



Semi-Annual Permanent Injunction Report

6/1/2025

A Life of Possibilities for All Virginians

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Executive Summary

This is the first status update report provided by the Commonwealth as required by Term 75 of the Permanent Injunction entered by the Court on January 15, 2025.

This report is a review of the Commonwealth's progress with all terms of Section IV of the Permanent Injunction during the period of November 1, 2024 through May 15, 2025. DBHDS reviewed all the same materials that were provided to the Independent Reviewer and his consultants for the completion of this report.

During this review period, the goals of Term 54 (86% of individuals supported in residential settings receive annual physical exams) and Term 37 (2% annual increase in the percentage of individuals on the DD waiver receiving day services in the most integrated settings) were met. For the remaining Terms, the Commonwealth is actively working to achieve the goals. As detailed in the report, the Commonwealth has made significant progress in the 76 actions required by the Terms to achieve the associated goals. The Commonwealth has completed 24 actions with another 36 currently in progress. The remaining 16 actions were not required to be taken during this review period.

A summary of each Term and Action can be found in the Table below. The full report provides a more detailed review of the data and explanation of the Commonwealth's progress with the Terms, including the next steps the Commonwealth intends to take as it works to achieve the goals of Section IV of the Permanent Injunction.

	Case Management					
PI Term Number	PI Term	Summary				Determination
31	Community Services Board Quality Review (SCQR). The Commonwealth will work to achieve a goal that 86% of Community Services Board (CSB) records meet a minimum of 9 of the 10 elements assessed in the Case Management Quality Review.	DBHDS sampled 400 records as part of the Support Coordinator Quality Review. The Commonwealth continues to steadily increase the number of records that meet nine out of ten elements. The Commonwealth increased from 64% of records in compliance in FY 2023 to 72% in FY 2024. Also, the number of CSBs meeting the 86% threshold increased from 10 to 14 CSBs.				In Progress
		FY2021	FY2022	FY2023	FY2024	
		42%	53%	64%	72%	
31.a	DBHDS will require a quality improvement plan from any CSB that has two or more elements with substantial or moderate interrater reliability between the CSB Support Coordinator Quality Review (SCQR) and the DBHDS Office of Community Quality Improvement Review not achieving 60% compliance.	During FY 2024, DBHDS required quality improvement plans from all nine CSBs that did not achieve 60% compliance. Each of the nine CSBs submitted a quality improvement plan that was approved by the Case Management Steering Committee.				Completed for this review
31.b	DBHDS will provide targeted technical assistance with identifying measurable outcomes to any CSB (i) whose records are not 86% compliant with including specific and measurable outcomes in Individual Support Plans (ISPs) or (ii) that does not demonstrate improvement with respect to including	In FY 2024, DBHDS separated the data components to demonstrate the percentage of records that meet the goal for specific and measurable outcomes (as required by this action) and the percentage of records that meet the goal for employment discussions. 99.8% of records reviewed included specific and				Completed for this review

	specific and measurable outcomes in ISPs (including evidence that employment goals have been discussed and developed, when applicable, throughout its quality review cycle)	measurable outcomes(only one record of the 400 reviewed was determined not to be compliant). There is also substantial agreement between DBHDS and Case Management Supervisors who reviewed the records. No Technical assistance is needed at this time.	
31.c	If the Commonwealth has not achieved the goal within one year of the date of this Order after taking the actions in Paragraphs 31(a) and 31(b), DBHDS will increase the threshold for requiring a quality improvement plan from a CSB as set out in Paragraph 31(a). DBHDS will provide information about which CSBs need this support in the SCQR Report.	No action on this term is required until 2026.	Not Due
31.d	If the Commonwealth has not achieved the goal within one year after taking the actions in Paragraph 31(c), DBHDS will conduct a root cause analysis and implement a Quality Improvement Initiative (QII) as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	No action on this term is required until 2027.	Not Due
58	Case Management Steering Committee (CMSC) Measures. The Case Management Steering Committee will continue to establish two indicators in each of the areas of health and safety and community integration associated with selected domains (safety and freedom from harm; physical, mental, and behavioral health and well-being; avoiding crises; community inclusion; choice and self-determination; stability; provider capacity; access to services) and based on its review of the data submitted from case management monitoring processes. The Commonwealth will work to achieve a goal of 86% compliance with the four indicators established by the CMSC. DBHDS will monitor data collected in these domains and determine if any intervention is needed.	<p>The Commonwealth continues to track four indicators through the Case Management Steering Committee.</p> <p>For Health and Safety, the first indicator measures whether Case Managers appropriately assess “change in status”. This indicator was met at 89% for the first time in FY 2024. The second indicator measures whether supports are implemented appropriately. This also met for the first time in FY 2024 at 90%. These both increased, 5% and 6% respectively, from the previous fiscal year.</p> <p>For Community Integration, DBHDS reviews relationships and interactions. The Community Integrations indicator was met for FY 2024 at 93%. The second indicator focuses on choice of providers, both case manager and service provider, and both components of this indicator were met in FY 2024.</p>	In Progress

		The score for choice of case managers is at 87%, and choice of service provide is at 96.8%.	
	Crisis and Behavioral		
PI Term Number	PI Term	Summary	Determination
32	Community Setting Assessments. The Commonwealth will work to achieve a goal that 86% of children and adults receive crisis assessments at home, the residential setting, or other community setting (non-hospital/non-CSB office). Crisis Receiving Centers (“CRC”) will only be counted as an “other community setting” after it is determined that the individual or supported decision maker was not directed by the Call Center, Emergency Services, or Mobile Crisis staff to present at a CRC.	As evidenced in the FY2025 Third Quarter Supplemental DOJ Quarterly Crisis Report, the Commonwealth has shown a consecutive two quarter decrease in assessment occurring in the community. In FY25 Q1, 51% of assessments occurred in the community. In the subsequent two quarters, 48% in FY25 Q2 and 47% in FY25 Q3 occurred in the community.	In Progress
32.a	DBHDS will continue to promote the use of the 988 24-hour crisis helpline by providing information on the helpline on its social media platforms, in print and television advertisements, and through informational bulletins developed or funded by DBHDS. DBHDS will require all mobile crisis team members to receive training within 90 days of hire on how to support and respond to individuals with developmental disabilities (DD) who are in crisis.	DBHDS has a 988 campaign with targeted materials for individuals with developmental disabilities and has identified strategic partnerships for the development of a 988-marketing toolkit for individuals with developmental disabilities. DBHDS requires mobile crisis teams to take 11 training modules that cover both youth and adults and include specific topics on developmental disabilities.	Completed
32.b	DBHDS will maintain its current efforts to assist the regions in filling vacant mobile crisis positions by discussing staffing at regional qualitative reviews of REACH programs and supporting REACH programs to implement quality improvement plans.	DBHDS collects data from the regional REACH programs quarterly related to mobile crisis responder staffing. Mobile crisis responder vacancy rate ranges from a low of 6% in the Northern Region and a high of 71% in the Southwest Region. This results in a statewide average vacancy rate of mobile crisis responders of 31%. DBHDS provided funding to the regions to improve staffing.	In Progress
32.c	Within 6 months of the date of this Order, the Commonwealth will develop a plan that includes measurable goals, specific support activities, and timelines for implementation with consultation from stakeholders to enhance 988 supports and services to increase the likelihood that individuals will be assessed in the community.	The DBHDS Crisis Office has developed a plan with consultation from stakeholders. The plan includes specific support activities and timelines for implementation. Currently not all goals are measurable.	In Progress

32.d	DBHDS will monitor staffing at each REACH program to determine if they have sufficient staffing per shift to meet the goal, including through discussion and review of filled/vacant positions, utilization rates of mobile crisis, and times mobile crisis calls are being received in comparison to the number of staff working during those hours at each REACH program's quarterly review. If a quarterly review indicates that staffing is not sufficient to meet the goal, DBHDS shall review the region's current efforts to increase staffing and, if DBHDS determines necessary, will require a quality improvement plan that includes additional actions that DBHDS finds are necessary to enhance staffing.	DBHDS added a staffing component to all qualitative reviews beginning in the 3 rd quarter of Fiscal Year 2025. The DBHDS regional managers reviewed the breakdown of the crisis calls for FY2025 Quarter 2 across shifts in relation to the staffing numbers for Mobile Crisis Response staff per region. In addition, each region was asked to provide their staffing schedule, including designation of credentials, for a designated week. Four of the five regions were found to have sufficient staffing to meet the goal of this Term.. The Region that does not have sufficient staffing is currently completing a performance improvement plan related to the concerns identified in their quarterly qualitative review.	In Progress
32.e	Semi-annually, beginning on January 1 and June 1 of each year, DBHDS will work with the two regions that are experiencing the most success in responding to people in crisis in the community to determine what is leading to their success. DBHDS will work with the two regions that are experiencing the most challenges in responding to people in crisis in the community to learn what is leading to those challenges. DBHDS will work with all the regions based on these lessons learned to implement a plan to improve performance in each of the regions.	Need something here	In Progress
32.f	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 32(a) through 32(e), DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. As part of the root cause analysis, the Commonwealth will collect data on why individuals with developmental disabilities presented at a CRC instead of accessing mobile crisis services. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January 2027.	Not Due
33	Therapeutic Consultation Services. The Commonwealth will work to achieve a goal that 86% of individuals identified as in need of Therapeutic	From July 2024 through December 2024, 1043 out of 1428 people were connected within 30 days (73%).	In Progress

	Consultation service are referred for the service and have a provider identified within 30 days.	This is a slight decrease from the previous reporting period when 75% of individuals were connected within 30 days. Both quarters in this review period (FY25 Q1 and FY25 Q2) are below the goal of 86% of people being connected within 30 days.	
33.a	Within 12 months of the date of this Order, DBHDS shall implement a technical assistance initiative with the CSBs that need the most support to connect people to behavioral supports and focus on improving case managers' awareness of the behavioral resources available to individuals in need of Therapeutic Consultation, unique CSB business practices, and supervisory support for case managers in this area of performance.	DBHDS proactively implemented the technical assistance initiative related to this action. DBHDS targeted 8 CSBs in need of more support. As part of the TA initiative, DBHDS consulted with two CSBs that have higher performance levels in connecting individuals to Therapeutic Consultation services to learn about both challenges and successes. Individualized action steps for CSBs and DBHDS have been mapped out and are being implemented. DBHDS created a training video related to the Therapeutic Behavior Consultant search engine as well as how to answer questions in the new ISP related to behavioral questions.	Completed
33.b	Annually, the Commonwealth will participate in at least one regional event and at least one statewide conference to promote Therapeutic Consultation services. The Commonwealth will provide technical assistance to providers regarding enrollment with Medicaid as a provider as they reach out to the Commonwealth for this support.	DBHDS staff participated in the Virginia Association for Behavior Analysis Conference on April 25-26, 2025. During the conference, the Behavior Network Support (BNS) Team hosted an exhibitor booth and made a collective pitch to attendees on why they should consider becoming a part of the DD waiver system.	Completed
33.c	By July 1, 2025, the Commonwealth will create a training about enrolling with Medicaid as a Therapeutic Consultation provider and make it available for providers via DBHDS's website.	The BNS Team developed a training series on Becoming a Therapeutic Consultation Provider, which is now available on the DBHDS website.	Completed
33.d	Rate Study	Summary of rate study actions can be found in Term 59	In Progress
33.e	If the Commonwealth has not achieved the goal by June 30, 2026 after taking the actions in Paragraphs 33(a) through 33(c), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until June 2026.	Not Due
35	Community Residences for Individuals with DD Waivers. The	During FY25 Q2 82% and FY 25 Q3, 88% of individuals admitted to a crisis	In Progress

	Commonwealth will work to achieve a goal of 86% of individuals with a DD waiver and known to the REACH system who are admitted to a CTH or a psychiatric hospital have a community residence identified within 30 days of admission.	therapeutic home or psychiatric hospital had a community residence identified within 30 days. For these two quarters, 298 individuals out of 351 had a home identified within 30 days. During this period, 84.9% of individuals had a home identified within 30 days, falling just short of the goal.	
35.a	<p>DBHDS will enter into contracts with providers to develop homes for individuals with intense behavioral support needs that will be operational (<i>i.e.</i>, that an individual can move into the home) in accordance with the following schedule:</p> <p><i>Region 1: one home operational by August 2024 and one additional home operational by February 2025;</i></p> <p><i>Region 2: two homes operational by August 2024 and one additional home operational by February 2025;</i></p> <p><i>Region 3: one home operational by November 2024 and one additional home operational by February 2025;</i></p> <p><i>Region 5: one home operational by November 2024 and two additional homes operational by February 2025.</i></p>	<p>Region 1- Both homes are purchased and one is open. The other is not yet licensed.</p> <p>Region 2- All homes are open and accepting referrals.</p> <p>Region 3- One home is open. The provider is looking to purchase the second home.</p> <p>Region 5- All homes open and accepting referrals.</p> <p>DBHDS is working with the providers that have not yet opened their homes to ensure actions are being taken to become operational as quickly as possible .</p>	In Progress
35.b	If the Commonwealth has not achieved the goal after taking the actions in Paragraph 35(a) by June 30, 2025, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until June 2025.	Not Due
36	Out-Of-Home Crisis Therapeutic Prevention Host-Home Like Services for Children. To prevent institutionalization of children due to behavioral or mental health crises, the Commonwealth will implement out-of-home crisis therapeutic prevention host-home-like services for children connected to the REACH system who are experiencing a behavioral or mental health crisis and would benefit from this service	DBHDS is developing three new Crisis Therapeutic Homes and has developed a process to distribute funding to individuals and families for out of home crisis prevention. DBHDS also sent out notification about the provider and family list serves to ensure individuals knew that the two current homes accepted prevention stays	In Progress
36.a	Within one month of the date of this Order, DBHDS will send out a	DBHDS sent out a notification via the list serv for individuals and families on the	Completed

	communication through the list serv for individuals and families on the waiver waiting list, and to the provider list serv communicating that the two CTHs existing in Regions 1 and 4 as of the date of this Order can be utilized for preventive stays by children across the Commonwealth.	waiver list on February 4, 2025 specifically related to prevention stays for children at the two existing REACH Crisis Therapeutic Homes.	
36.b	DBHDS will continue to track and report quarterly on the number of crisis prevention stays being utilized by children in each of the five regions.	During FY25 Q2, Region 1 CTH offered seven prevention stays, while Region 4 offered none. In FY25 Q3, Region 1 offered five prevention stays, while Region 4 offered none.	Completed
36.c	Providing funding in Fiscal Year 2025 to establish three additional CTH's in the regions where they do not exist as of the date of this Order (Regions 2, 3, and 5) that will be operational between May 2025 and January 2026.	DBHDS has provided funding to all three regions where a CTH does not currently exist to develop and open a youth CTH.	In Progress
36.d	From the date of this Order and continuing until all three additional CTHs referenced in Paragraph 36(c) are operational, DBHDS will support up to a total of 1,000 days per year of respite for children connected to REACH, who have previously experienced or are at risk of experiencing a crisis, reside in regions without an operational CTH, and who do not otherwise have funding to access respite services at a rate of up to \$500 per 24-hour period.	DBHDS has created a process and an application with the Regions to be able to operationalize crisis out of home prevention funding for families to be able to access in each of the three Regions. DBHDS is working with RBHA who currently holds these funds to distribute \$150,000 to each of the three regions without a CTH to be able to deliver out of home crisis prevention. No services have been delivered yet.	In Progress
36.e	If the Commonwealth has not achieved the goal after taking the actions in Paragraphs 36(a) through 36(d) by June 30, 2026, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until June 2026.	Not Due
Quality and Risk Management			
PI Term Number	PI Term	Summary	Determination
34	Behavioral Support Services. The Commonwealth will work to achieve a goal that 86% of individuals with identified behavioral support needs are provided adequate and appropriately delivered behavioral support services.	During this reporting period, 68% of people received adequate services.	In Progress

34.a	DBHDS will continue to address findings identified through the previously conducted root cause analysis initiated in Q1 of FY21 and updated subsequently as part of each semi-annual review.	DBHDS continues to implement informal quality improvement initiatives as identified through the root cause analysis completed in FY21	Completed
34.b	DBHDS will continue to use the BSPARI tool, or such other tool designed for behavioral programming that the parties agree upon, to determine whether individuals are receiving adequate and appropriate behavioral support services.	DBHDS has continued to use the BSPARI tool to determine adequate and appropriate behavior support services. More plans are meeting scoring criteria for adequate and appropriate behavior support services.	Completed
34.c	DBHDS will continue to employ a total of four behavior analysts to provide technical assistance and training on behavioral support plans. Annually, the behavior analysts will (i) review a statistically significant sample of the behavioral plans submitted; (ii) provide feedback; and (iii) identify trends for improvement and develop additional training and technical assistance as determined necessary by DBHDS.	DBHDS employs five behavior analysts including the Director of the Behavior Network Supports (BNS) program. The BNS team continues to review a statistically significant number of plans each year. The team also provides regular feedback on plans reviewed and develops training on systemic issues identified through those plan reviews.	Completed
34.d	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 34(a) and 34(b), DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January 2027	Not Due
40	Dental Exams. The Commonwealth will work to achieve a goal that 86% of individuals who are supported in residential settings and have coverage for dental services will receive an annual dental exam.	Currently, 68.63% of people supported in residential settings who have dental coverage have received a dental exam. This is a 10% increase from FY 21.	In Progress
40.a	DBHDS will operate a total of three mobile dental vehicles by March 31, 2025	DBHDS is operating two mobile vehicles at this time. The third mobile vehicle is due for delivery to DBHDS on May 29, 2025.	In Progress
40.b	DBHDS will continue to employ or contract with a total of three dental assistants and four dental hygienists to staff the mobile dental vehicles.	DBHDS has employed all hygienists and all but one dental assistant. Recruitment has been initiated for the final position.	In Progress
40.c	DBHDS will continue to review referrals for dental services and work to connect people to community dental providers when available.	DBHDS reviews all referrals submitted through our on-line portal and tries to connect people to community dentists.	In Progress

40.d	Within six months of the date of this Order, DBHDS will contract with at least one dentist or dentistry practice in each Region who can support sedation dentistry.	DBHDS posted a solicitation to expand sedation dentistry on February 11, 2025. Representatives from the Office of Integrated Health Supports Network reviewed all proposals and awardees were selected for the Regions without sedation dentistry contracts. Notice of awards were finalized and contracts are scheduled to sent to providers by end of May	In Progress
40.e	DBHDS will collaborate with dental providers to understand barriers to delivering services to individuals with developmental disabilities and, within six months of the date of this Order, will develop a plan with measurable goals, specific support activities, and timelines for implementation to mitigate those barriers.	DBHDS is working in collaboration with the DMAS Dental Program to determine barriers to accessing dental services through listening sessions with individuals and families. DBHDS will be working in close collaboration with DMAS to help identify, document, and resolve current barriers to the extent practicable through the OIHSN Dental workplan.	In Progress
40.f	Within six months of the date of this Order, the Commonwealth shall start an initiative that determines which 8 CSBs need the most assistance to ensure that individuals receive annual dental exams and, no later than three months after starting this initiative, begin to provide technical assistance to support relevant CSBs. This process will continue to be implemented annually until the Commonwealth achieves the goal.	The OIHSN as part of its report to the DBHDS KPA workgroup identified the 8 CSBs with the lowest percentage of individuals who received an annual dental exam. The OIHSN also identified an additional 6 CSBs with the next lowest percentage and the 8 CSBs that had the highest number of individuals needing dental exams. DBHDS has developed as part of its dental plan, clinics for these CSBs as well as technical assistance efforts.	In Progress
40.g	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 40(a) through 40(f), DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year	This action, if required, is not due until January 2027	Not Due
41	Protection From Serious Injuries in Service Settings. The Commonwealth will work to achieve a goal that 95% of DD waiver service recipients will be protected from serious injuries in service settings.	DBHDS's current data shows that 97.1 individuals are protected from serious injury. However, DBHDS continues to refine the way this measure is calculated. Additionally, DBHDS staff are refining and documenting the process on how the Incident Management Unit is identifying incidents to include incidents of abuse, neglect and exploitation that resulted in	In Progress

		preventable injury. For these reasons the data is not yet considered a full set of data and therefore the goal is not met yet.	
41.a	DBHDS will continue working to ensure that all appropriate serious injuries are included when determining if this goal is met.	DBHDS continues to refine the way this measure is calculated. Additionally, DBHDS staff are refining and documenting the process on how the Incident Management Unit is identifying incidents to include incidents of abuse, neglect and exploitation that resulted in preventable injury.	In Progress
41.b	Within six months of the date of this Order, and annually thereafter, the DBHDS Office of Integrated Health will complete a quality review of a statistically significant sample of serious injuries reported to DBHDS via the CHRIS system (or successor) to determine if the Incident Management Unit process used by the DBHDS Office of Licensing adequately identifies all appropriate injuries to determine if individuals were protected from harm and if changes are needed to the way incidents are reviewed and referred.	DBHDS Office of Integrated Health Supports Network has begun working with the Office of Licensing to complete this review.	In Progress
41.c	Relevant processes will be revised, as warranted, based on the finding of the quality review referenced in Paragraph 41(b) to ensure that the Commonwealth accurately identifies the percentage of DD waiver recipients who are protected from serious injuries in service settings.	Not due until July 15, 2025	Not Due
41.d	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the action in Paragraphs 41(a) through 41(c), DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the metric is achieved and sustained for one year.	This action, if required, is not due until January 2027.	Not Due
42	Risk Management. To ensure that the risk management programs of DBHDS licensed providers of DD services identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths and take prompt action when such events occur, or the risk is otherwise identified.	DBHDS continues to review all providers for compliance with the applicable regulations governing risk management to ensure providers are tracking the incidence of common risks and conditions faced by people with DD. DBHDS completes licensing reviews on a calendar year basis and has only completed a review of approximately 50% of providers at this time.	In Progress

42.a	Within 24 months of the date of this Order, the Commonwealth shall establish inter-rater reliability among the Commonwealth's licensing specialists regarding provider compliance with the quality assurance trending requirements.	DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer's Consultants, and contractors who complete data collection on behalf of DBHDS. In addition, DBHDS has implemented process to compare QSR data against another data set to ensure the integrity of the data between sources.	In Progress
42.b	Within 12 months of the date of this Order, the Commonwealth shall offer technical assistance in accordance with DBHDS's Consultation and Technical Assistance Standard Operating Procedure to each provider that does not identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths.	DBHDS has hired 12 Quality Improvement Specialists who are available to provide technical assistance to providers when they are found not in compliance with Risk Management Regulations. An initial determination of noncompliance allows providers to self-select to receive technical assistance and consultation. If providers have systemic citations (consecutive citations on the same regulations), consultation and technical assistance is required.	In Progress
42.c	Within one month of the date of this Order, when providers do not take prompt action when such events occur, or where the risk is otherwise identified despite lack of prompt action by providers, DBHDS will ensure that corrective action plans are written, implemented, and tracked, and take further actions as warranted.	DBHDS requires all providers who receive a citation (not in compliance) with any regulation to complete a corrective action plan related to that citation. The DBHDS Office of Licensing has defined progressive actions that will be taken to address concerns with provider compliance.	Completed
43	Timely Waiver Service Enrollment. The Commonwealth will work to achieve a goal that 86% of individuals who are assigned a waiver slot will be enrolled in a service within five months.	DBHDS has not met the metric for the last two quarters. The current percentages for FY Q2 are 75.4 and FY25 Q3 77.9%	In Progress
43.a	Within three months of the date of this Order, DBHDS will track on a quarterly basis the number of individuals who are assigned a waiver slot but not enrolled in a service within five months	DBHDS transitioned from Semi-annual reporting of this data to quarterly reporting of the data in FY 24.	Completed
43.b	Within three months of the date of this Order, the Commonwealth will contact individuals at the end of each quarter who have not been enrolled in a service within five months and their families and case managers to determine why services have not been initiated and what barriers delayed initiation of services. DBHDS will report on the barriers identified quarterly as well as actions being taken to remediate those barriers and results achieved.	This data is pulled monthly, and the calls are being made to individuals/families and, when they cannot be reached, to support coordinators. DBHDS has developed an initial report of the findings.	In progress

43.c	<p>Within one year of the date of this Order, the Commonwealth will conduct a root cause analysis of why services have not been initiated and what barriers delayed initiation of services. Based on the findings of the root cause analysis, the Commonwealth will prioritize the findings for quality improvement in consultation with the provider and system issues resolution workgroups. The Commonwealth will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups. The Independent Reviewer, in the reports required under paragraph 76, shall discuss the reasonableness of Virginia's response to this requirement. Individuals for whom initiation of services is delayed past five months at the request of the individual or the individual's authorized representative will not be included in determining if the Commonwealth meets the goal. The Commonwealth will revisit the root cause analysis annually and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.</p>	<p>This action, if required, is not due until January of 2026.</p>	<p>Not Due</p>
44	<p>Ongoing Service Analyses. The Commonwealth, through DBHDS, will collect and analyze data at least annually regarding the management needs of individuals with identified complex behavioral, health, and adaptive support needs to monitor the adequacy of management and supports provided. DBHDS will develop corrective actions based on its analysis as it determines appropriate, track the efficacy of the actions, and revise as it determines necessary to address the deficiency.</p>	<p>DBHDS developed a report related to this information for the first time in May 2025. DBHDS used data from FY 24 to provide a comprehensive summary of data. This report is a compilation of information gathered from the IMNR, BSPARI, QSR, and Care Concerns processes.</p>	<p>In Progress</p>

