Person-Centered Reviews (PCRs). DBHDS requires all providers and Community Service Boards (CSBs)/Behavioral Health Authorities (BHAs) [hereafter referred to as CSBs] participate in the QSR process.

The Round 2 (R2) QSRs were conducted between February and June 2021 with in-person observations starting April 2021. The aggregate findings from the R2 state fiscal year (SFY) 2021 review are summarized within this report.

Methods for Conducting the Review

The scope of the QSR for SFY 2021 included applicable federal regulations, Virginia Administrative Code, and 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 provider and individual level. The electronic QSR review tools addressed the services and supports necessary to meet 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 in 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 utilize the Clinical Decision Tree and refer to the clinical reviewer. All review elements of the QSR were recorded in the electronic QSR tool.

The QSR process included a review of documents, such as policies and procedures, licensing information, provider records, support coordinator (SC) records including the ISP. The QSR also includes interviews and observations of individuals and interviews with providers, support coordinators, individual family members and/or substitute decision makers.

Sampling Guidelines

Using QSR sampling strategy considerations provided by DBHDS, HSAG developed a sampling methodology inclusive of a representative sample of individuals for each DD Waiver service provided to its members, such that estimates of proportions may be calculated within a 5 percent margin of error (MOE) and a 95 percent confidence interval (CI). The PCR sample did not need to be representative of the populations served by each provider or by region of the state. Therefore, the number of individuals in the sample are likely to be concentrated in areas of the state that have larger populations and with providers that have larger populations of individuals being served. HSAG used a two-stage approach to draw the sample, ensuring that at least one individual from each provider offering a service was included in the sample.

Sample Included in QSR

The sample for the QSR review was selected via the sampling methodology. Table 1-1 displays the provider service type and associated number of PCRs selected for R2.

Table 1-1: Provider Service Type and Associated PCRs

DD Waiver Service Provider Service Type	Population of Service Recipients	Required Sample Size with Finite Population Correction[2]
Center Based Respite Care	72	61
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[1] Case Management was added to include CSBs that only provide case management services to their members. Seven CSBs fell into this group. Because each PCR includes a review of case management services, case management does not require a representative sample of members to participate in PCRs, the total population of members receiving services is not required, and HSAG sampled one member from each of the seven CSBs providing only case management services.
[2] Service recipients may be duplicated across service types if receiving more than one service type.

The sample was distributed among 600 providers.

Sample Attributes

Figures 1, 2, 3, 4, and 5 provide information on the attributes of the individuals in the R2 sample. The PCR sample is representative of the DD Waiver services provided in the state.

Figure 1-1: Percentage of Gender

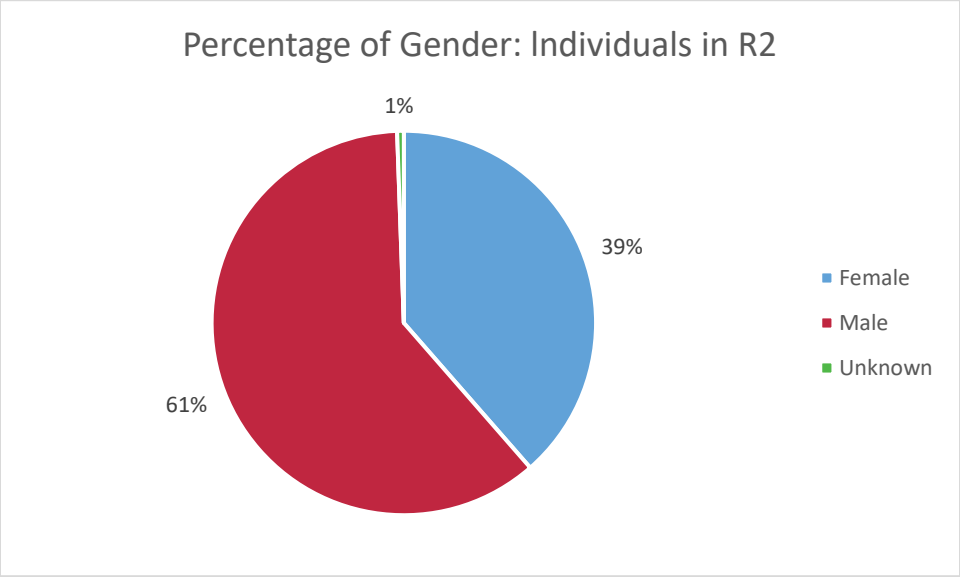


Figure 1-2 displays the distribution of individuals by age group.

Figure 1-2: Distribution of Individuals by Age

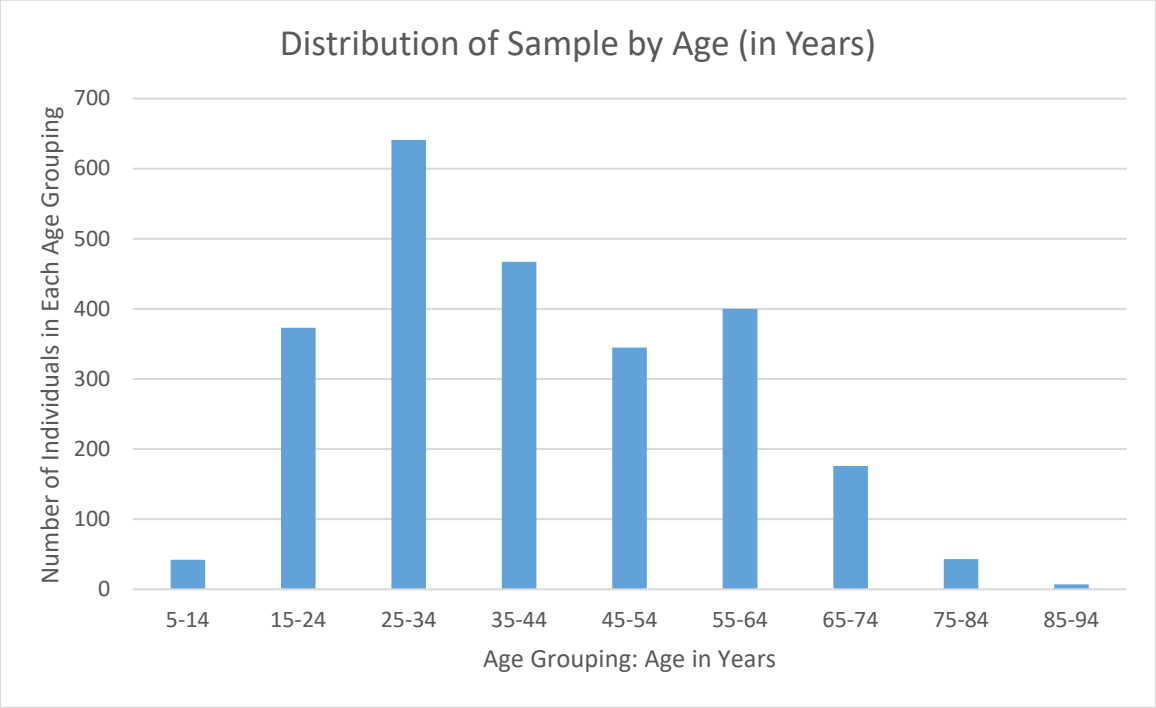
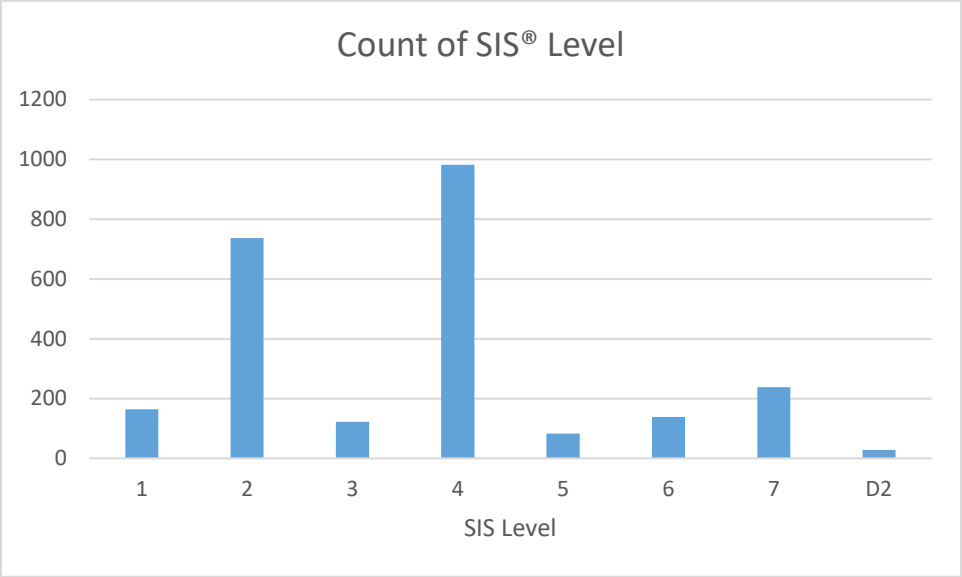


Figure 1-3 displays the distribution of the Supports Intensity Scale® (SIS®) levels of the individuals selected for the sample. The SIS® is an assessment instrument utilized by DBHDS that assesses the level of supports that an individual needs, as well as what is important to and for him/her. The SIS 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 1-3: SIS® Level



QSR results are presented by region. Figure 1-4 displays the DBHDS Office of Human Rights statewide regions. Figure 1-5 displays the distribution of the individuals in the sample by region of the state.

