



Virginia Department of Behavioral Health
and Developmental Services

Semi-Annual Permanent Injunction Report

6/1/2026

A Life of Possibilities for All Virginians

Heather Norton
Deputy Commissioner, Community Services

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Executive Summary

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

This report is a review of the Commonwealth's progress with all terms of Section IV of the Permanent Injunction during the period of October 1, 2025, through March 31, 2026. DBHDS reviewed all the same materials that were provided to the Independent Reviewer and his consultants for the completion of this report.

For this reporting period the Commonwealth, in consultation with the Independent Reviewer, finalized how it will indicate its status with the Terms and Actions contained in Section IV of the Permanent Injunction as well as reviewed ratings from previous reports where there were differences to ensure consistent interpretation of the Terms and Actions.

The Commonwealth's status with the **Terms** of Section IV of the Permanent Injunction will be indicated as follows:

Sustained Compliance: Met twice consecutively

Met: The Commonwealth has met the percentage goal of the Term, or where the Term has no metric, the Commonwealth has completed the term requirement including all required actions listed under the Term.

Not Met: The Commonwealth has not met the percentage goal of the Term, or where the Term has no metric, the Commonwealth has not completed the Term requirement including all required actions listed under the Term.

Deferred: The Term requires a year's worth of data and only a portion of the data is available.

The Commonwealth's status with the **Actions** required by the Terms of Section IV of the Permanent Injunction will be indicated as follows:

Complete: The Action is completed and there is no requirement for ongoing activity

Complete for this review: Action is completed but there is a requirement for the Action to continue to be completed with a certain frequency

Not Due: The Action has a future due date and there is not yet any activity to report on the action.

In progress: The Commonwealth is taking steps to complete the Action listed and can demonstrate this through documented activity, but the Action is not yet complete.

During this review period, the goals of Term 37 (The Commonwealth will work to achieve a goal of a 2% annual increase in the percentage of individuals on the DD waiver receiving day services in the most integrated settings) and Term 51 (The Commonwealth will work to achieve a goal of meeting its established employment target of 25% for adults aged 18 to 64 on DD waivers and the waitlist) moved into Sustained Compliance because the Commonwealth fully complied with these provisions for one year. Additionally, the following five Terms were Met for the first time: 34, 35, 43, 49, and 57. For the remaining Terms, the Commonwealth is actively working to achieve the goals. As detailed in the report, the Commonwealth has made significant progress in the 75 actions required by the Terms to achieve the associated goals. The Commonwealth has completed (or completed for this review) 49 actions, with another 14 currently in progress. The remaining 12 actions are either not required to be taken during this review period (Not Due) or are no longer required based on the overarching Term now being in Sustained Compliance (e.g., 54.a.).

The full report provides a more detailed review of the data and explanation of the Commonwealth's progress with the Terms in Section IV of the Permanent Injunction, including the next steps the Commonwealth intends to take as it works to achieve the goals of those provisions.

Case Management			
PI Term Number	PI Term	Summary	Determination
31	Community Services Board Quality Review (SCQR). The Commonwealth will work to achieve a goal that 86% of Community Services Board (CSB) records meet a minimum of 9 of the 10 elements assessed in the Case Management Quality Review.	The Commonwealth distributed updated SCQR Instructions and Technical Assistance Guide. Additional Samples for this SCQR round were distributed on March 2, 2026 with CSB completion of the reviews due by May 15, 2026. DBHDS then will initiate the lookback of the reviews and summarize the findings during the next semiannual reporting period.	Previous: Not Met Current: Deferred
31.a	DBHDS will require a quality improvement plan from any CSB that has two or more elements with substantial or moderate interrater reliability between the CSB Support Coordinator Quality Review (SCQR) and the DBHDS Office of Community Quality Improvement Review not achieving 60% compliance.	Four CSBs have an active quality improvement plan with the CMSC related to elements that did not meet the threshold for compliance. This was also reported in the FY 25 Support Coordinator Quality Review Report.	Previous: In Progress Current: Complete for this review
31.b	DBHDS will provide targeted technical assistance with identifying measurable outcomes to any CSB (i) whose records are not 86% compliant with including specific and measurable outcomes in Individual Support Plans (ISPs) or (ii) that does not demonstrate improvement with respect to including specific and measurable outcomes in ISPs (including evidence that employment goals have been discussed and developed, when applicable, throughout its quality review cycle)	Thirteen CSBs received targeted technical assistance during this review period during the month of February. All other CSBs received standard technical assistance.	Previous: Complete for this review Current: Complete for this review
31.c	If the Commonwealth has not achieved the goal within one year of the date of this Order after taking the actions in Paragraphs 31(a) and 31(b), DBHDS will increase the threshold for requiring a quality improvement plan from a CSB as set out in Paragraph 31(a). DBHDS will provide information about which CSBs need this support in the SCQR Report.	DBHDS increased the threshold for this upcoming review period from, <i>“DBHDS will require a quality improvement plan from any CSB that has two or more elements with substantial or moderate interrater reliability between the CSB Support Coordinator Quality Review (SCQR) and the DBHDS Office of Community Quality Improvement Review not achieving 60% compliance”</i> to <i>“DBHDS will require a quality improvement plan from any CSB that has two or more elements with substantial or moderate interrater reliability between the CSB Support Coordinator Quality Review (SCQR) and the DBHDS Office of Community Quality Improvement Review not achieving 65% compliance”</i> .	Previous: Not Due Current: Complete for this review

31.d	If the Commonwealth has not achieved the goal within one year after taking the actions in Paragraph 31(c), DBHDS will conduct a root cause analysis and implement a Quality Improvement Initiative (QII) as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	No action on this term is required until 2027.	Previous: Not Due Current: Not Due Due January 15, 2027
58	Case Management Steering Committee (CMSC) Measures. The Case Management Steering Committee will continue to establish two indicators in each of the areas of health and safety and community integration associated with selected domains (safety and freedom from harm; physical, mental, and behavioral health and well-being; avoiding crises; community inclusion; choice and self-determination; stability; provider capacity; access to services) and based on its review of the data submitted from case management monitoring processes. The Commonwealth will work to achieve a goal of 86% compliance with the four indicators established by the CMSC. DBHDS will monitor data collected in these domains and determine if any intervention is needed.	Because this term is in sustained compliance, it is deemed satisfied under Term 77 and is no longer required to be reviewed.	Previous: Sustained Compliance
Crisis and Behavioral			
PI Term Number	PI Term	Summary	Determination
32	Community Setting Assessments. The Commonwealth will work to achieve a goal that 86% of children and adults receive crisis assessments at home, the residential setting, or other community setting (non-hospital/non-CSB office). Crisis Receiving Centers (“CRC”) will only be counted as an “other community setting” after it is determined that the individual or supported decision maker was not directed by the Call Center, Emergency Services, or Mobile Crisis staff to present at a CRC.	For the first time since the Commonwealth has been capturing this data, the Commonwealth has maintained 50% or above of crisis assessments occurring in the community across four consecutive quarters. During the previous reporting period, the Commonwealth demonstrated that in FY25 Q4, 50% of crisis assessments occurred in the community, followed by FY 26 Q1 with 51% of crisis assessments occurring in the community. This reporting period, in FY 26 Q2, 51% of crisis assessments occurred in the	Previous: Not Met Current: Not Met

		community and in FY 26 Q3, 54% of crisis assessments occurred in the community. Also noted in the 3 rd quarter of FY26 is a decreasing disparity between the regions, with 4 of the 5 regions having 50% or more of crisis assessments occurring in the community.	
32.a	DBHDS will continue to promote the use of the 988 24-hour crisis helpline by providing information on the helpline on its social media platforms, in print and television advertisements, and through informational bulletins developed or funded by DBHDS. DBHDS will require all mobile crisis team members to receive training within 90 days of hire on how to support and respond to individuals with developmental disabilities (DD) who are in crisis.	DBHDS ran a 988-marketing campaign with targeted materials for individuals with developmental disabilities and has identified strategic partnerships for the development of a 988-marketing toolkit for individuals with developmental disabilities. DBHDS requires mobile crisis team members to take 11 training modules that cover both youth and adults and include specific topics on developmental disabilities. Compliance with the 90-day requirement was assessed during the Quarterly Qualitative Review in Q3 of FY26. All programs were in compliance with this requirement.	Previous: Complete for this review Current: Complete for this Review
32.b	DBHDS will maintain its current efforts to assist the regions in filling vacant mobile crisis positions by discussing staffing at regional qualitative reviews of REACH programs and supporting REACH programs to implement quality improvement plans.	DBHDS completed quarterly regional qualitative reviews and assessed and discussed staffing in each of the 5 regions. Staffing is improving in Region 1 and remaining relatively stable in Regions 2, 3, 4, and 5. Regions 3 and 4 continue to have the most consistent vacancies while Region1 had previously been under a quality improvement plan but is working to improve staffing through the transition to a new contract.	Previous: In Progress Current: Complete for this Review
32.c	Within 6 months of the date of this Order, the Commonwealth will develop a plan that includes measurable goals, specific support activities, and timelines for implementation with consultation from stakeholders to enhance 988 supports and services to increase the likelihood that individuals will be assessed in the community.	The DBHDS Crisis Office has developed a plan with consultation from stakeholders. The plan was updated during this review period to ensure there were measurable goals, specific support activities, and timelines for implementation.	Previous: Complete for this review Current: Complete for this review
32.d	DBHDS will monitor staffing at each REACH program to determine if they have sufficient staffing per shift to meet the goal, including through discussion and review of filled/vacant positions, utilization rates of mobile crisis, and times mobile crisis calls are being received in comparison to the number of staff working during those hours at each REACH program's quarterly review. If a quarterly review indicates that staffing is not sufficient to meet the	DBHDS monitors staff as part of the quarterly regional qualitative reviews to ensure there are sufficient staff to provide mobile response when requested.	Previous: In Progress Current: In progress

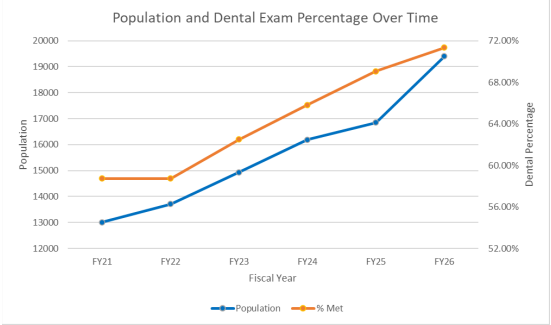
	goal, DBHDS shall review the region's current efforts to increase staffing and, if DBHDS determines necessary, will require a quality improvement plan that includes additional actions that DBHDS finds are necessary to enhance staffing.		
32.e	Semi-annually, beginning on January 1 and June 1 of each year, DBHDS will work with the two regions that are experiencing the most success in responding to people in crisis in the community to determine what is leading to their success. DBHDS will work with the two regions that are experiencing the most challenges in responding to people in crisis in the community to learn what is leading to those challenges. DBHDS will work with all the regions based on these lessons learned to implement a plan to improve performance in each of the regions.	DBHDS continues to meet with the REACH Directors to discuss successes and challenges and has identified reasons for these challenges as mentioned in the term summary. The discrepancy between regions in the percentage of crisis assessments occurring in the community is decreasing in four of the five regions.	Previous: In Progress Current: Complete for this review
32.f	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 32(a) through 32(e), DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. As part of the root cause analysis, the Commonwealth will collect data on why individuals with developmental disabilities presented at a CRC instead of accessing mobile crisis services. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January 2027.	Previous: Not Due Current: Not Due Due January 15, 2027
33	Therapeutic Consultation Services. The Commonwealth will work to achieve a goal that 86% of individuals identified as in need of Therapeutic Consultation service are referred for the service and have a provider identified within 30 days.	Between July and December of 2025, 79% of people needing this service were connected within 30 days. This is an increase from the previous reporting period when the performance was at 78% (January -June 2025).	Previous: Not Met Current: Not Met

33.a	Within 12 months of the date of this Order, DBHDS shall implement a technical assistance initiative with the CSBs that need the most support to connect people to behavioral supports and focus on improving case managers' awareness of the behavioral resources available to individuals in need of Therapeutic Consultation, unique CSB business practices, and supervisory support for case managers in this area of performance.	DBHDS continues to implement the technical assistance initiative related to this action with 8 CSBs. Seven of the 8 are showing improvement.	Previous: Complete for this review Current: Complete for this Review
33.b	Annually, the Commonwealth will participate in at least one regional event and at least one statewide conference to promote Therapeutic Consultation services. The Commonwealth will provide technical assistance to providers regarding enrollment with Medicaid as a provider as they reach out to the Commonwealth for this support.	The Behavior Network Supports Office is a vendor at the upcoming Virginia Association for Behavior Analysis conference on April 24-25, 2026, in Leesburg, Virginia. This is the largest annual statewide conference event for behavior analysts in Virginia. The Behavior Network Supports Office will host an exhibitor booth and provide information about enrollment in therapeutic consultation behavioral services as well as quality assurance reviews to interested conference attendees. The Director of the Behavioral Network Supports Office participated in regional provider roundtables to promote the service, most recently in October 2025, and January 2026, with one planned for April 2026. The Commonwealth provided technical assistance regarding enrollment with Medicaid as a provider to 11 potential providers between October 2025 and April 2026.	Previous: Complete for this review Current: Complete for this review
33.c	By July 1, 2025, the Commonwealth will create a training about enrolling with Medicaid as a Therapeutic Consultation provider and make it available for providers via DBHDS's website.	The BNS Team developed a training series on Becoming a Therapeutic Consultation Provider, which remains available on the DBHDS website.	Previous: Complete Current: Complete
33.d	Rate Study	Summary of rate study actions can be found in Term 59	Previous: Complete for this review Current: Complete for this Review
33.e	If the Commonwealth has not achieved the goal by June 30, 2026 after taking the actions in Paragraphs 33(a)	This action, if required, is not due until June 2026.	Previous: Not Due

	through 33(c), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.		Current: Not Due Due June 30, 2026
35	Community Residences for Individuals with DD Waivers. The Commonwealth will work to achieve a goal of 86% of individuals with a DD waiver and known to the REACH system who are admitted to a CTH or a psychiatric hospital have a community residence identified within 30 days of admission.	During the 2 quarters for this review period, the Commonwealth exceeded the requirement for both review periods 87% (FY26 Q2) and 93% (FY26 Q3) of individuals had a residence within 30 days of admission to a CTH or Psychiatric Hospital for a total of 90% of individuals for the semi-annual period having a residence identified in 30 days.	Previous: Not Met Current: Met
35.a	DBHDS will enter into contracts with providers to develop homes for individuals with intense behavioral support needs that will be operational (<i>i.e.</i> , that an individual can move into the home) in accordance with the following schedule: <i>Region 1: one home operational by August 2024 and one additional home operational by February 2025;</i> <i>Region 2: two homes operational by August 2024 and one additional home operational by February 2025;</i> <i>Region 3: one home operational by November 2024 and one additional home operational by February 2025;</i> <i>Region 5: one home operational by November 2024 and two additional homes operational by February 2025.</i>	Region 1 : All homes are open and operational. Region 2: All homes are open and operational. Region 3: One home is open and operational, the other is on pause due to performance issues. A new provider has been identified to create an additional home in Region 3. Region 5: All homes are open and operational.	Previous: In Progress Current: In progress
35.b	If the Commonwealth has not achieved the goal after taking the actions in Paragraph 35(a) by June 30, 2025, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	The Commonwealth completed a comprehensive root cause analysis including a fishbone diagram that identified reasons a home may not be identified in 30 days. The REACH teams implemented several strategies that have successfully resulted in people being connected to homes in 30 days for three out of four quarters.	Previous: Not Due Current: Complete for this Review
36	Out-Of-Home Crisis Therapeutic Prevention Host-Home Like Services for Children. To prevent institutionalization of children due to behavioral or mental health crises, the	DBHDS is developing three new Crisis Therapeutic Homes and has developed a process to distribute funding to individuals and families for out-of-home crisis prevention. DBHDS also sent out	Previous: Not Met Current: Not Met

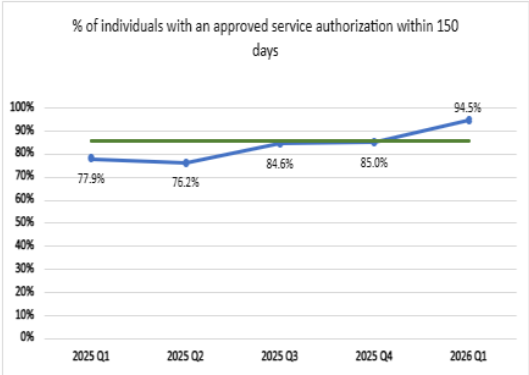
	Commonwealth will implement out-of-home crisis therapeutic prevention host-home-like services for children connected to the REACH system who are experiencing a behavioral or mental health crisis and would benefit from this service	notification through the provider and family list serves to ensure individuals know that the two current Crisis Therapeutic Homes accept prevention stays.	
36.a	Within one month of the date of this Order, DBHDS will send out a communication through the list serv for individuals and families on the waiver waiting list, and to the provider list serv communicating that the two CTHs existing in Regions 1 and 4 as of the date of this Order can be utilized for preventive stays by children across the Commonwealth.	DBHDS sent out a notification via the list serv for individuals and families on the waiver waiting list on February 4, 2025, specifically related to prevention stays for children at the two existing REACH Crisis Therapeutic Homes.	Previous: Complete Current: Complete
36.b	DBHDS will continue to track and report quarterly on the number of crisis prevention stays being utilized by children in each of the five regions.	For FY26 Q2 and Q3 there were no prevention stays at the Region 4 Youth CTH. For FY26 Q2 there were seven prevention admissions to the Region 1 Youth CTH and 3 prevention admissions for FY 26 Q3. The admissions for Q2 were from Regions 1 and 2 and for Q3 were from Region 2.	Previous: Complete for this review Current: Complete for this review
36.c	Providing funding in Fiscal Year 2025 to establish three additional CTH's in the regions where they do not exist as of the date of this Order (Regions 2, 3, and 5) that will be operational between May 2025 and January 2026.	Funding was secured for all regions and performance contracts were signed.	Previous: In Progress Current: In progress
36.d	From the date of this Order and continuing until all three additional CTHs referenced in Paragraph 36(c) are operational, DBHDS will support up to a total of 1,000 days per year of respite for children connected to REACH, who have previously experienced or are at risk of experiencing a crisis, reside in regions without an operational CTH, and who do not otherwise have funding to access respite services at a rate of up to \$500 per 24-hour period.	Funding continues to be available for these services, however at this time no one has utilized this service. In FY26 Q3, to ensure that families are aware of the service, DBHDS required REACH staff to document that the service was offered during an intake assessment. Staff, including support coordinators, are being trained to increase the likelihood of use of the service.	Previous: In Progress Current: In progress
36.e	If the Commonwealth has not achieved the goal after taking the actions in Paragraphs 36(a) through 36(d) by June 30, 2026, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until June 2026.	Previous: Not Due Current: Not Due Due June 30, 2026

Quality and Risk Management			
PI Term Number	PI Term	Summary	Determination
34	Behavioral Support Services. The Commonwealth will work to achieve a goal that 86% of individuals with identified behavioral support needs are provided adequate and appropriately delivered behavioral support services.	During this reporting period, 90% of people received adequate services. This is a 10% increase from the previous reporting period.	Previous: Not Met Current: Met
34.a	DBHDS will continue to address findings identified through the previously conducted root cause analysis initiated in Q1 of FY21 and updated subsequently as part of each semi-annual review.	DBHDS continues to implement informal quality improvement initiatives as identified through the RCA completed in FY21, as evidenced by the improved data.	Previous: Complete for this review Current: Complete for this review
34.b	DBHDS will continue to use the BSPARI tool, or such other tool designed for behavioral programming that the parties agree upon, to determine whether individuals are receiving adequate and appropriate behavioral support services.	DBHDS has continued to use the BSPARI tool to determine whether individuals are receiving adequate and appropriate behavior support services. More behavioral support plans are meeting the scoring criteria for adequate and appropriate behavior support services.	Previous: Complete for this review Current: Complete for this Review
34.c	DBHDS will continue to employ a total of four behavior analysts to provide technical assistance and training on behavioral support plans. Annually, the behavior analysts will (i) review a statistically significant sample of the behavioral plans submitted; (ii) provide feedback; and (iii) identify trends for improvement and develop additional training and technical assistance as determined necessary by DBHDS.	DBHDS employs five behavior analysts, including the Director of the BNS program. The BNS team continues to review a statistically significant number of behavioral support plans each year. The team also provides regular feedback on reviewed plans and develops training on systemic issues identified through those plan reviews.	Previous: Complete for this review Current: Complete for this review
34.d	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 34(a) and 34(b), DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January 2027	Previous: Not Due Current: Not Due Due January 15, 2027

