



Virginia Department of  
Behavioral Health &  
Developmental Services

Methodology

Support Coordination Quality  
Review, FY 2020

# Support Coordination Quality Review



Fiscal Year 2020

## Purpose

The Support Coordination (SC) Quality Review was established to improve the quality of support coordination for individuals receiving waiver services. The results of the review will also be used to demonstrate compliance with the Department of Justice Settlement Agreement, Medicare and Medicaid requirements, and Office of Licensing Regulations.

## Background

The SC Quality Review will measure compliance with provisions of the Settlement Agreement related to case management (III.C.5.b.ii, III.C.5.b.iii, III.C.5.c, and V.F.2):

DBHDS will perform a quality review of case management services through CSB case management supervisors/QI specialists, who will conduct a Case Management Quality Review that reviews the bulleted elements listed below. . . Each quarter, the CSB case management supervisor and/or QI specialist will complete the number of Case Management Quality Review as determined by DBHDS by reviewing the records of individuals in the sample. The data captured by the Case Management Quality Review will be provided to DBHDS quarterly through a secure software portal that enables analysis of the data in the aggregate. DBHDS analysis of the data submitted will allow for review on a statewide and individual CSB level.

DBHDS will be in compliance when a minimum of 86% of the records reviewed are in compliance on nine out of the ten indicators (see Appendix).

## Sampling

The DBHDS indicator states: "DBHDS will pull an annual statistically significant stratified statewide sample of individuals receiving HCBS waiver services that ensures record reviews of individuals at each CSB."

The population used for the sample will include adults aged 18 or older who were enrolled in one of the Developmental Disability (DD) waivers as of July 1, 2019,  either an active or hold or pending appeal status with an authorization for least one DD waiver service. In order to be included, individuals must still be enrolled as of the date (less one day or D-1) of the data pull

with an authorization for at least one DD waiver service on D-1. This is to ensure that sampled individuals have been receiving support coordination for at least one full year and remain actively enrolled.

From this population, a sample of 401 individual records will be stratified by CSB so that each CSB will review a minimum of five records. The remaining 201 records will be distributed based on the number of waiver recipients at each CSB as of July 2019. The number sampled will exceed 400 by one due to rounding the percentage of individuals served by each CSB.

## Quality Review Questions

The questions were designed to measure ten indicators of compliance with the support coordination section of the Settlement Agreement. They were developed in collaboration with the Quality Improvement team and the Director of Provider Development. Additional questions were included to measure and improve the quality of support coordination in other areas important to DBHDS. 

A detailed technical guide was created to assist supervisors in understanding and answering the questions. The guide includes where to find documentation in the record.

## Method of Administration

Supervisors will complete a survey in Qualtrics, a web-based survey platform used to collect data provided to DBHDS. Qualtrics meets such industry standards as:

- HIPAA-compliant
- FedRamp authorized
- Information Security Management certification
- Transport Layer Security (TLS) encryption (known as HTTPS)

Qualtrics allows for substantial data validation controls. All questions are mandatory, and logically inconsistent responses will not be accepted.

## Retrospective Review

In order to ensure the integrity of the responses, and to provide teaching and constructive feedback  SC supervisors, members of the Office of Community Quality Improvement (hereafter, the QI Team) will visit each CSB to review records at least once per year.

A total of 100 records will be reviewed by the QI team. These records will be sampled from the original sample of 401 records. Each CSB will have a minimum of two records randomly sampled

for the retrospective review. The remaining 20 will be distributed proportionally based on the number of waiver recipients at each CSB as of July 2019.

Members of the QI team will complete the same form in Qualtrics used by the SC supervisors. The supervisors and other CSB staff may be present for the reviews to assist in navigating the EHR and locating documents and to allow for discussion and teaching. They may also work collaboratively to improve the record as a learning exercise. However, they will not receive credit on the form if they add materials to the record during the site visit.

Upon completion of the retrospective reviews, the percent agreement will be calculated and adjusted for the probability of chance agreement using Maxwell's Random Error coefficient. CSBs with low agreement will receive technical assistance.

## Appendix

The following is an extract from the DBHDS court filing on April 22, 2019.

The Case Management Quality Review will include review of whether the following ten elements are met:

- The CSB has offered each person the choice of case manager. (III.C.5.c)
- The case manager assesses risk, and risk mediation plans are in place as determined by the ISP team. (III.C.5.b.ii; V.F.2)
- The case manager assesses whether the person's status or needs for services and supports have changed and the plan has been modified as needed. (III.C.5.b.iii; V.F.2)
- The case manager assists in developing the person's ISP that addresses all of the individual's risks, identified needs and preferences. (III.C.5.b.ii; V.F.2)
- The ISP includes specific and measurable outcomes, including evidence that employment goals have been discussed and developed, when applicable. (III.C.5.b.i; III.C.7.b)
- The ISP was developed with professionals and nonprofessionals who provide individualized supports, as well as the individual being served and other persons important to the individual being served. (III.C.5.b.i; III.C.5.b.ii)
- The ISP includes the necessary services and supports to achieve the outcomes such as medical, social, education, transportation, housing, nutritional, therapeutic, behavioral,

psychiatric, nursing, personal care, respite, and other services necessary. (III.C.5.b.i; III.C.5.b.ii; III.C.5.b.iii; V.F.2)

- Individuals have been offered choice of providers for each service. (III.C.5.c)
- The case manager completes face-to-face assessments that the individual's ISP is being implemented appropriately and remains appropriate to the individual by meeting their health and safety needs and integration preferences. (III.C.5.b.iii; V.F.2)
- The CSB has in place and the case manager has utilized where necessary, established strategies for solving conflict or disagreement within the process of developing or revising ISPs, and addressing changes in the individual's needs, including, but not limited to, reconvening the planning team as necessary to meet the individuals' needs. (III.C.5.b.iii; V.F.2)