44.a	DBHDS will use data from the Skilled Nursing Review detailed in Paragraph 39(c), the IMNR process for individuals with complex medical needs, data from the care concerns process, data from the BSPARI quality reviews, and data from the Quality Service Reviews to monitor the adequacy of management and supports provided. Within six months of the date of this Order, DBHDS will develop a report consolidating the information from these sources to provide a comprehensive summary of the management and support provided to individuals with complex needs. This summary will be completed annually.	DBHDS developed a report related to this information for the first time in May 2025. DBHDS used data from FY 24 to provide a comprehensive summary of data. This report is a compilation of information gathered from the IMNR, BSPARI, QSR, and Care Concerns processes.	In Progress
44.b	DBHDS will continue to implement the IMNR process for no less than 70 people annually who have complex medical, behavioral, or adaptive support needs (Tier 4) to include onsite visits, reviews of specific health care documentation, and a factual questionnaire administered by qualified nursing professionals to primary caregivers most familiar with the person's health care needs.	DBHDS has completed 59 reviews this year with the Independent Consultant's nurse reviewers. The OIHSN team is revising the process to ensure additional individuals are added to meet the 70 people annually and to ensure that individuals with adaptive support needs and behavioral support needs are part of the ongoing samples.	In Progress
45	DD Service Providers' Compliance with Administrative Code. The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services comply with 12 VAC 35-105-620 in effect on the date of this Order or as may be amended.	DBHDS completes licensing reviews on a calendar year and to date has completed about 50% of provider reviews. Thus, DBHDS cannot yet report on the percentage of providers that are in compliance with 12 VAC 35-105-620 at this time.	In Progress
45.a	Within six months of the date of this Order, DBHDS will require that any provider not in compliance with 12 VAC 35-105-620.C.4 and D.3 (regarding corrective action plans) develop and implement a corrective action plan that includes the receipt of technical assistance, additional training, and specific actions related to the respective areas of underperformance as determined appropriate by DBHDS.	DBHDS continues to require that providers with a citation related to 12 VAC 35-105-620.C.4 and D.3 develop corrective action plans related to their non-compliance. DBHDS offers technical assistance and training for these regulations through the Expanded Consultation and Technical Assistance (ECTA) Process. For the first citation, participation in ECTA is optional and at the provider discretion. For a second citation, participation in ECTA is required.	Completed

45.b	Within six months from the date of this Order, for providers who are not compliant with 12 VAC 35-105-620.C.4 and D.3 (regarding corrective action plans) for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth's regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider's license to provisional status, or revoking the provider's license as determined appropriate by DBHDS.	DBHDS has established an expectation that when a provider receives a systemic citation (cited twice consecutively), the provider must participate in ECTA within 45 days of their approved corrective action plan. In addition to required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance.	In Progress
45.c	Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments.	DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer's Consultants, and contractors who complete data collection on behalf of DBHDS. In addition, DBHDS has implemented process to compare QSR data against another data set to ensure the integrity of the data between sources.	In Progress
46	Quality Service Monitoring. The Commonwealth will work to ensure that, using information collected from licensing reviews and Quality Service Reviews, it identifies providers that have been unable to demonstrate adequate quality improvement programs and offers technical assistance as necessary.	DBHDS completes licensing reviews on a calendar year and to date has completed about 50% of provider reviews. Thus, DBHDS cannot yet report on providers' compliance with quality improvement program requirements.	In Progress
46.a	Within six months of the date of this Order, DBHDS will require that any provider not in compliance with quality improvement program regulations develop and implement a corrective action plan. DBHDS will continue to employ a total of 12 Quality Improvement Specialists. DBHDS Quality Improvement Specialists will continue to offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance.	DBHDS continues to require that providers with a citation related to quality improvement programs develop and implement corrective action plans related to their non-compliance. DBHDS has hired the 12 Quality Improvement Specialists who have begun their work with providers who have received corrective action plans related to their Quality Improvement Programs.	In Progress

46.b	Within six months from the date of this Order, for providers who are not compliant with quality improvement program regulations for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth's regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider's license to provisional status, or revoking the provider's license as determined appropriate by DBHDS.	DBHDS has established an expectation that when a provider receives a systemic citation (cited twice consecutively), the provider must participate in ECTA within 45 days of their approved corrective action plan. In addition to required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance.	In Progress
46.c	Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments.	DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer's Consultants, and contractors who complete data collection on behalf of DBHDS. In addition, DBHDS has implemented process to compare QSR data against another data set to ensure the integrity of the data between sources.	In Progress
49	Residential Services Community Integration. The Commonwealth will work to achieve a goal that 95% of residential service recipients reside in a location that is integrated in, and supports full access to, the greater community in compliance with the CMS rule on HCBS settings.	DBHDS data currently demonstrates that 93% of people are living in settings fully integrated in the community. The Commonwealth continues to work to refine the process to determine whether 95% of individuals are residing in residential settings that are in compliance with the CMS rule on HCBS Settings. DBHDS refined the reporting process for ongoing monitoring of providers and compliance with the HCBS Settings Rule. DBHDS, in consultation with the Independent Reviewer's consultant, updated the QSR tools to address appropriate areas of the HCBS Settings rule. Additional refinement will be needed to the tool in the next round.	In Progress
49.a	In accordance with its CMS-approved Statewide Transition Plan, by December 31, 2025, the Commonwealth will complete its review of the remaining 3,296 locations for compliance with the CMS settings rule to determine if it is in compliance with the 95% goal.	DBHDS has initiated all reviews that are needed to be completed and is following up with providers who are in need of remediation to come into compliance.	In Progress

52	<p>Look-Behind Analysis of Abuse, Neglect, and Exploitation Allegations. The Commonwealth will continue its Community Look-Behind (CLB) review process to achieve a goal of collecting sufficient data for the Risk Management Review Committee (RMRC) to conduct or oversee a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. The review will evaluate whether: (i) investigations of individual incidents occur within state-prescribed timelines; (ii) the person conducting the investigation has been trained to conduct investigations; and (iii) corrective action plans are implemented by the provider when indicated. The RMRC will review trends at least quarterly, recommend QIIs when necessary, and track implementation of initiatives approved for implementation.</p>	<p>The Commonwealth will continue its Community Look-Behind (CLB) review process to achieve a goal of collecting sufficient data for the Risk Management Review Committee (RMRC) to conduct or oversee a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. Based on the consistently low results for Outcome ii, “the person conducting the investigation has been trained to conduct the investigation”, DBHDS identified the root causes and is implementing quality improvement efforts as a result.</p>	In Progress
53	<p>Samples of Data from Look-Behind Analyses of Serious Incidents and Allegations of Abuse, Neglect, and Exploitation. The Commonwealth will work to achieve a goal of showing 86% of the sample of serious incidents reviewed by the RMRC meet criteria reviewed in the audit and that at least 86% of the sample of allegations of abuse, neglect, and exploitation reviewed by the RMRC meet criteria reviewed in the audit. The Commonwealth will continue the look behind process and provide feedback to the RMRC related to its findings. If this goal is not met by December 31, 2024, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.</p>	<p>The Office of Licensing continues to meet the requirement for the look behind and is meeting all metrics. As indicated above the Office of Human Rights continues to be challenged by outcome ii. OHR has implemented quality improvement initiatives related to the findings from their root cause analysis</p>	In progress
54	<p>Annual Physical Exams. The Commonwealth will work to achieve a goal that 86% of individuals supported in residential settings receive annual physical exams.</p>	<p>The Commonwealth met the goal for FY 24 and has continued to meet it for the first three quarters of FY 25.</p>	Met

54.a	Within six months of the date of this Order, any time there is not an increasing trend in the percentage of individuals receiving an annual physical exam in consecutive annual reporting periods, DBHDS will conduct a root cause analysis and determine whether a QII is warranted to address identified issues. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action is not currently required because the Commonwealth is meeting the metric.	Not Due
55	Assessment of Licensed Providers of DD Services. The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services have been assessed for their compliance with risk management requirements in the Licensing Regulations during their annual inspections. DBHDS will continue to conduct annual licensing inspections in accordance with Virginia Code § 37.2-411 in effect on the date of this Order or as may be amended and assess provider compliance with risk management requirements in the Licensing Regulations utilizing the Office of Licensing Annual Compliance Determination Chart.	DBHDS reviews licensed providers on a calendar year basis. As such, DBHDS has reviewed approximately 50% of providers and cannot yet report on whether 86% of all licensed providers have been assessed for compliance with risk management requirements	In Progress
56	Data-Driven Quality Improvement Plans for HCBS Waiver Programs. The Commonwealth will continue to implement the Quality Improvement Plan approved by CMS in the operation of its HCBS Waivers. The DMAS-DBHDS Quality Review Team (QRT) will meet quarterly in accordance with the CMS-approved Quality Improvement Plan and will review data, determine trends, and implement quality improvement strategies where appropriate as determined by the QRT to improve performance.	The QRT meets quarterly to review data, determine trends, and implement quality improvement strategies. Because the QRT has not been able to provide sufficient documentation to verify its actions, the Commonwealth does not yet consider this to be completed.	In Progress

57	<p>Data-Driven Quality Improvement Plans for HCBS Waiver Program. The Commonwealth will continue to collect quarterly data on the following measures: (i) health and safety and participant safeguards; (ii) assessment of level of care; (iii) development and monitoring of individual service plans, including choice of services and of providers; (iv) assurance of qualified providers; e) whether waiver enrolled individuals' identified needs are met as determined by DMAS QMR; and (v) identification, response to incidents, and verification of required corrective action in response to substantiated cases of abuse/neglect/exploitation. This data will be reviewed by the DMAS-DBHDS Quality Review Team. Remediation plans will be written and remediation actions implemented, as necessary, for those measures that fall below the CMS-established 86% standard. DBHDS will provide a written justification for each instance where it does not develop a remediation plan for a measure falling below 86% compliance. Quality Improvement remediation plans will focus on systemic factors (where present) and will include the specific strategy to be employed, as well as defined measures that will be used to monitor performance. Remediation plans will be monitored at least every six months. If such remediation actions do not have the intended effect, a revised strategy will be implemented and monitored.</p>	<p>The Quality Review Team collects quarterly data, reviews the quarterly data. To improve compliance with remediation plans, DBHDS and DMAS implemented a tracker to document initiated remediation efforts. The Quality Review Team should update progress related to the remediation plans each quarter.</p>	In Progress
	Integrated Day		
PI Term Number	PI Term	Summary	Determination
37	<p>Day Services for DD Waiver Recipients. The Commonwealth will work to achieve a goal of a 2% annual increase in the percentage of individuals on the DD waiver receiving day services in the most integrated settings.</p>	<p>Data from the Integrated Day Report indicates that the Commonwealth demonstrated a 2.5% annual increase in the number of individuals receiving day services in the most integrated settings.</p>	Met

37.a	<p>Within one month of the date of this Order, DBHDS's Community Life Engagement Advisory Committee will implement a work plan that includes measurable goals, specific support activities, and timelines for implementation and that is focused on: defining meaningful community involvement; developing training and educational materials to enhance meaningful community involvement for individuals and families, providers, and case managers; and assessing community involvement data.</p>	<p>DBHDS has developed a comprehensive plan related to community engagement. The plan focuses on improving the understanding of community life engagement, leveraging support coordinators and providers as champions of community life engagement, improving understanding of barriers and how to mitigate them, identifying and mitigating gaps in availability, and collecting and leveraging data to address all issues. The plan is structured to provide activities, tasks, deliverables, and intended measurable outcomes with timelines for implementation.</p>	Completed
37.b	<p>If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Community Engagement, Workplace Assistance, and Community Coaching by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Community Engagement, Workplace Assistance, and Community Coaching by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.</p>	<p>Information related to rate studies can be found in Term 59</p>	In Progress

37.c	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraph 37(a), DBHDS will also conduct a root cause analysis and determine whether a QII is warranted to address identified issues. A root cause analysis and consideration of QII will not be required if the percentage of individuals in the integrated day services reported above is 65% of the total number of the people receiving any day service.	This action, if required, is not due until January 2027.	Not Due
50	Supported Employment. The Commonwealth will work to achieve a goal of being within 10% of the waiver employment targets set by the Employment First Advisory Group. DBHDS will continue to work with the Employment First Advisory Group, the Quality Improvement Committee (QIC), and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18-64 on the DD waiver. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	DBHDS has completed a semi-annual report for December 31, 2024 data. Currently, DBHDS is at 83% of the waiver employment targets for FY25. Despite a 15% increase in the overall target from FY24 (1,142 people employed) to FY25 (1,310 people employed), the Commonwealth is 3% closer to meeting the goal than it was last year at this time.	In Progress
51	Supported Employment. The Commonwealth will work to achieve a goal of meeting its established employment target of 25% for adults aged 18 to 64 on DD waivers and the waitlist. DBHDS will continue to work with the Employment First Advisory Group, the QIC, and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18 to 64 on the DD waiver and the waitlist. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	DBHDS has completed a semi-annual report for December 31, 2024, data. During this semi-annual period, the Commonwealth reported that 23% of people 18-64 on the waiver or waiver waiting list were employed. This was a 1% decrease from the previous reporting period. However, there was an increase of 263 people who were employed during this time. The decrease in percentage is the result of an increase of the number of individuals on the waiver/waitlist who were between the ages of 18-64.	In Progress
Community Living Options			
PI Term Number	PI Term	Summary	Determination

38	Private Duty Nursing. The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with private duty nursing identified in their ISP or prescribed under EPSDT receive 80% of the hours identified as needed on the CMS485 or DMAS62 forms	DBHDS completed a look back of FY 24 data and determined that DBHDS is meeting the metric now for FY 24. DBHDS also completed a semi-annual look back of nursing utilization for the first six months of FY 25. It is important to note that utilization data was gathered one month after the completion of the semi-annual period to ensure the data was ready in time for review.	In Progress
38.a	Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent Reviewer is monitoring the Commonwealth's compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year.	DBHDS continues to produce the semi-annual nursing report.	Completed
38.b	By September 30, 2024, DBHDS will update the ISP to allow for collection of nursing needs data identified by the Risk Awareness Tool.	DBHDS launched the updated ISP on September 16, 2025.	Completed
38.c	DBHDS will continue to implement an IMNR that will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified and efforts taken to resolve them.	DBHDS continues to implement the IMNR semi-annually to determine if individuals' needs are met.	Completed
38.d	Within six months of the date of this Order, in consultation with the five DBHDS Registered Nurse Care Consultants, the Commonwealth will: <ul style="list-style-type: none"> i. Identify which CSB catchment areas in each Region have the highest nursing shortages for this target population based on objective criteria and data, including how many individuals with private duty nursing receive 80% of their hours; ii. Identify the top three barriers to individuals accessing nursing services in each region based on objective data, including stakeholder data and state and 	The DBHDS Office of Integrated Health Supports Network has developed a work plan and has begun the process of identifying which CSBs need additional support in order for individuals to receive 80% of their hours. The team is working on a survey to identify the top three barriers in each region and will incorporate this work into the workplan.	In Progress

	<p>national workforce data and research;</p> <p>iii. Develop a work plan to resolve those barriers that includes measurable goals, specific support activities, and timelines for implementation; and</p> <p>iv. Include the barriers and efforts to resolve them, as well as the factual basis for those barriers and efforts, and results achieved in the semiannual nursing report that is posted in the Library.</p>		
38.e	<p>If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, or the semi-annual report of the Independent Reviewer, if there is one, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Private Duty Nursing by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Private Duty Nursing by January 1, 2029. The rate study shall be completed in time to be considered at the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.</p>	<p>All information on rate studies can be found in Term 59</p>	<p>In Progress</p>
38.f	<p>If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 38(a) through 38(d), DBHDS also will conduct a root cause analysis and determine whether a QII is warranted to address identified issues. DBHDS will continue this quality improvement process until the</p>	<p>This action, if required, is not due until January of 2027</p>	<p>Not Due</p>

	goal is achieved and sustained for one year.		
39	Skilled Nursing. The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with skilled nursing identified in their ISPs or prescribed under EPSDT will have their skilled nursing needs met 80% of the time.	While DBHDS is not currently meeting the metric of Skilled Nursing in FY 24 or FY 25, it is important to note the current Metric may never be met because Skilled Nursing is an intermittent services. DBHDS completed a semi-annual look back of nursing utilization for the first six months of FY 25. It is important to note that utilization data was gathered one month after the completion of the semi-annual period to ensure the data was ready in time for review. This resulted in a significant decrease in the percentage of individuals who utilized 80% of their hours.	In Progress
39.a	Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent Reviewer is monitoring the Commonwealth's compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year.	DBHDS continues to produce the semi-annual nursing utilization report.	Completed
39.b	As part of the IMNR Process, DBHDS will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified, efforts taken to resolve them, and results achieved.	DBHDS continues to implement the IMNR process in consultation with the Independent Reviewer and reports semi-annually on these findings. As part of this process, unmet needs are reported and subsequently followed up on. DBHDS just began to implement the IMNR process for individuals with Skilled Nursing needs.	Completed
39.c	Skilled Nursing Review. Beginning within three months of the date of this Order, for individuals with a skilled nursing need identified in the Waiver Management System, DBHDS will begin to conduct on-site IMNR reviews as set forth in this paragraph. DBHDS will conduct the on-site IMNR reviews of a randomized sample of 10% of individuals annually (split between two six-month reviews) to determine if individuals' skilled nursing services needs are being met. In selecting individuals during each six-month review period to review, DBHDS shall include in the sample only individuals	The IMNR process specific to individuals with Skilled Nursing is underway. Two additional Registered Nurse Care Consultants (RNCCs) have been trained in the process of implementing the IMNR process and have initiated the process specific to individuals with skilled nursing needs. The IMNR process for Skilled Nursing has been revised to focus specifically on Skilled Nursing but mirrors the IMNR process in general. Additional questions have been added to address the intermitted nature of skilled nursing and to try to identify	In Progress

	who were authorized to receive the service at least three months earlier, to ensure sufficient time for the sampled individuals to have received the service.	through objective means whether needs are being met and if the correct number of hours are being delivered related to this service.	
39.d	If the Commonwealth has not achieved the goal as reported in its December 1, 2024 status update, or the semi-annual report of the Independent Reviewer, if there is one, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Skilled Nursing by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its December 1, 2028 status update, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Skilled Nursing by January 1, 2029. The rate study shall be completed in time to be considered at the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.	All updates related to rates can be found in Term 59 summary.	In Progress
39.e	If the Commonwealth does not achieve the goal within two years of the date of this Order after taking the actions in Paragraphs 39(a) through 39(c), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January 2027	Not Due
	Provider Training		
PI Term Number	PI Term	Summary	Determination
47	Training Requirement. The Commonwealth will work to achieve a goal that 86% of DBHDS-licensed providers receiving an annual inspection will have a training policy that meets established DBHDS	DBHDS' Office of Licensing has not reviewed a sufficient number of providers to make a determination related to this term.	In Progress

	requirements. DBHDS will take action it determines appropriate if providers fail to comply with training requirements required by regulation.		
47.a	Within six months of the date of this Order, DBHDS will require that any provider not in compliance with training requirements develop and implement a corrective action plan.	DBHDS requires all providers who receive a citation (not in compliance) with any regulation to complete a corrective action plan related to that citation.	Completed
47.b	Within three months of the date of this Order, DBHDS Quality Improvement Specialists will offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance.	DBHDS has implemented Enhanced Consultation and Technical Assistance for providers beginning in August of 2024. ECTA is offered to any DD licensed providers that have OL-approved CAPs for regulations 12VAC35-105-450, 12VAC35-105-520, 12VAC35-105-620	Completed
47.c	Within six months from the date of this Order, for providers who are not compliant with training requirements for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth's regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider's license to provisional status, or revoking the provider's license as determined appropriate by DBHDS.	DBHDS has established expectations that providers with systemic citation related to training regulations are required to participate in ECTA within 45 days of their approved corrective action plan. In addition to required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance.	In Progress
47.d	Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess training requirements have established inter-rater reliability in conducting such assessments."	DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer's Consultants, and contractors who complete data collection on behalf of DBHDS. In addition, DBHDS has implemented process to compare QSR data against another data set to ensure the integrity of the data between sources. Additionally, DBHDS has completed an inter-rater reliability process specific for licensing specialists that will include a quarterly review of one record by all licensing specialists to ensure that all specialists' reviews result in similar findings.	In Progress
48	Training and Competency of Direct Support Professionals. The Commonwealth will work to achieve a goal of at least 95% of Direct Support Professionals and their supervisors receive training and competency	There is not currently data to determine whether the Commonwealth is in compliance with this Term.	In Progress

	testing in accordance with 12 VAC 30122-180 as in effect on the date of this Order or as may be amended.		
48.a	Within six months of the date of this Order, the Commonwealth shall determine, through a root cause analysis developed in collaboration with the provider and system issues resolution workgroups, why Direct Support Professionals and their supervisors do not receive training and competency testing per 12 VAC 30-122-180.	DBHDS completed a root cause analysis (RCA) in collaboration with the PIRW and SIRW. DBHDS and the PIRW identified areas to address via the RCA and have initiated those steps to improve the training and competence of DSPs.	Completed
48.b	Based on the findings of the root cause analysis required by Paragraph 48(a), DBHDS will prioritize the findings for quality improvement, taking into account the anticipated impact to the system, including potential negative impacts to current staffing. DBHDS will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups.	The PIRW Education and Training subcommittee has completed the competencies checklist review. Recommended edits were reviewed by DBHDS and incorporated as appropriate.	Completed
48.c	If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Personal Assistance Services, Companion Services, Respite Services, In-Home Support Services, and Independent Living Support Services by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Personal Assistance Services, Companion Services, Respite Services, In-Home Support Services, and Independent Living Support Services by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this	All summaries for rate study can be found in Term 59	In Progress

	paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.		
48.d	If the Commonwealth does not achieve the goal within two years of the date of this Order after taking the actions in Paragraphs 48(a) and 48(b), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January of 2027	Not Due
	Rate Study		
PI Term Number	PI Term	Summary	Determination
59	Rate Studies.	The Commonwealth initiated a rate study of eleven services in December 2024 as required by this Term and Terms 33, 37, 38, 39, and 48. The first meeting of a stakeholder workgroup was held on December 12, 2024, to introduce the rate study process to the workgroup. During this meeting, the DMAS DD Provider Cost and Wage Survey was reviewed with stakeholders and feedback was gained. Representatives from Guidehouse (the vendor selected to conduct the rate study), DBHDS, DMAS, the United States, and stakeholders were present at this first meeting.	In Progress

	<p>For any rate study required to be conducted under paragraphs 33, 37, 38, 39, or 48, the following shall apply:</p> <p>i. The Commonwealth may either engage Guidehouse as a vendor to conduct the rate study or solicit for a vendor to conduct the rate study. If the Commonwealth engages Guidehouse, the United States may provide input on how the Commonwealth directs Guidehouse to perform the rate study, participate in Guidehouse's meetings with stakeholders and have an opportunity to review and comment on Guidehouse's draft report. If the Commonwealth solicits a different vendor to conduct the rate study, the United States may propose qualifications to be included in the Commonwealth's solicitation for a vendor to conduct the rate study, and the Commonwealth will not unreasonably withhold its consent to the inclusion of the United States' proposed qualifications in the solicitation. At a minimum, the selected vendor must have demonstrated experience analyzing rates and recommending rate changes that have successfully increased provider capacity. After a vendor is engaged, the United States may provide input on how the Commonwealth directs the vendor to perform the rate study, participate in the vendor's meetings with stakeholders and have an opportunity to review and comment on the vendor's draft report. At a minimum, the rate study shall be in accordance with best practices and designed to target rates necessary to ensure sufficient capacity to reach the goals of paragraphs 33, 37, 38, 39, and 48.</p>	<p>The Commonwealth engaged with Guidehouse as the vendor for the rate study as required by a.i and the United States has been an active participant in these meetings. Some of the actions steps noted have been completed while the remaining action steps will be implemented once the rate study is complete.</p>	<p>In Progress</p>
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	<p>ii. The vendor shall submit a draft of the rate study to the parties for comment at least 30 days before finalizing the study and shall address any comments in the final version of the study.</p> <p>iii. The study shall be placed in the Library and filed (by either party) with the Court.</p> <p>iv. The Commonwealth shall make its best efforts in the two legislative sessions immediately following publication of the results of the rate study to obtain from the General Assembly funding necessary to increase rates to those recommended by the study, accounting for any increases in inflation in the rate's implementation.</p> <p>v. Upon request of the United States, the Court shall hold a status conference one month after the Governor's proposed budget is submitted to the General Assembly if the rate increases identified in the Study are not in the proposed budget.</p> <p>vi. Upon request of the United States, the Court shall hold a public hearing within 30 days after the Governor and General Assembly have taken all steps necessary to finalize the budget. The hearing shall address whether the rate increases identified in the Study are included in the budget, and, if not, whether the Court should order any steps</p>		
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Case Management Study Area

Term 31 - Community Services Board Quality Review (SCQR)

- **Term:** “The Commonwealth will work to achieve a goal that 86% of Community Services Board (CSB) records meet a minimum of 9 of the 10 elements assessed in the Case Management Quality Review.”
- **Status:** In Progress
- **Status Explanation:** The most recent annual Support Coordinator Quality Review (SCQR) was completed for Fiscal Year 2024 (FY2024) by Case Management Supervisors at the Community Services Boards (CSBs). DBHDS then conducted a look-behind review of the CSBs’ results. Data indicates that 72% of CSB records met nine out of ten indicators. Although the 86% goal was not met, this reflects an 8% increase over the previous year when 64% of records met nine out of ten indicators.
- **Steps Taken and Planned:** The DBHDS Case Management Steering Committee (CMSC) continues to implement the SCQR on an annual cycle. During the FY2024 cycle, nine CSBs (Middle Peninsula, Northern Neck, Alexandria, District 19, Encompass, Valley, Western Tidewater, Arlington, Hampton-Newport News, and Dickenson) had two or more elements below 60%. DBHDS required each of these CSBs to submit a Quality Improvement Plan, and each of the nine CSBs submitted its Plan to DBHDS. (Term 31.a) The CMSC will continue this process in subsequent SCQR cycles.
- **Quantitative Data Review:** As reported in the [SCQR FY2024 Report](#), the Commonwealth increased to 72% of CSB records meeting nine out of ten elements in Fiscal Year 2024, as compared to 64% in FY2023, 53% in FY2022, and 42% in FY2021. This reflects 30% increase over the last three fiscal years. Additionally, the number of CSBs meeting the 86% threshold increased from 10 to 14 CSBs.

FY2021	FY2022	FY2023	FY2024
42%	53%	64%	72%

The data illustrated below is from the SCQR CSB Table FY2024 report, which is an addendum to the SCQR FY 2024 report.

