

Virginia Quality Service Reviews

Year 4 Annual Report
July 2018 – June 2019 (FY19)



Virginia Department of Behavioral Health &
Developmental Services

Submitted by



Qlarant Quality Solutions
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List of Acronyms

AR – Authorized Representative
DBHDS – Department of Behavioral Health and Developmental Services
DD – Developmental Disability
DMAS – Department of Medicaid Assistance Services
FGI – Family Guardian Interview
HCBS – Home and Community-Based Services
ID – Intellectual Disability
IDD – Intellectual and Developmental
II – Individual Interview
ISP – Individual Support Plan
IT – Information Technology
KPI – Key Performance Indicator
NCI – National Core Indicators
OBS - Observations
P&P – Policy and Procedure
PCR – Person Centered Review
PM – Program Manager
PPD – Partnership for People with Disabilities at Virginia Commonwealth University
PQR – Provider Quality Review
PI – Provider Interview
PRR – Provider Record Review
QQS – Qlarant Quality Solutions
Q&T – Qualifications and Training
QA – Quality Assurance
QAR – Quality Assurance Reviewer
QI – Quality Improvement
QSR – Quality Service Review
RR – Rater Reliability
RST – Regional Support Team
SC – Support Coordinator
SCI – Support Coordinator Interview
TL – Team Lead
VCU - Virginia Commonwealth University
VQSR – Virginia Quality Service Review
WaMS – Virginia Waiver Management System

Executive Summary

Qlarant contracts with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to conduct Quality Service Reviews (QSRs) for individuals with an intellectual disability (ID) or developmental disability (DD), receiving Home and Community-Based Services (HCBS) waiver services. The purpose of the QSR is to evaluate the quality of services, using Person Centered Reviews (PCR) and Provider Quality Reviews (PQR). The PCR (a random representative sample of 400 individuals) is used to assess the service delivery system and quality of the person's life from the perspective of the person and family members.¹ A combination of interviews and record reviews are used to collect data from the perspective of individuals, family members/guardians, providers and Support Coordinators. The PQR (random selection of 50 providers offering Community Engagement services) is used to assess the provider's overall service delivery system and the extent to which person centered practices are incorporated into the system. Interviews with individuals and staff, and record reviews are used to evaluate the provider's practices and systems used to support people receiving services.²

Overall results are calculated and presented for each tool (capturing different perspectives) used during the reviews (Individual Interview, Family/Guardian Interview, Staff Interview, Provider Record Review, Support Coordinator Record Review, Individual Support Plan Quality Assurance Checklist, and Administrative Policies and Procedures). Findings from the tools are further organized and presented around eight different Key Performance Areas (KPA's) to determine if:

- Person Centered Practices (1a): person centered thinking and planning are applied in general, and people are supported in self-direction.
- Ownership of Healthcare (2a): person centered thinking and planning are applied to healthcare to support individuals to take ownership of their own health.
- Self-Directing Safety (3a): person centered thinking and planning are applied to safety to support individuals to maintain their own safety.
- Needs are Assessed and Met (1b): the general needs of individuals are assessed and met.
- Health Needs are Assessed and Met (2b): the health needs of individuals are assessed and met.

¹ The standard of 400 as a representative sample is based on the sampling distribution, probability theory, and is internationally accepted.

² Community Engagement Services provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment. These activities are conducted at naturally occurring times and in a variety of natural settings in which the individual actively interacts with persons without disabilities (other than those paid to support the individual). The activities enhance the individual's involvement with the community and facilitate the development of natural supports.

- Safety Needs are Assessed and Met (3b): the safety needs of individuals are assessed and met.
- Integrated Setting (3): services and supports are provided in the most integrated setting appropriate to individuals' needs and consistent with their informed choice.
- Community Inclusion (4): individuals receiving services have opportunities for community engagement and inclusion in all aspects of their lives.

Each KPA consists of a number of indicators. Indicators, taken from each of the review tools, represent perspectives from the person, family, providers and Support Coordinators. Results of the indicators are aggregated into a score, which is then converted into a final performance rating for the KPA, as follows:

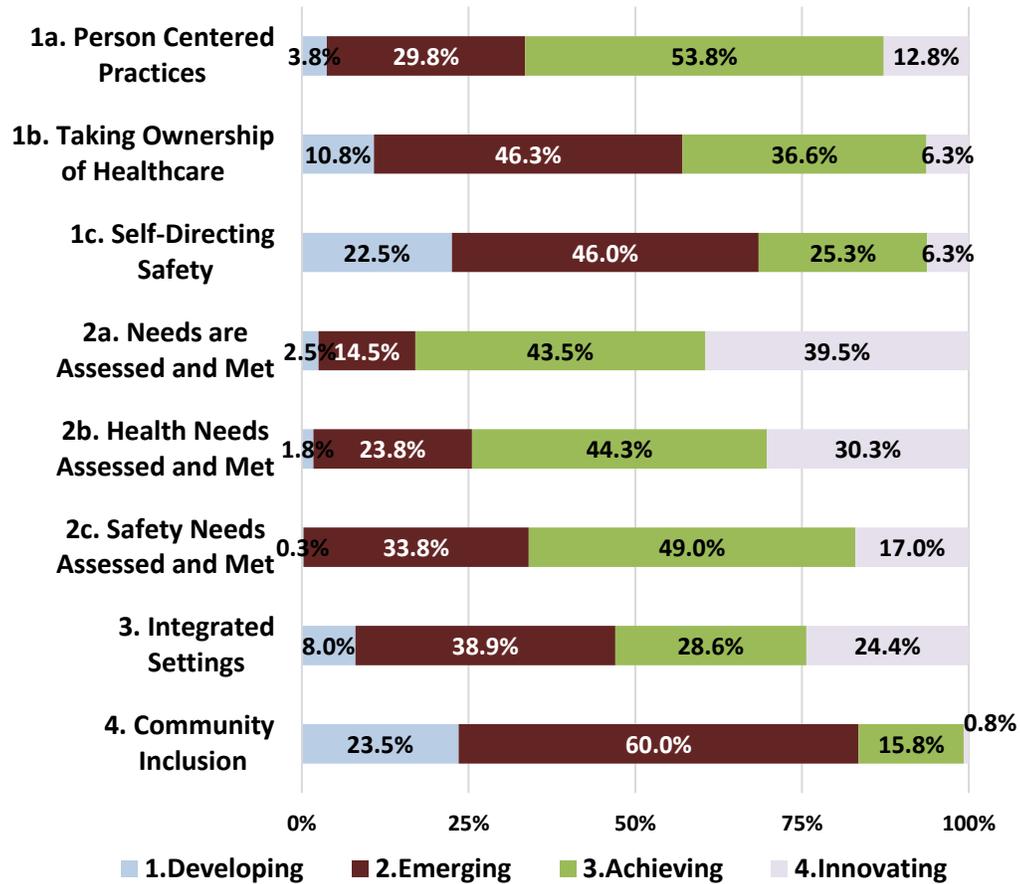
- Developing (D) - $\leq 50\%$
- Emerging (E) - $> 50\%$ to $\leq 75\%$
- Achieving (A) - $> 75\%$ to $\leq 90\%$
- Innovating (I) - $> 90\%$

Person Centered Reviews

During FY19, 400 PCRs were completed. Most individuals' needs are being assessed and met with a majority (83.0%) of the Needs Assessed and Met KPAs rated as Achieving or Innovating. In general, person centered approaches to services are used and over half (53.0%) of individuals seem to be receiving services in an Integrated Setting (Achieving or Innovating). Individuals were less likely to be in charge of their own healthcare or self-directing safety decisions, according to preferences. Community Inclusion is the lowest scoring KPA, similar to previous years.³

³ Developing (D) - $\leq 50\%$; Emerging (E) - $> 50\%$ to $\leq 75\%$; Achieving (A) - $> 75\%$ to $\leq 90\%$; Innovating (I) - $> 90\%$

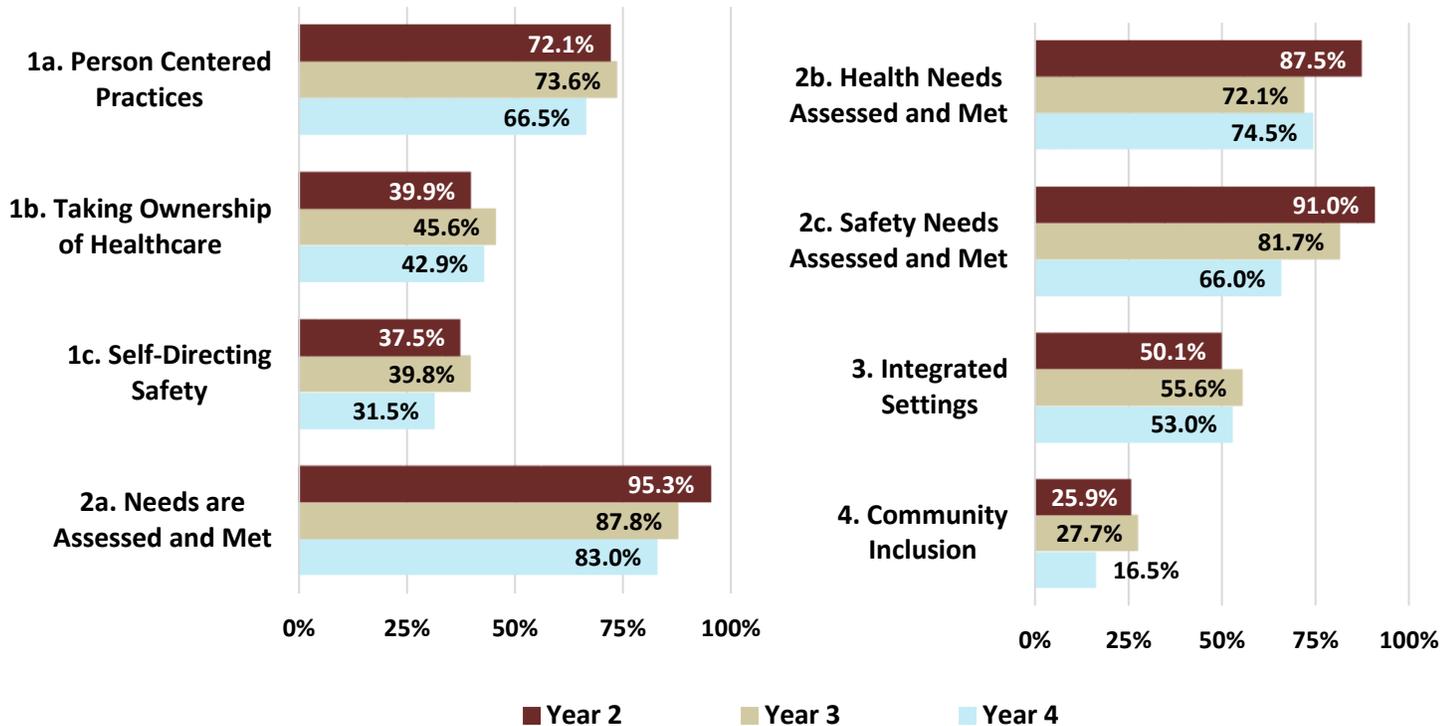
Figure 5. PCR Results by KPA
 July 2018 - June 2019



KPA Sub-Group Key Strengths

Sub-groups (question groupings) were developed to organize data around different themes within each KPA, for the PCRs. While some KPA scores appear relatively low, analysis of specific findings within the sub-groups point to many strengths within the system:

Figure E2. PCR KPA Comparison by Year
Percent Achieving and Innovating



- Most aspects of services and supports were person centered.
- Providers and Support Coordinators know the person through understanding the person’s dreams and communication style, and support people to understand informed choice and provide choices to people they serve.
- Most individuals had access to their services and had Individual Support Plans (ISP) in place that were updated when needed, and services were implemented as specified in the ISP.
- Improvement was shown in two sub-group areas within the KPA, Taking Charge of Healthcare, compared to Year 3 (FY18). The increase was significant in providing health education to individuals receiving services and ensuring a copy of the person’s informed consent is in the record.
- Expressed health needs and concerns of people receiving services are being addressed and follow-up on medical needs, referrals or identified risks is occurring.
- Individuals are free from various types of abuse, neglect and exploitation.
- Most providers have risk protocols/back-up plans in place and review health risks as needed.
- While the average KPA for getting safety needs met has decreased, some areas within the KPA have shown relatively high scores, similar to FY18. Potential safety risks are assessed

and addressed, and risk protocols/back-up plans are in place as needed. In addition, most safety plans, behavioral health plans, and environmental modifications supporting safe access are in place.

- People are generally supported to explore integrated settings for provision of services in work, day, and educational settings and to develop skills that lead to increased integration.
- Most data from interviews and record reviews indicated the person's preferences related to independent living and employment were addressed by providers and Support Coordinators
- Providers and Support Coordinators are supporting individuals receiving services to develop and maintain a circle of supports, and individuals related they have a circle of supports that goes beyond paid services.

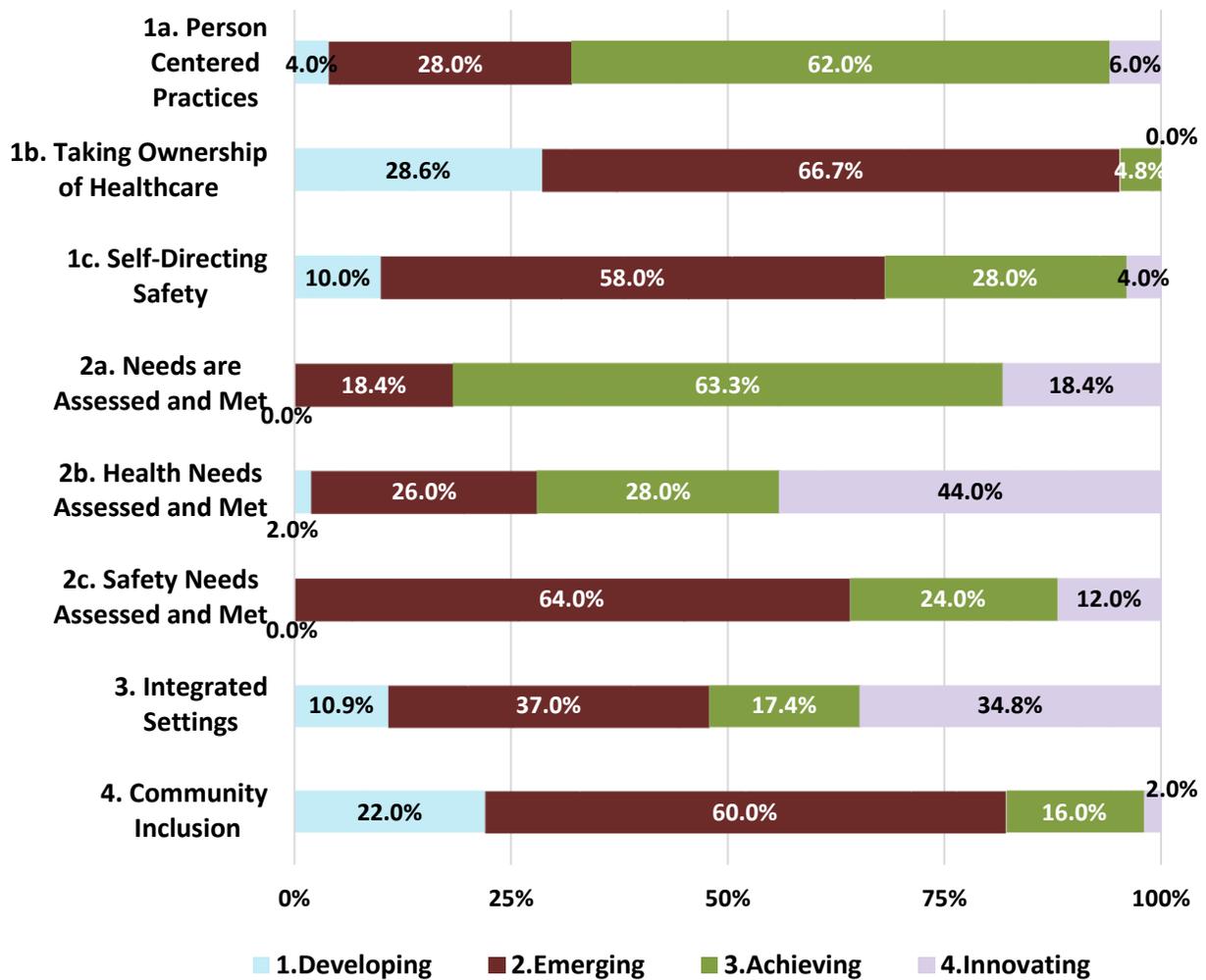
These and other strengths and challenges in the service delivery system are discussed in detail throughout the Person Centered Review section of the report (pg. 20).

Provider Quality Reviews

Findings from the PQRs, shown in the following figure (Figure E3) reflect information specific to the sample of providers offering Community Engagement services. The providers reviewed this year were most likely to score Innovating, the highest rating, for two KPAs: ensuring health needs were assessed and ensuring services were offered in integrated settings. They were least likely to attain this highest rating in helping ensure Community Inclusion for individuals they served and helping ensure services were person centered. For the KPAs of Self-Directing Safety and particularly in Taking Ownership of Healthcare, none of the providers scored Achieving or Innovating.⁴

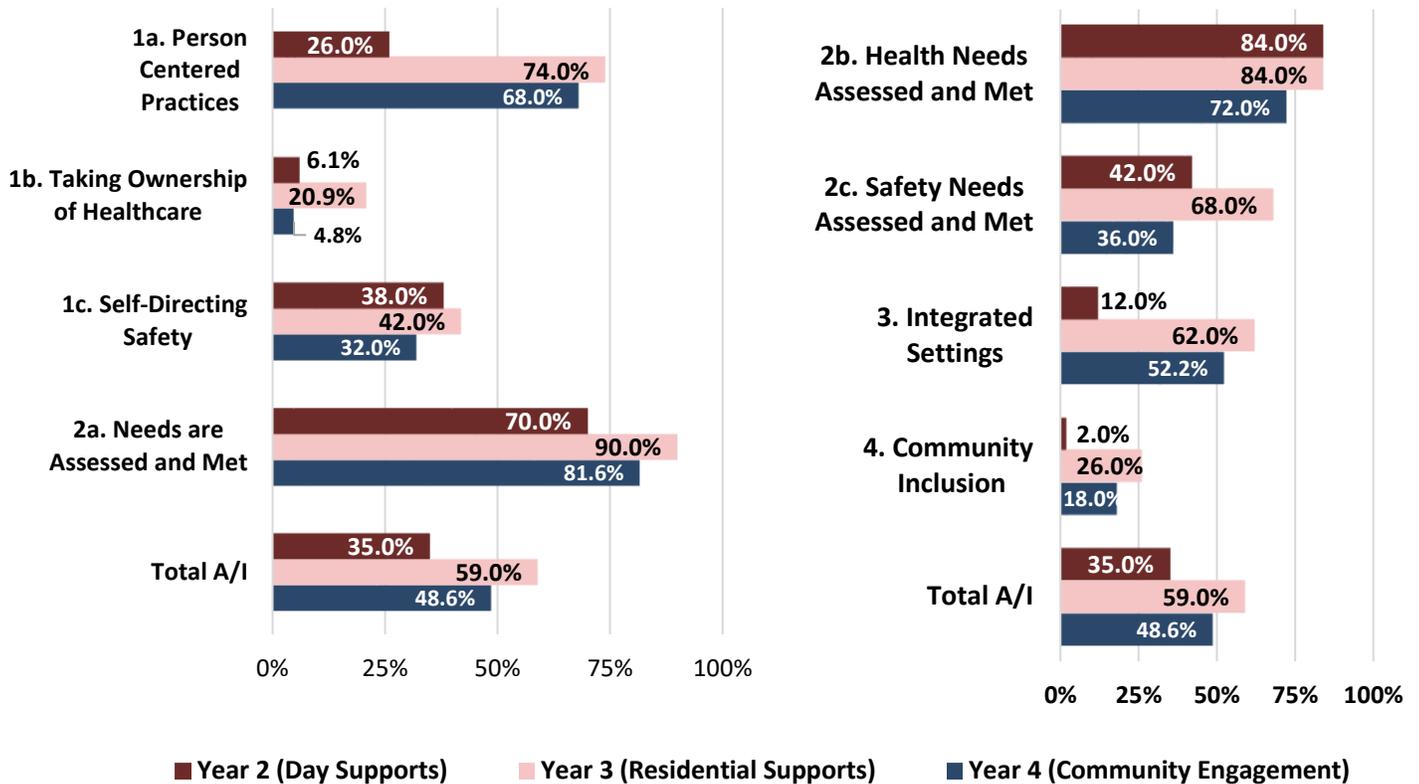
⁴ Developing (D) - ≤50%; Emerging (E) - >50% to ≤75%; Achieving (A) - >75% to ≤90%; Innovating (I) - >90%

Figure E3. PQR Results by KPA
 July 2018 - June 2019



Compared to Day Support and Residential Support services offered by providers reviewed in Year 2 and Year 3 respectively (Figure E4), providers of Community Engagement reviewed in Year 4 were less likely to score Achieving or Innovating for the KPAs measuring if safety or health needs are assessed and met. Providers offering Community Engagement were also less likely than providers offering Residential Supports to score Achieving or Innovating on Community Inclusion.

Figure E4. PQR Results by Year (Representing a Specific Service Each Year)
 Percent Acheiving + Innovating



PQR Administrative Policy and Procedures

In addition to the KPA analysis, QARs review the organizations policies and procedures with our Administrative Policy and Procedure tool. Providers reviewed this fiscal year were meeting most of the requirements for the Administrative Policy and Procedures tool (71.8%).

Recommendations

Recommendations are provided throughout Section I of this report. Additional key findings and recommendations are detailed in the report, with a summary of recommendations presented here:

- Many individuals receiving services did not feel they had a voice in the Individual Support Plan (ISP) process. Several recommendations were provided to address both pre and post ISP meetings to help ensure the person has a voice and is offered informed choices.
- Supporting people better to use alternative communication methods is a need and potentially crosses many outcomes for individuals receiving services. Recommendations are provided addressing the unmet need for assistive technology to aid in communication. DBHDS

should consider evaluating how well the Virginia Assistive Technology System (VATS) is being used for individuals with IDD, and consider providing education and information/resources (i.e., Virginia’s Department of Education Assistive Technology Network web resource link: <https://atnetwork.ttaonline.org/ttac-online-resources> (including atinternetmodules.org/user_mod.php)) to individuals, families, providers and Support Coordination on how to access these services as well as general information to aid communication.

- Supporting individuals receiving services to engage in their communities by learning to safely navigate in their communities and develop connections in the community is key to service delivery systems; something many individuals did not feel was an outcome in their lives. DBHDS may want to consider revising the definitions of Group Day and Group Residential services to include specific details of how providers should develop skill building and independence around navigation and safety in the community.⁵
- A concerted effort should be made to ensure the consideration and discussion of valued social roles during the ISP meeting, with the potential of the discussion leading to the

⁵ Current definition of Group Day: Skill building or supports for the acquisition, retention, or improvement of self-help, socialization, community integration, employability and adaptive skills. Services provide opportunities for peer interactions, community integration, and enhancement of social networks. Supports may be provided to ensure an individual’s health and safety. Skill building is a required component of this service unless the individual has a documented degenerative condition, in which case day support may focus on maintaining skills and functioning and preventing or slowing regression rather than acquiring new skills or improving existing skills. These services take place in non-residential settings, separate from the individual’s home. Group Day Services should be coordinated with any physical, occupational, behavioral, or speech/language therapies listed in the person-centered plan.

Current definition of Group Residential: Skill-building, routine supports, general supports, and safety supports, provided primarily in a licensed or approved residence that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Group Residential services shall be authorized for Medicaid reimbursement in the person-centered plan only when the individual requires these services and when such needs exceed the services included in the individual's room and board arrangements with the service provider. Group home residential services to the individual are in the form of continuous (up to 24 hours per day) services performed by paid staff who shall be physically present in the home. These supports may be provided individually or simultaneously to more than one individual living in that home, depending on the required support. These supports are typically provided to an individual living (i) in a group home or (ii) in the home of an adult foster care provider. In either setting, the provider must comply with the Americans with Disabilities Act and provide a homelike environment for the residents. Full compliance with the HCBS Settings Regulations are expected of all providers by 3/17/2022.

Residential Support includes the expectation of the presence of a skills development (formerly called training) component, along with the provision of supports, as needed. The allowable activities include, but are not limited to: 1) Skill-building related to personal care activities (toileting, bathing, and grooming; dressing; eating; mobility; communication; household chores; food preparation; money management; shopping, etc.); 2) Skill-building related to the use of community resources (transportation, shopping, dining at restaurants, participating in social and recreational activities, etc.); 3) Supporting the individual in developing the ability to replace challenging behavior with positive, accepted behavior for home and community environments; 4) Monitoring health and physical conditions and providing supports with medication or other medical needs; 5) Providing supports with personal care, ADLs, and use of community resources; 6) Supporting with transportation to and from training sites and community resources; 7) Providing general supports as needed; and 8) Providing safety supports to ensure the individual’s health and safety.

inclusion of development of the valued role in the ISP. The discussion should ensure individuals identify their current social roles and opportunities to develop new roles.

- Individuals need additional training and education on how to keep themselves healthy and safe by learning about abuse, neglect, exploitation, seclusion, restraints and restrictions, preventative healthcare and responding to safety emergencies.
- In accordance with the Human Rights regulations, DBHDS could consider modifying the Support Coordination Regulatory Requirements to include requirements in the Abuse, Neglect and Exploitation section that education on ANE be provided, and a description of how to determine if the person would know who to go to if ANE were to occur.
- Plans for individuals were often not updated with a status change. DBHDS could design a system or develop a procedure for providers to use to help ensure staff routinely evaluate people receiving services for changes that would warrant updating the ISP plan of supports.
- It is recommended DBHDS provide additional training or guidance on how to complete the Person Centered Review Quarterly Report Format (dated 4/12/2018) form and recommend the training focus on documenting in this form any unmet or new needs or if the person wants to change supports and services.
- Indicators measuring satisfaction with services showed declines compared to Year 3 of the contract (FY18). DBHDS should determine whether the training section Chapter 8, Monitoring Billing Activities and Evaluation in the Support Coordination Manual provides enough guidance and education on how to ensure “Satisfaction with services was assessed.”