Figure 1-4: DBHDS Regions

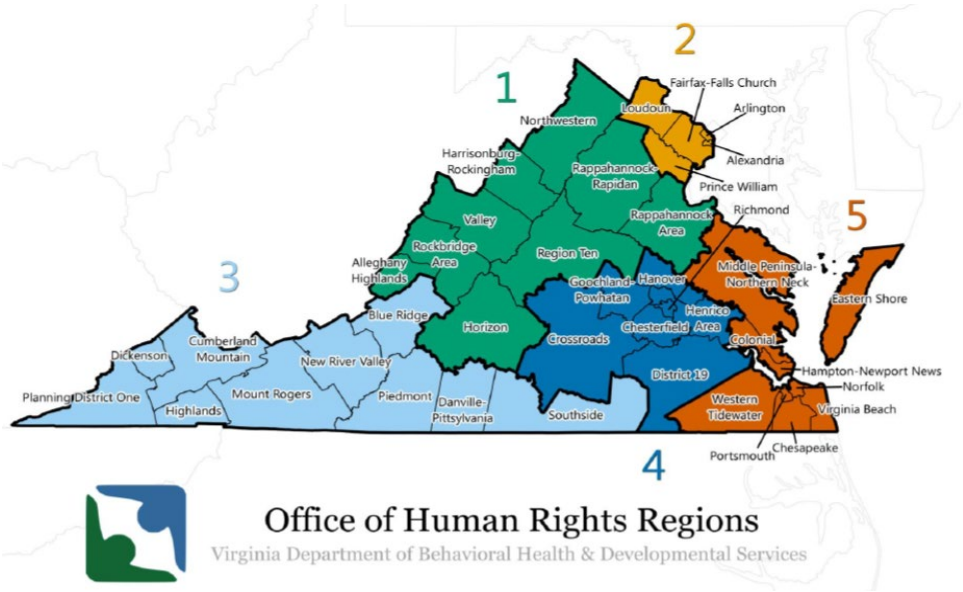
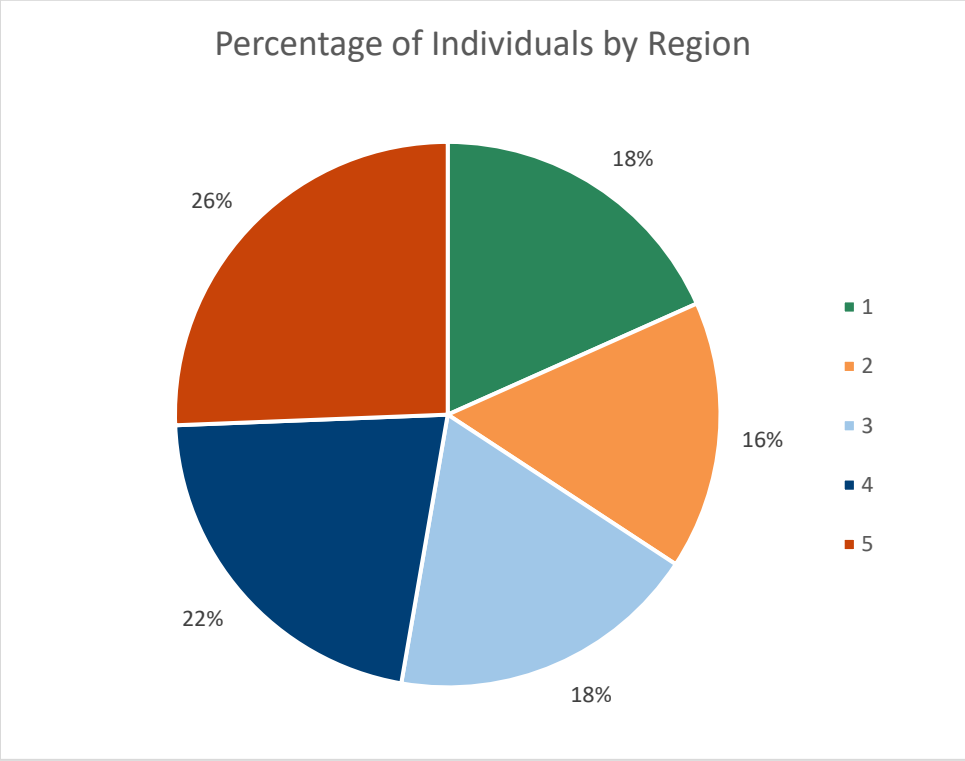


Figure 1-5: Percentage by Region



Data Limitations

PCR results presented are representative of elements that were able to be conducted (i.e., denominators may not reflect the full sample set if interviews were declined or documentation was unable to be obtained). The following were known data limitations of the QSRs:

- Individuals may have declined to participate or may have been unable to be located or contacted (i.e., incarcerated, hospitalized, deceased), resulting in the selection of alternate (oversample) cases, if available for the provider and provider service type. If alternates were not available for the provider, the associated PCR(s) could not be conducted.
- Providers did not respond to QSR request to participate.
- Providers who closed, temporarily or permanently, due to COVID-19.
- Providers who suspended service types, temporarily or permanently, due to COVID-19.

Impact of COVID-19 on QSR

HSAG noted that providers were impacted by COVID-19, resulting in on-site restrictions which hindered HSAG's ability to conduct in-person interviews and observations. Upon receipt of a Return to Field Operations memo issued by DBHDS on March 26, 2021, HSAG proceeded with in-person interviews and observations.

To understand provider policies and procedures and individual choice during COVID-19, HSAG collected information related to provider and individual declinations of HSAG in-person observations during COVID-19.

The Round 2 results revealed that:

- 1,282, or 59 percent, of individual in-person observations were completed during the timeframe of April 2021–June 2021,
- 41 percent of in-person interviews and observations were declined by either the provider and/or individuals.

Evaluation Phase

The evaluation phase consisted of a review of individual care management/support coordination and provider service records. The HSAG team of experienced QSR reviewers inspected documentation for the selected cases. Provider service documentation was reviewed for a six-month evaluation window from May 1, 2020–October 31, 2020, to assess the individuals' recent service provision. Support coordination documentation was reviewed for an evaluation window of November 1, 2019–October 31, 2020. The methodology for specific scored elements was designed to incorporate review of documentation that may have occurred outside of the evaluation window, such as ISPs that began prior to November 1, 2019. 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 service provider, as well as the support coordinators involved for each respective case.

Scoring Methodology

To quantify the compliance performance for the elements scored, HSAG used a two-point scoring methodology. Each requirement was scored as *Met* or *Not Met* according to the criteria identified below. HSAG also used a designation of *N/A* if the requirement was not applicable to the provider or the individual; *N/A* findings were not included in the two-point scoring methodology.

Met indicated that the provider achieved the following criteria:

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

Not Met 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.

Not Applicable (N/A) 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.

Data Analysis and Aggregation

HSAG aggregated the review results across all provider service types and individuals included in the sample for the provider. Each applicable requirement within each domain was scored as *Met, Not Met,* or *N/A*. 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 *Met* (value: 1 point) or *Not Met* (value: 0 points), and dividing the summed scores by the total number of applicable cases. Data analysis also included aggregate performance by provider.

The data collected for this report were obtained from a sample of clients. The data collected are representative at the state-level by service category only and are not a representative sample of individual providers. Therefore, the experience and results for all clients associated with the provider, CSB, or region may be different from the results 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
- ISP Interaction
- Quality Improvement Plan (QIP)
- Risk/Harm
- Incidents/Disputes

Compliance elements for these areas were associated to the following KPAs: Health, Safety, and Well-Being; Community Integration and Inclusion; and Provider Competency and Capacity. Elements from the PQR and PCR were included as applicable to each KPA, as well as the domain associated to the KPA.

The QSR process included a review of documents, such as policies and procedures; licensing information including provider status of implementation of approved corrective actions plans (CAPs); provider records; support coordinator records including the individual support plan (ISP); interviews and observations of individuals; and interviews with 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:

- Providers proactively identify and address risks of harm and develop and monitor corrective actions.
- The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.
- The provider develops, implements, and maintains a risk management plan.
- The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.
- The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.
- The provider develops, implements, and maintains a quality improvement plan to improve services; ensures that services are provided as required; and addresses areas of risk and perceived risks.

- The quality improvement plan is reviewed annually.
- Providers have active quality management and improvement programs, as well as risk management programs.
- An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.
- The ISP and/or the individual's file included documentation the 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.
- The ISP and/or the individual's file included documentation of coordination of care for the individual with their primary care physician (PCP), specialist(s), and other service providers/coordinators, as appropriate.

Community Integration and Inclusion KPA

HSAG reviewers assessed the following *Community Integration and Inclusion KPA* compliance elements:

- The individual's annual assessment was completed annually.
- The ISP was updated at least once in the past 12 months.
- The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.
- The ISP identified that employment services and goals were developed and discussed at least annually.
- Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.
- The most recent assessment included all information needed to develop the person-centered ISP.
- The individual's most recent assessment included input from relevant sources.
- The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.
- The ISP was developed according to the processes required.
- A backup plan and/or risk minimizing strategies were documented.
- The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences.
- 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 was revised, as needed, to address changing needs or desires.

- Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.

Provider Competency and Capacity KPA

HSAG reviewers assessed the following *Provider Competency and Capacity KPA* compliance elements:

- The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.
- The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.

The QSR included assessment of additional elements that evaluated provider competency and capacity, including:

- Is there evidence the direct support personnel (DSP) has been trained on the desired outcome and support activities of the ISP?
- Is it documented that the support staff/sponsor home provider successfully completed competency-based training related to elements of the individual's support plan?
- Does your provider transport you to community activities you choose and want to attend?

2. QSR Results

Results

The R2 QSR aggregate results are presented as statewide, region, CSB, and provider service type rates. The data collected are representative at the state-level by service category only, as described in the methodology section of this report. 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 provider service types identified in the methodology section of this report.

Results in the tables below reflect the statewide rates, which are aggregated results for the elements across the entire state.

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

Target compliance goals were not established for the results of the R2 reviews. HSAG reported results performing at, above, and below 90 percent compliance to identify potential opportunities for improvement. DBHDS may determine compliance targets for future QSRs.

ISP Assessment Compliance Elements

Four elements were reviewed related to ISP assessment. ISP assessment elements are attributable to CSB performance; therefore, statewide, region, and CSB results are the same. Table 2-1 provides the performance results for the ISP assessment elements.

Table 2-1: ISP Assessment Compliance Elements

Compliance Element	Aggregate Type	Result
The individual's annual assessment was completed annually.[1]	Statewide	88%
The most recent assessment included all information needed to develop the person-centered ISP.[1]	Statewide	90%
The individual's most recent assessment included input from relevant sources.[1]	Statewide	98%
An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]	Statewide	90%

The data collected are representative at the state-level by service category only.
[1]Community Integration and Inclusion KPA
[2]Health, Safety and Well-Being KPA

As described in Table 2-1, statewide results revealed performance of greater than 90 percent compliance for three of the four elements.

CSB, region, and provider-specific results are available in Appendix A, Appendix H, and Appendix P, respectively.

ISP: Development and Implementation Compliance Elements

Eleven elements were reviewed related to ISP development and implementation. ISP development and implementation elements are attributable to CSB performance; therefore, statewide, region, and CSB results are the same. Table 2-2 provides the performance results for the ISP development and implementation elements.

Table 2-2: ISP Development and Implementation Compliance Elements

Compliance Element	Aggregate Type	Result
The ISP was updated at least once in the past 12 months.[1]	Statewide	96%
The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]	Statewide	86%
The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]	Statewide	95%
The ISP identified that employment services and goals were developed and discussed at least annually.[1]	Statewide	97%
The ISP was developed according to the processes required.[1]	Statewide	83%
A backup plan and/or risk minimizing strategies were documented.[1]	Statewide	68%
The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences.[1]	Statewide	98%
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.[1]	Statewide	96%
Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]	Statewide	94%
The ISP was revised, as needed, to address changing needs or desires.[1]	Statewide	88%
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.[1]	Statewide	80%

The data collected are representative at the state-level by service category only.
[1]Community Integration and Inclusion KPA

As described in Table 2-2, statewide results revealed performance of 90 percent or greater compliance for six of the 11 elements.

CSB, region, and provider-specific results are available in Appendices B–D, Appendices I–K, and Appendices Q–S, respectively.

ISP: Interaction Compliance Elements

Four elements were reviewed related to ISP interaction. ISP interaction elements are attributable to CSB performance; therefore, statewide, region, and CSB results are the same. Table 2-3 provides the performance results for the ISP interaction elements.

Table 2-3: ISP Interaction Compliance Elements

Compliance Element	Aggregate Type	Result
Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]	Statewide	95%
The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]	Statewide	83%
The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]	Statewide	80%
The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]	Statewide	94%

The data collected are representative at the state-level by service category only.
[1]Community Integration and Inclusion KPA
[2]Provider Competency and Capacity KPA
[3]Health, Safety and Well-Being KPA

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

CSB, region, and provider-specific results are available in Appendix E, Appendix L, and Appendix T, respectively.

Quality Improvement Plan Compliance Elements

Three elements were reviewed related to the providers' QIPs. Table 2-4 provides the performance results for the QIP elements.

Table 2-4: Quality Improvement Plan Compliance Elements

Compliance Element	Aggregate Type	Result
The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.[1]	Statewide	89%
The quality improvement plan is reviewed annually.[1]	Statewide	89%
Providers have active quality management and improvement programs, as well as risk management programs.[1]	Statewide	87%

The data collected are representative at the state-level by service category only.
[1]Health, Safety and Well-Being KPA

As described in Table 2-4, statewide results revealed performance of less than 90 percent compliance for all three elements.

CSB, region, and provider-specific results are available in Appendix F, Appendix M, and Appendix U, respectively.

