



Virginia Department of
Behavioral Health &
Developmental Services

Support Coordination Quality
Review Survey Instrument &
Technical Guidance, FY 2020

This document contains the survey
questions, including display logic, and
technical guidance for answering
questions accurately.

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SURVEY INSTRUCTIONS AND TECHNICAL GUIDANCE

The records in the survey sample represent adults aged 18 years or older who were in active, hold, or pending appeal status with at least one authorized developmental disability (DD) waiver service on July 1, 2018 and on August 1, 2019.

Please select the appropriate response for each question. In some instances, notes are required to explain why a "No" response was provided.

Download and read [this document](#) before beginning the survey. The document lists the survey questions and details the information that you will need in order to provide a response that accurately reflects a record's contents. Please do not alter the record prior to conducting the review.

Throughout the survey, you can use the back button  if you need to edit responses. Please note that you will be able to review and to download your responses before submitting them. Once you submit the survey, you will see a message stating, "Your response has been recorded."

DEMOGRAPHIC QUESTION BLOCK-----

Q1. Please enter YOUR name.
[text only]

Q2. Please enter the individual's WaMS Person ID.
[minimum of 15 characters]

Q3. Please enter the individual's FIRST name. Use the legal name, not a nickname.
[text only]

Q4. Please enter the individual's LAST name.
[text only]

Q5. Please select the individual's sex.
 Female^[1]
 Male^[2]

Q6. Please enter the individual's date of birth (mm/dd/yyyy).
[date only]

Q7. What is the individual's CSB/BHA?
[drop-down menu]

Q8. What is the individual's waiver type? Select the waiver that the individual is currently receiving.
 Building Independence (BL) Waiver^[1]
 Family & Individual Supports (FIS) Waiver^[2]
 Community Living (CL) Waiver^[3]

Q9. How many SC/CMs have been assigned to provide services to this individual in the last 12 months? (Use the slider below.)

0 1 2 3 4 5 6 7 8 9 10



Q10. Does the individual have a legal guardian (LG)?

- No_[0]
- Yes_[1]



IF NO to Q10:

Q11. Does the individual have an authorized representative (AR)?

- No_[0]
- Yes_[1]

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ELIGIBILITY QUESTION BLOCK-----

Q12. Is documentation supporting a developmental disability diagnosis present?

- No_[0]
- Yes_[1]



IF NO to Q12:

Q13. Please explain your "No" response.
[free response]

Q12: To indicate "Yes," documentation must include age of onset, functioning, and adaptive behaviors. For additional information regarding disability determination verification for individuals formally on the DD Waiver, please refer to DHBDS memo dated October 24, 2016. The memo states, "CSB and BHA records that are missing the disability determination documentation due to the migration to the combined waivers should contain this memorandum in lieu of the verification."

Q14. Is there a Virginia Individual Developmental Disability Eligibility Survey (VIDES) in the record that was completed within the last 12 months?

- No_[0]
- Yes_[1]



IF NO to Q14:

Q15. Please explain your "No" response.
[free response]

Q14: "Presence in the record" is defined as being in the individual's electronic health record (EHR) and/or the Waiver Management System (WaMS).

Q16. Is there documentation that the individual was given a choice of institutional care or home- and community-based services?

- No_[0]
- Yes_[1]

IF NO to Q16:
Q17. Please explain your "No" response.
[free response]

Q16: Documentation consists of a signed and dated Documentation Of Individual Choice Between Institutional Care Or Home And Community-Based Services DMAS Form 459C. For additional information regarding disability determination verification for individuals formally on the DD Waiver, please refer to DHBDS memo dated October 24, 2016. The memo states, "CSB and BHA records that are missing the disability determination documentation due to the migration to the combined waivers should contain this memorandum in lieu of the verification."

Q18. Was the Supports Intensity Scale© (SIS) completed within the last three years or as appropriate for Waiver?

- No_[0]
- Yes_[1]

IF NO to Q18:
Q19. Was there documentation demonstrating that a SIS update has been requested?

- No_[0]
- Yes_[1]

IF NO to Q19:
Q20. Please explain your "No" response.
[free response]

Q18: "As appropriate" is defined as when there is a significant change in status. When there is a significant change in status, a new SIS© might be required sooner than every three years. Please see Q72 for additional guidance regarding what constitutes a change in status.

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PLANNING QUESTION BLOCK-----

Q21. Does the record contain an annual risk assessment/medical and behavioral review?