40	<p>Dental Exams. The Commonwealth will work to achieve a goal that 86% of individuals who are supported in residential settings and have coverage for dental services will receive an annual dental exam.</p>	<p>The Commonwealth continues to make progress with ensuring individuals receive dental exams with the last four quarters at 70% or higher. Although the Commonwealth has maintained consistency in the percentage of individuals receiving dental exams even as the waiver population has grown, the goal has not been met.</p>  <table border="1"> <caption>Population and Dental Exam Percentage Over Time</caption> <thead> <tr> <th>Fiscal Year</th> <th>Population</th> <th>% Met</th> </tr> </thead> <tbody> <tr> <td>FY21</td> <td>13,000</td> <td>58.00%</td> </tr> <tr> <td>FY22</td> <td>13,500</td> <td>58.00%</td> </tr> <tr> <td>FY23</td> <td>14,500</td> <td>62.00%</td> </tr> <tr> <td>FY24</td> <td>16,000</td> <td>66.00%</td> </tr> <tr> <td>FY25</td> <td>17,000</td> <td>68.00%</td> </tr> <tr> <td>FY26</td> <td>19,500</td> <td>72.00%</td> </tr> </tbody> </table>	Fiscal Year	Population	% Met	FY21	13,000	58.00%	FY22	13,500	58.00%	FY23	14,500	62.00%	FY24	16,000	66.00%	FY25	17,000	68.00%	FY26	19,500	72.00%	<p>Previous: Not Met</p> <p>Current: Not Met</p>
Fiscal Year	Population	% Met																						
FY21	13,000	58.00%																						
FY22	13,500	58.00%																						
FY23	14,500	62.00%																						
FY24	16,000	66.00%																						
FY25	17,000	68.00%																						
FY26	19,500	72.00%																						
40.a	<p>DBHDS will operate a total of three mobile dental vehicles by March 31, 2025</p>	<p>DBHDS is operating three mobile vehicles at this time.</p>	<p>Previous: Complete for this review</p> <p>Current: Complete for this review</p>																					
40.b	<p>DBHDS will continue to employ or contract with a total of three dental assistants and four dental hygienists to staff the mobile dental vehicles.</p>	<p>DBHDS has employed all hygienists and all but one dental assistant. Recruitment has been initiated and repeated for the final position.</p>	<p>Previous: In Progress</p> <p>Current: In Progress</p>																					
40.c	<p>DBHDS will continue to review referrals for dental services and work to connect people to community dental providers when available.</p>	<p>DBHDS reviews all referrals submitted through our online portal and works to connect people to community dentists.</p>	<p>Previous: Complete for this review</p> <p>Current: Complete for this review</p>																					
40.d	<p>Within six months of the date of this Order, DBHDS will contract with at least one dentist or dentistry practice in each Region who can support sedation dentistry.</p>	<p>DBHDS has contracts in place for four of the five regions. When the dentist in Region 5 decided not to renew his contract, the remote supervision dentist temporarily agreed to fill the void in the Region, allowing the team to provide sedation dentistry in Region 5 while the services of a</p>	<p>Previous: Complete for this review</p> <p>Current: In Progress</p>																					

		new dentist who can support sedation dentistry are solicited.	
40.e	DBHDS will collaborate with dental providers to understand barriers to delivering services to individuals with developmental disabilities and, within six months of the date of this Order, will develop a plan with measurable goals, specific support activities, and timelines for implementation to mitigate those barriers.	DBHDS has been collaborating with a variety of stakeholders, including dental providers, focused on understanding and reducing the barriers to delivering dental services to individuals with Developmental Disabilities.	Previous: In Progress Current: Complete for this review
40.f	Within six months of the date of this Order, the Commonwealth shall start an initiative that determines which 8 CSBs need the most assistance to ensure that individuals receive annual dental exams and, no later than three months after starting this initiative, begin to provide technical assistance to support relevant CSBs. This process will continue to be implemented annually until the Commonwealth achieves the goal.	DBHDS identified the 8 CSBs with the lowest percentage of dental exams and has been working with them to ensure individuals are connected to dental supports and services. This has resulted in improvement from the FY 23 baseline to FY26 for 7 of the 8 CSBs.	Previous: Complete for this review Current: Complete for this review
40.g	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 40(a) through 40(f), DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year	This action, if required, is not due until January 2027	Previous: Not Due Current: Not Due Due January 15, 2027
41	Protection From Serious Injuries in Service Settings. The Commonwealth will work to achieve a goal that 95% of DD waiver service recipients will be protected from serious injuries in service settings.	There continue to be concerns with data reliability and validity specific to issues identified by the OIHSN related to whether or not protocols in an individual's ISP are being implemented prior to injury. Recommendations are being reviewed and discussed for inclusion in the new Incident Management System (IMS) that is being created.	Previous: Not Met Current: Not Met
41.a	DBHDS will continue working to ensure that all appropriate serious injuries are included when determining if this goal is met.	DBHDS continues to review information through look back reviews to ensure that all preventable injuries are captured.	Previous: In Progress Current: In Progress
41.b	Within six months of the date of this Order, and annually thereafter, the DBHDS Office of Integrated Health will complete a quality review of a statistically significant sample of serious injuries reported to DBHDS via the CHRIS system (or successor) to	OIHSN completed a preliminary look back review and identified areas for process improvement. Additional review is still needed to finalize and formalize all recommendations. Recommendations will be incorporated into the build of the new Incident Management System.	Previous: In Progress Current: In Progress

	determine if the Incident Management Unit process used by the DBHDS Office of Licensing adequately identifies all appropriate injuries to determine if individuals were protected from harm and if changes are needed to the way incidents are reviewed and referred.		
41.c	Relevant processes will be revised, as warranted, based on the finding of the quality review referenced in Paragraph 41(b) to ensure that the Commonwealth accurately identifies the percentage of DD waiver recipients who are protected from serious injuries in service settings.	The process has not yet been revised but recommendations are in place and revisions are under consideration.	Previous: In Progress Current: In Progress
41.d	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the action in Paragraphs 41(a) through 41(c), DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the metric is achieved and sustained for one year.	This action, if required, is not due until January 2027.	Previous: Not Due Current: Not Due Due January 15, 2027
42	Risk Management. To ensure that the risk management programs of DBHDS licensed providers of DD services identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths and take prompt action when such events occur, or the risk is otherwise identified, the Commonwealth will take the actions in 42.a-c.	DBHDS continues to review all providers for compliance with the applicable regulations governing risk management to ensure providers are tracking the incidence of common risks and conditions faced by people with DD. DBHDS completes licensing reviews on a calendar year basis and has completed a review of approximately 230 providers at this time. The DBHDS Deputy Commissioner of Community Services completed a look back to determine concordance with Licensing Specialists and the Independent Reviewer's Consultant.	Previous: Not Met Current: Deferred
42.a	Within 24 months of the date of this Order, the Commonwealth shall establish inter-rater reliability among the Commonwealth's licensing specialists regarding provider compliance with the quality assurance trending requirements.	DBHDS continues to refine processes related to inter-rater reliability (IRR) between DBHDS, the Independent Reviewer's Consultant, and contractors who complete data collection on behalf of DBHDS. In addition, DBHDS has implemented a process to compare QSR data against another data set to ensure the integrity of the data between sources.	Previous: In Progress Current: Complete for this review
42.b	Within 12 months of the date of this Order, the Commonwealth shall offer technical assistance in accordance with DBHDS's Consultation and Technical Assistance Standard Operating Procedure to each provider that does not identify the incidence of common	DBHDS has hired 12 Quality Improvement Specialists who are available to provide technical assistance to providers when they are found not in compliance with Risk Management Regulations. An initial determination of noncompliance allows providers to self-select to receive technical	Previous: In Progress Current: Complete for this review

	risks and conditions faced by people with DD that contribute to avoidable deaths.	assistance and consultation. If providers have systemic citations (consecutive citations on the same regulations), consultation and technical assistance is required.													
42.c	Within one month of the date of this Order, when providers do not take prompt action when such events occur, or where the risk is otherwise identified despite lack of prompt action by providers, DBHDS will ensure that corrective action plans are written, implemented, and tracked, and take further actions as warranted.	DBHDS requires all providers who receive a citation (not in compliance) with any regulation to complete a corrective action plan related to that citation. The DBHDS Office of Licensing has defined progressive actions that will be taken to address concerns with provider compliance.	Previous: Complete for this review Current: Complete for this review												
43	Timely Waiver Service Enrollment. The Commonwealth will work to achieve a goal that 86% of individuals who are assigned a waiver slot will be enrolled in a service within five months.	DBHDS met this measure for the first time this reporting period with 94.5% of people being connected to services within 150 days.  <table border="1"> <caption>% of individuals with an approved service authorization within 150 days</caption> <thead> <tr> <th>Reporting Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2025 Q1</td> <td>77.9%</td> </tr> <tr> <td>2025 Q2</td> <td>76.2%</td> </tr> <tr> <td>2025 Q3</td> <td>84.6%</td> </tr> <tr> <td>2025 Q4</td> <td>85.0%</td> </tr> <tr> <td>2026 Q1</td> <td>94.5%</td> </tr> </tbody> </table>	Reporting Period	Percentage	2025 Q1	77.9%	2025 Q2	76.2%	2025 Q3	84.6%	2025 Q4	85.0%	2026 Q1	94.5%	Previous: Not Met Current: Met
Reporting Period	Percentage														
2025 Q1	77.9%														
2025 Q2	76.2%														
2025 Q3	84.6%														
2025 Q4	85.0%														
2026 Q1	94.5%														
43.a	Within three months of the date of this Order, DBHDS will track on a quarterly basis the number of individuals who are assigned a waiver slot but not enrolled in a service within five months	DBHDS transitioned from semi-annual reporting of this data to quarterly reporting of the data in FY24.	Previous: Complete Current: Complete for this review												
43.b	Within three months of the date of this Order, the Commonwealth will contact individuals at the end of each quarter who have not been enrolled in a service within five months and their families and case managers to determine why services have not been initiated and what barriers delayed initiation of services. DBHDS will report on the barriers identified quarterly as well as actions being taken to remediate those barriers and results achieved.	DBHDS contacts individuals and families monthly to follow up on why they are not yet connected to services. This has resulted in improvement. DBHDS continues to report on the barriers identified and takes actions to remediate those barriers.	Previous: In Progress Current: Complete for this review												

43.c	<p>Within one year of the date of this Order, the Commonwealth will conduct a root cause analysis of why services have not been initiated and what barriers delayed initiation of services. Based on the findings of the root cause analysis, the Commonwealth will prioritize the findings for quality improvement in consultation with the provider and system issues resolution workgroups. The Commonwealth will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups. The Independent Reviewer, in the reports required under paragraph 76, shall discuss the reasonableness of Virginia's response to this requirement. Individuals for whom initiation of services is delayed past five months at the request of the individual or the individual's authorized representative will not be included in determining if the Commonwealth meets the goal. The Commonwealth will revisit the root cause analysis annually and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.</p>	<p>DBHDS has initiated this work and completed a root cause analysis and listed this as part of the QII workbook. The team has initiated focus groups with support coordinators and will now be conducting focus groups for individuals and families.</p>	<p>Previous: Not Due</p> <p>Current: In Progress</p>
44	<p>Ongoing Service Analyses. The Commonwealth, through DBHDS, will collect and analyze data at least annually regarding the management needs of individuals with identified complex behavioral, health, and adaptive support needs to monitor the adequacy of management and supports provided. DBHDS will develop corrective actions based on its analysis as it determines appropriate, track the efficacy of the actions, and revise as it determines necessary to address the deficiency.</p>	<p>DBHDS completed its second Ongoing Service Analysis which collected and analyzed data of individuals with complex behavior and medical support needs including data from IMNR, QSR and Behavioral Reviews. DBHDS is initiating a sample IMNR review prior to the end of this fiscal year and will also complete this review with the IR Consultants during the 29th review period.</p>	<p>Previous: Not Met</p> <p>Current: Not Met</p>

44.a	DBHDS will use data from the Skilled Nursing Review detailed in Paragraph 39(c), the IMNR process for individuals with complex medical needs, data from the care concerns process, data from the BSPARI quality reviews, and data from the Quality Service Reviews to monitor the adequacy of management and supports provided. Within six months of the date of this Order, DBHDS will develop a report consolidating the information from these sources to provide a comprehensive summary of the management and support provided to individuals with complex needs. This summary will be completed annually.	DBHDS incorporated information from all of these sources of data into its report.	Previous: In Progress Current: In Progress
44.b	DBHDS will continue to implement the IMNR process for no less than 70 people annually who have complex medical, behavioral, or adaptive support needs (Tier 4) to include onsite visits, reviews of specific health care documentation, and a factual questionnaire administered by qualified nursing professionals to primary caregivers most familiar with the person's health care needs.	DBHDS has completed IMNR's on individuals with complex behavioral and medical needs and is initiating the adaptive functioning review in June of 2026 prior to the end of the fiscal year. DBHDS will also complete this review in the 29 th review period with the IR Consultants.	Previous: In Progress Current: In Progress
45	DD Service Providers' Compliance with Administrative Code. The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services comply with 12 VAC 35-105-620 in effect on the date of this Order or as may be amended.	DBHDS continues to review all providers for compliance with the applicable regulations governing quality improvement. DBHDS completes licensing reviews on a calendar year basis and has completed a review of approximately 230 providers at this time. The DBHDS Deputy Commissioner of Community Services completed a look back to determine concordance with Licensing Specialists and the Independent Reviewer's Consultant.	Previous: Not Met Current: Deferred
45.a	Within six months of the date of this Order, DBHDS will require that any provider not in compliance with 12 VAC 35-105-620.C.4 and D.3 (regarding corrective action plans) develop and implement a corrective action plan that includes the receipt of technical assistance, additional training, and specific actions related to the respective areas of underperformance as determined appropriate by DBHDS.	DBHDS continues to require that providers with a citation related to 12 VAC 35-105-620.C.4 and D.3 develop corrective action plans related to their non-compliance. DBHDS offers technical assistance and training for these regulations through the Expanded Consultation and Technical Assistance (ECTA) Process. For the first citation, participation in ECTA is optional and at the discretion of the provider. For a second citation, participation in ECTA is required.	Previous: Complete for this review Current: Complete for this review

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

46.b	Within six months from the date of this Order, for providers who are not compliant with quality improvement program regulations for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth's regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider's license to provisional status, or revoking the provider's license as determined appropriate by DBHDS.	DBHDS has established an expectation that when a provider receives a systemic citation (cited twice consecutively), the provider must participate in ECTA within 45 days of their approved corrective action plan. In addition to required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance.	Previous: Complete for this review Current: Complete for this review
46.c	Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments.	DBHDS continues to refine processes related to IRR between DBHDS, the Independent Reviewer's Consultants, and contractors who complete data collection on behalf of DBHDS. In addition, DBHDS has implemented a process to compare QSR data against another data set to ensure the integrity of the data between sources.	Previous: In Progress Current: In Progress
49	Residential Services Community Integration. The Commonwealth will work to achieve a goal that 95% of residential service recipients reside in a location that is integrated in, and supports full access to, the greater community in compliance with the CMS rule on HCBS settings.	DBHDS completed the look back of all providers for whom data was collected from the QSRs to confirm all needed remediations were done. The HCBS team also finished all required reviews of providers in accordance with the submitted CMS-approved statewide transition plan.	Previous: Not Met Current: Met
49.a	In accordance with its CMS-approved Statewide Transition Plan, by December 31, 2025, the Commonwealth will complete its review of the remaining 3,296 locations for compliance with the CMS settings rule to determine if it is in compliance with the 95% goal.	DBHDS has completed all reviews including a lookback of providers who received a Quality Improvement Plan in Rounds 1, 2, and 5 of the QSRs. All providers have either been found in compliance by the HCBS team or have ceased operations.	Previous: Complete Current: Complete

52	<p>Look-Behind Analysis of Abuse, Neglect, and Exploitation Allegations. The Commonwealth will continue its Community Look-Behind (CLB) review process to achieve a goal of collecting sufficient data for the Risk Management Review Committee (RMRC) to conduct or oversee a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. The review will evaluate whether: (i) investigations of individual incidents occur within state-prescribed timelines; (ii) the person conducting the investigation has been trained to conduct investigations; and (iii) corrective action plans are implemented by the provider when indicated. The RMRC will review trends at least quarterly, recommend QIIs when necessary, and track implementation of initiatives approved for implementation.</p>	<p>The Commonwealth continues its Community Look-Behind (CLB) review process to achieve a goal of collecting sufficient data for the Risk Management Review Committee (RMRC) to conduct or oversee a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. Data indicates compliance in the FY26Q2 with outcomes i and ii but not with outcome iii.</p> <p>DBHDS implemented a gold standard review process and IRR is increasing with 9 of 11 areas reviewed with substantial agreement, and 1 each with moderate and weak Agreement.</p>	<p>Previous: Not Met</p> <p>Current: Not Met</p>
53	<p>Samples of Data from Look-Behind Analyses of Serious Incidents and Allegations of Abuse, Neglect, and Exploitation. The Commonwealth will work to achieve a goal of showing 86% of the sample of serious incidents reviewed by the RMRC meet criteria reviewed in the audit and that at least 86% of the sample of allegations of abuse, neglect, and exploitation reviewed by the RMRC meet criteria reviewed in the audit. The Commonwealth will continue the look behind process and provide feedback to the RMRC related to its findings. If this goal is not met by December 31, 2024, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.</p>	<p>The Office of Licensing continues to meet the requirements for the look behind and is meeting all metrics. The Office of Human Rights continues to make improvements in its processes to increase performance related to Term 52, outcome iii.</p>	<p>Previous: Not Met</p> <p>Current: Not Met</p>
54	<p>Annual Physical Exams. The Commonwealth will work to achieve a goal that 86% of individuals supported in residential settings receive annual physical exams.</p>	<p>Because this Term is in sustained compliance, it is deemed satisfied under Term 77 and is no longer required to be reviewed.</p>	<p>Previous: Sustained Compliance</p>

54.a	Within six months of the date of this Order, any time there is not an increasing trend in the percentage of individuals receiving an annual physical exam in consecutive annual reporting periods, DBHDS will conduct a root cause analysis and determine whether a QII is warranted to address identified issues. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action is not currently required because the Commonwealth is in sustained compliance.	
55	Assessment of Licensed Providers of DD Services. The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services have been assessed for their compliance with risk management requirements in the Licensing Regulations during their annual inspections. DBHDS will continue to conduct annual licensing inspections in accordance with Virginia Code § 37.2-411 in effect on the date of this Order or as may be amended and assess provider compliance with risk management requirements in the Licensing Regulations utilizing the Office of Licensing Annual Compliance Determination Chart.	DBHDS continues to review all providers for compliance with the applicable regulations governing risk management to ensure providers are tracking the incidence of common risks and conditions faced by people with DD. DBHDS completes licensing reviews on a calendar year basis and has completed a review of approximately 230 providers at this time. The DBHDS Deputy Commissioner of Community Services completed a look back to determine concordance with Licensing Specialists and the Independent Reviewer's Consultant.	Previous: Not Met Current: Deferred
56	Data-Driven Quality Improvement Plans for HCBS Waiver Programs. The Commonwealth will continue to implement the Quality Improvement Plan approved by CMS in the operation of its HCBS Waivers. The DMAS-DBHDS Quality Review Team (QRT) will meet quarterly in accordance with the CMS-approved Quality Improvement Plan and will review data, determine trends, and implement quality improvement strategies where appropriate as determined by the QRT to improve performance.	The DMAS-DBHDS QRT met quarterly as evidenced by the PowerPoint presentations. However, for FY25Q4 data discussed at the October meeting there was no evidence that there was discussion of trends, and implementation of quality improvement strategies.	Previous: Not Met Current: Not Met

57	<p>Data-Driven Quality Improvement Plans for HCBS Waiver Program. The Commonwealth will continue to collect quarterly data on the following measures: (i) health and safety and participant safeguards; (ii) assessment of level of care; (iii) development and monitoring of individual service plans, including choice of services and of providers; (iv) assurance of qualified providers; e) whether waiver enrolled individuals' identified needs are met as determined by DMAS QMR; and (v) identification, response to incidents, and verification of required corrective action in response to substantiated cases of abuse/neglect/exploitation. This data will be reviewed by the DMAS-DBHDS Quality Review Team. Remediation plans will be written and remediation actions implemented, as necessary, for those measures that fall below the CMS-established 86% standard. DBHDS will provide a written justification for each instance where it does not develop a remediation plan for a measure falling below 86% compliance. Quality Improvement remediation plans will focus on systemic factors (where present) and will include the specific strategy to be employed, as well as defined measures that will be used to monitor performance. Remediation plans will be monitored at least every six months. If such remediation actions do not have the intended effect, a revised strategy will be implemented and monitored.</p>	<p>The Commonwealth has continued to collect quarterly data on all identified areas as evidenced by the spreadsheets with the quarterly QRT Data. The QRT demonstrated remediation plans where warranted and provided justification when one was not implemented due to the sample size being small and not indicative of a systemic issue. Plans were monitored at least every six months as required by the Term.</p>	<p>Previous: Not Met</p> <p>Current: Met</p>
Integrated Day			
PI Term Number	PI Term	Summary	Determination
37	<p>Day Services for DD Waiver Recipients. The Commonwealth will work to achieve a goal of a 2% annual increase in the percentage of individuals on the DD waiver receiving day services in the most integrated settings.</p>	<p>DBHDS achieved an additional 2% annual increase this year in percentage of individuals in the DD waiver receiving day services in the most integrated setting. The Commonwealth saw a 23% increase in the number of people receiving integrated day services from March 2025 to March 2026.</p>	<p>Previous: Deferred</p> <p>Current: Sustained Compliance</p>

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

37.c	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraph 37(a), DBHDS will also conduct a root cause analysis and determine whether a QII is warranted to address identified issues. A root cause analysis and consideration of QII will not be required if the percentage of individuals in the integrated day services reported above is 65% of the total number of the people receiving any day service.	This action, if required, is not due until January 2027.	Previous: Not Due Current: Not Due Due January 15, 2027
50	Supported Employment. The Commonwealth will work to achieve a goal of being within 10% of the waiver employment targets set by the Employment First Advisory Group. DBHDS will continue to work with the Employment First Advisory Group, the Quality Improvement Committee (QIC), and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18-64 on the DD waiver. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	As reported in its December 31, 2025 semi-annual employment report, DBHDS is at 75% of the waiver employment targets for FY26. DBHDS does not yet have a full years' worth of data to determine whether this term is met. The Commonwealth is initiating a Quality Improvement Initiative to increase this percentage and completed listening sessions with stakeholders to gather information on what is working, not working and missing from three key areas related to employment including knowledge, resources, and service system. DBHDS staff also gathered information on other factors to ensure a comprehensive understanding.	Previous: Not Met Current: Deferred
51	Supported Employment. The Commonwealth will work to achieve a goal of meeting its established employment target of 25% for adults aged 18 to 64 on DD waivers and the waitlist. DBHDS will continue to work with the Employment First Advisory Group, the QIC, and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18 to 64 on the DD waiver and the waitlist. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	DBHDS has completed its semi-annual employment report for December 31, 2025. During this semi-annual period, the Commonwealth's data indicated that 26% of people 18-64 on the waiver or waiver waiting list were employed. This was an increase of an additional 23 people employed during this six-month period.	Previous: Met Current: Sustained Compliance
Community Living Options			
PI Term Number	PI Term	Summary	Determination

38	<p>Private Duty Nursing. The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with private duty nursing identified in their ISP or prescribed under EPSDT receive 80% of the hours identified as needed on the CMS485 or DMAS62 forms</p>	<p>The data continues to improve for the previous years as additional billing comes in for review. FY25 data shows that for Private Duty Nursing RN (T1002) 76% of people received 80% or more of their hours and for Private Duty Nursing RN (T1003) 76.13% of individuals received 80% or more of their hours.</p> <table border="1" data-bbox="792 363 1203 552"> <thead> <tr> <th>Procedure Code</th> <th>FY25</th> </tr> </thead> <tbody> <tr> <td>S9123</td> <td>21.43%</td> </tr> <tr> <td>S9124</td> <td>51.15%</td> </tr> <tr> <td>T1002</td> <td>76.05%</td> </tr> <tr> <td>T1003</td> <td>76.13%</td> </tr> </tbody> </table> <p>Data for the first half of FY26, however, shows that for Private Duty Nursing 52.80% received 80% or more of their hours in Waiver Services and 50.09% across EPSDT and Waiver combined. DBHDS does expect the percentages to increase with additional billing data.</p>	Procedure Code	FY25	S9123	21.43%	S9124	51.15%	T1002	76.05%	T1003	76.13%	<p>Previous: Not Met</p> <p>Current: Deferred</p>
Procedure Code	FY25												
S9123	21.43%												
S9124	51.15%												
T1002	76.05%												
T1003	76.13%												
38.a	<p>Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent Reviewer is monitoring the Commonwealth's compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year.</p>	<p>DBHDS continues to produce the semi-annual nursing report.</p>	<p>Previous: Complete for this review</p> <p>Current: Complete for this review</p>										
38.b	<p>By September 30, 2024, DBHDS will update the ISP to allow for collection of nursing needs data identified by the Risk Awareness Tool.</p>	<p>DBHDS launched the updated ISP on September 16, 2025.</p>	<p>Previous: Complete</p> <p>Current: Complete</p>										
38.c	<p>DBHDS will continue to implement an IMNR that will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified and efforts taken to resolve them.</p>	<p>DBHDS continues to implement the IMNR semi-annually to determine if individuals' needs are met.</p>	<p>Previous: Complete for this review</p> <p>Current: Complete for this review</p>										
38.d	<p>Within six months of the date of this Order, in consultation with the five DBHDS Registered Nurse Care Consultants, the Commonwealth will:</p>	<p>The DBHDS Office of Integrated Health Supports Network has developed a work plan that contains the elements required by this provision. This work plan looks at</p>	<p>Previous: In Progress</p>										