Risk/Harm Compliance Elements

Three elements were reviewed related to the providers' risk management plan and processes. Table 2-5 provides the performance results for the risk management/harm elements.

Table 2-5: Risk Management/Harm Compliance Elements

Compliance Element	Aggregate Type	Result
Providers proactively identify and address risks of harm and develop and monitor corrective actions.[1]	Statewide	78%
The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.[1]	Statewide	90%
The provider develops, implements, and maintains a risk management plan.[1]	Statewide	91%

The data collected are representative at the state-level by service category only.
[1]Health, Safety and Well-Being KPA

As described in Table 2-5, statewide results revealed performance of less than 90 percent compliance for one of three elements.

CSB, region, and provider-specific results are available in Appendix F, Appendix N, and Appendix V, respectively.

Incidents/Disputes Compliance Elements

Three elements were reviewed related to the providers' incident reporting and dispute resolution policies and processes. Table 2-6 provides the performance results for the incident reporting and dispute resolution elements.

Table 2-6: Incident Reporting & Dispute Resolution Compliance Elements

Compliance Element	Aggregate Type	Result
The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.[1]	Statewide	92%
The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.[1]	Statewide	93%
The provider posts copies of its procedures in its public spaces and on its website, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.[1]	Statewide	83%

The data collected are representative at the state-level by service category only.
[1]Health, Safety and Well-Being KPA

As described in Table 2-6, statewide results revealed performance of greater than 90 percent compliance for two of the three elements.

CSB, region, and provider-specific results are available in Appendix G, Appendix O, and Appendix W, respectively.

Provider Competency and Capacity

Two elements were reviewed related to provider competency and capacity. Table 2-7 provides the performance results for provider competency and capacity elements.

Table 2-7: Provider Competency and Capacity Compliance Elements

Compliance Element	Aggregate Type	Result
Is there evidence the DSP has been trained on the desired outcome and support activities of the ISP?[1]	Statewide	83%
Is it documented that the support staff/sponsor home provider successfully completed competency-based training related to elements of the individual's support plan?[1]	Statewide	83%
Does your provider transport you to community activities you choose and want to attend?[1]	Statewide	91%

The data collected are representative at the state-level by service category only.
[1]Provider Competency and Capacity KPA

As described in Table 2-7, statewide results revealed performance of greater than 90 percent compliance for one of the three elements.

CSB, region, and provider-specific results are available in Appendix Y, Appendix Z, and Appendix AA, respectively.

Individual Interview Results

HSAG aggregated individual interview results, consisting of 36 interview questions. HSAG noted that responses to interview questions related to community inclusion and community activities may have been influenced by COVID-19. A review of responses to follow-up interview questions for "No" responses for participation in those activities (community activities, community volunteering, attending religious activities, grocery shopping) identified that the majority were due to COVID-19, such as concerns about COVID-19 or lack of accessibility to services due to COVID-19 restrictions. Many individuals living independently in their own apartments or living at home with family with in-home staff were unable to access community activities due to staffing shortages. Additionally, HSAG found another primary reason for "No" responses were due to lack of interest. HSAG also noted that interview questions resulting in a "No" response may have been appropriate for the individual's physical or behavioral health risks. For instance, HSAG might expect a "No" response to "Do you answer the doorbell when it rings?" or "Do you do your own grocery shopping or help with the grocery shopping?" for individuals with protocols to reduce risk of elopement. HSAG identified provider strengths and areas for improvement.

Strengths include:

- Services and supports reflect individual cultural considerations
- Individuals feel their needs are understood by support staff

- Individuals like where they live and feel safe
- Individuals feel that they can choose their activities

Opportunities include:

- Increasing options for individuals to join community clubs or organizations
- Supporting individuals in registering to vote
- Providing individual choice of housemate

HSAG recommends continued assessment of responses for comparison to determine trends and/or opportunities for improvement to ensure individual choice and person-centered care.

Table 2-8 displays the aggregate results of individual interview responses.

Table 2-8: Individual Interview Responses

Aggregate Individual Interview Responses				
Individual Interview Questions	**Percent Yes**	**Percent No**	**Percent CND[1]**	**Percent Positive[3] (Yes/Yes+No)**
Did you choose where you live?	71%	12%	17%	85%
Do you like where you live?	85%	4%	11%	96%
Would you rather live in a different place? [2]	16%	62%	21%	21%
Did you choose your housemates/who you live with?	53%	25%	22%	68%
Would you rather live with someone else? [2]	13%	64%	23%	17%
Are services and supports available within a close driving or walking distance?	75%	5%	20%	94%
Do your services and supports reflect your cultural considerations?	80%	1%	19%	98%
Do you have your own bedroom?	89%	2%	9%	97%
Do you have privacy in your home if you want it?	85%	2%	14%	98%
Do you have a key to your home?	50%	33%	16%	60%
Have you met your neighbors?	64%	17%	19%	79%
Do you go out mostly with your housemates as a group?	62%	15%	23%	81%
Do you choose your activities?	85%	2%	13%	97%
Do you participate in community activities as much as you want to?	76%	6%	18%	92%
Do you belong to any community clubs or organizations?	30%	45%	25%	40%
Is belonging to a community club or organization important to you? [2]	22%	64%	13%	26%
Do you participate in integrated community volunteer activities?	40%	38%	21%	51%
Is participating in integrated community volunteer activities important to you? [2]	24%	66%	10%	26%
Does your provider transport you to community activities you choose and want to attend?	78%	8%	14%	91%

Aggregate Individual Interview Responses				
Individual Interview Questions	**Percent Yes**	**Percent No**	**Percent CND[1]**	**Percent Positive[3] (Yes/Yes+No)**
Is attending religious services important to you or your family?	54%	28%	18%	65%
Do you have the opportunity to attend a church/synagogue/mosque or other religious activity of your choice?	83%	14%	3%	85%
Are you registered to vote?	35%	37%	29%	49%
Do you do your own grocery shopping or help with the grocery shopping?	76%	12%	13%	87%
Do you get to pick your food or snacks?	85%	4%	11%	96%
Do you get to choose when you eat your food or snacks?	81%	5%	14%	95%
Do you open your mail or help with opening your mail?	72%	9%	19%	89%
Do you buy your own clothes or help with picking and buying your clothes?	80%	5%	15%	94%
Do you participate in your banking?	52%	25%	24%	67%
Do you answer the doorbell when it rings?	47%	32%	21%	60%
Do you answer the phone when it rings?	49%	30%	21%	62%
Did you choose your job or day program?	71%	9%	20%	88%
Would you rather be doing something different during the day? [2]	19%	57%	23%	25%
Do you practice fire drills?	79%	7%	13%	92%
Do you feel safe living here?	81%	2%	17%	97%
Do you feel your support staff understand your needs?	79%	1%	20%	98%
Do you have any needs or supports that are currently not being met? [2]	14%	61%	25%	18%

[1]CND: could not determine (individual's response was unable to be understood/determined)
[2]Indicates that a lower percentage is a better result
[3]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.

Region and provider-specific results are available in Appendix X.

3. Conclusions and Recommendations

Conclusions

The R2 QSR results demonstrated:

- Greater than 90 percent compliance for three of four ISP Assessment elements.
- A 90 percent or greater compliance for six of 11 ISP Development and Implementation elements.
- Greater than 90 percent compliance for two of four ISP Interaction elements.
- Less than 90 percent compliance for all three QIP elements.
- A 90 percent or greater compliance for two of three Risk/Harm elements. CSB-specific results demonstrated 90 percent or greater compliance for all three Risk/Harm elements.
- Greater than 90 percent compliance for two of two Incidents/Disputes elements.
- A 90 percent or greater compliance for one of three Competency and Capacity elements.

CSBs and providers must maintain the quality assurance and performance improvement (QAPI) reviews for all elements; not just the elements with a QIP to ensure continued demonstrable compliance.

QAPI is a data-driven, proactive approach to improving the quality of life, care, and services. The activities of QAPI involve members at all levels of the organization to identify opportunities for improvement, address gaps in systems or processes, develop and implement an improvement or corrective plan, and continuously monitor effectiveness of interventions.

Recommendations for Quality Improvement

The QSRs yielded opportunities for improvement for providers who received provider-specific reports that included data and analysis for their samples. When a provider scored less than 90 percent on any element, the provider was required to complete a QIP. Providers submitted QIPs to HSAG for review and approval. The QSR reviewers will assess the status of implementation of provider QIPs as part of Round 3 reviews.

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

Table 3-1: 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
The individual's annual assessment was completed.	**Statewide**: 88% **Regions with opportunity**: 1, 2, and 5 **Service types with opportunity**: CCO, CEN, GDY, GRS, GRL, IHS, SPR, and SUL **Recommendation**: HSAG recommends that CSBs have a QAPI plan to ensure that the ISP documentation completed by the support coordinator confirms that individual assessments are completed annually.
The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	**Statewide**: 86% **Regions with opportunity**: 1, 4, and 5 **Service types with opportunity**: CCO, CEN, GDY, GRS, IHS, SPR, and SUL **Recommendation**: HSAG recommends that CSBs monitor support coordinator compliance regarding the expectation that documentation is completed quarterly or every 90 days.
The ISP was developed according to the processes required.	**Statewide**: 83% **Regions with opportunity**: 1, 3, 4, and 5 **Service types with opportunity**: CCO, CEN, GDY, GRS, GRL, ILS, IHS, and SPR **Recommendation**: HSAG recommends CSBs document the interventions and supports used prior to the modification of ISPs to show all interventions have been attempted, including the less intrusive methods of meeting the need of the individual. This

Element	Opportunity for Improvement
	will give a more comprehensive overview and show more knowledge of individual preferences/needs.
A backup plan and/or risk minimizing strategies were documented.	**Statewide**: 68% **Regions with opportunity**: 1, 2, 3, 4, and 5 **Service types with opportunity**: CBR and IHS **Recommendation**: HSAG recommends that CSBs and providers have clear documentation and training of their backup plans and risk minimizing strategies for all areas of operation.
The ISP was revised, as needed, to address changing needs or desires.	**Statewide**: 88% **Regions with opportunity**: 1, 3, and 5 **Service types with opportunity**: CCO, GRS, ILS, IHS, and SPR **Recommendation**: HSAG recommends that CSBs ensure support coordinators revise the ISP based on the assessed changing needs and desires of individuals.
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**: 80% **Regions with opportunity**: 1, 2, 3, 4, and 5 **Service types with opportunity**: CCO, CEN, GDY, GRS, GRL, ILS, IHS, SPR, and SUL **Recommendation**: HSAG recommends that CSBs ensure support coordinator understanding of the expectation for documentation of activities and efforts made to address individual risks by providing additional clinical-based training focusing on identification of risks, needs, and change in status to support coordinators.
The individual's case manager or SC meets with the individual face-to-face at least every month, with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.	**Statewide**: 83% **Regions with opportunity**: 1, 2, 3, and 5 **Service types with opportunity**: CCO, CEN, GDY, GRS, ILS, IHS, and SPR **Recommendation**: HSAG recommends that CSBs retrain support coordinators on the expectations for timely contacts, and/or implementation of audits to identify and address any process improvement needs.
The individual's SC meets with the individual face-to-face on a regular basis every 90 days.	**Statewide**: 80% **Regions with opportunity**: 1, 2, 3, 4, and 5 **Service types with opportunity**: CCO, CEN, CSS, GDY, GHC, GRS, GRL, ILS, IHS, SPR, and SUL