The specific data results, discussion and recommendations are included under each KPA in this report. The information provided is to help support DBHDS’ ongoing efforts to support quality improvement around the state.

Introduction

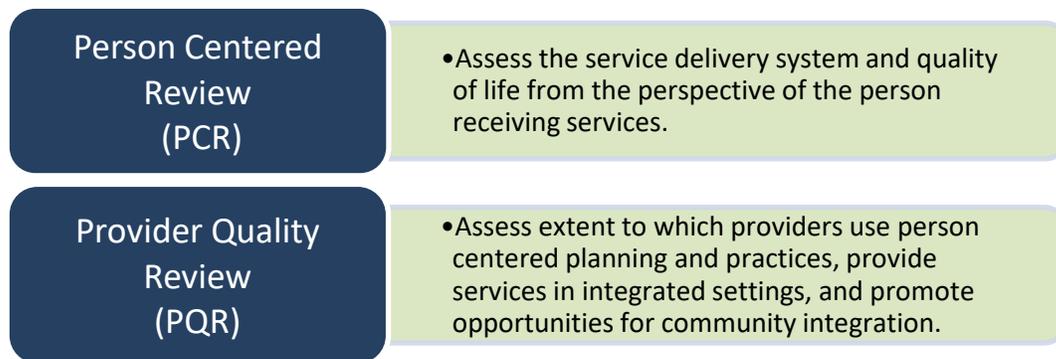
Qlarant Quality Solutions (QQS) contracts with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to conduct Quality Service Reviews (QSRs) for individuals, regardless of age, with an intellectual disability (ID) or developmental disability (DD), living in communities and receiving services from at least one of the following waivers: Building Independence waiver, Family and Individual Supports waiver, or Community Living waiver. The purpose of the QSR is to evaluate the quality of services and determine if:

- Person centered thinking and planning is applied, and individuals receiving services are supported in self-direction, including for health and safety (Person Centered Practices, Ownership of Health, Self-Directing Safety)

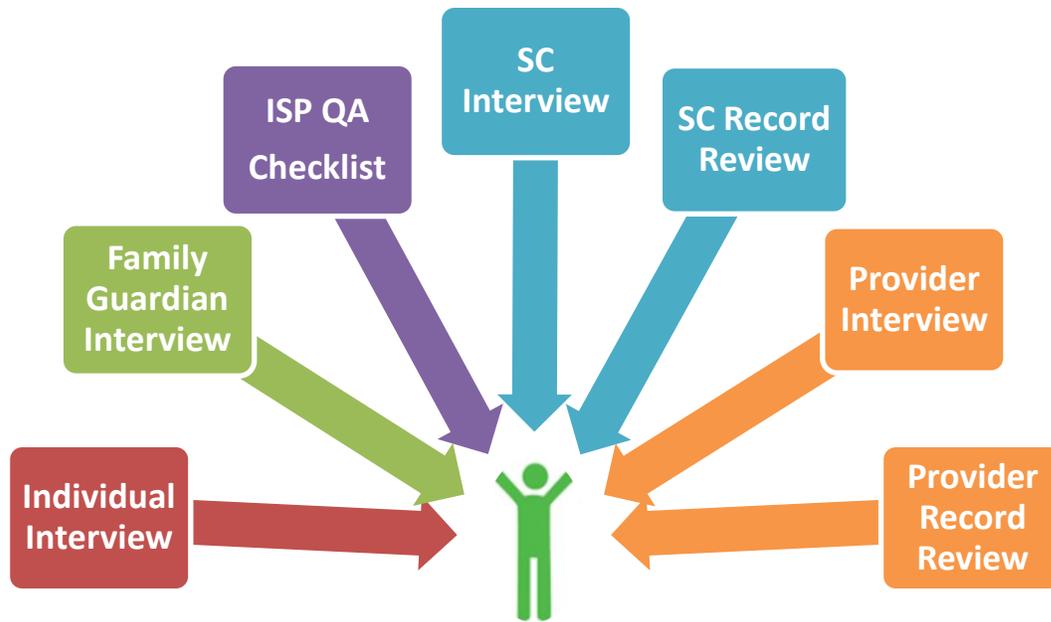
- The needs of individuals receiving services are identified and met, including for health and safety (Needs are Assessed and Met, Health Needs are Assessed and Met, Safety Needs are Assessed and Met)
- Services and supports are provided in the most integrated setting appropriate to people’s needs and consistent with their informed choice (Integrated Setting)
- Individuals receiving services have opportunities for community engagement and inclusion in all aspects of their lives (Community Inclusion)

Review Processes

The QSR consists of a combination of interviews and record reviews used to evaluate the quality of services and supports from the perspectives of individuals, family members/guardians, providers and Support Coordinators. Two review processes are used: Person Centered Reviews (PCRs) and Provider Quality Reviews (PQRs). The PCR focuses on the person’s experiences with supports and services. The PQR, however, focuses on the practices of a service, or group of services, chosen by DBHDS and how well the provider implements that service for all people receiving that service from the organization. Both processes ensure the person receiving services has a voice in evaluating performance and outcomes. Both processes utilize comprehensive methods to evaluate the quality of the services received.



The primary purpose of the PCR is to determine the quality of the person’s service delivery system and the quality of the person’s life, from the perspective of the person receiving services. The PCR starts when the Partnership for People with Disabilities (PPD), a sub-contractor to QQS, conducts an interview with the person and the family member or guardian. PPD works as part of the Quality Assurance Reviewer (QAR) team toward completion of the 400 PCRs each year. QARs utilize different tools to interview the person and others close to the person, review records maintained by providers and Support Coordinators (SC), and assess the quality of the person’s Individual Support Plan (ISP):



The focus of the PQR is to review the provider’s service delivery systems and practices to assess the extent to which providers use person centered planning and practices, provide services in integrated settings, and promote opportunities for community integration. The PQR incorporates some of the same tools as used during the PCR, with an additional administrative review of the organization’s policies and procedures:



If at any time during either review process the QAR deems an action or situation a risk to a person, the QAR contacts the necessary authorities and takes appropriate action. This may include, but not be limited to, staying with the person until the proper authority arrives. If abuse, neglect or exploitation is suspected, an alert is activated in conjunction with notification to appropriate authorities. These instances are captured in the PCR or PQR report and DBHDS is notified within twenty-four hours of identification.

Scoring for Indicators/Standards

Most standards are scored using a Yes/No response, indicating if the outcome is present for the person or not. However, some standards use a Likert Scale response to better reflect quality and capture more detail. The Likert Scale options are Rarely, Sometimes, Frequently, and Almost Always, with Rarely being the lowest score and Almost Always being the highest score. Unless otherwise noted, a response of Yes or Almost Always is considered met when calculating overall scores and used to conduct statistical comparisons between years, as possible.

Key Performance Areas

The Key Performance Areas (KPA's) are the desired performance goals of the service delivery system. Each of the PCR and PQR tools include indicators designed to measure the degree to which the system is meeting services and supports needs, and to what extent these services and supports positively affect the person's quality of life. KPA's are assessed in four broad areas important to anyone's quality of life. Person Centered Practices and Needs Are Assessed and Met include Health and Safety (assessed as separate KPA's for a total of eight KPA's) to identify if individuals are supported to direct their own healthcare and safety, and how well these healthcare and safety needs are addressed. The KPA's are summarized in the following graphic:



Each KPA consists of a number of indicators. Indicators are taken from each of the review tools, representing perspectives from the person, family, providers and Support Coordinators. Results of the indicators are aggregated into a score, which is then converted into a final performance rating for the KPA, as follows:



Sampling Method

A random probability sample, stratified by region, is used for PCRs to ensure it is representative of the eligible population in each region. Prior to the beginning of the contract year, 400 eligible individuals, i.e., receiving waiver services, were randomly selected from across the state, proportionate to the population in each region.⁶ The PQR utilized a sample of 50 eligible providers who provided Community Engagement services. Each sampling process (PCR and PQR) uses an oversample designed to help preserve the integrity of the original sample.⁷ If an individual or provider is unable to participate, a replacement is randomly selected from the oversample.

⁶ Individuals who received a PCR in the previous year were excluded.

⁷ See Appendix 1 for a detailed explanation of both sampling processes.

Limitations and Clarifications

Findings should be reviewed with the following in mind:

- As per DBHDS request, with the exception of the first year of the contract, the focus of the PQR is on different services each year. Providers for the PQR in FY19 were selected from those who render Community Engagement services. Based upon DBHDS request, the PQR sample in FY17 focused on providers of Day Program services and in FY18 on providers offering Residential Supports (In-Home Support, Supported Living, Sponsored Residential, or Independent Living Support services).
- Sub-groups were developed within each KPA, Figures 8 – 16 ([Person Centered Review Findings by KPA](#) section, pg. 28), based upon the complete list of indicators found in Appendices 4a – 4h. These allow for broader analysis into the strengths and opportunities in each KPA.⁸
- In the section “[Person Centered Review Findings by KPA](#)” (pg. 28), some indicator level findings and percentages are used to help explain strengths and opportunities. These percentages can be cross-walked to the relevant KPAs in Appendices 4a – 4h. To facilitate this review, the relevant Appendix is noted beside each KPA and percentages that pertain to an Appendix are bolded for ease of reference.

Report Format

This report is divided into three major sections. [Section I](#) (pg. 19), Virginia Quality Services Review Results, provides findings of PCRs and PQRs completed during FY19. Findings include results by KPA and by tools, as well as the most often cited number of strengths and opportunities for improvement provided during the reviews. This section includes discussion of findings and recommendations, with comparisons to previous years, as appropriate.

[Section II](#) (pg. 55), Summary and Recommendations, provides a brief summary of review findings and a list of recommendations provided throughout the review results section, based on identified trends and opportunities for improvement.

[Section III](#) (pg. 62), Significant Activity and Accomplishments, provides information on contract activity, including revisions to tools that may have impacted review findings.

Section I: Virginia Quality Service Review (VQSR) Results

⁸ To use the hyperlink, hold the Ctrl button down and then click on the link.

Person Centered Reviews

Demographics

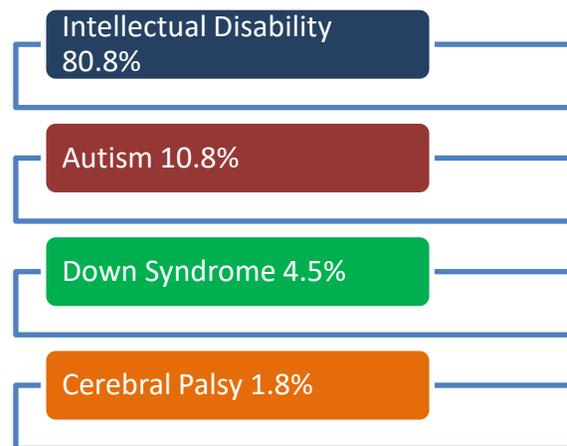
Between July 2018 and June 2019, 400 individuals participated in a PCR. Approximately 10 percent is below the age of 21 (including children under the age of 18), close to 81 percent of the individuals in the sample were between the ages of 21 to 64, and nine percent over the age of 65. Similar to previous years, individuals in the PCR sample were most likely to be men (Figure 1) and most likely to have a primary disability of intellectual disability (Figure 2).

July 2018 – June 2019

Figure 1. PCR by Gender (n=400)



Figure 2. PCR by Primary Disability (n=400)⁹



The PCR sample distribution to date is shown by residence in Figure 3 and by region in Figure 4.¹⁰ The greatest proportion of individuals (43.0%) lived in a Group Home (Four or more person homes and less than four person homes), or a Family Home (37.5%). These percentages have remained fairly constant over the years of the contract, representing approximately 76 percent or more of the residential settings.¹¹

⁹ An additional seven individuals were coded as “Other”, one with Prader Willie, and one with Spina Bifida.

¹⁰ The sample is stratified to be sure it is proportionately the same as the population of people receiving services who live in each region.

¹¹ Percentages in figures and tables may not sum to 100% due to rounding.

Figure 3. PCR Distribution by Residence
 July 2018 - June 2019

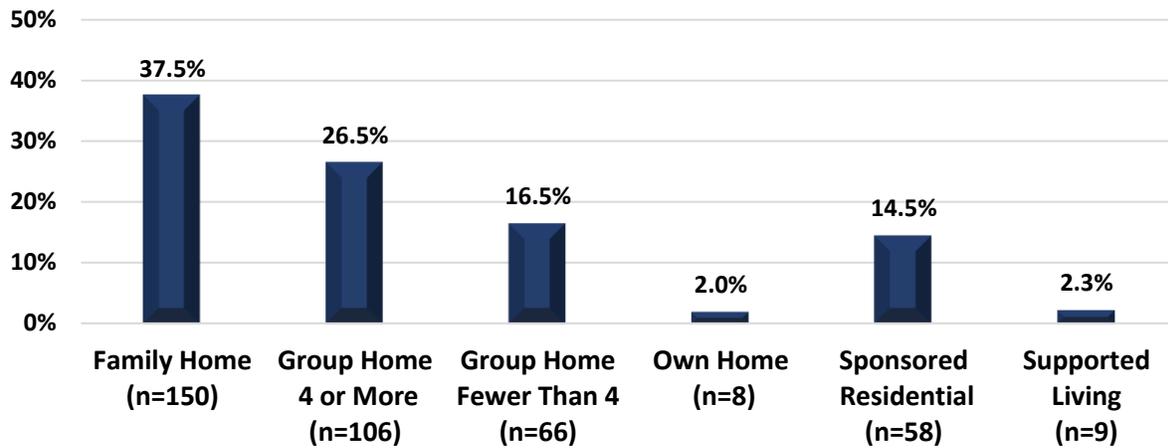
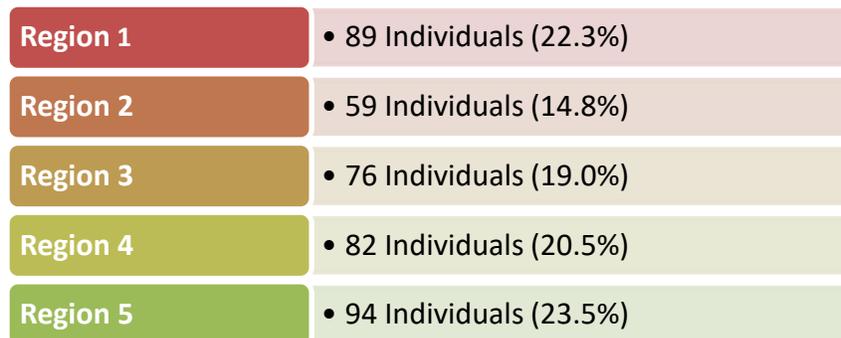


Figure 4. PCR Distribution by Region
 July 2018 – June 2019



Individuals participating in a PCR received one or more of the services listed in Table 1.¹² The greatest proportion received Group Day (55.8%) or Group Home (42.5%) services. Approximately 8.3 percent of individuals interviewed during FY 2019 received Supported Employment, in either a group or individual level capacity.

¹² All individuals in the sample receive Support Coordination.

Table 1. Number and Percent of Individuals by Service July 2018 - June 2019		
Service	Number Receiving Service	Percent of Total number of Individuals (n=400)
Group Day	223	55.8%
Group Home	172	42.5%
Community Engagement	76	19.0%
Sponsored Residential	54 ¹³	13.5%
Consumer-Directed Services (Personal Assistance, Respite and Companion Services)	42	10.5%
Consumer Directed Services- Facilitation	40	10.0%
In-Home Support Services	36	9.0%
Agency Directed (Personal Assistance, Respite and Companion Services)-CL	22	5.5%
Group Supported Employment	19	4.8%
Individual Supported Employment	14	3.5%
Supported Living	9	2.0%
Community Coaching-CL	6	1.5%
Workplace Assistance	3	0.8%
Independent Living Supports	1	0.3%
Total Number of Services Received	714	

PCR Key Performance Areas¹⁴

The KPA is reportable if the person received Support Coordination and at least one other service at the time of the review.¹⁵ The KPA is also non-reportable if fewer than 10 data points (indicators) are used in the score.¹⁶ Taking Ownership of Health is calculated with the fewest number of indicators. Therefore, it most often has non-reportable data. In FY19, 132 of the 400 PCRs (33.0%) were non-reportable for this KPA.

Likert Scale Results by KPA

Results by KPA for FY19, shown in the following figure (Figure 5) indicate a similar pattern to Year 2 and Year 3. The needs of individuals receiving services appear to be met (KPAs 2a – 2c), but a person-centered approach is not always evident in supporting the person to self-direct safety (1c) or take ownership of healthcare (1b). Self-directing safety and inclusion in the community were most

¹³ Four individuals had been receiving this service for fewer than 90 days and the service was not reviewed, as per procedures.

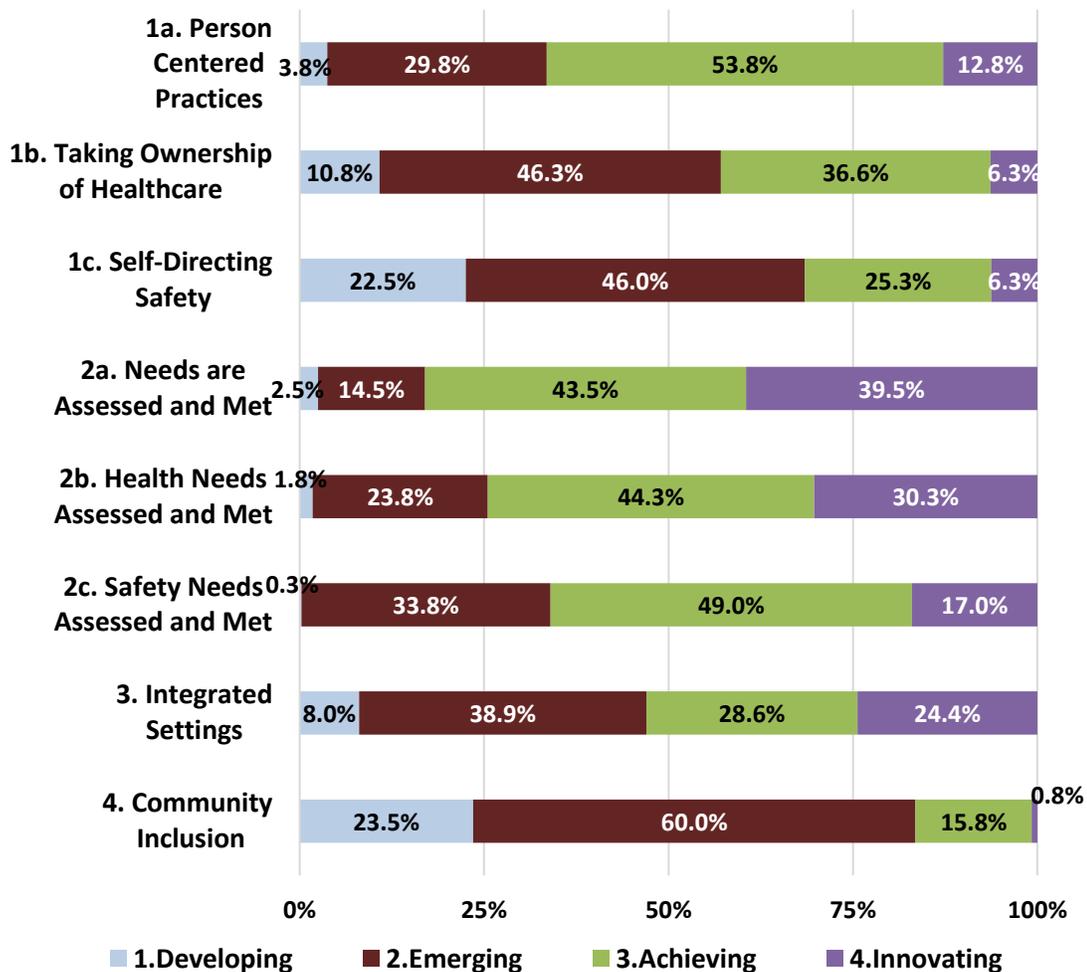
¹⁴ See the earlier section on Key Performance Areas for a description of the KPA scoring ranges.

¹⁵ If an individual was only receiving Support Coordination and did not yet have another service, the PCR did not have a provider component.

¹⁶ DBHDS approved 10 data points as the cutoff point, as it is not wise to make comparisons across KPAs or reviews with small sample sizes.

likely to show scores of Developing, 22.5 percent and 23.5 percent respectively in this lowest rating.¹⁷

Figure 5. PCR Results by KPA
July 2018 - June 2019



Achieving and Innovating Results by Year

Information in Figure 6 provides a comparison of PCR KPA findings by year, showing the percent of PCRs with KPA ratings of Achieving or Innovating (A/I), the highest two levels combined. Findings to date indicate the following:¹⁸

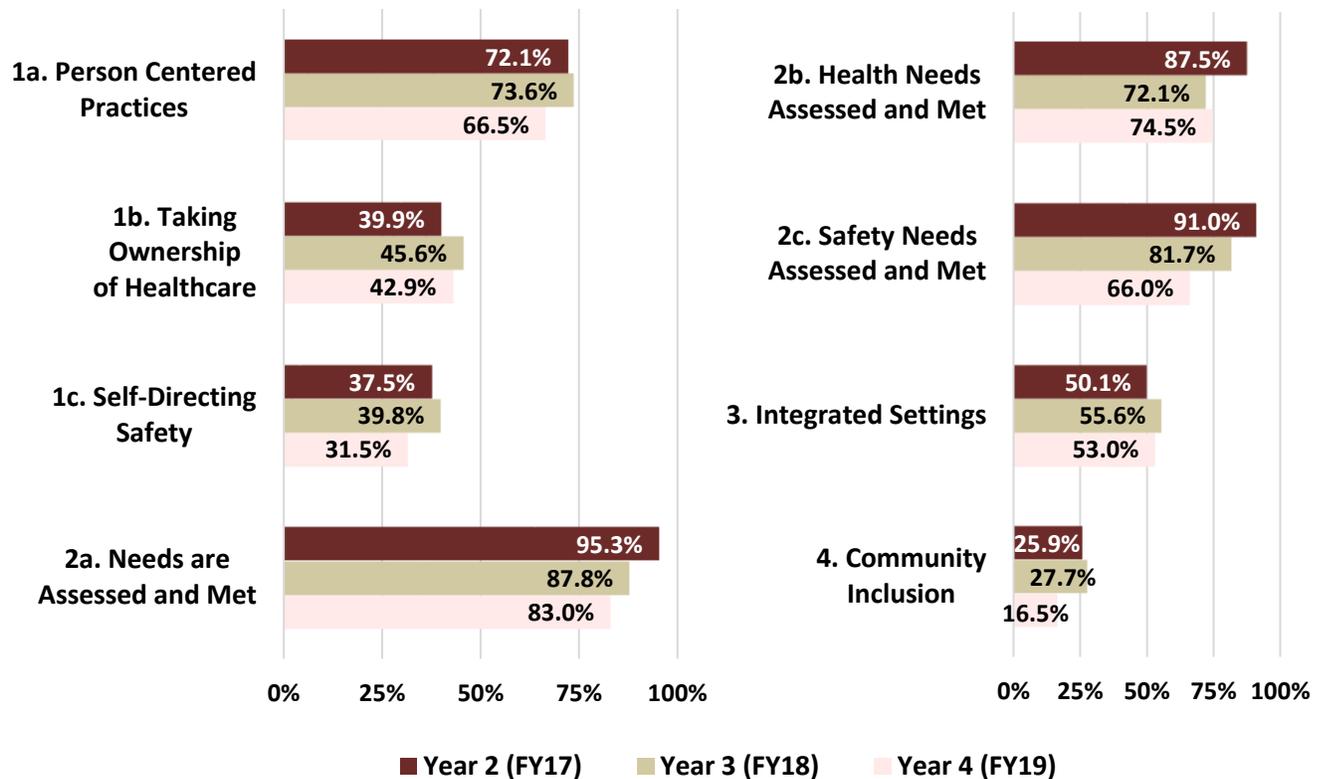
¹⁷ Developing (D) - ≤50%; Emerging (E) - >50% to ≤75%; Achieving (A) - >75% to ≤90%; Innovating (I) - >90%

¹⁸ A difference of proportions test was completed when testing comparisons between findings in FY19 or testing trends since FY17. If p values were less than 0.05, they were noted as significant and the p value is shown.

- The pattern across KPAs appears similar each year, with Community Inclusion showing the lowest scores each year.
- Ensuring safety needs are assessed and met has shown the greatest decline over the three year period, with a significant decrease from Year 2 to Year 3 ($p < 0.000$) and again from Year 3 to Year 4 ($p < 0.000$), a change from 91.0 percent to 66.0 percent over the time period. Lack of training and awareness of abuse, neglect, exploitation, seclusion, restraints and restrictions for individuals receiving services appear to continue to impact this score each year. Documentation did not demonstrate how providers are helping people receiving services understand the meaning of these critical concepts, putting them at greater risk by not being able to recognize when these occur.¹⁹
-
- Decreases between Year 3 and Year 4 were also statistically significant for the following KPAs: Person Centered Practices ($p < 0.029$), Self-Directing Safety ($p < .015$), and Community Integration ($p < 0.000$). Evidence suggested individuals receiving services were less likely to make informed choices about community activities or be actively involved in the development of the ISP, and providers were less likely to provide opportunities to develop new friendships. Needs Assessed and Met, in general, showed a decrease from Year 3 to Year 4; however, the p value of 0.056 was just over the standard level considered to be statistically significant ($p \leq 0.05$).

¹⁹ Greater detail for each KPA is presented in the next section, Person Centered Review Findings by KPA.