	<ul style="list-style-type: none"> i. Identify which CSB catchment areas in each Region have the highest nursing shortages for this target population based on objective criteria and data, including how many individuals with private duty nursing receive 80% of their hours; ii. Identify the top three barriers to individuals accessing nursing services in each region based on objective data, including stakeholder data and state and national workforce data and research; iii. Develop a work plan to resolve those barriers that includes measurable goals, specific support activities, and timelines for implementation; and iv. Include the barriers and efforts to resolve them, as well as the factual basis for those barriers and efforts, and results achieved in the semiannual nursing report that is posted in the Library. 	<p>CSBs with the highest nursing shortages and is reviewing and identifying barriers as well as completing initiatives to increase access.</p>	<p>Current: In Progress</p>
38.e	<p>If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, or the semi-annual report of the Independent Reviewer, if there is one, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Private Duty Nursing by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Private Duty Nursing by January 1, 2029. The rate study shall be completed in time to be considered at the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not</p>	<p>All information on rate studies can be found in Term 59</p>	<p>Previous: Complete for this review</p> <p>Current: Complete for this review</p>

	be construed to require the Commonwealth to conduct more than two rate studies.												
38.f	If the Commonwealth has not achieved the goal within two years of the date of this Order after taking the actions in Paragraphs 38(a) through 38(d), DBHDS also will conduct a root cause analysis and determine whether a QII is warranted to address identified issues. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January of 2027	Previous: Not Due Current: Not Due Due January 15, 2027										
39	Skilled Nursing. The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with skilled nursing identified in their ISPs or prescribed under EPSDT will have their skilled nursing needs met 80% of the time.	FY25 data shows improvement related to use of Skilled Nursing Services. Data from FY25 shows that for Skilled Nursing RN (S9123), 21% of individuals received 80% of their hours and for Skilled Nursing LPN (S9124), 51% of individuals received 80% of their hours. <table border="1" data-bbox="792 806 1203 997"> <thead> <tr> <th>Procedure Code</th> <th>FY25</th> </tr> </thead> <tbody> <tr> <td>S9123</td> <td>21.43%</td> </tr> <tr> <td>S9124</td> <td>51.15%</td> </tr> <tr> <td>T1002</td> <td>76.05%</td> </tr> <tr> <td>T1003</td> <td>76.13%</td> </tr> </tbody> </table> Data for the first half of FY26, shows that for Skilled Nursing, 22% of individuals received 80% or more of their hours in Waiver Services and 21.84% across EPSDT and Waiver combined. DBHDS does expect the percentages to increase with additional billing data. DBHDS does not believe the data above compiled from billing records accurately reflects whether individuals' skilled nursing needs are being met. Thus, DBHDS looked at the IMNR reviews and found that 30 out of 31 individuals receiving skilled nursing had their skilled nursing needs met. The one that is not yet considered met at this time is still in the process of being reviewed.	Procedure Code	FY25	S9123	21.43%	S9124	51.15%	T1002	76.05%	T1003	76.13%	Previous: Not Met Current: Deferred
Procedure Code	FY25												
S9123	21.43%												
S9124	51.15%												
T1002	76.05%												
T1003	76.13%												
39.a	Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent Reviewer is monitoring the Commonwealth's compliance under Section VIII, DBHDS	DBHDS continues to produce the semi-annual nursing utilization report.	Previous: Complete for this review Current: Complete for this Review										

	will report on April 15 and October 15 of each year.		
39.b	As part of the IMNR Process, DBHDS will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified, efforts taken to resolve them, and results achieved.	DBHDS continues to implement the IMNR process and reports semi-annually on these findings. As part of this process, unmet needs are reported and subsequently followed up on.	Previous: Complete for this review Current: Complete for this review
39.c	Skilled Nursing Review. Beginning within three months of the date of this Order, for individuals with a skilled nursing need identified in the Waiver Management System, DBHDS will begin to conduct on-site IMNR reviews as set forth in this paragraph. DBHDS will conduct the on-site IMNR reviews of a randomized sample of 10% of individuals annually (split between two six-month reviews) to determine if individuals' skilled nursing services needs are being met. In selecting individuals during each six-month review period to review, DBHDS shall include in the sample only individuals who were authorized to receive the service at least three months earlier, to ensure sufficient time for the sampled individuals to have received the service.	DBHDS completed reviews of 31 (17%) of the 180 individuals (FY25) who are receiving skilled nursing. Through this process it was determined that 30 of the 31 individuals' skilled nursing needs were met.	Previous: Complete for this review Current: Complete for this review
39.d	If the Commonwealth has not achieved the goal as reported in its December 1, 2024 status update, or the semi-annual report of the Independent Reviewer, if there is one, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Skilled Nursing by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its December 1, 2028 status update, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Skilled Nursing by January 1, 2029. The rate study shall be	All updates related to rates can be found in Term 59 summary.	Previous: Complete for this review Current: Complete for this review

	completed in time to be considered at the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.		
39.e	If the Commonwealth does not achieve the goal within two years of the date of this Order after taking the actions in Paragraphs 39(a) through 39(c), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.	This action, if required, is not due until January 2027	Previous: Not Due Current: Not Due Due January 15, 2027
Provider Training			
PI Term Number	PI Term	Summary	Determination
47	Training Requirement. The Commonwealth will work to achieve a goal that 86% of DBHDS-licensed providers receiving an annual inspection will have a training policy that meets established DBHDS requirements. DBHDS will take action it determines appropriate if providers fail to comply with training requirements required by regulation.	DBHDS initiated provider reviews for Calendar Year 2025 in January. DBHDS has completed 230 reviews and of those 185 providers were compliant with training requirements. This demonstrates 80.43% compliance. However, this is not yet a statistically significant sample and therefore this term is deferred until the next review period.	Previous: Not Met Current: Deferred
47.a	Within six months of the date of this Order, DBHDS will require that any provider not in compliance with training requirements develop and implement a corrective action plan.	DBHDS requires all providers that receive a citation for violation of any regulation, including training requirements, to complete a corrective action plan (CAP) related to that citation.	Previous: Complete for this review Current: Complete for this review
47.b	Within three months of the date of this Order, DBHDS Quality Improvement Specialists will offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance.	DBHDS has implemented Enhanced Consultation and Technical Assistance (ECTA) for providers beginning in August of 2024. ECTA is offered to any DD licensed providers that have OL-approved CAPs for regulation 12VAC35-105-450.	Previous: Complete for this review Current: Complete for this review

47.c	Within six months from the date of this Order, for providers who are not compliant with training requirements for two consecutive licensing inspections, DBHDS shall take appropriate further action to enforce adherence to the Commonwealth's regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider's license to provisional status, or revoking the provider's license as determined appropriate by DBHDS.	DBHDS has established expectations that providers with systemic citations related to training regulations are required to participate in ECTA within 45 days of their approved corrective action plan. In addition to required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance.	Previous: Complete for this review Current: Complete for this review
47.d	Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess training requirements have established inter-rater reliability in conducting such assessments.	DBHDS continues to refine processes related to IRR between DBHDS, the Independent Reviewer's Consultant, and contractors assigned to assess training requirements. In addition, DBHDS has implemented a process to compare QSR data against another data set to ensure the integrity of the data between sources. Additionally, DBHDS has implemented an inter-rater reliability process specific for licensing specialists that was updated to reflect a tri-annual review to allow time to provide training and refine processes in between reviews. This review requires the review of one record by all licensing specialists to ensure that all specialists' reviews result in similar findings.	Previous: Complete for this review Current: Complete for this Review
48	Training and Competency of Direct Support Professionals. The Commonwealth will work to achieve a goal of at least 95% of Direct Support Professionals and their supervisors receive training and competency testing in accordance with 12 VAC 30-122-180 as in effect on the date of this Order or as may be amended.	This data is collected through the Quality Service Review Process. Round 8 of that process is being implemented. Data will be reported during the next review period.	Previous: Not Met Current: Deferred
48.a	Within six months of the date of this Order, the Commonwealth shall determine, through a root cause analysis developed in collaboration with the provider and system issues resolution workgroups, why Direct Support Professionals and their supervisors do not receive training and competency testing per 12 VAC 30-122-180.	DBHDS completed an RCA in collaboration with the Provider Issues Resolution Workgroup (PIRW) and Systems Issues Resolution Workgroup (SIRW). DBHDS and the PIRW identified areas to address via the RCA and have initiated these steps to improve the training and competence of DSPs.	Previous: Complete for this review Current: Complete for this review
48.b	Based on the findings of the root cause analysis required by Paragraph 48(a), DBHDS will prioritize the findings for	Administrative burden, staffing (turnover, vacancies), training and tools, resources, environment, and policies and procedures	Previous: Complete for this review

	<p>quality improvement, taking into account the anticipated impact to the system, including potential negative impacts to current staffing. DBHDS will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups.</p>	<p>were identified as factors impacting the ability to come into compliance. With input from the PIRW, and following a survey, DBHDS implemented an initiative to streamline advanced competencies and to reduce redundancies between the advanced competencies. The PIRW Education and Training subcommittee has completed the competencies checklist review. Recommended edits were reviewed by DBHDS and incorporated as appropriate. DBHDS launched a pilot with the revised advanced competencies in November.</p>	<p>Current: Complete for this review</p>
48.c	<p>If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Personal Assistance Services, Companion Services, Respite Services, In-Home Support Services, and Independent Living Support Services by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Personal Assistance Services, Companion Services, Respite Services, In-Home Support Services, and Independent Living Support Services by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.</p>	<p>All summaries for rate study can be found in Term 59</p>	<p>Previous: Complete for this review</p> <p>Current: Complete for this review</p>
48.d	<p>If the Commonwealth does not achieve the goal within two years of the date of this Order after taking the actions in Paragraphs 48(a) and 48(b), DBHDS will also conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will</p>	<p>This action, if required, is not due until January of 2027</p>	<p>Previous: Not Due</p> <p>Current: Not Due</p>

	continue this quality improvement process until the goal is achieved and sustained for one year.		Due January 15, 2027
	Rate Study		
PI Term Number	PI Term	Summary	Determination
59	Rate Studies.	The Commonwealth initiated a rate study of eleven services in December 2024 as required by this Term and Terms 33, 37, 38, 39, and 48. The first meeting of a stakeholder workgroup was held on December 12, 2024, to introduce the rate study process to the workgroup. During this meeting, the DMAS DD Provider Cost and Wage Survey was reviewed with stakeholders and feedback was gained. Representatives from Guidehouse (the vendor selected to conduct the rate study), DBHDS, DMAS, the United States, and stakeholders were present at this first meeting.	Previous: Deferred Current: Deferred

	<p>For any rate study required to be conducted under paragraphs 33, 37, 38, 39, or 48, the following shall apply:</p> <p>i. The Commonwealth may either engage Guidehouse as a vendor to conduct the rate study or solicit for a vendor to conduct the rate study. If the Commonwealth engages Guidehouse, the United States may provide input on how the Commonwealth directs Guidehouse to perform the rate study, participate in Guidehouse's meetings with stakeholders and have an opportunity to review and comment on Guidehouse's draft report. If the Commonwealth solicits a different vendor to conduct the rate study, the United States may propose qualifications to be included in the Commonwealth's solicitation for a vendor to conduct the rate study, and the Commonwealth will not unreasonably withhold its consent to the inclusion of the United States' proposed qualifications in the solicitation. At a minimum, the selected vendor must have demonstrated experience analyzing rates and recommending rate changes that have successfully increased provider capacity. After a vendor is engaged, the United States may provide input on how the Commonwealth directs the vendor to perform the rate study, participate in the vendor's meetings with stakeholders and have an opportunity to review and comment on the vendor's draft report. At a minimum, the rate study shall be in accordance with best practices and designed to target rates necessary to ensure sufficient capacity to reach the goals of paragraphs 33, 37, 38, 39, and 48.</p>	<p>The Commonwealth engaged with Guidehouse as the vendor for the rate study as required and the United States has been an active participant in these meetings.</p> <p>The vendor completed a draft rate report and submitted it to the parties for comment 30 days before finalizing the report.</p> <p>The vendor addressed all party comments in the final report. The final report was published on the library and submitted to the Court on October 15, 2025.</p> <p>In compliance with this Term DMAS submitted a budget request related to the studied rates which is available on the Department of Planning and Budget's website.</p> <p>Governor Youngkin submitted his proposed budget and included seven of the eleven services required of this provision at the rates recommended by the rate study.</p> <p>DBHDS and DMAS representatives met with Money Committee Staff and provided presentations related to requirements under the PI and made their best efforts to ensure rate increases as recommended by the rate study were included in the amendments to the budget.</p> <p>The House maintained Governor Youngkin's proposed budget related to rates as submitted and the Senate amended Governor Youngkin's proposed budget to add rate increases for the four remaining services but at rates lower than those recommended by the rate study.</p> <p>If necessary, depending on the outcome of this budget, DMAS and DBHDS will use the next legislative session to again make their best efforts to ensure the General Assembly approves funding necessary to increase rates to those recommended by the study. This would include meeting with Money Committee Staff of both the House and Senate and making presentations to</p>	
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	<p>ii. The vendor shall submit a draft of the rate study to the parties for comment at least 30 days before finalizing the study and shall address any comments in the final version of the study.</p> <p>iii. The study shall be placed in the Library and filed (by either party) with the Court.</p> <p>iv. The Commonwealth shall make its best efforts in the two legislative sessions immediately following publication of the results of the rate study to obtain from the General Assembly funding necessary to increase rates to those recommended by the study, accounting for any increases in inflation in the rate's implementation.</p> <p>v. Upon request of the United States, the Court shall hold a status conference one month after the Governor's proposed budget is submitted to the General Assembly if the rate increases identified in the Study are not in the proposed budget.</p> <p>vi. Upon request of the United States, the Court shall hold a public hearing within 30 days after the Governor and General Assembly have taken all steps necessary to finalize the budget. The hearing shall address whether the rate increases identified in the Study are included in the budget, and, if not, whether the Court should order any steps</p>	<p>legislators regarding requirements related to rate increases under the Permanent Injunction. It is anticipated that advocacy groups will lobby for rate increases.</p> <p>At this time, the General Assembly has not finalized the budget. Thus, the determination is Deferred.</p>	
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Case Management Study Area

Term 31 - Community Services Board Quality Review (SCQR)

- **Term:** “The Commonwealth will work to achieve a goal that 86% of Community Services Board (CSB) records meet a minimum of 9 of the 10 elements assessed in the Case Management Quality Review.”
- **Previous Status: Not Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS initiated the annual SCQR process on March 2, 2026, when DBHDS provided the individuals for review to the CSBs. CSBs have until May 15, 2026, to complete their reviews of the charts and submit their data. Following the completion of the CSBs’ portion of the SCQR, DBHDS will initiate the look behind process to confirm inter-rater reliability.
- **Steps Taken and Planned:** The DBHDS Case Management Steering Committee (CMSC) continues to implement the SCQR on an annual cycle. Between the last review and this current review, DBHDS developed two trainings related to the SCQR process and its importance, provided targeted technical assistance to 13 CSBs and standard technical assistance to the remaining 27 CSBs. DBHDS also received quality improvement plans from the four CSBs who were required to submit them and those quality improvement plans are in the beginning phase of monitoring.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** There is no quantitative data for review at this time because the process has just been initiated for this year.

Action 31.a

- **Action 31.a:** “During its annual quality review cycle starting each January, DBHDS will require a quality improvement plan from any CSB that has two or more elements with substantial or moderate interrater reliability between the CSB Support Coordinator Quality Review (SCQR) and the DBHDS Office of Community Quality Improvement Review not achieving 60% compliance. DBHDS will provide information about which CSBs need this support in the SCQR Report.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS has received all required quality improvement plans from each of the four CSBs. Information about these CSBs is included in the SCQR Report.
- **Steps Taken and Planned:** The quality improvement plans will be monitored through the CMSC.

Action 31.b

- **Action 31.b:** “DBHDS will provide targeted technical assistance with identifying measurable outcomes to any CSB (i) whose records are not 86% compliant with including specific and measurable outcomes in Individual Support Plans (ISPs) or (ii) that does not demonstrate improvement with respect to including specific and measurable outcomes in ISPs (including evidence that employment goals have been discussed and developed, when applicable, throughout its quality review cycle).”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS has provided targeted technical assistance to 13 CSBs according to the action item criteria and completed provision of standard technical assistance to the remaining 27 CSBs. Training was

developed for Support Coordinators on understanding the SCQR process, understanding the 10 elements, and capturing the 10 elements in their documentation.

- **Steps Taken and Planned:** No additional steps are needed at this time.

Action 31.c

- **Action 31.c:** “If the Commonwealth has not achieved the goal within one year of the date of this Order after taking the actions in Paragraphs 31(a) and 31(b), DBHDS will increase the threshold for requiring a quality improvement plan from a CSB as set out in Paragraph 31(a). DBHDS will provide information about which CSBs need this support in the SCQR Report.”
- **Previous Status: Not Due**
- **Current Status: Complete for this review**
- **Status Explanation:** The CMSC convened in January 2026, reviewed the current threshold, and approved an increased threshold to 65%. Accordingly, DBHDS increased the threshold for when it will require a quality improvement plan from 60% to 65% and communicated the new threshold to all CSBs.
- **Steps Taken and Planned:** DBHDS will update pertinent process documents to reflect the increased threshold. DBHDS will continue to provide targeted technical assistance to underperforming CSBs to support goal achievement. Finally, DBHDS will provide information about which CSBs need this support in SCQR reports.

Action 31.d

- **Action 31.d:** “If the Commonwealth has not achieved the goal within one year after taking the actions in Paragraph 31(c), DBHDS will conduct a root cause analysis and implement a Quality Improvement Initiative (QII) as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until 2027.
- **Steps Taken and Planned:** If the goal is not achieved by January 15, 2027, the CMSC will conduct a root cause analysis and will develop and implement a Quality Improvement Initiative (QII), which will continue until the goal is achieved and sustained for one year.

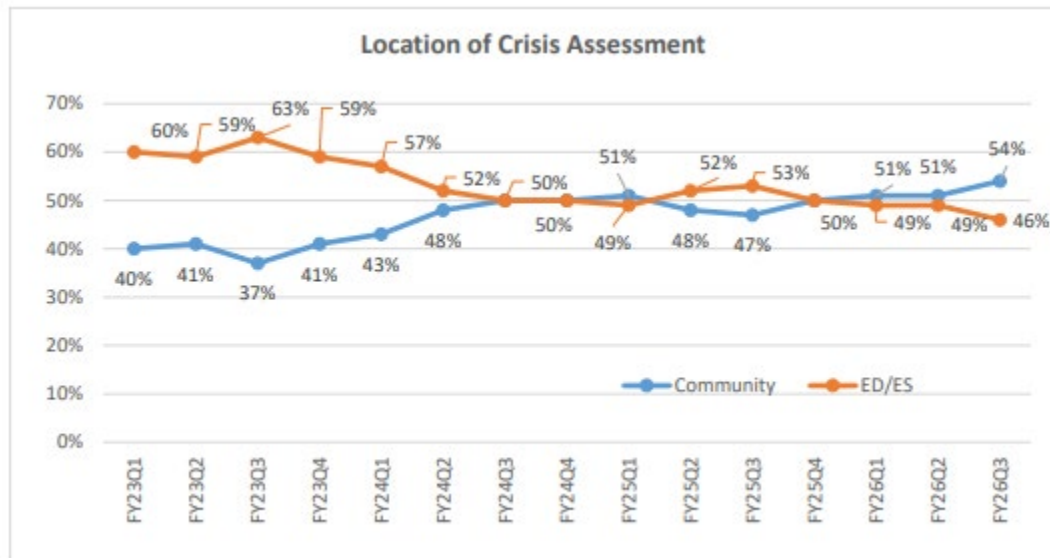
Term 58 - Case Management Steering Committee (CMSC) Measures

- **Term :** “The CMSC will continue to establish two indicators in each of the areas of health and safety and community integration associated with selected domains (safety and freedom from harm; physical, mental, and behavioral health and well-being; avoiding crises; community inclusion; choice and self-determination; stability; provider capacity; access to services) and based on its review of the data submitted from case management monitoring processes. The Commonwealth will work to achieve a goal of 86% compliance with the four indicators established by the CMSC. DBHDS will monitor data collected in these domains and determine if any intervention is needed.”
- **Previous Status: Sustained Compliance**
- **Status Explanation:** This term was found to be in sustained compliance during the previous review period and is no longer monitored pursuant to Term 77.

Crisis and Behavior Study Area

Term #32. Community Setting Crisis Assessments

- **Term:** “The Commonwealth will work to achieve a goal that 86% of children and adults receive crisis assessments at home, the residential setting, or other community setting (non-hospital/non-CSB office). Crisis Receiving Centers (“CRC”) will only be counted as an “other community setting” after it is determined that the individual or supported decision maker was not directed by the Call Center, Emergency Services, or Mobile Crisis staff to present at a CRC.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The crisis assessment data submitted by the REACH programs and as reported by DBHDS has shown consecutive four quarter stability/increase in assessments occurring in the community. Last reporting period, 50% of crisis assessments in FY25 Q4 and 51% in FY26 Q1 occurred in the community. In FY 26 Q2 and Q3, the percentage of crisis assessments in the community were 51% and 54% respectively.
- **Steps Taken and Planned:** DBHDS is taking several actions as outlined below to improve the percentage of crisis assessments that occur in the community. DBHDS originally completed a root cause analysis in May 2023 and completed a re-review of the root cause analysis with the REACH teams in March 2025 to assess the reasons that the goal has not been achieved and has started to address the findings. Actions to address the findings are more fully explained below in Action 32.e. DBHDS is addressing findings with all Regions that have not yet met requirements and then will determine if additional quality improvement plans are warranted.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** The graphs below present data for the past three years as well as the data for the Commonwealth for FY26 Q3. This reflects a 14% increasing trend since the beginning of FY 23.

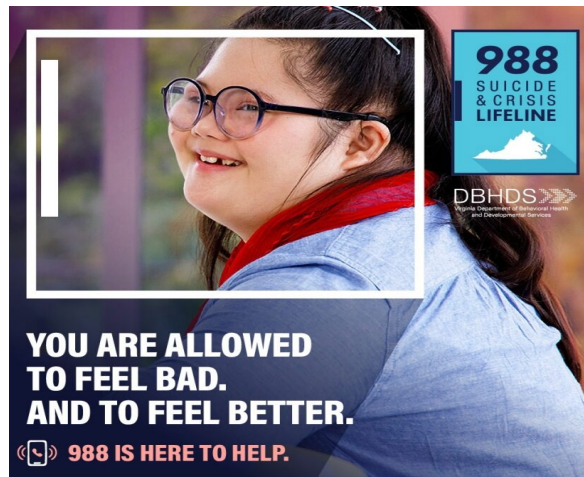


- **QII:** As will be outlined below in Action 32.e, DBHDS met with all the regional crisis managers on March 18, 2025, to review data and determine the number and percentages of people receiving crisis assessments in the community and re-reviewed the previous root cause analysis completed to address this issue. The regional

crisis managers and REACH directors developed multiple actions steps as part of an informal quality improvement initiative to address education, public relations, and miscellaneous actions that the REACH director and regional crisis managers believe will improve assessment in the community. The team has continued to implement these improvement strategies. As is evident by the data, the REACH teams do believe this is having an impact because this is the most consistent that the Commonwealth has been in maintaining crisis assessments in the community at or above 50%. See Action 32.e below for more discussion of this quality improvement initiative.

Action 32.a

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



Additionally, DBHDS continues to require all mobile crisis responders to be trained within 90 days of hire as outlined in the DMAS Provider Manual for crisis and posted on the DBHDS website. DBHDS regional crisis managers discuss the training requirement with the REACH teams during quarterly regional qualitative reviews and confirm completion of training. During this review period 100% of mobile crisis response staff within the REACH programs were trained within the required 90 days as is evident in the qualitative reviews completed.

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

Action 32.b

- **Action 32.b:** “DBHDS will maintain its current efforts to assist the regions in filling vacant mobile crisis positions by discussing staffing at regional qualitative reviews of REACH programs and supporting REACH programs to implement quality improvement plans.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS created a new process in February 2025 to ensure that data related to this action item is being collected and can be reviewed and reported appropriately. Four of the five regions were found to meet staffing standards. Three regions continue to struggle with recruitment and retention of staff but two of these regions leverage overtime and PRN staff to fill the need and continue to offer mobile crisis response 24/7, 7 days per week. Region1 has been on an improvement plan and completed an RFP to subcontract services to Easter Seals. They will begin full implementation of services in May 2026 and should see improvement in staffing. DBHDS Deputy Commissioner of Community Services met with DBHDS Regional Crisis Managers to review benchmarks for meeting, partially meeting, and not meeting standards to ensure consistent determination and additional meetings will be held to ensure notes in the qualitative reviews are consistent across managers and reflective of what is occurring to validate the determination.
- **Steps Taken and Planned:** DBHDS continues to require quality improvement plans from programs that are partially meeting or not meeting standards. As mentioned above, to ensure consistent determination among regions, the Deputy Commissioner of Community Services will continue to meet with DBHDS Regional Crisis Managers to review benchmarks and ensure notes in the qualitative reviews support the determination.

Action 32.c

- **Action 32.c:** “Within 6 months of the date of this Order, the Commonwealth will develop a plan that includes measurable goals, specific support activities, and timelines for implementation with consultation from stakeholders to enhance 988 supports and services to increase the likelihood that individuals will be assessed in the community.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS developed a plan with support activities and a timeline for implementation for enhancing 988 supports and services to include goals surrounding the following areas: increasing participation of people with developmental disabilities in the planning to improve crisis services, ensuring community partnerships stay strong and reliable, ensuring crisis services meet the needs of people with developmental disabilities and to help them learn and use 988, making mobile crisis easier to access for people with developmental disabilities, ensuring individuals with developmental disabilities can access support at crisis sites, and implementing continuous quality improvement measures.
- **Steps Taken and Planned:** DBHDS will continue to implement the plan and update the status of the plan quarterly.

Action 32.d

- **Action 32.d:** “From the date of this Order, DBHDS will monitor staffing at each REACH program to determine if they have sufficient staffing per shift to meet the goal, including through discussion and review of filled/vacant positions, utilization rates of mobile crisis, and times mobile crisis calls are being received in comparison to the number of staff working during those hours at each REACH program’s quarterly review. If a quarterly review indicates that staffing is not sufficient to meet the goal, DBHDS shall review the region’s current efforts to increase staffing and, if DBHDS determines necessary, will require a quality improvement plan that includes additional actions that DBHDS finds are necessary to enhance staffing. The Independent

Reviewer, in the reports required under Paragraph 76, shall include a determination in his report on the adequacy of the Programs and Virginia’s response to this requirement.”

- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS created a new process in February 2025 to ensure that data related to this action item is being collected and can be reviewed and reported appropriately. Four of the five regions were found to meet staffing standards. Three regions continue to struggle with recruitment and retention of staff but two of these regions leverage overtime and PRN staff to fill the need and continue to offer mobile crisis response 24/7, 7 days per week. Region 1 has been on an improvement plan and completed an RFP to subcontract services to Easterseals. They will begin full implementation of services in May 2026 and should see improvement in staffing. DBHDS Deputy Commissioner of Community Services met with DBHDS Regional Crisis Managers to review benchmarks for meeting, partially meeting, and not meeting standards to ensure consistent determination and additional meetings will be held to ensure notes in the qualitative reviews are consistent across managers and reflective of what is occurring to validate the determination.
- **Steps Taken and Planned:** DBHDS continues to require quality improvement plans from programs that are partially meeting or not meeting standards. As mentioned above, to ensure consistent determination among regions, the Deputy Commissioner of Community Services will continue to meet with DBHDS Regional Crisis Managers to review benchmarks and ensure notes in the qualitative reviews support the determination.

Action 32.e

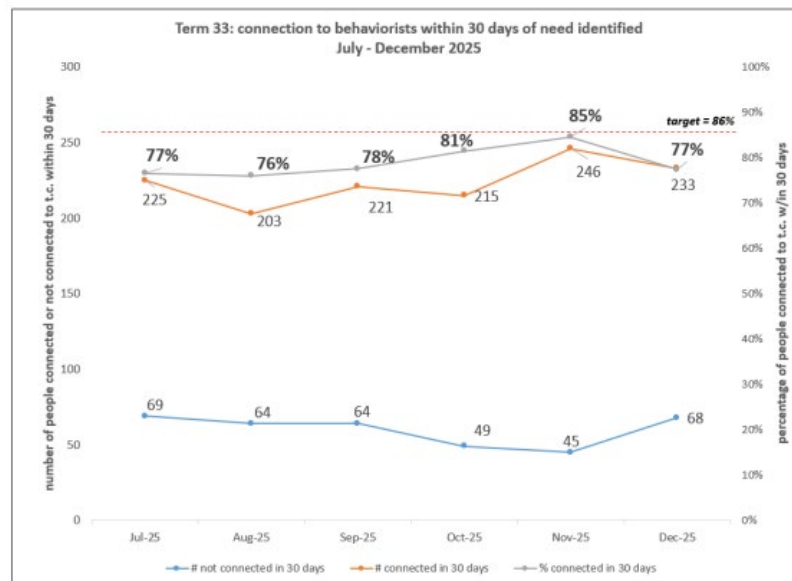
- **Action 32.e:** “Semi-annually, beginning on January 1 and June 1 of each year, DBHDS will work with the two regions that are experiencing the most success in responding to people in crisis in the community to determine what is leading to their success. DBHDS will work with the two regions that are experiencing the most challenges in responding to people in crisis in the community to learn what is leading to those challenges. DBHDS will work with all the regions based on these lessons learned to implement a plan to improve performance in each of the regions.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS completed a follow up meeting with all Regional Managers in January 2026. During this meeting, data indicated that Region 2 was having the most success in providing assessment in the community while Region 1 experienced the most challenges. Region 2 attributed their success to staffing stability within the program and Region 1 attributed their challenges to staffing challenges. The other 3 Regions had similar response rates in the community. The teams believe that challenges to meeting the benchmark remain and have implemented strategies to improve the percentage of crisis assessments occurring in the community. The focus has been on developing and maintaining relationships to ensure stakeholders feel confident in contacting the REACH programs during times of crisis. The teams identified where new and future relationship building is needed.
- **Steps Taken and Planned:** Regional Crisis Managers and REACH Program Directors developed a standardized REACH Program training for “boots on the ground” staff and the training will continue. There are additional training efforts for providers, high behavior homes, and law enforcement. The REACH program has also initiated efforts to educate the public about REACH resources, including how to communicate with REACH programs, to improve the public’s confidence in contacting the REACH programs in times of crisis.

Action 32.f

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

Term #33. Therapeutic Consultation Services

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals identified as in need of Therapeutic Consultation service are referred for the service and have a provider identified within 30 days.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** From July 2025 through December 2025, 1,343 out of 1,702 people were connected within 30 days (79%). This is an increase from the previous reporting period when 78% of individuals were connected within 30 days.
- **Steps Taken and Planned:** DBHDS implemented action steps required by the Term (more fully addressed below) and is actively working with CSBs to improve connectivity data and develop opportunities to provide more frequent and real time data to CSB case managers.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** The graph below illustrates data from the FY26Q3 Behavioral Support Report.



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

Action 33.a

- **Action 33.a:** “Within 12 months of the date of this Order, DBHDS shall implement a technical assistance initiative with the CSBs that need the most support to connect people to behavioral supports and focus on improving case managers’ awareness of the behavioral resources available to individuals in need of Therapeutic Consultation, unique CSB business practices, and supervisory support for case managers in this area of performance.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS identified 8 CSBs that need the most support in connecting people to behavioral supports and has continued to provide real-time data to each of them every two weeks, along with sharing updated performance graphs that show their performance in comparison to their region. Review of the data from before and after the intervention of providing real time data shows that 7 of the 8 CSBs have improved. For one CSB, visual analysis of graphed data, with automated trendline, suggests that there has been minimal change since the start of the intervention; however, the most recent two months of data were above the target of 86%. The two CSBs with the largest numbers of people needing Therapeutic Consultation have shown strong improvement since this intervention started and the gains appear to have impacted the performance of regions 1 and 4.
- **Steps Taken and Planned:** After meeting with each of the 8 CSBs identified as needing the most support in FY26Q2, and in reviewing current data, the agreed upon action steps for improvement remain relevant and will continue (for example, real time data sharing bi-weekly, ongoing training of support coordinators on the requirements, and resource sharing of the search engine and related training for SCs). During FY26Q3, DBHDS provided training on the service and support coordinator expectations to one of the 8 CSBs based on significant turnover in their DD case management team.

Action 33.b

- **Action 33.b:** “Annually, the Commonwealth will participate in at least one regional event and at least one statewide conference to promote Therapeutic Consultation services. The Commonwealth will provide technical assistance to providers regarding enrollment with Medicaid as a provider as they reach out to the Commonwealth for this support.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** The Behavior Network Supports Office is a vendor at the upcoming Virginia Association for Behavior Analysis conference on April 24-25, 2026, in Leesburg, Virginia. This is the largest annual statewide conference event for behavior analysts in Virginia. The Behavior Network Supports Office will host an exhibitor booth and provide information about enrollment in therapeutic consultation behavioral services as well as quality assurance reviews to interested conference attendees. The Director of the Behavioral Network Supports Office participated in regional provider roundtables to promote the service, most recently in October 2025 and January 2026, with one planned for April 2026. The Commonwealth provided technical assistance regarding enrollment with Medicaid as a provider to 11 potential providers between October 2025 and April 2026.
- **Steps Taken and Planned:** DBHDS behavioral staff will continue to attend regional provider roundtables and will ensure that they attend one annual statewide event.

Action 33.c

- **Action 33.c:** “By July 1, 2025, the Commonwealth will create a training about enrolling with Medicaid as a Therapeutic Consultation provider and make it available for providers via DBHDS’s website.”

- **Previous Status: Complete**
- **Current Status: Complete**
- **Status Explanation:** DBHDS created a training series related to becoming a Therapeutic Consultation provider. The training includes three parts and can be located on the DBHDS website at [Behavioral Services - Virginia Department of Behavioral Health and Developmental Services \(DBHDS\)](#) under the “Navigating Therapeutic Behavioral Consulting Training for New Providers” section. These trainings are accompanied by a task analysis on how to become a provider. This training remains available on the DBHDS website.
- **Steps Taken and Planned:** There are no additional steps planned related to this action item at this time.

Action 33.d

- **Action 33.d:** “If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2024, and has not conducted a rate study meeting the requirements of Paragraph 59 in the preceding two years, the Commonwealth will initiate a rate study of Therapeutic Consultation by January 1, 2025. The rate study shall be completed in time to be considered during the 2026 legislative session. If the Commonwealth has not achieved the goal as reported in its status update of December 1, 2028, and has not conducted a second rate study meeting the requirements of Paragraph 59, the Commonwealth will initiate a second rate study of Therapeutic Consultation by January 1, 2029. The rate study shall be completed in time to be considered during the 2030 legislative session. Any rate study required by this paragraph shall be conducted in accordance with Paragraph 59. This paragraph shall not be construed to require the Commonwealth to conduct more than two rate studies.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** Summary of rate study compliance and determination can be found in Term 59
- **Steps Taken and Planned:** See Term 59.

Action 33.e

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

Term #35. Community Residences for Individuals with DD Waivers

- **Term:** “The Commonwealth will work to achieve a goal of 86% of individuals with a DD waiver and known to the REACH system who are admitted to a CTH or a psychiatric hospital have a community residence identified within 30 days of admission.”
- **Previous Status: Not Met**
- **Current Status: Met**
- **Status Explanation:** For this semi-annual period (FY26Q2 and FY26Q3), 277 of 307 individuals had a residence identified within 30 days, totaling 90%. During FY26Q2, 128 of 147 people had a residence identified within 30 days (87%), meeting the goal. During FY26Q3, 149 of 160 individuals had a residence identified within 30 days (93%), meeting the goal.

- **Steps Taken and Planned:** DBHDS continues to develop capacity for individuals with complex needs through the High Behavior Home RFP. Information on progress is addressed further in Action 35.a below.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** The FY26Q3 data shows significant improvement over the last quarter for all regions with four of five regions exceeding the goal.

ALL DATA	# CTH and hospitalized persons accepted REACH, community res ID'd 30 days	#CTH persons, hospitalized persons accepted REACH	Percentage
Region 1	23	25	92%
Region 2	47	50	94%
Region 3	34	35	97%
Region 4	25	30	83%
Region 5	20	20	100%
TOTAL	149	160	93%

- **QII:** DBHDS does not have a formal quality improvement initiative focused on this goal, as there are currently homes open and available for individuals to transition into and the goal was met for FY26Q2 and FY26Q3.

Action 35.a

- **Action 35.a:** “DBHDS will enter into contracts with providers to develop homes for individuals with intense behavioral support needs that will be operational (i.e., that an individual can move into the home) in accordance with the following schedule:
 - Region 1: one home operational by August 2024 and one additional home operational by February 2025;
 - Region 2: two homes operational by August 2024 and one additional home operational by February 2025;
 - Region 3: one home operational by November 2024 and one additional home operational by February 2025;
 - Region 5: one home operational by November 2024 and two additional homes operational by February 2025.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** In Region 1, both homes have been purchased and are operational. For Region 2, all homes are open and operational. For Region 3, one home is open and operational. DBHDS has identified an alternative provider to open a second home in the region. In Region 5, all homes are open and operational.
- **Steps Taken and Planned:** DBHDS has identified an alternative provider to open a home in Region 3 and is now working on contracting to ensure the home is developed and supported appropriately.

Action 35.b

- **Action 35.b:** “If the Commonwealth has not achieved the goal after taking the actions in Paragraph 35(a) by June 30, 2025, DBHDS will conduct a root cause analysis and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**

- **Status Explanation:** DBHDS completed a comprehensive root cause analysis including a fishbone diagram related to the reasons individuals had not previously connected to a residence within 30 days of admission to a CTH or Psychiatric Hospital. The Commonwealth has taken several actions to address the findings of the root cause analysis including developing additional high behavior homes, revisiting the waiver and customized rate process, making sure individuals are connected to appropriate supports and services, providing additional training for the community on REACH services, planning for discharge at the time of admission, and leveraging the role of the REACH hospital liaison. It is clear these and other efforts have been effective as the percentage of individuals being connected has improved tremendously over the past two quarters.
- **Steps Taken and Planned:** DBHDS will continue to review and update the RCA and implement additional steps if needed.

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

- **Term:** “To prevent institutionalization of children due to behavioral or mental health crises, the Commonwealth will implement out-of-home crisis therapeutic prevention host-home-like services for children connected to the REACH system who are experiencing a behavioral or mental health crisis and would benefit from this service.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS continues to monitor hospitalization of children in the system both in private and state hospitals. According to the FY26Q3 data, there appears to be a decreasing trend in state psychiatric hospitalization of children and an increasing trend in community psychiatric hospitalizations. Lengths of stay in community hospitals are approximately half that of state psychiatric hospitals at 11 days. DBHDS is actively developing community-based services to decrease reliance on hospitals for care. As further explained below, DBHDS has developed a way for families to receive out-of-home crisis prevention and is developing three Crisis Therapeutic Homes (CTHs) for children and adolescents in the regions where they do not yet exist.
- **Steps Taken and Planned:** DBHDS intends to prevent institutionalization through the development of Crisis Therapeutic Homes in Regions 2, 3, and 5. DBHDS continues to advertise and inform families that out-of-home crisis prevention is available in the homes that are operational in Regions 1 and 4. Additionally, DBHDS is making funds available through Regions 2, 3, and 5 for out-of-home crisis prevention through family or friends and has improved the process related to this to ensure it is discussed at intake with all families.
- **Quantitative Data Review:** The two operational CTHs located in Regions 1 (operated by Region 2) and 4 are available to provide prevention stays for children in all regions and have continued to offer such stays over the past two quarters of this review period. The Region 1 CTH has provided prevention stays in both quarters, while the Region 4 CTH has not.
- **QII:** There is no formal QII related to this effort. However, DBHDS will continue to monitor progress and implement either formal or informal quality improvement initiatives as indicated.

Action 36.a

- **Action 36a:** Within one month of the date of this Order, DBHDS will send out a communication through the list serv for individuals and families on the waiver waiting list, and to the provider list serv communicating that the two CTHs existing in regions 1 and 4 as of the date of this Order can be utilized for preventive stays by children across the Commonwealth.
- **Previous Status: Complete**
- **Current Status: Complete**

- **Status Explanation:** DBHDS sent out communication via the two list serves on February 4, 2025 to all providers and individuals and families on the waiver waiting list to let them know that the homes in Regions 1 and 4 can be used for crisis prevention stays.
- **Steps Taken and Planned:** This has been completed.

Action 36.b

- **Action 36.b:** “DBHDS will continue to track and report quarterly on the number of crisis prevention stays being utilized by children in each of the five regions.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS continues to track prevention stays in the Crisis Therapeutic Homes as evidenced in the Children’s REACH Data Report produced each quarter. For FY 26 Q2 and Q3 there were no prevention stays at the Region 4 Youth CTH. For FY 26 Q2 there were seven prevention admissions to the Region 1 Youth CTH and 3 prevention admissions for FY 26 Q3. The admissions for Q2 were from Regions 1 and 2 and for Q3 were from Region 2.
- **Steps Taken and Planned:** DBHDS will continue to review data with the regions and determine if the homes are being used as intended and if additional marketing is needed to improve utilization as part of the quarterly qualitative reviews.

Action 36.c

- **Action 36.c:** “Providing funding in Fiscal Year 2025 to establish three additional CTH’s in the regions where they do not exist as of the date of this Order (Regions 2, 3, and 5) that will be operational between May 2025 and January 2026.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS provided funding in FY25 for the establishment of three CTHs in regions 2, 3, and 5. Each of the three regions are in the process of building/purchasing homes to deliver CTH services to children in their region. Region 2 reached a contractual agreement with the subcontractor for the Region 2 REACH program to purchase a home and make necessary environmental modifications to provide this service. Four homes were considered for the project but none were viable at this time. The Region 3 program continues to recruit for the Youth CTH staff. As staff are hired, training will occur. The targeted date for completion of the home is summer 2026 (see picture below). Region 5 submitted all rezoning documentation and applicable fees to the Isle of Wight County. Region 5 is currently waiting for the County Planning Commission to schedule their public hearing date. Pending the result of the planning commission’s report (either approval or denial), a second public hearing is then held with the Board of Supervisors, whose meetings only occur on the third Thursday of each month. Western Tidewater CSB and their partners at AES Engineering have all necessary documents and signage printed and are ready for all public hearings once they are scheduled. Western Tidewater CSB is continuing to move forward in the background with partnering

architect, Hudson Architects, so there will be limited downtime once a decision is made by Isle of Wight



County.

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

Action 36.d

- **Action 36.d:** “From the date of this Order and continuing until all three additional CTHs referenced in Paragraph 36(c) are operational, DBHDS will support up to a total of 1,000 days per year of respite for children connected to REACH, who have previously experienced or are at risk of experiencing a crisis, reside in regions without an operational CTH, and who do not otherwise have funding to access respite services at a rate of up to \$500 per 24-hour period.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS worked with each of the regions to identify a process for crisis prevention services for individuals and families where Crisis Therapeutic Homes do not currently exist. The process and form have been shared with the regions. Funding has been provided to each of the regions to implement the service. This service is offered to youth active in REACH. The service is offered at the time of enrollment and/or during prevention service. No youth or family accepted this service in FY26 quarter 2.

In FY26 quarter three, DBHDS added a documentation requirement for REACH, ensuring staff offer this service during an intake assessment. Each region verified that this process step was updated, noting where in the record it would be documented, and training of pertinent staff was completed or is in process. Regional updates are noted below:

Region 2 – service information documented on intake assessment; support coordinators trained on this new documentation process on 1/26/26.

Region 3 - service information documented in clinical summary section; targeted goal is to train staff on this new documentation process by 3/15/26.

Region 5 – service information documented at end of assessment; staff trained on this new documentation process on 2/10/26.

No youth or family accepted this service in FY26 quarter 3.

- **Steps Taken and Planned:** DBHDS will monitor utilization of these funds and report on their use to support respite in the quarterly crisis report as crisis prevention stays.

Action 36.e

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

- **Current Status: Not Due**
- **Status Explanation:** This action, if required, is not due until June 2026.
- **Steps Taken and Planned:** Not due

Quality and Risk Management Study Area

Term #34 - Behavioral Support Services

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals with identified behavioral support needs are provided adequate and appropriately delivered behavioral support services.”
- **Previous Status: Not Met**
- **Current Status: Met**
- **Status Explanation:** DBHDS has created the Behavior Support Plan Adherence Review Instrument (BSPARI) to capture the minimum BSP content areas and minimum elements for those BSP content areas as outlined in the DBHDS/DMAS Practice Guidelines for Behavior Support Plans (henceforth referred to as the “Practice Guidelines”). A score of 30 or above is considered an adequate plan for the purpose of this review, however, ideally plans should achieve a score of 34 or higher. DBHDS completed a review of 271 behavioral support plans in FY26Q1 through Q3. 98% of those plans met the adequacy standard for the semi-annual period. 8% of people that needed therapeutic behavioral consultation services were not connected to services in FY26. When these data are combined as described below, 90% of people were provided with adequate and appropriately delivered behavioral support services. This is a 10% increase from FY25.
- **Steps Taken and Planned:** DBHDS implemented a new process this year that requires providers to update and resubmit plans when plans are determined to be inadequate. It is believed that working with providers to immediately correct inadequate plans will ensure individuals receive more appropriate behavioral supports and services more quickly.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** As noted in Table 3 below, 1702 people needed therapeutic behavioral consultation services from July 2025 through December 2025. Of the total, 1567 received the service (92%) and 8% did not receive the service. This is an increase of 3% from the previous reporting period. As noted in Table 6 below, in FY26Q1 through Q3, 271 BSPARI reviews were completed. 265 of these reviews resulted in a score of 30 or higher (98%). This data for BSPARI adherence is combined with service utilization for the therapeutic consultation service to determine a generalized number and percentage of people that had adequate and inadequate behavioral programming. Thus, in FY26, 90% (1530/1702) received adequate services and 10% (172/1702) received inadequate or no services. This is a 10% increase in the number of individuals who received adequate services from previously reported data.

Table 3

Service utilization for therapeutic consultation, FY26 (July 2025-December 2025)

	# and % that did receive therapeutic consultation	# and % that did not receive therapeutic consultation
FY26 (July 2025-December 2025)	Number: 1,567 Percentage: 92%	Number: 135 Percentage: 8%

Table 6
FY26 BSPARI Data

Reporting period timeframe	# of behavior programs reviewed	Mean points score and % on BSPARI	Median points score and % on BSPARI	Score ranges, mode	BSPARIs scoring at least 34 out of 40 points (85%)	BSPARIs scoring at least 30 out of 40 points (75%)
FY26Q1 (July 2025-September 2025)	75	36 points, 90%	36 points, 90%	Range of scores: 21 (19 to 40) Mode = 34	71 out of 75, 95%	73 out of 75, 97%
FY26Q2 (October 2025-December 2025)	93	36 points, 90%	36 points, 90%	Range of scores: 12 (28 to 40) Mode = 34	90 out of 93, 97%	91 out of 93, 98%
FY26Q3 (January 2026-March 2026)	103	36 points, 90%	36 points, 90%	Range of scores: 18 (22 to 40) Mode = 34	96 out of 103, 93%	101 out of 103, 98%
FY26 Total (FY26Q1 – FY26Q3)	271	36 points, 90%	36 points, 90%	Range of scores: 21 (19 to 40) Mode = 34	257 out of 271, 95%	265 out of 271, 98%

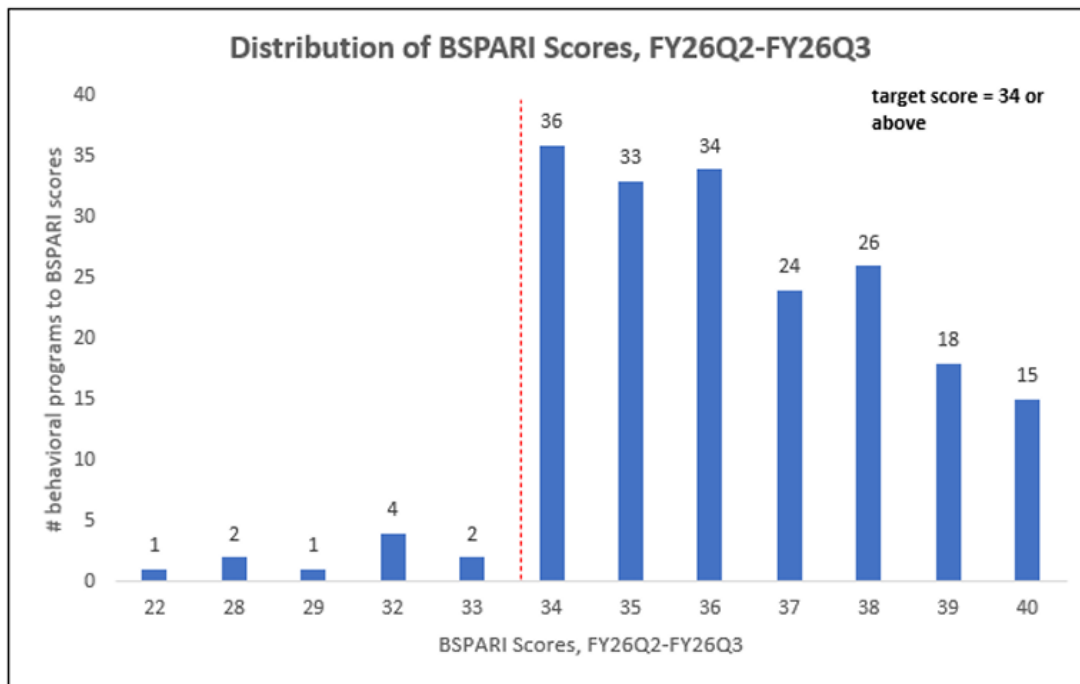
- **QII:** There is not currently a formal QII in place for this Term but as indicated under steps taken, DBHDS is implementing informal quality improvement initiatives to improve performance with regard to this metric.

Action 34.a

- **Action 34.a:** “DBHDS will continue to address findings identified through the previously conducted root cause analysis initiated in Q1 of FY21 and updated subsequently as part of each semi-annual review.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS is continuing to implement informal quality improvement initiatives as identified through the root cause analysis completed in FY21. This includes meeting with CSBs to ensure individuals are referred for services and developing action plans with the CSBs to improve connectivity. Additionally, DBHDS initiated a new process that requires inadequate behavioral plans be updated and resubmitted. It is evident in the data that this is improving access and quality of the supports being received.
- **Steps Taken and Planned:** DBHDS will continue to provide updates related to the data and will continue to review strategies to improve performance.