- No_[0]
- Yes_[1]

IF NO to Q21:
Q22. Was there a SIS within the last year?

- No_[0]
- Yes_[1]

IF NO to Q22:
Q23. Please explain your "No" response.
[free response]

Q21: An annual risk assessment/medical and behavioral review is due at least annually (within 365 days from last annual risk assessment) and when a significant change has occurred.

Q24. Is there a Virginia Informed Choice DMAS 460 form signed in the last 12 months?ⁱ

- No_[0]
- Yes_[1]

IF NO to Q24:
Q25. Please explain your "No" response.
[free response]

IF YES to Q24:
Q26. Was the individual offered a choice ofⁱⁱ...

	Yes _[1]	No _[0]
...support coordinator (named)?	<input type="radio"/>	<input type="radio"/>
...DD Waiver providers?	<input type="radio"/>	<input type="radio"/>

Q24: To indicate "Yes," a support coordinator's name must be included on the Virginia Informed Choice DMAS 460 form, not just the name of the CSB/BHA. A field for name of SC/CM was added to the Virginia Informed Choice DMAS 460 form on June 1, 2018. Prior to the update, the individual's choice of SC/CM would have been in other documentation. The individual's choice of SC/CM must be documented on DMAS 460 form for everyone receiving SC/CM by June 2019. The form must be signed and dated.

Q27. Is the person-centered Individual Support Plan (PC ISP) signed **and** current?

- No_[0]
- Yes_[1]

IF NO to Q27:
Q28. Please explain your "No" response.
[free response]

Q26: To indicate "Yes," there must be a current ISP in the record signed by the SC/CM and the individual (or surrogate decision maker, if appropriate). If there is no signature from the individual/surrogate decision maker, then the record must indicate that the request for a signature was made.

Q29. Does the ISP include specific and measurable outcomes that are consistent with the DBHDS technical guidance?ⁱⁱⁱ

- No_[0]
- Yes_[1]

IF NO to Q29:
Q30. Please explain your "No" response.
[free response]

Q29: Measurable outcomes are those that include detailed information and quantifiable (observable, countable) elements, such as

- ✓ the individual's name,
- ✓ the steps that lead to the outcome (or key steps to get there),
- ✓ what is important to the person (i.e. the individual's preferences),
 - ✓ the formula [Person's name] [activity/event/important FOR]* so that/in order to [important TO achievement],
 - ✓ the target date for the outcome,
- ✓ the frequency of the outcome (e.g. daily, weekly, monthly, etc.).

At a minimum, outcomes must have key steps and a target date in order to be considered measurable.

Q31. Which of the following professionals and nonprofessionals who are important to the individual being served aided in the development of Part IV of the ISP?^{iv} (Select **all** that apply.)

- individual_[1]
- LG_[2]
- AR_[3]
- support coordinator_[4]
- service providers_[5]
- other people important to the individual_[6]

Q32. Is there indication in Part IV of the ISP that any disagreement occurred while developing and/or revising the ISP?*

- No_[0]
- Yes_[1]



IF YES to Q32:
Q33. Is there documentation in Part IV of the ISP indicating that the SC/CM had a plan to resolve the disagreement?

- No_[0]
- Yes_[1]
- Not applicable: The disagreement cannot be resolved._[2]



IF NOT APPLICABLE to Q33:
Q34. Please explain your "Not applicable" response.

Q32-34: To indicate "Yes," there must be documentation in Part IV noting that the SC and ISP team discussed an issue that could not be resolved during the meeting.

Some issues may not be resolvable. For example, an individual may want to live with a sibling who is not willing to agree to the living arrangement. For such disagreements, the SC must document this attempt to resolve the conflict.

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INCLUSION QUESTION BLOCK-----

Q35. Is there evidence in the record that the SC/CM **discussed** options for independent housing?

- No_[0]
- Yes_[1]



IF NO to Q35:
Q36. Please explain your "No" response.



IF YES to Q35:
Q37. Is there evidence in the record that the SC/CM **facilitated** access to independent housing?

- No_[0]
- Yes_[1]
- Not applicable_[2]: The individual was already living independently.
- Not applicable_[3]: The individual was not interested in living independently.



IF NO to Q37:
Q38. Please explain your "No" response.

Q35: To indicate "Yes," there must be clear documentation (PC ISP, Virginia Informed Choice Form, progress notes, and/or person-centered review) within the last 12 months that include independent housing options discussed and the individual's decision related to independent housing. This includes asking an individual who was already living independently if s/he was still satisfied with the living arrangement.