Figure 6. KPA Comparison by Year
 Percent Achieving and Implementing



KPA by Region

The percent Achieving or Innovating for each KPA is shown by region in Figure 7.²⁰ Variations may indicate some regions have better systems in place to ensure certain KPAs are present for individuals receiving services:

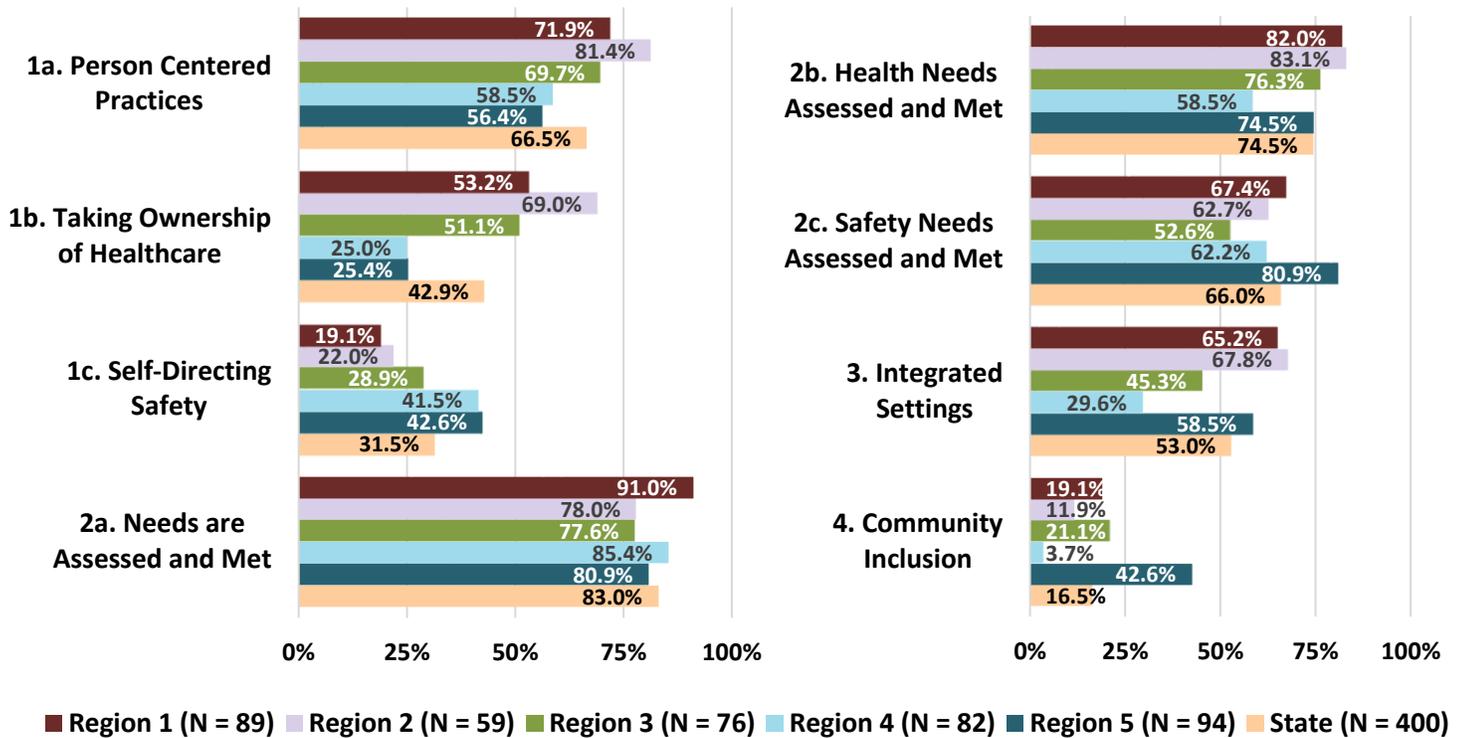
- The service system in Region 2 appears to better offer Person Centered Practices compared to other regions. For services in general the Region 2 rate is significantly higher than the state average ($p < 0.024$), with even greater differences in helping individuals take ownership of their own healthcare activities ($p < 0.000$). This may be because the region is one of the more populated areas of Virginia where options and resources are more abundant.
- Regions 4 and 5 were least likely to ensure person centered practices are infused in service delivery systems, in general and particularly for healthcare.

²⁰ Because data from the first year of most contracts reflect a learning curve for providers, the most recent three years of data (Years 2, 3 and 4) of the QSR contract are used for comparative analysis and to identify trends.

- People living in Regions 4 and 5 were most likely to be in charge of their own safety, significantly more so than either Region 2 or Region 1 ($p < 0.01$).
- Services in Region 5 were significantly better than in all other regions for ensuring safety needs were assessed and met ($p < 0.04$).
- While scores across Community Integration were low across all regions, Region 5 scored significantly higher than all others ($p < 0.003$); however, in Regions 4 only three of the 82 PCRs completed scored Achieving on this KPA, and none scored Innovating.
- Region 3 showed the lowest score for ensuring safety needs were assessed and met. While the region has a more rural geographic composition, this should not impact a provider's ability to assure safety is assessed and met. Targeted training for providers in this region on how to assess and address safety needs for individuals may be warranted.

Regional variations seem to indicate some regions may have best practices to share. Do some regions have systems in place that enhance access to transportation options or health and safety resources? These findings could be discussed at regional council meetings to determine if any innovative initiatives could be shared across the state to help all regions. In addition, analysis of results by Region and Community Service Board may shed light on these results, particularly those that show positive results.

Figure 7. PCR KPA Results by Region (FY19)
Percent Achieving/Innovating



PCR Results by Tool

The PCR uses several tools, with a number of indicators, to assess the person’s service system and quality of life. Interviews are used to capture information directly from individuals, providers, Support Coordinators (SCs) and family members or guardians. Record Reviews are used to ensure corroborating evidence is available to assess the person’s quality of life and use of person centered services. Results by tool and year are presented in Table 6. Results on every tool have shown a steady decrease since FY17, with the exception of Support Coordination. Providers may not document all supports and services provided and it has been recommended that DBHDS provide training for providers on how to improve their documentation.

Support Coordinators performed better each year on both interviews and record reviews. These results may be due to the efforts of DBHDS to help improve Support Coordination services, including the development and implementation of a new Support Coordination/Case Management manual and Support Coordination/Case Management training modules. With Support Coordination now showing improvement, this may impact provider’s performance through their advocacy and

evaluation of quality of services for people. Provider performance may show improvement over the next few years.

Table 6. Percent Met by Tool (PCR) ²¹			
July 2016 - June 2019			
Tool	Year 2	Year 3	Year 4
Individual Interview	80.5% (400)	78.0% (400)	73.8% (400)
Family/Guardian Interview	90.1% (215)	88.7% (270)	88.1% (249)
Provider Interview	84.6% (597)	83.9% (669)	81.7% (715)
Provider Record Review	74.2% (595)	68.8% (675)	66.9% (715)
Support Coordinator Interview	81.0% (360)	83.3% (399)	84.1% (400)
Support Coordinator Record Review	73.2% (363)	74.7% (396)	79.4% (400)
ISP QA	90.6% (362)	83.5% (398)	82.6% (400)
PCR Total	83.1% (400)	80.0% (400)	79.1% (400)

Person Centered Review Findings by KPA

In this section, each KPA is organized into several sub-groups, using indicators from all the tools, to provide additional analysis in specific areas within each KPA (Figures 8 – 16). The sub-groups were developed for the second quarter report in Year 4 (FY19); however, because the same tools and indicators were used, they have been calculated also for Year 3 data for comparisons across the two years. The section is organized to show the person centered approach for each KPA, followed by how the needs were met for that area. For example, findings for Taking Ownership of Health indicators are followed by how Health Needs Are Assessed and Met.

Likert scaled responses of Almost Always and Frequently are combined with “yes” responses to calculate the percent met in each sub-group.²² The number of indicators used to measure each sub-group is shown in parentheses.²³

Person Centered Practices ([Appendix 4a](#), pg. 75)

Approximately 66.5 percent of PCRs for the Person Centered Practices (PCP) KPA showed performance in the Achieving/Innovating range (Figure 6 - [Achieving and Innovating Results by Year](#) section, pg. 23) indicating most aspects of services and supports were person centered, but

²¹ Percentages in this graphic represent the percent of Yes and Almost Always responses. Numbers in parentheses represent the sample size each year for each tool.

²² This calculation is different than how the scores were calculated for the overall KPA ratings (Percent Yes + Almost Always). The reasoning was to help DBHDS better identify, at the indicator level, where specific quality improvement initiatives may be most helpful, by focusing on areas scored Sometimes or Rarely.

²³ Results for all indicators scored in each tool and each KPA are shown in Appendices 4 – 4h.

there is room for improvement. As shown in Figure 6, this overall score is lower than the previous two years. The PCP sub-groups are shown in Figure 8. Each reflects scores of approximately 83 percent or higher, supporting the broad implementation of person centered practices.

Information in Figure 8 suggests there was very little change in any of the sub-group areas from Year 3 to Year 4. The strongest PCP sub-group indicates Support Coordinators and providers have systems in place to get to know the person. Over 90 percent of Support Coordinators and providers assessed the personal strengths, interests, preferences and abilities of individuals receiving services, and understood the person's dreams and respected specific communication styles. Providers and Support Coordinators also support individuals to understand informed choice and provide choices to people they serve. However, information from the individual interview indicated they were not always offered informed choice of community activities or services and providers. These reflected scores of approximately 64 percent and a decrease of approximately 10 percentage points since Year 3.

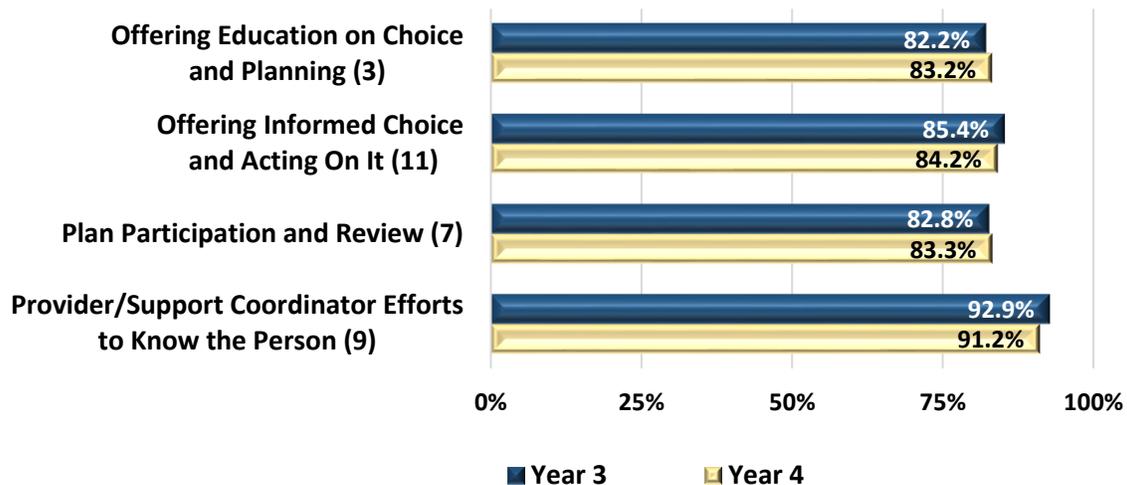
In addition, data indicated most Support Coordinators (92.5%) included individuals in the development of the Individual Support Plan (ISP) but providers did not always ensure the plan was modified as needed to continue progress toward achieving goals (45.2%). Family members (or the guardian) also indicated they felt the person was involved in development of the ISP (98.0%); however, interviews with individuals receiving services indicated only 61.8 percent felt they had (always or frequently) actively participated.

While mostly positive, these findings suggest there may be a disconnect between what the data indicate providers and Support Coordinators are supporting people to do and what the person's perceptions are of being provided informed choice or being actively involved in the ISP processes. This might suggest further training is needed for Support Coordinators and providers on how to offer informed choices and ensure the person feels included in the ISP planning process. DBHDS may also want to consider a pre-planning meeting for providers and individuals in preparation for the annual ISP planning meeting, to include an emphasis on providing service and support options to ensure the person's "voice" is heard during the formal planning meeting.

Another option may be to develop the ISP using several meetings or collect information from the person, over a span of time, to avoid being overwhelmed with too much information and too many decisions at one time. This should be driven by specific needs and communication styles of each person. Similarly, it would be important to ensure the person is empowered throughout the support plan year to make changes to their plan, supports and services as needed or wanted. This can easily be accomplished by ensuring providers and Support Coordinators are routinely discussing with individuals receiving services progress or lack of progress on goals, as well as changing needs,

dreams or wants. This could also help individuals served understand they have options and the ability/responsibility to govern their support plan.

**Figure 8. Person Centered Practices Sub-Groups
 Percent Yes, Always or Frequently by Year**



Needs Are Met (General) ([Appendix 4b](#), pg. 79)

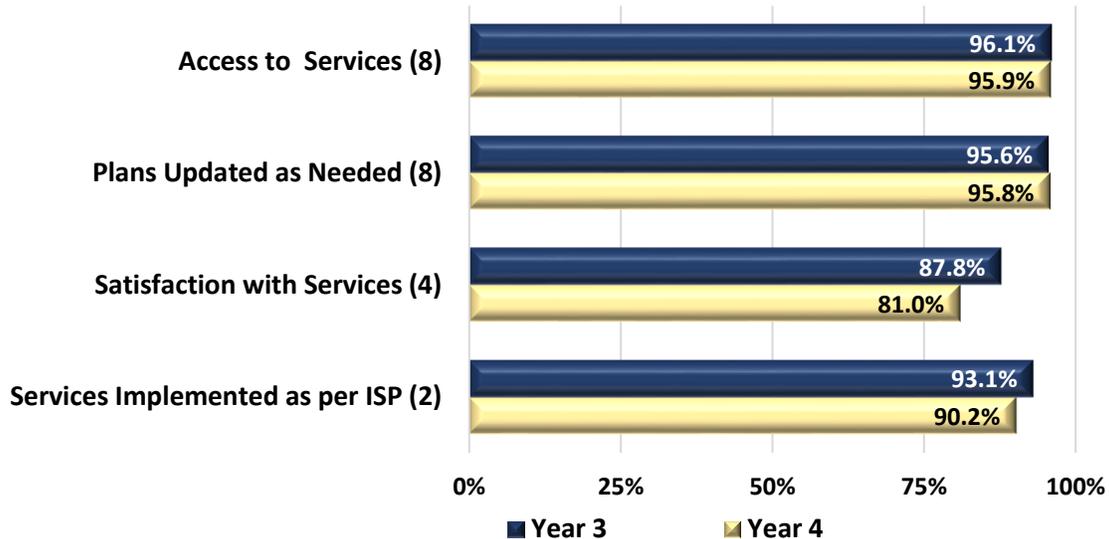
The average performance for General Needs Assessed and Met was positive with 83.0 percent of PCRs scored as A/I ([Figures 5 and 6](#), pg. 23 and 25 respectively); however, this reflects a steady decrease in the KPA since Year 2 (FY17), from 95.3 percent. Findings by sub-group are shown in Figure 9. Most people had access to their services, had plans updated when needed and services implemented as specified in the ISP. Satisfaction with supports and services appeared to be the area most negatively influencing the KPA score. Results were significantly lower than in Year 3 ($p < 0.001$).

Individuals and family members who were interviewed indicated they were often not satisfied with their supports and services. Scores of 79.9 percent for individuals receiving services and 75.4 percent for their families, showed a decrease of 9.5 and 6.0 percentage points respectively since Year 3. In addition, compared to Year 3, fewer individuals felt they were moving toward their desired dreams/outcomes (73.6% and 83.9% respectively).

As noted in the second quarter report, providers and Support Coordinators indicate individuals they serve participate in development of the ISP (Figure 8), but many individuals did not feel they are active participants. This may mean that even if people are “at the table” they do not feel they have a voice. In that case, the services and dreams might not reflect what the person really wants and could be indicative of lower satisfaction scores. Services may not be helping individuals meet their true

goals. Addressing the need to ensure people feel they are actually helping in the development of their plans for supports and services year round, as indicated in the previous section on the PCP KPA, could help improve satisfaction levels.

**Figure 9. Getting Needs Assessed and Met Sub-Groups
 Percent Yes, Always or Frequently by Year**



Taking Ownership of Healthcare ([Appendix 4c](#), pg. 81)

Indicators for this KPA are taken primarily from the Provider Interview (7 of 13). As shown in [Figures 5](#) and [6](#) (pg. 23 and 25 respectively), findings indicate only 42.9 percent of individuals showed a rating of Achieving or Innovating in having the opportunity to direct their own healthcare. This KPA has shown results around 40 to 45 percent since Year 2 of the contract. Findings presented in Figure 10 show an improvement in each sub-group, compared to Year 3. The increase was statistically significant for providing health education to individuals receiving services ($p < 0.000$) and ensuring a copy of the person’s informed consent is in the record. Informed consent has improved by over seven percentage points since Year 3, to 91.0 percent ($p < 0.019$).

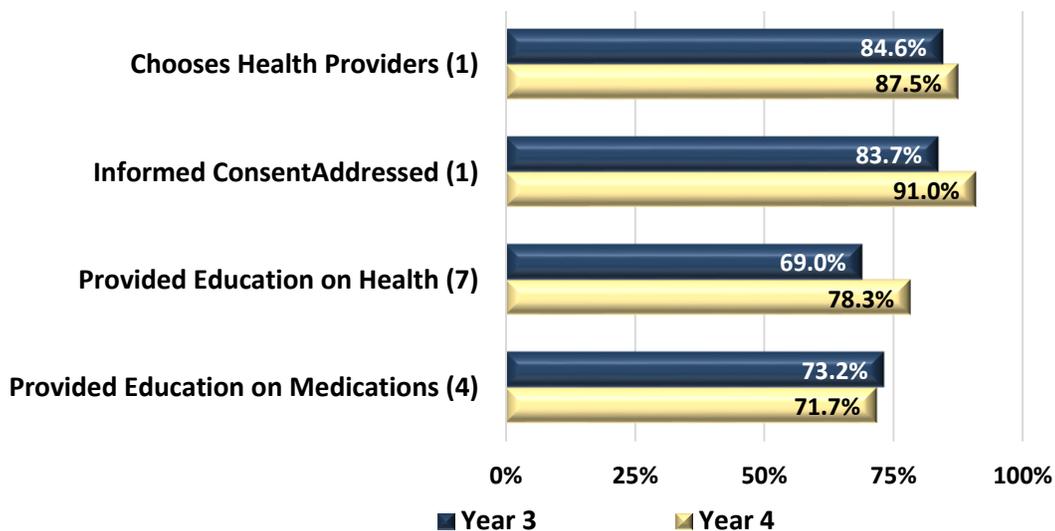
While information from interviews offers evidence most Support Coordinators (84.3%) and providers (95.0%) were ensuring education is provided to the individual receiving services about health, Support Coordinator records did not always show evidence this was occurring (69.9%); however, this has improved from 52.2 percent in Year 3. At the same time, many individuals receiving services (61.1%), when interviewed, did not feel they were being provided education to learn more about their own healthcare, and this has decreased from 72.1 percent in Year 3.

Providers had described, through interviews, how people are supported to know why medications are prescribed and the color, shape and time medications should be taken (over 86%). Few providers (33.6%), however, documented how they help individuals taking medications understand why medications are prescribed and the possible side effects of those medications. Understanding key aspects of medications is important for each person, in order to be in charge of medications taken. These findings may suggest that while in conversation with providers and Support Coordinators, they provide sufficient description of how they offer education to individuals in various health-related areas, but fail to adequately document these activities about their health and medications. Documentation training specific to healthcare and medication use may be warranted, including how individuals are supported using different learning styles to help enhance understanding.

It is also possible education is provided but people would like to learn more. Typically, during interviews, individuals relate some knowledge about their health or medications: however, when asked, most indicate they want to learn more and no one is providing this support. Providers and Support Coordinators may be providing general information or global types of education, whereas the individual needs/wants something more specific and beyond the educational material provided. It is recommended that during the ISP meeting, this topic be discussed with the person to determine if additional formal information and education on specific diagnoses or general health conditions is requested. These could include resources about the relevant diagnosis, such as a YouTube video or accessing information or classes from the public health department. If requested, this could be developed into Part V of the support plan and tracked throughout the year. Content of the ISP meetings should be tracked over the next year to determine how this is discussed and if it is according to the person's communication and learning style.

During the quarterly review meetings, the provider and Support Coordinator should document training individuals have received, specifically around healthcare education and other areas related to independence, such as safety. The documentation should also include the person's response to the training, what was learned and additional education that may be needed.

**Figure 10. Taking Ownership of Healthcare Sub-Groups
 Percent Yes, Always or Frequently by Year**



Health Needs Are Met ([Appendix 4d](#), pg. 83)

Data from the PCRs indicate health concerns and needs were mostly being addressed, with 74.5 percent of PCRs rated as Achieving or Innovating in this area (Figures 5 and 6: [Likert Scale Results by KPA](#), pg. 22). Results by sub-group are presented in Figure 11. Interviews with family members, individuals, providers and Support Coordinators all indicate the expressed health needs and concerns of individuals receiving services are being addressed and follow-up on medical needs, referrals or identified risks is occurring. Most providers have risk protocols/back-up plans in place and review health risks as needed, which may have helped limit the number of people who reported having three or more hospitalizations (9.6%) or emergency room visits (10.1%).

A majority of the 41 indicators used to measure the Health Needs Met KPA address access to various types of healthcare supports and services. These include access to medical, behavioral, and dental healthcare services, as well as access to assistive technology. Access is generally good (80.9%) as shown in Figure 11, and somewhat higher than in Year 3 (78.1%). While most Support Coordinators had advocated to help ensure people received an evaluation for the need for Assistive Technology to aid in communication, 33.6 percent of individuals and 33.3 percent of family members reported a lack of access to this technology. These have decreased by 5.3 and 8.6 percentage points respectively since Year 3. These findings could be identifying a gap in the service delivery system and the need for more assisted technology resources. In addition, Support Coordinators should not only advocate to obtain a needed evaluation but also ensure when a need is identified, that assisted technology resources are accessed and obtained.

The need for assistive technology to help with communication crosses all aspects of a person's life. Without a means to communicate in a way people understand, it becomes more difficult to express personal needs and desires, interact with people in the community, or direct supports and services. This could also impact an individual's opportunity to have a true voice during the ISP meeting, an issue noted above in the Needs Are Met section. The person may be "at the table" but with no voice. DBHDS should consider evaluating how well the assistive technology services, environmental modification services, and Virginia Assistive Technology System (VATS) is being used for individuals with IDD, and consider providing education and information/resources (i.e., Virginia's Department of Education Assistive Technology Network web resource link: <https://atnetwork.ttaonline.org/ttac-online-resources>) to individuals, families, providers and Support Coordination on how to access these services. Focus groups could be used to identify barriers to getting this technology and ways to address the barriers, specific to each region. DBHDS may also want to connect with the Department of Education to help ensure communication plans, devices and technologies are transitioned with people once they leave the education system, and conduct a gap analysis to determine if there is a need for more Speech Pathologists or Occupational Therapists.

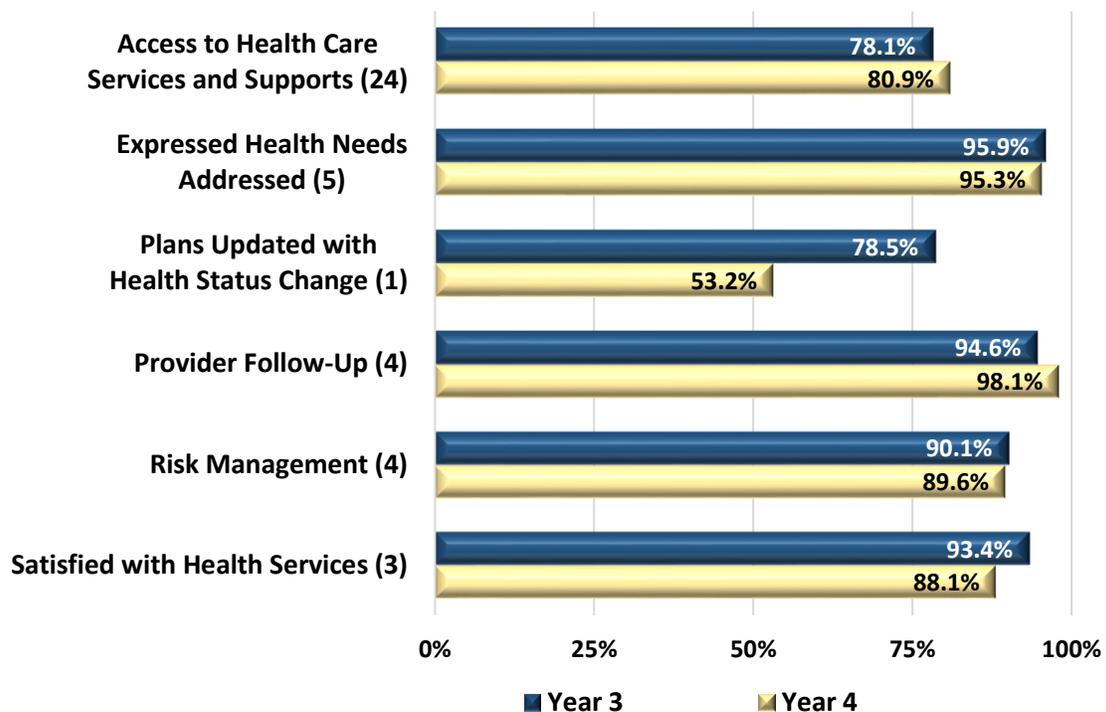
The lowest scoring sub-group, updating plans to reflect a change in status, is based on one indicator and the average score of 53.2 percent is based on 70 records. The indicator is from the provider record review to ensure the plan is reviewed if there is a change in the person's health status. Plans are not being reviewed and therefore are not updated. If a change in status resulted in a need for assistive technology in communication, this could help explain why individuals and families feel their need for this technology is not being addressed. On the other hand, if communication needs are not being addressed, the need for a change in the plan may not be clear because they are not clearly communicated to providers. DBHDS could work with stakeholder groups to design a system or develop a procedure providers could incorporate to help ensure staff routinely evaluates people receiving services for changes that would warrant updating the ISP plan of supports. It is recommended DBHDS provide additional training or guidance on how to complete the Person Centered Review Quarterly Report Format (dated 4/12/2018) form and recommend the training focus on documenting in this form any unmet or new needs or if the person wants to change supports and services.