Action 34.b

- **Action 34.b:** “DBHDS will continue to use the BSPARI tool, or such other tool designed for behavioral programming that the parties agree upon, to determine whether individuals are receiving adequate and appropriate behavioral support services.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS has continued to use the BSPARI to determine whether individuals are receiving adequate and appropriate behavior support services. As evidenced in the table below, more plans are meeting scoring criteria for being determined to be adequate and appropriate. This measure is starting to reach stability with the vast majority of plans scoring 30 or more points with most of those scoring above 34 points.



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

Action 34.c

- **Action 34.c:** “DBHDS will continue to employ a total of four behavior analysts to provide technical assistance and training on behavioral support plans. Annually, the behavior analysts will (i) review a statistically significant sample of the behavioral plans submitted; (ii) provide feedback; and (iii) identify trends for improvement and develop additional training and technical assistance as determined necessary by DBHDS.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS employs five behavior analysts including the Director of the Office of Behavior Network Supports. The team continues to review a statistically significant sample of behavior plans each year and provides technical assistance to providers whose plans are chosen for review. DBHDS has completed 271 BSPARI reviews in FY26 thus far. DBHDS is on track to complete the FY26 annual sample by the end of FY26. For plans reviewed in FY26 (Q1 through Q3), feedback has been provided for 262 out of 271 plans (97%). The 9 remaining plans had reviews conducted in FY26Q3 and will receive feedback in FY26Q4. DBHDS became a continuing education provider recognized through the Behavior Analyst Certification Board in FY25Q1, which gives the team the ability to provide official continuing education units for behavior analysts. The Office of Behavior Network Supports (BNS) hosted a continuing education event in December 2025 which reviewed literature on the Treatment of Challenging Behavior for Adults with DD (the training video is linked within the FY26Q3 Behavioral Supports Report). In March 2026, BNS provided an introductory level training for all practitioner and provider types titled, "From ABCs to BSPs: An Introduction to Behavior Supports" which was attended by over 400 participants. BNS created three short training videos during this reporting period based on areas that are commonly missed in BSPARI reviews: Initial Plan Dates and Revisions, Safety and Crisis Guidelines, and Behavioral Skills Training. The DBHDS Office of Behavior Network Supports, Office of Integrated Health Network Supports, Office of Recovery Services, and the Center for Implementation and Evaluation of Education Systems (CIEES) at Old Dominion University collaborated on an 11-module training series, Working with Adults with Intellectual or Developmental Disabilities and Substance Use Disorders. This

was released to the public in October 2025. See page 20 in the FY26Q3 Behavioral Supports Report for links to these trainings and to short articles DBHDS has written, along with continuing education training and other training sequences that DBHDS has created during the review period. The Office of Behavior Network Supports website can also be accessed here for these resources: <https://dbhds.virginia.gov/developmental-services/behavioral-services/>

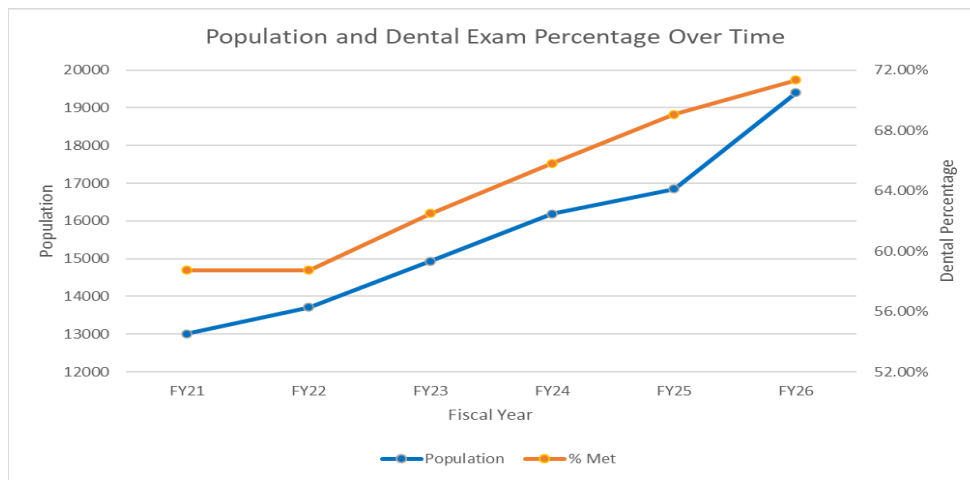
- **Steps Taken and Planned:** DBHDS continues to provide ongoing individualized technical assistance for each feedback session with providers. As a result of BSPARI reviews, the BNS team also identifies areas for more generalized technical assistance for the behavioral community.

Action 34.d

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

Term #40 - Dental Exams

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals who are supported in residential settings and have coverage for dental services will receive an annual dental exam.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The percentage of people receiving dental exams between FY25 and FY26 has been consistent at 70% or higher for 5 consecutive quarters.
- **Steps Taken and Planned:** DBHDS has implemented several strategies to improve the number and percentage of people who are receiving dental exams. These strategies include purchasing a new Sprinter and Winnebago vehicle for mobile dental exams, development of a dental work plan, and hiring of new dental hygienists and dental assistants. DBHDS also has contracts for sedation dentistry in four of the five regions and has created an additional solicitation for the remaining region where the dentist did not renew his contract.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** As is evident in the chart below, the Commonwealth is demonstrating a consistent delivery of dental exams. FY26 data shows that the Commonwealth maintained consistency in the percentage of people receiving dental exams across five quarters.



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

Action 40.a

- **Action 40.a:** “DBHDS will operate a total of three mobile dental vehicles by March 31, 2025.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS procured an additional Sprinter vehicle and Winnebago to supplement the existing Winnebago. The Sprinter vehicle was delivered on March 28, 2024. The Winnebago was delivered in May 2025. The Sprinter vehicle was purchased to travel to homes in more remote areas of the Commonwealth. The Winnebagos allow DBHDS to complete dental clinics at accessible locations for multiple people on any given day. One of the distinct benefits of the mobile dental units is the ability to go directly to the home of someone with significant complex needs to provide dental exams.



- **Steps Taken and Planned:** DBHDS continues to develop schedules to maximize utilization and access to dental supports and services.

Action 40.b

- **Action 40.b:** “DBHDS will continue to employ or contract with a total of three dental assistants and four dental hygienists to staff the mobile dental vehicles.”
- **Previous Status: In Progress**
- **Current Status: In Progress**

- **Status Explanation:** DBHDS has hired all dental hygienists and all but one dental assistant. DBHDS has conducted multiple rounds of interviews but unfortunately candidates have not felt comfortable with the expectations of the position, such as having the ability to drive mobile dental vehicles and overnight travel.
- **Steps Taken and Planned:** DBHDS is re-advertising for the dental assistant position and will continue the interviewing process until the position is filled.

Action 40.c

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

Action 40.d

- **Action 40.d:** “Within six months of the date of this Order, DBHDS will contract with at least one dentist or dentistry practice in each Region who can support sedation dentistry.”
- **Previous Status: Complete for this review**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS has contracts in four of the five regions as of May 29, 2025. The Region 5 dentist decided to not renew his contract. A new solicitation was posted on March 9, 2026, with a preproposal conference scheduled for March 18, 2026. A contract is expected to be awarded by June 30, 2026. In the interim, the Primary Remote dentist who work with the OIHSN Dental Team is providing dental care with sedation in Region 5 until a new contract can be awarded.
- **Steps Taken and Planned:** DBHDS will continue to identify those individuals who need a referral to the contracted dentists and will schedule appointments.

Action 40e

- **Action 40e:** “DBHDS will collaborate with dental providers to understand barriers to delivering services to individuals with developmental disabilities and, within six months of the date of this Order, will develop a plan with measurable goals, specific support activities, and timelines for implementation to mitigate those barriers.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS has worked with a variety of stakeholders, including dental providers, to determine barriers to accessing dental services. DBHDS has developed a plan with measurable goals and support activities and timelines for implementation to mitigate these barriers. DBHDS will be working in close collaboration with DMAS and the Virginia Board for People with Disabilities to help identify, document, and resolve current barriers to the extent practicable through the OIHSN dental workplan.

- **Steps Taken and Planned:** DBHDS has developed a dental workplan and continues to work with DMAS and community dentists to identify and mitigate barriers to supporting individuals with developmental disabilities in the community.

Action 40f

- **Action 40f:** “Within six months of the date of this Order, the Commonwealth shall start an initiative that determines which 8 CSBs need the most assistance to ensure that individuals receive annual dental exams and, no later than three months after starting this initiative, begin to provide technical assistance to support relevant CSBs. This process will continue to be implemented annually until the Commonwealth achieves the goal.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** The OIHSN identified the 8 CSBs with the lowest percentage of individuals who received an annual dental exam. DBHDS visited each of the CSBs to aid in helping individuals access dental care. There has been an increase over baseline of FY 23 for all but 1 of the 8 CSBs.
- **Steps Taken and Planned:** A comprehensive assessment was undertaken by one of the Dental Hygienists. The hygienist completed pre- interview research and semi-structured interviews with open ended questions that were designed and conducted with the eight CSBs to capture real experiences and data and highlight each CSB’s unique barriers and needs. One of the solutions identified was creating a centralized, modifiable, and sustainable dental resource document for CSB employees with the goal of empowering CSB staff to speak confidently about resources, which could lead to increased dental appointments and positive patient outcomes. Direct support has also been provided and on- going to each CSB through onsite scheduled dental clinics to screen and provide onsite dental care by the OIHSN Mobile Dental Program.

Action 40g

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

Term #41- Protection From Serious Injuries in Service Settings

- **Term:** “The Commonwealth will work to achieve a goal that 95% of DD waiver service recipients will be protected from serious injuries in service settings.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS did not make significant revisions to the process of identifying serious injuries in service settings from the 27th period to the 28th period. DBHDS did implement a more comprehensive look behind related to a random sample of serious incidents to identify whether or not modifications need to be made to the process and to determine what potential next steps would be.
- **Steps Taken and Planned:** DBHDS is continuing to refine the process further and is learning from the various look behinds that are occurring to ensure that DBHDS is capturing all individuals who were not protected from harm.

- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer. However, DBHDS continues to refine the way this measure is calculated. For this reason, the data is not yet considered a full set of data and therefore the goal is not yet met.
- **Quantitative Data Review:** Data on individuals protected from serious injury was presented to the RMRC on 2/24/2026. This included serious injuries that were reported during the period 1/1/2025 – 12/31/2025. The definition of a serious injury is the same as the prior review period and the criteria to determine whether an individual was protected from a serious injury has also remained the same. Individuals that met any of the following criteria are considered to NOT be protected from a serious injury: 1) they had 2 or more serious injuries in the 12 month period; or 2) they had a serious injury that resulted in a licensing citation and corrective action plan; or 3) they had a serious injury that was associated with a substantiated finding of abuse or neglect.

The data shows that during this time period a total of 2,480 serious injuries were reported for 1,794 unique individuals; 439 individuals had 2 or more injuries during the year; there were 56 individuals whose injuries were associated with substantiated abuse or neglect, and an additional 15 individuals whose injuries resulted in a citation and corrective action plan for the provider. Based on this data 475 individuals were NOT protected from a serious injury (this is less than the sum of individuals with 2 or more injuries, abuse/neglect citation, or licensing citation because in some cases the same individual fell into more than one of these categories). A total of 18,927 individuals received a waiver service authorization. This means that a total of 18,452 individuals (18,927 – 475) or 97.5% of individuals were protected from serious injury.

When compared with the prior review period (7/1/24 – 6/30/25) the following changes were noted:

- The number of individuals with serious injuries decreased (1,812 to 1,794)
- The rate of serious injuries decreased (139.6/1,000 to 131/1000)
- The percentage of individuals with a serious injury (10.1% to 9.5%), or with more than one injury decreased (2.6% to 2.3%)
- The number of investigations increased by over 60% (90 to 146)
- The number of individuals with a serious injury resulting in a licensing CAP decreased slightly (17 to 15)
- The number of individuals with a serious injury resulting in substantiated abuse or neglect increased slightly (50 to 56)

Action 41a

- **Action 41a:** “DBHDS will continue working to ensure that all appropriate serious injuries are included when determining if this goal is met.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS continues to refine the way this measure is calculated through look behinds that are completed by the Office of Licensing and those completed in partnership with Virginia Commonwealth University (VCU) and the OIHSN. DBHDS staff continue to collaborate across offices to refine this measure in collaboration with the Risk Management Review Committee to ensure that DBHDS can confidently report on individuals protected from harm.
- **Steps Taken and Planned:** DBHDS continues to refine the process further and ensure that all criteria for determination of which incidents are referred to the Special Investigations Unit are clear and include all serious injuries that were potentially preventable. The ongoing look behind reviews will continue to inform and refine this process.

Action 41b

- **Action 41b:** “Within six months of the date of this Order, and annually thereafter, the DBHDS Office of Integrated Health will complete a quality review of a statistically significant sample of serious injuries reported to DBHDS via the CHRIS system (or successor) to determine if the Incident Management Unit process used by the DBHDS Office of Licensing adequately identifies all appropriate injuries to determine if individuals were protected from harm and if changes are needed to the way incidents are reviewed and referred.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** The OIHSN has completed an initial quality review. The initial review was designed to answer the following four questions.
 - 1) Have all appropriate injuries been identified by the IMU?
 - 2) Were individuals protected from harm?
 - 3) Are changes needed to the way that incidents are reviewed?
 - 4) Are changes needed to the way that incidents are referred?

The process for the quality review was revised and updated in January 2026 and includes a randomized sample of 10% of all serious incidents. The quality review process includes a review of:

- Demographic information
- Service setting
- Incident description
- Relevant ISP sections
 - Part II. Essential Information (medications, physical and health conditions, and social, developmental, behavioral and family history)
 - Part V. Plan for Supports (for the service reporting the incident)

Based on the review of this information, the team answers 8 yes/no questions. The eighth question, “Do you recommend this incident be referred to further review,” if answered yes requires the team to address the reasons why.

It is important to note that the findings indicated that 59% of individuals had an identified support in their ISP to mitigate the serious incident. Of those, the OIHSN determined that 71% of those supports should have been sufficient to mitigate the injury but only 43% were referenced in the incident report. This will be important in the development of recommendations to ensure individuals are protected from serious injury.

- **Steps Taken and Planned:** Four identified opportunities for improvement in future reviews include:
 1. Extending the window in which the reviews are completed from 60 days post-incident to 90 days post-incident. This will ensure that IMU has had sufficient time to complete their review process resulting in more accurate data interpretation related to IMU determinations and RN reviewer recommendations.
 2. Incidents involving individuals without a DD waiver will not be reviewed. This will help eliminate incomplete data in future reports.
 3. The Serious Injury SharePoint Tracker will be modified with more “guardrails” such as required fields and embedded algorithms to ensure complete and consistent data entry from the RN reviewers.
 4. The wording of the review questions will be revised as needed for clarity and intent.

Action 41c

- **Action 41c:** “Relevant processes will be revised, as warranted, based on the finding of the quality review referenced in Paragraph 41(b) to ensure that the Commonwealth accurately identifies the percentage of DD waiver recipients who are protected from serious injuries in service settings.”

- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** OIHSN and IMU have both refined their processes based on lessons learned during the initial quality reviews and look behind reviews that both offices have completed.
- **Steps Taken and Planned:** These processes will continue to be reviewed and revised based on lessons learned through the review process.

Action 41d

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

Term #42- Risk Management

- **Term:** “To ensure that the risk management programs of DBHDS-licensed providers of DD services identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths and take prompt action when such events occur or the risk is otherwise identified,” the Commonwealth will take the actions listed below in a -c.
- **Previous Status: Not Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS continues to review all providers for compliance with licensing regulations governing risk management to ensure they are tracking the incidence of common risks and conditions faced by people with DD. DBHDS completes licensing reviews on a calendar year basis and has completed a review of 230 providers at the time of this report. This is not yet a statistically significant number of providers and results should not be used to generalize across all providers. The Deputy Commissioner of Community Services also completed a look back of licensed provider records and corrective action plan findings, comparing inter-rater reliability among licensing specialists and to the Independent Reviewer’s consultant.
- **Steps Taken and Planned:** DBHDS has initiated an inter-rater reliability process to determine consistency in determinations between licensing specialists. DBHDS will finalize review of providers, will take lessons learned from the review of the sample completed by the Independent Reviewer’s consultant and by the Deputy Commissioner, and will provide feedback to specialists to continue to improve inter-rater reliability. The DBHDS Deputy Commissioner and Licensing Associate Director met with the Independent Reviewer’s Consultant to discuss discrepancies during previous reviews and will meet again following this review.
- **Data Validity and Reliability:** DBHDS is working diligently to increase inter-rater reliability and is documenting the work to demonstrate the data is reliable and valid. This data will become more reliable and valid as the inter-rater reliability of licensing specialists increases among themselves and between the Independent Reviewer’s consultant and other contractors.
- **Quantitative Data Review:** The DBHDS Deputy Commissioner completed a look back review of provider records showing compliance with applicable risk management regulations. The table below indicates concordance between the Deputy Commissioner (DC) and the Licensing Specialists (LS) as well as the DC and the Independent Reviewer’s Consultant (IRC). In this look back the DC increased or remained the same in concordance with the LS and IRC as indicated by the green. There was one place where the DC decreased

concordance with the licensing specialist as indicated by red. However, there was an increase on the same item with the IRC.

42 Risk Management	28th study period evidence table	
	LS/DC	IRC/DC
• Does the provider’s systemic risk assessment process incorporate uniform risk triggers and thresholds (care concerns) as defined by the department?	96%	84%
• Does the provider’s risk management policy/plan and/or Systemic Risk Assessment describe how they identify common risks and conditions faced by people with IDD that contribute to avoidable deaths?	92%	96%
• Does the provider’s risk management policy/plan describe how they use data to assess and evaluate common risks and conditions faced by people with IDD that contribute to avoidable deaths?	84%	84%

- **QII:** DBHDS does not have a formal quality improvement initiative related to this indicator, however, DBHDS staff closely review the findings of the Independent Reviewer’s consultant and review notes provided related to differences in findings to more closely align findings.

Action 42a

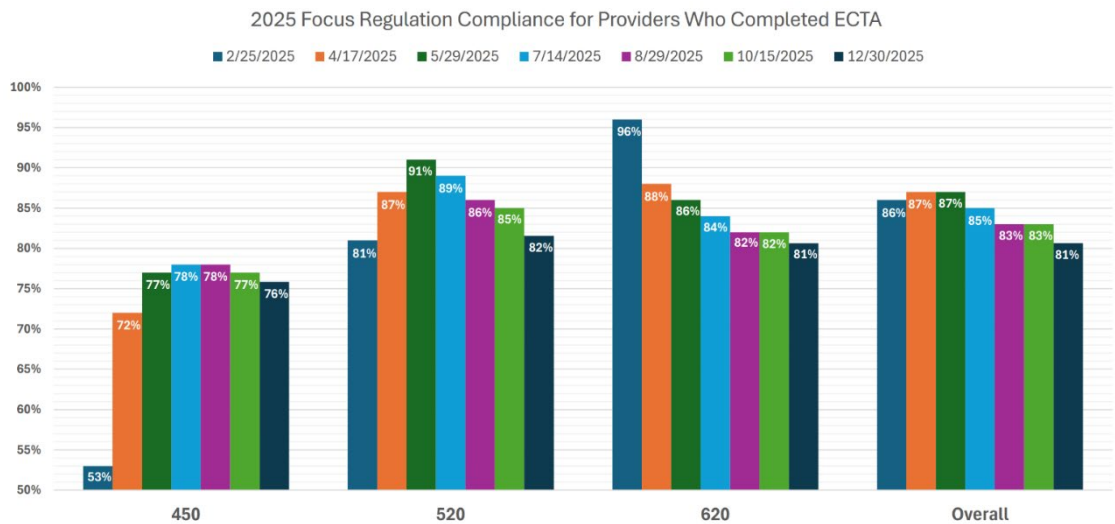
- **Action 42a:** “Within 24 months of the date of this Order, the Commonwealth shall establish inter-rater reliability among the Commonwealth’s licensing specialists regarding provider compliance with the quality assurance trending requirements.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS continues to refine processes related to inter-rater reliability between DBHDS, the Independent Reviewer’s Consultant, and contractors who complete data collection on behalf of DBHDS. Part of this process includes verification of a second data set from another source to ensure consistency between data sets and to increase confidence in the data collected. Additionally, DBHDS has implemented an IRR process specific to licensing specialists that will include a review of one service record three times a year by all licensing specialists compared against a “Gold Standard” reviewer. This was modified to allow the team to analyze data and implement improvements between the reviews. In addition, the Deputy Commissioner of Community Services is completing a look back review of provider documentation and licensing reviews and is aligning this secondary review with the Independent Reviewer’s consultant and licensing specialists.
- **Steps Taken and Planned:** DBHDS will continue to implement the new process of inter-rater reliability between licensing specialists and determine any additional actions that are needed post completion. In addition, DBHDS will continue to update documentation around inter-rater reliability related to DBHDS staff and consultants used to gather information.

Action 42b

- **Action 42b:** “Within 12 months of the date of this Order, the Commonwealth shall offer technical assistance in accordance with DBHDS’s Consultation and Technical Assistance Standard Operating Procedure to each

provider that does not identify the incidence of common risks and conditions faced by people with DD that contribute to avoidable deaths.”

- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS has hired 12 Quality Improvement Specialists who are available to provide technical assistance to providers when they are found not in compliance with risk management regulations. An initial determination of noncompliance allows providers to self-select to receive technical assistance and consultation. If providers have systemic citations (consecutive citations on the same regulations), consultation and technical assistance is required. Expanded Consultation and Technical Assistance (ECTA) has been operationalized since 2024. Improvement continues to be noted with providers receiving ECTA. The graph below shows that overall each time we provide ECTA at least 80% or more of providers are coming into compliance with previously cited regulations



- **Steps Taken and Planned:** DBHDS will continue to track provider compliance with regulations related to risk management and will offer consultation and technical assistance to providers related to these needs.

Action 42c

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

- Provisional License
- Revocation of License

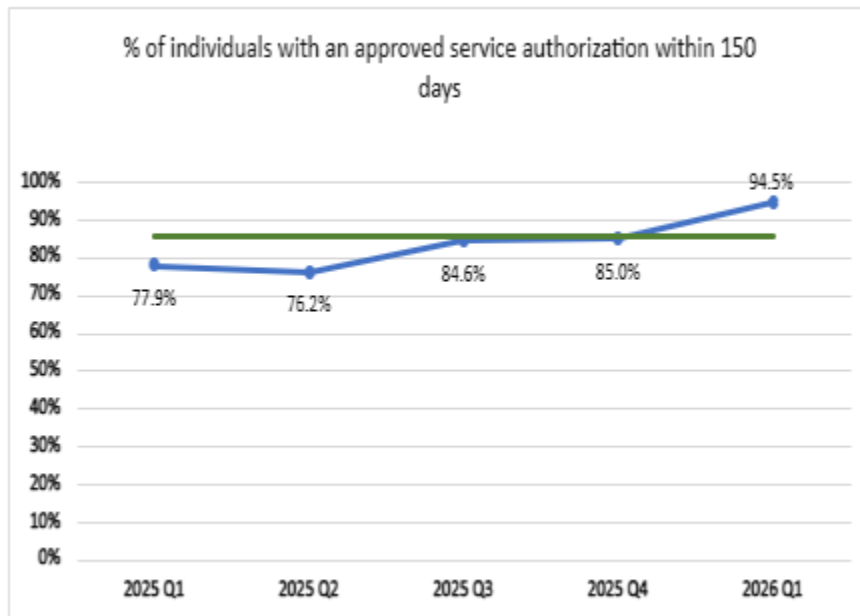
DBHDS is implementing consistent and progressive actions to ensure provider compliance and quality.

