



Virginia Department of  
Behavioral Health &  
Developmental Services

Support Coordination  
Quality Reviews

Methodology and  
Supporting Processes



# Support Coordination Quality Reviews

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## Methodology and Supporting Processes

The Support Coordination Quality Review (SCQR) process was established to assess and improve the quality of support coordination (also referred to as “case management”) services provided by Community Services Boards (CSBs) to individuals on one of the home- and community-based services waivers (HCBS Waivers). The results of the SCQR are designed to help determine if these services comply with the Department of Justice Settlement Agreement (DOJ SA) and Centers for Medicare and Medicaid Services (CMS) requirements.

## Support Coordination Quality Survey

### Question Development

The fiscal year (FY) 2020 SCQR questions and technical guidance were developed by the Director of Provider Development (the business owner of the survey) in conjunction with the Office of Data Quality & Visualization (DQV). Input was also solicited from the Office of Community Quality Improvement (CQI), whose members will conduct a retrospective review of the CSB submissions. Questions were written to assess compliance with the ten DOJ SA case management indicators (see Appendix) as well as other facets of high-quality support coordination.

### Sample

In an April 2019 filing to DOJ, DBHDS committed to pulling “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 FY 2020 SCQR sample included adults aged 18 or older who were enrolled in one of the HCBS Waivers as of July 1, 2018, in either an active or hold or pending appeal status with an authorization for at least one HCBS Waiver service. In order to be included in the sampling frame, individuals had to still be enrolled as of the day before the data was pulled from WaMS (D-1) with an authorization for at least one HCBS Waiver service on D-1. This was done to ensure that sampled individuals had been receiving support coordination services for at least one full year.

From this population, a sample of 401 individuals’ records was pulled. The records were stratified by CSB so that each CSB would have a minimum of five records to review. The reviews are to be completed by a Case Management Supervisor. Larger CSBs that have more supervisors, and serve more individuals, have more records to review. Additional records were

sampled for each CSB so that a replacement case could be provided if needed. A replacement case is warranted when an individual is deceased, has transferred CSBs, or has chosen not to receive services and was removed from a HCBS Waiver. CSBs can obtain a replacement case by contacting DQV.

## **Survey Administration**

Case Management Supervisors at each CSB will complete the survey in Qualtrics, a web-based survey platform. The SCQR was formatted such that all questions must be answered. Display logic was utilized to reduce respondents' fatigue and to allow respondents to explain their negative responses. Explanations will be used not only to improve the quality of support coordination records but also to revise the survey questions in subsequent years. The link to the FY 2020 SCQR was disseminated to the CSBs by the Director of Provider Development via secure email.

## **Quarterly Reporting**

In the April 2019 filing to DOJ, DBHDS also committed itself to reporting quarterly on the SCQR. Per the filing, quarterly reporting must be done on the responses in aggregate and by CSB. Beginning with FY 2020 Q2, DQV will generate quarterly reports in the form of Excel files and upload them to Box within two weeks of a quarter's end. The quarterly report for each CSB will indicate the rate of compliance for each of the ten indicators. Each CSB's quarterly report will also include the CSB's raw data (i.e., the answers provided for every question for each sampled record assigned to the CSB). The aggregate quarterly report will indicate whether each CSB is in compliance based on the records that have been completed up to that point. Per the filing, compliance is achieved when the CSB indicates compliance on at least nine of the ten indicators.

## **Annual Reporting**

DQV will generate a final report at the end of each designated survey administration period. If the sample is complete, meaning all of the sampled records assigned to each CSB were reviewed in a submitted Qualtrics survey, DQV will be able to generalize back to the larger population of individuals receiving HCBS waiver services. The annual report will summarize and visualize the results in aggregate, not by CSB, and include descriptive statistics. The annual final report will be given to the Director of Provider Development within one month of the SCQR close date.

## Look Behind Period

In an effort to ensure the accuracy of the responses submitted by the Case Management Supervisors on the SCQR survey, retrospective reviews will be conducted at the conclusion of each SCQR survey administration period. These will be conducted by the respective regions' Quality Improvement (QI) Specialist from the CQI team.

In addition to verifying accuracy, the look behind period will allow the CQI team to provide technical assistance to the CSBs when there are discrepancies. Upon completion of these retrospective reviews, the resulting data will be analyzed by DQV to identify questions with low reliability so that training can be provided to increase reliability in future years. SCQR survey question wording may also be revised for future years.

## Sample

DQV will provide CQI with one hundred unique records (i.e., names) sampled for review from the SCQR sample of 401 records. Of the 100, a minimum of two records per CSB are selected for retrospective review (2 records \* 40 CSBs = 80). The additional 20 records will be distributed to each reviewer based on the number of individuals receiving HCBS waiver services at each CSB. This means regions with a higher density will have more retrospective reviews. This sampling method was chosen to ensure that all CSBs will be covered and will not be evaluated based on a single record, while also accounting for the fact that some CSBs serve a much larger population.