Another area for which scores in this KPA seemed relatively low include provider and Support Coordinator documented support for access to preventative screenings. For example, while almost all individuals interviewed had received an annual comprehensive physical exam (98.2%), providers were either not aware of this or they were not documenting it well in the record (73.2%). For the most part individuals felt they were receiving routine preventative screenings (88.0%), but provider documentation was often lacking evidence of the screenings (68.7%). These topics could be on

provider meeting agendas in each region to determine if there are specific barriers to providers in attaining the information, such as difficulty getting the medical record released to the provider, individual receiving services or person’s guardian. This could also be included in a training that focuses on improving documentation, as noted in the section on Taking Charge of Healthcare. If so, other solutions may be possible to fill holes in the provider’s documentation.

A final area in assessing and meeting healthcare needs that may warrant more detailed analysis is in satisfaction with services. While the score for this KPA was relatively high (88.1%), findings showed this to be a significant decrease since Year 3 ($p < .001$). Satisfaction with services was also noted as a significant decrease in meeting general needs for individuals receiving services (in KPA Needs Are Assessed and Met). DBHDS may want to consider discussing possible reasons and action steps with Regional Quality Councils to help determine why people appear to be less satisfied with health and general services than previously reported and ensure systems are in place to maintain a high level of satisfaction with services provided. DBHDS may also want to determine whether Chapter 8 of the Monitoring Billing Activities and Evaluation in the Support Coordination Manual provides enough guidance and education on how to ensure “Satisfaction with services was assessed.”

**Figure 11. Health Needs Assessed and Met Sub-Groups
 Percent Yes, Always or Frequently by Year**



Self-Directing Safety (Appendix 4e, pg. 89)

On average, the proportion of PCRs rated as A/I for Self-Directing Safety was the second lowest scoring KPA this year, significantly lower than in Year 3 ($p < .015$), 31.5 percent and 35.1 percent respectively (Figures 5 and 6, pg. 23 and 25 respectively). Three of the five sub-groups within Self-Directing Safety (Figure 12) showed significant decreases since Year 3: Safely Navigating the Community, the Response to Abuse, Neglect and Exploitation (ANE), and Handling Emergencies, all showing a p-value of less than 0.007.

While most Support Coordinators (89.9%) and providers (80.1%) described, through interview, how they ensure people are supported to navigate in their communities, only 57.8 percent of individuals interviewed indicated they actually know how to safely get around in their communities, a decrease from 63.4 percent in Year 3. This demonstrates the clear difference between supporting individuals to be safe but not moving further to assist them to be independent and self-reliant – providers and Support Coordinators are able to explain how individuals are supported to get around in their communities safely but they do not seem to address how these supports are helping them learn how to do this independently and in a preferred way. People receiving services may want to visit friends or family or attend an event that is outside a regular schedule, but they do not know how to navigate to these places in a safe manner.

DBHDS may want to consider revising the definitions of Group Day and Group Residential services to include specifics related to developing skill building and independence around navigation and safety in the community. In addition, DBHDS may want to increase the availability of person centered training, with required attendance by providers and Support Coordinators and a session that focuses on building skills and independence for individuals receiving services in the areas of health and safety.

The response to ANE, i.e., knowing what to do in the event of suspected or experienced ANE, shows similar findings to safe navigation in the community. Support Coordinators properly reported events as required (87.9%) and family members indicated they know what to do if their loved one is suffering from some type of ANE (97.9%). However, only 60.7 percent of individuals indicated they knew what to do if experiencing ANE, a significant drop ($p < .017$) from 69.0 percent in Year 3. Based upon interview data, the larger issue appears to be that providers and Support Coordinators are often not providing education to individuals on restraints, restrictions, seclusion, neglect, exploitation or various types of abuse. Scores on most interview indicators measuring provision of education in these areas ranged from approximately 47.0 percent to 80.9 percent. Support Coordinator Record Review scores in this area ranged from 21.5 percent to 50.4 percent.

The provision of education for ANE has been among the lowest scoring areas for several years. Education should be provided in a manner conducive to the learning style of each individual receiving services. The lack of access to assistive technology to enhance communication, as noted above, may impact the ability of individuals to receive and understand education. DBHDS, through Regional Quality Councils, could identify provider organizations that have developed methods to support individuals in learning about these topics. DBHDS could then reach out to these organizations and the Leadership for Empowerment and Abuse Prevention (LEAP) program to solicit resources, tools, or methods used and share these best practices with all providers. In addition, individuals receiving waiver services are entitled to request up to \$5,000.00 in assistive technology annually, and the Service Authorization group tries to approve everything submitted that meets the allowable(s) criteria and has proper documentation. If this process is too complicated and time consuming, resulting in Support Coordinators/CSB's pursuing this less frequently, perhaps DBHDS could work with providers and Support Coordinators to review and streamline the process.

DBHDS could also collaborate with the Virginia Office for Protection and Advocacy (VOPA) to develop education for individuals with IDD and require providers to use it or an individualized version to provide education on ANE topics. Also, DBHDS could consider modifying the Support Coordination Manual to include requirements in the Abuse, Neglect and Exploitation section that education on ANE be provided, and a description of how to determine if the individual receiving services would know who to go to if ANE were to occur.

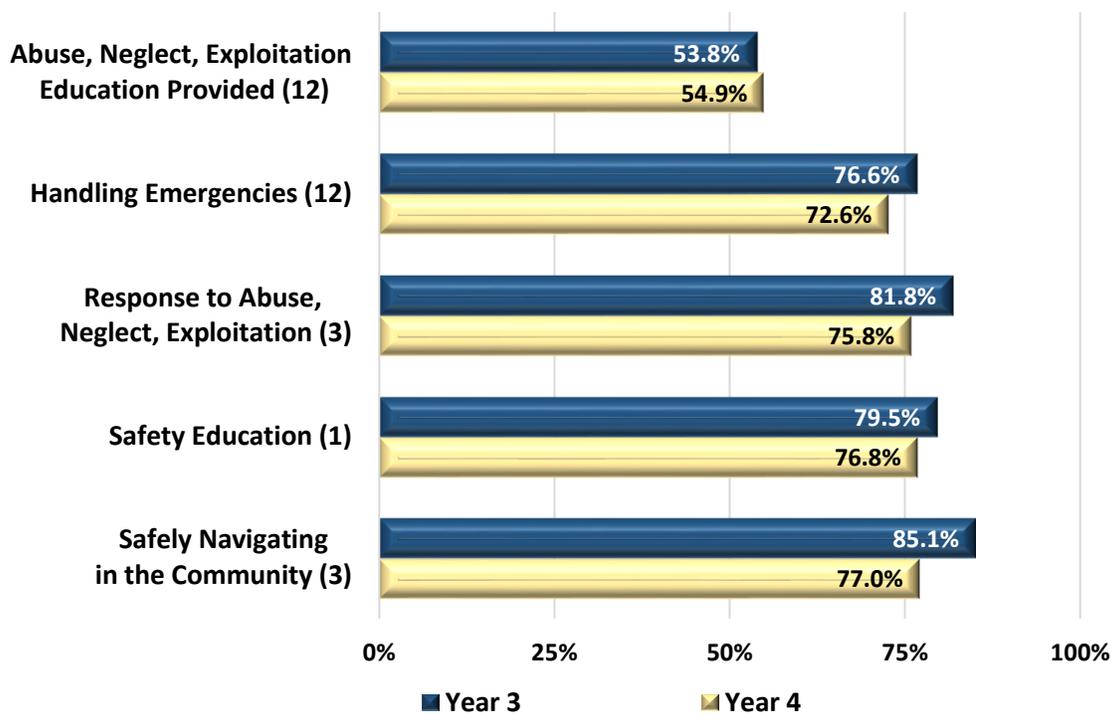
A final area worth tracking is the degree to which individuals are able to handle emergencies that may arise. People in charge of their own safety needs should know what to do in the event of a fire, weather emergency, or if the caregiver has a medical emergency. Most individuals interviewed (83.0%) indicated they know what to do in the event of a fire, and they appear to be supported by providers and Support Coordinators in this. However, if 17 percent of individuals do not know what to do in the event of a fire, that could have serious implications. It may be beneficial for DBHDS to explore possible trends in who is most likely to not understand this critical activity, i.e., individuals living on their own vs. in a group home or with a family member. This information could be used to direct training and interventions where needed.

Individuals were less likely to know how to handle weather emergencies (66.9%) or a caregiver's medical emergency (61.7%), and findings indicate these have decreased significantly since Year 3 from 78.6 percent and 71.6 percent respectively. Providers may need to increase their education efforts for individuals in terms of weather emergencies, and what people receiving services should do when the caregiver becomes incapacitated in some way, particularly as caregivers age. As DBHDS and the regions explore ways to better provide education about ANE and what barriers

they may be facing in doing this, developing education sessions on handling all types of emergencies, including a fire, should be incorporated into the process.

Emergency Preparedness, that includes all types of emergencies and procedures, could be presented as a topic for discussion at regional provider meetings to determine if there is a best practice that could be used to help increase awareness for individuals. Individuals and their families may also benefit from additional information on all factors affecting safety, such as ensuring individuals know and understand how to use 911.

**Figure 12. Self-Directing Safety Sub-Groups
 Percent Yes, Always or Frequently by Year**



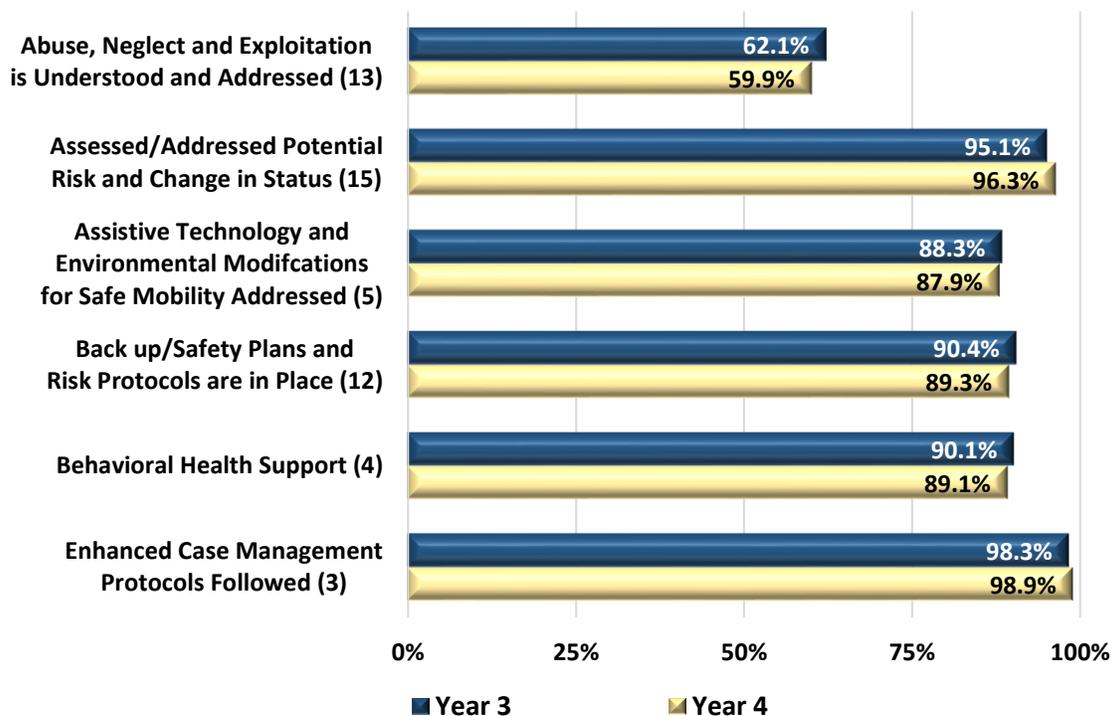
Safety Needs Are Met (Appendix 4f, pg. 94)

KPA findings showed most individuals scored Achieving or Innovating in getting their safety needs assessed and met. However, this reflected a significant decrease from Year 2 to Year 3 ($p < 0.000$) and again from Year 3 to Year 4 ($p < 0.000$), a change from 91.0 percent to 66.0 percent²⁴. (Figures 5 and 6, pg. 23 and 25 respectively). Potential safety risks are assessed and addressed, and risk

²⁴ Please note as stated in other sections above, Likert scaled responses of Almost Always and Frequently are combined with “yes” responses to calculate the percent met in each sub-group. This calculation is different than how the scores were calculated for the overall KPA ratings (Percent Yes + Almost Always). The reasoning was to help DBHDS better identify, at the indicator level, where specific quality improvement initiatives may be most helpful, by focusing on areas scored Sometimes or Rarely.

protocols/back-up plans are in place as needed (Figure 13). In addition, most safety plans, behavioral health plans, and environmental modifications supporting safe access are in place. Therefore, while people are not always supported to direct their own safety protocols as discussed above (Self-Directing Safety), their safety needs are generally met. The average score indicating ANE is understood and has been addressed was significantly lower than any other sub-group score ($p < .001$). Education programs offered by providers and DBHDS should be evaluated to assess how well they assist providers to ensure individuals receiving services actually understand ANE and address concerns individuals or family members may have.

**Figure 13. Safety Needs Met Sub-Groups
 Percent Yes, Always or Frequently by Year**



Integrated Settings (Appendix 4g, pg. 101)

The Integrated Settings KPA measures different aspects of how services are provided in the most appropriate integrated setting. The proportion of PCRs with an A/I rating in this KPA was 53.0 percent, similar to previous years (Figure 6, pg. 25). Five different sub-groups within the KPA are shown in Figure 14, and reflect scores very similar to Year 3. People receiving services are generally supported to explore integrated settings for provision of services in work, day, and educational settings. They are also supported to develop skills that lead to increased integration. Most data from

interviews and record reviews indicated providers and Support Coordinators addressed the preferences related to independent living and employment.

Indicators measuring if Barriers Are Addressed (69.2%) are only scored when barriers are identified. The highest scoring indicators in this sub-group from interviews are all over 80 percent. They suggest Support Coordinators and providers addressed barriers to integration and supported living, but neither seemed to perform as well at addressing barriers to supported employment. Support Coordinators addressed barriers to integrated educational opportunities (81.0%) but providers, through interviews and record reviews, were often not addressing these barriers (less than 56%). Individuals with IDD have a critical need to access educational opportunities, particularly in integrated classrooms. Regional Quality Councils should explore the unique barriers to education faced in each region, and perhaps develop a workgroup with regional providers, individuals, Support Coordinators and families to identify ways to address those barriers. According to Pacers National Parent Center on Transition and Employment, “As of March, 2019, there were 265 non-degree programs on university and college campuses across the country offering students with intellectual disabilities an opportunity to take college classes, engage in career development and independent living activities and participate in the social life of the campus.”²⁵ DBHDS could collaborate with Partnership for People with Disabilities to identify programs across the state and provide this information to support coordinators as a resource under the Support Coordinator Manual, Post-Secondary Opportunities At A Glance section.

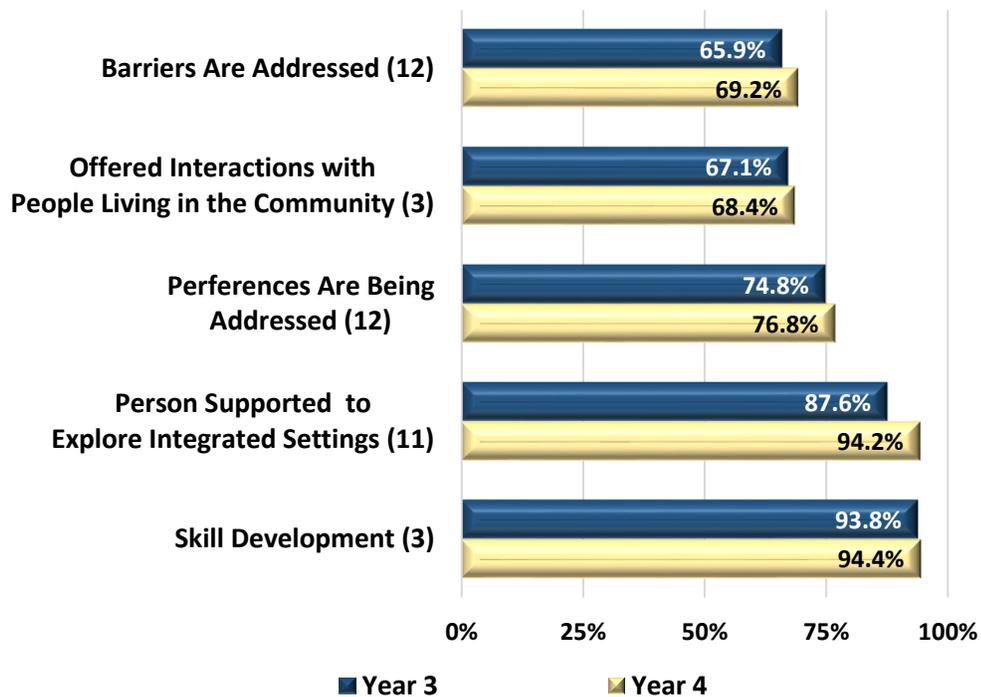
Integration into the community the same as other citizens, is a key component of the CMS Settings Rule. Having opportunities to talk with other individuals receiving services who are successfully living independently and working in the community is directly related to helping individuals learn from their peers about their experiences. The intention is to dispel any fears, misconceptions or concerns individuals may have moving more intimately into the community, and to answer questions they have about living and working in integrated settings. The relatively low score for this, Offering Interactions with People Living in the Community (68.4%), indicates Support Coordinators are often not supporting individuals in this area, and close to 30 percent reported it was not happening for them.

Communicating with people living successfully in the community may also help with finding useful and available resources, identifying ways to find and secure integrated employment, help individuals with IDD overcome barriers to integrated educational opportunities, and help them find activities others enjoy. This may be an area which Support Coordinators could use testimonials and stories from others willing to share their experiences. It is recommended that DBHDS consider

²⁵ For more information, visit <https://www.pacer.org/transition/learning-center/postsecondary/college-options.asp>

collaborating with Parent to Parent or Virginia Parent Advocates, or Partnership for People with Developmental Disabilities’ Advocacy Center for Family Involvement to help provide ways in which they could support these efforts. The family advocacy groups could work with CSBs to provide events where families and individuals could meet and share stories about their experiences. They could use the CSBs’ resources to seek out individuals and families willing to share their stories about living and working in the community, either in person, via phone or via videotape. DBHDS may also want to conduct a survey of all waiver participants to determine those who have positive integration and community inclusion experiences, and determine who of these individuals might be willing to serve as mentors to others. DBHDS may also consider partnering with the Center for Disability Leadership or Partners in Policymaking to develop a mentoring program for individuals and families who are just beginning to live or work in a community setting. This type of support could potentially help ensure their success while participating in integrated settings. DBHDS should continue to track this critical area and shift resources or initiatives if no improvement is shown over the next year.

**Figure 14. Integrated Settings Sub-Groups
 Percent Yes, Always or Frequently**



Community Inclusion ([Appendix 4h](#), pg. 111)

As in previous years, Community Inclusion is the lowest scoring KPA ([Figure 5](#), pg. 23), with only 16.5 percent of PCRs scoring A/I in FY19. Four different sub-groups for this KPA are shown in Figure 15, each sub-group reflecting a significant decrease since Year 3 ($p < .001$ for each). The highest scoring area is advocating for or ensuring preferences are addressed, particularly preferences related to community and leisure activities.

Support Coordinators did well explaining how they advocate to ensure people's preferences for attending the church of their choice are honored (87.3%); however, fewer providers (71.5%) were able to explain how they help ensure this happens for individuals they serve, and only 55.6 percent of individuals interviewed actually had the opportunity to attend a preferred church or religious activity, a decrease of 10 percentage points since Year 3, from 65.9 percent. Therefore, there is an apparent disconnect between Support Coordination's advocacy and the person actually having the opportunity to attend. Being a member of a church is one key social role some people desire and participation can lead to natural supports in the community. Often, the relationships developed through a church can help address transportation barriers to attending any religious or other community events. Support Coordinators should follow up on this at least quarterly to resources are developed to help make that happen.

The circle of supports is an integral part of a person's life, incorporating friends and families beyond paid supports. Most individuals interviewed indicated they have a circle of supports apart from paid staff and data from both provider and Support Coordinator interviews and record reviews (scored 92% or higher) indicated individuals are supported to develop and maintain a circle of supports. However, providers and Support Coordinators were much less likely to offer support to develop new meaningful relationships (45.8% and 51.1% respectively) and only 59.1 percent of individuals receiving services had opportunities to do so. These all represent a decrease of over nine percentage points since Year 3.

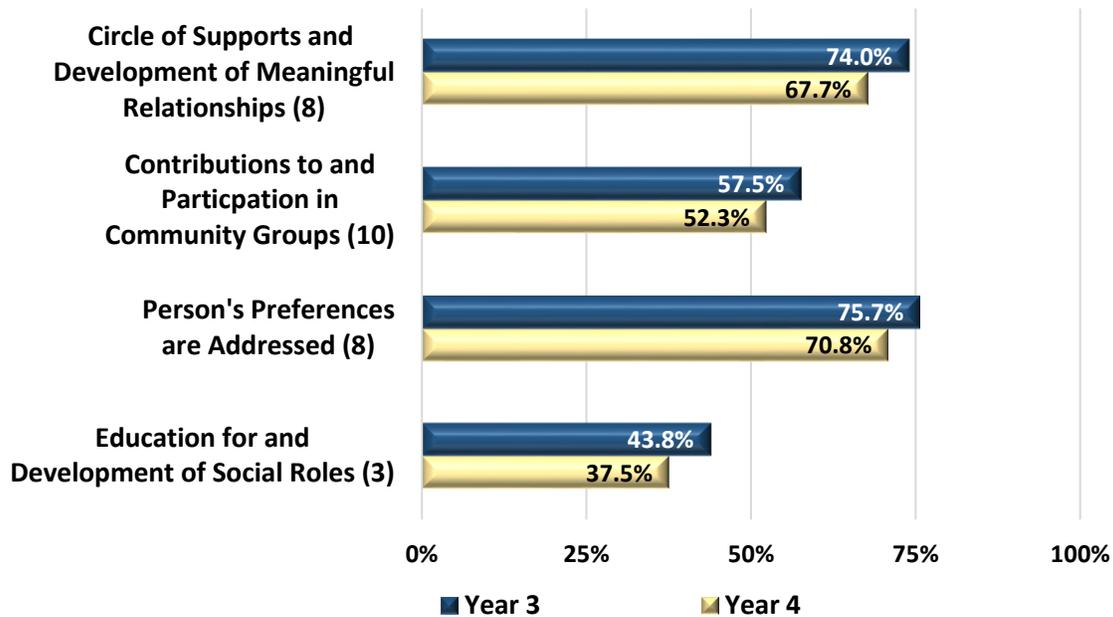
New relationships can lead to better community connections, knowledge of new community activities, and possibly avenues to integrated employment. Typically, for individuals who live with their family, these new relationships are developed through connections the family makes with others. For people who rely on paid supports to help develop new friendships, the focus is not the same as paid staff tend to focus efforts on meeting general health, safety and needs of the person. Therefore, no matter the service rendered, there needs to be a clear expectation for paid staff that connecting individuals to others in the community is a part of service delivery.

Expanding one's circle of supports could help lead to knowledge about and development of meaningful social roles. Individuals may participate in some community activities such as running

errands, shopping, and banking and Support Coordinators seem to ensure community engagement options are discussed when developing the ISP. However, support to participate in other types of community activities (e.g., volunteer groups, clubs, YMCA, leisure activities), where more friendships may be developed, is not as apparent. Education about and development of social roles is often not provided to individuals receiving services (37.5%). If, for example, someone really loves animals, providers could offer education about how becoming a volunteer dog walker would be a new social role, enhancing the person's identity. It is important for providers and Support Coordinators to understand what social roles are and how they can be developed. Training in this should be considered or even required for all providers. Another way to tackle this would be to ensure the consideration and discussion of valued social roles during the ISP meeting, with the potential of the discussion leading to the inclusion of development of the valued role as an outcome for the person in the ISP. The discussion should ensure individuals identify their current social roles and opportunities to develop new roles.

Given the day-to-day work demands of Support Coordinators and providers, community building might be enhanced through other community advocates. DBHDS could develop community liaisons at the regional level, with the experts in community resources available for persons with disabilities, including the advocacy community. These community liaisons could develop more community events to create a place for people to mingle, and invite individuals with disabilities who could help others with disabilities make community connections, such as with various volunteer organizations, YMCA, leisure groups, humane society, or managed care organizations to meet with individuals. People with lived experience as volunteers or participants of community activities could speak about how they got involved. These community liaisons could help create a mentoring program, similar to the one described in the Integrated Settings section above.

Figure 15. Community Inclusion Sub-Groups
 Percent Yes, Always or Frequently by Year



Provider Quality Reviews (PQRs)

Introduction and Demographics

The PQR process focused on providers who render Community Engagement services. The sample included all the providers who offered Community Engagement services to individuals selected for the PCR (n = 31), and an additional random selection of Community Engagement providers from providers who were not linked to a PCR (n = 19). This sample of 50 accounts for 42 percent of the 119 providers who were offering Community Engagement at the time the sample was selected. The detailed sampling method is described in [Appendix 1](#).²⁶

Qlarant completed 50 PQRs during the year, distributed across regions as shown in the table to the right. The providers' caseloads ranged from one to 139. Because the sample of providers is relatively small, analyses across locations or provider demographics is limited and findings should be viewed with caution.

PQRs
Region 1 - 10
Region 2 - 6
Region 3 - 8
Region 4 - 16
Region 5 - 10

²⁶ The individual sample used for the PQR is not designed to be representative of the state but to assess the specific provider's performance. Therefore, the PQR results from that sample are not shown.

PQR Key Performance Areas

As described in the PCR section, information obtained from the various data collection tools is aggregated to address the Key Performance Areas. Applicable indicators were selected from each of the different tools used during the PQR and grouped into the respective performance areas. Taking Charge of Healthcare is often non-reportable due to the number of indicators reviewed, as described in the PCR section. During FY19, 29 providers did not have reportable findings for this KPA; however, for those providers, only one scored Innovating and none scored Achieving for this area.