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

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

Term #43- Timely Waiver Service Enrollment

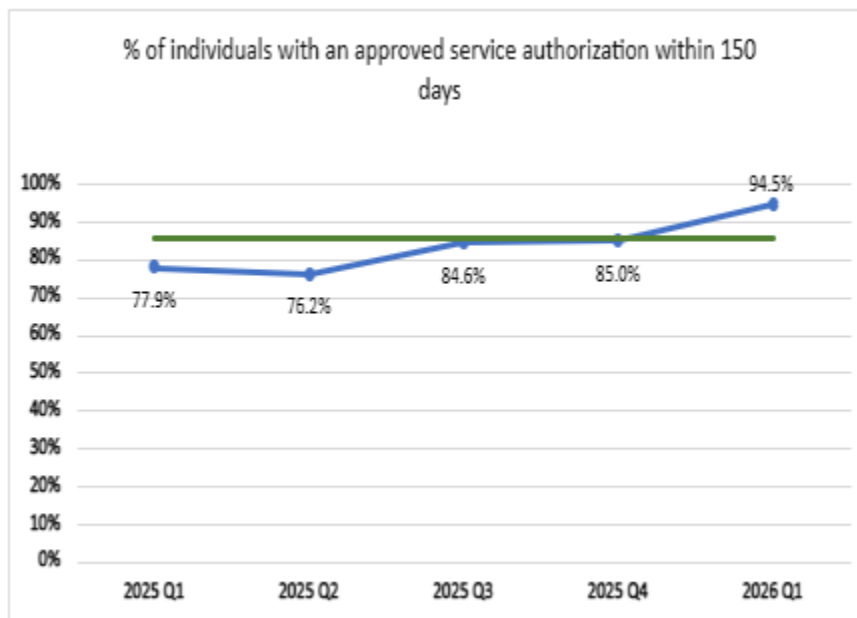
- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals who are assigned a waiver slot will be enrolled in a service within five months.”
- **Previous Status: Not Met**
- **Current Status: Met**
- **Status Explanation:** The Commonwealth created 3,440 additional DD waiver slots. Of those new slots, 1720 were created and assigned to individuals in FY25 and the remaining 1720 slots are being assigned quarterly in FY26. Despite this increase the Commonwealth was able to meet the goal with 94.5% of individuals being connected in 150 days.
- **Steps Taken and Planned:** DBHDS has implemented a process as required by the action steps below that include tracking individuals who have not been connected to services, following up with the individual/their family to see why that has not occurred, and determining if there are systemic or provider specific issues that need to be addressed.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** Data, as evidenced below, shows that the metric is met.



- **QII:** DBHDS initiated a root cause analysis in March of 2025. The QII was approved by the QIC in June of 2025. So far focus groups have been held with Support Coordinators and additional focus groups are scheduled with families. The QII is focused on addressing delays with the Support Coordinator or CSB.

Action 43a

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



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

Action 43b

- **Action 43b:** “Within three months of the date of this Order, the Commonwealth will contact individuals at the end of each quarter who have not been enrolled in a service within five months and their families and case managers to determine why services have not been initiated and what barriers delayed initiation of services. DBHDS will report on the barriers identified quarterly as well as actions being taken to remediate those barriers and results achieved.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** On the 1st of every month, the WaMS Data Analyst generates a report of individuals in WaMS who have newly reached 5 months since being assigned a DD waiver slot. Data elements pulled include Person ID, Enrollment Start Date, CSB, Last Name, First Name, Social Security Number, Issued Days, and Issue. The Regional Support Services Manager reviews the report and submits it to the Waiver Network Supports Director and the Settlement Agreement Coordinator (SAC). The SAC will first call the individual/family to obtain information on why the individual has not been enrolled in a service. If the SAC is unable to reach the

individual/family, the SAC will attempt two additional times within the same week. If the SAC does not receive a return call or is unable to reach an individual/family, the SAC will contact the Support Coordinator/Case Manager to obtain information about the reason that the individual has not been enrolled in services. This information is documented and data is exported when all calls are completed. The data is then reviewed and reported.

- **Steps Taken and Planned:** DBHDS will continue to pull and review data and will develop a report with a summary of the findings. Once sufficient data is collected, DBHDS will initiate quality improvement efforts.

Action 43c

- **Action 43c:** “Within one year of the date of this Order, the Commonwealth will conduct a root cause analysis of why services have not been initiated and what barriers delayed initiation of services. Based on the findings of the root cause analysis, the Commonwealth will prioritize the findings for quality improvement in consultation with the provider and system issues resolution workgroups. The Commonwealth will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups. The Independent Reviewer, in the reports required under paragraph 76, shall discuss the reasonableness of Virginia’s response to this requirement. Individuals for whom initiation of services is delayed past five months at the request of the individual or the individual’s authorized representative will not be included in determining if the Commonwealth meets the goal. The Commonwealth will revisit the root cause analysis annually and implement a QII as determined appropriate by DBHDS. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Due**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS initiated a root cause analysis in March of 2025. The QII was approved by the QIC in June of 2025. So far focus groups have been held with Support Coordinators and additional focus groups are scheduled with families. The QII is focused on addressing delays with the Support Coordinator or CSB.
- **Steps Taken and Planned:** DBHDS will meet with individuals and families as well as develop educational materials for support coordinators.

Term #44- Ongoing Service Analyses

- **Term:** “The Commonwealth, through DBHDS, will collect and analyze data at least annually regarding the management needs of individuals with identified complex behavioral, health, and adaptive support needs to monitor the adequacy of management and supports provided. DBHDS will develop corrective actions based on its analysis as it determines appropriate, track the efficacy of the actions, and revise as it determines necessary to address the deficiency.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS developed a report to collect and analyze the data as required by this Term for the first time in May of 2025. DBHDS updated this report with FY 2025 data in December of 2025. The report is a compilation of information gathered from the Intense Management Needs Review (IMNR), Behavior Support Plan Adherence Review Instrument (BSPARI), Quality Service Review, and Care Concerns processes. Because this is an initial report, corrective action plans have not yet been taken based on the review.
- **Steps Taken and Planned:** DBHDS is working to initiate and finalize review of individuals with adaptive supports needs prior to the end of the fiscal year on June 30 to ensure the next report includes IMNRs for individuals with complex medical, behavioral, and adaptive support needs.

- **Quantitative Data Review:** Data related to the IMNR and BSPARI processes can be found in Terms 34, 38, and 44. The data set forth below is data from the Care Concerns and QSR processes. During this initial review *Table 22* below shows the number of Care Concerns that OIHSN reviewed and whether follow up was provided. The Registered Nurse Care Consultant may offer to provide training specific for the provider or point the provider towards training on the Commonwealth of Virginia Learning Center (COVLC) or resources on the OIHSN website.

Table 22: FY25 Care Concerns Follow Up

Primary Health and Safety Topic	No Follow Up	Follow Up	Blank
Aspiration pneumonia	2	38	0
Bowel obstruction	3	71	0
Choking	1	88	0
Constipation*	0	6	0
Dehydration	1	21	0
Fall	9	129	1
Pressure injury	9	108	0
Seizures	29	111	0
Sepsis**	1	8	0
Unplanned psychiatric admission***	25	22	0
Urinary tract infection (UTI)	21	104	1
Other****	7	8	0
Total	108	714	2

(blank) column has a number if the Follow Up field was left blank. This is an area that will be addressed by OIHSN in future reporting to ensure the proper categories are coded.

** FY25Q1 and FY25Q2 only*

**** FY25Q3 and FY25Q4 only*

*** FY25Q1 and FY25Q2 only*

***** FY25Q3 and FY25Q4 only*

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

Action 44a

- **Action 44a:** “DBHDS will use data from the Skilled Nursing Review detailed in Paragraph 39(c), the IMNR process for individuals with complex medical needs, data from the care concerns process, data from the BSPARI quality reviews, and data from the Quality Service Reviews to monitor the adequacy of management and supports provided. Within six months of the date of this Order, DBHDS will develop a report consolidating the information from these sources to provide a comprehensive summary of the management and support provided to individuals with complex needs. This summary will be completed annually.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS developed a report using data from the processes required by this Term for the first time in May of 2025. DBHDS updated the report with FY 25 data in December of 2025. The report is a compilation of information gathered from the IMNR, BSPARI, QSR, and Care Concerns process. DBHDS plans to initiate the adaptive functioning review prior to the end of FY 26 and will include this in the next report.
- **Steps Taken and Planned:** DBHDS is continuing to refine the reporting process to assure all elements of the term is met and will update the process document to reflect these additions and when reviews will occur. DBHDS also wrote a summary of all of the data contributors and how these work to provide a comprehensive review of individuals’ needs and supports.

Action 44b

- **Action 44b:** “DBHDS will continue to implement the IMNR process for no less than 70 people annually who have complex medical, behavioral, or adaptive support needs (Tier 4) to include onsite visits, reviews of specific health care documentation, and a factual questionnaire administered by qualified nursing professionals to primary caregivers most familiar with the person’s health care needs.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS has completed 86 IMNR reviews this year, which included 60 with the Independent Consultant’s nurse reviewers between the 27th and 28th review periods for individuals with complex behavioral and 26 for skilled nursing (4 of whom also had PDN). DBHDS intends to complete an additional 6 PDN reviews, and 10 adaptive support need reviews prior to the end of the fiscal year. The team is revising the process to ensure additional individuals are added to meet the requirement to implement the IMNR process for no less than 70 people annually and to ensure that individuals with adaptive support needs are part of the ongoing samples.
- **Steps Taken and Planned:** DBHDS has updated the IMNR processes so that individuals with adaptive and behavior support needs are included in the reviews. DBHDS will refine the process for sample selection and ensure all documentation is reflective of the individuals being reviewed.

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

- **Term:** “The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services comply with 12 VAC 35-105-620 in effect on the date of this Order or as may be amended.”
- **Previous Status: Not Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS continues to review all providers for compliance with 12 VAC 35-105-620. DBHDS completes licensing reviews on a calendar year basis currently DBHDS has reviewed 230 providers and of them 147 (64%) provider are compliant with all risk management regulations. This is not yet a statistically significant sample.
- **Steps Taken and Planned:** DBHDS will be completing a look back of reviews completed by licensing specialists to determine consistency in determination and inter-rater reliability. DBHDS will finalize review of providers, take lessons learned from the review of the sample completed by the Independent Reviewer’s consultant, and provide feedback to specialists to improve inter-rater reliability.
- **Data Validity and Reliability:** DBHDS is working diligently to increase inter-rater reliability and is documenting the work to demonstrate the data is reliable and valid. This data will become more reliable and valid as the inter-rater reliability between licensing specialists increases among themselves and between the Independent Reviewer’s consultant and other contractors.
- **Quantitative Data Review:** DBHDS has reviewed 230 providers. This is not yet a statistically significant sample and therefore the findings below are not representative of the whole. DBHDS completed a look back of inter-rater reliability between licensing specialists, the Independent Reviewer’s Consultant and the Deputy Commissioner of Community Services. In this look back, the DC maintained concordance with the licensing specialists and increased concordance with the IRC as evidenced by the green percents in the chart below.

42 Risk Management	28th study period evidence table	
	LS	IRC
• Does the provider’s risk management policy/plan and/or Systemic Risk Assessment require the	96%	88%

implementation of corrective action plans to address issues related to common risks and conditions faced by people with IDD that contribute to avoidable deaths?		
• Is there evidence that the provider has implemented corrective action plans to address identified issues related to common risks and conditions faced by people with IDD that contribute to avoidable deaths?	96%	88%

- **QII:** DBHDS does not have a formal quality improvement initiative related to this indicator, however, DBHDS staff closely review the findings of the Independent Reviewer’s consultant and review notes provided related to differences in findings to more closely align findings and inter-rater reliability.

Action 45a

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

Action 45b

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

- Provisional License
- Revocation of License

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

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

Action 45c

- **Action 45c:** “Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments.”
- **Previous Status: In Progress**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS continues to refine processes related to inter-rater reliability between DBHDS, the Independent Reviewer’s Consultant, and contractors who complete data collection on behalf of DBHDS. Part of this process includes verification of a second data set from another source to ensure consistency between data sets and to increase confidence in the data collected. Additionally, DBHDS has implemented an inter-rater reliability process specific to licensing specialists that will include a review of one service record three times a year by all licensing specialists compared against a “Gold Standard” reviewer. This was modified to allow the team to analyze data and implement improvements between the reviews. In addition, the Deputy Commissioner of Community Services is completing a look back review of provider documentation and licensing reviews and is aligning this secondary review with the Independent Reviewer’s consultant and licensing specialists.
- **Steps Taken and Planned:** DBHDS will continue to implement the new process of inter-rater reliability between licensing specialists and determine any additional actions that are needed post completion. In addition, DBHDS will continue to update documentation around inter-rater reliability related to DBHDS staff and consultants used to gather information.

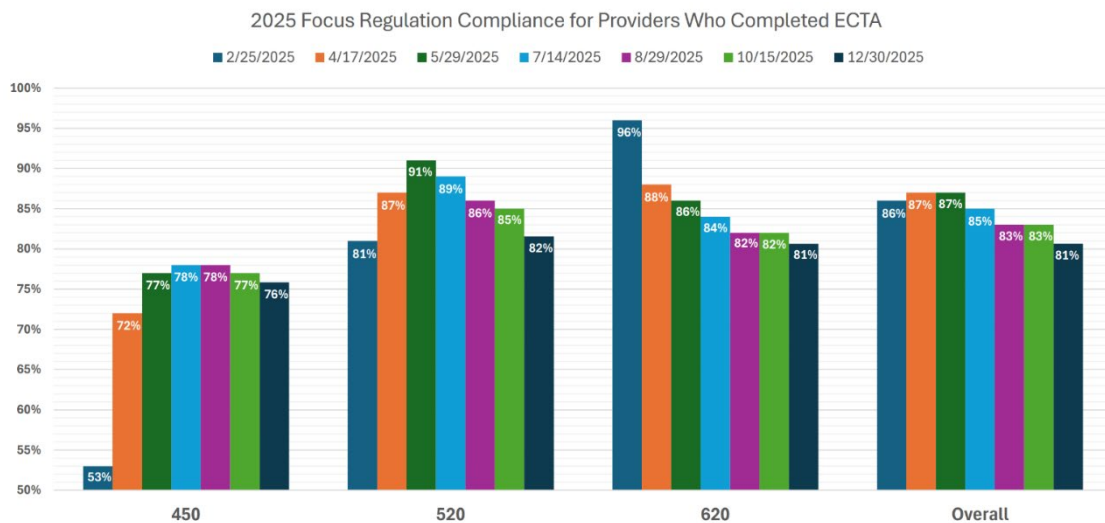
Term #46- Quality Service Monitoring

- **Term:** “The Commonwealth will work to ensure that, using information collected from licensing reviews and Quality Service Reviews, it identifies providers that have been unable to demonstrate adequate quality improvement programs and offers technical assistance as necessary.”
- **Previous Status: Not Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS completes licensing reviews on a calendar year and to date has completed 230 reviews. This is not a statistically significant sample of providers and the results are not generalizable. Additionally, DBHDS just started Round 8 of the Quality Service Review (QSR) process and s not yet have any outcome data.
- **Steps Taken and Planned:** DBHDS is continuing to review licensing data and comparing licensing and QSR data to determine which specific regulations providers are most challenged by to institute initiatives for improvement. DBHDS reviewed and revised the QSR documents for the 8th round to address some of the findings in the 7th round.

- **Data Validity and Reliability:** DBHDS is working diligently to increase inter-rater reliability and is documenting the work to demonstrate the data is reliable and valid. This data will become more reliable and valid as the inter-rater reliability between licensing specialists increases among themselves and between the Independent Reviewer’s consultant and other contractors.
- **Quantitative Data Review:** Licensing data indicates that of the 230 providers who have been reviewed, 100 (43%) of them are in compliance with all the quality improvement regulations. This is not yet a statistically significant sample and therefore is not generalizable across providers at this time.
- **QII:** DBHDS will review the data gathered from licensing reviews and QSR reviews and determine if additional quality improvement is warranted.

Action 46a

- **Action 46a:** “Within six months of the date of this Order, DBHDS will require that any provider not in compliance with quality improvement program regulations develop and implement a corrective action plan. DBHDS will continue to employ a total of 12 Quality Improvement Specialists. DBHDS Quality Improvement Specialists will continue to offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS continues to require that providers with a citation related to quality improvement programs develop and implement corrective action plans related to their non-compliance. DBHDS has hired 12 Quality Improvement Specialists who are available to provide technical assistance to providers when they are found not in compliance with risk management regulations. An initial determination of noncompliance allows providers to self-select to receive technical assistance and consultation. If providers have systemic citations (consecutive citations on the same regulations), consultation and technical assistance is required. Expanded Consultation and Technical Assistance (ECTA) has been operationalized since 2024. Improvement continues to be noted with providers receiving ECTA. The graph below shows that overall each time we provide ECTA at least 80% or more of providers are coming into compliance with previously cited regulations



- **Steps Taken and Planned:** DBHDS is continuing to track providers that are not in compliance, providing ECTA and re-assessing compliance in following reviews.

Action 46b

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

Action 46c

- **Action 46c:** Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess the adequacy of provider quality improvement programs have established inter-rater reliability in conducting such assessments.
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS continues to refine processes related to inter-rater reliability between DBHDS, the Independent Reviewer’s Consultant, and contractors who complete data collection on behalf of DBHDS. Part of this process includes verification of a second data set from another source to ensure consistency between data sets and to increase confidence in the data collected. Additionally, DBHDS has implemented an inter-rater reliability process specific to licensing specialists that will include a review of one service record three times a year by all licensing specialists compared against a “Gold Standard” reviewer. This was modified to allow the team to analyze data and implement improvements between the reviews. In addition, the Deputy Commissioner of Community Services is completing a look back review of provider documentation and licensing reviews and is aligning this secondary review with the Independent Reviewer’s consultant and licensing specialists.
- **Steps Taken and Planned:** DBHDS will continue to implement the new process of inter-rater reliability between licensing specialists and determine any additional actions that are needed post completion. In addition, DBHDS will continue to update documentation around inter-rater reliability related to DBHDS staff and consultants used to gather information.

Term #49- Residential Services Community Integration

- **Term Description:** “The Commonwealth will work to achieve a goal that 95% of residential service recipients reside in a location that is integrated in, and supports full access to, the greater community in compliance with the CMS rule on HCBS settings.”
- **Previous Status: Not Met**
- **Current Status: Met**
- **Status Explanation:** The Commonwealth validated the percentage of individuals residing in residential settings compliant with the CMS rule on HCBS Settings. DBHDS refined the reporting process for ongoing monitoring of providers’ compliance with the HCBS Settings Rule. DBHDS completed a look back of previous QSR reviews to verify the findings of provider compliance with implementation of their quality improvement plan when there were areas of non-compliance related to HCBS Settings questions. Finally, DBHDS initiated a real time look back of HCBS findings during the Round 7 Quality Service Review process.
- **Steps Taken and Planned:** DBHDS has updated the previous process for measuring compliance and finalized reviews of all QSR setting reviews to ensure data is reliable and valid.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer. The process for this data is reliable and valid.
- **Quantitative Data Review:** Based on DBHDS review of providers for HCBS Compliance and the number of individuals living in those homes, the data indicates that 100% of people are living in compliant settings.

Numerator	11736
Denominator	11736
Final Percentage Living in Compliant Settings	100.00

- **QII:** There is not a formal QII related to this term.

Action 49a

- **Action 49a:** “In accordance with its CMS-approved Statewide Transition Plan, by December 31, 2025, the Commonwealth will complete its review of the remaining 3,296 locations for compliance with the CMS settings rule to determine if it is in compliance with the 95% goal.”
- **Previous Status: Complete**
- **Current Status: Complete**
- **Status Explanation:** DBHDS completed initial review of all settings as required by this term. DBHDS also completed a review of all providers who had areas of improvement identified as part of the QSR review rounds 1, 2, and 5. All providers were found to be compliant or no longer providing services.
- **Steps Taken and Planned:** DBHDS will continue to have a look back of all providers who are being reviewed through the QSR review.

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

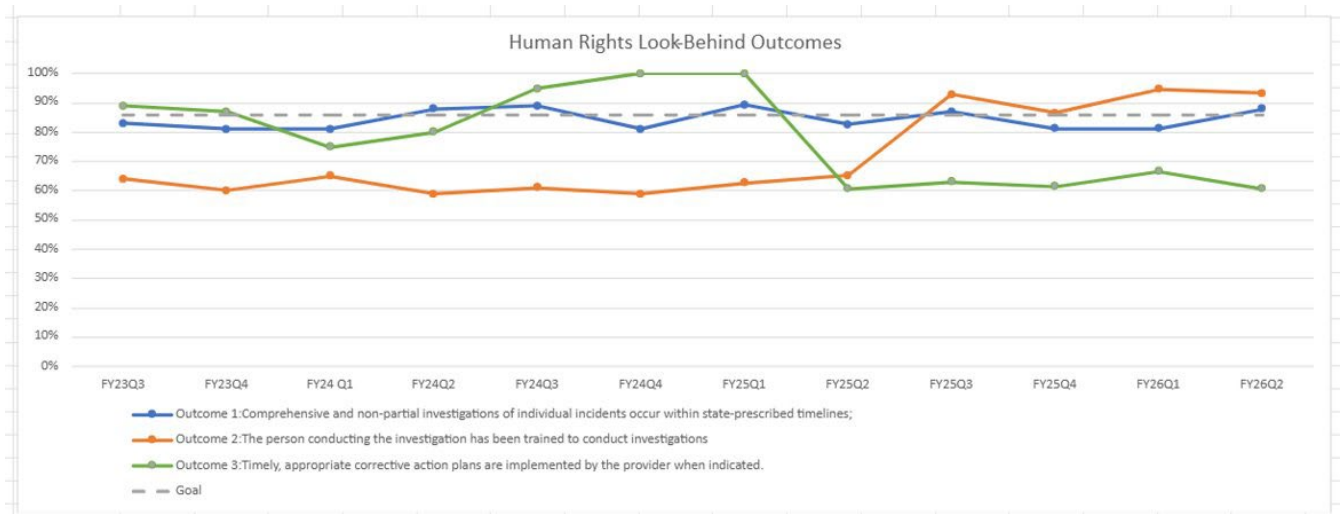
- **Term:** “The Commonwealth will continue its Community Look-Behind (CLB) review process to achieve a goal of collecting sufficient data for the Risk Management Review Committee (RMRC) to conduct or oversee a look-

behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. The review will evaluate whether: (i) investigations of individual incidents occur within state-prescribed timelines; (ii) the person conducting the investigation has been trained to conduct investigations; and (iii) corrective action plans are implemented by the provider when indicated. The RMRC will review trends at least quarterly, recommend QIIs when necessary, and track implementation of initiatives approved for implementation.”

- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The Commonwealth continues its Community Look-Behind (CLB) review process to achieve a goal of collecting sufficient data for the Risk Management Review Committee (RMRC) to conduct or oversee a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. Data indicates compliance in the FY26Q2 with outcomes i and ii but not with outcome iii. QIIs have been developed.

DBHDS implemented a gold standard review process and inter-rater reliability has shown substantial agreement on the key outcome measures.

- **Steps Taken and Planned:** The Office of Human Rights will continue to facilitate the CLB process and provide summary data to the RMRC quarterly. An inter-rater reliability study process has been developed to assess how well reviewers are consistently using the review tool and coming to the same conclusions. An inter-rater reliability study will be completed at the conclusion of each fiscal year. The QII focused on improving the three outcomes will continue with progress reviewed with the RMRC.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** The data shows improvement in Outcome ii and continued challenges with outcome iii.



- **QII:** Based on the consistently low results for Outcome ii (the person conducting the investigation has been trained to conduct investigations), DBHDS conducted a root cause analysis. DBHDS identified the following root causes for the low results:
 - **Awareness:** Providers do not know there is a requirement to have a trained investigator and what that “training” should consist of.
 - **Staff turnover:** The provider may have had a trained investigator, but that person left.

- **Access to training:** Providers do not know where to access training; training in the community may be cost-prohibitive for smaller agencies; DBHDS training is “only” offered 6 times per year.
- **Noncompliance:** Providers are aware of the requirement and where to obtain training but fail to access and maintain the training.

The Office of Human Rights has implemented strategies to improve providers’ compliance with having a trained investigator including adding an attestation for a trained investigator to the Human Rights Compliance Verification Checklist tool, development of a monthly live web-based interactive training for new and newly licensed providers- offering information about investigation and reporting requirements, procurement of a Certified Investigator training curriculum that has been converted to a self-paced modular webinar, the creation of a tracker of all trained investigators, and revision of internal protocols.

DBHDS also identified the need for a QII for outcome i (investigations completed in the prescribed timelines) and outcome iii (timely appropriate corrective action plans are implemented) in February. The team realized the efforts for outcome ii were not having the same impact on the other two outcomes. The QII is currently being fully fleshed out and will be presented to the QIC.