**Figure 1. Count of Sampled Records by Region**

Reviewer	Records
Region 1	24
Region 2	13
Region 3	23
Region 4	18
Region 5	22
Total	100

Assuming full staffing coverage, each retrospective review will be completed by the QI Specialist assigned to that particular region. Changes to staff availability shall be communicated with DQV as they will trigger revision to the methodology.

In addition to the 100 records reviewed to assess the accuracy of the CSBs' SCQR responses, 50 records (of the 100) will be reviewed by an additional (second) QI Specialist. This is necessary in order to calculate inter-rater reliability (IRR). Each QI Specialist will have to travel outside of their respective region to complete 10 IRR cases. All efforts will be made to assign reviewers to IRR cases in regions adjacent to their own.

**Figure 2. Count of Total Records by Region**

Reviewer	Records (in region)	IRR Reviews (out-of-region)	Total Reviews
Region 1	24	10	<b>34</b>
Region 2	13	10	<b>23</b>
Region 3	23	10	<b>33</b>
Region 4	18	10	<b>28</b>
Region 5	22	10	<b>32</b>
Total	100	50	<b>150</b>

## Procedure

The retrospective reviews will begin after the close of the SCQR survey administration period. This timing will ensure that all cases sampled for a retrospective review were actually reviewed by the CSB (meaning, they were not replaced). Conducting the reviews after the close of the survey administration period also ensures that no CSBs will have an unfair advantage due to receiving feedback earlier in the year, before all of their reviews are complete.

A QI Specialist will visit their assigned CSBs in-person and review the sampled records using the same questions in the original SCQR review. For records reviewed for IRR, the QI Specialist conducting the review in their region as well as the QI Specialist conducting the IRR review will visit the CSB simultaneously. This coordination is important to prevent discrepancies caused by the record changing after the first review. The QI Specialists will complete their reviews separately (in different rooms, or in the same room without speaking) and will only consult CSB staff on where to find certain documents in the EHR. Both sets of responses will be entered separately into Qualtrics using a form identical to the original form used by CSB respondents.

Since many of the questions refer to the past twelve months (before the date of the SCQR), DQV will provide the date on which each original SCQR review was completed so that the QI Specialist may look at the same time period. The CQI team has expressed concern that the CSBs' EHR systems would be difficult to navigate. For this reason, QI Specialists may ask on-site staff to assist with locating documents. However, they may not discuss the content of the record with CSB staff during their review.

To enable QI Specialists to provide technical assistance when they visit CSBs to complete their retrospective reviews, they will be provided with a printed copy of the CSB's original SCQR responses. To ensure an objective assessment, the QI Specialist will not look at the original survey responses until their own review is complete. After completing their review, the QI Specialist will compare their responses to those submitted by the CSB and note any areas of disagreement. They will then sit down with CSB staff to discuss any disagreements and to provide education. This should be done only after all reviews for the CSB have been conducted.

## **Analysis**

The results of the retrospective reviews will be compared quantitatively to the CSB's original SCQR responses so that average agreement can be calculated for each survey question.

Support coordination records are living records that may change and improve between the initial review and the retrospective review. The SCQR process itself may prompt Case Management Supervisors to make improvements to records after completing their reviews. DBHDS does not wish to discourage making improvements to the records. Therefore, "disagreement" caused by a QI Specialist finding something that was marked as missing will not be counted against the CSB.

DQV will calculate disagreement as the percentage of responses in which the CSB said "Yes," the required item is present, and the QI Specialist indicated that the item was not present. When the CSB originally stated that an item was not present, and the QI Specialist finds it, this will not count against the CSB because it most likely means that the record was improved after the initial submission (either as a direct result of the review or coincidentally in the time period that followed the review). Questions with high rates of disagreement between the QI Specialists and the CSBs will be flagged for review so that the CQI team can determine whether to provide additional training.

In addition to calculating percent agreement, Maxwell's Random Error Coefficient (RE) for binary data will also be computed. Maxwell's RE rates agreement on a scale from 0 (agreement due to chance alone) to 1 (perfect agreement). A more commonly used statistic, Cohen's kappa, was also considered but found to be less appropriate for the data because the kappa coefficient is reduced when one of the outcomes is highly prevalent.

## Look Behind and IRR Reporting

DQV will produce a report that includes the percent agreement by question for the Look Behind (comparing CSB responses with QI specialist responses) and the percent agreement by question for the 50 inter-rater cases (comparing two QI Specialists' responses), along with Maxwell's RE when appropriate. This report will be available three weeks after all of the look behind responses (including inter-rater responses) have been received.