CSB	Number of records meeting 9 or 10 indicators	Number of indicators below 60% (counting indicators with substantial and moderate agreement)
Alexandria Community Services Board	33%	2
Alleghany Highlands Community Services Board	83%	0
Arlington County Community Services Board	43%	2
Blue Ridge Behavioral Healthcare	45%	1
Chesapeake Integrated Behavioral Healthcare	67%	1
Chesterfield Community Services Board	74%	0
Colonial Behavioral Health	100%	0
Crossroads Community Services Board	88%	0
Cumberland Mountain Community Services	100%	0
Danville-Pittsylvania Community Services	80%	0
Dickenson County Behavioral Health Services	0%	2
District 19 Community Services Board	30%	2

Eastern Shore Community Services Board	71%	0
Encompass Community Supports	44%	2
Fairfax- Falls Church Community Services Board	76%	0
Goochland-Powhatan Community Services	100%	0
Hampton-Newport News Community Services Board	46%	2
Hanover County Community Services Board	100%	0
Harrisonburg-Rockingham Community Services Board	63%	1
Henrico Area Mental Health and Developmental Services	92%	1
Highlands Community Services	57%	1
Horizon Behavioral Health	67%	1
Loudoun County Department of MH, SA and DS	80%	0
Middle Peninsula-Northern Neck Community Services Board	25%	2
Mount Rogers Community Services Board	91%	0
New River Valley Community Services	100%	0
Norfolk Community Services Board	75%	0
Northwestern Community Services	91%	1
Piedmont Community Services	44%	1
Planning District One Behavioral Health Services	100%	0
Portsmouth Department of Behavioral Healthcare Services	63%	0
Prince William County Community Services Board	85%	0
Rappahannock Area Community Services Board	71%	0
Region Ten Community Services Board	100%	0
Richmond Behavioral Health Authority	55%	0
Rockbridge Area Community Services	83%	0
Southside Community Services Board	88%	0
Valley Community Services Board	67%	2
Virginia Beach Community Services Board	88%	0
Western Tidewater Community Services Board	89%	2
Total	72%	0

As previously reported in the Independent Reviewer's Reports, this data continues to follow the same process for reporting. The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

Action 31.a

- **Action 31.a:** "During its annual quality review cycle starting each January, DBHDS will require a quality improvement plan from any CSB that has two or more elements with substantial or moderate interrater reliability between the CSB Support Coordinator Quality Review (SCQR) and the DBHDS Office of Community Quality Improvement Review not achieving 60% compliance. DBHDS will provide information about which CSBs need this support in the SCQR Report."
- **Status:** Completed

- **Status Explanation:** DBHDS required each of the 9 CSBs that did not meet the threshold of 2 or more elements not achieving 60% compliance to submit a quality improvement plan. These CSBs are reflected in the right-hand column of the table above. All CSBs submitted their quality improvement plans between November 2024 and February 2025. The CMSC approved all plans between December 2024 and February 2025.
- **Steps Taken and Planned:** The CMSC continues to monitor each CSB's implementation of its quality improvement plan, track progress, and provide additional technical assistance as indicated.

Action 31.b

- **Action 31.b:** "DBHDS will provide targeted technical assistance with identifying measurable outcomes to any CSB (i) whose records are not 86% compliant with including specific and measurable outcomes in Individual Support Plans (ISPs) or (ii) that does not demonstrate improvement with respect to including specific and measurable outcomes in ISPs (including evidence that employment goals have been discussed and developed, when applicable, throughout its quality review cycle)."
- **Status:** Completed
- **Status Explanation:** During the FY2024 SCQR review, DBHDS requested that CSBs collectively review 400 individual records. CSB Case Management Supervisors identified that 399 of 400 records included specific and measurable outcomes in the ISP. The DBHDS Office of Clinical Quality Improvement (OCQI) conducted a look-behind review and confirmed these findings. In conducting the look-behind, OCQI found substantial agreement internally among OCQI reviewers and between themselves and CSB Case Management Supervisors for this indicator as reflected in the [SCQR FY2024 Report](#).
- **Steps Taken and Planned:** No additional steps are needed at this time.

Action 31.c

- **Action 31.c:** "If the Commonwealth has not achieved the goal within one year of the date of this Order after taking the actions in Paragraphs 31(a) and 31(b), DBHDS will increase the threshold for requiring a quality improvement plan from a CSB as set out in Paragraph 31(a). DBHDS will provide information about which CSBs need this support in the SCQR Report."
- **Status:** Not Due
- **Status Explanation:** This action, if required, is not due until January 2026.
- **Steps Taken and Planned:** The CMSC will convene prior to the end of January 2026 to determine if the Commonwealth has achieved the goal. If the goal has not been achieved, DBHDS will increase the threshold for requiring a quality improvement plan and communicate the new threshold to all CSBs. DBHDS will update pertinent process documents to reflect this change. DBHDS will continue to provide targeted technical assistance to underperforming CSBs to support goal achievement. DBHDS will provide information about which CSBs need this support in SCQR reports.

Action 31.d

- **Action 31.d:** "If the Commonwealth has not achieved the goal within one year after taking the actions in Paragraph 31(c), DBHDS will conduct a root cause analysis and implement a Quality Improvement Initiative (QII) as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year."
- **Status:** Not Due
- **Status Explanation:** This action, if required, is not due until 2027.
- **Steps Taken and Planned:** If the goal is not achieved at the time specified, the CMSC will conduct a root cause analysis and will develop and implement a Quality Improvement Initiative (QII), which will continue until the goal is achieved and sustained for one year.

Term 58 - Case Management Steering Committee (CMSC) Measures

- **Term :** “The CMSC will continue to establish two indicators in each of the areas of health and safety and community integration associated with selected domains (safety and freedom from harm; physical, mental, and behavioral health and well-being; avoiding crises; community inclusion; choice and self-determination; stability; provider capacity; access to services) and based on its review of the data submitted from case management monitoring processes. The Commonwealth will work to achieve a goal of 86% compliance with the four indicators established by the CMSC. DBHDS will monitor data collected in these domains and determine if any intervention is needed.”
- **Status:** In Progress
- **Status Explanation:** The CMSC established four indicators as required by this Term and continues to monitor progress. Data in the most recent [CMSC Report](#), indicates that each of the four indicators exceeded the 86% goal.
 - Indicator 1: “The case manager assesses whether the person’s status or needs for services and supports have changed and the plan has been modified as needed.” (Target 86%). This indicator was met at 89%. This was a 5% increase over the previous year.
 - Indicator 2: “Individual support plans are assessed to determine that they are implemented appropriately.” (Target 86%). This indicator was met at 90%. This was a 6% increase over the previous year.
 - Indicator 3: “Individuals participate in an annual discussion with their Support Coordinator about relationships and interactions with people (other than paid program staff).” (Target 86%). This indicator was met at 93%.
 - Indicator 4: “Individuals are given choice among providers including choice of support coordinator, at least annually.” (Target 86%). This indicator was met at 87% for choice of case manager being offered and at 96.8% for choice of service provider being offered.
- **Steps Taken and Planned:** The CMSC will continue to monitor each of these four indicators for sustained performance. If performance of any indicator falls below 86%, DBHDS will provide targeted technical assistance at the CSB level, which will continue with each SCQR cycle until the goal is achieved. DBHDS will also monitor other relevant data and determine whether any other intervention is warranted
- **Quantitative Data Review:** Data for all indicators can be found in the [SCQR FY2024 Report](#). The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.
- **QII:** None needed at this time.

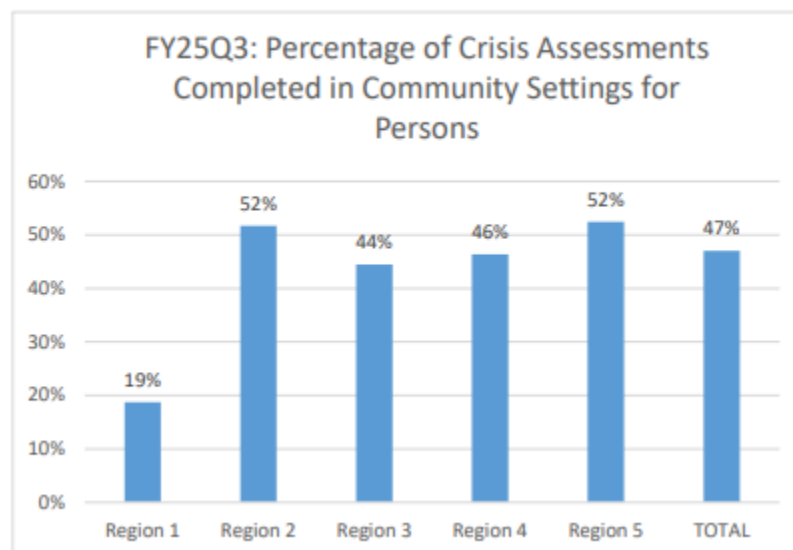
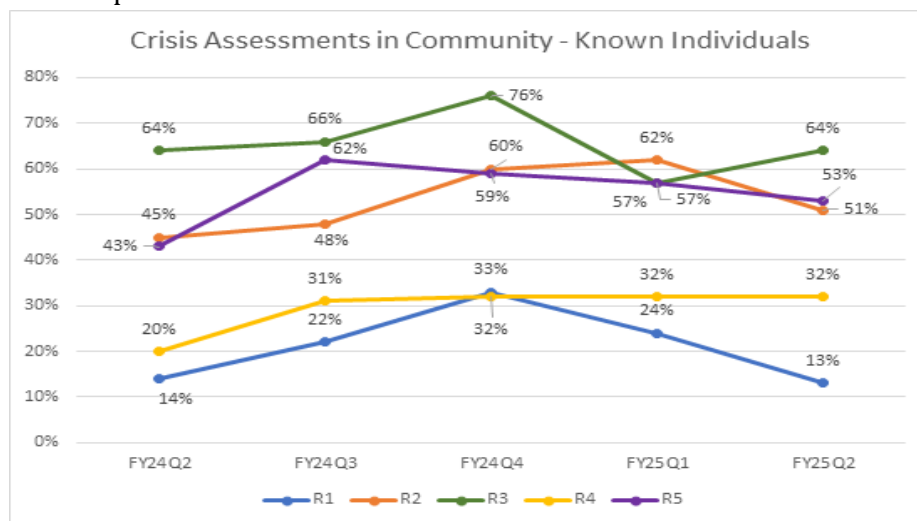
Crisis and Behavior Study Area

Term #32. Community Setting Crisis Assessments

- **Term:** “The Commonwealth will work to achieve a goal that 86% of children and adults receive crisis assessments at home, the residential setting, or other community setting (non-hospital/non-CSB office). Crisis Receiving Centers (“CRC”) will only be counted as an “other community setting” after it is determined that the individual or supported decision maker was not directed by the Call Center, Emergency Services, or Mobile Crisis staff to present at a CRC.”
- **Status:** In Progress
- **Status Explanation:** The crisis assessment data submitted by the REACH programs and as reported by DBHDS has shown a consecutive two quarter decrease in assessments occurring in the community. In FY25 Q1, 51% of assessments occurred in the community. In the subsequent two quarters, 48% in FY25 Q2 and 47% in FY25

Q3 occurred in the community. Region 1 continues to receive one fourth the number of crises calls as other regions and has the lowest percentage of calls responded to in the community. DBHDS required the Region 1 REACH program to submit a quality improvement plan. The program submitted a plan and is implementing actions to improve community-based assessment. In FY25 Q3, all other regions' response rates ranged from 44%-52% of assessments being completed in the community.

- **Steps Taken and Planned:** DBHDS is taking several actions as outlined below to improve the percentage of assessments that occur in the community. DBHDS originally completed a root cause analysis in May 2023 and completed a re-review of the root cause analysis with the REACH teams in March 2025 to assess the reasons that the goal has not been achieved and has started to address the findings. Actions to address the findings are more fully explained below in Action 32.e. DBHDS is addressing findings with all Regions that have not yet met requirements and then will determine if additional quality improvement plans are required.
- **Quantitative Data Review:** The graphs below present Regional data for the past year as well as the data for the Commonwealth for FY25 Q3. Note: The indicator for performance under this Term of the Permanent Injunction includes all individuals who called for a crisis assessment, which is a change from “known individuals” under the compliance indicators.

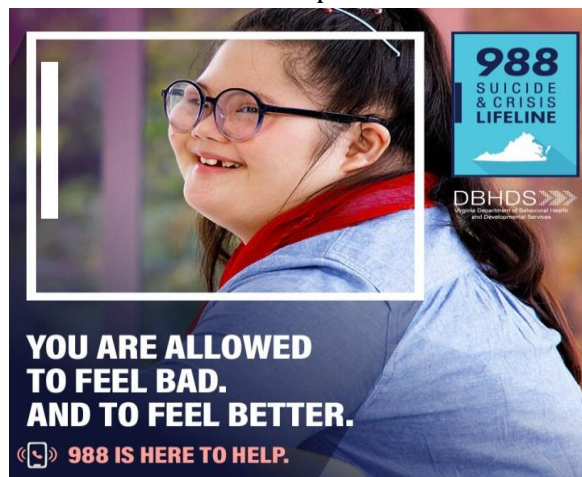


The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** As will be outlined below in Action 32.e, DBHDS met with all the regional crisis managers on March 18, 2025, to review data and determine the number and percentages of people receiving crisis assessments in the community and re-reviewed the previous root cause analysis completed to address this issue. The regional crisis managers and REACH directors developed multiple actions steps as part of an informal quality improvement initiative to address education, public relations and miscellaneous actions that the REACH director and regional crisis managers believe will improve assessment in the community. See Action 32.e below for more discussion of this quality improvement initiative.

Action 32.a

- **Action 32.a:** “DBHDS will continue to promote the use of the 988 24-hour crisis helpline by providing information on the helpline on its social media platforms, in print and television advertisements, and through informational bulletins developed or funded by DBHDS. DBHDS will require all mobile crisis team members to receive training within 90 days of hire on how to support and respond to individuals with developmental disabilities (DD) who are in crisis.”
- **Status:** Completed
- **Status Explanation:** DBHDS has developed a comprehensive paid 988 media campaign and continues to share information via social media as well including images, videos, and other marketing materials. DBHDS launched a television campaign from March 31, 2025 through April 27, 2025 and specific Google banner ads for individuals with developmental disabilities during this same time period. DBHDS also created 988 promotional materials for individuals with developmental disabilities and is working with the stakeholder group to develop a toolkit around crisis supports and services to be used by the community. DBHDS identified appropriate stakeholders for this toolkit, and other toolkits are under development. Below is an image from the media campaign targeted for individuals with developmental disabilities.



Additionally, DBHDS continues to require all mobile crisis responders to be trained within 90 days of hire as outlined in the DMAS Provider Manual for crisis and posted on the DBHDS website. DBHDS regional crisis managers discuss the training requirement with the REACH teams during quarterly qualitative reviews and confirm completion of training.

- **Steps Taken and Planned:** DBHDS is currently working on an informal quality improvement initiative to ensure compliance with the requirement that all mobile crisis team members be trained within 90 days of hire. This includes comparing the people in the Virginia Crisis Connect System who are mobile crisis responders against the training rosters in the learning management system to assure all (not just REACH) mobile crisis responders are trained within 90 days of hire.

Action 32.b

- **Action 32.b:** “DBHDS will maintain its current efforts to assist the regions in filling vacant mobile crisis positions by discussing staffing at regional qualitative reviews of REACH programs and supporting REACH programs to implement quality improvement plans.”
- **Status:** In Progress
- **Status Explanation:** DBHDS created a new process in February 2025 to ensure that data related to this action item were being collected and could be reviewed and reported appropriately. In addition, DBHDS updated the quarterly qualitative review process to ensure review of staff training was embedded into this process. This process was reviewed in FY25 Q3 with each of the Regions as part of their qualitative quarterly reviews. Specifically, the DBHDS regional crisis managers met with each Region and reviewed crisis calls for FY25 Q2 across all shifts in relation to staffing numbers for each Region. The regional crisis managers determined that Regions 2, 4, and 5 had adequate staffing to meet the demand, but Regions 1 and 3 had staffing deficits during their quarterly qualitative reviews. Region 3 was able to meet the need utilizing temporary staff as needed and supervisory staff to fill the gaps but needs to continue to develop additional capacity. As mentioned previously, Region 1 was required to submit a quality improvement plan to address staffing needs. Additionally, each crisis hub received an additional one-time allocation of \$1,726,177. These additional funds are intended to support the provision of Regional Mobile Crisis Response through the purchase of specialized vehicles or equipment, enhancement of dispatch staff or resourcing, start-up funds for partnering with private providers, staff incentives or resourcing, or other similar items necessary to ensure the regional Mobile Crisis Response system meets key performance indicators.
- **Steps Taken and Planned:** As mentioned previously, Region 1 was required to submit a quality improvement plan to address staffing needs. Additionally, each crisis hub received an additional one-time allocation of \$1,726,177. These additional funds are intended to support the provision of Regional Mobile Crisis Response through the purchase of specialized vehicles or equipment, enhancement of dispatch staff or resourcing, start-up funds for partnering with private providers, staff incentives or resourcing, or other similar items necessary to ensure the regional Mobile Crisis Response system meets key performance indicators. DBHDS will continue to monitor the programs quarterly and will work with the REACH teams to understand challenges that are statewide and region-specific and address those concerns accordingly. DBHDS will continue to monitor Regions 1 and 3 to ensure they are addressing concerns, and that Region 1 is implementing its quality improvement plan as agreed.

Action 32.c

- **Action 32.c:** “Within 6 months of the date of this Order, the Commonwealth will develop a plan that includes measurable goals, specific support activities, and timelines for implementation with consultation from stakeholders to enhance 988 supports and services to increase the likelihood that individuals will be assessed in the community.”
- **Status:** In Progress
- **Status Explanation:** DBHDS developed a plan with: support activities and a timeline for implementation for enhancing 988 supports and services to include goals to increase participation of people with developmental disabilities in the planning to improve crisis services, to ensure community partnerships stay strong and reliable, to make sure crisis services meet the needs of people with developmental disabilities and to help them learn and use 988, to make mobile crisis easier to access for people with developmental disabilities, to ensure individuals with developmental disabilities can access support at crisis sites, and to implement continuous quality improvement measures. The plan, while comprehensive, will need to be updated to ensure the goals are more objectively measurable.
- **Steps Taken and Planned:** DBHDS needs to update the plan to make sure the goals of the plan are measurable and can be easily reported.

Action 32.d

- **Action 32.d:** “From the date of this Order, DBHDS will monitor staffing at each REACH program to determine if they have sufficient staffing per shift to meet the goal, including through discussion and review of filled/vacant positions, utilization rates of mobile crisis, and times mobile crisis calls are being received in comparison to the number of staff working during those hours at each REACH program’s quarterly review. If a quarterly review indicates that staffing is not sufficient to meet the goal, DBHDS shall review the region’s current efforts to increase staffing and, if DBHDS determines necessary, will require a quality improvement plan that includes additional actions that DBHDS finds are necessary to enhance staffing. The Independent Reviewer, in the reports required under Paragraph 76, shall include a determination in his report on the adequacy of the Programs and Virginia’s response to this requirement.”
- **Status:** In Progress
- **Status Explanation:** DBHDS created a new process in February 2025 to ensure that data related to this action item were being collected and could be reviewed and reported appropriately. In addition, DBHDS updated the quarterly qualitative review process to ensure review of staff training was embedded into this process. This process was reviewed in FY25 Q3 with each of the Regions as part of their qualitative quarterly reviews. Specifically, the DBHDS Regional Crisis Managers met with each Region and reviewed crisis calls for FY25 Q2 across all shifts in relation to staffing numbers for each Region. The regional crisis managers determined that Regions 2, 4, and 5 had adequate staffing to meet the demand, but Regions 1 and 3 had staffing deficits. Region 3 was able to meet the need utilizing PRN and supervisory staff to fill the gaps but needs to continue to develop additional capacity. As mentioned previously, Region 1 was required to submit a quality improvement plan to address staffing needs. Additionally, each crisis hub received an additional one-time allocation of \$1,726,177. These additional funds are intended to support the provision of Regional Mobile Crisis Response through the purchase of specialized vehicles or equipment, enhancement of dispatch staff or resourcing, start-up funds for partnering with private providers, staff incentives or resourcing, or other similar items necessary to ensure the regional Mobile Crisis Response system meets key performance indicators.
- **Steps Taken and Planned:** DBHDS will continue to monitor the programs quarterly and will work with the REACH teams to understand challenges that are statewide and region specific and address those concerns accordingly. DBHDS will continue to monitor Regions 1 and 3 to ensure they are addressing concerns, and that Region 1 is implementing its quality improvement plan as agreed to.

Action 32.e

- **Action 32.e:** “Semi-annually, beginning on January 1 and June 1 of each year, DBHDS will work with the two regions that are experiencing the most success in responding to people in crisis in the community to determine what is leading to their success. DBHDS will work with the two regions that are experiencing the most challenges in responding to people in crisis in the community to learn what is leading to those challenges. DBHDS will work with all the regions based on these lessons learned to implement a plan to improve performance in each of the regions.”
- **Status:** In Progress
Status Explanation: DBHDS proactively met with all the regional REACH program directors on March 18, 2025 to review data and determine the number and percentages of people receiving crisis assessments in the community and re-reviewed the previous root cause analysis completed to address whether assessments were occurring in the community. The meeting discussion focused on the strategies that Regions 3 and 5 have implemented, as these Regions continue to have the most consistent success in responding in the community. Regions 2, 3, and 5 noted that education about the program was key, specifically what services are offered, how and when to contact REACH, and what supports are not within the scope of REACH but those offered

through their local CSB and other DD, Behavioral Health, and Substance Use services. The greatest impact identified by the regions was the training with grass roots level staff such as group home staff, individual emergency department staff, law enforcement officers, emergency services teams, and individual CSB support coordinators. Improving or countering REACH reputation was also a key point that the group discussed. REACH staff noted that unrealistic expectations by stakeholders often result in perceived unmet expectations when working with REACH. Additionally, educating REACH staff on current services available in the region so that REACH staff can provide links to the services requested and to redirect to support the individual (i.e., REACH is seeing an increase in contact for families needing end-of-life planning for the family members supporting these individuals). services. The greatest impact identified by the regions was the training with grass roots level staff such as group home staff, individual emergency department staff, law enforcement officers, emergency services teams, and individual CSB support coordinators. Improving or countering REACH reputation was also a key point that the group discussed. REACH staff noted that unrealistic expectations by stakeholders often result in perceived unmet expectations when working with REACH. Additionally, educating REACH staff on current services available in the region so that REACH staff can provide links to the services requested and to redirect to support the individual (i.e., REACH is seeing an increase in contact for families needing end-of-life planning for the family members supporting these individuals). services. The greatest impact identified by the regions was the training with grass roots level staff such as group home staff, individual emergency department staff, law enforcement officers, emergency services teams, and individual CSB support coordinators. Improving or countering REACH reputation was also a key point that the group discussed. REACH staff noted that unrealistic expectations by stakeholders often result in perceived unmet expectations when working with REACH. Additionally, educating REACH staff on current services available in the region so that REACH staff can provide links to the services requested and to redirect to support the individual (i.e., REACH is seeing an increase in contact for families needing end-of-life planning for the family members supporting these individuals). services. The greatest impact identified by the regions was the training with grass roots level staff such as group home staff, individual emergency department staff, law enforcement officers, emergency services teams, and individual CSB support coordinators. Improving or countering REACH reputation was also a key point that the group discussed. REACH staff noted that unrealistic expectations by stakeholders often result in perceived unmet expectations when working with REACH. Additionally, educating REACH staff on current services available in the region so that REACH staff can provide links to the services requested and to redirect to support the individual (i.e., REACH is seeing an increase in contact for families needing end-of-life planning for the family members supporting these individuals).

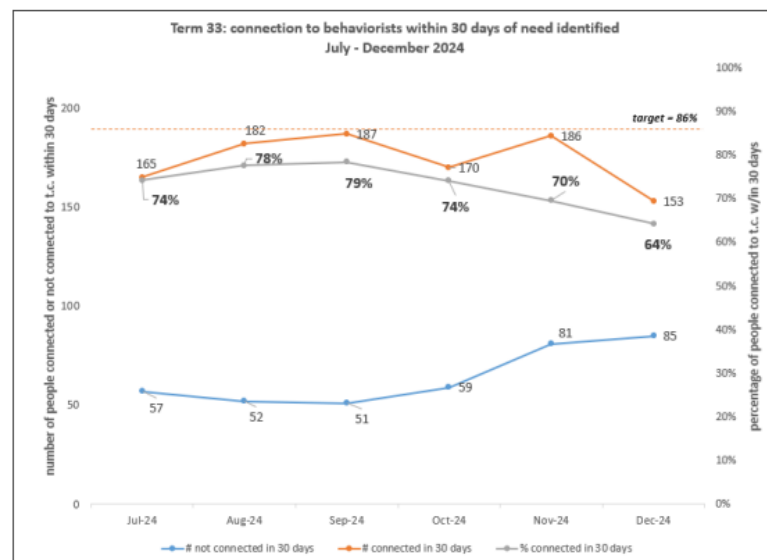
- **Steps Taken and Planned:** Regional Crisis Managers and REACH Program Directors developed multiple action steps to address education, public relations and other actions that the REACH programs believe will improve assessment in the community. They will implement their action plans and use lessons learned to improve community response.

Action 32.f

- **Action 32.f:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 32(a) through 32(e), DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. As part of the root cause analysis, the Commonwealth will collect data on why individuals with developmental disabilities presented at a CRC instead of accessing mobile crisis services. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** This action, if required, is not due until at least January 2027
- **Steps Taken and Planned:** Not due

Term #33. Therapeutic Consultation Services

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals identified as in need of Therapeutic Consultation service are referred for the service and have a provider identified within 30 days.”
- **Status:** In Progress
- **Status Explanation:** From July 2024 through December 2024, 1043 out of 1428 people were connected within 30 days (73%). This is a slight decrease from the previous reporting period when 75% of individuals were connected within 30 days. Both quarters in this review period (FY25 Q1 and FY25 Q2) are below the goal of 86% of people being connected within 30 days. As will be evidenced in the actions below, DBHDS has taken measures to address connectivity and to remediate the decrease evidenced in the data.
- **Steps Taken and Planned:** DBHDS implemented action steps required by the Term (more fully addressed below) and is actively working with CSBs to improve connectivity data and developing opportunities to provide more frequent and real time data to CSB case managers.
- **Quantitative Data Review:** The graph below illustrates data from [FY25 Q3 Behavioral Support Report 4.2025](#)



The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** DBHDS has implemented several initiatives to improve quality as outlined in the actions below, to include meeting with two CSBs that have been most successful in connecting people to behaviorists and the eight CSBs that have struggled to connect people to behaviorists to gain insights and lessons learned. Additionally, DBHDS has created training on the use of the [Therapeutic Behavioral Consultant Search Engine](#) to find a behaviorist in the community and continues to present at Conferences (most recently in April 2025) and at provider and support coordinator roundtables.