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

- **Term:** “The Commonwealth will work to achieve a goal of showing 86% of the sample of serious incidents reviewed by the RMRC meet criteria reviewed in the audit and that at least 86% of the sample of allegations of abuse, neglect, and exploitation reviewed by the RMRC meet criteria reviewed in the audit. The Commonwealth will continue the look behind process and provide feedback to the RMRC related to its findings. If this goal is not met by December 31, 2024, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** DBHDS continues to complete look behinds for both Licensing and Human Rights. DBHDS is meeting and exceeding the 86% requirement for serious incident look-behinds but is not meeting the metric for the look-behinds of allegations of abuse, neglect, and exploitation. Information on look behind analysis of abuse, neglect, and exploitation allegations can be found above under Term 52. This status explanation focuses on the Office of Licensing/serious incident look behind process.
- **Steps Taken and Planned:** As was mentioned under Term 52, the Office of Human Rights continues to work toward meeting outcomes ii and iii of the look behind. As a result of the challenge with outcome ii, the Office of Human Rights implemented quality improvement initiatives to ensure optimal outcomes for individuals and to achieve compliance with the expectations outlined. Data in FY26Q2 shows improvement in outcome ii of Term 52. DBHDS has started the process to implement a QII for outcomes i and iii.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** The data continues to show that Licensing is meeting the outcomes and Human Rights is meeting two of the three outcomes as indicated by the data below.
 - IMU Look-Behind: FY26 Q1
 - Outcome 1 (Incident triaged appropriately) - 100%
 - Outcome 2 (Provider’s response ensured safety) - 100%
 - Outcome 3 (Appropriate action from the IMU) - 100%

- Outcome 4 (Timely corrective action plans implemented) - 94%
 - OHR Community Look-Behind - FY26Q2
 - Outcome 1 (Comprehensive non-partial investigations within timelines) - 88%
 - Outcome 2 (Trained investigator) - 93%
 - Outcome 3 – (Timely corrective actions are implemented) - 61%
- **QII:** There is not a formal quality improvement initiative related to this Term as the licensing part of the Term is Met and the Human Rights portion of the Term has a QII under Term 52.

Term #54- Annual Physical Exams

- **Term:** “The Commonwealth will work to achieve a goal that 86% of individuals supported in residential settings receive annual physical exams.”
- **Previous Status: Not Met**
- **Current Status: Sustained Compliance**

Term #55- Assessment of Licensed Providers of DD Services

- **Term:** “The Commonwealth will work to achieve a goal that at least 86% of DBHDS-licensed providers of DD services have been assessed for their compliance with risk management requirements in the Licensing Regulations during their annual inspections. DBHDS will continue to conduct annual licensing inspections in accordance with Virginia Code § 37.2-411 in effect on the date of this Order or as may be amended and assess provider compliance with risk management requirements in the Licensing Regulations utilizing the Office of Licensing Annual Compliance Determination Chart.”
- **Previous Status: Not Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS reviews licensed providers on a calendar year basis. As such, at this point in the year, DBHDS has reviewed approximately 23 providers. This is not yet a statistically significant sample of providers and therefore the results of the review are not generalizable. Currently 127 (55%) providers are compliant with the risk management regulations
- **Steps Taken and Planned:** The DBHDS Office of Licensing will continue to review providers assessing their compliance with risk management requirements and report its findings accordingly.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** 230 providers have been reviewed, which is not a statistically significant sample. Currently, 127 of them (55%) are compliant with all the risk management regulations.
- **QII:** There is currently not a formal quality improvement initiative related to this term.

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

- **Term:** “The Commonwealth will continue to implement the Quality Improvement Plan approved by CMS in the operation of its HCBS Waivers. The DMAS-DBHDS Quality Review Team (QRT) will meet quarterly in accordance with the CMS-approved Quality Improvement Plan and will review data, determine trends, and implement quality improvement strategies where appropriate as determined by the QRT to improve performance.”
- **Previous Status: Not Met**
- **Current Status: Not Met**
- **Status Explanation:** The Commonwealth continues to implement the Quality Improvement Plan approved by CMS. The QRT meets quarterly to review data, determine trends, and implement quality improvement

strategies for most underperforming measures. The QRT was unable to produce meeting minutes that demonstrated the discussion for the October 2025 meeting.

- **Steps Taken and Planned:** The QRT will continue to review data, determine trends, and implement quality improvement strategies for underperforming performance measures.
- **Quantitative Data Review:** Quantitative data is not warranted for this Term, which is focused on the quarterly meetings. As mentioned above, the QRT held quarterly meetings during this semi-annual period and provided meeting minutes for each of the meetings.
- **QII:** There is not a formal QII in place to address this term, however, the team continues to work to improve strategies to demonstrate compliance with this term and implement QIIs related to the data that is reviewed by the DMAS-DBHDS QRT.

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

- **Term:** “The Commonwealth will continue to collect quarterly data on the following measures: (i) health and safety and participant safeguards; (ii) assessment of level of care; (iii) development and monitoring of individual service plans, including choice of services and of providers; (iv) assurance of qualified providers; e) whether waiver enrolled individuals’ identified needs are met as determined by DMAS QMR; and (v) identification, response to incidents, and verification of required corrective action in response to substantiated cases of abuse/neglect/exploitation. This data will be reviewed by the DMAS-DBHDS Quality Review Team. Remediation plans will be written and remediation actions implemented, as necessary, for those measures that fall below the CMS-established 86% standard. DBHDS will provide a written justification for each instance where it does not develop a remediation plan for a measure falling below 86% compliance. Quality Improvement remediation plans will focus on systemic factors (where present) and will include the specific strategy to be employed, as well as defined measures that will be used to monitor performance. Remediation plans will be monitored at least every six months. If such remediation actions do not have the intended effect, a revised strategy will be implemented and monitored.”
- **Previous Status: Not Met**
- **Current Status: Met**
- **Status Explanation:** The Commonwealth has continued to collect quarterly data on all identified areas as evidenced by the spreadsheets with the quarterly QRT Data. The QRT demonstrated remediation plans where warranted and provided justification when one was not implemented due to the sample size being small and not indicative of a systemic issue. Plans were monitored at least every six months as required by the Term.
- **Steps Taken and Planned:** The team continues to use the QRT Underperforming Measures Tracker that summarizes and monitors the status of quality improvement strategies for underperforming measures. The team documented conversations around underperforming measures for one of the two meetings, however met the measure because these conversations were documented at least semi-annually.
- **Quantitative Data Review:** The QRT met on January 22, 2026, to review Waiver Performance Measure data and trends from FY26Q1. Measures that were underperforming were discussed and efforts to remediate the issue were also discussed. Where remediation was not warranted, it was identified and explained.
- **QII:** There is not a formal QII in place to address this term, however, the Quality Review Team continues to work to improve strategies to demonstrate compliance with this term and implement QIIs related to the data that is reviewed by the DMAS-DBHDS QRT.

Integrated Day and Employment Study Area

Term #37. Day Services for DD Waiver Recipients

- **Term:** “The Commonwealth will work to achieve a goal of a 2% annual increase in the percentage of individuals on the DD waiver receiving day services in the most integrated settings.”
- **Previous Status: Deferred**
- **Current Status: Sustained Compliance**
- **Status Explanation:** DBHDS reported a 2% annual increase from March 2025 to March 2026. In March 2025, 4,438 people received integrated day services out of 18,149 individuals active on the DD waivers. In March 2026, 5,470 individuals received integrated day services out of 20,717 individuals active on the DD Waivers. Data continues to show an increase in the number of individuals who are receiving integrated day services. DBHDS is continuing to monitor this and is working through the Community Engagement Advisory Group. A survey was created to identify barriers to accessing integrated day services through Community Engagement and Coaching. The initial data from the survey has been reviewed by the Community Engagement Advisory Group (CEAG) to identify next steps and the work plan has been updated.
- **Steps Taken and Planned:** DBHDS continues to work with the CEAG to improve access to and utilization of the most integrated day services. The CEAG created a work plan with measurable goals and activities and will be working through this plan to increase access to integrated day services.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** From March 2025 to March 2026, there has been an increase in people receiving integrated day services from 4,438 to 5470. This is a 23% increase in the number of people receiving integrated day services.

Service	Procedure Code	9/30/2022	3/31/2023	9/30/2023	3/31/2024	9/30/2024	3/31/2025	9/30/2025	3/31/2026
Individual Supported Employment	H2023	672	694	679	701	695	798	800	868
Group Supported Employment	H2024x	320	287	291	290	296	294	313	310
Workplace Assistance	H2025	51	65	59	59	67	65	69	72
Community Engagement	T2021	2110	2222	2482	2757	2972	3323	3624	4167
Community Coaching	97127x, T2013x	209	205	209	239	269	313	379	492
Group Day Support	97150, T2025, 97537	5274	5320	5415	5592	5737	6091	6471	6816
Unduplicated Total	-	3157	3254	3450	3762	3998	4438	4814	5470
Unduplicated Total with Group Day Support Added	-	6919	7020	7211	7652	7996	8623	9182	9878

- **QII:** DBHDS has an active QII related to increasing the utilization of Community Engagement and Coaching services. DBHDS created a provider survey on barriers to the utilization of these services and received feedback at the end of October 2025. 170 providers, representing all five regions of the Commonwealth, responded to the survey. 84% of providers indicated they would be interested in expanding community engagement and community coaching services and that is evident in the data.

Action 37.a

- **Action 37.a:** “Within one month of the date of this Order, DBHDS’s Community Life Engagement Advisory Committee will implement a work plan that includes measurable goals, specific support activities, and timelines for implementation and that is focused on: defining meaningful community involvement; developing training and educational materials to enhance meaningful community involvement for individuals and families, providers, and case managers; and assessing community involvement data.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**

- **Status Explanation:** DBHDS has developed a comprehensive plan related to community engagement. The plan focuses on improving the understanding of community life engagement, leveraging support coordinators and providers as champions of community life engagement, improving understanding of barriers and how to mitigate them, identifying and mitigating gaps in availability, and collecting and leveraging data to address all issues. The plan is structured to provide activities, tasks, deliverables, and intended measurable outcomes with timelines for implementation.
- **Steps Taken and Planned:** DBHDS has updated the plan and restructured the CEAG to ensure appropriate support and representation from across the Commonwealth. The Commonwealth will ensure that the CEAG meets regularly and is prepared to operationalize their work for meaningful outputs.

Action 37b

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

Action 37.c

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

Term #50. Supported Employment

- **Term:** “The Commonwealth will work to achieve a goal of being within 10% of the waiver employment targets set by the Employment First Advisory Group. DBHDS will continue to work with the Employment First Advisory Group, the Quality Improvement Committee (QIC), and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18-64 on the DD waiver. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year.”
- **Previous Status: Not Met**

- **Current Status: Deferred**
- **Status Explanation:** As reported in its semi-annual employment report for December 31, 2025, DBHDS is at 75% of the waiver employment targets for FY26. DBHDS does not yet have a full years' worth of data to determine whether this term is met.
- **Steps Taken and Planned:** DBHDS conducted a listening session in March to understand barriers to waiver employment and increasing employment for person with disabilities in the Commonwealth. The listening session focused on what was working, not working, and missing in the areas of knowledge, resources, and service system. The team is now working to formulate this information into an active QII to improve employment outcomes.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing the methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer.
- **Quantitative Data Review:** As indicated in the table below, at the mid-year point for FY 26, the Commonwealth is 15% away from the target.

Data Targets:

Fiscal Year	Total	Actual Total	ISE	Actual ISE	GSE	Actual GSE	% of total
2016	808	890	211	225	597	665	100%
2017	932	826	301	305	631	521	89%
2018	1297	972	566	422	731	550	75%
2019	1211	1078	661	555	550	523	89%
2020*	1486	715	936	480	550	235	48%
2021**	1685	708	1135	469	550	239	42%
2022	1211	764	661	530	550	234	63%
2023	1486	986	936	702	550	284	66%
2024	1142	1020	842	719	300***	301	89%
2025	1310	1,105	1010	792	300***	313	84%
2026	1512	1,138^	1212	836^	300***	302^	75%^

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

- **QII:** A quality improvement initiative is being formalized by the Employment First Advisory Group.

Term #51. Supported Employment

- **Term:** "The Commonwealth will work to achieve a goal of meeting its established employment target of 25% for adults aged 18 to 64 on DD waivers and the waitlist. DBHDS will continue to work with the Employment First Advisory Group, the QIC, and the QIC subcommittees to develop and recommend QIIs to enhance employment of adults aged 18 to 64 on the DD waiver and the waitlist. If the goal is not met within two years of the date of this Order, DBHDS will conduct a root cause analysis and implement a QII. DBHDS will continue this quality improvement process until the goal is achieved and sustained for one year."
- **Previous Status: Met**
- **Current Status: Sustained Compliance**
- **Status Explanation:** DBHDS has completed its semi-annual employment report for December 31, 2025, data. During this semi-annual period, the Commonwealth reported that 26% of people aged 18-64 on the waiver or waiver waiting list were employed. This is a .9% increase from the previous reporting period.
- **Steps Taken and Planned:** DBHDS continues to have an Employment First Advisory Group with active membership from across the Commonwealth. The Employment First Advisory Group is comprised of three

committees focused on education and training, policy, and data to advance employment for individuals with developmental disabilities in the Commonwealth.

- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency's Chief Data Officer.
- **Quantitative Data Review:** A total of 5,463 people are employed with supports from ISE and GSE, which is a combined increase of 21 people from the previous data reported. It also indicates that of the total number of individuals 18-64 on the waivers and the waiver waitlists, 26% of people with DD are employed, which is an increase of .9%.
- **QII:** There is currently not a formal QII related to employment.

Community Living Options Study Area

Term #38. Private Duty Nursing.

- **Term:** "The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with private duty nursing identified in their ISP or prescribed under EPSDT receive 80% of the hours identified as needed on the CMS485 or DMAS62 forms."
- **Previous Status: Not Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS updated the annual lookback of nursing utilization for FY25. For the previous fiscal year, 76% of Individuals receiving Private Duty Nursing RN and LPN services received at least 80% or more of their hours. This is an improvement from the data reported last review period. For the first half of FY 26, 50% of individuals receiving Private Duty Nursing Services receive 80% or more of their hours. This percentage should increase in the subsequent two review periods when additional billing is captured for the services delivered.
- **Steps Taken and Planned:** DBHDS continues to refine data collection related to nursing hour utilization including continuing to gather data each review period for previous review periods to identify additional services delivered, developing a workplan to address nursing across the Commonwealth, and continuing to implement the Intense Management Needs Review (IMNR) by which nurses with the OIHSN complete on-site reviews to ensure individuals' needs are being met. When needs or barriers are identified during the review, the nurses issue remediation plans and follow up until issues are resolved. As part of the nursing plan this year, the OIHSN has completed the following:
 - Identified all DD waiver nursing providers in each region. This identification of DD waiver nursing providers is repeated each fiscal year to identify new providers.
 - FY24 to FY25 saw a growth in nursing providers in each of the 5 regions. New nursing providers by region are as follows:
 - Region 1: 1
 - Region 2: 55
 - Region 3: 41
 - Region 4: 31
 - Region 5: 10
 - Internally, DBHDS is tracking all nursing providers and connecting individuals to agencies as the OIHSN continues annual contacts with individuals to ensure providers are increasing capacity. Currently, the search engine to identify nursing providers is internal to DBHDS but the goal is to make the search engine available to the public similar to the search engine to identify and locate behavioral providers.

- Targeting Home Health Agencies to provide waiver services: The mailing regarding the Jump Start Funding Opportunity was sent out March 7, 2026, to the 224 Home Health Agencies and the DD providers billing for DD Waiver Nursing services in FY25 for a total of just over 400 entities. Responses are being received and the process of scheduling informational meetings is underway.
- Training Support Coordinators on SN/PDN DD Waiver Nursing, how to find a nursing provider, and how to obtain assistance from an OIHSN RNCC.
- Each Region identifies barriers, plotted barriers on a graph, and are developing plans to resolve barriers.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** As indicated by the data below, in FY25, 76.05% of people received 80% of their RN hours of Private Duty Nursing and 76.13% received 80% of their LPN hours of Private Duty Nursing. These are very slight improvements over FY 24.

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

Percentage that Met 80% Utilization by Procedure Code - Updated Billing Data							
Procedure Code	FY19	FY20	FY21	FY22	FY23	FY24	FY25
S9123	22.82%	15.74%	16.34%	47.70%	9.85%	28.93%	21.43%
S9124	37.13%	40.48%	42.72%	56.10%	27.86%	56.08%	51.15%
T1002	60.26%	72.06%	63.41%	65.63%	80.17%	73.51%	76.05%
T1003	64.60%	54.83%	57.85%	65.75%	66.06%	80.14%	76.13%

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

Action 38.a

- **Action 38.a:** “Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent Reviewer is monitoring the Commonwealth’s compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS produced the annual report in time for the Independent Reviewer study and will continue to report this data semi-annually.
- **Steps Taken and Planned:** The OIHSN Project Manager and DBHDS Data Analyst have added an additional step to the process to ensure all outstanding billing data is captured to determine whether the metric of Term 38 is met. Capturing all billing data shows an increase in utilization of the service. In addition, DBHDS will continue to conduct retrospective reviews of the previous fiscal year once the full year of claims data is available to ensure a comprehensive picture of utilization of private duty nursing services.

Action 38.b

- **Action 38.b:** By September 30, 2024, DBHDS will update the ISP to allow for collection of nursing needs data identified by the Risk Awareness Tool.
- **Previous Status: Complete**
- **Current Status: Complete**

- **Status Explanation:** DBHDS updated the ISP effective September 16, 2024, to include the Risk Awareness Tool in the ISP. This allows risk data to populate into the ISPs and ensures that these areas are being covered. This also reduces redundancy in the completion of this documentation.
- **Steps Taken and Planned:** DBHDS reviews each person’s ISP as a part of the IMNR process and will provide feedback if information is not being recorded correctly.

Action 38.c

- **Action 38.c Description:** “DBHDS will continue to implement an IMNR that will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified and efforts taken to resolve them.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS implemented the IMNR process in consultation with the Independent Reviewer’s Nurse Consultants. The IMNR report was completed by April 15, 2026, as part of the Nursing Report.
- **Steps Taken and Planned:** DBHDS is continuing to review and refine the IMNR process to ensure the process adequately evaluates individuals with private duty nursing needs, skilled nursing needs, complex behavioral needs, and adaptive functioning needs.

Action 38.d

- **Action 38.d Description:** “Within six months of the date of this Order, in consultation with the five DBHDS Registered Nurse Care Consultants, the Commonwealth will:
 - Identify which CSB catchment areas in each Region have the highest nursing shortages for this target population based on objective criteria and data, including how many individuals with private duty nursing receive 80% of their hours;
 - Identify the top three barriers to individuals accessing nursing services in each region based on objective data, including stakeholder data and state and national workforce data and research;
 - Develop a work plan to resolve those barriers that includes measurable goals, specific support activities, and timelines for implementation; and
 - Include the barriers and efforts to resolve them, as well as the factual basis for those barriers and efforts, and results achieved in the semiannual nursing report that is posted in the Library.”
- **Previous Status: In Progress**
- **Current Status: In Progress**
- **Status Explanation:** DBHDS created a Community Nursing Access workplan. Within the workplan, DBHDS nurses identified which CSBs in each Region had the highest nursing shortage for that Region. The CSBs listed here were identified as having the highest nursing shortages in Regions 1, 2, 3, 4, and 5 respectively: Region 10 CSB, Arlington CSB, Piedmont CSB, Hanover County CSB, and Colonial CSB. The Registered Nurse Care Consultants (RNCCs) identified all private providers in the region and are now confirming whether they accept DD waiver referrals. The RNCCs are asking additional questions as part of their calls to continue to understand barriers to individuals accessing nursing services. Barrier information for each of the Regions is also identified in the Nursing Workplan. Each Region has slightly different needs but most barriers center around workforce and training. The RNCCs identified ways to mitigate most of the barriers. As part of the nursing plan this year the OIHSN has completed the following:
 - Identified all DD waiver nursing providers in each region. This identification of DD waiver nursing providers is repeated each fiscal year to identify new providers.
 - FY24 to FY25 saw a growth in nursing providers in each of the 5 regions as follows:
 - Region 1: 1

- Region 2: 55
- Region 3: 41
- Region 4: 31
- Region 5: 10
- Internally, DBHDS is tracking all nursing providers and connecting individuals to agencies as the OIHSN continues annual contacts with individuals to ensure providers are increasing capacity. Currently, the search engine to identify nursing providers is internal to DBHDS but the goal is to make the search engine available to the public similar to the search engine to identify and locate behavioral providers.
- Targeting Home Health Agencies to provide waiver services: The mailing regarding the Jump Start Funding Opportunity was sent out March 7, 2026, to the 224 Home Health Agencies and the DD providers billing for DD Waiver Nursing services in FY25 for a total of just over 400 entities. Responses are being received and the process of scheduling informational meetings is underway.
- Training Support Coordinators on SN/PDN DD Waiver Nursing, how to find a nursing provider, and how to obtain assistance from an OIHSN RNCC.
- Each Region identifies barriers, plotted barriers on a graph, and are developing plans to resolve barriers.
- **Steps Taken and Planned:** DBHDS has developed a plan and has developed action steps to address the areas needed in this Action. DBHDS will continue to implement the plan and continue to work to increase access to nursing supports and services.

Action 38.e

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

Action 38.f

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

Term #39. Skilled Nursing

- **Term Description:** “The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with skilled nursing identified in their ISPs or prescribed under EPSDT will have their skilled nursing needs met 80% of the time.”
- **Previous Status: Not Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS completed the annual lookback of nursing utilization for FY25. For the previous fiscal year, 21.43% of Individuals receiving Skilled Nursing RN and 51.15% of individuals receiving Skilled Nursing LPN services received at least 80% or more of their hours. This is an improvement from the data reported last review period. For the first half of FY 26, 21.84 % of individuals receiving Skilled Nursing Services receive 80% or more of their hours. This percentage should increase in the subsequent two review periods when additional billing is captured for the services delivered. DBHDS also recognizes that these metrics may likely never be met given the intermittent nature of these services and thus has implemented an IMNR process to ensure the skilled nursing needs of individuals are being met.
- **Steps Taken and Planned:** DBHDS continues to refine data collection related to nursing hour utilization including continuing to gather data each review period for previous review periods to identify additional services delivered, developing a workplan to address nursing across the Commonwealth, and continuing to implement the IMNR by which nurses with the OIHSN complete on-site reviews to ensure individuals’ needs are being met. When needs or barriers are identified during the review, the nurses issue remediation plans and follow up until issues are resolved. As part of the nursing plan this year the OIHSN has completed the following:
 - Identified all DD waiver nursing providers in each region. This identification of DD waiver nursing providers is repeated each fiscal year to identify new providers.
 - FY24 to FY25 saw a growth in nursing providers in each of the 5 regions as follows:
 - Region 1: 1
 - Region 2: 55
 - Region 3: 41
 - Region 4: 31
 - Region 5: 10
 - Internally, DBHDS is tracking all nursing providers and connecting individuals to agencies as the OIHSN continues annual contacts with individuals to ensure providers are increasing capacity. Currently, the search engine to identify nursing providers is internal to DBHDS but the goal is to make the search engine available to the public similar to the search engine to identify and locate behavioral providers.
 - Targeting Home Health Agencies to provide waiver services: The mailing regarding the Jump Start Funding Opportunity was sent out March 7, 2026, to the 224 Home Health Agencies and the DD providers billing for DD Waiver Nursing services in FY25 for a total of just over 400 entities. Responses are being received and the process of scheduling informational meetings is underway.
 - Training Support Coordinators on SN/PDN DD Waiver Nursing, how to find a nursing provider, and how to obtain assistance from an OIHSN RNCC.
 - Each Region identifies barriers, plotted barriers on a graph, and are developing plans to resolve barriers.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** As indicated by the data below, in FY25, 21.43% of people received 80% of their RN hours of Skilled Nursing and 51.15% received 80% of their LPN hours of Skilled Nursing.