Element	Opportunity for Improvement
	Recommendation: HSAG recommends that CSBs retrain support coordinators on the expectations for timely contacts, and/or implementation of audits to identify and address any process improvement needs.
The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.	**Statewide**: 89% **Regions with opportunity**: 1, 2, 3, 4, and 5 **Service types with opportunity**: GHC, GRS, ILS, and SPR **Recommendation**: HSAG recommends that CSBs and providers develop, implement, and maintain QAPI plans that address risks and perceived risks.
The quality improvement plan is reviewed annually.	**Statewide**: 89% **Regions with opportunity**: 1, 2, 3, 4, and 5 **Service types with opportunity**: GHC, GRS, ILS, and SPR **Recommendation**: HSAG recommends that CSBs and providers review QAPI plans and seek ongoing technical assistance from DBHDS to ensure compliance, QIP development, and QIP execution.
Providers have active quality management and improvement programs, as well as risk management programs.	**Statewide**: 87% **Regions with opportunity**: 1, 2, 3, 4, and 5 **Service types with opportunity**: GDY, GHC, GRS, ILS, IHS, and SPR **Recommendation**: HSAG recommends that CSBs and providers review QAPI plan, improvement programs, risk management programs, and seek ongoing technical assistance from DBHDS to ensure compliance, QIP development, and QIP execution.
Providers proactively identify and address risks of harm and develop and monitor corrective actions.	**Statewide**: 78% **Regions with opportunity**: 1, 2, 3, 4, and 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, ILS, IHS, and SPR **Recommendation**: HSAG recommends that protocols for physical and behavioral risks are documented and that ISPs are revised to include outcomes and supports for individuals' risks of harm.
Is there evidence the DSP has been trained on the desired outcome and support activities of the ISP?	**Statewide**: 83% **Regions with opportunity**: 1, 2, 3, 4, and 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, IHS, and SPR

Element	Opportunity for Improvement
	Recommendation: HSAG recommends that CSBs and providers develop a process and maintain documentation that demonstrates DSPs receive ISP-specific training. The process must include documentation of training completion.
Is it documented that the support staff/sponsor home provider successfully completed competency-based training related to elements of the individual's support plan?	**Statewide**: 83% **Regions with opportunity**: 1, 2, 3, 4, and 5 **Service types with opportunity**: CCO, CEN, GDY, GHC, GRS, GRL, IHS, SPR, and SUL **Recommendation**: HSAG recommends that CSBs and providers document how the support staff/sponsor home providers successfully complete and on an on-going bases receive competency-based training related to elements of the individuals support plan.

Appendix A. CSB: ISP Assessment

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

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

CSB: ISP Assessment Compliance Elements*				
CSB	**The individual's annual assessment was completed annually.[1]**	**The most recent assessment included all information needed to develop the person-centered ISP.[1]**	**The individual's most recent assessment included input from relevant sources.[1]**	**An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]**
All CSBs: Aggregate	**88%**	**90%**	**98%**	**90%**
ALEXANDRIA COMMUNITY SERV BD	79%	68%	95%	38%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%	100%
ARLINGTON MENTAL HEALTH	93%	89%	100%	90%
BLUE RIDGE CSB	88%	84%	97%	85%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	87%	95%	98%	96%
CHESTERFIELD CSB	89%	91%	98%	93%
CITY OF VA BEACH CSB MHMRSAS	89%	94%	99%	85%
COLONIAL BEHAVIORAL HEALTH	91%	79%	95%	64%
CROSSROADS CSB	88%	95%	100%	100%
CUMBERLAND MNTL HLTH CTR	97%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	95%	96%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	86%	75%	98%	88%
EASTERN SHORE CSB	95%	95%	100%	100%

CSB: ISP Assessment Compliance Elements*				
CSB	**The individual's annual assessment was completed annually.[1]**	**The most recent assessment included all information needed to develop the person-centered ISP. [1]**	**The individual's most recent assessment included input from relevant sources. [1]**	**An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]**
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%	100%
HAMPTON-NN CSB	88%	91%	97%	80%
HANOVER COUNTY COMMUNITY SERVICES	100%	94%	100%	96%
HARRISONBURG-ROCKINGHAM CSB	82%	93%	100%	86%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	92%	91%	100%	93%
HIGHLANDS CMNTY SVCS BOARD	70%	100%	100%	83%
HORIZON BEHAVIORAL HEALTH	86%	87%	98%	83%
LOUDOUN COUNTY CSB	88%	93%	100%	100%
MENTAL RETARDATION SERVICES	93%	95%	96%	94%
MIDDLE PENINSULA NORTHERN NECK CSB	80%	100%	100%	100%
MOUNT ROGERS CSB	92%	92%	100%	89%
NEW RIVER VALLEY COMMUNITY SERVICES	85%	85%	88%	89%
NORFOLK COMMUNITY SERVICES BOARD	82%	83%	99%	77%
NORTHWESTERN COMMUNITY SVCS	92%	94%	95%	96%
PIEDMONT COMMUNITY SERVICES	92%	83%	94%	94%
PLANNING DISTRICT ONE CSB	96%	100%	100%	100%

CSB: ISP Assessment Compliance Elements*				
CSB	**The individual's annual assessment was completed annually.[1]**	**The most recent assessment included all information needed to develop the person-centered ISP. [1]**	**The individual's most recent assessment included input from relevant sources. [1]**	**An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]**
PORTSMOUTH DEPT OF BEHAVIORAL	95%	95%	98%	95%
PRINCE WILLIAM COUNTY CSB	76%	85%	99%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	70%	83%	98%	86%
RAPPAHANNOCK RAPIDAN CSB	86%	65%	100%	89%
REGION TEN CMMNTY SVCS BRD	97%	98%	100%	93%
RICHMOND BHVRL HLTH AUTHORITY	85%	93%	97%	89%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	88%	67%	100%	50%
SOUTHSIDE CSB	93%	87%	100%	75%
VALLEY CSB	80%	68%	98%	83%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	78%	84%	98%	74%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*

[1]*Community Integration and Inclusion KPA*

[2]*Health, Safety and Well-Being KPA*

Appendix B. CSB: ISP Development & Implementation 1

Table 2 provides the CSB-specific compliance results for four of the ISP development and implementation elements.

Table 2—CSB: ISP Development and Implementation Compliance Elements 1

CSB: ISP Development and Implementation Compliance Elements*				
CSB	**The ISP was updated at least once in the past 12 months.[1]**	**The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]**	**The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]**	**The ISP identified that employment services and goals were developed and discussed at least annually.[1]**
All CSBs: Aggregate	**96%**	**86%**	**95%**	**97%**
ALEXANDRIA COMMUNITY SERV BD	100%	83%	100%	94%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%	100%
ARLINGTON MENTAL HEALTH	96%	85%	96%	96%
BLUE RIDGE CSB	100%	89%	89%	91%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	95%	87%	98%	100%
CHESTERFIELD CSB	95%	88%	97%	98%
CITY OF VA BEACH CSB MHMRSAS	95%	91%	94%	100%
COLONIAL BEHAVIORAL HEALTH	91%	90%	100%	100%
CROSSROADS CSB	100%	97%	95%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	84%	99%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	88%	70%	92%	83%
EASTERN SHORE CSB	100%	81%	95%	100%

CSB: ISP Development and Implementation Compliance Elements*				
CSB	**The ISP was updated at least once in the past 12 months.[1]**	**The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]**	**The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]**	**The ISP identified that employment services and goals were developed and discussed at least annually.[1]**
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%	100%
HAMPTON-NN CSB	91%	73%	93%	99%
HANOVER COUNTY COMMUNITY SERVICES	100%	94%	97%	100%
HARRISONBURG-ROCKINGHAM CSB	97%	74%	100%	94%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	99%	94%	97%	97%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	97%	88%	96%	99%
LOUDOUN COUNTY CSB	98%	98%	100%	100%
MENTAL RETARDATION SERVICES	98%	96%	93%	98%
MIDDLE PENINSULA NORTHERN NECK CSB	96%	92%	100%	100%
MOUNT ROGERS CSB	96%	92%	98%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	94%	85%	96%
NORFOLK COMMUNITY SERVICES BOARD	95%	83%	95%	99%
NORTHWESTERN COMMUNITY SVCS	98%	67%	94%	97%
PIEDMONT COMMUNITY SERVICES	95%	79%	92%	94%
PLANNING DISTRICT ONE CSB	100%	87%	96%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	95%	58%	95%	95%
PRINCE WILLIAM COUNTY CSB	93%	81%	96%	92%

CSB: ISP Development and Implementation Compliance Elements*				
CSB	**The ISP was updated at least once in the past 12 months.[1]**	**The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]**	**The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]**	**The ISP identified that employment services and goals were developed and discussed at least annually.[1]**
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	95%	93%	100%	95%
RAPPAHANNOCK RAPIDAN CSB	97%	71%	100%	100%
REGION TEN CMMNTY SVCS BRD	98%	95%	98%	100%
RICHMOND BHVRL HLTH AUTHORITY	94%	68%	96%	98%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	56%	100%	100%
SOUTHSIDE CSB	94%	95%	97%	100%
VALLEY CSB	98%	91%	93%	84%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	86%	67%	83%	89%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*

[1]Community Integration and Inclusion KPA

Appendix C. CSB: ISP Development & Implementation 2

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 2

CSB: ISP Development and Implementation Compliance Elements*				
CSB	**The ISP was developed according to the processes required.[1]**	**A back-up plan and/or risk minimizing strategies were documented.[1]**	**The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences.[1]**	**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.[1]**
All CSBs: Aggregate	**83%**	**68%**	**98%**	**96%**
ALEXANDRIA COMMUNITY SERV BD	53%	84%	100%	95%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%	100%
ARLINGTON MENTAL HEALTH	89%	59%	96%	96%
BLUE RIDGE CSB	79%	81%	98%	97%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	83%	73%	100%	100%
CHESTERFIELD CSB	90%	62%	99%	92%
CITY OF VA BEACH CSB MHMRSAS	88%	75%	98%	98%
COLONIAL BEHAVIORAL HEALTH	86%	71%	100%	95%
CROSSROADS CSB	95%	80%	100%	100%
CUMBERLAND MNTL HLTH CTR	93%	46%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	63%	100%	99%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	57%	100%	100%
DISTRICT 19 MEN HLTH SER	69%	56%	95%	80%

CSB: ISP Development and Implementation Compliance Elements*				
CSB	**The ISP was developed according to the processes required.[1]**	**A back-up plan and/or risk minimizing strategies were documented.[1]**	**The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences.[1]**	**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.[1]**
EASTERN SHORE CSB	27%	76%	100%	100%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%	100%
HAMPTON-NN CSB	79%	49%	96%	98%
HANOVER COUNTY COMMUNITY SERVICES	97%	81%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	82%	84%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	94%	55%	99%	99%
HIGHLANDS CMNTY SVCS BOARD	96%	83%	100%	100%
HORIZON BEHAVIORAL HEALTH	60%	57%	97%	98%
LOUDOUN COUNTY CSB	93%	67%	100%	95%
MENTAL RETARDATION SERVICES	96%	75%	100%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	89%	100%	100%
MOUNT ROGERS CSB	89%	69%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	79%	68%	94%	94%
NORFOLK COMMUNITY SERVICES BOARD	79%	65%	97%	90%
NORTHWESTERN COMMUNITY SVCS	88%	83%	97%	86%
PIEDMONT COMMUNITY SERVICES	75%	66%	94%	94%
PLANNING DISTRICT ONE CSB	96%	83%	100%	100%