Action 33.a

- **Action 33.a:** “Within 12 months of the date of this Order, DBHDS shall implement a technical assistance initiative with the CSBs that need the most support to connect people to behavioral supports and focus on improving case managers’ awareness of the behavioral resources available to individuals in need of Therapeutic Consultation, unique CSB business practices, and supervisory support for case managers in this area of performance.”
- **Status:** Completed

- **Status Explanation:** DBHDS staff within the Office of Behavior Network Supports proactively met with eight CSBs that were having challenges getting people connected to therapeutic consultation services within 30 days. These assessments occurred between the beginning of September 2024 and the end of October 2024. During these assessments, DBHDS completed a Performance Diagnostic Checklist-Human Services assessment, as well as used open ended questions to learn the challenges faced at each CSB. DBHDS made recommendations about what could improve connectivity rates for each CSB. The CSBs selected from the recommended action steps what they could implement and selected a completion date. DBHDS also identified actions that it could take to support the CSBs and implemented those with implementation and completion dates.
- **Steps Taken and Planned:** Based on the unique assessment results for each CSB, DBHDS has selected action steps it will undertake, as well as steps the CSBs will undertake, beginning in February 2025. DBHDS will continue to monitor the data and reassess based on data and performance of individual CSBs.

Action 33.b

- **Action 33.b:** “Annually, the Commonwealth will participate in at least one regional event and at least one statewide conference to promote Therapeutic Consultation services. The Commonwealth will provide technical assistance to providers regarding enrollment with Medicaid as a provider as they reach out to the Commonwealth for this support.”
- **Status:** Completed
- **Status Explanation:** DBHDS staff from the Office of Behavior Network Supports participated in the Virginia Association for Behavior Analysis Annual Conference in Newport News on April 25th and 26th. The Behavior Network Supports team hosted an exhibitor booth and provided information about enrollment in therapeutic consultation behavioral services as well as quality assurance reviews to interested conference attendees. The Director of the Behavioral Network Supports has participated in regional provider roundtables to promote the service, most recently in July 2024, October 2024, January 2025, and March 2025. Between July 2024 and April 2025, DBHDS provided technical assistance regarding enrollment with Medicaid to 10 potential new providers.
- **Steps Taken and Planned:** DBHDS behavioral staff will continue to attend regional provider roundtables and will ensure that they attend one annual event.

Action 33.c

- **Action 33.c:** “By July 1, 2025, the Commonwealth will create a training about enrolling with Medicaid as a Therapeutic Consultation provider and make it available for providers via DBHDS’s website.”
- **Status:** Completed
- **Status Explanation:** DBHDS created a training series related to becoming a Therapeutic Consultation provider. The training includes three parts and can be located on the DBHDS website at [Behavioral Services - Virginia Department of Behavioral Health and Developmental Services \(DBHDS\)](#) under training videos. These trainings are accompanied by task analysis on how to become a provider.
- **Steps Taken and Planned:** There are no additional steps planned related to this action item at this time.

Action 33.d

- **Action 33.d:** “If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Therapeutic Consultation by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a

second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Therapeutic Consultation by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.”

- **Status:** In Progress
- **Status Explanation:** Summary of rate study compliance and determination can be found in Term 59
- **Steps Taken and Planned:** See Term 59.

Action 33.e

- **Action 33.e:** “If the Commonwealth has not achieved the goal by June 30, 2026, after taking the actions in Paragraphs 33(a) through 33(c), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** This action, if required, is not due until after June 30, 2026
- **Steps Taken and Planned:** N/A

Term #35. Community Residences for Individuals with DD Waivers

- **Term:** “The Commonwealth will work to achieve a goal of 86% of individuals with a DD waiver and known to the REACH system who are admitted to a CTH, or a psychiatric hospital have a community residence identified within 30 days of admission.”
- **Status:** In Progress
- **Status Explanation:** For this semi-annual period (FY25Q2 and FY25Q3), 298 individuals of 351 people had a residence identified within 30 days, totaling 84.9%. During FY25 Q2, 136 of 166 people had a residence identified within 30 days (82%). During FY25 Q3, 162 of 185 individuals had a residence identified within 30 days (88%), meeting the goal. This is an improvement from the previous semi-annual period where the data showed 72% of people had a residence identified within 30 days in FY24 Q4 and FY25 Q1 where 78% of people had a residence identified within 30 days.
- **Steps Taken and Planned:** DBHDS continues to develop capacity for individuals with complex needs through the High Behavior Home RFP. Information on progress is addressed further in Action 35.a below.
- **Quantitative Data Review:** The FY 25 Q3 data shows significant improvement for all regions with three exceeding the percentage required for this metric.

ALL DATA	# CTH and hospitalized persons accepted REACH, community res ID'd 30 days	#CTH persons, hospitalized persons accepted REACH	Percentage
Region 1	20	29	69%
Region 2	36	39	92%
Region 3	23	28	82%
Region 4	68	73	93%
Region 5	15	16	94%
TOTAL	162	185	88%

The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** DBHDS does not have a formal quality improvement initiative focused on this goal as there are currently homes open and available for individuals to transition into and the goal was met for FY 25 Q3.

Action 35.a

- **Action 35.a:** “DBHDS will enter into contracts with providers to develop homes for individuals with intense behavioral support needs that will be operational (i.e., that an individual can move into the home) in accordance with the following schedule:
 - Region 1: one home operational by August 2024 and one additional home operational by February 2025;
 - Region 2: two homes operational by August 2024 and one additional home operational by February 2025;
 - Region 3: one home operational by November 2024 and one additional home operational by February 2025;
 - Region 5: one home operational by November 2024 and two additional homes operational by February 2025.”
- **Status:** In Progress
- **Status Explanation:** In Region 1 both homes have been purchased, and one is operational. The other home is not yet licensed. For Region 2, all homes are open and operational. For Region 3, one home is open and operational. The vendor is looking for a second home, and DBHDS is monitoring progress closely to ensure a second home is purchased. The provider has put offers on several homes and had originally purchased a second home, but concerns around staffing availability prevented the operationalization of the home. In Region 5, all homes are open and operational.
- **Steps Taken and Planned:** DBHDS will be working with two vendors whose homes are not open and operational to ensure any barriers are addressed and homes are opened expeditiously.

Action 35.b

- **Action 35.b:** “If the Commonwealth has not achieved the goal after taking the actions in Paragraph 35(a) by June 30, 2025, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** A root cause analysis is not currently needed, as the target was hit for the past quarter. DBHDS will review data from the final quarter of FY25 and determine if a root cause analysis will be needed.
- **Steps Taken and Planned:** This is not yet applicable.

Term #36. Out-Of-Home Crisis Therapeutic Prevention Host-Home Like Services for Children

- **Term:** “To prevent institutionalization of children due to behavioral or mental health crises, the Commonwealth will implement out-of-home crisis therapeutic prevention host-home-like services for children connected to the REACH system who are experiencing a behavioral or mental health crisis and would benefit from this service.”
- **Status:** In Progress
- **Status Explanation:** DBHDS continues to monitor hospitalization of children in the system both in private and state hospitals. According to the [FY25 Q3 Supplemental Crisis Report](#), there has been a slight increase in private hospitalization of children while the first half of the fiscal year saw a slight decrease in hospitalization as compared to last fiscal year. DBHDS is actively developing community-based services to decrease reliance on hospitals for care. As further explained below, DBHDS is working with the regions to develop out-of-home

crisis prevention and three Crisis Therapeutic Homes (CTHs) for children and adolescents in the regions where they do not yet exist.

- **Steps Taken and Planned:** DBHDS intends to prevent institutionalization through the development of Crisis Therapeutic Homes in Regions 2, 3, and 5. DBHDS continues to advertise and let families know that out-of-home crisis prevention is available in the homes that are operational in Regions 1 and 4. Additionally, DBHDS is making funds available through Regions 2, 3, and 5 for out-of-home crisis prevention through family or friends.
- **Quantitative Data Review:** The two operational CTHs located in Regions 1 (operated by Region 2) and 4 are available to provide prevention stays for children in all regions and have continued to do so over the past two quarters of this review period. Region 2 has provided prevention stays in both quarters. While Region 4 has not.
- **QII:** There is no formal QII related to this effort. However, DBHDS will continue to monitor progress and implement either formal or informal quality improvement initiatives as indicated.

Action 36.a

- **Action 36a:** Within one month of the date of this Order, DBHDS will send out a communication through the list serv for individuals and families on the waiver waiting list, and to the provider list serv communicating that the two CTHs existing in regions 1 and 4 as of the date of this Order can be utilized for preventive stays by children across the Commonwealth.
- **Status:** Completed
- **Status Explanation:** DBHDS sent out communication via the two list servs on February 4th to all providers and individuals and families on the waiver waiting list to let them know that the homes in Regions 1 and 4 can be used for crisis prevention stays.
- **Steps Taken and Planned:** This has been completed. However, DBHDS will send out a reminder semi-annually to remind providers and families of the home's availability.

Action 36.b

- **Action 36.b:** "DBHDS will continue to track and report quarterly on the number of crisis prevention stays being utilized by children in each of the five regions."
- **Status:** Completed
- **Status Explanation:** DBHDS continues to track prevention stays in the Crisis Therapeutic Homes as evidenced in the [Children's REACH Data Report](#) produced each quarter. During FY25 Q2, Region 1 CTH offered seven prevention stays, while Region 4 offered none. In FY25 Q3, Region 1 offered five prevention stays, while Region 4 offered none.
- **Steps Taken and Planned:** DBHDS will continue to review data with the regions and determine if the homes are being used as intended and if additional marketing is needed to improve utilization as part of the quarterly qualitative reviews.

Action 36.c

- **Action 36.c:** "Providing funding in Fiscal Year 2025 to establish three additional CTH's in the regions where they do not exist as of the date of this Order (Regions 2, 3, and 5) that will be operational between May 2025 and January 2026."
- **Status:** In Progress
- **Status Explanation:** DBHDS has required as part of the Performance Contract with applicable CSBs in each of the three regions the development of these CTHs and has set aside funding. Region 3 is currently working through zoning requirements and reviewing contractors' plans. The DBHDS Region 3 Regional Crisis Manager

and REACH Director made an on-site visit to the property and suggested some changes to plans. Region 5 closed on a property on March 27, 2025. This region has started designing services, site approvals, construction documents, and bidding as well as a full timeline for the project. Region 2 has signed their exhibit and is initiating the process.

- **Steps Taken and Planned:** DBHDS requires monthly contract updates to ensure the projects are moving through all phases of development and construction appropriately.

Action 36.d

- **Action 36.d:** “From the date of this Order and continuing until all three additional CTHs referenced in Paragraph 36(c) are operational, DBHDS will support up to a total of 1,000 days per year of respite for children connected to REACH, who have previously experienced or are at risk of experiencing a crisis, reside in regions without an operational CTH, and who do not otherwise have funding to access respite services at a rate of up to \$500 per 24-hour period.”
- **Status:** In Progress
- **Status Explanation:** DBHDS worked with each of the regions to identify a process for crisis prevention services for individuals and families where Crisis Therapeutic Homes do not currently exist. The process and form have been shared with the regions. DBHDS is in the process of allocating each region \$150,000 base funding to initiate the respite services in their region.
- **Steps Taken and Planned:** DBHDS will monitor utilization of these funds and report on their use to support respite in the quarterly crisis report as crisis prevention stays.

Action 36.e

- **Action 36.e:** “If the Commonwealth has not achieved the goal after taking the actions in Paragraphs 36(a) through 36(d) by June 30, 2026, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** This action, if required, is not due until June 2026
- **Steps Taken and Planned:** This is not yet applicable.

Quality and Risk Management Study Area

Term #34 - Behavioral Support Services

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals with identified behavioral support needs are provided adequate and appropriately delivered behavioral support services.”
- **Status:** In Progress
- **Status Explanation:** DBHDS has created the Behavior Support Plan Adherence Review Instrument (BSPARI) to capture the minimum BSP content areas and minimum elements for those BSP content areas as outlined in the DBHDS/DMAS Practice Guidelines for Behavior Support Plans (henceforth referred to as the “Practice Guidelines”). A score of 30 or above is considered an adequate plan for the purpose of this review, however, ideally plans should achieve a score of 34 or higher. DBHDS completed a review of 204 behavioral support plans in FY 25 Q1 and Q2. 84% of those plans met the adequacy standard for the semi-annual period. 19% of people that needed therapeutic behavioral consultation services were not connected to services. When these data are combined as described below, 68% of people were provided adequate and appropriately delivered behavioral support services. This is consistent with data that was reported for FY 24.

- **Steps Taken and Planned:** DBHDS implemented a new process this year that requires providers to update and resubmit plans when plans are determined to be inadequate. It is believed that working with providers to immediately correct inadequate plans will ensure individuals receive more appropriate behavioral supports and services more quickly.
- **Quantitative Data Review:** As noted in Table 3 below, 1428 people needed therapeutic behavioral consultation services from July 2024 through December 2024. Of the total, 1162 received the service (81%) and 19% did not receive the service. As noted in Table 6 below, in FY25 Q1 and Q2, 204 BSPARI reviews were completed. 172 of these reviews resulted in a score of 30 or higher (84%). This data for BSPARI adherence is generalized across all plans completed to determine the number of individuals who had inadequate plans combined with the number who were not connected to services. Thus, in FY25 Q1 and Q2 68% (976/1428) received adequate services and 32% (452/1428) received inadequate or no services.

Table 3: Service utilization for therapeutic consultation, FY25 (July-December 2024)

	# and % that did receive therapeutic consultation	# and % that did not receive therapeutic consultation
FY25 (July 2024-December 2024)	1162 (81%)	266 (19%)

Table 6: FY25 BSPARI Data

Reporting period timeframe	# of BSPARIs reviewed	Mean points score and % on BSPARI	Median points score and % on BSPARI	Score ranges, mode	BSPARIs scoring at least 34 out of 40 points (85%)	BSPARIs scoring at least 30 out of 40 points (75%)
FY25Q1 (July 2024-September 2024)	125	32 points, 80%	34 points, 85%	Range of scores: 30 (10-40) Mode = 34	71 out of 125 (59%)	95 out of 125 (76%)
FY25Q2 (October 2024-December 2024)	79	36 points, 90%	36 points, 90%	Range of scores: 14 (26 to 40), Mode = 34	76 out of 79 (96%)	77 out of 79 (97%)
FY25Q1 & FY25Q2 combined (used in Term 34 calculation)	204	34 points, 85%	35 points, 88%	Range of scores: 30 (10 to 40) Mode = 34	147 out of 204 (72%)	172 out of 204 (84%)
FY25Q3 (January 2025-March 2025)	99	36 points, 90%	36 points, 90%	Range of scores: 12 (28 to 40), Mode = 35	91 out of 99 (92%)	97 out of 99 (98%)
FY25 Total (FY25Q1 – FY25Q3)	303	34 points, 85%	35 points, 88%	Range of scores: 30 (10-40) Mode = 34	238 out of 303 (79%)	269 out of 303 (89%)

The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** There is not currently a formal QII in place to address this but as indicated under steps taken, DBHDS is implementing informal quality improvement initiatives to improve performance of the Commonwealth with regard to this metric.

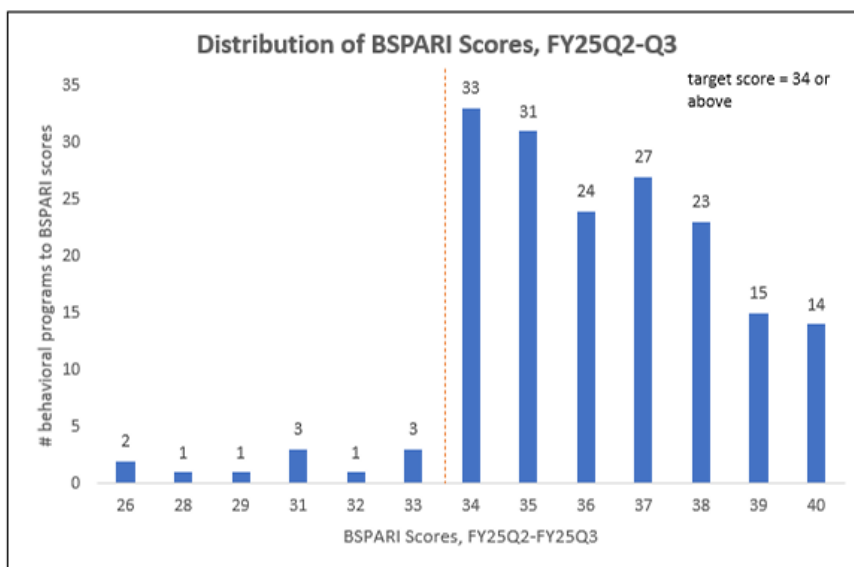
Action 34.a

- **Action 34.a:** “DBHDS will continue to address findings identified through the previously conducted root cause analysis initiated in Q1 of FY21 and updated subsequently as part of each semi-annual review.”
- **Status:** Completed
- **Status Explanation:** DBHDS is continuing to implement informal quality improvement initiatives as identified through the root cause analysis completed in FY 21. This includes meeting with CSBs to ensure individuals are referred for services and developing action plans with the CSBs to improve connectivity. Additionally, DBHDS initiated a new process that inadequately developed behavioral plans be updated and resubmitted.

- **Steps Taken and Planned:** DBHDS will continue to provide updates related to the data and will continue to review strategies to improve performance.

Action 34.b

- **Action 34.b:** “DBHDS will continue to use the BSPARI tool, or such other tool designed for behavioral programming that the parties agree upon, to determine whether individuals are receiving adequate and appropriate behavioral support services.”
- **Status:** Completed
- **Status Explanation:** DBHDS has continued to use the BSPARI to determine whether individuals are receiving adequate and appropriate behavior support services. As evidenced in the table below, more plans are meeting scoring criteria for being determined to be adequate and appropriate. This is a significant improvement over the past year where both mean and median scores increased.



- **Steps Taken and Planned:** DBHDS continues with BSPARI reviews to meet this action. Results of BSPARI reviews will continue to be reported semiannually in the [Behavioral Supports Report](#).

Action 34.c

- **Action 34.c:** “DBHDS will continue to employ a total of four behavior analysts to provide technical assistance and training on behavioral support plans. Annually, the behavior analysts will (i) review a statistically significant sample of the behavioral plans submitted; (ii) provide feedback; and (iii) identify trends for improvement and develop additional training and technical assistance as determined necessary by DBHDS.”
- **Status:** Completed
- **Status Explanation:** DBHDS employs five behavior analysts including the Director of the Office Behavior Network Support. The team continues to review a statistically significant sample of behavior plans each year and provides technical assistance to providers whose plans were chosen for review. DBHDS hosted continuing education events in November 2024 and March 2025 specific to functional behavior assessment and treatment planning based on areas identified for improvement across BSPARI reviews. Currently, DBHDS has also created and posted on the Behavioral Services website short trainings on replacement behaviors, non-operant conditions, graphing, and Antecedent Behavior Consequence data collection. Trainings have been shared through the Provider ListServ.

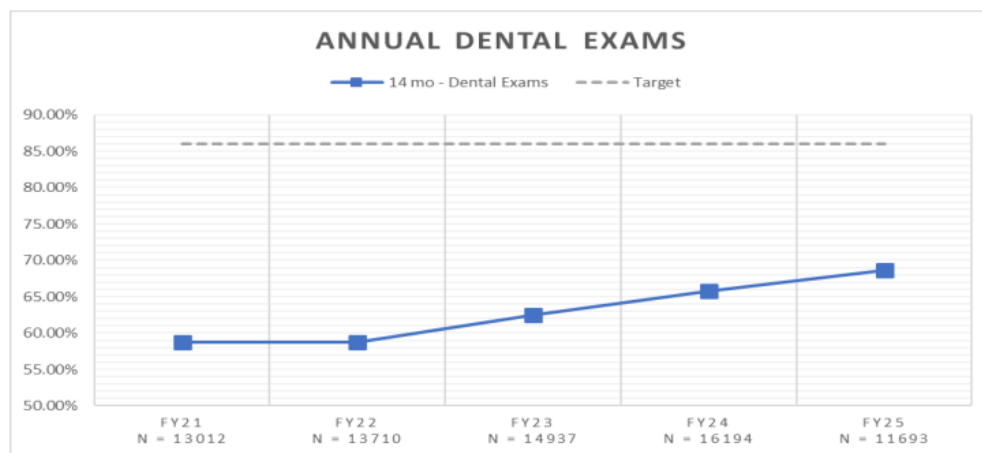
- **Steps Taken and Planned:** DBHDS continues to provide ongoing individualized technical assistance for each feedback session with providers. As a result of BSPARI reviews, the BNS team also identifies areas for more generalized technical assistance for the behavioral community

Action 34.d

- **Action 34.d:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 34(a) and 34(b), DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** This action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not Due until January 2027

Term #40- Dental Exams

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals who are supported in residential settings and have coverage for dental services will receive an annual dental exam.”
- **Status:** In Progress
- **Status Explanation:** The percentage of people receiving dental exams since FY 22 has increased by 10%.
- **Steps Taken and Planned:** DBHDS has implemented several strategies to improve the number and percentage of people who are receiving dental exams. These strategies include purchasing a new sprinter vehicle for mobile dental exams, development of a dental work plan, and hiring of new dental hygienists and dental assistants. DBHDS issued a solicitation seeking contractors to provide additional sedation dentistry in regions where it is currently not available. DBHDS updated the process document related to the dental data as there were typographical errors that referenced physical exams to ensure data reliability and validity.
- **Quantitative Data Review:** As is evident in the charts below, the Commonwealth is demonstrating a consistent increase in the number and percent of individuals who are receiving dental exams. The N in the first graph refers to individuals who have had dental exams. FY 25 data is representative of only the first three quarters of data. This is a 10% increase over baseline from when DBHDS started collecting data.



BASELINE TREND FROM FY21				
	FY22 TREND	FY23 TREND	FY24 TREND	FY25 TREND
Dental Exams	↓ 0%	↑ 4%	↑ 7%	↑ 10%

The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** DBHDS does not have a formal QII to address dental exams at this time but has implemented several informal quality improvement strategies as indicated in the action steps below.

Action 40.a

- **Action 40.a:** “DBHDS will operate a total of three mobile dental vehicles by March 31, 2025.”
- **Status:** In Progress
- **Status Explanation:** DBHDS procured an additional Sprinter vehicle and Winnebago to supplement the existing Winnebago. The Sprinter vehicle was delivered on March 28, 2024. The Winnebago is being delivered by May 29th. It was scheduled to be delivered in March 2025, but an incorrect HVAC system was ordered, which is delaying delivery until the correct HVAC system can be installed. The Sprinter vehicle was purchased to travel to homes in more remote areas of the Commonwealth. The Winnebagos allow DBHDS to complete Dental Clinics at accessible locations for multiple people in any given day. The mobile dental units allow the dental team to conduct multiple clinics and home visits in one day. One of the distinct benefits of the mobile dental units is the ability to go directly to the home of someone with significant complex needs to provide dental exams.



- **Steps Taken and Planned:** DBHDS will put all vehicles into circulation with the staff hired to be able to provide dental services to individuals across the Commonwealth. The team is developing these schedules to maximize utilization and access.

Action 40.b

- **Action 40.b:** “DBHDS will continue to employ or contract with a total of three dental assistants and four dental hygienists to staff the mobile dental vehicles.”
- **Status:** In Progress
- **Status Explanation:** DBHDS has hired all dental hygienist and all but one dental assistant. DBHDS has conducted multiple rounds of interviews but unfortunately candidates have not felt comfortable with the expectations of the positions, such as having the ability to drive mobile dental vehicles, overnight travel, and other needs.
- **Steps Taken and Planned:** DBHDS is re-advertising for the Dental Assistant position and will continue the interviewing process until the position is filled.

Action 40.c

- **Action 40.c:** “DBHDS will continue to review referrals for dental services and work to connect people to community dental providers when available.”
- **Status:** In Progress
- **Status Explanation:** DBHDS reviews all dental referrals submitted through our on-line portal and tries to connect people to community dentists. DBHDS staff meet regularly with DMAS and DentaQuest, the Medicaid dental benefit manager, to ensure information is current and share information learned to support individuals with dental needs in the community to the extent possible.
- **Steps Taken and Planned:** DBHDS will continue to meet with DMAS and DentaQuest, the Medicaid dental benefit manager. DBHDS has developed a workplan and continues to track data on dentist availability across the Commonwealth.

Action 40.d

- **Action 40.d:** “Within six months of the date of this Order, DBHDS will contract with at least one dentist or dentistry practice in each Region who can support sedation dentistry.”
- **Status:** In Progress
- **Status Explanation:** DBHDS posted a solicitation to expand sedation dentistry on February 11, 2025. The Commonwealth then held a pre-proposal conference for vendors who were interested on February 19, 2025. All bids were due to DBHDS on March 13, 2025. Representatives from the Office of Integrated Health Supports Network (OIHSN) reviewed all proposals, and awardees were selected for the Regions without access to sedation dentistry. Notice of awards were finalized and contracts are scheduled to be sent to providers by the end of May.
- **Steps Taken and Planned:** DBHDS will begin to identify those individuals who are in need of a referral to the contracted dentists and will begin to schedule appointments.

Action 40e

- **Action 40e:** “DBHDS will collaborate with dental providers to understand barriers to delivering services to individuals with developmental disabilities and, within six months of the date of this Order, will develop a plan with measurable goals, specific support activities, and timelines for implementation to mitigate those barriers.”
- **Status:** In Progress
- **Status Explanation:** DBHDS is working in collaboration with DMAS to determine barriers to accessing dental services through listening sessions with individuals and families. DBHDS will be working in close collaboration with DMAS to help identify, document, and resolve current barriers to the extent practicable through the OIHSN Dental workplan.
- **Steps Taken and Planned:** DBHDS has developed an initial dental workplan which will be posted on the DOJ Library with updates quarterly and will continue to work with DMAS and community dentists to identify barriers to supporting individuals with developmental disabilities in the community.