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

Percentage that Met 80% Utilization by Procedure Code - Updated Billing Data							
Procedure Code	FY19	FY20	FY21	FY22	FY23	FY24	FY25
S9123	22.82%	15.74%	16.34%	47.70%	9.85%	28.93%	21.43%
S9124	37.13%	40.48%	42.72%	56.10%	27.86%	56.08%	51.15%
T1002	60.26%	72.06%	63.41%	65.63%	80.17%	73.51%	76.05%
T1003	64.60%	54.83%	57.85%	65.75%	66.06%	80.14%	76.13%

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

Action 39.a

- **Action 39.a:** “Semi-annually, on May 15 and November 15 of each year, DBHDS will continue to report data on utilization of nursing services and the work of the DBHDS Nursing Workgroup, except if the Independent Reviewer is monitoring the Commonwealth’s compliance under Section VIII, DBHDS will report on April 15 and October 15 of each year.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS produced the annual report in time for the Independent Reviewer study and will continue to report this data semi-annually.
- **Steps Taken and Planned:** The OIHSN Project Manager and DBHDS Data Analyst have added an additional step to the process to ensure all outstanding billing data is captured to determine whether the metric of Term 39 is met. Capturing all billing data shows an increase in utilization of the service. In addition, DBHDS will continue to conduct retrospective reviews of the previous fiscal year once the full year of claims data is available to ensure a comprehensive picture of utilization of skilled nursing services.

Action 39.b

- **Action 39.b:** “As part of the IMNR Process, DBHDS will assess if individuals have unmet nursing or other medical needs and will work with families, providers, and case managers to take steps to resolve identified unmet needs. Semi-annually, on April 15 and October 15 of each year, DBHDS will report on the IMNR process, including the types of unmet needs identified, efforts taken to resolve them, and results achieved.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS implemented the IMNR process in consultation with the Independent Reviewer’s Nurse Consultants. The IMNR report was completed by April 15, 2026, as part of the Nursing Report.
- **Steps Taken and Planned:** DBHDS is continuing to review and refine the IMNR process to ensure the process adequately evaluates individuals with private duty nursing needs, skilled nursing needs, complex behavioral needs, and adaptive functioning needs.

Action 39.c

- **Action 39.c:** “*Skilled Nursing Review.* Beginning within three months of the date of this Order, for individuals with a skilled nursing need identified in the Waiver Management System, DBHDS will begin to conduct on-site IMNR reviews as set forth in this paragraph. DBHDS will conduct the on-site IMNR reviews of a randomized

sample of 10% of individuals annually (split between two six-month reviews) to determine if individuals' skilled nursing services needs are being met. In selecting individuals during each six-month review period to review, DBHDS shall include in the sample only individuals who were authorized to receive the service at least three months earlier, to ensure sufficient time for the sampled individuals to have received the service."

- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** The IMNR process specific to individuals with skilled nursing needs was completed with 31 people being reviewed out of a total of 180 individuals with a skilled nursing authorization, which constitutes a sample of 17%. All 31 reviews resulted in at least one remediation plan with a total of 128 remediation plans being generated. None of these remediation plans found that skilled nursing needs were not being met. Of these, 111 were categorized and are reported below. The remaining 14 were in the process of being categorized. Of those 128 plans, 93 plans have been resolved (83.78%). Three additional plans were resolved when the family chose not to pursue the recommendations. Based on this review, 30 of the 31 individuals reviewed were found to have their skilled nursing needs met.

Remediation Plan Category	Count
Assessments/Evaluations	29
Documentation	20
Protocols	18
Adaptive Equipment	11
Nursing	8
Dental	6
Psychotropic Meds	4
Physical	3
Additional Supports/Enhancements	3
Guardianship	3
Documentation/Part V	3
Human Rights	1
Behavioral Supports/Therapeutic Consultation	1
Mobile Rehab Engineering	1
Grand Total	111

- **Steps Taken and Planned:** The IMNR process has been updated by the OIHSN specific to skilled nursing. DBHDS is implementing the process through the RNCCs and the identified quality team (Deputy Commissioner, OIHSN Project Manager, RN not associated with the project) will review the findings and determine if adjustments need to be made to the process.

Action 39.d

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

- **Status Explanation:** Status for rate study is summarized in Term 59.
- **Steps Taken and Planned:** See Term 59 for summary.

Action 39.e

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

Provider Training Study Area

Term #47. Training Requirement Compliance

- **Term Description:** “The Commonwealth will work to achieve a goal that 86% of DBHDS-licensed providers receiving an annual inspection will have a training policy that meets established DBHDS requirements. DBHDS will take action it determines appropriate if providers fail to comply with training requirements required by regulation.”
- **Previous Status: Not Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS has reviewed 230 providers. Of those providers, 185 (80%) are in compliance with the training regulations. To ensure licensing staff are assessing providers’ compliance with training regulations correctly, the OL completed their first IRR process 7/23/25. OL’s Quality Improvement Review Specialist (QIRS), Associate Director and Director met all timeframes outlined in the OL Inter-Rater Reliability Process document (IRR process occurred 7/23/25, QIRS input all data 8/13/25 and meeting held with Director 9/25/25).

Interrater results were presented to OL staff during the 10/15/25 all staff meeting along with the IRR Handout which provided the correct compliance rating and rationale for each regulation required to be reviewed. Staff also met with the QIRS in small groups, by region, to discuss the handout further.

In October 2025, using the Maxwell RE Statistic, a DBHDS statistician provided the July 2025 IRR results. OL’s Interrater Results revealed no agreement or weak agreement in the following areas: 520.A (62%), 520.B (57%), 520.C.1 (40%), 520.C.2 (38%), 520.C.3 (49%), 520.C.5 (62%), 520.D (53%), 620.B (62%), 620.C.1 (21%), 620.C.4 (53%), and 620.D.3 (68%). Based on this information, the AD of Quality and Compliance developed a plan (FINAL Addressing Areas with no or weak agreement based on 7.23.25 IRR results and feedback) to address each of these areas which required updating the DD Annual Compliance Determination Charts and retraining staff.

The next IRR process was scheduled for 10/29/25 but there was insufficient time from when the results were analyzed to make all the necessary changes and provide the appropriate training to staff then roll out the 2026 trainings in December 2025. Additionally, majority of the developmental services inspections were completed

by October 2025. As a result, the frequency of the IRR process will occur on a tri-annual basis in January, May and September.

OL staff received 2026 DD Inspections Training mid- December 2025, which targeted 160/450/520/620 regulations. The second IRR process was completed 1/7/26 and OL is on track to meet all required timeframes (IRR completed 1/7/26 and QIRS input all data by 1/20/26). The AD of Quality & Compliance submitted IRR data to the DBHDS Statistician 1/20/26. Based on the raw data, OL staff who were in disagreement with 5 or more of the regulations based on the “gold standard” will receive additional training by the QIRS to address those specific areas of disagreement. On 1/21/26, the QIRS provided OL staff with the IRR Handout 1.7.26 so that staff could compare the results they submitted to the QIRS with the “gold standard.”

The regional managers continue to conduct look behinds of annual DD inspections completed by specialists and the QIRS continues to conduct look behinds of the 450/520/620 regulations. Both the regional managers and QIRS keep a record of the completed look behinds.

Steps Taken and Planned: DBHDS will continue to review the remaining providers during the calendar year. Additionally, the third IRR process will occur May 2026 and the fourth September 2026. The IRR results obtained from the September 2026 IRR process will drive the updates/changes for the 2027 calendar year and training will occur December 2026, prior to the start of 2027. The OL will continue to provide DD Inspection Training and 160/450/520/620 training to new and current staff as needed which includes the developmental service inspection procedures. New Licensing Specialists continue to participate in LS Supplemental training when onboarded and these trainings are also available to current staff when managers identify a need for retraining.

- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** DBHDS’ Office of Licensing has reviewed 230 providers for this calendar year. Of those who have been reviewed, 80% of providers are in compliance with the training requirement.
- **QII:** While there is not a formal QII in place to address this term, DBHDS has implemented Enhanced Consultation and Technical Assistance (ECTA) with providers to ensure compliance with employee training requirements. Providers are contacted via email when they are determined to be in non-compliance with the applicable regulation and can opt into ECTA. If they are found to have a systemic finding of non-compliance (two consecutive reviews indicating non-compliance), the provider is required to participate in ECTA.

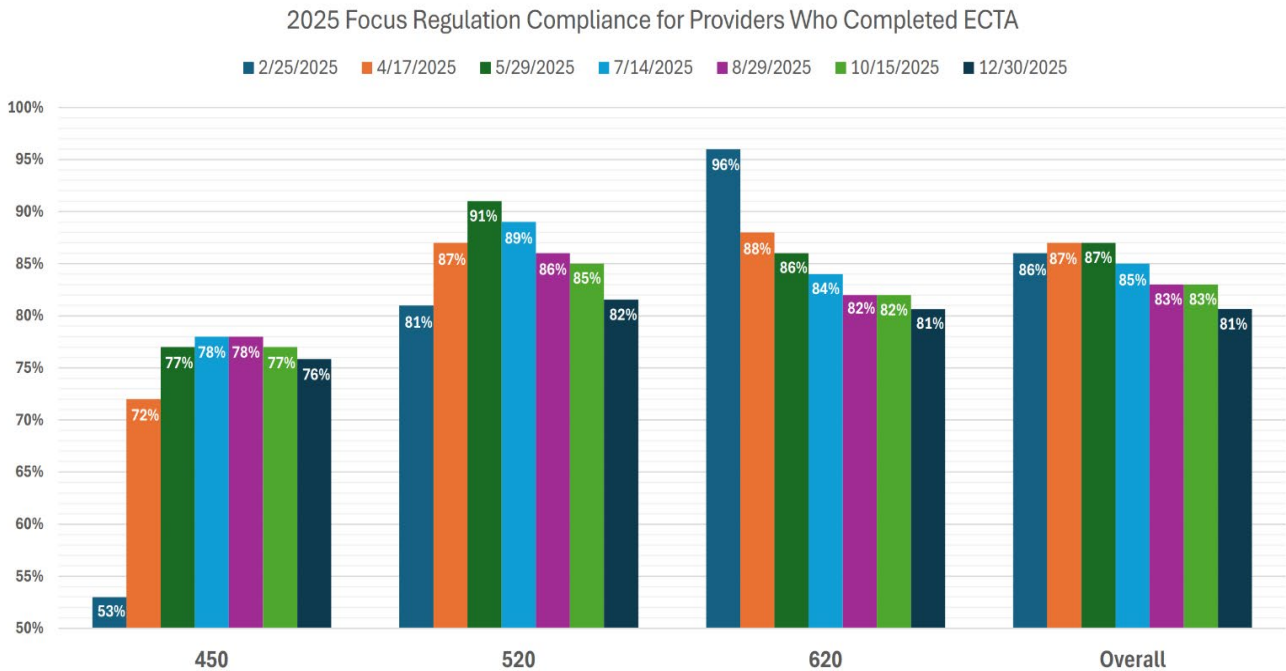
Action 47.a

- **Action 47.a:** “Within six months of the date of this Order, DBHDS will require that any provider not in compliance with training requirements develop and implement a corrective action plan.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS requires all providers who receive a citation (not in compliance) with any regulation to complete a corrective action plan related to that citation.
- **Steps Taken and Planned:** If the Office of Licensing determines during an annual inspection that a provider failed to comply with any component of regulation 12VAC35-105-450, the Office of Licensing issues a licensing report describing the noncompliance and requires the provider to submit a Corrective Action Plan (CAP) that addresses all components of the cited violation. The provider is required to submit a revised training policy, which must include the effective date, and proof of compliance with the revised training policy. In addition, the Office of Licensing developed a memo for providers to address Employee Training and Development.

Within the memo, there is a training policy template that includes guidance to assist with determining the frequency of retraining and sample form templates that can be used to document employee orientation and training. This memo was disseminated to providers on May 2, 2025, and posted on the OL website.

Action 47.b

- **Action 47.b:** “Within three months of the date of this Order, DBHDS Quality Improvement Specialists will offer providers technical assistance, additional training, and specific actions related to the respective areas of underperformance.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** DBHDS continues to require that providers with a citation related to training regulations develop and implement corrective action plans related to their non-compliance. DBHDS has hired the 12 Quality Improvement Specialists who have begun their work with providers who have received corrective action plans related to their Quality Improvement Programs.
- The quality improvement specialist team began Expanded Consultation and Technical Assistance (ECTA) sessions with providers in August of 2024 and continues to work with providers. Current data shows that improvement continues to be made by providers who receive ECTA and subsequent compliance is increasing for these providers. The graph below shows that overall each time we provide ECTA at least 80% or more of providers are coming into compliance with previously cited regulations



- **Steps Taken and Planned:** DBHDS continues to implement ECTA for providers who are in need of consultation and technical assistance related to these regulations. The team is also meeting internally to determine if any improvements are needed to the process.

Action 47.c

- **Action 47.c:** “ Within six months from the date of this Order, for providers who are not compliant with training requirements for two consecutive licensing inspections, DBHDS shall take appropriate further action

to enforce adherence to the Commonwealth's regulations, which may include, but not be limited to, issuing citations, issuing systemic citations, issuing a health and safety corrective action plan, reducing a provider's license to provisional status, or revoking the provider's license as determined appropriate by DBHDS."

- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** As discussed above, DBHDS has established expectations that providers with systemic citations related to training regulations are required to participate in ECTA within 45 days of their approved corrective action plan. In addition to required ECTA, DBHDS OL has defined progressive actions that will be taken to address concerns with provider compliance. These actions include, but are not limited to, the following steps:
 - Optional ECTA
 - Required ECTA
 - Consent Agreement
 - Provisional License
 - Revocation of License

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

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

Action 47.d

- **Action 47.d:** "Within 24 months of the date of this Order, DBHDS will ensure that all DBHDS staff and contractors assigned to assess training requirements have established inter-rater reliability in conducting such assessments."
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** In addition to the work being described above to establish inter-rater reliability between licensing specialists, the DBHDS Deputy Commissioner of Community Services (DC) did a look behind of licensing specialists and a comparison to the Independent Reviewer's Consultant (IRC) related to the sample collected for this study period. The goal of this look-back is to identify areas of disagreement between Licensing Specialists, the DC, and the IRC and the results will be used to align all reviewers' understanding for making determinations and increase agreement in future reviews. The Deputy Commissioner was in 92% concordance with the Independent Reviewer Consultant and 96% in agreement with the licensing specialists.
- **Steps Taken and Planned:** DBHDS will continue to implement the inter-rater reliability process related to licensing reviews and increase concordance with findings between all reviewers.

Term #48. Training and Competency of Direct Support Professionals

- **Term:** "The Commonwealth will work to achieve a goal of at least 95% of Direct Support Professionals and their supervisors receive training and competency testing in accordance with 12 VAC 30-122-180 as in effect on the date of this Order or as may be amended."
- **Previous Status: Not Met**
- **Current Status: Deferred**
- **Status Explanation:** DBHDS is in the process of implementing Round 8 QSRs and no data was available during this review period to assess compliance with this term.

- **Steps Taken and Planned:** DBHDS is implementing a quality improvement initiative related to Direct Support Professional (DSP) training and competencies and has implemented Enhanced Consultation and Technical Assistance (ECTA) with providers. These efforts should help to improve staff and supervisor competence as outlined in this term. This QII is more fully discussed below. In addition, DBHDS revised the QSR tools with input from the Independent Reviewer’s Consultant for Quality and subsequently updated the measure to align with the new tools. The same data is captured through Health and Safety Alerts and Competency Alerts. The process and data validation were also updated as a result of these changes.
- **Data Validity and Reliability:** DBHDS maintains written process documentation containing methodology to produce valid and reliable data for this term, as certified by the agency’s Chief Data Officer.
- **Quantitative Data Review:** There is currently no data available yet for Round 8 QSRs.
- **QII:** DBHDS has implemented a formal quality improvement initiative related to direct support professional competencies. A root cause analysis was completed in collaboration with the Provider and Systems Issues Resolution Workgroups (PIRW and SIRW, respectively). Administrative burden, staffing (turnover, vacancies), training and tools, resources, environment, and policies and procedures were identified as factors impacting the ability to come into compliance. With input from the PIRW, and following a survey, DBHDS implemented an initiative to streamline advanced competencies and to reduce redundancies between the advanced competencies. This initiative addressed administrative burden specifically. Additionally, DBHDS is reviewing current training with input from the workgroups. DBHDS will monitor this QII and determine its impact on compliance to decide if additional intervention is needed.

Action 48.a

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

Action 48.b

- **Action 48.b:** “Based on the findings of the root cause analysis required by Paragraph 48(a), DBHDS will prioritize the findings for quality improvement, taking into account the anticipated impact to the system, including potential negative impacts to current staffing. DBHDS will implement a QII based on its prioritization consistent with continuous quality improvement principles and developed in collaboration with the provider and system issues resolution workgroups.”
- **Previous Status: Complete for this review**
- **Current Status: Complete for this review**
- **Status Explanation:** Administrative burden, staffing (turnover, vacancies), training and tools, resources, environment, and policies and procedures were identified as factors impacting the ability to come into compliance. With input from the PIRW, and following a survey, to address administrative burden, DBHDS

implemented an initiative to streamline advanced competencies and to reduce redundancies between the advanced competencies. The PIRW Education and Training subcommittee has completed the competencies checklist review. Recommended edits were reviewed by DBHDS and incorporated as appropriate. The subcommittee has reviewed Supervisory module 3, which includes the DSP competency process as well as modules 1 and 2 of the DSP training. The review of competency checklists includes form instructions, formatting, as well as content to reduce duplication and remove redundant elements. The form revisions were reviewed, approved, and are now being piloted for implementation. Since 2025, DBHDS has been piloting the streamlined advanced competencies checklist, reducing it from 28 pages to 11. The pilot ran through February of 2026, with analysis and adjustments planned through March. A public comment period related to the changes will occur in April and the updated competencies are planned to be released by July 1, 2026. Early feedback was positive and the team met to analyze root causes using a fishbone diagram.

- **Steps Taken and Planned:** DBHDS will continue to monitor data after implementation of updates to determine if the changes had an impact. A focus group is planned to collect provider input about further reducing administrative burden, plan next steps and priorities, and determine success with the initiative.

Action 48.c

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

Action 48.d

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

Rate Studies Study Area

Term #59- Rate Studies

- **Term Description:** “For any rate study required to be conducted under paragraphs 33, 37, 38, 39, or 48, the following shall apply:
 - i. The Commonwealth may either engage Guidehouse as a vendor to conduct the rate study or solicit for a vendor to conduct the rate study. If the Commonwealth engages Guidehouse, the United States may provide input on how the Commonwealth directs Guidehouse to perform the rate study, participate in Guidehouse’s meetings with stakeholders and have an opportunity to review and comment on Guidehouse’s draft report. If the Commonwealth solicits a different vendor to conduct the rate study, the United States may propose qualifications to be included in the Commonwealth’s solicitation for a vendor to conduct the rate study, and the Commonwealth will not unreasonably withhold its consent to the inclusion of the United States’ proposed qualifications in the solicitation. At a minimum, the selected vendor must have demonstrated experience analyzing rates and recommending rate changes that have successfully increased provider capacity. After a vendor is engaged, the United States may provide input on how the Commonwealth directs the vendor to perform the rate study, participate in the vendor’s meetings with stakeholders and have an opportunity to review and comment on the vendor’s draft report. At a minimum, the rate study shall be in accordance with best practices and designed to target rates necessary to ensure sufficient capacity to reach the goals of paragraphs 33, 37, 38, 39, and 48.
 - ii. The vendor shall submit a draft of the rate study to the parties for comment at least 30 days before finalizing the study and shall address any comments in the final version of the study.
 - iii. The study shall be placed in the Library and filed (by either party) with the Court.
 - iv. The Commonwealth shall make its best efforts in the two legislative sessions immediately following publication of the results of the rate study to obtain from the General Assembly funding necessary to increase rates to those recommended by the study, accounting for any increases in inflation in the rate’s implementation.
 - v. Upon request of the United States, the Court shall hold a status conference one month after the Governor’s proposed budget is submitted to the General Assembly if the rate increases identified in the Study are not in the proposed budget.
 - vi. Upon request of the United States, the Court shall hold a public hearing within 30 days after the Governor and General Assembly have taken all steps necessary to finalize the budget. The hearing shall address whether the rate increases identified in the Study are included in the budget, and, if not, whether the Court should order any steps
- **Previous Status: Deferred**
- **Current Status: Complete for this review**
- **Status Explanation:** In December 2024, the Commonwealth initiated a rate study of eleven services as required by this Term and Terms 33, 37, 38, 39, and 48: therapeutic consultation, community engagement, workplace assistance, community coaching, private duty nursing, skilled nursing, personal assistance services, companion services, respite, in-home support services, and independent living support services. Guidehouse was engaged to conduct the rate study. The first meeting of a stakeholder workgroup was held on December 12, 2024, to introduce the rate study process to the workgroup. During this meeting, the DMAS DD Provider Cost and Wage Survey was reviewed with stakeholders and feedback was gained. Subsequent meetings with stakeholders were held on the cost and wage survey, peer state analysis, and review of assumptions and draft rates. Representatives from Guidehouse, DBHDS, DMAS, the United States, and other stakeholders were present and participated at all meetings. The draft study report was provided to the United States to provide

comment as required and all comments of the United States were addressed in the final report. The final rate study report was submitted to the Court and published on the DOJ library on October 15, 2025. Additionally, DMAS requested the funding required to implement the rate study recommendations, which can be located at [w1 \(PB Reports\)](#).

Governor Youngkin's proposed budget submitted to the General Assembly on December 17, 2025, included rate increases as recommended in the rate study for seven of the services: community coaching, community engagement, companion care, independent living supports, in-home support services, therapeutic consultation, and workplace assistance. The proposed budget did not include increases as recommended by the rate study for private duty and skilled nursing, personal care assistance, or respite.

DBHDS and DMAS representatives met with staff of the House Appropriations and Senate Finance Committees as well as completed presentations to legislators related to requirements related to rate increases under the Permanent Injunction in order to make their best efforts to ensure all eleven services would be included in the budget by the General Assembly. Advocacy organizations also lobbied legislators in support of rate increases.

As the General Assembly considered the budget during the 2026 session, each chamber considered and amended Governor Youngkin's proposed budget. The House of Delegates retained what was in Governor Youngkin's proposed budget and did not address personal assistance, respite, private duty nursing, or skilled nursing.

The Senate retained what was in Governor Youngkin's proposed budget for community coaching, community engagement, independent living supports, in-home support services, therapeutic consultation, and workplace assistance, increasing the rates for those services to the amounts recommended in the rate study effective July 1, 2026. For personal care, respite, and companion care, the Senate adopted an 8.1% increase to be effective January 1, 2028. The Senate also increased nursing rates to be effective July 1, 2026, as follows:

- Skilled Nursing RN 3.8%
- Skilled Nursing LPN 4.5%
- Private Duty Nursing RN 5%
- Private Duty Nursing LPN 5%

Although the Senate's amendments added increases for personal assistance, respite, private duty nursing, and skilled nursing, it did not increase the rates for those services to the amounts recommended by the rate study.

The 2026 Session adjourned without the General Assembly passing the budget. At the time of this report, the General Assembly continues to work to finalize the budget.

- **Steps Taken and Planned:** Once the budget is finalized by the General Assembly and approved by the Governor, DMAS will begin the process for rate implementation. If necessary, depending on the outcome of this budget, DMAS and DBHDS will use the next legislative session to again make their best efforts to ensure the General Assembly approves funding necessary to increase rates to those recommended by the study. This would include meeting with staff of the House Appropriations and Senate Finance Committees and making presentations to legislators regarding requirements related to rate increases under the Permanent Injunction. It is anticipated that advocacy groups will lobby for rate increases.

The Commonwealth also continues efforts to achieve compliance with the Terms that require rate increases. During this review period, Term 37 was met and progress was made with Terms 33, 38, and 39 related to therapeutic consultation and nursing. Continued work is needed to achieve Term 48 related to training and competency of DSPs but efforts are underway.

- **Quantitative Data Review:** There currently is no quantitative data on which to report.
- **QII:** No quality improvement initiative is needed at this time.

Appendix of Documents for Terms

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

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

List of Acronyms

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

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

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

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

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

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

VCU	Virginia Commonwealth University
VHDA	Virginia Housing and Development Agency
VIC	Virginia Informed Choice Form
VIDES	Virginia Individual Developmental Disability Eligibility Survey
VITA	Virginia Information Technologies Agency
WaMS	Waiver Management System
WIPA	Work Incentive Planning and Assistance
WSAC	Waiver Slot Assignment Committee