Independent housing is housing that is not provider-owned or provider-operated. The housing is owned or leased by the individual. The housing setting is decoupled from the service, and the housing is not dependent on receiving services.

Q37: To indicate "Yes," there must be clear documentation (PC ISP, Virginia Informed Choice Form, progress notes, and/or person-centered review) within the last 12 months that include PC ISP outcomes related to independent housing.

Q39. Is there evidence in the record that the SC/CM **discussed** options for employment?

- No_[0]
- Yes_[1]
- Not applicable_[2]: The individual is over the age of 65 years.

IF NO to Q39:
Q40. Please explain your "No" response.
[free response]

IF YES to Q39:
Q41. Is there evidence in the record that the SC/CM **facilitated** access to employment?

- No_[0]
- Yes_[1]
- Not applicable_[2]: The individual was already employed.
- Not applicable_[3]: The individual was not interested in employment.

IF NO to Q41:
Q42. Please explain your "No" response.
[free response]

Q39: To indicate "Yes," there must be clear documentation (PC ISP, Virginia Informed Choice Form, progress notes, and/or person-centered review) within the last 12 months that include employment options discussed and the individual's decision related to employment. This includes asking an individual who was already employed if s/he was still satisfied with the employment.

Q41: To indicate "Yes," there must be clear documentation (PC ISP, Virginia Informed Choice Form, progress notes, and/or person-centered review) within the last 12 months that include PC ISP outcomes related to employment. This means that there was an employment-related goal and steps to achieve that goal.

Please see Q43 on the next page.

Q43. Is there evidence in the record that the SC/CM **discussed** options for Community Engagement/Community Coaching?

- No_[0]
- Yes_[1]

IF NO to Q43:
Q44. Please explain your "No" response.
[free response]

IF YES to Q43:
Q45. Is there evidence in the record that the SC/CM **facilitated** access to Community Engagement/Community Coaching?

- No_[0]
- Yes_[1]

IF NO to Q45:
Q46. Please explain your "No" response.
[free response]

Q43: To indicate "Yes," there must be clear documentation (PC ISP, Virginia Informed Choice Form, progress notes, and/or person-centered review) within the last 12 months that include options discussed and the individual's decision related to Community Engagement/Community Coaching. This includes asking an individual who was already employed if s/he was still satisfied with the Community Engagement/Community Coaching.

Q45: To indicate "Yes," there must be clear documentation (PC ISP, Virginia Informed Choice Form, progress notes, and/or person-centered review) within the last 12 months that include PC ISP outcomes related to Community Engagement/Community Coaching.

Q47. Is it evident in the PC ISP that the SC/CM discussed relationships and interactions with people other than paid program staff?

- No_[0]
- Yes_[1]

IF NO to Q47:
Q48. Please explain your "No" response.
[free response]

IF YES to Q47:
Q49. Is there evidence in the record that the SC/CM **facilitated** relationships and interactions with people other than paid program staff?

- No_[0]
- Yes_[1]

IF NO to Q49:
Q50. Please explain your "No" response.
[free response]

Q47: To indicate "Yes," there must be clear documentation (PC ISP, progress notes, and/or person-centered review) within the last 12 months that the SC/CM engaged in discussions about the individual's relationships and interactions with people other than paid program staff. Also refer to the SIS when applicable.

Q49: To indicate "Yes," there must be clear documentation (PC ISP, Virginia Informed Choice Form, progress notes, and/or person-centered review) within the last 12 months that include PC ISP outcomes related to developing/maintain relationships and interactions with people other than paid program staff. Also refer to the SIS when applicable.

Q51. Is there a SC's signature present on the current ISP signature page?^{vi}

- No_[0]
- Yes_[1]

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HEALTH & WELLNESS QUESTION BLOCK-----

Q52. Which of the following does the PC ISP contain?^{vi} (Select all that apply.)

- the individual's risks_[1]
- the individual's behavioral and medical needs_[2]
- the individual's preferences_[3]
- none of the above_[0]

 IF NO to Q52:
Q53. Please explain your "None of the above" response.
[free response]

Q54. Does the PC ISP Essential Information indicate that the SC assessed for risk?^{vii}

- No_[0]
- Yes_[1]

 IF NO to Q54:
Q55. Please explain your "No" response.
[free response]

Q52: To indicate "Yes," there must be clear documentation of the health and behavioral needs and risks from the SIS, as well as information in progress notes and/or quarterlies from the last 12 months, reflected in the PC ISP (and, if needed, its updates). There does not need to be a separate outcome for every health and safety need; needs can be grouped under one outcome.