Action 40f

- **Action 40f:** “Within six months of the date of this Order, the Commonwealth shall start an initiative that determines which 8 CSBs need the most assistance to ensure that individuals receive annual dental exams and, no later than three months after starting this initiative, begin to provide technical assistance to support

relevant CSBs. This process will continue to be implemented annually until the Commonwealth achieves the goal.”

- **Status:** In Progress
- **Status Explanation:** The OIHSN, as part of the report to the DBHDS Key Performance Areas workgroup, identified the 8 CSBs with the lowest percentage of individuals who received an annual dental exam. The OIHSN also identified an additional 6 CSBs with the next lowest percentage of individuals who received an annual dental exam and 8 CSBs that had the greatest number of individuals who needed annual dental exams. DBHDS has developed as part of its dental plan, clinics for these CSBs as well as technical assistance efforts to help connect people to community dentists.
- **Steps Taken and Planned:** Each time the quarterly percentage of individuals who receive annual exams is reported, the 8 CSBs with the lowest percentage are identified for targeted contact by the Dental Team. This process is continually being refined as different CSBs are identified in each quarter that fall into the lowest 8. Additionally, the dental team is utilizing access to WaMS to target individuals who have not had a dental exam in the last 14 months to offer assistance to get referrals submitted for screening in the Mobile Dental Program and completion of an annual dental exam.

Action 40g

- **Action 40g:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 40(a) through 40(f), DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** This action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not due until January 2027

Term #41- Protection From Serious Injuries in Service Settings

- **Term:** “The Commonwealth will work to achieve a goal that 95% of DD waiver service recipients will be protected from serious injuries in service settings.”
- **Status:** In Progress
- **Status Explanation:** DBHDS continues to refine the way this measure is calculated. Additionally, DBHDS staff are refining and documenting the process on how the Incident Management Unit is identifying incidents to include incidents of abuse, neglect and exploitation that resulted in preventable injury. The Office of Licensing has also refined the process of referring incidents of harm to the Special Investigation Unit where previously these reviews were referred to the licensing specialist. This new process will result in more standardized review since this is a smaller team and will also allow for timelier follow-up.
- **Steps Taken and Planned:** DBHDS needs to continue to refine the process further and ensure that all criteria for determination of which incidents are referred to the Special Investigation Unit are clear and include all serious injuries that were potentially preventable. The quality review scheduled to be completed by the Office of Integrated Health Supports Network (OIHSN) should help to further refine this process.
- **Quantitative Data Review:** The most recent report for the period ending FY25 Q2 includes the previous 12 months of data (1/1/2024-12/31/2024). It shows that during this time-period that 1,734 individuals experienced a total of 2,417 serious injuries. Of these 1,734 individuals:
 - 454 had one or more serious injuries
 - 16 providers received a citation for a licensing violation and were required to submit a corrective action plan

- 53 providers received a citation for substantiated abuse or neglect and were required to submit a corrective action plan

A total of 490 individuals were not protected from a serious injury because they fell into one or more of the above categories (had more than one injury, the provider received a citation for licensing violation or substantiated abuse/neglect).

There were 16,736 individuals that received an authorization for a DD waiver service during the reporting period. 16,246 individuals (16,736-490) were protected from serious injury. This means that 97.1% of individuals were protected from a serious injury.

- **QII:** There is not a formal QII for this term at this time, however, the planned quality review by OIHSN of this data will help to determine what additional improvements are indicated.

Action 41a

- **Action 41a:** “DBHDS will continue working to ensure that all appropriate serious injuries are included when determining if this goal is met.”
- **Status:** In Progress
- **Status Explanation:** DBHDS continues to refine the way this measure is calculated. Additionally, DBHDS staff are refining and documenting the process on how the Incident Management Unit is identifying incidents to include incidents of abuse, neglect and exploitation that resulted in preventable serious injury. The Office of Licensing has also refined the process of referring incidents of harm to the Special Investigation Unit where previously these reviews were referred to the licensing specialist. This new process will result in more standardized review since this is a smaller team and will also allow for timelier follow-up.
- **Steps Taken and Planned:** DBHDS needs to continue to refine the process further and ensure that all criteria for determination of which incidents are referred to the Special Investigation Unit are clear and include all serious injuries that were potentially preventable. The quality review scheduled to be completed by the Office of Integrated Health Supports Network (OIHSN) should help to further refine this process.

Action 41b

- **Action 41b:** “Within six months of the date of this Order, and annually thereafter, the DBHDS Office of Integrated Health will complete a quality review of a statistically significant sample of serious injuries reported to DBHDS via the CHRIS system (or successor) to determine if the Incident Management Unit process used by the DBHDS Office of Licensing adequately identifies all appropriate injuries to determine if individuals were protected from harm and if changes are needed to the way incidents are reviewed and referred.”
- **Status:** Not Due
- **Status Explanation:** This action is not due until July 15, 2025
- **Steps Taken and Planned:** This is in process with a goal to be implemented by April 30.

Action 41c

- **Action 41c:** “Relevant processes will be revised, as warranted, based on the finding of the quality review referenced in Paragraph 41(b) to ensure that the Commonwealth accurately identifies the percentage of DD waiver recipients who are protected from serious injuries in service settings.”
- **Status:** Not Due
- **Status Explanation:** This action is not due until July 15, 2025
- **Steps Taken and Planned:** Once implemented, the OIH review referenced in b, will be presented to the RMRC; processes will be revised as indicated.

Action 41d

- **Action 41d:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the action in Paragraphs 41(a) through 41(c), DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the metric is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** This action, if requires, is not due until January 2027
- **Steps Taken and Planned:** Not Due until January 2027

Term #42- Risk Management

- **Term:** “To ensure that the risk management programs of DBHDS-licensed providers of DD services identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths and take prompt action when such events occur or the risk is otherwise identified,” the Commonwealth will take the actions listed below in a -c.
- **Status:** In Progress
- **Status Explanation:** DBHDS continues to review all providers for compliance with licensing regulations governing risk management to ensure they are tracking the incidence of common risks and conditions faced by people with DD. DBHDS completes licensing reviews on a calendar year basis and has completed a review of approximately 50% of providers at this time. The actions required by 42.a and 42.b are not yet due but are in progress. With respect to Term 42.c, because reviews of all providers have not been completed, DBHDS cannot determine yet whether it is meeting the requirement of ensuring that corrective action plans are written, implemented, and tracked when providers do not take prompt action when incidences of common risks and conditions occur or are identified.
- **Steps Taken and Planned:** DBHDS will be completing a look back of reviews completed by licensing specialists to determine consistency in determination and inter-rater reliability which will be reported in the December report. DBHDS will finalize review of providers, will take lessons learned from the review of the sample completed by the consultant, and provide feedback to specialists to improve inter-rater reliability. DBHDS will continue to refer providers for Enhanced Consultation and Technical Assistance (ECTA) as indicated by their licensing determination and will implement Corrective Action Plan as indicated by citations.
- **Quantitative Data Review:** There is not a complete data set at this time for calendar year 2025.
- **QII:** DBHDS does not have a formal quality improvement initiative related to this indicator, however, DBHDS staff closely review the findings of the independent reviewer consultant and review notes provided related to differences in findings to more closely align findings.

Action 42a

- **Action 42a:** “Within 24 months of the date of this Order, the Commonwealth shall establish inter-rater reliability among the Commonwealth’s licensing specialists regarding provider compliance with the quality assurance trending requirements.”
- **Status:** In Progress
- **Status Explanation:** DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer’s Consultants, and contractors who complete data collection on behalf of DBHDS. Part of this process includes verification of a second data set from another source to ensure consistency between data sets and to increase confidence in the data collected. Additionally, DBHDS is implementing an inter-rater reliability process specific to licensing specialists that will include a review of one service record, at least quarterly, by all licensing specialists to ensure that all specialists’ reviews result in similar findings. This will be supplemented by a gold standard reviewer (the subject matter expert against whose determination all other determinations will be compared) completing a look back of licensing specialists’ findings to identify and address any inconsistencies.

- **Steps Taken and Planned:** DBHDS will implement the new process of inter-rater reliability between licensing specialists and determine any additional actions that are needed post completion. In addition, DBHDS will continue to update documentation around IRR related to DBHDS staff and consultants used to gather information.

Action 42b

- **Action 42b:** “Within 12 months of the date of this Order, the Commonwealth shall offer technical assistance in accordance with DBHDS’s Consultation and Technical Assistance Standard Operating Procedure to each provider that does not identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths.”
- **Status:** In Progress
- **Status Explanation:** DBHDS has hired 12 Quality Improvement Specialists who are available to provide technical assistance to providers when they are found not in compliance with Risk Management Regulations. An initial determination allows providers to self-select to receive technical assistance and consultation. If providers have systemic citations (consecutive citations on the same regulations), consultation and technical assistance is required.
- **Steps Taken and Planned:** DBHDS will continue to track provider compliance with regulations related to risk management and will offer consultation and technical assistance to providers related to these needs.

Action 42c

- **Action 42c Description:** “Within one month of the date of this Order, when providers do not take prompt action when such events occur, or where the risk is otherwise identified despite lack of prompt action by providers, DBHDS will ensure that corrective action plans are written, implemented, and tracked, and take further actions as warranted.”
- **Status:** Completed
- **Status Explanation:** DBHDS requires all providers who receive a citation (not in compliance) with any regulation to complete a corrective action plan related to that citation. DBHDS Office of Licensing has defined progressive actions that will be taken to address concerns with provider compliance. These actions include, but are not limited to, the following steps:
 - Update to Corrective Action Plan strategies
 - Optional ECTA
 - Required ECTA
 - Consent Agreement
 - Provisional License
 - Revocation of License
 - DBHDS is implementing consistent and progressive actions to ensure provider compliance and quality.

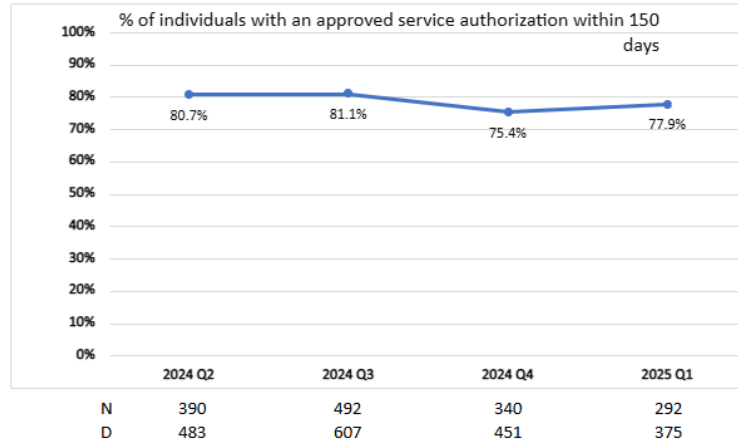
Additionally, DBHDS tracks all corrective action plans implemented through the Connect System and verifies that the actions indicated should result in the necessary change.

- **Steps Taken and Planned:** DBHDS staff continue to implement corrective action plans and progressive intervention as outlined to ensure compliance with regulations and expectations. DBHDS will continue to track actions taken and review data and determine if additional actions are warranted.

Term #43- Timely Waiver Service Enrollment

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals who are assigned a waiver slot will be enrolled in a service within five months.”
- **Status:** In Progress

- **Status Explanation:** The Commonwealth, under the Governor’s Right Help, Right Now Plan, created 3,440 additional DD waiver slots 1720 of those new slots were created in FY25 and the remaining 1720 slots will be created in FY26. Due to this significant expansion of waiver slots, it has proved difficult for the Commonwealth to meet the goal of this Term. For the two quarters of this review period, DBHDS has not met the goal.
- **Steps Taken and Planned:** DBHDS has implemented a new process as required by the action steps below that include tracking individuals who have not been connected to services, following up with the individual/their family to see why that has not occurred, and determining if there are systemic or provider specific issues that need to be addressed.
- **Quantitative Data Review:** Data as evidenced below, is below the metric. DBHDS is gathering information from interviews with individuals, their families, and support coordinators to determine what barriers exist to enrolling individuals assigned a waiver slot in services within five months.

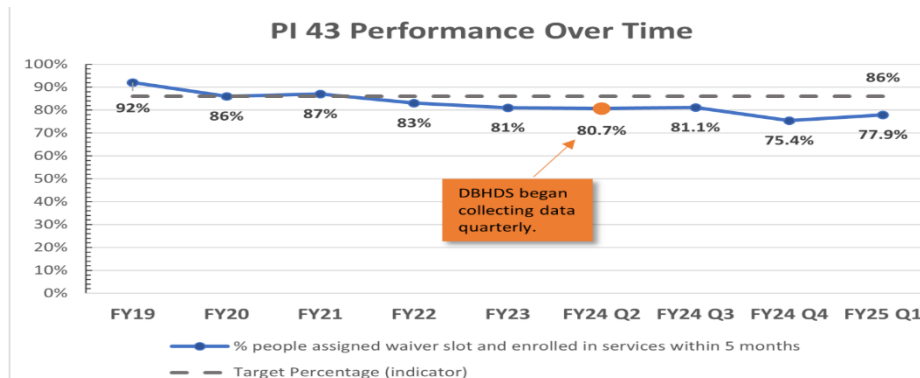


The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** While DBHDS has not initiated a formal QII related to this, there have been several strategies as described above that should result in improvement in connectivity.

Action 43a

- **Action 43a:** “Within three months of the date of this Order, DBHDS will track on a quarterly basis the number of individuals who are assigned a waiver slot but not enrolled in a service within five months.”
- **Status:** Completed
- **Status Explanation:** DBHDS transitioned from semi-annual reporting of this data to quarterly reporting of the data in FY 24 as is evidenced in the chart below.



- **Steps Taken and Planned:** DBHDS data analyst continues to pull data and report quarterly on the percentage of people connected to services within five months.

Action 43b

- **Action 43b:** “Within three months of the date of this Order, the Commonwealth will contact individuals at the end of each quarter who have not been enrolled in a service within five months and their families and case managers to determine why services have not been initiated and what barriers delayed initiation of services. DBHDS will report on the barriers identified quarterly as well as actions being taken to remediate those barriers and results achieved.”
- **Status:** In Progress
- **Status Explanation:** On the 1st of every month, the WaMS Data Analyst generates a report of individuals in WaMS who have newly reached 5 months since being assigned a DD waiver slot. Data elements pulled include Person ID, Enrollment Start Date, CSB, Last Name, First Name, Social Security Number, Issued Days, and Issue. The Regional Support Services Manager reviews the report and submits it to the Waiver Network Supports Director and the Settlement Agreement Coordinator. The Settlement Agreement Coordinator (SAC) will first call the individual/family to obtain information on why the individual has not been enrolled in a service. If the SAC is unable to reach the individual/family, the SAC will attempt two additional times within the same week. If the SAC does not receive a return call or is unable to reach an individual/family, the SAC will contact the Support Coordinator/Case Manager to obtain information about the reason that the individual has not been enrolled in services. This information is documented and data is exported when all calls are completed. The data is then reviewed and reported.
- **Steps Taken and Planned:** DBHDS will continue to pull and review data and will develop a report with a summary of the findings. Once sufficient data is collected, DBHDS will initiate quality improvement efforts.

Action 43c

- **Action 43c:** “Within one year of the date of this Order, the Commonwealth will conduct a root cause analysis of why services have not been initiated and what barriers delayed initiation of services. Based on the findings of the root cause analysis, the Commonwealth will prioritize the findings for quality improvement in consultation with the provider and system issues resolution workgroups. The Commonwealth will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups. The Independent Reviewer, in the reports required under paragraph 76, shall discuss the reasonableness of Virginia’s response to this requirement. Individuals for whom initiation of services is delayed past five months at the request of the individual or the individual’s authorized representative will not be included in determining if the Commonwealth meets the goal. The Commonwealth will revisit the root cause analysis annually and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** This action is not due until January 15, 2026
- **Steps Taken and Planned:** This is not due until January 2026.

Term #44- Ongoing Service Analyses

- **Term:** “The Commonwealth, through DBHDS, will collect and analyze data at least annually regarding the management needs of individuals with identified complex behavioral, health, and adaptive support needs to monitor the adequacy of management and supports provided. DBHDS will develop corrective actions based on its analysis as it determines appropriate, track the efficacy of the actions, and revise as it determines necessary to address the deficiency.”
- **Status:** In Progress

- **Status Explanation:** DBHDS developed a report to collect and analyze the data as required by this Term for the first time in May of 2025. DBHDS used data from FY 24 to create the report. The report is a compilation of information gathered from the Intense Management Needs Review (IMNR), Behavior Support Plan Adherence Review Instrument(BSPARI), Quality Service Review, and Care Concerns processes. Because this is an initial report corrective action plans have not yet been taken based on the review.
- **Steps Taken and Planned:** DBHDS will review the report with the Independent Reviewer's Consultant and receive feedback for any areas in need of improvement. DBHDS will incorporate data from the skilled nursing reviews that recently began. DBHDS will initiate an additional report in the next reporting period for FY 25.
- **Quantitative Data Review:** Data related to the IMNR and BSPARI processes can be found in the Terms 34 and 38 related to those processes. The data reviewed below is data from the Care Concerns and QSR processes. During this initial review *Table 10* below shows the number of Care Concerns that OIHSN reviewed and whether training or assistance was suggested, offered, or provided. The Registered Nurse Care Consultant may offer to provide a training specific for the provider or point the provider towards trainings on the Commonwealth of Virginia Learning Center (COVLC) or resources on the OIHSN website.

Table 10: FY24 Care Concern Results – Training/Assistance by OIHSNSN

Training/Assistance	Train						
Primary Concern	(blank)	N/A	No	Offered Training/Assistance	Provided Training/Assistance	Suggested Training/Assistance	Grand Total
Aspiration Pneumonia		1	3	1		29	34
Bowel Impaction/Obstruction	1	3	3	1		73	81
Choking				3		111	114
Constipation		1				11	12
Dehydration	1	1	1			38	41
Fall with Injury		2	3	1		80	86
Fall without Injury			6			35	41
Pressure Injury/DU		4	5	5	1	110	125
Seizure	7	10	12	1	1	141	172
Sepsis						1	1
UTI	6	4	14	3	3	126	156
Grand Total	15	26	47	15	5	755	863

**(blank) column has a number if the Phone Call field was left blank, meaning neither "N/A", "No", "Offered Training/Assistance", "Provided Training/Assistance" nor "Suggested Training/Assistance" was selected. This is an area that will be addressed by OIHSN in future reporting to ensure the proper categories are coded.*

For the QSR Section of the report, the focus is on responses from substitute decision maker/family interview results received during the QSR process to the question of "Are all of the individual's needs and supports currently being met?". In the FY24 DBHDS Quality Service Review Aggregate Report, 91% of respondents indicated the needs of the individual were being met. For the 9% who indicated their needs were not met, the team categorized the findings and OIHSN Registered Nurse Care Consultants (RNCC) are developing a process to follow up on those identified needs in a manner similar to the Care Concern Process. The OIHSN assesses the need for follow up and triages issues that present a need for education or technical assistance.

- **QII:** A formal QII has not been developed because this is the first time the report to meet the requirements of this Term has been produced. DBHDS will monitor and gather feedback from the Independent Reviewer's Consultant for additional development of the report.

Action 44a

- **Action 44a:** "DBHDS will use data from the Skilled Nursing Review detailed in Paragraph 39(c), the IMNR process for individuals with complex medical needs, data from the care concerns process, data from the BSPARI quality reviews, and data from the Quality Service Reviews to monitor the adequacy of management

and supports provided. Within six months of the date of this Order, DBHDS will develop a report consolidating the information from these sources to provide a comprehensive summary of the management and support provided to individuals with complex needs. This summary will be completed annually.”

- **Status:** In Progress
- **Status Explanation:** DBHDS developed a report using data from the processes required by this Term for the first time in May of 2025. DBHDS used data from FY 24 to create the report. The report is a compilation of information gathered from the IMNR, BSPARI, QSR, and Care Concerns process.
- **Steps Taken and Planned:** DBHDS will review the report with the Independent Reviewer’s Consultant and receive feedback for any areas in need of improvement. DBHDS will incorporate data from the Skilled Nursing reviews which recently began. DBHDS will initiate an additional report in the next reporting period for FY 25. OIHSN will be completing a deeper review on QSR results related to needs not being met, and data coded during the Care Concerns process will be improved to ensure consistent coding of results. The IMNR process outlined above already consists of corrective action to ensure follow-up remediation occurs based on the findings of the process.

Action 44b

- **Action 44b:** “DBHDS will continue to implement the IMNR process for no less than 70 people annually who have complex medical, behavioral, or adaptive support needs (Tier 4) to include onsite visits, reviews of specific health care documentation, and a factual questionnaire administered by qualified nursing professionals to primary caregivers most familiar with the person’s health care needs.”
- **Status:** In Progress
- **Status Explanation:** DBHDS has completed 59 IMNR reviews this year with the Independent Consultant’s nurse reviewers. The team is revising the process to ensure additional individuals are added to meet the requirement to implement the IMNR process for no less than 70 people annually and to ensure that individuals with adaptive support needs and behavioral support needs are part of the ongoing samples.
- **Steps Taken and Planned:** DBHDS intends to update the IMNR processes so that individuals with adaptive and behavior support needs are included in the reviews. DBHDS will refine the process for sample selection and ensure all documentation is reflective of the individuals being reviewed.

Term #45- DD Service Providers’ Compliance with Administrative Code

- **Term:** “The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services comply with 12 VAC 35-105-620 in effect on the date of this Order or as may be amended.”
- **Status:** In Progress
- **Status Explanation:** DBHDS continues to review all providers for compliance with 12 VAC 35-105-620. DBHDS completes licensing reviews on a calendar year basis and to date has not completed all reviews for this year. DBHDS has completed about 50% of licensing reviews at this time. Thus, DBHDS cannot yet report on the percentage of providers that are in compliance with 12 VAC 35-105-620.
- **Steps Taken and Planned:** DBHDS will be completing a look back of reviews completed by licensing specialists to determine consistency in determination and inter-rater reliability which will be reported in the December report. DBHDS will finalize review of providers, will take lessons learned from the review of the sample completed by the consultant, and provide feedback to specialists to improve inter-rater reliability.
- **Quantitative Data Review:** There is no quantitative data to review yet for calendar year 2025.
- **QII:** DBHDS does not have a formal quality improvement initiative related to this indicator, however, DBHDS staff closely review the findings of the Independent Reviewer’s consultant and review notes provided related to differences in findings to more closely align findings and inter-rater reliability.

Action 45a

- **Action 45a:** “Within six months of the date of this Order, DBHDS will require that any provider not in compliance with 12 VAC 35-105-620.C.4 and D.3 (regarding corrective action plans) develop and implement a corrective action plan that includes the receipt of technical assistance, additional training, and specific actions related to the respective areas of underperformance as determined appropriate by DBHDS.
- **Status:** Completed
- **Status Explanation:** DBHDS continues to require that providers with a citation related to 12 VAC 35-105-620.C.4 and D.3 develop corrective action plans related to their non-compliance. DBHDS offers technical assistance and training for these regulations through the Expanded Consultation and Technical Assistance (ECTA) Process. For the first citation, participation in the ECTA process is optional and at the provider discretion. Once a provider is cited with a second violation, participation in the ECTA process is required.
- **Steps Taken and Planned:** DBHDS staff continue to implement processes as outlined to ensure provider compliance with regulations regarding corrective action plans. DBHDS will continue to review data and determine if additional actions are warranted.

Action 45b

- **Action 45b:** “Within six months from the date of this Order, for providers who are not compliant with 12 VAC 35-105-620.C.4 and D.3 (regarding corrective action plans) for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth’s regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider’s license to provisional status, or revoking the provider’s license as determined appropriate by DBHDS.
- **Status:** In Progress
- **Status Explanation:** DBHDS has established an expectation that when a provider receives a systemic citation (cited twice consecutively), the provider must participate in the ECTA process within 45 days of their approved corrective action plan. In addition to required participation in the ECTA process, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance. These actions include, but are not limited to, the following steps:
 - Optional ECTA
 - Required ECTA
 - Consent Agreement
 - Provisional License
 - Revocation of License

DBHDS is implementing consistent and progressive actions to ensure provider compliance and quality.

- **Steps Taken and Planned:** DBHDS staff continue to implement processes as outlined to ensure provider compliance with regulations governing corrective action plans. DBHDS will continue to review data and determine if additional actions are warranted.

Action 45c

- **Action 45c:** “Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments.”
- **Status:** In Progress

- **Status Explanation:** DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer's Consultants, and contractors who complete data collection on behalf of DBHDS. Part of this process includes verification of a second data set to verify that both sets of data result in similar findings. Additionally, DBHDS is implementing an inter-rater reliability process specific to licensing specialists that will include a review of one service record by all licensing specialists, at least quarterly, to ensure that all specialists' reviews result in similar findings. This will be supplemented by a gold standard reviewer (a subject matter expert against whose determination all other determinations are made) completing a look back of licensing specialists' findings to identify and address any inconsistencies.
- **Steps Taken and Planned:** DBHDS will implement the new process of inter-rater reliability between licensing specialists and determine any additional actions that are needed post completion. In addition, DBHDS will continue to update documentation relevant to IRR of DBHDS staff and consultants used to gather information.

Term #46- Quality Service Monitoring

- **Term:** "The Commonwealth will work to ensure that, using information collected from licensing reviews and Quality Service Reviews, it identifies providers that have been unable to demonstrate adequate quality improvement programs and offers technical assistance as necessary."
- **Status:** In Progress
- **Status Explanation:** DBHDS completes licensing reviews on a calendar year and to date has not completed all reviews for this year. DBHDS has only completed about 50% of reviews at this time. DBHDS cannot yet report on quality improvement programs compliance. Additionally, DBHDS just initiated Round 7 of the Quality Service Review (QSR) process and this has not yet been completed. DBHDS worked with the Independent Reviewer's Consultant to refine questions in the Provider Quality Review portion of the QSR tool to ensure the Department receives comprehensive data for each agency's Quality Improvement Program.
- **Steps Taken and Planned:** DBHDS will review the data once both licensing and QSR processes are complete and determine if additional actions and refinements to processes are indicated.
- **Quantitative Data Review:** There is not any quantitative data to report at this time.
- **QII:** DBHDS will review the data gathered from licensing reviews and QSR reviews and determine if additional quality improvement is warranted.