## SCQR Revision Period

Figure 3. Proposed Timeline

	Jul 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
DQV: FY 2020 SCQR Final Results Analysis	█	█	█									
DQV: FY 2020 SCQR Final Report Writing	█	█	█									
CQI: FY 2020 SCQR Look Behind	█	█	█	█	█	█						
DQV: FY 2020 Look Behind Results Analysis				█	█	█						
CQI: FY 2020 Inter-Rater Reviews	█	█	█	█	█	█						
DQV: FY 2020 Inter-Rater Results Analysis				█	█	█						
DQV: FY 2020 Look Behind and Inter-Rater Report Writing				█	█	█						
CQI/CMSC: FY 2020 Technical Assistance				█	█	█	█	█	█			
DQV: FY 2021 SCQR Survey Tool Revision					█	█	█	█	█			
CSB: FY 2021 SCQR Survey							█	█	█	█	█	█
DQV: FY 2021 Interim Report										█		

The proposed timeline is necessary to ensure adequate time to analyze the responses from the FY 2020 SCQR, look behind, and inter-rater reviews so that inefficient and ineffective processes are not perpetuated in subsequent years. Moreover, CQI will be able to provide technical assistance to all CSBs so that no one CSB has an advantage over another based on the timing of their retrospective review and technical assistance.

Launching the second year of the SCQR in January 2021 will allow DQV time to revise the SCQR survey instrument and/or technical guide based on quantitative agreement and changes in

requirements related to case management, if needed<sup>1</sup>. This will ultimately help this process be sustainable and lead to quantifiable improvements in the quality of support coordination services being provided. For the sake of sustainability, DQV asserts that the ideal window for SCQR survey administration in subsequent years would be January 2 to June 30. This would provide a dedicated period for revision, retrospective reviews, and technical assistance each year. DQV is aware that switching to a six-month SCQR survey administration window may require approval from the DOJ SA Independent Reviewer to dispense with the quarterly reporting by CSBs. In its place, DQV would propose producing an interim report in mid-April (Figure 3-Proposed Timeline).

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<sup>1</sup>Note that the revision period will not be used to solicit feedback from CSBs regarding the structure of the SCQR survey and technical guidance or the SCQR process. CSBs had the opportunity to participate in a demo period survey from April 1, 2019 to June 30, 2019. There was an associated experience survey in which CSBs could anonymously provide their critiques. Furthermore, in the FY 2020 SCQR, CSBs are required to explain their negative responses, which provides further insight into why certain actions were not completed and specific documents could not be located.

# Appendix

Below is a crosswalk between the DOJ SA case management compliance indicators and the questions included in the FY 2020 SCQR. In several instances, more than one SCQR question must be answered in order for compliance with one indicator to be demonstrated. The responses to the SCQR questions necessary to meet each indicator are also listed below.

INDICATOR	QUESTION
i	Q24
ii	Q26
iii	Q29
iv	Q31
v	Q32
	Q33
vi	Q51
	Q52
vii	Q54
	Q56
viii	Q63
ix	Q70
x	Q72
	Q73

## Indicators

- 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)

### Responses that Indicate Compliance

There is not a one-to-one correlation between DOJ SA compliance indicators and FY2020 SCQR questions. Below, the desired responses to compliance indicator questions are in green font. Note the dependencies for Q31 and Q33.

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

- No
- Yes

**Q26)** Was the individual offered a choice of...

	Yes	No
...support coordinator (named)?	<input checked="" type="radio"/>	<input type="radio"/>
...DD Waiver providers?	<input checked="" type="radio"/>	<input type="radio"/>

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

- No
- Yes

**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? (Select all that apply.)

- individual**
- LG\*
- AR\*
- support coordinator**
- service providers**
- other people important to the individual

**\*If the individual has a legal guardian (see Q10), then LG must also be selected.**

**\*If the individual has an authorized representative (see Q11), then AR must also be selected.**

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

- No**
- Yes → **IF YES, GO TO Q33.**

**Q33)** Is there documentation in Part IV of the ISP indicating that the SC/CM had a plan to resolve the disagreement?

- No
- Yes**
- Not applicable: The disagreement cannot be resolved.**

**Q33 is only displayed if the response to Q32 is "yes."**

**Q51)** Is there a SC's signature present on the current ISP signature page?

- No
- Yes**

**Q52)** Which of the following does the PC ISP contain? (Select all that apply.)

- the individual's risks**
- the individual's behavioral and medical needs**
- the individual's preferences**
- none of the above

**Q54)** Does the PC ISP Essential Information indicate that the SC assessed for risk?

- No
- Yes**

**Q56)** Did the ISP team develop a risk mediation plan?

- No
- Yes**
- Not applicable: No risks were identified.**

**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?

- No
- Yes**

**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?

- No
- Yes**

**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?

- No
- Yes**

**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?

- No
- Yes**
- Not applicable: No changes in status or needs.**