Preferences are what is important to the individual. The outcomes associated with the individual's risks and needs should be framed with the individual's preferences in mind.

Q54: Please note that Essential Information is Part II in version 3 of the ISP. Essential Information is Part I in version 2 of the ISP.

Q56. Did the ISP team develop a risk mediation plan?^{vii}

- No_[0]
- Yes_[1]
- Not applicable_[2]: No risks were identified.

 IF NO to Q56:
Q57. Please explain your "No" response.
[free response]

Please see Q58 on the next page.

Q58. Did the individual meet Regional Support Team (RST) criteria at any point in the last 12 months?

- No_[0]
- Yes_[1]



IF YES to Q58:
Q59. Did the SC/CM submit a RST referral to a Community Resource Consultant (CRC) within the specified time frame?

- No_[0]
- Yes_[1]



IF NO to Q59:
Q60. Please explain your "No" response.
[free response]

Q61. Is there documentation that demonstrates that the individual was informed of his or her human rights?

- No_[0]
- Yes_[1]



IF NO to Q61:
Q62. Please explain your "No" response.
[free response]

Q58: To indicate "Yes," one of the following criteria must have been met:

- the CSB had difficulty finding resources in the community within three months of the individual receiving a DD waiver slot
- the individual is moving to a nursing facility (NF), an intermediate care facility (ICF), or a group home with a licensed capacity of five beds or more
- the individual was displaced from her/his residential placement for a second time.
- the individual was at REACH without disposition

Q59: To indicate "Yes," the RST referral must have been made within the following reporting time frames:

- within five calendar days of an individual being presented with any of the following residential options: an ICF, NF, training center, or group home with a licensed capacity of five beds or more
- within 30 calendar days of the CSB having difficulty finding services upon the individual's enrollment in a DD waiver
- immediately after an individual was displaced from her/his residential placement for a second time

Q61: To indicate "Yes," there must be a signed and dated Human Rights Notification form within 365 days of admission or the last notification in the record along with a progress note indicating a discussion of the Human Rights protocol.

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Please see Q63 on the next page.

MONITORING QUESTION BLOCK-----

Q63. Is there documentation that the SC/CM made linkages, referrals, and service authorizations based on outcomes identified in SC Part V progress notes for the ISP?^{viii}

- No_[0]
- Yes_[1]

Q63: To indicate "Yes," required SC/CM linkages, referrals, and service authorizations should be completed. A "No" response means there is no documentation or that it is lacking.

IF NO to Q63:
Q64. Please explain your "No" response.
[free response]

Q65. What is the most intensive type of monitoring the individual received in the last 12 months?

- Targeted Case Management (TCM)_[1]
- Enhanced Case Management (ECM)_[2]

IF Q65 TARGETED CASE MANAGEMENT:
Q66. In the last 12 months, or since admission to Support Coordination services (whichever is less), is there documentation in the record that the SC/CM conducted face-to-face visits at least every 90 days (no more than 100 days with grace period)?

Q66: To indicate "Yes," the face-to-face visit must have been conducted within the required time frame for **all** applicable months reviewed. Note that there is a 10-day grace period (i.e. TCM face-to-face visits may be up to 100 days apart).

- No_[0]
- Yes_[1]

IF NO to Q66:
Q67. Please explain your "No" response.
[free response]

IF Q65 ENHANCED CASE MANAGEMENT:
Q68. Did the SC/CM conduct **MONTHLY** face-to-face visits that were no more than 40 days apart while ECM was required?

Q68: To indicate "Yes," the ECM face-to-face visit must have been conducted within required time frame for **all** applicable months reviewed. Note that there is a 10-day grace period as long as the visits occur each month (see Examples #2 and #3 on the next page).

- No_[0]
- Yes_[1]

IF NO to Q68:
Q69. Please explain your "No" response.
[free response]

Please see examples of ECM face-to-face visits on the next page.

Q68 Example #1: The ECM face-to-face visit was completed July 20th at day services. The next visit is required within 30 days from the July 20th visit (i.e. between August 1- 19th, not including the 10-day grace period). The August visit must be in the residence.