CSB: ISP Development and Implementation Compliance Elements*				
CSB	**The ISP was developed according to the processes required.[1]**	**A back-up plan and/or risk minimizing strategies were documented.[1]**	**The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences.[1]**	**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.[1]**
PORTSMOUTH DEPT OF BEHAVIORAL	88%	64%	100%	90%
PRINCE WILLIAM COUNTY CSB	83%	57%	100%	97%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	88%	73%	100%	80%
RAPPAHANNOCK RAPIDAN CSB	64%	31%	100%	97%
REGION TEN CMMNTY SVCS BRD	64%	62%	98%	100%
RICHMOND BHVRL HLTH AUTHORITY	90%	66%	97%	97%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	67%	33%	100%	100%
SOUTHSIDE CSB	79%	71%	100%	100%
VALLEY CSB	74%	53%	95%	98%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	60%	61%	93%	93%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*

[1]*Community Integration and Inclusion KPA*

Appendix D. CSB: ISP Development & Implementation 3

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

Table 4—CSB: ISP Development and Implementation Compliance Elements 3

CSB: ISP Development and Implementation Compliance Elements*			
CSB	**Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]**	**The ISP was revised, as needed, to address changing needs or desires.[1]**	**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.[1]**
All CSBs: Aggregate	**94%**	**88%**	**80%**
ALEXANDRIA COMMUNITY SERV BD	95%	50%	27%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%
ARLINGTON MENTAL HEALTH	96%	100%	100%
BLUE RIDGE CSB	85%	81%	75%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	96%	100%	95%
CHESTERFIELD CSB	92%	88%	82%
CITY OF VA BEACH CSB MHMRSAS	98%	89%	75%
COLONIAL BEHAVIORAL HEALTH	95%	57%	63%
CROSSROADS CSB	100%	97%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%	96%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%
DISTRICT 19 MEN HLTH SER	94%	84%	72%

CSB: ISP Development and Implementation Compliance Elements*			
CSB	**Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]**	**The ISP was revised, as needed, to address changing needs or desires.[1]**	**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.[1]**
EASTERN SHORE CSB	100%	100%	100%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%
HAMPTON-NN CSB	97%	93%	72%
HANOVER COUNTY COMMUNITY SERVICES	94%	91%	94%
HARRISONBURG-ROCKINGHAM CSB	73%	91%	63%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	94%	92%	81%
HIGHLANDS CMNTY SVCS BOARD	96%	80%	75%
HORIZON BEHAVIORAL HEALTH	93%	85%	75%
LOUDOUN COUNTY CSB	100%	100%	100%
MENTAL RETARDATION SERVICES	94%	92%	90%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%
MOUNT ROGERS CSB	92%	89%	93%
NEW RIVER VALLEY COMMUNITY SERVICES	85%	79%	81%
NORFOLK COMMUNITY SERVICES BOARD	97%	77%	62%
NORTHWESTERN COMMUNITY SVCS	94%	93%	81%
PIEDMONT COMMUNITY SERVICES	87%	78%	75%
PLANNING DISTRICT ONE CSB	96%	100%	80%

CSB: ISP Development and Implementation Compliance Elements*			
CSB	**Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]**	**The ISP was revised, as needed, to address changing needs or desires.[1]**	**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.[1]**
PORTSMOUTH DEPT OF BEHAVIORAL	93%	100%	82%
PRINCE WILLIAM COUNTY CSB	99%	92%	87%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	92%	82%	79%
RAPPAHANNOCK RAPIDAN CSB	83%	77%	46%
REGION TEN CMMNTY SVCS BRD	95%	95%	90%
RICHMOND BHVRL HLTH AUTHORITY	86%	90%	94%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	89%	50%	0%
SOUTHSIDE CSB	95%	80%	94%
VALLEY CSB	88%	70%	79%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	92%	58%	41%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*

[1]*Community Integration and Inclusion KPA*

Appendix E. CSB: ISP Interaction

Table 5 provides the CSB-specific compliance results for the ISP interaction elements.

Table 5—CSB: ISP Interaction Compliance Elements

ISP Interaction Compliance Elements*				
CSB	**Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]**	**The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]**	**The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]**	**The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]**
All CSBs: Aggregate	**95%**	**83%**	**80%**	**94%**
ALEXANDRIA COMMUNITY SERV BD	88%	86%	77%	94%
ALLEGHANY HIGHLANDS CSB	100%	100%	33%	88%
ARLINGTON MENTAL HEALTH	100%	100%	90%	96%
BLUE RIDGE CSB	90%	72%	76%	85%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	89%	59%	65%	89%
CHESTERFIELD CSB	96%	96%	93%	99%
CITY OF VA BEACH CSB MHMRSAS	96%	84%	82%	95%
COLONIAL BEHAVIORAL HEALTH	95%	75%	100%	95%
CROSSROADS CSB	100%	93%	100%	100%
CUMBERLAND MNTL HLTH CTR	96%	100%	64%	100%
DANVILLE-PITTSYLVANIA COM SERV	97%	100%	82%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%	100%

ISP Interaction Compliance Elements*				
CSB	**Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]**	**The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]**	**The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]**	**The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]**
DISTRICT 19 MEN HLTH SER	97%	72%	78%	95%
EASTERN SHORE CSB	100%	33%	69%	100%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%	100%
HAMPTON-NN CSB	97%	89%	88%	97%
HANOVER COUNTY COMMUNITY SERVICES	94%	100%	87%	94%
HARRISONBURG-ROCKINGHAM CSB	100%	94%	96%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	98%	95%	90%	97%
HIGHLANDS CMNTY SVCS BOARD	92%	71%	84%	100%
HORIZON BEHAVIORAL HEALTH	97%	67%	60%	95%
LOUDOUN COUNTY CSB	95%	84%	95%	100%
MENTAL RETARDATION SERVICES	97%	92%	89%	97%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	84%	100%	96%
MOUNT ROGERS CSB	100%	95%	63%	94%
NEW RIVER VALLEY COMMUNITY SERVICES	97%	86%	38%	91%
NORFOLK COMMUNITY SERVICES BOARD	95%	67%	70%	92%
NORTHWESTERN COMMUNITY SVCS	89%	84%	56%	90%

ISP Interaction Compliance Elements*				
CSB	**Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]**	**The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]**	**The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]**	**The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]**
PIEDMONT COMMUNITY SERVICES	96%	80%	71%	93%
PLANNING DISTRICT ONE CSB	100%	84%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	89%	62%	73%	91%
PRINCE WILLIAM COUNTY CSB	94%	79%	82%	93%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	99%	78%	70%	99%
RAPPAHANNOCK RAPIDAN CSB	86%	75%	63%	80%
REGION TEN CMMNTY SVCS BRD	98%	83%	53%	95%
RICHMOND BHVRL HLTH AUTHORITY	94%	83%	68%	94%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	89%	75%	0%	100%
SOUTHSIDE CSB	97%	88%	90%	97%
VALLEY CSB	98%	91%	73%	93%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	68%	59%	77%	67%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*

[1]Community Integration and Inclusion KPA

[2]Provider Competency and Capacity KPA

[3]Health, Safety and Well-Being KPA

Appendix F. CSB: Quality & Risk/Harm

Table 6 provides the CSB-specific compliance results for the quality elements.

Table 6—CSB: Quality Compliance Elements

CSB: Quality Compliance Elements*[1]			
CSB	**The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.**	**The quality improvement plan is reviewed annually.**	**Providers have active quality management and improvement programs, as well as risk management programs.**
All CSBs: Aggregate	**100%**	**98%**	**100%**
ALEXANDRIA COMMUNITY SERV BD	100%	100%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	100%	100%
BLUE RIDGE CSB	100%	100%	100%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	100%	100%	100%
CHESTERFIELD CSB	100%	100%	100%
CITY OF VA BEACH CSB MHMRSAS	100%	100%	100%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%
CROSSROADS CSB	100%	100%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%
DISTRICT 19 MEN HLTH SER	100%	100%	100%
EASTERN SHORE CSB	100%	100%	100%

CSB: Quality Compliance Elements*[1]			
CSB	**The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.**	**The quality improvement plan is reviewed annually.**	**Providers have active quality management and improvement programs, as well as risk management programs.**
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%
HAMPTON-NN CSB	100%	100%	100%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	100%	100%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%	100%
LOUDOUN COUNTY CSB	100%	100%	100%
MENTAL RETARDATION SERVICES	100%	100%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%
MOUNT ROGERS CSB	100%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	100%	100%
NORTHWESTERN COMMUNITY SVCS	100%	100%	100%
PIEDMONT COMMUNITY SERVICES	100%	100%	100%
PLANNING DISTRICT ONE CSB	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	100%
PRINCE WILLIAM COUNTY CSB	100%	100%	100%

CSB: Quality Compliance Elements*[1]			
CSB	**The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.**	**The quality improvement plan is reviewed annually.**	**Providers have active quality management and improvement programs, as well as risk management programs.**
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	100%	100%
RAPPAHANNOCK RAPIDAN CSB	100%	100%	100%
REGION TEN CMMNTY SVCS BRD	100%	100%	100%
RICHMOND BHVRL HLTH AUTHORITY	100%	100%	100%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	0%	100%
SOUTHSIDE CSB	100%	100%	100%
VALLEY CSB	100%	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	100%	100%	100%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*
[1]Health, Safety and Well-Being KPA

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

Table 7—CSB: Risk/Harm Compliance Elements

CSB: Risk/Harm Compliance Elements*[1]			
CSB	**Providers proactively identify and address risks of harm and develop and monitor corrective actions.**	**The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.**	**The provider develops, implements, and maintains a risk management plan.**
All CSBs: Aggregate	**93%**	**98%**	**100%**
ALEXANDRIA COMMUNITY SERV BD	0%	56%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%
ARLINGTON MENTAL HEALTH	N/A	N/A	100%
BLUE RIDGE CSB	100%	100%	100%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	40%	100%	100%
CHESTERFIELD CSB	96%	100%	100%
CITY OF VA BEACH CSB MHMRSAS	100%	100%	100%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%
CROSSROADS CSB	100%	100%	100%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%
DISTRICT 19 MEN HLTH SER	100%	100%	100%
EASTERN SHORE CSB	100%	100%	100%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%
HAMPTON-NN CSB	100%	100%	100%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%	100%

CSB: Risk/Harm Compliance Elements*[1]			
CSB	**Providers proactively identify and address risks of harm and develop and monitor corrective actions.**	**The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.**	**The provider develops, implements, and maintains a risk management plan.**
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	100%	100%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%	100%
LOUDOUN COUNTY CSB	67%	100%	100%
MENTAL RETARDATION SERVICES	100%	100%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	40%	100%	100%
MOUNT ROGERS CSB	100%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	100%	100%
NORTHWESTERN COMMUNITY SVCS	100%	100%	100%
PIEDMONT COMMUNITY SERVICES	100%	92%	100%
PLANNING DISTRICT ONE CSB	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	N/A	N/A	100%
PRINCE WILLIAM COUNTY CSB	0%	100%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	100%	100%
RAPPAHANNOCK RAPIDAN CSB	100%	100%	100%
REGION TEN CMMNTY SVCS BRD	100%	100%	100%
RICHMOND BHVRL HLTH AUTHORITY	100%	100%	N/A

CSB: Risk/Harm Compliance Elements*[1]			
CSB	**Providers proactively identify and address risks of harm and develop and monitor corrective actions.**	**The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.**	**The provider develops, implements, and maintains a risk management plan.**
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%	100%
SOUTHSIDE CSB	100%	100%	100%
VALLEY CSB	100%	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	50%	100%	100%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*
[1]Health, Safety and Well-Being KPA

Appendix G. CSB: Incidents and Disputes

Table 8 provides the CSB-specific compliance results for the incidents and disputes elements.