Action 46a

- **Action 46a:** "Within six months of the date of this Order, DBHDS will require that any provider not in compliance with quality improvement program regulations develop and implement a corrective action plan. DBHDS will continue to employ a total of 12 Quality Improvement Specialists. DBHDS Quality Improvement Specialists will continue to offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance."
- **Status:** In Progress
- **Status Explanation:** DBHDS continues to require that providers with a citation related to quality improvement programs develop and implement corrective action plans related to their non-compliance. DBHDS has hired the 12 Quality Improvement Specialists who have begun their work with providers who have received corrective action plans related to their Quality Improvement Programs. The quality improvement specialist team began Expanded Consultation and Technical Assistance (ECTA) sessions with providers in August of 2024 and continues to work with providers.
As of April 2025:
 - 321 out of 637 invitations were accepted
 - Of the 321, 309 were unique providers

- 321 were assigned to a QI Specialist
 - 136 completed ECTA
 - 40 were in-progress (Note: these 40 providers represent the wrap-up of ECTA in 2024)
 - 145 did not complete ECTA for various reasons (e.g., dropped out, no shows/cancellations, lack of response to outreach efforts, missing deadlines for document submission (e.g., Readiness Assessment) to begin ECTA). As these were initial citations, ECTA is optional.
- **Steps Taken and Planned:** DBHDS is continuing to track providers that are not in compliance, providing ECTA and re-assessing compliance in following reviews.

Action 46b

- **Action 46b:** “Within six months from the date of this Order, for providers who are not compliant with quality improvement program regulations for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth’s regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider’s license to provisional status, or revoking the provider’s license as determined appropriate by DBHDS.”
- **Status:** In Progress
- **Status Explanation:** DBHDS has established an expectation that when a provider receives a systemic citation (cited twice consecutively), the provider must participate in ECTA within 45 days of their approved corrective action plan. In addition to required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance. These actions include but are not limited to the following steps:
 - Optional ECTA
 - Required ECTA
 - Consent Agreement
 - Provisional License
 - Revocation of License
 - DBHDS is implementing consistent and progressive actions to ensure provider compliance and quality.
- **Steps Taken and Planned:** DBHDS staff continue to implement processes as outlined to ensure compliance with regulations and expectations. DBHDS will continue to review data and determine if additional actions are warranted.

Action 46c

- **Action 46c:** Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments.
- **Status:** In Progress
- **Status Explanation:** DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer’s Consultants, and contractors who complete data collection on behalf of DBHDS. Part of this process includes verification of a second data set relayed to the same data to ensure congruence between the data sets. Additionally, DBHDS is implementing an inter-rater reliability process specific to licensing specialists that will include a review of one service record by all licensing specialists, at least quarterly, to ensure that all specialists’ reviews result in similar findings. This will be supplemented by a gold standard reviewer completing a look back of licensing specialists’ findings to identify and address any inconsistencies.

- **Steps Taken and Planned:** DBHDS will implement the new process of inter-rater reliability between licensing specialists and determine any additional actions that are needed post completion. In addition, DBHDS will continue to update documentation related to IRR of DBHDS staff and consultants used to gather information.

Term #49- Residential Services Community Integration

- **Term Description:** “The Commonwealth will work to achieve a goal that 95% of residential service recipients reside in a location that is integrated in, and supports full access to, the greater community in compliance with the CMS rule on HCBS settings.”
- **Status:** In Progress
- **Status Explanation:** The Commonwealth continues to work to refine the process used to determine the percentage of individuals residing in residential settings that are in compliance with the CMS rule on HCBS Settings. DBHDS refined the reporting process for ongoing monitoring of providers’ compliance with the HCBS Settings Rule. DBHDS, in consultation with the Independent Reviewer’s consultant, updated the QSR tools to address appropriate areas of the HCBS Settings rule. Additional refinement will be needed to the tool in the next round. Additionally, DBHDS is completing a look back of previous QSR reviews to verify the findings of provider compliance with implementation of their quality improvement plan when there were areas of non-compliance related to HCBS Settings questions.
- **Steps Taken and Planned:** DBHDS will update the previous process for calculating compliance with the reviews completed and finalize review of all QSR setting reviews to ensure data is reliable and valid. Once this is completed, data validation will occur to ensure the data reported is reliable and valid.
- **Quantitative Data Review:** The data below has not yet been validated, nor has it been adjusted for the look backs that are occurring related to the QSR Reviews. However, it does show that as of the current reviews completed, Virginia is trending in the right direction for overall compliance.

Setting Type	Total	Percentage
Compliant	9714	0.93072722
Non-Compliant	723	0.06927278
	10437	1

- **QII:** There is not a formal QII related to this term. The Commonwealth continues to refine the process used to determine whether the goal of this Term is met and make improvements to ensure that the data that is being reported is reliable and valid.

Action 49a

- **Action 49a:** “In accordance with its CMS-approved Statewide Transition Plan, by December 31, 2025, the Commonwealth will complete its review of the remaining 3,296 locations for compliance with the CMS settings rule to determine if it is in compliance with the 95% goal.”
- **Status:** In Progress
- **Status Explanation:** DBHDS has initiated all reviews that are needed to be completed and is following up with providers who are in need of remediation to come into compliance. As discussed above, staff are also following up with providers who were identified in Rounds 1, 2, and 5 of the QSRs? as being out of compliance with parts of the HCBS Settings Rule to ensure they remediate these issues and can now be found in full compliance.
- **Steps Taken and Planned:** DBHDS will finalize all reviews of providers, update the process document related to this initial review, and validate the data.

Term #52- Look-Behind Analysis of Abuse, Neglect, and Exploitation Allegations

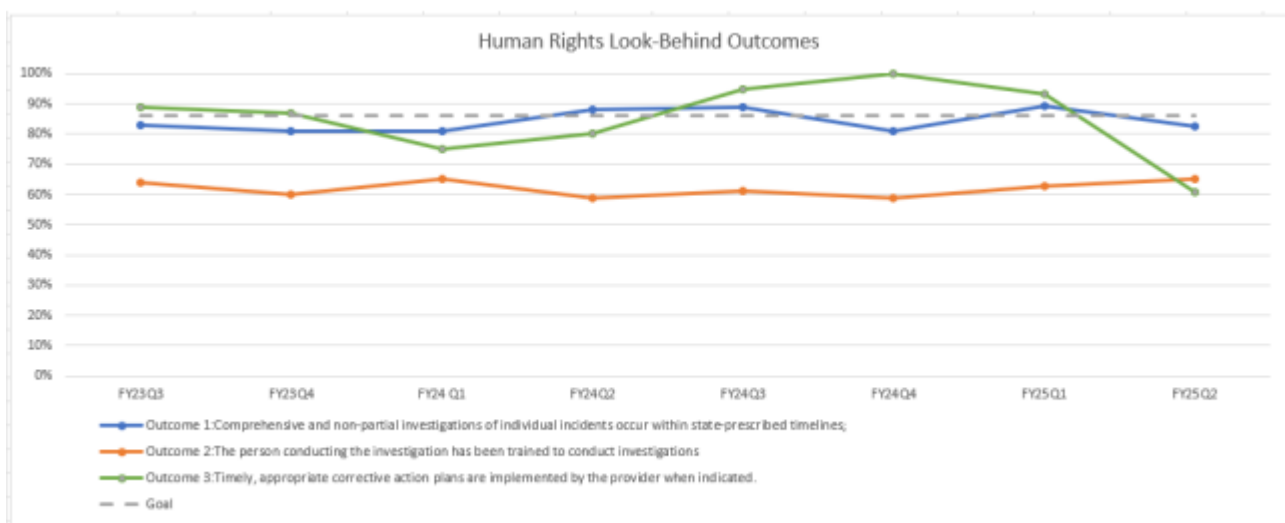
- **Term:** “The Commonwealth will continue its Community Look-Behind (CLB) review process to achieve a goal of collecting sufficient data for the Risk Management Review Committee (RMRC) to conduct or oversee a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. The review will evaluate whether: (i) investigations of individual incidents occur within state-prescribed timelines; (ii) the person conducting the investigation has been trained to conduct investigations; and (iii) corrective action plans are implemented by the provider when indicated. The RMRC will review trends at least quarterly, recommend QIIs when necessary, and track implementation of initiatives approved for implementation.”
- **Status:** In Progress
- **Status Explanation:** Commonwealth has continued its CLB review process, and it is designed to achieve the goals required by Term 52.

The sample cases have been selected and review in the Look-Behind Application has been completed. A random sample of 300 cases over the course of one year will allow results to be generalized across the entire population with a +/-5% margin of error.

An inter-rater study process has been developed to assess how well reviewers are consistently using the Look-Behind Application and coming to the same conclusions. Based on the design of the web-based Look-Behind Application and the fact that the Office of Human Rights did not begin using the application for the review process until June 2024, the inter-rater study will be completed at the conclusion of each Fiscal Year.

A look-behind review timeline for 2025_2026 has been created to reflect the date of issue and completion for monthly look-behind reviews, the issue and completion date for the initial inter-rater review study (at the conclusion of the fiscal year) and the point at which quarterly summary data is reported to the RMRC. The timeline also indicates the period of time the cases being reviewed were closed [See *CLB Review Timeline 2025_2026*].

- **Steps Taken and Planned:** The Office of Human Rights will continue to facilitate the CLB process and provide summary data to the RMRC quarterly. An inter-rater study process has been developed to assess how well reviewers are consistently using the review tool and coming to the same conclusions. An inter-rater study will be completed at the conclusion of each Fiscal Year. DBHDS will need to determine based on the findings of this initial inter-rater study whether this process needs to be refined to ensure concerns are addressed more timely.
- **Quantitative Data Review:** The image below provides a quarterly review of the three outcomes related to the CLB with data demonstrating a decrease in the second quarter of FY25 for two of the outcomes.



The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** Based on the consistently low results for Outcome ii (the person conducting the investigation has been trained to conduct investigations), DBHDS conducted a root cause analysis. DBHDS identified the following root causes for the low results:
 - **Awareness:** Providers do not know there is a requirement to have a trained investigator and what that “training” should consist of.
 - **Staff turnover:** The provider may have had a trained investigator, but that person left.
 - **Access to training:** Providers do not know where to access training; training in the community may be cost-prohibitive for smaller agencies; DBHDS training is “only” offered 6 times per year.
 - **Noncompliance:** Providers are aware of the requirement and where to obtain training but fail to access and maintain the training.

The Office of Human Rights has implemented strategies to improve providers’ compliance with having a trained investigator including adding an attestation for a trained investigator to the Human Rights compliance verification checklist, development of a live web-based interactive training for new and newly licensed providers offering information about investigation and reporting requirements, procurement of a Certified Investigator Training Program, the creation of a tracker of all trained investigators, and revision of internal protocols.

Term #53- Samples of Data from Look-Behind Analyses of Serious Incidents and Allegations of Abuse, Neglect, and Exploitation

- **Term:** “The Commonwealth will work to achieve a goal of showing 86% of the sample of serious incidents reviewed by the RMRC meet criteria reviewed in the audit and that at least 86% of the sample of allegations of abuse, neglect, and exploitation reviewed by the RMRC meet criteria reviewed in the audit. The Commonwealth will continue the look behind process and provide feedback to the RMRC related to its findings. If this goal is not met by December 31, 2024, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** In Progress
- **Status Explanation:** DBHDS continues to look behinds for both Licensing and Human Rights. DBHDS is meeting and exceeding the 86% for licensing look-behinds but is not meeting for the Human Rights Look Behinds. This status explanation focuses on the Office of Licensing aspect of the look behind process. The Human Rights information can be found in the Term above. DBHDS Licensed Providers of Developmental Services were issued a memorandum, *Incident Management Unit Look Behind process and responsibilities related to timely, appropriate corrective action plans implemented by the provider when indicated*, on 10/6/2023. This memorandum was also made available on the DBHDS Office of Licensing webpage. A presentation of the VCU Incident Management Unit Look Behind process, including Outcome IV (Timely, appropriate corrective action plans are implemented by the provider when indicated), was presented to the VACSB on 12/8/2023.

In addition, the Office of Licensing efforts to work with VCU to promote the reduction in the lag time between the end of the evaluation period and submission of the VCU Look-Behind analysis reports has proven successful. VCU and DBHDS have been adhering to the VCU IMU Look Behind schedule. Any additional modifications have been scheduled in advance of the pre-scheduled dates. The 2025 schedule had been developed and submitted to VCU by DBDHS on 1/28/2025. VCU has agreed to the implementation of this schedule.

- **Steps Taken and Planned:** As was mentioned above the Office of Human Rights continues to struggle to meet outcome number ii of the look behind. As a result of the challenge with outcome ii, the Office of Human Rights is implementing quality improvement initiatives to come into compliance with the expectations outlined.
- **Quantitative Data Review:**
 The FY24 Q2 Data Findings report was submitted by VCU on 10/20/2024. DBHDS reviewed both the findings report and data submitted by VCU. A VCU DBHDS Response meeting was held on 11/17/2024 during which recommendations and specific case scenarios were discussed in detail with mutual agreement achieved regarding the recommendations and findings. VCU submitted its findings from the Look Behind Reviews for the 12/16/2024 RMRC Meeting. This included FY24 Q2 results outlined below:
 Outcome I: Incident was triaged appropriately by the Office of Licensing Incident Management Unit according to developed protocols. Finding: Met 100% Unmet: 0%
 Outcome II: The provider's documented response ensured the recipient's safety and well-being. Finding: Met: 99% Unmet: 4%
 Outcome III: Appropriate action from the Office of Licensing Incident Management Unit occurred when necessary. Finding: Met: 98% Unmet: 5%
 Outcome IV: Timely, appropriate corrective action plans are implemented by the provider when indicated. Finding: Met: 100% Unmet: 0%

 Additionally, FY24 Q3 data has been reviewed and the Incident Management Unit Look Behind Findings Report was submitted to DBHDS on 1/20/2025. DBHDS and VCU will meet on 2/21/2025 to review the VCU findings report. An updated report will be submitted to DBHDS by 2/28/2025 along with the data. VCU will present to the RMRC committee on 3/24/2025. The initial results were as follows:
 Outcome I: Incident was triaged appropriately by the Office of Licensing Incident Management Unit according to developed protocols. Finding: Met 100% Unmet: 0%
 Outcome II: The provider's documented response ensured the recipient's safety and well-being. Finding: Met: 98% Unmet: 2%
 Outcome III: Appropriate action from the Office of Licensing Incident Management Unit occurred when necessary. Finding: Met: 98% Unmet: 2%
 Outcome IV: Timely, appropriate corrective action plans are implemented by the provider when indicated. Finding: Met: 100% Unmet: 0%
- **QII:** Based on the consistently low results for Outcome ii in the Human Rights Look Behind, the person conducting the investigation has been trained to conduct the investigation, specific to the look-behind analysis of allegations of abuse, neglect and exploitation, DBHDS identified the following root causes:
 - Awareness: Providers do not know there is a requirement to have a trained investigator and what that "training" should consist of.
 - Staff turnover: The provider may have had a trained investigator, but that person left.
 - Access to training: Providers do not know where to access training; training in the community may be cost-prohibitive for smaller agencies; DBHDS training is "only" offered 6 times per year.
 - Noncompliance: Providers are aware of the requirement and where to obtain training but fail to access and maintain the training.

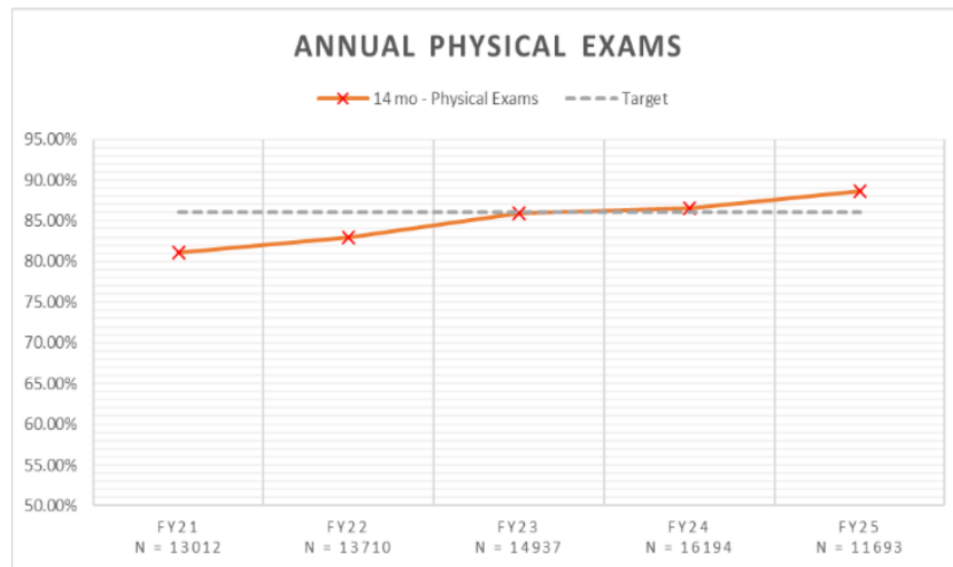
The Office of Human Rights has implemented strategies to address this issue including adding an attestation for a trained investigator to the Human Rights compliance verification checklist; development of a live web-based interactive training for new and newly licensed providers offering information about investigation and reporting requirements; procurement of a certified investigator training curriculum; created a tracker to document assurance of provider trained investigators at the time the incident is reported and revised internal protocols.

The RMRC has also chartered a QII workgroup to consider additional root causes for the performance of each of the three outcomes and recommend a QII to improve performance.

Term #54- Annual Physical Exams

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals supported in residential settings receive annual physical exams.”
- **Status:** Met
- **Status Explanation:** Data from FY 24 and the first three quarters of FY 25 demonstrate that the Commonwealth has met the goal that 86% of individuals receive an annual physical exam.
- **Steps Taken and Planned:** DBHDS will continue to monitor data and review CSBs where individuals have more challenges in accessing annual physical exams and will provide consultation and technical assistance. It is important to note that DBHDS updated the process document to correct typographical areas between dental and physical exams, and the data has been validated and found reliable.
- **Quantitative Data Review:** The data, as indicated below, demonstrates that there has been an upward trend in the number and percentage of individuals who have received their annual physical exams. It should be noted that FY 25 data is only representative of the first three quarters.

Type of Exam	FY21 N = 13012	FY22 N = 13710	FY23 N = 14937	FY24 N = 16194	FY25 N = 11693
14 mo - Physical Exams	81.06%	82.98%	85.93%	86.56%	88.60%



The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** There is not a formal quality improvement initiative related to this Term and currently, one is not needed because there continues to be an upward trend and the Commonwealth is meeting the goal.

Action 54a

- **Action 54a:** “Within six months of the date of this Order, any time there is not an increasing trend in the percentage of individuals receiving an annual physical exam in consecutive annual reporting periods, DBHDS will conduct a root cause analysis and determine whether a QII is warranted to address identified issues. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”

- **Status:** Not Due
- **Status Explanation:** DBHDS data as reported by the Office of Integrated Health Supports Network shows an increasing trend and that the Commonwealth is meeting the goal. Thus, a root cause analysis is not required.
- **Steps Taken and Planned:** No additional actions are needed at this time.

Term #55- Assessment of Licensed Providers of DD Services

- **Term:** “The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services have been assessed for their compliance with risk management requirements in the Licensing Regulations during their annual inspections. DBHDS will continue to conduct annual licensing inspections in accordance with Virginia Code § 37.2-411 in effect on the date of this Order or as may be amended and assess provider compliance with risk management requirements in the Licensing Regulations utilizing the Office of Licensing Annual Compliance Determination Chart.”
- **Status:** In Progress
- **Status Explanation:** DBHDS reviews licensed providers on a calendar year basis. As such, at this point in the year, DBHDS has reviewed approximately 50% of DD providers and cannot yet report on whether 86% of licensed providers have been assessed for compliance with risk management requirements. A look behind will be completed of reviews completed based on a random sample as chosen by the Independent Reviewer’s Consultant to verify the veracity of the licensing findings and will be reported in the December report.
- **Steps Taken and Planned:** The DBHDS Office of Licensing will continue to review providers assessing their compliance with risk management requirements and report its findings accordingly.
- **Quantitative Data Review:** There is not currently a quantitative data report as DBHDS has not finalized the review of all providers.
- **QII:** There is currently not a formal quality improvement initiative related to this term nor is one indicated at this time.

Term #56- Data-Driven Quality Improvement Plans for HCBS Waiver Programs

- **Term:** “The Commonwealth will continue to implement the Quality Improvement Plan approved by CMS in the operation of its HCBS Waivers. The DMAS-DBHDS Quality Review Team (QRT) will meet quarterly in accordance with the CMS-approved Quality Improvement Plan and will review data, determine trends, and implement quality improvement strategies where appropriate as determined by the QRT to improve performance.”
- **Status:** In Progress
- **Status Explanation:** The Commonwealth continues to implement the Quality Improvement Plan approved by CMS. The QRT meets quarterly to review data, determine trends, and implement quality improvement strategies but lack of documentation prevents a finding that the Commonwealth has achieved this Term. While there was the meeting presentation and data for the October meeting there were no meeting minutes for this meeting to demonstrate the discussion that was held. There was however, a new tool which demonstrated review and discussion of quality improvement strategies for underperforming measures. Information was provided for the meeting that occurred in January that demonstrated discussions that were held, data reviewed, and the presentations made. There was not demonstrated evidence for the January meeting of discussion of quality improvement strategies for underperforming measures.
- **Steps Taken and Planned:** The QRT will need to ensure that meeting minutes are completed for every meeting, document discussions of quality improvement strategies quarterly, and make a plan to discuss trends both across quarters as well as across years. The QRT will work to develop a written process for communications between the QRT and DBHDS Quality Improvement about underperforming Waiver Performance Measures for more proactive development of quality improvement strategies where appropriate.

Alternatively, if the QRT determines that quality improvement strategies are not warranted, the QRT will need to provide written justification explaining the basis for its decision. A tracker has been initiated to document the quality improvement strategies corresponding to each underperforming Waiver Performance Measures.

- **Quantitative Data Review:** Quantitative is not warranted for this Term which is focused on the quarterly meeting. As mentioned above, the QRT held quarterly meetings during this semi-annual period, however the October meeting was missing documentation as it related to several elements of this term.
- **QII:** There is not a formal QII in place to address this term, however, the team continues to work to improve strategies to demonstrate compliance with this term.

Term #57- Data-Driven Quality Improvement Plans for HCBS Waiver Program

- **Term:** “The Commonwealth will continue to collect quarterly data on the following measures: (i) health and safety and participant safeguards; (ii) assessment of level of care; (iii) development and monitoring of individual service plans, including choice of services and of providers; (iv) assurance of qualified providers; e) whether waiver enrolled individuals’ identified needs are met as determined by DMAS QMR; and (v) identification, response to incidents, and verification of required corrective action in response to substantiated cases of abuse/neglect/exploitation. This data will be reviewed by the DMAS-DBHDS Quality Review Team. Remediation plans will be written and remediation actions implemented, as necessary, for those measures that fall below the CMS-established 86% standard. DBHDS will provide a written justification for each instance where it does not develop a remediation plan for a measure falling below 86% compliance. Quality Improvement remediation plans will focus on systemic factors (where present) and will include the specific strategy to be employed, as well as defined measures that will be used to monitor performance. Remediation plans will be monitored at least every six months. If such remediation actions do not have the intended effect, a revised strategy will be implemented and monitored.”
- **Status:** In Progress
- **Status Explanation:** The Quality Review Team has measures that address each of the areas outlined above and continues to collect and review the data quarterly. DBHDS implemented a tracker to document initiated remediation efforts. The Quality Review Team should update progress related to the remediation plans each quarter.
- **Steps Taken and Planned:** The QRT will work to develop a written process for communication between the QRT and DBHDS Quality Improvement about underperforming Waiver Performance Measures for more proactive development of remediation plans where appropriate. Alternatively, if remediation is not warranted, the QRT will provide written justification explaining the decision. A tracker has been initiated to document the remediation efforts corresponding to each underperforming Performance Measure.
- **Quantitative Data Review:** The QRT met on January 23, 2025, to review Waiver Performance Measure data and trends from FY25 Q1. The QRT discussed quality improvement strategies for Performance Measures which underperformed in the FY24 annual report (N=8). Out of the 8 underperforming measures, 6 have current and active quality improvement strategies underway (C9, D1, D3, D6, G1, G4), however further planning/discussion is needed to determine if a remediation plan is needed for the remaining 2 measures (C5, G10).
- **QII:** There is not a formal QII in place to address this term, however, the Quality Review Team team continues to work to improve strategies to demonstrate compliance with this term.

Integrated Day and Employment Study Area

PI Term #37. Day Services for DD Waiver Recipients

- **Term:** “The Commonwealth will work to achieve a goal of a 2% annual increase in the percentage of individuals on the DD waiver receiving day services in the most integrated settings.”
- **Status:** Met
- **Status Explanation:** DBHDS reported a 2.5% annual increase from March 2024 to March 2025. In March 2024, 3,762 people received integrated day services out of 17,121 individuals active on the DD waivers. In March 2025 there were 4,438 individuals receiving integrated day services of 18,149 individuals active on the DD Waivers.
- **Steps Taken and Planned:** DBHDS continues to work with the Community Engagement Advisory Group (CEAG) to improve access to and utilization of the most integrated day services.
- **Quantitative Data Review:** As evidenced in the [Integrated Employment and Day Services report](#), the Commonwealth achieved a 2.5% increase in individuals receiving services in the most integrated day services (community engagement, community coaching, individual supported employment, group supported employment and workplace assistance). There was an 18% increase in unduplicated individuals receiving integrated day services. The percentage increase of individuals on the waivers only grew by 2.5% because the Commonwealth also saw a 6% increase in individuals on the waivers.

