



## Appendix A. CSB: ISP Assessment

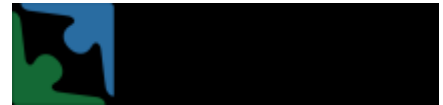
Table 1 provides the CSB-specific compliance results for the ISP assessment elements.

**Table 1—CSB: Individual Support Plan (ISP) Assessment Compliance Elements**

CSB: ISP Assessment Compliance Elements						
CSB	Is Part I of the ISP complete and thorough?	Does the ISP section II include the individual's health and behavioral support needs?	Does the ISP section II include medications?	Does the ISP section II include the individual's physical and health conditions?	Does the ISP section II include the individual's social, developmental, behavioral, and family history?	Does the ISP section II include the individual's communication, assistive technology and modifications needs?
<b>All CSBs: Aggregate</b>	<b>74%</b>	<b>84%</b>	<b>97%</b>	<b>92%</b>	<b>97%</b>	<b>98%</b>
ALEXANDRIA COMMUNITY SERV BD	27%	55%	90%	91%	100%	100%
ALLEGHANY HIGHLANDS CSB	80%	100%	100%	100%	100%	100%
ARLINGTON MENTAL HEALTH	64%	93%	100%	100%	100%	100%
BLUE RIDGE CSB	53%	49%	93%	68%	85%	94%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	80%	88%	96%	96%	100%	100%
CHESTERFIELD CSB	89%	94%	100%	99%	100%	99%
CITY OF VA BEACH CSB MHMRSAS	82%	87%	100%	85%	93%	100%
COLONIAL BEHAVIORAL HEALTH	19%	100%	100%	100%	100%	100%
CROSSROADS CSB	42%	100%	100%	100%	100%	92%
CUMBERLAND MNTL HLTH CTR	90%	100%	100%	100%	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	65%	56%	100%	76%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	60%	100%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	71%	97%	97%	89%	94%	97%
EASTERN SHORE CSB	92%	85%	85%	85%	100%	100%



CSB: ISP Assessment Compliance Elements						
CSB	Is Part I of the ISP complete and thorough?	Does the ISP section II include the individual's health and behavioral support needs?	Does the ISP section II include medications?	Does the ISP section II include the individual's physical and health conditions?	Does the ISP section II include the individual's social, developmental, behavioral, and family history?	Does the ISP section II include the individual's communication, assistive technology and modifications needs?
FAIRFAX-FALLS CHURCH CSB	80%	91%	98%	97%	99%	99%
GOOCHLAND POWHATAN MENTAL HLTH	86%	86%	100%	100%	100%	100%
HAMPTON-NN CSB	66%	86%	100%	93%	97%	98%
HANOVER COUNTY COMMUNITY SERVICES	100%	83%	92%	100%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	96%	35%	91%	91%	100%	96%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	91%	89%	100%	96%	96%	98%
HIGHLANDS CMNTY SVCS BOARD	83%	100%	100%	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	74%	79%	100%	91%	97%	94%
LOUDOUN COUNTY CSB	77%	90%	100%	90%	97%	97%
MIDDLE PENINSULA NORTHERN NECK CSB	71%	86%	93%	100%	100%	100%
MOUNT ROGERS CSB	68%	94%	97%	94%	100%	100%
NEW RIVER VALLEY COMMUNITY SERVICES	70%	85%	95%	95%	95%	95%
NORFOLK COMMUNITY SERVICES BOARD	60%	72%	94%	89%	98%	98%
NORTHWESTERN COMMUNITY SVCS	55%	84%	96%	94%	94%	97%
PIEDMONT COMMUNITY SERVICES	79%	67%	83%	92%	96%	100%
PLANNING DISTRICT ONE CSB	86%	93%	100%	100%	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	60%	73%	86%	77%	93%	97%