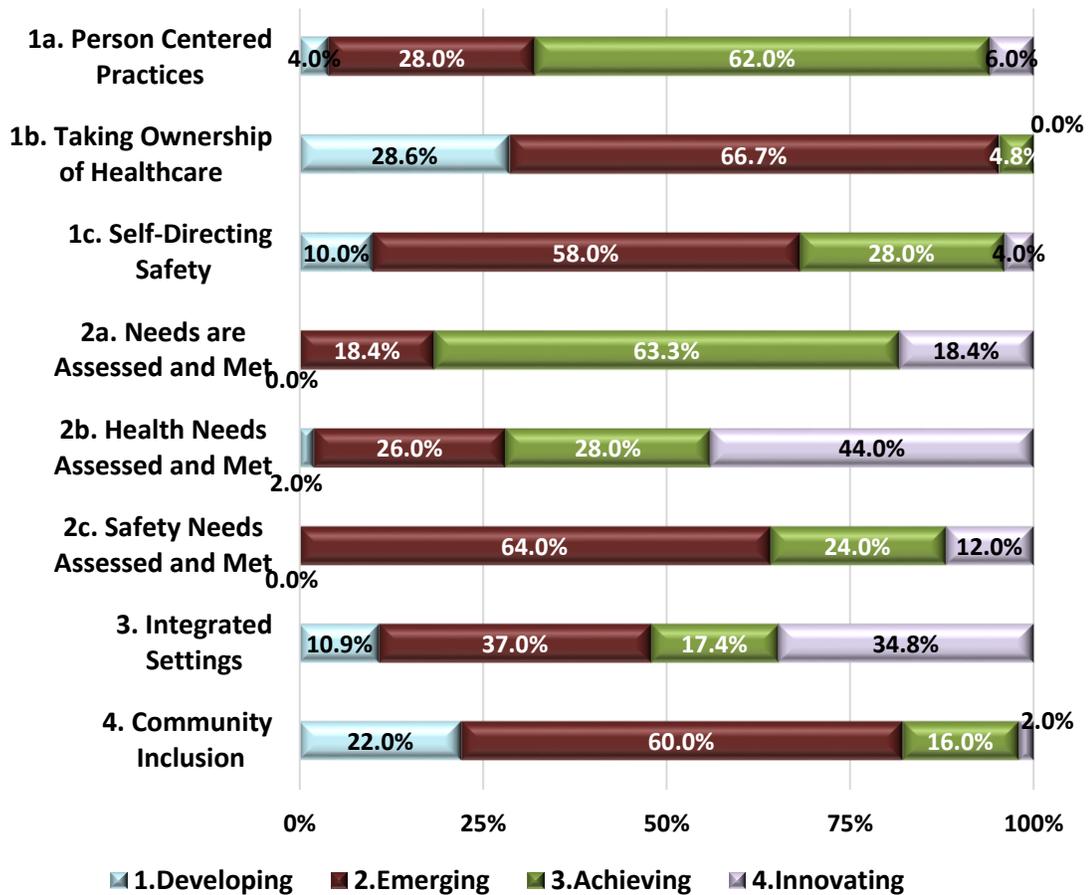
The ratings for each Key Performance Area from the 50 PQRs are shown in Figure 16. Data appear to indicate the greatest strengths for these providers are ensuring health needs are met and services are provided in integrated settings most appropriate for the person, reflecting 44.0 percent and 34.8 percent at the top level of Innovating, respectively. Because Community Engagement is about getting individuals engaged in the community, the high level of performance for Integrated Settings provides some validation the service is effective. Findings indicated providers are doing well documenting how individuals are participating in skill development that leads to increased integration (99.0%), consistent with the purpose of Community Engagement services.²⁷

However, only one provider scored at the highest rate of Innovating for Community Inclusion and most (82.0%) were Developing or Emerging, which is counter intuitive if the service is designed for community engagement. This service is designed to take place in the community and support people in learning to access and participate in activities typical to all people (i.e., banking, shopping, and eating out). DBHDS should ensure community connections are supported while people are participating in these activities. However, only 53.2 percent of providers scored in the top two ratings for ensuring services are provided in integrated settings.

Finally, these providers did not appear to do as well in addressing safety needs or supporting individuals receiving services to be in charge of their own safety (Self-Directing Safety). A majority of these KPAs showed ratings of Developing or Emerging for the providers reviewed this year, 64.0 percent and 68.0 percent respectively. This was mainly due to the same issues identified in the PCR section, which relate to a lack of documentation for providing education on restraints, restrictions, seclusion, neglect, exploitation or various types of abuse. In addition, only one of the 29 providers were scored on Taking Charge of Healthcare scored Innovating and none scored Achieving. The possible reason is this service (Community Engagement) is typically not responsible for health related supports and services. However, it should support building skills of independence to help people learn how to access healthcare in the community.

²⁷ Developing (D) - ≤50%; Emerging (E) - >50% to ≤75%; Achieving (A) - >75% to ≤90%; Innovating (I) - >90%

Figure 16. PQR Results by KPA
 July 2018 - June 2019



Percent of PQR KPAs Rated Achieving/Innovating by Year

Since the second year of the contract, FY17, DBHDS has requested that each year the PQR be used to review providers offering a different service. The providers who offered the following services were reviewed:

- Year 2 – Day Supports services include skill building or supports for the acquisition, retention, or improvement of self-help, socialization, community integration and adaptive skills. The purpose of these services is to provide opportunities for peer interactions, community integration and enhancement of social networks. These services take place in non-residential settings, separate from the individual’s home.
- Year 3 – Residential Supports (In-Home Support, Supported Living, Sponsored Residential, or Independent Living Support) are provided in an individual’s home, community, or in a

licensed or approved residence. These supports should enable the individual to improve or maintain personal health/medical status, live at home and use the community. They are intended to improve individual abilities and assist in acquiring new home living or community skills.

- Year 4 – Community Engagement Services are provided in groups of no more than one staff to three individuals. Community Engagement fosters the ability of the individual to acquire, retain, or improve skills necessary to build positive social behavior, interpersonal competence, greater independence, and employability. Individuals receiving this service should have enhanced personal choice necessary to access typical activities in community life, such as activities that may be chosen by anyone in the general population. These may include community education or training, retirement, and volunteer activities.

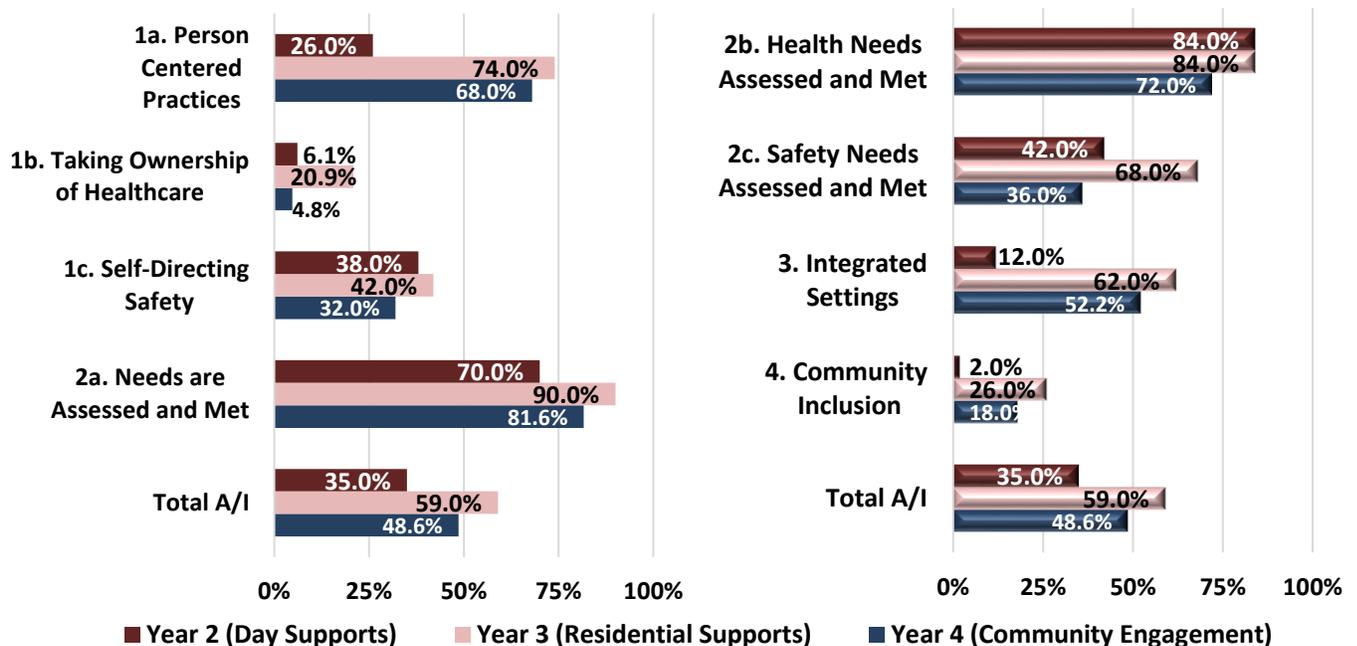
Figure 17 displays findings from PQRs completed in Year 2 (FY17), Year 3 (FY18), and Year 4 (FY19), showing the percent of Achieving and Innovating for each KPA. It is important to note that since the earlier years of the QSR program, DBHDS indicated they had implemented some initiatives, particularly for Day Support services. These were intended to enhance provider performance and scores may have improved for these services over the past few years. However, based on when the reviews were completed, the information provides some contrasts in performance by the type of service being offered.

- While the data were collected in Year 2 of the contract (FY17), Day Support services were least likely to score Achieving or Innovating on average across all the KPAs (35.0%). Day Support services showed the lowest percent of Achieving/Innovating on four of the eight KPAs: Person Centered Practices (26.0%), ensuring General Needs Are Assessed and Met (70.0%), Integrated Settings (12.0%) and helping ensure Community Inclusion (2.0%). Typically, Day Program services are provided in provider locations versus in the community. Therefore, the low scores related to Integrated Settings and Community Inclusion are understandable. However, the scores related to Person Centered Practices and General Needs Assessed and Met are not understandable, as all providers should address these.
- Providers offering Residential Supports (Year 3) were more likely to score (A/I), on average, than providers of Day Supports or Community Engagement (59.0%), and were more likely to score A/I for seven of the eight KPAs.
- Providers of Day Support Services and Residential Supports were equally likely to ensure people's health needs are met. Typically, providers of these services, versus Community Engagement, have more responsibility when it comes to ensuring a person's health needs are met. This should not preclude Community Engagement providers from being aware of and monitoring health needs, as the need to be healthy is important in order to access the community. However, they may feel this is the responsibility of other paid or natural

supports in the individual’s life and goes above and beyond the definition of the service. If so, clearer expectations could be provided so even when supported in the community, the person’s health needs are monitored and addressed as needed.

- All three services scored very low in the Community Inclusion section but providers of Residential Supports were least likely to support individuals receiving services to integrate into their communities and develop community connections (2.0%). Based upon staff interviews, typically, residential providers focus staffing and supports around activities that only take place in the home. Staff rather than the people living in the home perform some community activities. For example, according to staff, most group homes have staff do the grocery shopping or have medications delivered by the pharmacy.
- Providers of Community Engagement (Year 4) were least likely to ensure health or safety needs were met. Engagement in the community requires an understanding of health and safety risks and how to avoid them. To ensure providers of Community Engagement services address health and safety of the individual receiving services, it may be beneficial for DBHDS to provide more training for staff on how health and safety related topics to promote health, safety and wellbeing can be included as a part of developing independent skills in the community. An example is referenced in the [Recommendation](#) section under Avoiding Crisis (pg. 55).

Figure 17. PQR Results by Year (Service)
 Percent Acheiving + Innovating

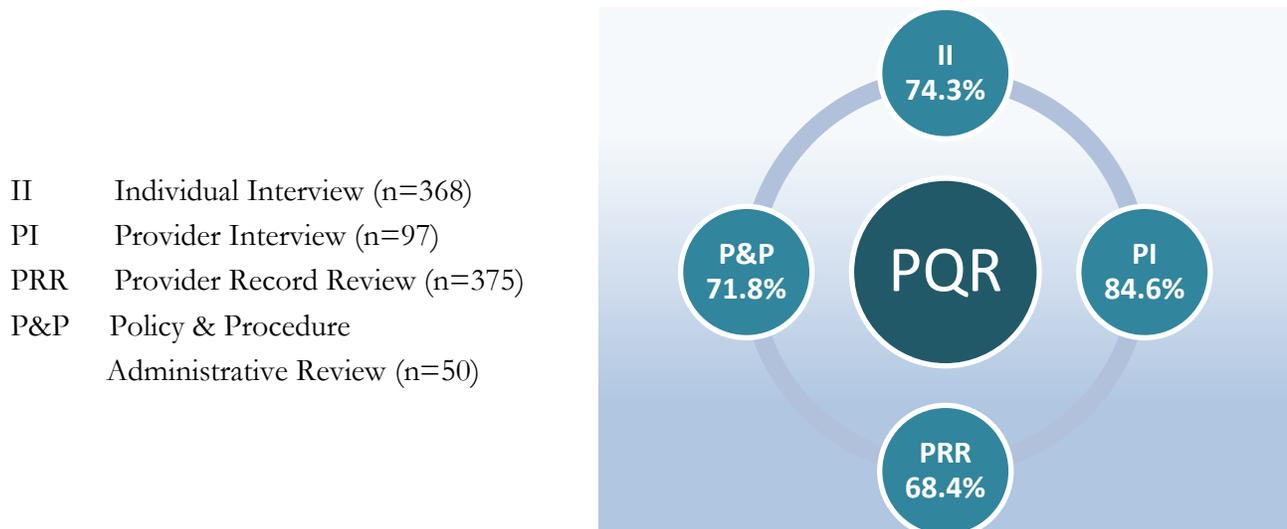


PQR Results by Tools

Some of the tools used in the PCR process are also used during the PQR. These include: Individual Interview (II), Provider Interview (PI), and the Provider Record Review (PRR). The PQR also includes an Administrative Review of the provider’s Policies and Procedures (P&P). All results are specific to the 50 providers reviewed this year. The average PQR results by tool are shown in Figure 18. Similar to previous years, interviews with the individual (74.3%) and the provider (84.6%) showed higher scores than documentation. Records maintained by these 50 providers showed compliance of 68.4 percent (PRR), indicating that perhaps documentation may not always reflect what individuals and providers are able to describe about services provided. The P&P score of 71.8 percent appears to be similar to services reviewed in previous years, 74.7 percent in Year 3 and 74.2 percent in Year 2.

The pattern that has persisted over the years of the contract shows lower documentation scores compared to interviews in the PCR findings. DBHDS has been committed to helping streamline documentation for Support Coordination services. As a result, a new quality monitoring tool and training on this has been developed and was implemented in the spring of 2019. As data are collected in subsequent years, it may be beneficial to determine, through comparative analysis, if there was a positive impact from this initiative that may also impact providers.

Figure 18. PQR Results by Tool
July 2018 – June 2019



Administrative Review Results

Unique to the PQR is the Administrative Review, used to assess the organization's compliance with Policies and Procedures (P&P).²⁸ All indicators in this tool are scored Yes or No. The average P&P score for the 50 providers reviewed this year (FY19) was 71.8 percent. Most of the providers reviewed this year (96% or more) had policies designed to:

- Support people through person centered processes.
- Identify the strengths, preferences, needs and desired outcomes for individuals receiving services.
- Ensure medical care needs are assessed and people are supported to receive medical care.
- Ensure emergency preparedness plans are in place.

Areas more challenging to these providers, for which over half of providers reviewed scored the indicator not met, included P&P for the following:

- Written policies and procedures to ensure individuals served receive education on or ensure the person understands abuse, neglect, exploitation, restrictions (including understanding the reason for the restriction), or seclusion. Because only 60.7 percent of individuals indicated they knew what to do in the event of ANE (PCR Self-Directing Safety section), it may be advantageous to train providers on how to develop and more importantly implement policies on the provision of ANE education.
- Ensuring the Quality Improvement Plan addresses areas of risk and is updated at least every four years. Because the Quality Improvement Plan is typically an agency level document, the lack of this plan may be impacting how risk is identified and mitigated at the organizational level. In the PCR section it was noted that many individuals did not know what to do in the event of a weather emergency or if their caregiver had a medical emergency. A lack of knowledge in either of these areas can put anyone at risk. Therefore, in alignment with the Independent Reviewer's focus on identifying risk for individuals served, DBHDS may want to work with the State Quality Improvement Committee to determine better ways to enforce these practices with all providers.²⁹
- Policies to ensure the provider conducts mortality reviews to identify activities to reduce risk
- Processes are in place to contact a REACH Crisis Team
- Provider requests/makes Regional Support Team (RST) Referral to address barriers.

²⁸ Beginning in Year 3, QQS no longer conducts review of staff's compliance with Qualifications and Training.

²⁹ See the Report of the Independent Reviewer on Compliance with the Settlement Agreement, December 13, 2018.

Provider Scores

The following table provides the scores for all providers reviewed to date this year. The percentages presented are calculated as follows: $((\text{Yes} + \text{Almost Always}) / (\text{Yes} + \text{No} + \text{Almost Always} + \text{Frequently} + \text{Sometimes} + \text{Rarely}))$. These are shown in Table 7 for each tool and are sorted from the highest to lowest overall score. The total number of indicators scored for each provider, shown in the second column in the table, varies and is dependent upon the number of individuals served by the provider and the number of services offered.³⁰

The average overall score for Year 4 was 73.9 percent. Roughly, 30 percent of the providers reviewed had an overall score below 70 percent and only four providers scored above 85 percent. This may be due to the newness of the service to the provider. In general, providers scored higher on their interviews than on their documentation. Average scores for the PRR and the P&P were 68.4 percent and 71.8 percent, respectively, while the average Provider Interview Score was 84.6 percent. The average Individual Interview score (74.3%) was 10 percentage points lower than for the Provider Interview (84.6%) – once again demonstrating the discrepancy between these two perspectives, the individual and provider interview findings.

Table 7.PQR Scores by Provider (Review ID) and Tool						
July 2018 - June 2019						
Percentages Based on Yes + Almost Always						
Review ID	# of Indicators scored	Individual Interview	Provider Interview	Provider Record Review	Policies & Procedures	Overall Score
7083	721	96.7%	97.2%	85.3%	94.3%	93.6%
7133	438	87.1%	93.7%	91.3%	100.0%	92.7%
7094	1,001	90.5%	93.5%	81.3%	94.4%	88.7%
7082	1,075	87.6%	89.8%	79.6%	94.3%	86.2%
7079	1,031	93.0%	91.1%	87.7%	13.5%	84.4%
7075	803	83.3%	85.9%	77.1%	100.0%	84.1%
7098	745	76.1%	90.1%	90.2%	82.4%	83.4%
7095	1,148	78.9%	97.3%	87.8%	75.3%	82.8%
7084	503	75.6%	85.5%	88.1%	78.4%	81.3%
7125	420	77.1%	90.7%	82.6%	70.0%	81.0%
7090	670	71.7%	93.0%	77.1%	95.5%	80.9%
7097	968	76.2%	90.5%	80.7%	90.0%	80.8%
7120	422	75.2%	87.6%	66.7%	89.8%	80.8%
7088	1,585	80.4%	89.9%	74.4%	84.3%	79.8%
7073	921	78.5%	84.8%	69.9%	93.6%	78.7%

³⁰ See Appendix 5 for more detailed information for each provider.

Table 7.PQR Scores by Provider (Review ID) and Tool						
July 2018 - June 2019						
Percentages Based on Yes + Almost Always						
7078	1,344	78.7%	79.5%	69.3%	100.0%	77.6%
7106	786	76.0%	83.4%	69.5%	82.2%	77.5%
7092	482	78.6%	66.9%	73.0%	96.6%	76.6%
7089	1,184	79.3%	84.1%	69.1%	70.5%	76.3%
7074	571	76.8%	86.1%	65.7%	82.0%	76.0%
7104	1,223	70.6%	92.9%	73.1%	91.1%	75.9%
7121	628	82.7%	87.8%	64.3%	55.1%	75.8%
7105	609	73.2%	90.5%	67.6%	69.7%	75.5%
7109	1,519	73.9%	89.5%	66.4%	92.0%	74.1%
7107	771	72.6%	87.3%	64.7%	64.8%	73.7%
7102	1,254	72.0%	87.8%	74.7%	54.6%	73.4%
7077	1,560	71.3%	88.5%	69.9%	83.9%	73.2%
7080	1,162	74.0%	92.5%	65.6%	59.8%	72.8%
7087	1,003	73.1%	81.6%	70.6%	58.4%	72.3%
7099	1,305	72.1%	87.3%	63.3%	82.8%	71.9%
7071	2,333	72.6%	80.8%	67.3%	83.2%	71.8%
7069	449	73.2%	77.5%	59.8%	78.4%	71.7%
7103	1,010	67.1%	90.9%	66.8%	64.4%	70.4%
7116	387	62.1%	75.7%	60.4%	86.7%	69.8%
7108	792	68.4%	82.1%	59.9%	61.1%	69.4%
7086	942	68.4%	78.3%	62.1%	77.3%	69.1%
7114	1,794	69.9%	87.2%	63.4%	79.6%	68.7%
7096	1,712	73.4%	90.2%	58.5%	45.6%	68.6%
7111	1,265	70.6%	75.0%	60.3%	79.6%	68.6%
7112	1,316	69.0%	77.7%	65.2%	62.5%	68.5%
7110	1,467	70.6%	74.8%	64.9%	58.4%	68.4%
7091	1,164	64.8%	78.4%	73.2%	53.9%	68.1%
7115	1,411	73.2%	90.2%	55.9%	50.0%	67.9%
7093	731	66.7%	77.7%	63.4%	56.7%	66.8%
7185	683	68.8%	79.9%	57.5%	44.9%	64.7%
7101	1,024	61.8%	79.5%	66.0%	47.1%	64.5%
7070	747	68.0%	71.1%	46.5%	55.1%	61.3%
7076	488	58.2%	83.5%	54.0%	35.6%	60.9%
7113	844	67.3%	64.1%	42.2%	40.9%	57.4%
7068	256	63.9%	50.7%	45.0%	25.6%	44.5%
Average	48,667	74.3%	84.6%	68.4%	71.8%	73.9%

Provider Strengths and Barriers

Quality Assurance Reviewers work interactively with providers to collect feedback and ensure the best overall assessment of the organization’s systems. Throughout this process, the provider’s strengths are identified and barriers to service delivery are discussed. A total of 788 strengths and 138 barriers were recorded as part of the PQRs completed during the year. The strengths and barriers most often identified are shown in the following graphic (the number of providers out of the 50 reviewed noted in parentheses).

The strengths listed appeared similar to those listed in previous reports for providers of Day Services (Year 2) and Residential Supports (Year 3). Barriers for all three services each year included a lack of funding, and difficulty hiring or maintaining qualified staff. One difference is that providers reviewed who offered Community Engagement also indicated how writing separate documentation for Community Integration and Day Supports was an issue, as well as a lack of consistency between auditors and agencies. These were not listed as top barriers in previous years. This may be due to the newness of the implementation of this service (September 1, 2016).

Strengths	Challenges
<ul style="list-style-type: none">• Staff treats individuals as unique individuals (31)• Staff observed treating individuals with respect and dignity (28)• Staff is knowledgeable of individuals health needs (26)• Individuals have choices of activities during the day (25)• Individuals do not report changes to supports or services for provider convenience (21)	<ul style="list-style-type: none">• Writing two separate ISPs, notes, quarterlies, etc., for Community Integration and Day Supports (24)• Lack of funding for needed services (11)• Lack of consistencies between auditors and agencies (10)• Difficulty with hiring qualified staff (10)• Difficulty with maintaining staff (10)

Alerts

An alert is defined as any situation or behavior causing individuals to be in imminent or potential risk for harm. Appropriate notifications to address any situation are handled onsite and a report is also provided to DBHDS for any additional follow up that may be warranted.³¹

³¹ The Office of Human Rights reviewed each alert received to determine if a violation occurred, based on the regulations.

Between July 2018 and June 2019, 30 alerts were identified - four during a PQR and 26 during a PCR. All alerts have been submitted to DBHDS using alert forms, and regional advocates were notified. Alerts were categorized as follows:

- Health – 2
- Rights – 26
- Safety – 2

Alert comments indicated 20 rights alerts involved issues with incomplete or missing informed consent forms for psychotropic medications. Two comments suggested individuals receiving services wanted to move to a new location and were reluctant to say why. One alert suggested there were locks on the pantry door and no documentation to justify them. Someone was lacking a working Hoyer lift and not enough people were available to lift the person manually, and another stated the person was missing an electric wheel chair, subsequent to a move, and had been unable to get staff to help locate it. One individual receiving services had a seizure and subsequent injury, possibly because staff had not given the person medications that evening.

Recommendations from PCRs and PQRs

At the end of each PCR and PQR, QARs make recommendations to participating providers based on review results. Multiple recommendations may be provided per review. The following figure lists the recommendations most frequently cited within different Domains. Recommendations are from the 400 PCRs completed unless noted as from the PQR.

Safety

- Recommend safety education be ongoing
- Offer education, according to learning style, on abuse, neglect and exploitation, what to do in these situations
- Assist individuals to understand what abuse is

Choice

- Consistently document efforts related to offering choice
- Support person in making informed choice and ensure person is happy with choices offered
- Documentation needs to include choices being offered in various settings

Access to Service

- Assist individuals to understand how to make changes to their services/staff
- Recommend the provider connect the person to resources to help develop natural and unpaid supports in the community.

Community Inclusion

- Support individuals with greater challenges to develop social roles and a presence in the community
- Ask individuals if they are interested in competitive employment, volunteering, becoming involved in the community, etc., throughout the year (not just at the annual meeting) and document the conversation
- Document how individuals are included in development of activities outside the facility

Avoiding Crisis

- Document safety concerns
- Expand safety education to include additional scenarios (e.g., sexual interactions, intimacy, exploitation, stranger awareness, vehicle incidents such as flat tires and accidents)

Health and Well Being

- Ensure dental health care is being completed
- Ensure preventative health care is being completed
- Ensure records contain current/updated physicals

Section II: Summary and Options for Actions



Qlarant reviewers completed 400 PCRs and 50 PQRs between July 2018 and June 2019 (FY19), Year 4 of the Quality Services Review contract. Data from PCR results are representative of the population of eligible individuals receiving services and the PQRs were conducted with a random sample of 50 providers offering Community Engagement services, approximately 42 percent of all providers offering this service at the time the sample was selected. This section of the report provides a summary of review findings and a list of recommendations that have been noted throughout the report.