	9/30/2016	9/30/2017	3/31/2018	9/30/2018	3/31/2019	9/30/2019	3/31/2020	9/30/2020	3/31/2021	9/30/2021	3/31/2022	9/30/2022	3/31/2023
Unduplicated Total	1,120	2,952	3,279	3,628	3,867	4,098	4,171	3,777	3,450	3,175	3,096	3,157	3,253
Unduplicated Total with Group Day Support Added*	-	6,937	7,332	7,706	7,879	8,064	8,282	7,570	6,944	6,411	6,396	6,919	7,019

Table 2. Cont.

	9/30/2023	3/31/2024	9/30/2024	3/31/2025	% Change from Baseline
Unduplicated Total	3,450	3,762	3,998	4,438	256.96%
Unduplicated Total with Group Day Support Added*	7,211	7,652	7,996	8,623	24.30%

The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** DBHDS has an active QII related to increasing the utilization of Community Engagement and Coaching services. DBHDS created a provider survey on barriers to the utilization of these services and is awaiting survey feedback to determine what interventions are needed to increase successful utilization of the services.

Action 37.a

- **Action 37.a:** “Within one month of the date of this Order, DBHDS’s Community Life Engagement Advisory Group (CEAG) will implement a work plan that includes measurable goals, specific support activities, and timelines for implementation and that is focused on: defining meaningful community involvement; developing training and educational materials to enhance meaningful community involvement for individuals and families, providers, and case managers; and assessing community involvement data.”
- **Status:** Completed
- **Status Explanation:** DBHDS has developed a comprehensive plan related to community engagement. The plan focuses on improving the understanding of community life engagement, leveraging support coordinators and providers as champions of community life engagement, improving understanding of barriers and how to mitigate them, identifying and mitigating gaps in availability, and collecting and leveraging data to address all issues. The plan is structured to provide activities, tasks, deliverables, and intended measurable outcomes with timelines for implementation.

- **Steps Taken and Planned:** DBHDS has updated the plan and restructured the CEAG to ensure appropriate support and representation from across the Commonwealth. The Commonwealth needs to ensure that the CEAG meets regularly and is prepared to operationalize their work for meaningful outputs.

Action 37b

- **Action 37b:** “If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Community Engagement, Workplace Assistance, and Community Coaching by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Community Engagement, Workplace Assistance, and Community Coaching by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.”
- **Status:** In Progress
- **Status Explanation:** Summary of rate study efforts can be found under Term 59
- **Steps Taken and Planned:** See Summary under Term 59.

Action 37.c

- **Action 37.c:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraph 37(a), DBHDS will also conduct a root cause analysis and determine whether a QII is warranted to address identified issues. A root cause analysis and consideration of QII will not be required if the percentage of individuals in the integrated day services reported above is 65% of the total number of the people receiving any day service.”
- **Status:** Not Due
- **Status Explanation:** This Action, if required, is not due until January 2027
- **Steps Taken and Planned:** This Action is not due until January 2027

PI Term #50. Supported Employment

- **Term:** “The Commonwealth will work to achieve a goal of being within 10% of the waiver employment targets set by the Employment First Advisory Group. DBHDS will continue to work with the Employment First Advisory Group, the Quality Improvement Committee (QIC), and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18-64 on the DD waiver. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** In Progress
- **Status Explanation:** DBHDS has completed a semi-annual report for December 31, 2024 data. Currently, DBHDS is at 83% of the waiver employment targets for FY25. Despite a 15% increase in the overall target from FY24 (1,142 people employed) to FY25 (1,310 people employed), the Commonwealth is 3% closer to meeting the goal than it was last year at this time.
- **Steps Taken and Planned:** DBHDS has completed quality improvement initiatives related to employment, specifically targeting meaningful conversations during development of Individual Services Plans (ISP) and ensuring that goals developed for employment in ISPs are appropriate. DBHDS continues to have an Employment First Advisory Group with active membership from across the Commonwealth. The Employment

First Advisory Group is comprised of three committees focused on education and training, policy, and data to advance employment for individuals with developmental disabilities in the Commonwealth.

- **Quantitative Data Review:** As indicated in the table below, at the end of FY24, the Commonwealth was within 1% of hitting the target. As mentioned, DBHDS is currently at the mid-year point, with performance at 83% of the target, which is 3% higher than last year. If increases continue at the current rate, the Commonwealth should be within 10% of the waiver employment targets at the end of this fiscal year.

Data Targets:

Fiscal Year	Total	Actual Total	ISE	Actual ISE	GSE	Actual GSE	% of total
2016	808	890	211	225	597	665	100%
2017	932	826	301	305	631	521	89%
2018	1297	972	566	422	731	550	75%
2019	1211	1078	661	555	550	523	89%
2020*	1486	715	936	480	550	235	48%
2021**	1685	708	1135	469	550	239	42%
2022	1211	764	661	530	550	234	63%
2023	1486	986	936	702	550	284	66%
2024	1142	1020	842	719	300***	301	89%
2025	1310	Mid year 1082	1010	Mid Year 767	300***	Mid year 315	83%
2026	1512		1212		300***		

*In December we were at 84% of the target for FY 20 and on target to reach our goal, with the onset of COVID-19 in March and the declaration of a state of emergency in Virginia, there were many individuals who took leaves of absences, were furloughed, or terminated as business closed or significantly reduced staffing due to the pandemic. **Pandemic impact ***GSE has not rebounded post pandemic we will revisit these targets if we see an increase beyond what the current target is.

The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** There is no current formal QII related to employment at this time.

PI Term #51. Supported Employment

- **Term:** “The Commonwealth will work to achieve a goal of meeting its established employment target of 25% for adults aged 18 to 64 on DD waivers and the waitlist. DBHDS will continue to work with the Employment First Advisory Group, the QIC, and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18 to 64 on the DD waiver and the waitlist. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** In Progress
- **Status Explanation:** DBHDS has completed a semi-annual report for December 31, 2024, data. During this semi-annual period, the Commonwealth reported that 23% of people aged 18-64 on the waiver or waiver waiting list were employed. This is a 1% decrease from the previous reporting period. However, there was an increase of 263 people who were employed during this time. This decrease in percentage is the result of an increase of the number of individuals on the waiver/waitlist who were between the ages of 18-64. The waitlist grew by approximately 2,300 people during this timeframe.

- **Steps Taken and Planned:** DBHDS has completed quality improvement initiatives related to employment, specifically targeting meaningful conversations during development of Individual Services Plans (ISP) and ensuring that goals developed for employment in ISPs are appropriate. DBHDS continues to have an Employment First Advisory Group with active membership from across the Commonwealth. The Employment First Advisory Group is comprised of three committees focused on education and training, policy, and data to advance employment for individuals with developmental disabilities in the Commonwealth.
Quantitative Data Review: The data indicates that 4,738 people (247 more than last reporting period) are in Individual Supported Employment (ISE) services and 593 people (14 more than last reporting period) are in Group Supported Employment (GSE) services. A total of 5,331 people are employed with supports from ISE and GSE, which is a combined increase of 263 people from the data reported during the previous period. It also indicates that of the total number of individuals aged 18-64 on the waivers and the waiver waitlists, 23% of people with DD are employed, which is a decrease of 1%. The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.
- **QII:** There is currently not a formal QII related to employment

Community Living Options Study Area

Term #38. Private Duty Nursing.

- **Term:** “The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with private duty nursing identified in their ISP or prescribed under EPSDT receive 80% of the hours identified as needed on the CMS485 or DMAS62 forms.”
- **Status:** In Progress
- **Status Explanation:** DBHDS completed a semi-annual lookback of nursing utilization for the first six months of FY25. Data for this lookback was collected one month after completion of the semi-annual period. Because DMAS regulations permit providers to submit billing claims up to one year after providing a service, the data reviewed reflected only claims submitted within that six-month period and did not reflect any claims that would be submitted after that six-month period. 90% of billing claims are submitted in the first three months after the service is delivered, so collecting the data just one month after completion of the semi-annual period excluded additional claims that were submitted after the data was pulled. As a result, the data produced by the six-month lookback did not reflect the full percentage of individuals who utilized 80% of their hours. and resulted in a lower percentage of individuals found to have utilized 80% of their hours than what is actually occurring.
To obtain a fuller, and more accurate, picture of nursing utilization, the DBHDS Office of Integrated Health Support Network (OIHSN) also conducted a review of FY24 private duty nursing billing data. At the time of the OIHSN review, the deadline for submitting claims for services provided in FY24 was closed. Thus, the data reviewed by OIHSN more closely reflects actual nursing utilization.
As explained below, 90% of billing claims are submitted in the first three months after the service is delivered, so collecting this data just one month after completion of the semi-annual period excluded additional claims and resulted in a significant decrease in the percentage of individuals who utilized 80% of their hours.
- **Steps Taken and Planned:** DBHDS continues to refine data collection related to nursing hour utilization including continuing to gather data each review period for previous review periods to identify additional services delivered, developing a workplan to address nursing across the Commonwealth, and continuing to implement the Intense Management Needs Review (IMNR) by which nurses with the OIHSN complete on-site

reviews to ensure individuals' needs are being met. When needs or barriers are identified during the review, the nurses issue remediation plans and follow up until issues are resolved.

- **Quantitative Data Review:** DBHDS/DMAS plan to conduct a review of full and complete FY25 data and report that in the next semi-annual report.

As indicated by the data below, over 70% of people received 80% of their private duty nursing hours (both RN and LPN type) in FY 24.

Procedure Code	Description
S9123	Skilled Nursing, Registered Nurse (RN)
S9124	Skilled Nursing, Licensed Practical Nurse (LPN)
T1002	Private Duty Nursing, Registered Nurse (RN)
T1003	Private Duty Nursing, Licensed Practical Nurse (LPN)

The following table shows the Percentage of Utilization that Met 80% by Procedure Code from FY22 to FY24.

Percentage that Met 80% of Utilization by Procedure Code - Updated Billing Data			
Procedure Code	FY22	FY23	FY24
S9123	6.97%	7.41%	29.63%
S9124	20.47%	23.97%	51.52%
T1002	43.27%	65.32%	80.85%
T1003	43.67%	48.99%	73.13%

The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** There is no formal QII initiated at this time related to private duty nursing, however, the OIHSN team continues to implement informal quality improvement efforts through the nurses' work with individuals and providers to resolve individual and systemic concerns.

Action 38.a

- **Action 38.a:** "Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent Reviewer is monitoring the Commonwealth's compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year."
- **Status:** Completed
- **Status Explanation:** DBHDS produced the semi-annual report in time for the Independent Reviewer study and will continue to report this data semi-annually.
- **Steps Taken and Planned:** As indicated the OIHSN Project Manager and DBHDS Data Analyst have added an additional step to the process to ensure over time all outstanding billing data is captured which demonstrates an increase in utilization of the service. In addition, DBHDS will continue to conduct retrospective reviews of the previous fiscal year once the full year of claims data is available to ensure a comprehensive picture of utilization of private duty nursing services.

Action 38.b

- **Action 38.b:** By September 30, 2024, DBHDS will update the ISP to allow for collection of nursing needs data identified by the Risk Awareness Tool.
- **Status:** Completed
- **Status Explanation:** DBHDS updated the ISP effective September 16, 2024, to include the Risk Awareness Tool in the ISP. This allows risk data to populate into the ISPs and ensures that these areas are being covered. This also reduces redundancy in the completion of this documentation.

- **Steps Taken and Planned:** DBHDS reviews each person's ISP as a part of the IMNR process and will provide feedback if information is not being recorded correctly.

Action 38.c

- **Action 38.c Description:** "DBHDS will continue to implement an IMNR that will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified and efforts taken to resolve them."
- **Status:** Completed
- **Status Explanation:** DBHDS implemented the IMNR process in consultation with the Independent Reviewer's Nurse Consultants. The IMNR report was completed by April 15th for review as part of this study. Both the IMNR and the Independent Reviewer's findings aligned in terms of identification and needed follow-through on unmet needs. These can be found in the IMNR Report from April 2025 on the DOJ Settlement Agreement Library.
- **Steps Taken and Planned:** DBHDS is continuing to review and refine the IMNR process to ensure the process adequately evaluates individuals with private duty nursing needs, skilled nursing needs, complex behavioral needs, and adaptive functioning needs.

Action 38.d

- **Action 38.d Description:** "Within six months of the date of this Order, in consultation with the five DBHDS Registered Nurse Care Consultants, the Commonwealth will:
 - Identify which CSB catchment areas in each Region have the highest nursing shortages for this target population based on objective criteria and data, including how many individuals with private duty nursing receive 80% of their hours;
 - Identify the top three barriers to individuals accessing nursing services in each region based on objective data, including stakeholder data and state and national workforce data and research;
 - Develop a work plan to resolve those barriers that includes measurable goals, specific support activities, and timelines for implementation; and
 - Include the barriers and efforts to resolve them, as well as the factual basis for those barriers and efforts, and results achieved in the semiannual nursing report that is posted in the Library."
- **Status:** In Progress
- **Status Explanation:** DBHDS created an initial Community Nursing Access workplan. Within the workplan, DBHDS nurses began identifying which CSBs in each Region had the highest nursing shortage for that Region. The CSBs listed here were identified as having the highest nursing shortages in Regions 1, 3, and 4, respectively: Region 10 CSB, Danville Pittsylvania CSB, and Hanover County CSB. All CSBs across Regions 2 and 5 have very similar nursing utilization rates, so DBHDS will be conducting additional data review to determine which CSB catchment areas have the highest nursing shortages. The Registered Nurse Care Consultants (RNCCs) are working to develop a survey to identify the top three barriers to individuals accessing nursing services. Once the survey is completed and the RNCCs identify the top three barriers, the RNCCs will develop a work plan to resolve those barriers that meets the requirement of this Action and report as required in the semi-annual nursing report.
- **Steps Taken and Planned:** DBHDS has begun the plan development process and has developed action steps to address the areas needed in this Action. DBHDS will implement the survey and gather data on barriers, develop interventions, and then determine if those interventions were successful. Additionally, DBHDS will identify areas of regions 2 and 5 which need additional support related to nursing capacity.

Action 38.e

- **Action 38e.:** “If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, or the semi-annual report of the Independent Reviewer, if there is one, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Private Duty Nursing by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Private Duty Nursing by January 1, 2029. The rate study shall be completed in time to be considered at the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.”
- **Status:** In Progress
- **Status Explanation:** Status for rate study is summarized in Term 59.
- **Steps Taken and Planned:** See Term 59 for summary.

Action 38.f

- **Action 38.f:** “If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 38(a) through 38(d), DBHDS also will conduct a root cause analysis and determine whether a QII is warranted to address identified issues. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** This action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not required until January 2027

Term #39. Skilled Nursing

- **Term Description:** “The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with skilled nursing identified in their ISPs or prescribed under EPSDT will have their skilled nursing needs met 80% of the time.”
- **Status:** In Progress
- **Status Explanation:** DBHDS completed a semi-annual lookback of nursing utilization for the first six months of FY25. Data for this lookback was collected one month after completion of the semi-annual period. Because DMAS regulations permit providers to submit billing claims up to one year after providing a service, the data reviewed reflected only claims submitted within that six-month period and did not reflect any claims that would be submitted after that six-month period. 90% of billing claims are submitted in the first three months after the service is delivered, so collecting the data just one month after completion of the semi-annual period excluded additional claims that were submitted after the data was pulled. As a result, the data produced by the six-month lookback did not reflect the full percentage of individuals who utilized 80% of their hours. and resulted in a lower percentage of individuals found to have utilized 80% of their hours than what is actually occurring.

To obtain a fuller, and more accurate, picture of nursing utilization, the DBHDS Office of Integrated Health Support Network (OIHSN) also conducted a review of FY24 private duty nursing billing data. At the time of the OIHSN review, the deadline for submitting claims for services provided in FY24 was closed. Thus, the data reviewed by OIHSN more closely reflects actual nursing utilization.

The DBHDS Office of Integrated Health Support Network also requested the most recent Skilled Nursing billing data for all of FY24. Looking at more complete claims data resulted in an increase in the number of people receiving at least 80% of their skilled nursing hours for FY 24 but the Commonwealth fell short of the goal of 70% of people receive at least 80% of their hours. Because skilled nursing is an intermittent service based on

need, it is possible that 70% of individuals may never use 80% of their hours if the individuals do not need the services. The DBHDS Office of Integrated Health Support Network recently began a Skilled Nursing IMNR process to review the needs of individuals identified as having Skilled Nursing needs to ensure their needs are being met. DBHDS will be able to report on this data in the December 2025 Report.

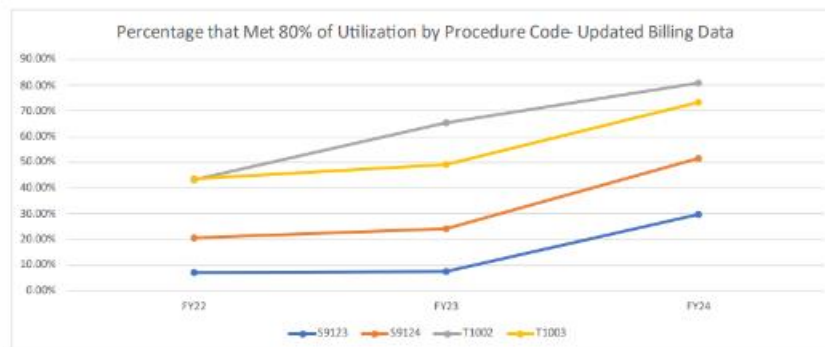
- **Steps Taken and Planned:** DBHDS is implementing an IMNR process to review individuals with skilled nursing needs to determine if their needs are being met. DBHDS will be working with the Independent Reviewer to ensure the process developed to address this Term is objective and results in reliable and valid data. Due to the intermittent nature of skilled nursing services where the service is authorized but only used if needed, using the Skilled Nursing IMNR process will be a better way to determine whether the goal of this Term is met than relying solely on authorization and claims data.
- **Quantitative Data Review:** Updated FY24 billing data for the Skilled Nursing service shows that, while there was an increase in utilization, the goal that 70% of people receive 80% of their hours was not met. It is expected that implementation of the Skilled Nursing IMNR process will provide a more accurate method for determining the Commonwealth's performance related to this goal.

Utilization by Procedure Code – FY24

Procedure Code	Description
S9123	Skilled Nursing, Registered Nurse (RN)
S9124	Skilled Nursing, Licensed Practical Nurse (LPN)
T1002	Private Duty Nursing, Registered Nurse (RN)
T1003	Private Duty Nursing, Licensed Practical Nurse (LPN)

The following table shows the Percentage of Utilization that Met 80% by Procedure Code from FY22 to FY24.

Percentage that Met 80% of Utilization by Procedure Code - Updated Billing Data			
Procedure Code	FY22	FY23	FY24
S9123	6.97%	7.41%	29.63%
S9124	20.47%	23.97%	51.52%
T1002	43.27%	65.32%	80.85%
T1003	43.67%	48.99%	73.13%



The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** There is not currently an official quality Improvement Initiative focused on Skilled Nursing. DBHDS is taking action, however, that will result in improvement in the determination of whether individuals' needs are met through the implementation of the new Skilled Nursing IMNR.

Action 39.a

- **Action 39.a:** "Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent

Reviewer is monitoring the Commonwealth's compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year."

- **Status:** Completed
- **Status Explanation:** DBHDS produced the semi-annual report in time for the Independent Reviewer study and will continue to report this data semi-annually.
- **Steps Taken and Planned:** As indicated the OIHSN Project Manager and DBHDS Data Analyst have added an additional step to the process to ensure over time all outstanding billing data is captured which demonstrates an increase in utilization of the service to the metric. In addition, DBHDS will continue to conduct retrospective reviews of the previous fiscal year once the full year of claims data is available to ensure a comprehensive picture of utilization of private duty nursing services.

Action 39.b

- **Action 39.b:** "As part of the IMNR Process, DBHDS will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified, efforts taken to resolve them, and results achieved."
- **Status:** Completed
- **Status Explanation:** DBHDS implemented the IMNR process in consultation with the Independent Reviewer's Nurse Consultants. The IMNR report was completed by April 15, 2025. Both the IMNR and the Independent Reviewer's findings aligned in terms of identification and needed follow-through on unmet needs. These can be found in the [IMNR Report from April 2025](#) on the DOJ Settlement Agreement Library.
- **Steps Taken and Planned:** DBHDS is continuing to review and refine the IMNR process to ensure the process adequately evaluates individuals with private duty nursing needs, skilled nursing needs, complex behavioral needs and adaptive functioning needs.

Action 39.c

- **Action 39.c:** "*Skilled Nursing Review.* Beginning within three months of the date of this Order, for individuals with a skilled nursing need identified in the Waiver Management System, DBHDS will begin to conduct on-site IMNR reviews as set forth in this paragraph. DBHDS will conduct the on-site IMNR reviews of a randomized sample of 10% of individuals annually (split between two six-month reviews) to determine if individuals' skilled nursing services needs are being met. In selecting individuals during each six-month review period to review, DBHDS shall include in the sample only individuals who were authorized to receive the service at least three months earlier, to ensure sufficient time for the sampled individuals to have received the service."
- **Status:** In Progress
- **Status Explanation:** As mentioned above, the IMNR process specific to individuals with skilled nursing needs is underway. Two additional RNCCs have been trained in the process of implementing the IMNR process and have initiated the process specific to individuals with skilled nursing needs. The process has been written, which mirrors the IMNR process in general. Additional questions have been added to address the intermittent nature of skilled nursing and to try to identify, through objective means, whether needs are being met and if the correct number of hours are being delivered related to this service.
- **Steps Taken and Planned:** The IMNR process has been updated by the Office of Integrated Health Supports Network (OIHSN) specific to skilled nursing. DBHDS is implementing the process through the RNCCs and the identified quality team (Deputy Commissioner, OIHSN Project Manager, RN not associated with the project) will review the findings and determine if adjustments need to be made to the process.

Action 39.d

- **Action 39.d:** “If the Commonwealth has not achieved the goal as reported in its December 1, 2024 status update, or the semi-annual report of the Independent Reviewer, if there is one, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Skilled Nursing by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its December 1, 2028 status update, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Skilled Nursing by January 1, 2029. The rate study shall be completed in time to be considered at the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.”
- **Status:** In Progress
- **Status Explanation:** Status for rate study is summarized in Term 59.
- **Steps Taken and Planned:** See Term 59 for summary.

Action 39.e

- **Action 39.e:** “If the Commonwealth does not achieve the goal within two years of the date of this Order after taking the actions in Paragraphs 39(a) through 39(c), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** This action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not required until January 2027

Provider Training Study Area

Term #47. Training Requirement Compliance

- **Term Description:** “The Commonwealth will work to achieve a goal that 86% of DBHDS-licensed providers receiving an annual inspection will have a training policy that meets established DBHDS requirements. DBHDS will take action it determines appropriate if providers fail to comply with training requirements required by regulation.”
- **Status:** In Progress
- **Status Explanation:** DBHDS has not yet reviewed a sufficient number of providers to determine if 86% of DBHDS licensed providers receiving an annual inspection have a training policy that meets DBHDS requirements.
- **Steps Taken and Planned:** On December 11, 2024, the Office of Licensing (OL) posted and sent out via Constant Contact the 2025 Annual Inspections for Providers of Developmental Services Memo. This memo reminded providers of the annual DD inspections and provided the 2025 OL Annual Compliance Determination Charts in Excel. This chart allows providers to understand what will be reviewed and to aid providers in being prepared for review. On December 17, 2024, the OL offered the 2025 DD Inspection Kick Off Training to providers, and a little over 800 attendees participated. During the December 17, 2024 training, the OL reminded providers of the memo that was posted as well as the 2025 OL Annual Compliance Determination Charts that were embedded in the memo. During the training, the OL reviewed the regulations that were most frequently cited for violations, which included a review of the 12VAC35-105-160 (reviews by Department), 12VAC35-105-450 (Employee Training), 12VAC35-105-520 (Risk Management), 12VAC35-105-620

(Monitoring and Evaluating Service Quality) regulations. The OL also reviewed the functionality of the 2025 OL Annual Compliance Determination Charts and explained that there is a compliance chart for each DD service. For the most frequently cited regulations, the OL explained in more detail the expectations to demonstrate compliance and what documentation the OL would be reviewing as part of the inspection process. Both the 2025 DD Inspection Kick Off Training webinar and associated PowerPoint are located on the OL website. On January 29, 2025, the OL presented at the Provider Roundtable. During this presentation the OL reminded providers of DD services of the upcoming 2025 DD Inspections, reminded them to review and be familiar with the 2025 Annual Inspections for Providers of Developmental Services Memo, and reviewed the functionality of the 2025 Annual Compliance Determination Charts. Information related to the DBHDS training and development requirements is included with the compliance determination chart and the requirements to be compliant with 12 VAC 35-105-450, governing employee training and development, were reviewed during the December 17, 2024 training.

- **Quantitative Data Review:** DBHDS OL has not yet reviewed a sufficient number of providers to determine compliance with this term.
- **QII:** While there is not a formal QII in place to address this term, DBHDS has implemented Enhanced Consultation and Technical Assistance (ECTA) with providers to ensure compliance with employee training requirements. Providers are contacted via email when they are determined to be in non-compliance with the applicable regulation and are able to opt into ECTA. If they are found to have a systemic finding of non-compliance (two consecutive reviews indicating non-compliance), new expectations require the provider to participate in ECTA.

Action 47.a

- **Action 47.a:** “Within six months of the date of this Order, DBHDS will require that any provider not in compliance with training requirements develop and implement a corrective action plan.”
- **Status:** Completed
- **Status Explanation:** DBHDS requires all providers who receive a citation (not in compliance) with any regulation to complete a corrective action plan related to that citation.
- **Steps Taken and Planned:** If the Office of Licensing determines during an annual inspection that a provider failed to comply with any component of regulation 12VAC35-105-450, the Office of Licensing issues a licensing report describing the noncompliance and requires the provider to submit a Corrective Action Plan (CAP) that addresses all components of the cited violation. The provider will be required to submit a revised training policy, which must include the effective date, and proof of compliance with the revised training policy. In addition, the Office of Licensing (OL) developed a memo for providers to address Employee Training and Development. Within the memo, there is a training policy template that includes guidance to assist with determining the frequency of retraining and sample form templates that can be used to document employee orientation and training. This memo was disseminated to providers on May 2, 2025 and posted on the OL website.