CSB: ISP Assessment Compliance Elements						
CSB	Is Part I of the ISP complete and thorough?	Does the ISP section II include the individual's health and behavioral support needs?	Does the ISP section II include medications?	Does the ISP section II include the individual's physical and health conditions?	Does the ISP section II include the individual's social, developmental, behavioral, and family history?	Does the ISP section II include the individual's communication, assistive technology and modifications needs?
PRINCE WILLIAM COUNTY CSB	72%	87%	100%	97%	100%	97%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	81%	100%	100%	97%	100%	100%
RAPPAHANNOCK RAPIDAN CSB	63%	100%	100%	100%	100%	100%
REGION TEN CMMNTY SVCS BRD	52%	87%	100%	90%	97%	94%
RICHMOND BHVRL HLTH AUTHORITY	100%	94%	100%	100%	100%	100%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	60%	60%	100%	80%	100%	80%
SOUTHSIDE CSB	70%	100%	91%	91%	96%	96%
VALLEY CSB	95%	90%	68%	95%	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	64%	75%	100%	75%	97%	97%

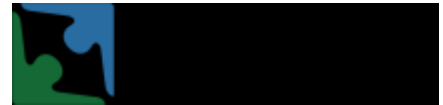


## Appendix B. CSB: ISP Development & Implementation 1

Table 2 provides the CSB-specific compliance results for four of the ISP development and implementation elements.

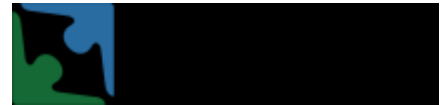
**Table 2—CSB: ISP Development and Implementation Compliance Elements 1**

CSB: ISP Development and Implementation Compliance Elements				
CSB	Were there any medical needs identified in the SIS or any other assessment that were not addressed in the ISP? <sup>1</sup>	Were there any behavioral needs identified in the SIS or any other assessment that were not addressed in the ISP? <sup>1</sup>	Was the RAT completed timely?	Are all risks identified in Part II of the ISP addressed under an outcome in Part III?
<b>All CSBs: Aggregate</b>	<b>16%</b>	<b>17%</b>	<b>86%</b>	<b>78%</b>
ALEXANDRIA COMMUNITY SERV BD	0%	18%	90%	100%
ALLEGHANY HIGHLANDS CSB	60%	0%	50%	60%
ARLINGTON MENTAL HEALTH	14%	14%	86%	79%
BLUE RIDGE CSB	38%	32%	72%	53%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	0%	16%	74%	100%
CHESTERFIELD CSB	15%	12%	96%	86%
CITY OF VA BEACH CSB MHMRSAS	18%	18%	94%	78%
COLONIAL BEHAVIORAL HEALTH	6%	13%	81%	88%
CROSSROADS CSB	25%	25%	90%	92%
CUMBERLAND MNTL HLTH CTR	0%	0%	40%	100%
DANVILLE-PITTSYLVANIA COM SERV	21%	29%	91%	62%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	20%	20%	80%	80%
DISTRICT 19 MEN HLTH SER	20%	20%	84%	54%
EASTERN SHORE CSB	8%	15%	85%	62%
FAIRFAX-FALLS CHURCH CSB	13%	20%	95%	81%



### CSB: ISP Development and Implementation Compliance Elements

CSB	Were there any medical needs identified in the SIS or any other assessment that were not addressed in the ISP? <sup>1</sup>	Were there any behavioral needs identified in the SIS or any other assessment that were not addressed in the ISP? <sup>1</sup>	Was the RAT completed timely?	Are all risks identified in Part II of the ISP addressed under an outcome in Part III?
GOOCHLAND POWHATAN MENTAL HLTH	14%	0%	100%	71%
HAMPTON-NN CSB	17%	22%	80%	86%
HANOVER COUNTY COMMUNITY SERVICES	17%	8%	100%	75%
HARRISONBURG-ROCKINGHAM CSB	22%	35%	91%	39%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	13%	4%	92%	91%
HIGHLANDS CMNTY SVCS BOARD	0%	17%	17%	83%
HORIZON BEHAVIORAL HEALTH	24%	15%	91%	62%
LOUDOUN COUNTY CSB	16%	23%	94%	74%
MIDDLE PENINSULA NORTHERN NECK CSB	7%	21%	83%	86%
MOUNT ROGERS CSB	26%	10%	81%	84%
NEW RIVER VALLEY COMMUNITY SERVICES	45%	30%	100%	60%
NORFOLK COMMUNITY SERVICES BOARD	21%	19%	81%	79%
NORTHWESTERN COMMUNITY SVCS	16%	23%	87%	65%
PIEDMONT COMMUNITY SERVICES	13%	21%	75%	75%
PLANNING DISTRICT ONE CSB	0%	0%	64%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	13%	20%	67%	77%
PRINCE WILLIAM COUNTY CSB	8%	18%	85%	87%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	14%	14%	88%	81%
RAPPAHANNOCK RAPIDAN CSB	0%	0%	57%	100%