Person Centered Reviews

Findings from the PCRs indicated most people's needs are being met and in general person centered approaches to services are used. Services are generally offered in an integrated setting, with just over half of PCRs scoring in the top two ratings for the Integrated Settings KPA. This has remained between 53 percent and 56 percent since FY17. Several areas have been identified in which the system is performing quite well:

- Providers and Support Coordinators knew individuals receiving services through assessment of personal strengths, interests, preferences and abilities, understanding the person's dreams and respecting specific communication styles.
- Providers and Support Coordinators also supported individuals to understand informed choice and provide choices to people they serve.
- Individuals appeared to be supported through the system to have access to needed service and feel they are receiving those needed services.
- Most individuals receiving services had plans updated when needed and services implemented as specified in the ISP.
- Compared to Year 3, providers were much more likely to have a signed copy of the psychotropic medication consent form in the record.
- Family members, providers, Support Coordinators and individuals receiving services all indicated the expressed health needs and concerns of the person were being addressed.
- Follow-up on medical needs, referrals or identified risks is occurring as needed.
- Potential safety risks are assessed and addressed, risk protocols/back-up plans are in place as needed and provider review health risks as needed.
- Individuals are supported to develop skills that lead to increased integration and to explore integrated settings for provision of services in work, day, and educational settings.
- The person's preferences related to independent living and employment were addressed by providers and Support Coordinators.
- Providers and Support Coordinators are supporting people to develop and maintain a circle of supports, and individuals interviewed related they have a circle of supports that goes beyond paid services.

Many findings in this report reflect positive outcomes from the system of supports; however, several challenges remain and some have persisted over the years of the contract. People receiving services are not always directing their own healthcare or safety decisions. While approximately 66 percent of PCRs showed an Achieving or Innovating level of performance in getting safety needs met for individuals receiving services, this is an area that has shown a significant decline each year since Year

2. While services are more likely to be provided in an integrated setting than in previous years, challenges remain in getting individuals engaged in their communities, as they desire (Community Inclusion). The following options and suggestions were discussed throughout the results section, based on issues or concerns noted in the report.

While people receiving services through DHBDS' system seem to be supported to assist in the development of the ISP, when interviewed many indicated they were not actively participating in the process. The following options are provided to help ensure individuals feel they have a voice at the ISP planning meeting:

- Training may be needed for Support Coordinators on how to ensure the individual receiving services feels included in the ISP planning process. Training could include how to more actively engage people with IDD during the meeting and different techniques to empower them in planning and participating in the meeting. Family members may benefit as well from a training session focused on communication for the all people involved.
- DBHDS may want to ensure pre-planning tools now in place (PC ISP Module 2 Before the Meeting, the Person Centered Thinking[®] One Page Profile and the I Want a Good Life Workbook) are utilized by providers to help strengthen the individual's position during the ISP meeting, to enhance an understanding of the process and changes that may be discussed, and help ensure the person's "voice" is heard during the formal planning meeting.
- Support Coordinators may want to consider a system where they work with the team to develop the ISP using several meetings or collect information over time, from the individual receiving services, to avoid being overwhelmed with too much information and too many decisions at one time.

Communication is key to ensuring people are able to express their concerns, goals, health or safety needs, interests in community activity and satisfaction, or dis-satisfaction with supports and services. Access to assistive technology specifically to aid with communication was an issue for many individuals. The lack of access to assistive technology to enhance communication may impact the ability of individuals to receive and understand education, even when it is offered, such as through the LEAP program.

- DBHDS may want to connect with the Department of Education to help ensure communication plans, devices and technologies are transitioned with individuals once they leave the education system and conduct a gap analysis to determine if there is a need for more Speech Pathologists or Occupational Therapists.
- DBHDS should consider evaluating how well the Virginia Assistive Technology System (VATS) is being used for individuals with IDD. They may consider providing education and

information to individuals, families, providers and Support Coordination, including how to access these resources.

- Focus groups could be used, perhaps through the regional councils, to identify barriers to getting this technology and ways to address the barriers, specific to each region. As part of this process, DBHDS could conduct an inventory of assistive technology resources for communication that exist in each region and ensure Support Coordinators and providers are aware of where these resources are and how to help individuals gain access to them.

Provider Record Reviews are used to ensure corroborating evidence is available to assess the quality of life individuals they serve and use of person centered services; however, provider documentation scores in general have been lower each year than scores from interviews. An area that appears to be an outcome most individuals say is present but is somewhat problematic in terms of provider documentation is ensuring an annual comprehensive physical exam is completed.

- This topic could be on provider meeting agendas in each region to determine if there are specific barriers to providers in attaining the information, such as difficulty getting the medical record released to the provider, or individual or guardian. If so, workarounds may be possible to fill holes in the provider's documentation.
- Documentation training should be developed and perhaps incorporated into orientation training offered to providers.

Concerns about engaging people with IDD in their communities have persisted over time. Integration into the community the same as other citizens, is a key component of the CMS Settings Rule. Many individuals receiving services indicated they were not connecting with other people with disabilities who are successfully living and working in the community; they did not know how to safely navigate in their communities; and were not always supported to join groups or clubs or preferred activities in their communities. While they are supported to have a circle of supports, they do not seem to be developing new meaningful relationships with others or new social roles. Various recommendations are offered:

- Support Coordinators could use the support of testimonials and stories from other individuals willing to share their experiences. It is recommended that DBHDS work with VCU PPD, or use the CSBs' resources, to seek out individuals and families willing to share their stories about living and working in the community in person, via phone, or via videotape and offer access to these through webinars or online portals.
- No matter the service rendered, there needs to be a clear expectation for paid staff that connecting individuals with IDD to others in the community is a part of service delivery.

This should be incorporated in provider training developed by DBHDS for all providers offering services to individuals with IDD.

- Focus group discussions across each region should explore why individuals receiving services feel they are unable to safely navigate in the community and the supports they would need to help with safer community access. Findings could be incorporated into provider and Support Coordinator trainings, if appropriate, and included in interviews with individuals receiving services and their families to assess this outcome for individuals.
- DBHDS may want to conduct a survey of all waiver participants to determine who has positive integration and experiences by living and working in the community, and determine who of these individuals might be willing to serve as mentors to others. Local advocacy groups could be used to bring together groups of individuals who live in the community to work with others who do not, organize outings and connections to available resources, and possible employment opportunities.
- Training should be developed for all providers and Support Coordinators on social roles, what they are, how to work with individuals to determine what types of roles they would prefer (i.e., volunteer dog walker, member of a swim team), and how to help individuals develop them.
- A concerted effort should be made to ensure the consideration and discussion of valued social roles with the potential of the discussion leading to the inclusion of development of the valued role in the ISP. The discussion should ensure individuals identify their current the social roles and opportunities to develop new roles.

People receiving services through the DBHDS system were often not directing their own safety decisions, a KPA that has scored relatively low over the previous three years, fewer than 40 percent of PCRs scoring at the highest ratings of Achieving or Innovating each year. Depending on others to keep us safe can inhibit our ability to stay safe when alone or faced with new risks. In addition, with all activities, particularly for engagement in community activities, ensuring safety needs are assessed and met is essential. People need to know how to be safe in all environments. The downward trend in this KPA is a critical finding in the report and appeared to have been impacted by indicators surrounding education and awareness of abuse, neglect and exploitation (ANE), including a significant decline in the percent of individuals who felt they knew what to do if experiencing ANE. In addition, provision of education to individuals about preventative healthcare and safety concerns has shown relatively low scores since the beginning of the contract. Several suggestions to help improve this are offered.

- During their quarterly review, the provider and Support Coordinator should document the training people have received, specifically in the areas related to health and ANE, and should

include any response to the training, what was learned and additional education the individual may need.

- Education programs offered by providers and DBHDS should be evaluated to assess how well they assist providers to ensure individuals receiving services actually understand ANE and address concerns individuals or family members may have.
- DBHDS Regional Quality Councils could identify provider organizations that have developed systems to support learning and education about ANE, healthcare and safety. This information could be shared with DBHDS who could reach out to these organizations to solicit resources, tools, or methods used and share these with all providers.
- DBHDS could consider modifying the Support Coordination Regulatory Requirements to include requirements in the Abuse, Neglect and Exploitation section that education on ANE be provided, and a description of how to determine if the person would know who to go to if ANE were to occur.

An area identified as problematic and critical to the safety of all individuals receiving services is knowing what to do in the face of emergencies. Many felt they did not know what to do in the event of different types of emergencies, and records indicated they may not be well supported with education to respond to emergencies.

- Qlarant could assist DHBDS to develop some short education sessions on handling all types of emergencies, such as “Quick Tips” on what to do if your caregiver passes out or if a fire alarm sounds. Sessions could be incorporated into weekly schedules at day programs and in the evenings at licensed residential homes.
- Individuals and their families may benefit from additional information on all factors affecting safety, such as ensuring individuals understand when and how to use 911.
- Emergency Preparedness could be presented as a topic for discussion at regional provider meetings to determine if there is a best practice that could be used to help increase awareness for individuals.

Indicators measuring satisfaction with services, as part of ensuring Needs are Assessed and Met, showed some significant declines since Year 3. Individuals and families were much less likely to indicate they were satisfied with supports and services (down 9.5 and 6 points respectively), and much less likely to feel they were moving toward their desired dreams and goals (down 10.2 points). As DBHDS has worked extensively to ensure individuals are satisfied with the services offered through their system, this trend should be tracked over the next year.

- Services may not be helping meet true desired goals if individuals do not feel they are active participants in the development of their ISP. Addressing this as indicated above should help,

through training and revising how much different sections of the ISP are discussed in one sitting.

- DBHDS may also want to consider some drill down with the regional councils to help determine why individuals appear to be less satisfied with services than previously reported and ensure systems are in place to maintain a high level of satisfaction with services provided. Focus group discussions about safe community access could also include questions for the group about how this might be influencing overall satisfaction with services, if accessing community activities is too limited or felt to be too dangerous a venture.
- DBHDS may want to determine whether Chapter 8 of the Monitoring Billing Activities and Evaluation in the Support Coordination Manual provides enough guidance and education on how to ensure “Satisfaction with services was assessed.”

Provider Quality Reviews

In Year 4 of this contract, FY19, providers offering Community Engagement services were selected for the PQR. The 50 providers reviewed scored relatively well ensuring individuals received services in integrated settings, as appropriate, and their general needs and health needs were met, and also in using person centered practices throughout their service delivery system (62.0% Achieving).

However, only one provider scored Innovating, the highest level, ensuring individuals were included in their communities as desired (Community Inclusion) and only two attained this highest rating for Self-Directing Safety. In addition, none of these providers scored Innovating in helping ensure individuals are able to direct their own healthcare and one scored Achieving (scored for 29 of the 50 providers). Compared to providers of Day or Residential Supports services, they were least likely to score in the highest two ratings (A/I) in getting health and safety needs met for individuals receiving services as well as for ensuring person centered services are used in meeting health and safety needs.

- DBHDS may want to work with the Regional Quality Councils to identify issues surrounding barriers to getting health and safety needs met, and in helping individuals direct their own healthcare and safety decisions.
- DBHDS may consider using provider meetings to help understand, from providers of Community Engagement, why they appear to do well offering services in integrated setting but not helping to ensure individuals are included in their communities as preferred. This information could be included in service specific training for providers and help DBHDS improve the overall performance of Community Engagement providers.

Many providers did not have a Quality Improvement Plan that addressed risk and or a Quality Improvement Plan that had been updated at least every four years. Because the Quality

Improvement Plan is typically an agency required document, these results are not specific to Community Engagement but to the organization as a whole. Therefore, not having a plan or not having one that addresses risk impacts how risk is identified and mitigated at the organizational level. In addition, many individuals did not know what to do in the event of a weather emergency or if their caregiver had a medical emergency. In alignment with the Independent Reviewer's focus on identifying risk for individuals served, DBHDS may want to work with the State Quality Council to determine better ways to enforce these practices with all providers

Section III: Significant Activity and Accomplishments

Year 4 (FY19) Sample

QQS received a list of individuals from the DBHDS WaMS database. The QQS analyst selected a stratified random sample of individuals from this list, sampled proportionate to region. Individuals who participated in a PCR in the previous contract year, were deceased, were no longer receiving services, or had moved out of state were excluded. Based on the previous year:

- Individuals who declined to participate in the previous contract year, or whose guardian declined on behalf of the individual, were included.
- Individuals who deferred in the previous year (willing to be reviewed later) were included.
- Individuals for whom we were unable to obtain consent in the previous year(s) were included.

The PCR sample was provided to the QQS manager who assigned each person to a region and QAR, and provided the list to PPD.

The PQR sample was selected from the list of providers who had service authorizations for Community Engagement in the WaMS data. We selected all who were associated with a PCR (31 providers). The remaining 19 providers were randomly selected from the list, but are not associated with the PCR.

Feedback Surveys

In order to collect data and solicit feedback from individuals and families, providers and support coordinators, Qlarant developed three different feedback surveys for the PCR and PQR processes, distributed to participant. Surveys are used to solicit responses from individuals and families after a PCR; from providers after a PCR; and from providers after a PQR. Surveys are physically handed to participants after each process and links to an online survey are provided. Participants willing to share feedback may either mail or fax the surveys to us, or complete an online survey. The responses

may be anonymous. There were 97 responses to the three different surveys. The average percent of Strongly Agree/Somewhat Agree/Agree, across all three surveys, was 94.8 percent.³²

The majority of comments received in the surveys were positive, including the following (included as they were written):

- Provider Feedback from the PQR:
 - Pointed out questions to ask or observe during home visits.
 - It discussed current electronic record; reviewers gave suggestions to improve positively.
 - It helped identify areas of growth needed in our program
 - The PQR went well. The process was smooth with no complaints.
- Provider feedback from the PCR:
 - Educational and explicit. We will improve our interaction with the community we serve.
 - Pointed out the things we are doing well.
 - It pointed out areas where we could improve and the representative provided suggestions.
 - Helped show areas where staff can improve and areas for retraining. It also showed what staff do well.
 - Find a way to get Qlarant staff the records prior to the staff interview
- Individual/Family/Guardian feedback from the PCR:
 - The interview went well. You can tell that the person that interviewed me was A "People " person that enjoyed talking and listening to people
 - very nice and enjoyed doing the interviewed
 - She was a very helpful and provided the individual and staff with information that will be helpful
 - (Reviewer name) was very personable and easy to talk to. She also took time to explain things to me when I had questions

While most comments were positive, there were some with suggestions on how to improve the different processes. Suggestions included the following:

- Provide a copy of the survey to people that are being interviewed. Some people need to see questions in print to fully understand. Only asking the questions verbally doesn't take into account how people process information differently. Also, it is very much a power imbalance when only one person has the form.
- It would be helpful if I could arrange to have a DSP available, but this is very difficult due to our staffing shortage.

³² See Appendix 3 for a table of findings from each survey.

- Explain how the questions/areas being discussed are not being covered by the support coordinator.
- More flexible scheduling.
- How about interviewing the "Powers That Be" and find ways to get more individuals off waiting lists. Through trial and error we have found very good residential and day support services for our daughter

Regular Meetings

Several different regular meetings are used to enhance communication between DBHDS and Qlarant. Status meetings are held approximately twice a month to bring together representatives from DBHDS and Qlarant. Progress on various components of the QSR contract, information collected from the field during reviews, as well as any problems or issues to be addressed are routinely discussed.

Other regular meetings are used internally to enhance communication and optimize review practices. The QQS management team conducts meetings every two weeks and staff meetings are also conducted every two weeks with Quality Assurance Reviewers (QARs), the Program Manager, Team Lead, and Program Director. The meetings provide an informal forum for discussion of best practices, clarification of interpretations for QSR procedures, tools, indicators and problems encountered in the field. Training and discussion of scenarios is provided as needed. Qlarant also meets regularly with PPD staff to share information from interview processes.

Training and Rater Reliability

QQS uses several techniques to train and assess the consistency of reviewer protocol and responses during reviews, including extensive orientation training on all tools, onsite shadowing, scenarios, and the use of annual formal reliability testing. These activities are used to identify areas where additional reviewer training or updates/revisions to protocols or standards may be needed.

Annual Testing

A summary of formal reliability testing results is shown in the following table.

Reliability Test Results			
Reviewers Tested July 2018 – June 2019			
Passing = 85% or Higher			
Tool	Number of Reviewers Who:		
	Tested	Passed	Range of Passing Scores
Individual Interview	28	28	88.7% - 99.1%
Family/Guardian Interview	13	13	92.0% - 100%
SC Interview	8	8	90.0% - 100%
SC Record Reviews	8	7	85.3% - 98.4%
ISP QA	7	7	90.0% - 98.9%
Provider Interview	8	8	90.0% - 99.1%
Provider Record Review	8	8	89.9% - 100%
Policy and Procedure	9	8	85.0% - 96.0%

Rater Reliability Training

On December 13, 2018, four VCU Regional Managers, two VCU administrative staff, and Qlarant’s Project Manager and Team Lead were trained on how to conduct formal field rater reliability.

Internal Training

In the latter half of the first quarter, monthly training began with both Qlarant and PPD staff.

These sessions took place on the following days and included training on these key areas:

- September 6: Clarified scoring on specific Individual Interview indicators related to how barriers for supported living and employment and education are addressed.
- October 9: Reviewed results of Scenario 1 that addressed Choice and Self-Determination Domains in the Individual Interview. Participants discussed indicators for which reviewers did not score accurately based upon the scenario.
- November 1: Reviewed questions from PPD reviewers related to specific indicators in Domain 6 (question 37), Domain 2 (questions 14 and 15 (a-c)), and Domain 6 (questions 1, 3, 4 and 12).
- December 11: Discussed Alerts and reviewed a guideline to better support reviewers to identify what is considered an alert, and how to report it to Qlarant.
- January 3: Reviewed the scoring for post-interview questions. Discussed upcoming rater reliability activities and alert notifications.
- February 12: Reviewed required information related to the individual’s demographics, scheduling details, and documenting consent to participate in the PCR.

- March 7: Discussed using open-ended questions during the interviews versus yes/no questions. Also, discussed the Likert scored questions and interpretations related to the different options.
- April 9: VCU Managers shared trends they were seeing related to onsite reliability with the reviewers.

DBHDS quality staff attended all but one of these sessions. Further, on December 13, Qlarant QARs participated in a training on “Community Life” conducted by Menorca Collazo the Quality Technical Assistance Manager for Qlarant and Person Centered Thinking Trainer in Georgia. Training was also provided on Alerts: procedures, identification and reporting.

Scenarios

For ongoing training purposes, four scenarios were completed during the year related to different components of different tools. Generally, the scenarios are geared to address the areas where reviewers need further clarification. The tools addressed in the scenarios included the Individual Interview, Staff Interview, and the Support Coordinator Interview. The scenarios are used solely for training purposes and therefore, scoring and results are discussed during bi-weekly staff meetings. The scenario for the individual interview included VCU reviewers and as noted above, results were reviewed and discussed with them and Qlarant staff in October 2018.

Data Validation and Checks

When analyzing data for various reporting needs, two analysts work independently to ensure calculated results are accurate. If outliers or missing data are identified, analysts verify with managers and research the issue to determine if it is a data error in need of correction or if there are explanations for the outlier.

In addition, a missing data function was developed and is used in the secure web application to prevent reviewers from missing fields during data entry. All completed PCR and PQR reports are reviewed by managers, who check for possible inconsistencies or issues. Reports are released upon manager’s approval, and data are then available for analysis.

Appendix 1: Quality Services Review Sampling Methodology

Every contract year, 400 eligible individuals are randomly selected to participate in the Person Centered Review (PCR) process. From the 400 selected individuals, 50 eligible providers are randomly selected to participate in the Provider Quality Review (PQR) process. The following document provides details of the sampling processes.

PCR Sample

The Virginia Department of Behavioral Health & Developmental Services (DBHDS) and Virginia Waiver Management System (WaMS) provided a list of eligible recipients. This list includes:

- Individuals who are on the Medicaid Home and Community-Based Services Building Independence, Community Living, or Family and Individual Supports waiver
- Individuals of all ages receiving services through at least one of the waivers
- All of the person's information regarding case management providers, service providers, and services rendered.

The PCR sample had several specifications. Individuals were excluded who:

- Resided in a Nursing Home, Intensive Care Facility, or Training Centers
- Participated in a PCR in the previous contract year
- Were deceased
- Were no longer receiving services
- Had moved out of state

Individuals were included if:

- They had declined to participate, or whose guardian declined on behalf of the individual, in the previous contract year
- They had deferred in the previous year (willing to be reviewed later)
- Qlarant was unable to obtain consent for them in the previous year(s)

The sample is stratified by region and selected proportionate to size. The person's regional information is determined based on the FIPS (Federal Information Processing Standards) code and where the Support Coordination (SC) provider is located. Because the contact address is not always where the individual actually resides, regional information from the Support Coordinator may be used when indicated (e.g., individual's address is a PO Box or contact is an out-of-state listing). The number of PCRs to be selected from each region is calculated based on the percentage of individuals in the eligible population residing in each region and the total desired PCR number (n=400). The sample and population distribution are shown in Table Appendix 1.1.

Table Appendix 1.1 PCR Sample Selection for FY 2018-2019

Region	PCR Sample	Percent ³³	Eligible Population	Percent
1	89	22.2%	2,723	22.2%
2	60	15.0%	1,850	15.1%
3	75	18.8%	2,291	18.7%
4	82	20.5%	2,532	20.6%
5	94	23.5%	2,887	23.5%

Once 400 individuals are randomly selected, the remaining individuals are randomly sorted, by region and Support Coordination agency, to comprise the oversample. If an individual is unable to participate, an individual from the same region and same Support Coordination provider organization is selected from the randomized list, starting from the first on the list. This method ensures the regional and Support Coordination distribution of PCRs remains the same, facilitates PCR planning and avoids unforeseeable requirements for Support Coordinators.

PQR Sample

As requested by DBHDS, in contract year 2018-2019 the PQR sample is limited to providers who render Community Engagement. From the claims data provided, eligible providers were identified if they billed for Community Engagement. Providers who served individual(s) selected for a PCR were automatically selected into the sample (n = 31). The remaining 19 providers were randomly selected for the PQR sample.

The list of remaining providers offering Community Engagement was randomized and used as the PQR oversample. While DBHDS has provided support to ensure providers participate in a PQR, providers do not always participate. When a provider does not respond, DBHDS is notified. Because of the limited number of eligible providers, the sample and oversample are not stratified by region, meaning the replacement may not be from the same region.

³³ Percentages are rounded to the 1st decimal only, therefore the sum may not be 100 percent.

Appendix 2: Rater Reliability Process

Qlarant understands the importance of maintaining the integrity of the data generated by review activities and consistently applies internal quality control mechanisms to ensure the highest quality performance. Qlarant's Internal Quality Assurance Program (IQAP) incorporates formal and informal strategies to ensure consistency throughout our processes and guarantee data accurately reflect system performance. The Program Manager supervises all aspects of these processes.

Through training, ongoing discussion and feedback, and formal reliability activities, Qlarant ensures QARs are not only reliable in their decision making but also using the correct procedures to gather information throughout the review process. A performance foundation is established with initial training activities and is maintained through ongoing education and feedback. Quality and consistency are evaluated via our rigorous quality assurance processes, including formal on site reliability testing in the field and informal offsite training. We utilize a "Gold Standard" protocol to ensure consistency and accuracy - reviewers are scoring the findings based upon the agreed upon interpretation and meet the standards associated with this contract.

Training

In-depth training is provided during orientation for new hires and ongoing through various means. Our extensive process includes several essential strategies explained in more detail in this document:

- Initial Training
- Shadowing
- Scenarios
- Ongoing Training

Initial Training

Upon hire and before participating in review activity, review staff is thoroughly trained on all review tools and processes. Our training program includes technical training for all staff and subcontractors. Qlarant conducts an initial orientation, which includes an overview of all tools, processes and procedures, and training on the interpretation of standards. Reviewers are taught to use the content of the tool to lead questioning and drive documentation review efforts. Reviewers are also trained on how to interpret information from interviews and documentation, link findings to specific scores (yes/no, Likert Scale), properly collect information and enter data.

Shadowing

The shadowing process provides QARs with additional on-the-job training. New hires shadow reliable reviewers through each type of review, allowing new staff the opportunity to see how the processes actually unfold. The shadowing component also affords new hires the chance to ask

questions and seek clarification on interpretation of standards or how information gathered reflects the final determination, if needed.

Once the new QAR is prepared to participate in a review, the Program Manager or Team Lead shadows the new reviewer at least once post orientation training and before formal reliability testing begins. This shadowing process helps ensure each QAR follows the proper protocols and makes determinations based on appropriate documentation and information gathered during the review. The Program Manager or Team Lead provide coaching as needed, and may participate in review activities as a means of modeling expected review and interview skills. Questions are encouraged to ensure reviewer consistency in interpretation and accuracy of findings.

Scenarios

A reviewer-to-reviewer process is designed to occur quarterly, as possible. The Program Manager works with the Team Lead to develop scenarios reviewers are likely to encounter in the field, specifically designed to address standards within a tool, such as one of the Domains or KPAs. The Program Manager and Team Lead create an answer key (Gold Standard), establishing accurate responses for the scenario provided to review staff.

The Program Manager distributes the written scenario to all QARs who are asked to score the standards addressed in the scenario and submit the response prior to the deadline established by the Program Manager and communicated to review staff. Each QAR receives the exact same scenario and directions. QARs are instructed to conduct scoring independently and provide responses only to the Program Manager or Team Lead.

All responses are compared to the “Gold Standard” and discussed during team conference calls. If results indicate a reviewer shows overall low agreement with the Gold Standard, the Program Manager will provide additional training and oversight for the QAR, specific to the area covered by the scenario. If results show low agreement on a particular standard, this is discussed with the team and revisions to the standard may be recommended.

Ongoing Training

All team members attend Bi-weekly conference calls. These are used to address questions from the field and provide clarification on interpretation of standards. If necessary, DBHDS is contacted for clarifications, and responses are subsequently shared with review staff.

The Qlarant Program Manager and Team Lead attend and participate in reviews to help enhance consistency of procedures and decision-making. During these reviews, QARs are encouraged to ask questions as needed.

On an annual basis, the team comes together for ongoing training on new or revised tools and standards and any revisions to DBHDS policy that may impact interpretation of standards.