Action 47.b

- **Action 47.b:** “Within three months of the date of this Order, DBHDS Quality Improvement Specialists will offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance.”
- **Status:** Completed
- **Status Explanation:** Quality Improvement Specialists began Expanded Consultation and Technical Assistance (ECTA) sessions with providers in August 2024. ECTA is offered to any DD licensed providers that have OL-

approved corrective action plans related to 12 VAC 35-105-450, -520, and -620.

As of April 2025:

- 321 out of 637 invitations were accepted
- Of the 321, 309 were unique providers
- 321 were assigned to a QI Specialist
 - 136 completed ECTA
 - 40 were in-progress (Note: these 40 providers represent the wrap-up of ECTA 2024)
 - 145 did not complete ECTA for various reasons (e.g., dropped out, no shows/cancellations, lack of response to outreach efforts, missing deadlines for document submission (e.g., Readiness Assessment) to begin ECTA)
- **Steps Taken and Planned:** DBHDS Quality Improvement Specialists are working with OL to implement voluntary ECTA versus required ECTA. Required ECTA is for those providers with systemic issues (2 consecutive citations) related to training. DBHDS continues to refine data collection to ensure all providers in need of ECTA are captured and offered the opportunity to participate.

Action 47.c

- **Action 47.c:** “Within six months from the date of this Order, for providers who are not compliant with training requirements for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth’s regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider’s license to provisional status, or revoking the provider’s license as determined appropriate by DBHDS.”
- **Status:** In Progress
- **Status Explanation:** As discussed above, DBHDS has established expectations that providers with systemic citations related to training regulations are required to participate in ECTA within 45 days of their approved corrective action plan. In addition to required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance. These actions include, but are not limited to, the following steps:
 - Optional ECTA
 - Required ECTA
 - Consent Agreement
 - Provisional License
 - Revocation of License

DBHDS is implementing consistent and progressive actions to ensure provider compliance and quality.

- **Steps Taken and Planned:** DBHDS staff continue to implement processes as outlined to ensure compliance with regulations and expectations. DBHDS will continue to review data and determine if additional actions are warranted.

Action 47.d

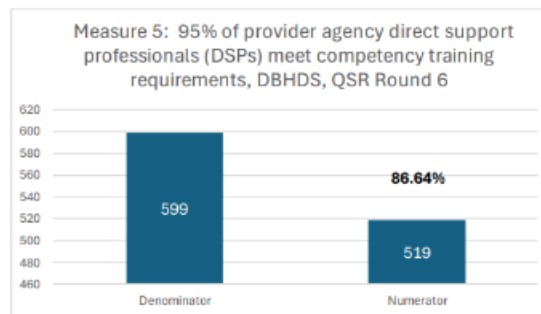
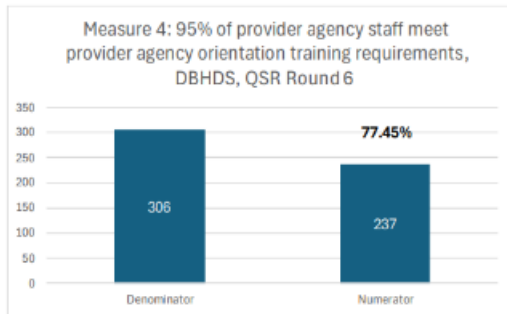
- **Action 47.d:** “Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess training requirements have established inter-rater reliability in conducting such assessments.”
- **Status:** In Progress
- **Status Explanation:** DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer’s Consultants, and contractors who complete data collection on behalf of DBHDS. Part of this process includes verification of a second data set where the same/similar data is collected so these two sets can be compared against one another and confirm findings.. Additionally, DBHDS has completed an inter-rater reliability process specific to licensing specialists that will include a quarterly review

of one record by all licensing specialists to ensure that all specialists' reviews result in similar findings. This will be supplemented by a gold standard reviewer completing a look back of licensing specialist findings and identifying and addressing any inconsistencies.

- **Steps Taken and Planned:** DBHDS will implement the new process of inter-rater reliability between licensing specialists and determine any additional actions that are needed post completion. In addition, DBHDS will continue to update documentation around IRR related to DBHDS staff and consultants used to gather information.

Term #48. Training and Competency of Direct Support Professionals

- **Term:** "The Commonwealth will work to achieve a goal of at least 95% of Direct Support Professionals and their supervisors receive training and competency testing in accordance with 12 VAC 30122-180 as in effect on the date of this Order or as may be amended."
- **Status:** In Progress
- **Status Explanation:** There is not currently data to determine whether the Commonwealth is in compliance with this Term. Previous data demonstrated that DBHDS had not met the goal of 95% of Direct Support Professionals (DSPs) and their supervisors receiving competency training and testing. Round 6 results from the Quality Service Review, summarized in the [Provider Data Summary report](#) in November 2024, show orientation training requirements at 77.45% and competency training requirements at 86.64%.
- **Steps Taken and Planned:** DBHDS is implementing a quality improvement initiative related to DSP training and competencies and has implemented Enhanced Consultation and Technical Assistance (ECTA) with providers. These efforts should help to improve staff and supervisor competence as outlined in this term. This QII is more fully discussed below.
- **Quantitative Data Review:** DBHDS uses two measures to determine compliance with this Term. The first focuses on the initial orientation requirements, and the second is an onsite review of staff competence specifically in the observation of supporting people. During Round 6 of the Quality Service Review, it was determined that 77.45% of DSPs and their supervisors met orientation training requirements and that 86.64% of DSPs and their supervisors demonstrated competence during on site review.



The DBHDS Chief Data Officer assessed this data and determined it to be reliable and valid, as documented in the data development process document and supporting data attestation.

- **QII:** DBHDS has implemented a formal quality improvement initiative related to direct support professional competencies. This root cause analysis was completed in collaboration with the Provider and Systems Issues Resolution Workgroups (PIRW and SIRW, respectively). Administrative burden, staffing (turnover, vacancies), training and tools, resources, environment, and policies and procedures were identified as factors impacting the ability to come into compliance. With input from the PIRW, and following a survey, DBHDS implemented an initiative to streamline advanced competencies and to reduce redundancies between the advanced competencies. This initiative addressed administrative burden specifically. Additionally, DBHDS is reviewing current training with input from the workgroups to address the training as well. DBHDS will monitor this QII and determine its impact on compliance to determine if additional intervention is needed.

- *Action 48.a*
- **Action 48.a:** “Within six months of the date of this Order, the Commonwealth shall determine, through a root cause analysis developed in collaboration with the provider and system issues resolution workgroups, why Direct Support Professionals and their supervisors do not receive training and competency testing per 12 VAC 30-122-180.”
- **Status:** Completed
- **Status Explanation:** DBHDS completed a root cause analysis (RCA) in collaboration with the PIRW. DBHDS and the PIRW/SIRW identified areas to address via the Root Cause Analysis and have initiated those steps to improve the training and competence of DSPs.
- **Steps Taken and Planned:** DBDHS completed an RCA in collaboration with the PIRW and SIRW, which resulted in a QII focused on streamlining and clarifying the DSP Competencies process. The RCA will be updated once the QII is completed to determine if additional areas need to be addressed.

Action 48.b

- **Action 48.b:** “Based on the findings of the root cause analysis required by Paragraph 48(a), DBHDS will prioritize the findings for quality improvement, taking into account the anticipated impact to the system, including potential negative impacts to current staffing. DBHDS will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups.”
- **Status:** Completed
- **Status Explanation:** The PIRW Education and Training subcommittee has completed the competencies checklist review. Recommended edits were reviewed by DBHDS and incorporated as appropriate. The subcommittee has reviewed Supervisory module 3, which includes the DSP competency process as well as modules 1 and 2 of the DSP training. The review of competency checklists includes form instructions, formatting, as well as content to reduce duplication and remove redundant elements. The form revisions are being reviewed by leadership and will be finalized for release.
- **Steps Taken and Planned:** DBHDS will continue to monitor data after implementation of updates to determine if the changes had an impact. The PIRW will identify additional areas for improvement based on the RCA to determine if additional quality improvement can be taken to improve staff and supervisory compliance with orientation training and competency expectations.

Action 48.c

- **Action 48.c:** “If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Personal Assistance Services, Companion Services, Respite Services, In-Home Support Services, and Independent Living Support Services by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Personal Assistance Services, Companion Services, Respite Services, In-Home Support Services, and Independent Living Support Services by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.”
- **Status:** In Progress
- **Status Explanation:** Status for rate study is summarized in Term 59.

- **Steps Taken and Planned:** See Term 59 for summary.

Action 48.d

- **Action 48.d:** “If the Commonwealth does not achieve the goal within two years of the date of this Order after taking the actions in Paragraphs 48(a) and 48(b), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Status:** Not Due
- **Status Explanation:** This Action, if required, is not due until January 2027
- **Steps Taken and Planned:** Not required until January of 2027

Rate Studies Study Area

Term #59- Rate Studies

- **Term Description:** “For any rate study required to be conducted under paragraphs 33, 37, 38, 39, or 48, the following shall apply:
 - i. The Commonwealth may either engage Guidehouse as a vendor to conduct the rate study or solicit for a vendor to conduct the rate study. If the Commonwealth engages Guidehouse, the United States may provide input on how the Commonwealth directs Guidehouse to perform the rate study, participate in Guidehouse’s meetings with stakeholders and have an opportunity to review and comment on Guidehouse’s draft report. If the Commonwealth solicits a different vendor to conduct the rate study, the United States may propose qualifications to be included in the Commonwealth’s solicitation for a vendor to conduct the rate study, and the Commonwealth will not unreasonably withhold its consent to the inclusion of the United States’ proposed qualifications in the solicitation. At a minimum, the selected vendor must have demonstrated experience analyzing rates and recommending rate changes that have successfully increased provider capacity. After a vendor is engaged, the United States may provide input on how the Commonwealth directs the vendor to perform the rate study, participate in the vendor’s meetings with stakeholders and have an opportunity to review and comment on the vendor’s draft report. At a minimum, the rate study shall be in accordance with best practices and designed to target rates necessary to ensure sufficient capacity to reach the goals of paragraphs 33, 37, 38, 39, and 48.
 - ii. The vendor shall submit a draft of the rate study to the parties for comment at least 30 days before finalizing the study and shall address any comments in the final version of the study.
 - iii. The study shall be placed in the Library and filed (by either party) with the Court.
 - iv. The Commonwealth shall make its best efforts in the two legislative sessions immediately following publication of the results of the rate study to obtain from the General Assembly funding necessary to increase rates to those recommended by the study, accounting for any increases in inflation in the rate’s implementation.
 - v. Upon request of the United States, the Court shall hold a status conference one month after the Governor’s proposed budget is submitted to the General Assembly if the rate increases identified in the Study are not in the proposed budget.
 - vi. Upon request of the United States, the Court shall hold a public hearing within 30 days after the Governor and General Assembly have taken all steps necessary to finalize the budget. The hearing shall address whether the rate increases identified in the Study are included in the budget, and, if not, whether the Court should order any steps
- **Status:** In Progress

- **Status Explanation:** The Commonwealth initiated a rate study of eleven services in December 2024 as required by this Term and Terms 33, 37, 38, 39, and 48. The first meeting of a stakeholder workgroup was held on December 12, 2024, to introduce the rate study process to the workgroup. During this meeting, the DMAS DD Provider Cost and Wage Survey was reviewed with stakeholders and feedback was gained. Representatives from Guidehouse (the vendor selected to conduct the rate study), DBHDS, DMAS, the United States, and stakeholders were present at this first meeting.

Please note the following key dates for tasks that have been completed or will be completed:

- Rate Workgroup Review of Draft Cost and Wage Survey: December 13 to December 20, 2024
- Rate study work paused on January 8, 2025, to address feedback that was received from stakeholders related to concerns about the timeline for the study and to obtain authority from the General Assembly to conduct the study.
- Rate study activities resumed on April 1, 2025, with explicit authority from the General Assembly to conduct a rate study of the eleven services identified in Terms 33, 37, 38, 39, and 48 of the Permanent Injunction. The timeline for the study was also adjusted.
- Providers reviewed the draft Cost and Wage Survey and submitted comments to Guidehouse by January 31, 2025
- Trainings for Providers on completing the Cost and Wage Survey were held on April 17 and April 22, 2025. In addition, individualized trainings were held as needed for providers or provider groups.
- DMAS DD Provider Cost and Wage Survey was distributed to providers on April 14, 2025 with responses due back by May 12, 2025.
- Stakeholder Advisory Workgroup meeting held on May 6, 2025 to review Public Data Benchmarks and Peer State Analysis and obtain feedback
- To be completed: Review Cost and Wage Survey Results and Rate modeling in Stakeholders Advisory Workgroup meeting scheduled to be held on June 3, 2025
- To be completed: Discuss Final rate recommendations and other program recommendations by July 29th
- To be completed: Final report due to DMAS in August 2025
- **Steps Taken and Planned:** Guidehouse, in collaboration with the Commonwealth, will review all data received and will submit recommendations for rates by August 2025. The Commonwealth, through DMAS, will submit a request for rate adjustments for the services as outlined in the Permanent Injunction
- **Quantitative Data Review:** There currently is no quantitative data on which to report.
- **QII:** No quality improvement initiative is needed at this time.

Appendix of Documents for Terms

ID	Term #	Term Title	Report
1	31	Community Services Board Quality Review (SCQR)	Case Management Steering Committee Report
2	32	Community Setting Crisis Assessments	Supplemental Crisis Report
3	33	Therapeutic Consultation Services	Behavioral Supports Report
4	34	Behavioral Support Services	Behavioral Supports Report
5	35	Community Residences for Individuals with DD Waivers	Supplemental Crisis Report
6	36	Out-Of-Home Crisis Therapeutic Prevention Host-Home Like Services for Children	REACH Children's Data Summary Report
7	37	Day Services for DD Waiver Recipients	Provider Data Summary Report
8	38	Private Duty Nursing	Nursing Utilization Report
9	39	Skilled Nursing	Nursing Utilization Report
10	40	Dental Exams	Annual Physical Exams Report ; Annual Dental Exams Report
11	41	Protection From Serious Injuries in Service Settings	(Public URL Unavailable)
12	42	Risk Management	(Public URL Unavailable)
13	45	DD Service Providers' Compliance with Administrative Code	Risk Management Review Committee Annual Report
14	47	Training Requirement Compliance	(Public URL Unavailable)
15	53	Samples of Data from Look-Behind Analyses of Serious Incidents and Allegations of Abuse, Neglect, and Exploitation	Risk Management Review Committee Annual Report
16	43	Timely Waiver Service Enrollment	Provider Data Summary Report
17	44	Ongoing Service Analyses	IMNR Study Reports
18	55	Assessment of Licensed Providers of DD Services	(Public URL Unavailable)

19	46	Quality Service Monitoring	QSR Aggregate Reports
20	48	Training and Competency of Direct Support Professionals	Provider Data Summary Report
21	49	Residential Services Community Integration	(Public URL Unavailable)
22	50	Supported Employment	Semi-Annual Employment Report
23	51	Supported Employment	Semi-Annual Employment Report
24	52	Look-Behind Analysis of Abuse, Neglect, and Exploitation Allegations	Risk Management Review Committee Annual Report
25	54	Annual Physical Exams	Annual Physical Exams Report ; Annual Dental Exams Report
26	56	Data-Driven Quality Improvement Plans for HCBS Waiver Programs	QRT EOY Report
27	57	Data-Driven Quality Improvement Plans for HCBS Waiver Program	QRT EOY Report
28	58	Case Management Steering Committee (CMSC) Measures	Case Management Steering Committee Report Support Coordination Quality Review Report
29	59a	Rate Studies	(Public URL Unavailable)
30	60	Quality Management	DD Quality Management Plan Part 1 & 2 ; DD Quality Management Plan Annual Report and Evaluation ; Mortality Review Committee Report ; Risk Management Review Committee Annual Report ; Case Management Steering Committee Report
31	61	Quality Management	DD Quality Management Plan Part 1 & 2
32	62	Quality Management	(Public URL Unavailable)
33	63	Quality Management	DD Quality Management Plan Part 1 & 2
34	64	Quality Management	(Public URL Unavailable)
35	65	Quality Management	DD Quality Management Plan Annual Report and Evaluation
36	66	Library	Commonwealth's DOJ Library Website
37	67	Library	Commonwealth's DOJ Library Website

List of Acronyms

Acronym	Full name
AAIDD	American Association of Intellectual and Developmental Disabilities
ACL	Administration for Community Living
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
AIMS	Abnormal Involuntary Movement Scale
ANE	Abuse, Neglect and Exploitation
APS	Adult Protective Services
APSE	Association of People Supported Employment First
AR	Authorized Representative
ARA	Annual Risk Assessment
ASD	Autism Spectrum Disorder
ASPIRE	Advancing State Policy Integration for Recovery and Employment
AT	Assistive Technology
ATH	Adult Transition Home
ATP	Assistive Technology Professional
BCaBA	Board Certified Assistant Behavior Analyst (analogous to LABA)
BCBA	Board Certified Behavior Analyst (analogous to LBA)
BH	Behavioral Health
BHA	Behavioral Health Authority
BI	Building Independence (DD Waiver)
BLS	Bureau of Labor Statistics
BNS	Office of Behavior Network Supports
BSP	Behavior Support Plan
BSPARI	Behavior Support Plan Adherence Review Instrument
CAP	Corrective Action Plan
CAT	Crisis Assessment Tool
CRAT	Crisis Risk Assessment Tool
CCC+	Commonwealth Coordinated Care Plus
CCS	Community Consumer Submission
CD	Consumer Directed Services
CDA	Certified Dental Assistant
CDC	Centers for Disease Control
CDO	Chief Data Officer
CE	Community Engagement
CE	Customized Employment
CEAG	Community Engagement Advisory Group
CEPP	Crisis Education and Prevention Plan
CHRIS	Computerized Human Rights Information System
CHRIS HR	Computerized Human Rights Information System (Human Rights)

CHRIS SIR	Computerized Human Rights Information System (Serious Incident Report)
CI	Compliance Indicator
CII	Community Inclusion & Integration
CIL	Center for Independent Living
CIM	Community Integration Manager
CIT	Crisis Intervention Training
CL	Community Living (HCBS Waiver)
CLB	Community Look-Behind
CLO	Community Living Options
CM	Case Manager
CMS	Centers for Medicare & Medicaid Services
CMSC	Case Management Steering Committee
CNF	Children in Nursing Facilities
CNS	Community Network Supports (DDS Office of)
CNS	Critical Needs Summary
COVLC	Commonwealth of Virginia Learning Center
CP	Cerebral Palsy
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CRC	Community Resource Consultant
CRC	Crisis Receiving Center
CRIPA	Civil Rights of Institutionalized Persons Act
CRNA	Certified Registered Nurse Anesthetist
CRRC	Customized Rate Review Committee
CRS	Customized Rate Specialist
CRTC	Customized Rate Technical Consultant
CSB	Community Services Board
CSB ES	Community Services Board Emergency Services
CSU	Crisis Stabilization Unit
CTA	Consultation and Technical Assistance
CTH	Crisis Therapeutic Home
CTN	Community Transition Nurse
CTT	Community Transition Team
CVTC	Central Virginia Training Center
CWS	Certified Wound Care Specialist
CY	Calendar Year
DARS	Department for Aging and Rehabilitative Services
DBHDS	Department of Behavioral Health and Developmental Services
DD	Developmental Disabilities
DD Waiver	Developmental Disability Waiver
DDS	Doctor of Dental Surgery
DDS	Division of Developmental Services, DBHDS

DMAS	Department of Medical Assistance Services
DMD	Doctor of Medical Dentistry
DME	Durable Medical Equipment
DMS	5 - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DOH	Department of Health
DOJ	Department of Justice, United States
DQMP	Data Quality Monitoring Plan
DS	Day Support Services
DSP	Direct Support Professional
DSS	Department of Social Services
DW	Data Warehouse
E1AG	Employment First Advisory Group
ECF	Electronic Case Filing
ECM	Enhanced Case Management
EDCD	Elderly or Disabled with Consumer Directed Services
EDW	Enterprise Data Warehouse
EES	Extended Employment Services
EFAG	Employment First Advisory Group
EHA	Office of Epidemiology and Health Analytics (formerly DQV)
EHR	Electronic Health Record
EI	Early Intervention (Part C)
EOY	End of Year
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
ES	Emergency Services (at the CSBs)
ESD	Emergency Services Department
ESO	Employment Service Organization
FASD	Fetal Alcohol Spectrum Disorder
FFS	Fee For Service
FIS	Family and Individual Supports (DD Waiver)
FRC	Family Resource Consultant
GERD	Gastroesophageal Reflux Disease
GH	Group Home
GSE	Group Supported Employment
HCBS	Home and Community-Based Services
HPR	Health Planning Region
HR/OHR	Office of Human Rights
HSN	Health Services Network
IADL	Individual Activities of Daily Living
ICF	ID/DD - Intermediate Care Facility for people with intellectual/developmental disabilities
ICF	Intermediate Care Facility
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disability
ID	Intellectual Disabilities
IDD	Intellectual and Developmental Disabilities

IFDDS	Individual and Family Developmental Disabilities Supports (“DD” waiver)
IFSP	Individual and Family Support Program
IMNR	Intense Management Needs Review
IMU	Incident Management Unit
IP	Improvement Plan
IPS	Individual Placement and Support
IR	Independent Reviewer
IRR	Inter-Rater Reliability
ISAR	Individual Service Authorization Request (SA)
ISE	Individual Supported Employment
ISP	Individual Support Plan
ISR	Individual Services Review
KPA	Key Performance Area
LABA	Licensed Assistant Behavior Analyst (analogous to BCaBA)
LBA	Licensed Behavior Analyst (analogous to BCBA)
LG	Legal Guardian
LHRC	Local Human Rights Committee
LIHTC	Low Income Housing Tax Credit
LOC	Level of Care
LOF	Level of Functioning
LPN	Licensed Practical Nurse
LTC	Long Term Care
LTESS	Long-term Employment Support Services
MCO	Managed Care Organization
MES	Medicaid Enterprise System
MH	Mental Health
MLMC	My Life My Community (website)
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Mortality Review Committee
MRE	Mobile Rehab Engineering
NCI	National Core Indicators
NF	Nursing Facility
NIH	National Institutes of Health
NVTC	Northern Virginia Training Center
OBRA	Omnibus Budget Reconciliation Act of 1987
OCQI	Office of Community Quality Improvement
OCQM	Office of Clinical Quality Management
ODS	Office of Developmental Services
OHR	Office of Human Rights
OIH	Office of Integrated Health
OL	Office of Licensing
OSIG	Office of the State Inspector General
OSR	Onsite Review

OSVT	On-Site Visit Tool
OU	Organization Unit (another name for CSB in WaMS)
PA	Staff
PASRR	Preadmission Screening and Resident Review
PASSR	Preadmission Screening and Resident Review
PBSF	Positive Behavior Supports Facilitator
PC ISP	Person Centered Individual Support Plan
PCA	Personal Care Attendant
PCP	Primary Care Physician
PCP	Person Centered Planning
PCR	Provider Compliance Review
PCR	Person-Centered Review
PDN	Private Duty Nursing
PHA	Public Housing Authority
PHE	Public Health Emergency
PIRW	Provider Issues Resolution Workgroup
PM	Performance Measure
PMI	Performance Measure Indicator
PMM	Post-Move Monitoring
POA	Power of Attorney
POC	Plan of Care
PQR	Provider Quality Review
Pre-ETS	Pre-Employment Transition Services
PST	Personal Support Team
PT	Physical Therapist
QAR	Quality Assurance Review
QI	Quality Improvement
QIC	Quality Improvement Committee
QII	Quality Improvement Initiative
QIP	Quality Improvement Plan
QIS	Quality Improvement System
QMD	Quality Management Division
QMP	Quality Management Plan
QMR	Quality Management Review
QMS	Quality Management System
QRT	Quality Review Team
QSR	Quality Service Review
R1	Region 1
R2	Region 2
R3	Region 3
R4	Region 4
R5	Region 5
RAC	Regional Advisory Council for REACH
RAT	Risk Assessment Tool

RCA	Root Cause Analysis
RDH	Registered Dental Hygienist
REACH	Regional Education Assessment Crisis Services Habilitation
RFI	Request for Information
RFP	Request for Proposals
RMRC	Risk Management Review Committee
RN	Registered Nurse
RNCC	Registered Nurse Care Consultant
RNCIC	Registered Nurse Community Integration Consultant
RQC	Regional Quality Council
RSS	Regional Support Specialists
RST	Regional Support Team
S/A	Safety Assessment
SA	Settlement Agreement US v. VA 3:12 CV 059
SAC	Service Authorized Consultant
SAS	Service Authorization Specialist
SC	Support Coordinator (previously called Case Managers)
SCD	Social Communication Disorder
SCQM	Support Coordination Quality Review
SCQR	Support Coordinator Quality Review
SDM	Substitute Decision-Maker
SDM	Supported Decision-Making
SDMA	Supported Decision-Making Agreement
SELN	State Employment Leadership Network
SELN AG	Supported Employment Leadership Network, Advisory Group
SEVTC	Southeastern Virginia Training Center
SIR	Serious Incident Report
SIRW	System Issues Resolution Workgroup
SIS	Supports Intensity Scale
SIU	Special Investigations Unit
SMART	Specific, Measurable, Achievable, Relevant, Time-Bound
SMI	Serious Mental Illness
SRH	Sponsored Residential Home
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
STP	Statewide Transition Plan
SUD	Substance Use Disorder
SVTC	Southside Virginia Training Center
SW	Sheltered Work or Workshop
SWITZY	Subminimum Wage to Competitive Integrated Employment
SWVTC	Southwestern Virginia Training Center
TC	Therapeutic Consultation
TC	Training Center

TCM	Targeted Case Management
TEDS	Treatment Episode Data Set
UTI	Urinary Tract Infections
VAMMIS	VA Medicaid Management Information System
VCU	Virginia Commonwealth University
VHDA	Virginia Housing and Development Agency
VIC	Virginia Informed Choice Form
VIDES	Virginia Individual Developmental Disability Eligibility Survey
VITA	Virginia Information Technologies Agency
WaMS	Waiver Management System
WIPA	Work Incentive Planning and Assistance
WSAC	Waiver Slot Assignment Committee