Q68 Example #2: The ECM face-to-face visit was completed August 15th in the individual's residence (within 40 days of the July 20th visit) and again August 29th with the individual at the hospital. The next visit is required within 30 days from the August 29th visit (between September 1- 28th). The full **10-day grace period does not apply** in this example because ECM visits **MUST** be completed **MONTHLY**. The SC must complete the September face-to-face visit no later than September 30th in order to meet the monthly ECM visit requirement.

Q68 Example #3: The ECM face-to-face visit was completed at the day services program September 30th. The October visit is required in the residence within 30 days from the September 30th visit. The full **10-day grace period does not apply** in this example because ECM visits **MUST** be completed **MONTHLY**.

Q68 Example #4: The ECM face-to-face visit was completed October 12th in the residence. The November visit is required within 30 days from the October 12th visit (up to 40 days with the 10-day grace period).

Q70. Consider the last four face-to-face contacts. Does the documentation show that the SC/CM assessed whether the individual's support plan was being implemented appropriately?^{ix}

- No_[0]
- Yes_[1]

 IF NO to Q70:
Q71. Please explain your "No"
response.
[free response]

Please see Q72 on the next page.

Q70: The definition for ISP "implemented appropriately" should include the circumstances as noted below:

- Activities for each service are allowed under the regulatory guidelines for the service. Personnel responsible for offering the services have received required training (i.e. RN providing skilled care, direct support professional [DSP] with advanced core competency serving individual with advanced support needs).
- Plans in services requiring skill-development contain skill-building activities which are person-centered and represent the individual's desires (what's important to/for the individual).
- Outcomes identified on the Part III match the plan for supports and are represented by daily notes, quarterly person-centered reviews.
 - Frequency of hours and times of day on the schedule for supports are represented by daily notes, quarterly person-centered reviews (and do not exceed 66 hours for those services limited by regulation).
- Documentation reflects that DSP supervisors are monitoring DSP implementation to ensure alignment with desired outcomes and ensuring health & safety for the individual.

Q72. Consider the last four face-to-face visits. Did the SC assess, at least every 90 days, whether the individual's status or need for services and supports changed?^x

- No_[0]
- Yes_[1]

Q72: Please note that there is a 10-day grace period for face-to-face visits. However, the next face-to-face visit must be timed according to the preceding visit date, not including the 10-day grace period.

The definition for change in status or needs could include changes in the individual's circumstances as noted below:

- Behavioral: change in thinking, emotion, behavior
- Medical: change in physical well-being, medical condition, or IADL/ADL support needs resulting in need for new outcomes, physician/nurse practitioner ordered meds/treatments; ST/OT/PT changes such as requirement for thickened liquids, special diet, etc.
- Demographic: change in primary caretaker and/or residence; change in jurisdiction and/or CM/SC; change in guardian or authorized representative; change in provider and/or service
- Change in financial status / eligibility for service
 - Change in waiver status (BI, CL, FIS)
- Change in individual's choice: desire new outcome, service, provider, case manager/support coordinator

IADL=instrumental activity of daily living; ADL=activity of daily living; ST=speech therapy; OT=occupational therapy; PT=physical therapy

Q73. If a face-to-face visit indicated a change in status or needs, was the ISP modified to reflect the change in status or needs?^x

- No_[0]
- Yes_[1]
- Not applicable_[2]: No changes in status or needs.

 IF NO to Q73:
Q74. Please explain your "No" response.
[free response]

Q73: Version 3 of the ISP was launched on July 2, 2019. Consequently, previous versions (v1.8, v2) cannot be edited in WaMS. Please check attachments for modifications.

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Please see Q75 on the next page.

DATA INTEGRITY QUESTION BLOCK-----

Q75. Is the PC ISP (Parts I through IV) available directly in WaMS?

- No_[0]
- Yes_[1]

Q75: The PC ISP Parts I through IV must be in WaMS, not attached as a PDF, for all annuals signed after September 30, 2019.

 IF NO to Q75:
Q76. Please explain your "No" response.
[free response]

Q77. You selected {Q7 answer choice} as the individual's CSB/BHA. Is this correct?

- No_[0]
- Yes_[1]

 IF NO to Q77:
Q78. Please type in the individual's CSB/BHA.
[free response]

- ⁱ The CSB has offered each person the choice of case manager. (III.C.5.c)
- ⁱⁱ Individuals have been offered a choice of providers for each service. (III.C.5.c)
- ⁱⁱⁱ 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)
- ^{iv} 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)
- ^v 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)
- ^{vi} 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)
- ^{vii} 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)
- ^{viii} 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)
- ^{ix} 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)
- ^x 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)