Table 8—CSB: Incidents and Disputes Compliance Elements

CSB Incidents and Disputes Compliance Elements*[1]			
CSB	**The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.**	**The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.**	**The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.**
All CSBs: Aggregate	**100%**	**99%**	**95%**
ALEXANDRIA COMMUNITY SERV BD	100%	100%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%	100%
ARLINGTON MENTAL HEALTH	100%	0%	0%
BLUE RIDGE CSB	100%	100%	100%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	100%	100%	100%
CHESTERFIELD CSB	100%	100%	100%
CITY OF VA BEACH CSB MHMRSAS	100%	100%	100%
COLONIAL BEHAVIORAL HEALTH	100%	100%	100%
CROSSROADS CSB	100%	100%	17%
CUMBERLAND MNTL HLTH CTR	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%	100%

CSB Incidents and Disputes Compliance Elements*[1]			
CSB	**The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.**	**The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.**	**The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.**
DISTRICT 19 MEN HLTH SER	100%	100%	100%
EASTERN SHORE CSB	100%	100%	100%
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%	100%
HAMPTON-NN CSB	100%	100%	100%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	100%	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	100%	100%
HIGHLANDS CMNTY SVCS BOARD	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%	100%
LOUDOUN COUNTY CSB	100%	100%	100%
MENTAL RETARDATION SERVICES	100%	100%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%	100%
MOUNT ROGERS CSB	100%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	100%	100%

CSB Incidents and Disputes Compliance Elements*[1]			
CSB	**The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.**	**The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.**	**The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.**
NORTHWESTERN COMMUNITY SVCS	100%	100%	100%
PIEDMONT COMMUNITY SERVICES	100%	100%	88%
PLANNING DISTRICT ONE CSB	100%	83%	83%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	100%	100%
PRINCE WILLIAM COUNTY CSB	100%	100%	100%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	100%	100%	100%
RAPPAHANNOCK RAPIDAN CSB	100%	100%	100%
REGION TEN CMMNTY SVCS BRD	100%	100%	100%
RICHMOND BHVRL HLTH AUTHORITY	N/A	N/A	N/A
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%	0%
SOUTHSIDE CSB	100%	100%	86%
VALLEY CSB	90%	100%	80%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	100%	100%	100%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*
[1]Health, Safety and Well-Being KPA

Appendix H. Region: ISP Assessment

Table 9 provides the region-specific compliance results for the ISP assessment elements.

Table 9—Region: ISP Assessment Compliance Elements

Individual Support Plan (ISP) Assessment Compliance Elements*				
Region	**The individual's annual assessment was completed annually.[1]**	**The most recent assessment included all information needed to develop the person-centered ISP.[1]**	**The individual's most recent assessment included input from relevant sources.[1]**	**An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]**
All Regions: Aggregate	**88%**	**90%**	**98%**	**90%**
Region 1	84%	85%	98%	88%
Region 2	88%	91%	97%	93%
Region 3	91%	91%	98%	92%
Region 4	90%	90%	99%	93%
Region 5	87%	90%	98%	84%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*
[1]*Community Integration and Inclusion KPA*
[2]*Health, Safety and Well-Being KPA*

Appendix I. Region: ISP Development & Implementation 1

Table 10 provides the region-specific compliance results for four of the ISP development and implementation elements.

Table 10—Region: ISP Development and Implementation Compliance Elements 1

ISP Development and Implementation Compliance Elements*				
Region	**The ISP was updated at least once in the past 12 months.[1]**	**The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]**	**The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]**	**The ISP identified that employment services and goals were developed and discussed at least annually.[1]**
All Regions: Aggregate	**96%**	**86%**	**95%**	**97%**
Region 1	97%	84%	97%	96%
Region 2	97%	92%	95%	97%
Region 3	98%	90%	94%	97%
Region 4	96%	86%	96%	96%
Region 5	93%	80%	94%	98%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*

[1]Community Integration and Inclusion KPA

Appendix J. Region: ISP Development & Implementation 2

Table 11 provides the region-specific compliance results for four of the ISP development and implementation elements.

Table 11—Region: ISP Development and Implementation Compliance Elements 2

ISP Development and Implementation Compliance Elements*				
Region	**The ISP was developed according to the processes required.[1]**	**A back-up plan and/or risk minimizing strategies were documented. [1]**	**The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences. [1]**	**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. [1]**
All Regions: Aggregate	**83%**	**68%**	**98%**	**96%**
Region 1	74%	65%	98%	93%
Region 2	90%	70%	99%	98%
Region 3	80%	77%	98%	98%
Region 4	89%	64%	98%	94%
Region 5	80%	66%	98%	95%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*

[1]*Community Integration and Inclusion KPA*

Appendix K. Region: ISP Development & Implementation 3

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

Table 12—Region: ISP Development and Implementation Compliance Elements 3

ISP Development and Implementation Compliance Elements*			
Region	**Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]**	**The ISP was revised, as needed, to address changing needs or desires.[1]**	**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.[1]**
All Regions: Aggregate	**94%**	**88%**	**80%**
Region 1	90%	86%	76%
Region 2	96%	91%	86%
Region 3	92%	89%	85%
Region 4	93%	90%	86%
Region 5	97%	86%	71%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*

[1]*Community Integration and Inclusion KPA*

Appendix L. Region: ISP Interaction

Table 13 provides the region-specific compliance results for the ISP interaction elements.

Table 13—Region: ISP Interaction Compliance Elements

ISP Interaction Compliance Elements*				
Region	**Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]**	**The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]**	**The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]**	**The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]**
All Regions: Aggregate	**95%**	**83%**	**80%**	**94%**
Region 1	96%	79%	65%	94%
Region 2	96%	89%	87%	96%
Region 3	96%	83%	79%	94%
Region 4	96%	90%	88%	97%
Region 5	93%	73%	79%	92%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*
[1]Community Integration and Inclusion KPA
[2]Provider Competency and Capacity KPA
[3]Health, Safety and Well-Being KPA

Appendix M. Region: Quality

Region level tabulation of the provider results was not possible due to tax identifier codes being utilized for identifying providers. These tax identifier codes were associated with many individual providers with locations across multiple regions therefore no specific region could be assigned to determine quality performance per region.

Table 14—Region: Quality Compliance Elements

Quality Improvement Plan Compliance Elements*[1]			
Region	**The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.**	**The quality improvement plan is reviewed annually.**	**Providers have active quality management and improvement programs, as well as risk management programs.**
Aggregate	**N/A**	**N/A**	**N/A**
Region 1	N/A	N/A	N/A
Region 2	N/A	N/A	N/A
Region 3	N/A	N/A	N/A
Region 4	N/A	N/A	N/A
Region 5	N/A	N/A	N/A

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*
[1]Health, Safety and Well-Being KPA

Appendix N. Region: Risk/Harm

Table 15 provides the region-specific compliance results for the risk/harm elements.

Table 15—Region: Risk/Harm Compliance Elements

Risk/Harm Compliance Elements*[1]			
Region	**Providers proactively identify and address risks of harm and develop and monitor corrective actions.**	**The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.**	**The provider develops, implements, and maintains a risk management plan.**
All Regions: Aggregate	**78%**	**90%**	**91%**
Region 1	77%	86%	93%
Region 2	78%	93%	93%
Region 3	76%	87%	87%
Region 4	85%	95%	95%
Region 5	74%	88%	89%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*

[1]*Health, Safety and Well-Being KPA*

Appendix O. Region: Incidents and Disputes

Table 16 provides the region-specific compliance results for the incidents and disputes elements.

Table 16—Region: Incidents and Disputes Compliance Elements

Incidents and Disputes Compliance Elements*[1]			
Region	**The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.**	**The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.**	**The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.**
All Regions: Aggregate	**92%**	**93%**	**83%**
Region 1	92%	94%	85%
Region 2	91%	97%	86%
Region 3	94%	94%	92%
Region 4	96%	95%	81%
Region 5	89%	88%	77%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*
[1]Health, Safety and Well-Being KPA

Appendix P. Service Type: ISP Assessment

Table 17 provides the provider service type-specific compliance results for the ISP assessment elements.

Table 17—Service Type: ISP Assessment Compliance Elements

Provider Service Type: Individual Support Plan (ISP) Assessment Compliance Elements				
Provider Service Type	**The individual's annual assessment was completed annually.[1]**	**The most recent assessment included all information needed to develop the person-centered ISP.[1]**	**The individual's most recent assessment included input from relevant sources.[1]**	**An assessment update was completed when there was a change in the individual's health status or needs or by request of the individual, the caregiver, or provider.[2]**
Aggregate	**86.3%**	**87.2%**	**98.5%**	**88.3%**
Center Based Respite Care	100.0%	97.7%	81.6%	100.0%
Community Coaching	82.9%	83.0%	88.1%	92.8%
Community Engagement	87.4%	85.5%	98.8%	94.4%
Crisis Support Services	92.1%	95.2%	100.0%	100.0%
Group Day	86.6%	93.1%	98.8%	93.0%
Group Home (Customized Rate)	90.6%	97.0%	100.0%	93.8%
Group Residential Support <= 4 Persons	85.5%	83.4%	98.9%	90.9%
Group Residential Support > 4 Persons	86.9%	93.1%	100.0%	91.6%
Independent Living Supports	96.3%	88.8%	99.8%	77.9%
In-Home Supports	84.9%	83.8%	99.7%	77.4%
Sponsored Residential	85.0%	74.5%	96.0%	66.5%
Supported Living	86.4%	96.2%	98.2%	94.9%

[1]*Community Integration and Inclusion KPA*
[2]*Health, Safety and Well-Being KPA*

Appendix Q. Service Type: ISP Development & Implementation 1

Table 18 provides the provider service type-specific compliance results for four of the ISP development and implementation elements.

Table 18—Service Type: ISP Development and Implementation Compliance Elements 1

ISP Development and Implementation Compliance Elements*				
Provider Service Type	**The ISP was updated at least once in the past 12 months.[1]**	**The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.[1]**	**The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.[1]**	**The ISP identified that employment services and goals were developed and discussed at least annually.[1]**
Aggregate	**95.7%**	**85.8%**	**96.6%**	**97.1%**
Center Based Respite Care	97.5%	100.0%	81.2%	100.0%
Community Coaching	95.5%	83.4%	83.7%	96.4%
Community Engagement	98.2%	83.5%	96.6%	96.8%
Crisis Support Services	99.0%	90.8%	96.0%	94.8%
Group Day	94.3%	83.3%	96.4%	95.6%
Group Home (Customized Rate)	99.4%	95.3%	95.1%	99.4%
Group Residential Support <= 4 Persons	93.8%	86.0%	96.8%	98.3%
Group Residential Support > 4 Persons	96.9%	92.6%	97.9%	99.3%
Independent Living Supports	96.2%	91.0%	99.0%	97.0%
In-Home Supports	95.8%	86.6%	97.2%	96.7%
Sponsored Residential	97.5%	85.9%	97.0%	98.6%
Supported Living	100.0%	86.6%	95.3%	99.1%

[1]*Community Integration and Inclusion KPA*

Appendix R. Service Type: ISP Development & Implementation 2

Table 19 provides the provider service type-specific compliance results for four of the ISP development and implementation elements.