CSB: ISP Development and Implementation Compliance Elements				
CSB	Were there any medical needs identified in the SIS or any other assessment that were not addressed in the ISP? <sup>1</sup>	Were there any behavioral needs identified in the SIS or any other assessment that were not addressed in the ISP? <sup>1</sup>	Was the RAT completed timely?	Are all risks identified in Part II of the ISP addressed under an outcome in Part III?
REGION TEN CMMNTY SVCS BRD	23%	23%	67%	71%
RICHMOND BHVRL HLTH AUTHORITY	6%	3%	100%	86%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	20%	20%	100%	40%
SOUTHSIDE CSB	4%	9%	95%	87%
VALLEY CSB	19%	5%	86%	81%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	17%	31%	85%	75%

<sup>1</sup>These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance. Compliance cut off standards remained the same, hence compliance percentages greater than 10% indicates area with opportunity for improvement.

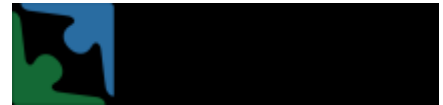


## Appendix C. CSB: ISP Development & Implementation 2

Table 3 provides the CSB-specific compliance results for four of the ISP development and implementation elements.

**Table 3—CSB: ISP Development and Implementation Compliance Elements 2**

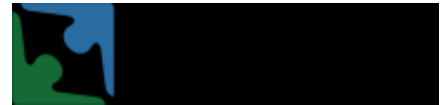
CSB: ISP Development and Implementation Compliance Elements				
CSB	Are there any needs identified in Part III where a licensed provider has not been identified and a Part V developed? <sup>1</sup>	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all licensed providers responsible for its implementation.
<b>All CSBs: Aggregate</b>	<b>6%</b>	<b>90%</b>	<b>96%</b>	<b>88%</b>
ALEXANDRIA COMMUNITY SERV BD	0%	91%	91%	91%
ALLEGHANY HIGHLANDS CSB	20%	100%	100%	100%
ARLINGTON MENTAL HEALTH	0%	86%	100%	86%
BLUE RIDGE CSB	6%	87%	100%	96%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	4%	92%	100%	76%
CHESTERFIELD CSB	6%	89%	95%	95%
CITY OF VA BEACH CSB MHMRSAS	2%	100%	100%	65%
COLONIAL BEHAVIORAL HEALTH	0%	100%	100%	100%
CROSSROADS CSB	17%	92%	100%	83%
CUMBERLAND MNTL HLTH CTR	0%	89%	100%	90%
DANVILLE-PITTSYLVANIA COM SERV	0%	81%	100%	100%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	0%	100%	100%	100%
DISTRICT 19 MEN HLTH SER	17%	58%	83%	80%



### CSB: ISP Development and Implementation Compliance Elements

CSB	Are there any needs identified in Part III where a licensed provider has not been identified and a Part V developed? <sup>1</sup>	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all licensed providers responsible for its implementation.
EASTERN SHORE CSB	8%	82%	92%	92%
FAIRFAX-FALLS CHURCH CSB	9%	96%	99%	95%
GOOCHLAND POWHATAN MENTAL HLTH	0%	86%	100%	100%
HAMPTON-NN CSB	2%	86%	90%	72%
HANOVER COUNTY COMMUNITY SERVICES	0%	92%	100%	100%
HARRISONBURG-ROCKINGHAM CSB	0%	96%	96%	87%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	4%	98%	96%	96%
HIGHLANDS CMNTY SVCS BOARD	0%	100%	100%	100%
HORIZON BEHAVIORAL HEALTH	3%	94%	100%	94%
LOUDOUN COUNTY CSB	3%	97%	100%	97%
MIDDLE PENINSULA NORTHERN NECK CSB	14%	100%	100%	100%
MOUNT ROGERS CSB	3%	100%	97%	94%
NEW RIVER VALLEY COMMUNITY SERVICES	0%	100%	100%	80%
NORFOLK COMMUNITY SERVICES BOARD	4%	92%	79%	47%
NORTHWESTERN COMMUNITY SVCS	3%	93%	94%	94%
PIEDMONT COMMUNITY SERVICES	4%	87%	100%	96%
PLANNING DISTRICT ONE CSB	0%	86%	100%	86%