Formal Reliability Testing

Qlarant utilizes a “Gold Standard” system for ensuring rater reliability when completing onsite reviews. In this system, the Program Manager (Team Lead is a backup for this process) is established as the “Gold Standard” to which all other reviewers are compared. Via research, regulation review, and interpretation discussions with DBHDS staff as well as the Qlarant Team Lead and Project Director, the Program Manager creates the accepted interpretation and determination for each standard, applicable to each component of our reliability process. All QARs are held to that interpretation as they are silently observed and evaluated during review activities. By comparing each QAR to the “Gold Standard” response, we are able to establish reliability in interpretation amongst the QARs, while also ensuring the accuracy of those interpretations.

For newly employed QARs, Field Reliability must be conducted – and the QAR must pass – within six months of the date of hire and prior to independently conducting reviews. QARs are tested annually to ensure they are following correct procedures and scoring standards correctly in all Person Centered Review and Provider Quality Review components. The Program Manager and Team Lead is established as the “Gold Standard” for all formal reliability processes and have trained Regional Coordinators to conduct field reliability when needed.

The Program Manager selects a review scheduled by the QAR and arranges to accompany the QAR on that review. Prior to the review, the Program Manager works with the QAR to verify all appropriate preparation work. This includes but is not limited to confirming dates, times, and locations for all review activities. Prior to the review, it is important for the Program Manager and QAR to ensure both have all the necessary tools for information gathering, documentation and scoring.

The Program Manager or Team Lead is present for the entire review to observe how and what information is collected by the QAR. The Program Manager or Team Lead refrains throughout the review from contributing to the process as the purpose of reliability is to ensure the QAR’s independent assessment of the standards being measured. The Program Manager or Team Lead silently observes, noting how information is gathered but not offering assistance or coaching.³⁴ The Program Manager or Team Lead and the QAR score the QSR tools independently.

³⁴ The exception to this is if the Program Manager or Team Lead determines the QAR is not conducting the review as needed, at which time the Program Manager or Team Lead will complete the review and discuss with the Director next steps for the QAR.

After scoring is completed, the Program Manager or Team Lead solicits the QAR's scores for comparison, and asks the QAR to explain the scoring, especially where a discrepancy occurred or where a determination may have been difficult to make.

Subsequent to the review, the Program Manager or Team Lead provides coaching and feedback to the QAR regarding information gathering, decision making, compliance with the process and procedures, and style. Discussions include opportunities for improvement as well as acknowledgement of provider competence and best practices.

Passing Standards

On Field Reliability, there must be an 85 percent match on each review component between the Program Manager or Team Lead's determinations and those of the QAR in order for the QAR to be considered reliable. If the QAR does not pass the Reliability test, the Program Manager or Team Lead immediately schedules a coaching and feedback session with that QAR, specific to review components for which scores were below 85 percent. Special attention is paid to areas in which there were discrepancies between the Program Manager or Team Lead and QAR. The QAR will not independently conduct reviews in areas that were not passed until deemed reliable.

The Program Manager or Team Lead provides intensive coaching regarding the QAR's method for gathering information and decision making, will determine when the QAR is ready to again conduct formal reliability and will be present at that review to again conduct formal reliability. Should the QAR fail a second time, a corrective plan of action is decided by the Program Manager and the Program Director. Corrective action may range from further coaching, reassignment of duties, or up to dismissal. All QARs undergo reliability annually.

Appendix 3: Feedback Survey Results

Virginia Quality Services Reviews				
Individual/Family/Guardian Feedback Surveys				
Entered between July 2018 and June 2019				
Question	Strongly/ Somewhat/ Agree	Neither	Strongly/ Somewhat/ Disagree	Blank
Overall, I am pleased with how the interview went.	47	0	1	0
The purpose of the interview was explained to me.	46	0	0	2
I was treated with respect.	47	1	0	0
The person who interviewed me seemed interested in what I said.	45	1	1	1
The person who interviewed me was pleasant.	41	1	3	3
My questions were answered.	35	4	1	8
The length of time for the interview was consistent with the original suggested time.	44	2	2	0
Total	305	9	8	14
Average Percent "Agree"	94.7%			

Virginia Quality Services Reviews				
Provider Feedback from Person Centered Reviews				
Entered between July 2018 – June 2019				
Question	Strongly/ Somewhat/ Agree	Neither	Strongly/ Somewhat/ Disagree	Blank
Overall, you are satisfied with your participation in the Person Centered Review (PCR) process.	30	0	0	0
Qlarant staff interacted with you and your staff in a professional manner.	30	0	0	0
Qlarant staff clearly answered your questions and concerns.	28	0	0	2
Qlarant staff facilitated an environment, which was interactive and positive.	28	2	0	0
Qlarant staff provided constructive feedback on your organization's practices and processes.	29	1	0	0
The Person Centered Review Preliminary Findings report helped identify the strengths of your organization's supports and services.	28	0	1	1
The recommendations provided will be used to help improve the quality of services provided to the individual served by your organization.	29	0	1	0

Virginia Quality Services Reviews				
Provider Feedback from Person Centered Reviews				
Entered between July 2018 – June 2019				
Question	Strongly/ Somewhat/ Agree	Neither	Strongly/ Somewhat/ Disagree	Blank
Total	202	3	2	3
Average Percent "Agree"	97.6%			

Virginia Quality Services Reviews				
Provider Feedback from Provider Quality Reviews				
Entered between July 2018 – June 2019				
Question	Strongly/ Somewhat/ Agree	Neither	Strongly/ Somewhat/ Disagree	Blank
Overall, you are satisfied with the Provider Quality Review (PQR) process.	17	0	1	1
Qlarant staff interacted with you and your staff in a professional manner.	18	0	1	0
Qlarant staff interacted with the individuals you support in a professional manner.	15	3	0	1
Qlarant staff clearly answered your questions and concerns.	18	0	1	0
Qlarant staff provided constructive feedback and recommendations.	17	0	2	0
The Provider Quality Review report helped identify the strengths of your supports and services.	16	0	2	1
The recommendations provided will be used to help improve the quality of services provided to people served by your organization.	17	1	1	0
Total	118	4	8	3
Average Percent "Agree"	90.8%			

Appendices 4: Indicator Results by KPA and Sub-Group

Appendix 4a: Person Centered Practices

Appendix 4a: KPA 1a. Person Centered Practices									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Offering Education on Choice and Planning									
Provider Record Review	The provider assists the person to understand the concept of person centered services and informed choice.	Yes/No	715	76.1%					
Provider Interview	Provider understands and promotes the principles of informed choice including education on choice and self-determination.	Likert	715		34.3%	50.1%	14.3%	1.4%	3.17
SC Record Review	Support Coordinator provides person with education about choice and person centered planning.	Likert	399		32.8%	61.2%	5.8%	0.3%	3.27
Offering Informed Choice and Acting On It									
Individual Interview	Person makes informed choice of where to live.	Yes/No	291	80.8%					
Individual Interview	Person makes informed choice of where to work and/or day programs.	Yes/No	338	82.0%					

Appendix 4a: KPA 1a. Person Centered Practices									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Record Review	The provider supports person to make informed choice about work/day activities.	Yes/No	641	74.4%					
Individual Interview	Person is offered choices regarding who provides services/supports, including choice of providers.	Likert	374		40.9%	23.3%	21.1%	14.7%	2.90
Individual Interview	Person makes informed choice of community activities.	Likert	395		33.2%	29.1%	28.4%	9.4%	2.86
Provider Interview	Provider ensures preferences and choices identified by the person are valued.	Likert	713		37.2%	53.6%	8.7%	0.6%	3.27
SC Interview	Support Coordinator ensures person is given a choice of providers.	Likert	398		31.4%	61.3%	6.5%	0.8%	3.23
SC Interview	Support Coordinator ensures preferences and choices identified by the person are valued.	Likert	374		53.7%	41.7%	4.0%	0.5%	3.49
SC Interview	Support Coordinator understands and promotes the principles of informed choice.	Likert	400		44.8%	49.0%	6.3%	0.0%	3.39
SC Record Review	Support Coordinator ensures person and/or guardian is afforded the chance to make choices about the providers of services/supports.	Likert	400		42.3%	50.8%	6.5%	0.5%	3.35
SC Record Review	Support Coordinator ensures preferences and choices identified by the person are valued and acted upon.	Likert	400		51.3%	44.0%	4.8%	0.0%	3.47

Appendix 4a: KPA 1a. Person Centered Practices									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Plan Participation and Review									
FGI	Family member/AR/Guardian indicates ISP is updated if status changes occur.	Yes/No	101	94.1%					
FGI	Family member/AR/Guardian is included in development of the ISP.	Yes/No	244	98.0%					
Provider Record Review	The plan/supports are modified when there is a lack of progress on outcomes/goals.	Yes/No	62	45.2%					
Individual Interview	Person is active participant in development of the ISP.	Likert	393		42.2%	19.6%	20.9%	17.3%	2.87
Provider Record Review	The plan is evaluated to determine progress or lack of progress.	Likert	703		36.3%	43.1%	15.8%	4.8%	3.11
SC Interview	Support Coordinator includes person as an active participant in development of the ISP.	Likert	400		62.0%	30.5%	7.0%	0.5%	3.54
SC Record Review	Support Coordinator ensures planning includes person-centered processes, assessment of individual supports, skill building and needs.	Likert	400		56.5%	39.8%	3.8%	0.0%	3.53
Provider/Support Coordinator Efforts to Know the Person									
SC Interview	Support Coordinator conducts an assessment of personal strengths, interests, preferences and abilities.	Yes/No	400	99.3%					

Appendix 4a: KPA 1a. Person Centered Practices									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Record Review	Support Coordinator conducts an assessment of personal strengths, interests, and adaptive/functional abilities.	Yes/No	400	99.8%					
Individual Interview	Person is supported to identify desired outcomes/dreams.	Likert	389		52.4%	27.2%	15.7%	4.6%	3.28
Individual Interview	Person’s preferred communication methods/styles are solicited and respected.	Likert	397		68.5%	22.2%	7.8%	1.5%	3.58
Provider Interview	Provider considers the person’s personal strengths, interests, preferences and abilities in service provision.	Likert	713		34.6%	54.1%	10.4%	0.8%	3.23
Provider Interview	Provider solicits and respects person’s preferred communication methods/styles.	Likert	712		74.3%	21.3%	3.5%	0.8%	3.69
Provider Record Review	The provider demonstrates the supports and services rendered are meeting the person’s needs and outcomes.	Likert	715		28.0%	53.4%	16.9%	1.7%	3.08
SC Interview	Support Coordinator solicits and respects person’s preferred communication methods/styles.	Likert	397		81.9%	16.4%	1.8%	0.0%	3.80
SC Interview	Support Coordinator supports person to identify desired outcomes/dreams.	Likert	400		49.5%	43.5%	6.8%	0.3%	3.42

Appendix 4b: General Needs Assessed and Met

Appendix 4b: KPA 2a. General Needs Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Access to Services									
Individual Interview	Person receives needed services.	Yes/No	396	89.6%					
Provider Interview	Provider supports person in receiving needed services.	Yes/No	705	97.4%					
SC Interview	Support Coordinator supports person in receiving needed services.	Yes/No	399	98.7%					
SC Record Review	Documentation reflects the person is receiving timely referrals, service changes and amendments to plans as needed.	Yes/No	233	94.8%					
SC Record Review	Support Coordinator convenes a team meeting; if additional supports are needed to maintain placement.	Yes/No	25	96.0%					
SC Record Review	Support Coordinator supports the person to access medical providers and specialists within the community.	Yes/No	399	98.5%					
SC Record Review	Support Coordinator supports the person to access services within the community.	Yes/No	399	90.7%					
SC Record Review	Support Coordinator supports the person to access transportation services, when applicable.	Yes/No	387	100.0%					

Appendix 4b: KPA 2a. General Needs Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Plans Updated as Needed									
Individual Interview	Person’s ISP is changed if a status change occurs.	Yes/No	160	93.1%					
Provider Interview	Provider requests Support Plan review (via phone or meeting) if a status change occurs.	Yes/No	63	85.7%					
SC Interview	Support Coordinator reviews ISP as status changes occur and updates ISP as indicated.	Yes/No	171	94.7%					
SC Record Review	Support Coordinator convenes a team meeting (via phone or in person) and/or revises ISP:								
	Annually.	Yes/No	380	99.5%					
	Significant events occur.	Yes/No	128	96.1%					
	When situations/challenges occur.	Yes/No	115	97.4%					
	When there are status changes.	Yes/No	117	93.2%					
	If changes to ISP are needed to maintain placement.	Yes/No	20	95.0%					
Satisfied with Service									
FGI	Family member/AR/Guardian is satisfied with supports and services.	Likert	245		52.7%	22.9%	17.1%	7.3%	3.21
Individual Interview	Person is moving towards desired outcomes/dreams.	Likert	387		48.8%	24.8%	20.4%	5.9%	3.17
Individual Interview	Person is satisfied with supports and services.	Likert	388		56.4%	23.5%	16.2%	3.9%	3.32

Appendix 4b: KPA 2a. General Needs Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Interview	Provider supports person to reach desired outcome/dreams as described in the support plan.	Likert	710		28.5%	59.0%	11.4%	1.1%	3.15
Service Implemented as per ISP									
SC Record Review	Support Coordinator monitors to ensure the person’s ISP is implemented as written.	Yes/No	400	98.0%					
Provider Record Review	The provider ensures services are implemented per the person’s ISP/Part V Plan of Supports.	Likert	715		41.4%	44.5%	12.9%	1.3%	3.26

Appendix 4c: Taking Charge of Healthcare

Appendix 4c: KPA 1b. Taking Charge of Health									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Chooses Health Providers									
Provider Interview	Provider supports person to choose physician/medical providers.	Yes/No	248	87.5%					
Informed Consent Addressed									
Provider Interview	Provider ensures a copy of person’s informed consent for Psychotropic	Yes/No	221	91.0%					

Appendix 4c: KPA 1b. Taking Charge of Health									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
	medications is in record or obtained from prescribing provider.								
Provided Education on Health									
Individual Interview	Person has been educated about the factors that led to an inpatient or ER admission and how to avoid a readmission.	Yes/No	45	88.9%					
Provider Interview	Provider ensures person is provided with education about his/her health.	Yes/No	499	95.0%					
Provider Interview	Provider ensures person is provided with education about preventive health care based on age and gender.	Yes/No	321	85.4%					
Individual Interview	Person is provided education to learn more about his/her health.	Likert	373		40.2%	20.9%	23.9%	15.0%	2.86
SC Interview	Support Coordinator ensures person is provided with education to learn more about his/her health.	Likert	395		28.9%	55.4%	13.7%	2.0%	3.11
SC Record Review	Support Coordinator advocates to ensure person is provided with education to learn more about his/her health.	Likert	396		15.9%	54.0%	21.0%	9.1%	2.77
SC Record Review	Support Coordinator advocates ensuring person is provided with education about preventive health care based on age and gender.	Likert	230		12.6%	49.6%	21.7%	16.1%	2.59

Appendix 4c: KPA 1b. Taking Charge of Health									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provided Education on Medications									
Provider Interview	Provider ensures person is provided with education about medications including:								
	Reason prescribed.	Yes/No	314	88.2%					
	Potential side effects.	Yes/No	316	77.8%					
	Color, Shape, Time Taken.	Yes/No	315	86.0%					
Provider Record Review	The provider advocates to ensure the person receives education about all medications, including why they are prescribed and possible side effects.	Yes/No	304	33.6%					

Appendix 4d: Health Needs Assessed and Met

Appendix 4d: KPA 2b. Health Needs Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Access to Health Care Services and Supports									
FGI	Family indicates persons need for assistive technology to aid in communication has been addressed. (when applicable)	Yes/No	87	66.7%					

Appendix 4d: KPA 2b. Health Needs Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Individual Interview	Person has received a comprehensive dental exam in the last 12 months.	Yes/No	377	83.6%					
Individual Interview	Person has received a comprehensive physical exam in the last 12 months.	Yes/No	396	98.2%					
Individual Interview	Persons need for assistive technology to aid in communication has been addressed. (when applicable)	Yes/No	125	66.4%					
Provider Interview	Provider determines whether the person has received a comprehensive dental exam in the last 12 months.	Yes/No	606	73.8%					
Provider Interview	Provider determines whether the person has received a comprehensive medical exam in the last 12 months.	Yes/No	700	86.7%					
Provider Record Review	The provider assists person to see a doctor when needed.	Yes/No	272	98.9%					
Provider Record Review	The provider determines whether the person has received a comprehensive dental exam in the last 12 months.	Yes/No	605	52.4%					
Provider Record Review	The provider determines whether the person has received a comprehensive medical exam in the last 12 months.	Yes/No	710	73.2%					

Appendix 4d: KPA 2b. Health Needs Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Interview	Support Coordinator advocates for evaluation if person is in need of Assistive Technology for communication.	Yes/No	56	89.3%					
SC Interview	Support Coordinator determines whether the person has received a comprehensive Dental exam in the last 12 months.	Yes/No	366	79.5%					
SC Interview	Support Coordinator determines whether the person has received a comprehensive physical exam in the last 12 months.	Yes/No	398	90.2%					
SC Record Review	Support Coordinator determines whether the person has received a comprehensive dental exam in the last 12 months.	Yes/No	378	72.8%					
SC Record Review	Support Coordinator determines whether the person has received a comprehensive physical exam in the last 12 months.	Yes/No	398	85.9%					
Individual Interview	Person receives care from needed medical specialist's when applicable; e.g. Psychiatry, Neurology, Endocrinology.	Likert	330		66.7%	18.8%	10.9%	3.6%	3.48
Individual Interview	Person receives routine preventative screenings (based upon age, gender, diagnosis).	Likert	291		68.7%	19.2%	10.7%	1.4%	3.55

Appendix 4d: KPA 2b. Health Needs Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Interview	Provider advocates and supports person to access care from needed medical specialists when applicable; e.g. Psychiatry, Neurology, Endocrinology.	Likert	258		41.1%	48.1%	9.3%	1.6%	3.29
Provider Interview	Provider works with Primary Care doctor to ensure person receives routine preventative screenings (based upon age, gender, diagnosis).	Likert	273		31.9%	48.7%	13.6%	5.9%	3.07
Provider Record Review	The provider advocates to ensure the person is afforded preventive health care based on age and gender.	Likert	275		24.0%	44.7%	23.6%	7.6%	2.85
Provider Record Review	The provider assists person to access care from medical specialists when applicable; e.g. Psychiatry, Neurology, Endocrinology.	Likert	255		39.2%	44.7%	10.6%	5.5%	3.18
SC Interview	Support Coordinator checks to ensure person is referred to primary care and receives routine preventative screenings (based upon age, gender, diagnosis).	Likert	395		49.6%	38.2%	11.4%	0.8%	3.37
SC Interview	Support Coordinator ensures person is supported to receive care from needed medical specialists when applicable; e.g. Psychiatry, Neurology, Endocrinology.	Likert	341		63.6%	31.4%	4.4%	0.6%	3.58

Appendix 4d: KPA 2b. Health Needs Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Record Review	Support Coordinator advocates for the person to receive routine preventative screenings based upon age, gender, and diagnosis.	Likert	219		14.2%	49.8%	27.4%	8.7%	2.69
SC Record Review	Support Coordinator advocates to ensure person receives care from needed medical specialists when applicable; e.g. Psychiatry, Neurology, Endocrinology (not inclusive list, whatever is needed, care is provided)	Likert	366		49.7%	42.6%	7.1%	0.5%	3.42
Expressed Health Needs Addressed									
Provider Interview	Provider addresses person’s health concerns.	Yes/No	248	99.6%					
Provider Record Review	The provider addresses any untreated pain and/or health concerns.	Yes/No	185	98.9%					
FGI	Family member indicates person’s health needs are addressed.	Likert	246		74.8%	17.5%	6.9%	0.8%	3.66
Individual Interview	Person’s health concerns are addressed.	Likert	398		71.6%	21.9%	6.3%	0.3%	3.65
SC Interview	Support Coordinator advocates for person’s health concerns to be addressed.	Likert	190		36.3%	57.9%	5.8%	0.0%	3.31
Plans Updated with Health Status Changes									

Appendix 4d: KPA 2b. Health Needs Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Record Review	The provider ensures ISP/Part V Plan of Supports is reviewed (via phone or meeting) if a status change occurs.	Yes/No	79	53.2%					
Provider Follow-Up									
Individual Interview	Person indicates staff follows up on any expressed medical needs (including scheduling medical appointments, referrals with other medical specialists/providers) to ensure these were addressed.	Yes/No	379	98.9%					
Provider Interview	Provider follows up on person's medical needs (including scheduling appointments, referrals with other providers) to ensure these are addressed.	Yes/No	214	96.7%					
Provider Record Review	The provider follows up on medical recommendations, if risks are identified.	Yes/No	257	96.9%					
SC Interview	Support Coordinator determines if staff follows up on person's expressed medical needs (including scheduling appointments, referrals with other providers) to ensure needs are addressed.	Yes/No	195	99.5%					
Risk Management									
Individual Interview	Person has not been hospitalized 3 or more times in past 12 months.	Yes/No	396	90.4%					

Appendix 4d: KPA 2b. Health Needs Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Individual Interview	Person has not been to the ER 3 or more times in past 12 months.	Yes/No	396	89.1%					
Provider Record Review	The provider ensures risk protocols are in place to mitigate risk, if applicable.	Yes/No	403	86.1%					
Provider Record Review	The provider reviews health risks and refers to medical personnel as needed.	Yes/No	189	96.3%					
Satisfied with Health Services									
Individual Interview	Person is satisfied with behavioral health care received. (when applicable)	Likert	90		53.3%	25.6%	13.3%	7.8%	3.24
Individual Interview	Person is satisfied with mental health care received. (when applicable)	Likert	168		59.5%	23.8%	11.3%	5.4%	3.38
Individual Interview	Person is satisfied with physical healthcare received.	Likert	391		73.7%	18.7%	6.4%	1.3%	3.65

Appendix 4e: Self-Directing Safety

Appendix 4e: KPA 1c. Self Directing Safety									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Abuse, Neglect, and Exploitation Education Provided									
Provider Interview	Provider educates person about abuse, including: verbal, physical, sexual and emotional abuse.	Yes/No	715	64.2%					
Provider Interview	Provider educates person about neglect and exploitation.	Yes/No	715	65.6%					
Provider Interview	Provider educates person about restriction, restraint and seclusion.	Yes/No	715	58.0%					
Provider Interview	Provider ensures person knows what to do if abuse, neglect or exploitation is experienced.	Yes/No	691	80.9%					
SC Interview	Support Coordinator educates person about abuse, including: verbal, physical, sexual and emotional abuse.	Yes/No	400	52.5%					
SC Interview	Support Coordinator educates person about neglect and exploitation.	Yes/No	400	55.0%					
SC Interview	Support Coordinator educates person about restriction, restraint and seclusion.	Yes/No	400	47.0%					
SC Interview	Support Coordinator ensures person knows what to do if abuse, neglect or exploitation is experienced.	Yes/No	390	76.9%					

Appendix 4e: KPA 1c. Self Directing Safety									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Record Review	Support Coordinator ensures the person understands the meaning of abuse, including: verbal, physical, sexual and emotional abuse.	Yes/No	400	21.5%					
SC Record Review	Support Coordinator ensures the person understands the meaning of neglect and exploitation.	Yes/No	400	25.8%					
SC Record Review	Support Coordinator ensures the person understands the meaning of seclusion and restrictions.	Yes/No	400	24.0%					
SC Record Review	Support Coordinator provides person with information about what to do if abuse, neglect or exploitation is experienced.	Yes/No	395	50.4%					
Handling Emergencies									
Individual Interview	Person knows how to respond in event of a fire.	Yes/No	377	83.0%					
Individual Interview	Person knows what to do in the event of a medical emergency (e.g., caregiver stroke or injury)	Yes/No	368	61.7%					
Individual Interview	Person knows what to do in the event of weather emergencies (e.g. Tornado, Flood, and Blizzard) including what shelter to use if needed.	Yes/No	372	69.9%					
Provider Interview	Provider ensures person is supported to know how to respond in the event of a fire.	Yes/No	713	87.4%					

Appendix 4e: KPA 1c. Self Directing Safety									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Interview	Provider ensures person is supported to know what to do in the event of a medical emergency.(e.g., stroke or injury)	Yes/No	711	65.1%					
Provider Interview	Provider ensures person is supported to know what to do in the event of weather-related emergencies (e.g. Tornado, Flood, and Blizzard) including what shelter to go to.	Yes/No	713	80.9%					
Provider Record Review	The provider ensures person knows what to do in the event of a fire.	Yes/No	712	69.8%					
Provider Record Review	The provider ensures the person knows what to do in the event of a weather related emergency (e.g. Tornado, Flood, Blizzard) or loss of electricity.	Yes/No	710	52.0%					
SC Interview	Support Coordinator ensures person is supported to know how to respond in the event of fire.	Yes/No	379	95.5%					
SC Interview	Support Coordinator ensures person is supported to know what to do in the event of a medical emergency (e.g., caregiver stroke or injury)	Yes/No	395	52.4%					

Appendix 4e: KPA 1c. Self Directing Safety									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Interview	Support Coordinator ensures person is supported to know what to do in the event of weather related emergencies (e.g. Tornado, Flood, and Blizzard) including what shelter they would go to.	Yes/No	377	88.9%					
SC Record Review	Support Coordinator educates person about what he/she should do if living alone in the event of a weather related emergencies; e.g. Tornado, Flood, and Blizzard)?	Yes/No	72	70.8%					
SC Record Review	Support Coordinator educates person about what to do if they live alone in the event of a fire.	Yes/No	70	72.9%					
Response to Abuse, Neglect, and Exploitation									
FGI	Family member/AR/Guardian knows what to do if it is suspected the person has been subjected to abuse, neglect or exploitation.	Yes/No	242	97.9%					
Individual Interview	Person knows what to do if abuse, neglect or exploitation is experienced.	Yes/No	379	60.7%					
SC Record Review	Support Coordinator reports to Adult/Child Protective Services, when applicable.	Yes/No	33	87.9%					
Safety Education									