Table 19—Service Type: ISP Development and Implementation Compliance Elements 2

ISP Development and Implementation Compliance Elements*				
Provider Service Type	**The ISP was developed according to the processes required.[1]**	**A back-up plan and/or risk minimizing strategies were documented. [1]**	**The person-centered planning process was completed with the individual and/or authorized representative and was based on the individual's needs and preferences. [1]**	**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. [1]**
Aggregate	**79.2%**	**68.0%**	**98.3%**	**95.5%**
Center Based Respite Care	100.0%	82.5%	100.0%	100.0%
Community Coaching	72.2%	66.7%	88.0%	88.3%
Community Engagement	78.8%	71.0%	99.8%	91.9%
Crisis Support Services	97.1%	95.0%	100.0%	100.0%
Group Day	80.8%	72.5%	98.3%	95.9%
Group Home (Customized Rate)	97.5%	53.4%	99.4%	100.0%
Group Residential Support <= 4 Persons	73.4%	55.7%	98.4%	95.2%
Group Residential Support > 4 Persons	89.2%	70.8%	100.0%	98.3%
Independent Living Supports	79.1%	60.4%	99.0%	97.1%
In-Home Supports	80.1%	69.3%	97.3%	95.2%
Sponsored Residential	69.5%	63.1%	97.1%	96.1%
Supported Living	90.3%	79.1%	98.8%	91.7%

[1]*Community Integration and Inclusion KPA*

Appendix S. Service Type: ISP Development & Implementation 3

Table 20 provides the provider service type-specific compliance results for three of the ISP development and implementation elements.

Table 20—Service Type: ISP Development and Implementation Compliance Elements 3

ISP Development and Implementation Compliance Elements*			
Provider Service Type	**Services were delivered in accordance with the waiver service plan, including the type, amount, frequency and scope specified in the ISP.[1]**	**The ISP was revised, as needed, to address changing needs or desires.[1]**	**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.[1]**
Aggregate	**94.2%**	**86.3%**	**79.5%**
Center Based Respite Care	100.0%	92.7%	100.0%
Community Coaching	76.7%	59.4%	57.8%
Community Engagement	95.4%	95.6%	89.0%
Crisis Support Services	99.0%	97.7%	95.5%
Group Day	95.8%	93.6%	82.7%
Group Home (Customized Rate)	97.5%	95.5%	90.9%
Group Residential Support <= 4 Persons	98.1%	89.2%	77.8%
Group Residential Support > 4 Persons	96.5%	90.7%	87.7%
Independent Living Supports	89.1%	73.5%	72.2%
In-Home Supports	93.0%	69.6%	62.7%
Sponsored Residential	84.6%	70.4%	72.2%
Supported Living	88.5%	99.5%	89.8%

[1]*Community Integration and Inclusion KPA*

Appendix T. Service Type: ISP Interaction

Table 21 provides the provider service type-specific compliance results for the ISP interaction elements.

Table 21—Service Type: ISP Interaction Compliance Elements

ISP Interaction Compliance Elements*				
Provider Service Type	**Face-to-face contact with the individual assessed risks, goals, interventions, and outcomes identified in the individual's ISP.[1]**	**The individual's case manager or support coordinator meets with the individual face-to-face at least every month with no more than 40 days between visits, and at least one such visit every other month is in the individual's place of residence.[2]**	**The individual's support coordinator meets with the individual face-to-face on a regular basis every 90 days.[2]**	**The ISP and/or the individual's file included documentation of coordination of care for the individual with their PCP, specialist(s), and other service providers/coordinators, as appropriate.[3]**
Aggregate	**93.8%**	**79.5%**	**73.8%**	**79.5%**
Center Based Respite Care	97.4%	92.0%	96.0%	100.0%
Community Coaching	96.0%	87.8%	70.7%	57.8%
Community Engagement	94.9%	75.1%	82.7%	89.0%
Crisis Support Services	100.0%	91.5%	89.9%	95.5%
Group Day	95.8%	81.4%	74.8%	82.7%
Group Home (Customized Rate)	93.1%	95.2%	38.8%	90.9%
Group Residential Support <= 4 Persons	86.4%	76.1%	69.8%	77.8%
Group Residential Support > 4 Persons	95.8%	92.3%	87.3%	87.7%
Independent Living Supports	96.4%	78.6%	86.9%	72.2%
In-Home Supports	91.1%	48.8%	59.4%	62.7%
Sponsored Residential	95.6%	79.6%	73.3%	72.2%
Supported Living	98.6%	95.2%	88.5%	89.8%

[1]*Community Integration and Inclusion KPA*
[2]*Provider Competency and Capacity KPA*
[3]*Health, Safety and Well-Being KPA*

Appendix U. Service Type: Quality

Table 22 provides the provider service type-specific compliance results for the quality elements.

Table 22—Service Type: Quality Compliance Elements

Quality Improvement Plan Compliance Elements*[1]			
Provider Service Type	**The provider develops, implements, and maintains a quality improvement plan to improve services, ensures that services are provided as required, and addresses areas of risk and perceived risks.**	**The quality improvement plan is reviewed annually.**	**Providers have active quality management and improvement programs, as well as risk management programs.**
Aggregate	**89%**	**89%**	**87%**
Center Based Respite Care	100%	100%	100%
Case Management	100%	100%	100%
Community Coaching	93%	95%	93%
Community Engagement	91%	92%	92%
Crisis Support Services	100%	100%	100%
Group Day	91%	92%	87%
Group Home (Customized Rate)	79%	84%	83%
Group Residential Support <= 4 Persons	88%	86%	83%
Group Residential Support > 4 Persons	90%	90%	91%
Independent Living Supports	86%	80%	86%
In-Home Supports	91%	90%	89%
Sponsored Residential	87%	88%	87%
Supported Living	100%	100%	100%

[1]*Health, Safety and Well-Being KPA*

Appendix V. Service Type: Risk/Harm

Table 23 provides the provider service type-specific compliance results for the risk/harm elements.

Table 23—Service Type: Risk/Harm Compliance Elements

Risk/Harm Compliance Elements*[1]			
Provider Service Type	**Providers proactively identify and address risks of harm and develop and monitor corrective actions.**	**The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.**	**The provider develops, implements, and maintains a risk management plan.**
Aggregate	**78.9%**	**88.4%**	**91.1%**
Center Based Respite Care	97.2%	100.0%	100.0%
Community Coaching	87.4%	90.3%	91.6%
Community Engagement	78.8%	85.7%	87.8%
Crisis Support Services	93.4%	97.4%	100.0%
Group Day	81.5%	87.5%	90.8%
Group Home (Customized Rate)	65.2%	91.8%	88.7%
Group Residential Support <= 4 Persons	82.2%	91.3%	91.1%
Group Residential Support > 4 Persons	84.4%	93.0%	93.4%
Independent Living Supports	87.7%	96.4%	98.1%
In-Home Supports	70.0%	79.9%	89.2%
Sponsored Residential	68.8%	87.3%	91.8%
Supported Living	90.4%	98.3%	100.0%

[1]*Health, Safety and Well-Being KPA*

Appendix W. Service Type: Incidents and Disputes

Table 24 provides the provider service type-specific compliance results for the incidents and disputes elements.

Table 24—Service Type: Incidents and Disputes Compliance Elements

Incidents and Disputes Compliance Elements*[1]			
Provider Service Type	**The provider reports any suspected or alleged incidents of abuse or neglect, serious injuries, or deaths to the DBHDS within 24 hours of becoming aware of them.**	**The provider implements procedures to satisfy the requirements for a local dispute resolution mechanism for individuals receiving services and to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it.**	**The provider posts copies of its procedures in its public spaces and on its web site, provides copies to all individuals when they are admitted for services, and provides a copy to the Department upon request.**
Aggregate	**91.5%**	**93.3%**	**84.6%**
Center Based Respite Care	100.0%	100.0%	100.0%
Community Coaching	82.4%	89.5%	84.1%
Community Engagement	85.5%	90.2%	80.7%
Crisis Support Services	92.8%	98.0%	89.5%
Group Day	89.4%	90.5%	81.3%
Group Home (Customized Rate)	87.2%	93.7%	76.2%
Group Residential Support <= 4 Persons	91.5%	93.0%	83.7%
Group Residential Support > 4 Persons	95.2%	96.1%	84.0%
Independent Living Supports	99.8%	99.8%	96.0%
In-Home Supports	93.8%	94.1%	87.3%
Sponsored Residential	94.3%	97.6%	92.6%
Supported Living	100.0%	98.7%	91.4%

[1]*Health, Safety and Well-Being KPA*

Appendix Y. CSB Provider Competency and Capacity

Table 25 provides the CSB-specific compliance results for the provider competency and capacity elements.

Table 25—CSB: Provider Competency and Capacity

CSB: Provider Competency and Capacity*		
CSB	**Is there evidence the DSP has been trained on the desired outcome and support activities of the ISP?** [1]	**Is it documented that the support staff/sponsor home provider successfully completed competency-based training related to elements of the individual's support plan?** [1]
All CSBs: Aggregate	**89%**	**92%**
ALEXANDRIA COMMUNITY SERV BD	0%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%
ARLINGTON MENTAL HEALTH	N/A	N/A
BLUE RIDGE CSB	86%	86%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	80%	80%
CHESTERFIELD CSB	92%	85%
CITY OF VA BEACH CSB MHMRSAS	100%	100%
COLONIAL BEHAVIORAL HEALTH	80%	80%
CROSSROADS CSB	86%	86%
CUMBERLAND MNTL HLTH CTR	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%
DISTRICT 19 MEN HLTH SER	100%	67%
EASTERN SHORE CSB	100%	100%

CSB: Provider Competency and Capacity*		
CSB	**Is there evidence the DSP has been trained on the desired outcome and support activities of the ISP?** [1]	**Is it documented that the support staff/sponsor home provider successfully completed competency-based training related to elements of the individual's support plan?** [1]
GOOCHLAND POWHATAN MENTAL HLTH	100%	100%
HAMPTON-NN CSB	100%	100%
HANOVER COUNTY COMMUNITY SERVICES	100%	100%
HARRISONBURG-ROCKINGHAM CSB	100%	100%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	100%	100%
HIGHLANDS CMNTY SVCS BOARD	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	100%
LOUDOUN COUNTY CSB	100%	100%
MENTAL RETARDATION SERVICES	100%	100%
MIDDLE PENINSULA NORTHERN NECK CSB	100%	100%
MOUNT ROGERS CSB	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	100%
NORFOLK COMMUNITY SERVICES BOARD	100%	100%
NORTHWESTERN COMMUNITY SVCS	100%	100%
PIEDMONT COMMUNITY SERVICES	100%	100%
PLANNING DISTRICT ONE CSB	83%	83%
PORTSMOUTH DEPT OF BEHAVIORAL	N/A	N/A
PRINCE WILLIAM COUNTY CSB	100%	100%

CSB: Provider Competency and Capacity*		
CSB	**Is there evidence the DSP has been trained on the desired outcome and support activities of the ISP?** [1]	**Is it documented that the support staff/sponsor home provider successfully completed competency-based training related to elements of the individual's support plan?** [1]
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	94%	94%
RAPPAHANNOCK RAPIDAN CSB	100%	100%
REGION TEN CMMNTY SVCS BRD	100%	100%
RICHMOND BHVRL HLTH AUTHORITY	N/A	N/A
ROCKBRIDGE AREA COMMUNITY SVS BOARD	0%	0%
SOUTHSIDE CSB	17%	17%
VALLEY CSB	60%	60%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	100%	100%

**The data collected are representative at the state-level by service category only and are not a representative sample of individual providers.*
[1]Provider Competency and Capacity KPA

Appendix Z. Region: Provider Competency and Capacity

Table 26 provides the region-specific compliance results for the provider competency and capacity elements.

Table 26—Region: Provider Competency and Capacity

Region: Provider Competency and Capacity		
Region	**Is there evidence the DSP has been trained on the desired outcome and support activities of the ISP?** [1]	**Is it documented that the support staff/sponsor home provider successfully completed competency-based training related to elements of the individual's support plan?** [1]
Aggregate	**83%**	**83%**
Region 1	87%	84%
Region 2	85%	89%
Region 3	86%	87%
Region 4	84%	82%
Region 5	75%	77%

[1] *Provider Competency and Capacity KPA*

Appendix AA. Service Type: Provider Competency and Capacity

Table 27 provides the service type-specific compliance results for the provider competency and capacity elements.