### CSB: ISP Development and Implementation Compliance Elements

CSB	Are there any needs identified in Part III where a licensed provider has not been identified and a Part V developed? <sup>1</sup>	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all licensed providers responsible for its implementation.
PORTSMOUTH DEPT OF BEHAVIORAL	10%	63%	87%	77%
PRINCE WILLIAM COUNTY CSB	13%	92%	97%	95%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	19%	100%	92%	95%
RAPPAHANNOCK RAPIDAN CSB	0%	88%	100%	100%
REGION TEN CMMNTY SVCS BRD	6%	100%	97%	90%
RICHMOND BHVRL HLTH AUTHORITY	9%	89%	97%	89%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	0%	100%	100%	100%
SOUTHSIDE CSB	13%	76%	96%	91%
VALLEY CSB	5%	100%	100%	90%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	3%	66%	89%	78%

<sup>1</sup>These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance. Compliance cut off standards remained the same, hence compliance percentages greater than 10% indicates area with opportunity for improvement.

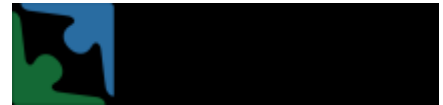


## Appendix D. CSB: ISP Development & Implementation 3

Table 4 provides the CSB-specific compliance results for one of the ISP development and implementation elements.

**Table 4—CSB: ISP Development and Implementation Compliance Elements 3**

CSB: ISP Development and Implementation Compliance Elements	
CSB	The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.
<b>All CSBs: Aggregate</b>	<b>27%</b>
ALEXANDRIA COMMUNITY SERV BD	0%
ALLEGHANY HIGHLANDS CSB	0%
ARLINGTON MENTAL HEALTH	33%
BLUE RIDGE CSB	2%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	36%
CHESTERFIELD CSB	37%
CITY OF VA BEACH CSB MHMRSAS	12%
COLONIAL BEHAVIORAL HEALTH	0%
CROSSROADS CSB	0%
CUMBERLAND MNTL HLTH CTR	20%
DANVILLE-PITTSYLVANIA COM SERV	0%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	0%
DISTRICT 19 MEN HLTH SER	21%
EASTERN SHORE CSB	17%
FAIRFAX-FALLS CHURCH CSB	40%
GOOCHLAND POWHATAN MENTAL HLTH	40%
HAMPTON-NN CSB	16%



CSB: ISP Development and Implementation Compliance Elements	
CSB	The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.
HANOVER COUNTY COMMUNITY SERVICES	50%
HARRISONBURG-ROCKINGHAM CSB	0%
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	72%
HIGHLANDS CMNTY SVCS BOARD	0%
HORIZON BEHAVIORAL HEALTH	32%
LOUDOUN COUNTY CSB	50%
MIDDLE PENINSULA NORTHERN NECK CSB	58%
MOUNT ROGERS CSB	17%
NEW RIVER VALLEY COMMUNITY SERVICES	10%
NORFOLK COMMUNITY SERVICES BOARD	14%
NORTHWESTERN COMMUNITY SVCS	7%
PIEDMONT COMMUNITY SERVICES	0%
PLANNING DISTRICT ONE CSB	0%
PORTSMOUTH DEPT OF BEHAVIORAL	22%
PRINCE WILLIAM COUNTY CSB	47%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	36%
RAPPAHANNOCK RAPIDAN CSB	50%
REGION TEN CMMNTY SVCS BRD	7%
RICHMOND BHVRL HLTH AUTHORITY	59%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	20%
SOUTHSIDE CSB	43%
VALLEY CSB	24%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	14%

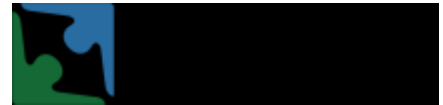


## Appendix E. CSB: Risk/Harm

Table 5 provides the CSB-specific compliance results for the risk/harm elements.