Appendix 4e: KPA 1c. Self Directing Safety									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Record Review	The provider provides the person with education/resources and tools to prepare for potential safety concerns.	Yes/No	710	76.8%					
Safely Navigating in the Community									
Individual Interview	Person knows how to safely navigate (get around) in the community.	Yes/No	379	57.8%					
Provider Interview	Provider ensures person is supported to know how to navigate (get around) in the community safely.	Yes/No	710	80.1%					
SC Interview	Support Coordinator ensures person is supported to know how to navigate (get around) in the community safely.	Yes/No	396	89.9%					

Appendix 4f: Safety Needs Assessed and Met

Appendix 4f: KPA 2c. Safety Needs are Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Abuse, Neglect, and Exploitation Addressed									

Appendix 4f: KPA 2c. Safety Needs are Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Interview	Provider reports and addresses any suspicions of abuse, neglect or exploitation	Yes/No	34	82.4%					
Provider Interview	Provider reports and addresses use of unauthorized Restrictions, Restraints of Seclusion.	Yes/No	14	42.9%					
SC Interview	Support Coordinator reports and addresses any suspicions of abuse, neglect or exploitation	Yes/No	35	94.3%					
SC Interview	Support Coordinator reports and addresses use of unauthorized Restrictions, Restraints or Seclusion.	Yes/No	7	57.1%					
Assessed/Addressed Potential Risk Protocols are in Place									
SC Interview	Support Coordinator observes person for evidence of changes in functional, behavioral and mental status to determine potential safety risks.	Yes/No	397	100.0%					
SC Interview	Support Coordinator understands purpose of Enhanced Case Management and criteria used to assess if it is needed.	Yes/No	388	99.2%					
SC Record Review	If any face-to-face contact resulted in the identification of a previously identified or unidentified or inadequately addressed risk, injury, need, or change in status, the following occurred:								

Appendix 4f: KPA 2c. Safety Needs are Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
	Convened and mobilized Person-Centered Planning (PCP) team members needed to address the issue.	Yes/No	46	89.1%					
	Documented in the record the specific unidentified or inadequately addressed risk, injury, need, or change in status, including the report to and the response of the designated provider(s).	Yes/No	61	95.1%					
	Documented resolution of the issue in the record.	Yes/No	53	92.5%					
	Reported in the Computerized Human Rights Information System (CHRIS).	Yes/No	17	88.2%					
	Reported suspected abuse, neglect, or exploitation to Adult Protective Services or Child Protective Services and the DBHDS Office of Human Rights.	Yes/No	20	80.0%					
	Revises ISP as needed.	Yes/No	29	79.3%					
SC Record Review	Support Coordinator assesses for potential risk.	Yes/No	389	99.7%					
SC Record Review	Support Coordinator observes person for evidence of changes in functional, behavioral and mental status to determine potential safety risks.	Yes/No	399	99.7%					

Appendix 4f: KPA 2c. Safety Needs are Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Assistive Technology and Environmental Modifications for Safe Mobility Addressed									
FGI	Family/AR/Guardian indicates Environmental Modifications supporting safe access are in place. (when applicable)	Yes/No	89	80.9%					
FGI	Family/AR/Guardian indicates that person’s needs for adaptive equipment to assist with safe mobility and/or eating (if needed) have been addressed. (when applicable)	Yes/No	82	81.7%					
Individual Interview	Environmental Modifications supporting safe access are in place. (when applicable)	Yes/No	119	84.9%					
Individual Interview	Person has Adaptive Equipment necessary for safe mobility and/or eating. (when applicable)	Yes/No	108	87.0%					
Individual Interview	Person has not experienced 3 or more falls in the past 12 months.	Yes/No	396	91.9%					
SC Interview	Support Coordinator advocates for evaluation if person is in need for Adaptive Equipment to assist with safe mobility and/or eating.	Yes/No	70	90.0%					
SC Interview	Support Coordinator advocates for evaluation if person is in need of environmental modifications to assist with safe access.	Yes/No	44	86.4%					

Appendix 4f: KPA 2c. Safety Needs are Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Record Review	Support Coordinator advocates and make necessary referrals for environmental modifications supporting safe access.	Yes/No	43	95.3%					
SC Record Review	Support Coordinator advocates and makes necessary referrals for needed Adaptive Equipment for safe mobility.	Yes/No	71	97.2%					
SC Record Review	Support Coordinator advocates and makes necessary referrals for needed Assistive Technology, if applicable.	Yes/No	68	92.6%					
Back-up/Safety Plans and Risk Protocols are in Place									
FGI	The family member/AR/Guardian indicates person has an emergency back-up plan in place for electrical outages or natural disasters.	Yes/No	235	94.0%					
Individual Interview	An emergency back-up plan is in place for electrical outages or natural disasters	Yes/No	374	96.0%					
Individual Interview	Person has backup plan for when caregiver is unavailable.	Yes/No	375	91.7%					
Provider Interview	If person relies on powered medical equipment, provider ensures an emergency back-up plan is in place in event of electrical outages or natural disasters.	Yes/No	66	77.3%					
Provider Interview	Provider ensures risk protocols are in place to mitigate risks.	Yes/No	480	88.1%					

Appendix 4f: KPA 2c. Safety Needs are Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Record Review	If person relies on powered medical equipment, the provider ensures an emergency back-up plan is in place in event of electrical outages or natural disasters.	Yes/No	52	65.4%					
Provider Record Review	The provider ensures risk protocols are in place to mitigate risks.	Yes/No	460	83.9%					
Provider Record Review	The provider has safety protocols and plans needed to help person stay safe.	Yes/No	621	93.9%					
Provider Record Review	The provider reviews and revises safety protocols/plans as needed when risks, potential crisis, or emergency situations are identified.	Yes/No	246	89.4%					
SC Interview	If person relies on powered medical equipment, Support Coordinator ensures person is supported to have an emergency back-up plan in place in event of electrical outages or natural disasters.	Yes/No	69	81.2%					
SC Interview	Support Coordinator ensures risk protocols are in place to mitigate risks. (When applicable)	Yes/No	273	93.4%					
SC Record Review	Support Coordinator ensures risk protocols are in place to mitigate risk, if applicable.	Yes/No	281	89.3%					
Behavioral Health Support									

Appendix 4f: KPA 2c. Safety Needs are Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Individual Interview	Person accesses REACH or crisis services successfully (when needed).	Yes/No	62	69.4%					
Individual Interview	Person has a behavioral support plan/crisis plan, if necessary.	Yes/No	76	80.3%					
Individual Interview	Person receives needed behavioral supports and services.	Yes/No	83	85.5%					
Individual Interview	The person has not had any criminal justice involvement in the past year.	Yes/No	394	94.7%					
Emergency Case Management Follow-up Assessment Completed									
SC Record Review	If the person receives ECM (Emergency Case Management), Support Coordinator provides: face-to-face visits every 30 days (plus 10 day grace period)	Yes/No	201	98.5%					
SC Record Review	If the person receives ECM, Support Coordinator provides: home visits every 60 days (plus 10 day grace period).	Yes/No	203	98.5%					
Transition Planning from Training Center									
SC Interview	If the person has been discharged/transitioned from a Training Center/Hospital, Support Coordinator is able to describe how to ensure: Needed services and supports are obtained and in place before person returns home.	Yes/No	2	50.0%					

Appendix 4f: KPA 2c. Safety Needs are Addressed and Met									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Interview	If the person has been discharged/transitioned from a Training Center/Hospital, Support Coordinator is able to describe how to ensure: Person is contacted following discharge.	Yes/No	3	100.0%					
SC Interview	If the person has been discharged/transitioned from a Training Center/Hospital, Support Coordinator is able to describe how to ensure: Person/provider/family understands instructions to be followed after discharge.	Yes/No	3	66.7%					
SC Interview	If the person has been discharged/transitioned from a Training Center/Hospital, Support Coordinator is able to describe how to ensure: Transition Plan is developed with the person.	Yes/No	9	88.9%					

Appendix 4g: Integrated Settings

Appendix 4g: KPA 3. Integrated Settings									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Barriers are Addressed									
SC Record Review	If the Personal Support Team made a recommendation to maintain Training Center placement, or place the individual in a nursing home or congregate setting, the decision was documented and the PST identified the barriers to integrated community placement and the discharge plan describes steps taken to address these barriers.	Yes/No	1	100.0%	.				
Individual Interview	Barriers to integrated educational opportunities are addressed.	Likert	144		38.2%	20.1%	18.8%	22.9%	2.74
Individual Interview	Barriers to integration and supported employment are addressed.	Likert	153		42.5%	19.6%	16.3%	21.6%	2.83
Individual Interview	Barriers to integration and supported living are addressed.	Likert	173		50.3%	22.0%	13.9%	13.9%	3.09
Provider Interview	Provider addresses barriers to integration and supported employment.	Likert	63		25.4%	36.5%	20.6%	17.5%	2.70
Provider Interview	Provider addresses barriers to integration and supported living.	Likert	89		42.7%	38.2%	14.6%	4.5%	3.19

Appendix 4g: KPA 3. Integrated Settings									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Interview	Provider assesses barriers to integrated educational opportunities.	Likert	16		6.3%	50.0%	12.5%	31.3%	2.31
Provider Record Review	The provider ensures barriers to integrated educational opportunities are addressed.	Likert	14		7.1%	42.9%	28.6%	21.4%	2.36
Provider Record Review	The provider ensures barriers to integration and supported employment are addressed.	Likert	107		19.6%	52.3%	23.4%	4.7%	2.87
SC Interview	Support Coordinator addresses barriers to integrated educational opportunities.	Likert	11		54.5%	27.3%	9.1%	9.1%	3.27
SC Interview	Support Coordinator addresses barriers to integration and supported employment and or competitive employment.	Likert	57		21.1%	49.1%	28.1%	1.8%	2.89
SC Interview	Support Coordinator addresses barriers to integration and supported living.	Likert	84		33.3%	53.6%	10.7%	2.4%	3.18
Offered Interactions with People Living in the Community									
Individual Interview	Person is offered the chance to talk with other individuals receiving Waiver services who live and work successfully in the community.	Yes/No	294	69.0%					

Appendix 4g: KPA 3. Integrated Settings									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Interview	Support Coordinator ensures the person is offered opportunity to meet with other waiver service recipients who are successfully living and working in the community in an integrated manner.	Yes/No	276	70.7%					
SC Record Review	Support Coordinator documents discussions with individuals and families about opportunities to speak to providers, visit community placements and programs, and facilitate conversations and meetings with individuals currently living and working in the community and their families before being asked to make a choice regarding options.	Yes/No	349	66.2%					
Preferences are Being Addressed									
Individual Interview	Person resides in a Training Center and desire to transition to community is addressed.	Yes/No	3	33.3%					
Individual Interview	Person’s preferences related to goals of employment are being actively pursued (not a readiness model).	Likert	137		47.4%	13.1%	22.6%	16.8%	2.91

Appendix 4g: KPA 3. Integrated Settings									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Individual Interview	Person’s preferences related to goals of independent living are being actively pursued (not a readiness model).	Likert	115		52.2%	10.4%	22.6%	14.8%	3.00
Provider Interview	Provider ensures goals related to employment are being actively pursued (not a readiness model).	Likert	86		59.3%	19.8%	10.5%	10.5%	3.28
Provider Interview	Provider ensures person’s preferences related to goals of independent living are being actively pursued (not a readiness model).	Likert	67		31.3%	49.3%	9.0%	10.4%	3.01
Provider Record Review	The provider ensures outcomes related to employment are being actively pursued (not a readiness model).	Likert	68		63.2%	23.5%	10.3%	2.9%	3.47
Provider Record Review	The provider ensures person’s preferences related to outcomes of independent living are being actively pursued (not a readiness model).	Likert	51		37.3%	58.8%	2.0%	2.0%	3.31
SC Interview	Support Coordinator ensures person’s preferences related to goals of independent living are being actively pursued (not a readiness model).	Likert	50		40.0%	46.0%	12.0%	2.0%	3.24
SC Interview	Support Coordinator ensures preferences related to goals of	Likert	75		53.3%	26.7%	18.7%	1.3%	3.32

Appendix 4g: KPA 3. Integrated Settings									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
	employment are being actively pursued (not a readiness model).								
SC Record Review	Support Coordinator ensures outcomes related to employment are being actively pursued (not a readiness model).	Likert	74		52.7%	28.4%	17.6%	1.4%	3.32
SC Record Review	Support Coordinator ensures outcomes related to integrated educational opportunities are pursued.	Likert	25		68.0%	20.0%	8.0%	4.0%	3.52
SC Record Review	Support Coordinator ensures person’s preferences related to outcomes of independent living are being actively pursued (not a readiness model).	Likert	50		38.0%	50.0%	12.0%	0.0%	3.26
Provider Supported to Explore Integrated Settings									
Provider Interview	Provider supports person to explore more integrated education/school settings if desired.	Yes/No	21	57.1%					
Provider Interview	Provider supports person to explore more integrated living settings if desired.	Yes/No	17	58.8%					
Provider Interview	Provider supports person to explore more integrated work/day settings if desired.	Yes/No	42	85.7%					

Appendix 4g: KPA 3. Integrated Settings									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Record Review	The provider supports person to explore integrated service settings including more integrated work/day settings, if desired.	Yes/No	39	94.9%					
SC Interview	Support Coordinator supports person to explore more integrated education/school settings, if desired.	Yes/No	23	82.6%					
SC Interview	Support Coordinator supports person to explore more integrated living settings, annually if applicable.	Yes/No	142	97.9%					
SC Interview	Support Coordinator supports person to explore more integrated work/day settings, annually if applicable.	Yes/No	116	100.0%					
SC Record Review	Support Coordinator supports person to explore integrated work/day settings, if applicable.	Yes/No	175	99.4%					
SC Record Review	Support Coordinator supports person to explore more integrated living settings, if applicable.	Yes/No	157	98.1%					
Provider Record Review	The provider supports person to explore more integrated education/school settings if desired.	Likert	15		20.0%	40.0%	20.0%	20.0%	2.60

Appendix 4g: KPA 3. Integrated Settings									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Record Review	Support Coordinator monitors to ensure the person receives services in integrated settings consistent with his/her informed choice and needs.	Likert	400		57.8%	36.0%	6.0%	0.3%	3.51
Skill Development									
Provider Interview	Provider determines if person is participating in activities that lead to skill development and increased integration.	Yes/No	698	94.4%					
Provider Record Review	The provider ensures the person is participating in activities that lead to skill development and increased integration.	Yes/No	698	92.8%					
SC Interview	Support Coordinator determines if person is participating in activities that lead to skill development and increased integration.	Yes/No	394	97.0%					
Referral to CRC/RST as needed									
SC Record Review	Support Coordinator makes a referral to the CRC/RST if potential service gaps have been identified.	Yes/No	5	40.0%					
SC Record Review	Support Coordinator makes a referral to the CRC/RST if the person chooses to move into a nursing home or ICF-ID.	Yes/No	2	50.0%					

Appendix 4g: KPA 3. Integrated Settings									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Record Review	Support Coordinator makes a referral to the CRC/RST if the person chooses to move to a group home of five or more individuals.	Yes/No	0	.					
SC Record Review	Support Coordinator makes a referral to the CRC/RST if the person has a pattern of repeatedly being removed from home.	Yes/No	3	66.7%					
SC Record Review	Support Coordinator makes a referral to the CRC/RST if the team experiences difficulty finding services in the community within 3 months of receiving a slot.	Yes/No	0	.					
Transition Planning									
Provider Interview	If the person resides in a Training Center: Training Center addresses person’s preference to transition from Training Center to Community.	Yes/No	4	25.0%					
Provider Interview	If the person resides in a Training Center: Training Center helps person understand options to transition to a community setting.	Yes/No	2	50.0%					
Provider Interview	If the person resides in a Training Center: Training Center routinely	Yes/No	0	.					

Appendix 4g: KPA 3. Integrated Settings									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
	determines if person wants to transition to the community.								
SC Record Review	If the person resides in a Training Center, Support Coordinator collaborates with the Community Integration Manager and Training Center staff to determine if the person wants to transition to the community.	Yes/No	1	100.0%					

Appendix 4h: Community Inclusion

Appendix 4h: KPA 4. Community Inclusion									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Circle of Supports and Development of Meaningful Relationships									
Individual Interview	Person has a “circle of supports” apart from paid staff including friends and family members.	Yes/No	394	92.4%					
Provider Interview	Provider supports person to establish a circle of supports apart from paid staff including friends and family members.	Yes/No	706	92.1%					
SC Interview	Support Coordinator supports person to establish a circle of supports apart from paid staff including friends and family members.	Yes/No	400	96.0%					
SC Record Review	Support Coordinator advocates for the person to establish a circle of supports including unpaid supports	Yes/No	400	95.8%					
Individual Interview	Person has opportunities to develop new and meaningful friendships/relationships.	Likert	394		38.6%	20.6%	27.9%	12.9%	2.85
Provider Interview	Provider supports person with opportunities to develop new and	Likert	705		7.9%	37.9%	42.4%	11.8%	2.42

Appendix 4h: KPA 4. Community Inclusion									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
	meaningful friendships/relationships.								
Provider Record Review	The provider supports person with opportunities to develop new friendships/relationships.	Likert	698		5.9%	27.5%	43.7%	22.9%	2.16
SC Interview	Support Coordinator ensures person is provided with opportunities to develop new and meaningful friendships/relationships.	Likert	399		6.8%	44.4%	42.9%	6.0%	2.52
Contributions to and Participation in Community Groups									
SC Interview	Support Coordinator discusses community engagement options during development of the ISP and develops goals for these as indicated.	Yes/No	371	96.0%					
SC Record Review	Support Coordinator ensures community engagement options are discussed during ISP development and goals developed as indicated.	Yes/No	387	92.0%					
Individual Interview	Person has opportunities to be involved and contribute to the community. e.g., volunteer groups, civic groups.	Likert	389		28.0%	15.4%	22.4%	34.2%	2.37

Appendix 4h: KPA 4. Community Inclusion									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Individual Interview	Person is active participant/member of community groups, such as a church, community clubs, YMCA, neighborhood association.	Likert	381		24.4%	15.2%	23.1%	37.3%	2.27
Individual Interview	Person is engaged in day to day community life. e.g., shopping, banking, eating out, recreational activities.	Likert	397		51.6%	27.0%	16.6%	4.8%	3.25
Provider Interview	Provider ensures the person is offered opportunity to be involved and contribute to the community; e.g., volunteer groups, civic groups.	Likert	687		6.8%	20.2%	21.3%	51.7%	1.82
Provider Record Review	The provider ensures the person is offered opportunity to be involved and contribute to the community as desired/chosen; e.g., volunteer groups, civic or religious groups.	Likert	677		8.7%	19.9%	18.0%	53.3%	1.84
SC Interview	Support Coordinator ensures the person is offered opportunity to be involved and contribute to the community; e.g., volunteer groups, civic groups.	Likert	393		13.0%	26.5%	29.0%	31.6%	2.21
SC Record Review	Support Coordinator ensures outcomes related to participation in leisure/community activities are pursued.	Likert	390		30.8%	51.3%	17.4%	0.5%	3.12

Appendix 4h: KPA 4. Community Inclusion									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
SC Record Review	Support Coordinator ensures the person is offered opportunity to be involved in and contribute to the community (e.g., volunteer groups, civic groups).	Likert	398		11.1%	23.6%	27.6%	37.7%	2.08
Person's Preferences are Addressed									
Provider Interview	Provider ensures the person's preferences to attend a church/synagogue/mosque or other preferred religious activity are supported.	Yes/No	523	71.5%					
SC Interview	Support Coordinator ensures the person's preferences to attend a chosen church/synagogue/mosque or other religious activity are supported.	Yes/No	275	87.3%					
Individual Interview	Person has opportunities to attend a church/synagogue/mosque or other religious activity of choice.	Likert	383		40.2%	15.4%	18.3%	26.1%	2.70
Provider Interview	Provider ensures person participates in chosen community activities.	Likert	679		25.9%	49.6%	19.3%	5.2%	2.96
Provider Interview	Provider ensures the person's preferences to participate in preferred community activities are supported.	Likert	692		18.1%	53.2%	21.8%	6.9%	2.82

Appendix 4h: KPA 4. Community Inclusion									
Tool	Indicator	Question Type	Total # Scored	% Yes	Likert Scale Ratings				
					Almost Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Average (1 - 4)
Provider Record Review	The provider ensures the person's preferences to attend community/leisure activities are supported.	Likert	683		15.8%	49.3%	24.6%	10.2%	2.71
SC Interview	Support Coordinator ensures person's preferences to participate in chosen community activities are supported.	Likert	398		35.2%	50.3%	13.1%	1.5%	3.19
SC Record Review	Support Coordinator ensures outcomes related to involvement in community/civic groups are pursued.	Likert	214		13.6%	36.0%	23.8%	26.6%	2.36
Social Roles Development									
Provider Record Review	The provider ensures the person receives education about social roles and is supported to develop desired social roles.	Likert	706		5.5%	22.1%	30.2%	42.2%	1.91
SC Interview	Support Coordinator ensures person is supported to develop desired social roles.	Likert	396		5.3%	44.4%	39.9%	10.4%	2.45
SC Record Review	Support Coordinator advocates for the person to develop desired social roles.	Likert	399		6.8%	36.1%	34.8%	22.3%	2.27
Technology Support									
SC Record Review	Support Coordinator supports the person to access communication devices, translators, etc.	Yes/No	67	92.5%					

Appendix 5: Detailed Provider Scores

Appendix 5: Detailed Provider Scores								
PQRs Completed July 2018 - June 2019 (N = 50)								
Review ID	Yes/No Questions		Likert Scale Questions				"Average" Likert Score	Total # of Questions
	% Yes	Total # of Questions	% Always	% Frequently	% Sometimes	% Rarely		
7068	48.5%	227	13.8%	17.2%	51.7%	17.2%	2.28	29
7069	82.8%	384	6.2%	66.2%	24.6%	3.1%	2.75	65
7070	70.4%	631	12.1%	25.9%	45.7%	16.4%	2.34	116
7071	80.5%	1,920	31.5%	38.0%	20.1%	10.4%	2.91	413
7073	87.2%	764	37.6%	31.2%	19.1%	12.1%	2.94	157
7074	86.3%	480	22.0%	62.6%	12.1%	3.3%	3.03	91
7075	92.9%	671	39.4%	50.8%	6.8%	3.0%	3.27	132
7076	70.0%	417	7.0%	56.3%	21.1%	15.5%	2.55	71
7077	86.3%	1,281	12.9%	64.5%	17.9%	4.7%	2.86	279
7078	85.4%	1,112	40.1%	37.9%	17.2%	4.7%	3.13	232
7079	82.4%	857	94.3%	4.6%	0.0%	1.2%	3.92	174
7080	82.4%	974	22.9%	44.2%	27.1%	5.9%	2.84	188
7082	88.4%	899	75.0%	19.9%	4.6%	0.6%	3.69	176
7083	94.2%	606	90.4%	0.9%	8.7%	0.0%	3.82	115
7084	86.5%	431	50.0%	38.9%	6.9%	4.2%	3.35	72
7086	78.6%	791	19.2%	15.9%	38.4%	26.5%	2.28	151
7087	80.6%	833	31.8%	36.5%	20.0%	11.8%	2.88	170
7088	91.3%	1,301	26.8%	51.1%	12.7%	9.5%	2.95	284
7089	84.3%	991	35.2%	37.3%	19.7%	7.8%	3.00	193
7090	86.9%	571	46.5%	28.3%	16.2%	9.1%	3.12	99
7091	78.9%	960	17.7%	40.7%	21.6%	20.1%	2.56	204
7092	80.2%	415	53.7%	28.4%	11.9%	6.0%	3.30	67
7093	75.7%	609	22.1%	36.1%	23.8%	18.0%	2.62	122
7094	94.9%	842	56.0%	37.1%	6.9%	0.0%	3.49	159
7095	92.3%	959	34.9%	42.9%	16.4%	5.8%	3.07	189
7096	80.7%	1,412	11.7%	61.3%	19.7%	7.3%	2.77	300
7097	91.4%	817	23.2%	68.2%	6.0%	2.7%	3.12	151
7098	93.6%	628	28.2%	59.8%	8.6%	3.4%	3.13	117
7099	85.9%	1,081	4.0%	71.4%	21.9%	2.7%	2.77	224
7101	75.6%	865	3.8%	56.0%	22.6%	17.6%	2.46	159
7102	85.9%	1,040	12.6%	53.7%	26.2%	7.5%	2.71	214
7103	80.7%	843	18.6%	47.3%	22.8%	11.4%	2.73	167
7104	81.7%	992	51.1%	19.1%	22.9%	6.9%	3.14	231
7105	86.9%	517	12.0%	72.8%	14.1%	1.1%	2.96	92

Appendix 5: Detailed Provider Scores								
PQRs Completed July 2018 - June 2019 (N = 50)								
	Yes/No Questions		Likert Scale Questions					
7106	90.6%	667	4.2%	52.1%	34.5%	9.2%	2.51	119
7107	86.1%	645	10.3%	50.0%	30.2%	9.5%	2.61	126
7108	81.0%	668	7.3%	41.1%	33.9%	17.7%	2.38	124
7109	88.0%	1,253	8.7%	61.7%	25.2%	4.5%	2.74	266
7110	74.2%	1,219	39.9%	28.2%	16.9%	14.9%	2.93	248
7111	75.4%	1,039	37.6%	27.4%	21.7%	13.3%	2.89	226
7112	74.9%	1,094	36.9%	35.6%	18.5%	9.0%	3.00	222
7113	65.5%	704	16.4%	27.1%	37.9%	18.6%	2.41	140
7114	78.9%	1,479	21.0%	34.0%	20.6%	24.4%	2.51	315
7115	78.7%	1,162	17.7%	51.8%	20.1%	10.4%	2.77	249
7116	80.3%	335	1.9%	48.1%	25.0%	25.0%	2.27	52
7120	88.7%	364	31.0%	24.1%	39.7%	5.2%	2.81	58
7121	83.7%	528	34.0%	33.0%	29.0%	4.0%	2.97	100
7125	85.4%	362	53.5%	41.4%	5.2%	0.0%	3.48	58
7133	98.7%	380	53.5%	44.8%	0.0%	1.7%	3.50	58
7185	68.9%	582	40.6%	27.7%	22.8%	8.9%	3.00	101
Average	82.8%	40,602	28.9%	41.8%	19.9%	9.4%	2.90	8,065