

## Side-by-side Comparison of Reviews and Audits for Providers, Affiliated with the Developmental Disability (DD) Waiver System

This document describes the six major routine reviews and audits conducted on a regular basis, and in which providers of DD waiver services are expected to participate. The purpose is to clarify the differences between and reduce confusion around these reviews and audits.

	DBHDS Office of Licensing (OL) Inspections	Quality Service Reviews (QSR)	Support Coordinator Quality Review (SCQR)	National Core Indicators (NCI)	Home and Community Based Services (HCBS) Review	Quality Management Reviews (QMR)	IMNR – Intensive Medical Needs Review (Office of Integrated Health)
<b>Purpose?</b>	The OL is tasked with monitoring providers' compliance with the Rules and Regulations for Licensing Providers, focusing on preventing specific risks to individuals receiving services, including an evaluation of physical facilities.	QSRs evaluate the quality of services at the individual, provider, and system-wide levels.	The SCQR provides a QI tool to evaluate Support Coordination at Community Service Boards (CSBs) and compare CSBs statewide on ten key indicators of quality related to support coordination, as well as additional performance measures included in the tool.	To learn about the outcome of support services provided to individuals and families, to establish national benchmarks and provide an overview of systems performance in NCI established domains and subdomains. The project is a collaboration between NASDDDS, HSRI, and voluntary state participants	The HCBS Settings Rule ensures that individuals have a meaningful life in the community with the same rights as those without DD. DMAS & DBHDS ensure that all providers of 1915 (C, I, & K) waiver services comply with the rule. This impacts individuals receiving all waivers.	Participating Medicaid providers are responsible for ensuring that requirements for services rendered are met in order to receive payment from the Department of Medical Assistance (DMAS). DMAS conducts periodic QMRs of DD Waivers. The regulations can be found in the Virginia Administrative Code at 12VAC30-122.	To assess and monitor the adequacy of management and supports provided to individuals with intense management needs. This process ensures that documentation reflects the continuity of care and addresses medical management needs.
<b>Who requires this?</b>	Required by Virginia Code	Department of Medical Assistance Services (DMAS); DBHDS	DBHDS Case Management Steering Committee (per Permanent Injunction and Performance Agreement)	DBHDS	Centers for Medicare & Medicaid Services (CMS)	Per federal regulations, the Medical Assistance Program must provide for continuing review and evaluation of the care and services paid through Medicaid, including review of utilization of the services by providers and individuals.	DBHDS quality management processes that align with the Department of Justice Settlement Agreement indicators and the current Permanent Injunction.
<b>Who does the review?</b>	DBHDS Office of Licensing	DBHDS Contractor	CSBs conduct the review, and the DBHDS Office of Community Quality Improvement does a look-behind review to validate results.	VCU Partnership for People with Disabilities	Department of Medical Assistance Services (DMAS) and DBHDS	The QMRs are completed by Health Care Compliance Specialists in the QMR Unit of the Division of High Needs Supports at DMAS.	OIHSN Registered Nurse Care Consultants in conjunction with the Independent Reviewer Nurses Individual Service Reviews (ISR) until the end of the Permanent Injunction.
<b>Which providers and/or individuals participate?</b>	All licensed DBHDS providers	Round 7: a sample of 290 providers, 20 CSBs and 720 individuals receiving services across 12 service types	All Community Service Boards (CSBs)	An approximate sample of 800 individuals with Support Coordinator and provider involvement. Virginia participates in three family surveys.	Initially all providers of group home residential, sponsored residential, day programs, supportive living, and group supported employment until 12/31/2025, then a sample will be completed annually.	Providers enrolled to provide services under the Development Disabilities Waivers are subject to QMRs.	A sample of no less than 70 people annually who have complex medical, behavioral, or adaptive support needs (Tier 4).
<b>When does it happen?</b>	DBHDS makes at least one annual unannounced inspection of each service offered by each licensed provider. All services provided or delivered under any license are subject to review or inspection at any reasonable time.	The QSR is conducted each year, and the review takes about four months.	Annually, self-scoring generally occurs in Q3 and the look-behind generally, occurs in Q1 following, to review the previous calendar year (or other periods as specified.)	Every year, annually, per fiscal year.	All providers are subject to review at any time. Also, reviews are conducted when complaints are received concerning HCBS regulations.	CSBs are reviewed every three (3) years. Priority is then given to non-CSB providers which have not previously been reviewed by the QMR unit.	Completed semiannually and reported on April 15 and October 15.
<b>Who uses the data, and how?</b>	The Office of Licensing uses the data to understand how many providers are compliant with each regulation and work with other offices to improve compliance.	DBHDS arranges for each provider to receive an individualized report. In addition, the results are used to understand trends across the system, identify improvement opportunities and provide support.	DBHDS provides each CSB with a report of their results and improvement opportunities, as well as technical assistance. DBHDS also produces a report that summarizes statewide results as well as the look-behind and inter-rater reliability results and uses this data to guide future improvement projects.	NCI partners use the data and reports at the state level to influence public policies, inform strategic planning, and contribute to the scientific literature. It is also used by DBHDS as surveillance data, to serve as a secondary source of data, and to provide additional context about individuals' opinions about the support and services they receive. It is used to identify improvement opportunities.	DMAS & DBHDS use the data to see areas where additional training or assistance may be needed. Also, data is reported to CMS.	Some of the data collected during a QMR is used to determine if Performance Measures for the DD Waivers meet the 86% threshold of compliance. There are several data sources from other DMAS entities and DBHDS which are used to measure the performance of the waivers. This information is reported to CMS.	At least annually, the Commonwealth, through DBHDS, will collect and analyze data regarding the management needs of individuals with identified complex behavioral, health, and adaptive support needs to monitor the adequacy of management and supports provided.
<b>What happens if a provider does not meet expectations?</b>	The provider must develop a Corrective Action Plan (CAP).	The provider must develop a Quality Enhancement Plan (QEP).	CSBs receive technical assistance. CSBs that do not meet 60% of two or more high-agreement indicators must submit an improvement plan to the Case Management Steering Committee.	NCI is a voluntary survey. If a provider interferes with the individual's express consent to participate, then the provider is reported to the Office of Human Rights.	The provider must develop a Corrective Action Plan (CAP) and show evidence of compliance. If they are unable to come into compliance, then their ability to bill for services may end.	If a provider is not in compliance with the regulations, they are cited, and a Corrective Action Plan (CAP) is requested. Follow-up reviews are completed to determine if implementation of the CAP was successful. If there are still uncorrected citations after the 2 <sup>nd</sup> follow-up, the provider is referred for mandatory remediation or to Program Integrity.	DBHDS registered nurse care consultant(s) develops remediation plans based on the analysis as determined appropriate, tracks the efficacy of the actions, and revises as determined necessary to address the unmet need.