Table 27—Service Type: Provider Competency and Capacity

Service Type: Provider Competency and Capacity		
Region	**Is there evidence the DSP has been trained on the desired outcome and support activities of the ISP?** [1]	**Is it documented that the support staff/sponsor home provider successfully completed competency-based training related to elements of the individual's support plan?** [1]
Aggregate	**83.9%**	**83.9%**
Center Based Respite Care	90.4%	90.4%
Community Coaching	79.0%	79.0%
Community Engagement	77.9%	75.4%
Crisis Support Services	93.5%	92.2%
Group Day	86.5%	84.0%
Group Home (Customized Rate)	71.5%	72.5%
Group Residential Support <= 4 Persons	82.2%	83.6%
Group residential Support > 4 Persons	84.1%	85.9%
Independent Living Supports	91.1%	96.6%
In-Home Supports	78.9%	83.3%
Sponsored Residential	87.6%	86.5%
Supported Living	94.0%	89.3%

[1] *Provider Competency and Capacity KPA*

Appendix X. Individual Interview Responses by Region & Provider Service Type

Table 1 provides the region-specific individual interview responses.

Table 1—Individual Interview Responses By Region

Individual Interview Responses* By Region Percent Positive (Yes/Yes+No)					
Individual Interview Questions	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**
Did you choose where you live?	87%	80%	86%	84%	88%
Do you like where you live?	97%	96%	95%	96%	95%
Would you rather live in a different place?	21%	22%	18%	21%	21%
Did you choose your housemates/who you live with?	71%	65%	60%	69%	73%
Would you rather live with someone else?	15%	19%	15%	21%	17%
Are services and supports available within a close driving or walking distance?	93%	97%	93%	91%	95%
Do your services and supports reflect your cultural considerations?	99%	98%	99%	97%	99%
Do you have your own bedroom?	96%	98%	96%	98%	99%
Do you have privacy in your home if you want it?	98%	99%	98%	96%	99%
Do you have a key to your home?	58%	60%	64%	57%	63%
Have you met your neighbors?	77%	79%	80%	75%	81%
Do you go out mostly with your housemates as a group?	81%	73%	83%	83%	82%
Do you choose your activities?	98%	95%	96%	98%	99%
Do you participate in community activities as much as you want to?	93%	90%	90%	92%	93%
Do you belong to any community clubs or organizations?	41%	39%	39%	38%	43%
Is belonging to a community club or organization important to you?	32%	30%	27%	22%	21%

Individual Interview Responses* By Region Percent Positive (Yes/Yes+No)					
Individual Interview Questions	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**
Do you participate in integrated community volunteer activities?	53%	42%	56%	55%	48%
Is participating in integrated community volunteer activities important to you?	23%	30%	30%	27%	23%
Does your provider transport you to community activities?	90%	89%	93%	90%	91%
Is attending religious services important to you or your family?	64%	56%	75%	63%	68%
Do you have the opportunity to attend a church/synagogue/mosque or other religious activity of your choice?	82%	84%	81%	87%	90%
Are you registered to vote?	44%	54%	39%	51%	53%
Do you do your own grocery shopping or help with the grocery shopping?	87%	85%	82%	87%	90%
Do you get to pick your food or snacks?	99%	93%	94%	96%	97%
Do you get to choose when you eat your food or snacks?	96%	91%	92%	96%	96%
Do you open your mail or help with opening your mail?	92%	92%	90%	87%	85%
Do you buy your own clothes or help with picking and buying your clothes?	95%	93%	94%	94%	93%
Do you participate in your banking?	65%	66%	69%	69%	68%
Do you answer the doorbell when it rings?	58%	64%	59%	57%	60%
Do you answer the phone when it rings?	55%	64%	62%	63%	65%
Did you choose your job or day program?	92%	84%	90%	87%	88%
Would you rather be doing something different during the day?	28%	23%	20%	26%	27%
Do you practice fire drills?	92%	91%	86%	96%	91%
Do you feel safe living here?	97%	98%	98%	96%	98%
Do you feel your support staff understand your needs?	98%	98%	99%	99%	98%
Do you have any needs or supports that are currently not being met?	19%	15%	16%	22%	18%

** The data collected is representative at the state-level by service category only and is not a representative sample of individual providers.*

Table 2 provides the provider service type-specific individual interview responses.

Table 2—Individual Interview Responses By Provider Service Type

Individual Interview Responses By Provider Service Type* Percent Positive (Yes/Yes+No)												
Individual Interview Questions	**Cen Based Resp**	**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 you choose where you live?	48.5%	84.1%	87.4%	66.5%	82.9%	81.9%	83.0%	88.0%	97.6%	88.5%	89.1%	87.8%
Do you like where you live?	100%	96.8%	95.3%	88.7%	93.3%	93.8%	96.4%	95.9%	96.9%	95.3%	98.9%	91.7%
Would you rather live in a different place?	4.5%	18.5%	28.3%	31.8%	26.1%	41.8%	21.5%	22.1%	14.7%	18.2%	6.8%	26.6%
Did you choose your housemates/who you live with?	55.2%	70.5%	70.8%	45.2%	71.5%	61.7%	69.0%	71.7%	76.2%	73.7%	69.0%	61.5%
Would you rather live with someone else?	5.6%	13.5%	20.3%	22.5%	24.5%	28.4%	16.9%	24.0%	5.7%	9.8%	8.2%	18.9%
Are services and supports available within a close driving or walking distance?	84.0%	90.7%	93.3%	96.0%	93.8%	100%	95.7%	94.6%	92.0%	98.1%	86.5%	86.6%
Do your services and supports reflect your cultural considerations?	100%	91.3%	97.2%	100%	98.5%	93.9%	97.6%	100%	100%	99.7%	99.5%	100%
Do you have your own bedroom?	84.9%	100%	99.7%	100%	95.0%	90.6%	92.0%	95.1%	98.3%	97.3%	99.3%	100%
Do you have privacy in your home if you want it?	100%	97.1%	99.7%	98.8%	93.4%	92.0%	97.7%	97.9%	94.7%	98.6%	99.6%	97.6%
Do you have a key to your home?	24.0%	47.0%	59.8%	45.9%	48.3%	46.1%	47.6%	62.9%	97.3%	65.3%	57.8%	96.1%
Have you met your neighbors?	100%	67.6%	82.0%	61.5%	73.2%	76.6%	68.1%	72.5%	93.0%	87.5%	87.8%	86.1%
Do you go out mostly with your housemates as a group?	100%	76.5%	84.1%	91.4%	91.9%	63.2%	87.6%	89.6%	27.1%	41.7%	64.3%	56.7%
Do you choose your activities?	95.5%	97.2%	96.3%	95.7%	95.5%	86.4%	97.2%	96.9%	99.2%	99.0%	98.1%	100%
Do you participate in community activities as much as you want to?	100.0%	83.1%	92.7%	84.9%	92.9%	83.5%	90.4%	95.2%	89.7%	89.1%	94.8%	93.1%

Individual Interview Responses By Provider Service Type* Percent Positive (Yes/Yes+No)												
Individual Interview Questions	**Cen Based Resp**	**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 belong to any community clubs or organizations?	51.5%	35.4%	39.7%	37.0%	40.2%	32.0%	32.8%	49.4%	40.6%	41.8%	44.3%	36.6%
Is belonging to a community club or organization important to you?	33.0%	24.9%	30.4%	48.2%	28.4%	16.7%	33.9%	32.6%	20.2%	24.1%	10.7%	32.5%
Do you participate in integrated community volunteer activities?	31.3%	50.5%	66.5%	57.8%	65.9%	46.3%	53.7%	63.4%	28.8%	33.4%	46.8%	48.2%
Is participating in integrated community volunteer activities important to you?	49.7%	34.6%	33.5%	26.3%	27.5%	22.4%	28.4%	31.9%	19.4%	28.2%	16.3%	25.0%
Does your provider transport you to community activities?	94.7%	94.2%	96.2%	83.0%	88.3%	83.4%	90.8%	84.5%	94.7%	90.8%	94.7%	96.1%
Is attending religious services important to you or your family?	70.1%	64.9%	72.4%	61.8%	75.7%	53.7%	66.4%	66.0%	61.9%	61.7%	64.1%	73.5%
Do you have the opportunity to attend a church/synagogue/mosque or other religious activity of your choice?	100%	86.6%	79.3%	95.5%	84.7%	60.2%	75.6%	94.0%	86.3%	88.3%	90.3%	72.9%
Are you registered to vote?	5.0%	25.4%	53.3%	50.0%	40.8%	56.7%	49.9%	39.4%	75.9%	58.5%	37.9%	75.6%
Do you do your own grocery shopping or help with the grocery shopping?	89.9%	81.2%	80.1%	78.1%	87.1%	85.3%	76.4%	77.8%	100%	89.6%	90.2%	91.0%
Do you get to pick your food or snacks?	100%	86.6%	94.8%	94.4%	96.1%	93.8%	93.1%	94.5%	99.1%	97.6%	97.2%	100%
Do you get to choose when you eat your food or snacks?	100%	89.5%	90.8%	88.5%	95.4%	95.6%	90.5%	94.1%	100%	96.6%	95.6%	99.2%
Do you open your mail or help with opening your mail?	75.0%	73.0%	93.0%	88.4%	88.2%	86.1%	85.3%	95.1%	98.8%	85.7%	90.6%	94.2%

Individual Interview Responses By Provider Service Type* Percent Positive (Yes/Yes+No)												
Individual Interview Questions	**Cen Based Resp**	**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 buy your own clothes or help with picking and buying your clothes?	95.5%	87.1%	95.9%	90.9%	93.8%	89.2%	93.6%	93.5%	100%	94.3%	98.6%	91.7%
Do you participate in your banking?	43.1%	59.4%	63.4%	59.5%	61.6%	57.3%	61.4%	60.1%	93.2%	65.0%	81.1%	78.3%
Do you answer the doorbell when it rings?	52.4%	54.0%	63.3%	66.1%	47.8%	30.0%	43.0%	56.8%	98.8%	74.1%	52.3%	89.8%
Do you answer the phone when it rings?	31.9%	54.0%	67.5%	79.9%	43.0%	38.2%	49.2%	54.3%	97.8%	76.7%	56.9%	88.9%
Did you choose your job or day program?	74.3%	83.8%	93.6%	86.0%	92.6%	88.3%	90.4%	91.3%	98.5%	84.5%	87.0%	86.9%
Would you rather be doing something different during the day?	28.5%	34.1%	24.9%	29.1%	25.3%	34.1%	30.3%	22.1%	16.7%	24.8%	15.9%	36.0%
Do you practice fire drills?	90.6%	96.9%	90.4%	84.9%	95.4%	96.8%	94.3%	98.7%	85.3%	58.2%	99.1%	98.3%
Do you feel safe living here?	100%	98.4%	97.0%	97.3%	91.3%	91.1%	97.4%	98.1%	98.7%	99.3%	99.2%	92.9%
Do you feel your support staff understand your needs?	100%	92.2%	95.8%	98.7%	98.8%	99.1%	98.1%	99.1%	100%	98.6%	99.2%	98.3%
Do you have any needs or supports that are currently not being met?	9.0%	24.1%	12.8%	16.1%	16.3%	19.5%	17.8%	16.4%	10.3%	18.7%	17.6%	19.7%

**Provider Service Type:*
Cen Based Resp: Center Based Respite Care
Comm Coach: Community Coaching
Comm Engage: Community Engagement
Crisis Supp: Crisis Support Services
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
Supp Living: Supported Living