**Table 5—CSB: Risk/Harm Compliance Elements**

CSB	Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?
<b>All CSBs: Aggregate</b>	<b>96%</b>	<b>90%</b>
ALEXANDRIA COMMUNITY SERV BD	100%	100%
ALLEGHANY HIGHLANDS CSB	100%	100%
ARLINGTON MENTAL HEALTH	100%	92%
BLUE RIDGE CSB	100%	92%
CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	100%	100%
CHESTERFIELD CSB	92%	81%
CITY OF VA BEACH CSB MHMRSAS	98%	90%
COLONIAL BEHAVIORAL HEALTH	100%	93%
CROSSROADS CSB	90%	90%
CUMBERLAND MNTL HLTH CTR	100%	100%
DANVILLE-PITTSYLVANIA COM SERV	100%	84%
DICKENSON COUNTY BEHAVIORAL HEALTH SVCS	100%	100%
DISTRICT 19 MEN HLTH SER	100%	93%
EASTERN SHORE CSB	100%	100%
FAIRFAX-FALLS CHURCH CSB	97%	93%
GOOCHLAND POWHATAN MENTAL HLTH	83%	83%
HAMPTON-NN CSB	94%	90%
HANOVER COUNTY COMMUNITY SERVICES	89%	89%
HARRISONBURG-ROCKINGHAM CSB	89%	94%



CSB	Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?
HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	95%	89%
HIGHLANDS CMNTY SVCS BOARD	100%	100%
HORIZON BEHAVIORAL HEALTH	100%	91%
LOUDOUN COUNTY CSB	96%	93%
MIDDLE PENINSULA NORTHERN NECK CSB	80%	80%
MOUNT ROGERS CSB	93%	89%
NEW RIVER VALLEY COMMUNITY SERVICES	100%	89%
NORFOLK COMMUNITY SERVICES BOARD	93%	82%
NORTHWESTERN COMMUNITY SVCS	100%	97%
PIEDMONT COMMUNITY SERVICES	95%	91%
PLANNING DISTRICT ONE CSB	100%	100%
PORTSMOUTH DEPT OF BEHAVIORAL	100%	85%
PRINCE WILLIAM COUNTY CSB	92%	94%
RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	96%	92%
RAPPAHANNOCK RAPIDAN CSB	100%	57%
REGION TEN CMMNTY SVCS BRD	100%	96%
RICHMOND BHVRL HLTH AUTHORITY	88%	92%
ROCKBRIDGE AREA COMMUNITY SVS BOARD	100%	100%
SOUTHSIDE CSB	85%	65%
VALLEY CSB	100%	100%
WESTERN TIDEWATER COMMUNITY SERVICES BOA	89%	86%



## Appendix F. Region: ISP Assessment

Table 6 provides the region-specific compliance results for the ISP assessment elements.

**Table 6—Region: ISP Assessment Compliance Elements**

Region: ISP Assessment Compliance Elements						
Region	Is Part I of the ISP complete and thorough?	Does the ISP section II include the individual's health and behavioral support needs?	Does the ISP section II include medications?	Does the ISP section II include the individual's physical and health conditions?	Does the ISP section II include the individual's social, developmental, behavioral, and family history?	Does the ISP section II include the individual's communication, assistive technology and modifications needs?
<b>All Regions: Aggregate</b>	<b>74%</b>	<b>84%</b>	<b>97%</b>	<b>92%</b>	<b>97%</b>	<b>98%</b>
Region 1	73%	82%	95%	93%	98%	96%
Region 2	75%	88%	98%	96%	99%	99%
Region 3	69%	74%	95%	86%	95%	98%
Region 4	87%	93%	99%	97%	98%	98%
Region 5	67%	82%	96%	88%	97%	99%



## Appendix G. Region: ISP Development & Implementation 1

Table 7 provides the region-specific compliance results for four of the ISP development and implementation elements.

**Table 7—Region: ISP Development and Implementation Compliance Elements 1**

ISP Development and Implementation Compliance Elements				
Region	Were there any medical needs identified in the SIS or any other assessment that were not addressed in the ISP? <sup>1</sup>	Were there any behavioral needs identified in the SIS or any other assessment that were not addressed in the ISP? <sup>1</sup>	Was the RAT completed timely?	Are all risks identified in Part II of the ISP addressed under an outcome in Part III?
<b>All Regions: Aggregate</b>	<b>16%</b>	<b>17%</b>	<b>86%</b>	<b>78%</b>
Region 1	19%	17%	83%	68%
Region 2	12%	19%	92%	82%
Region 3	22%	20%	78%	72%
Region 4	14%	10%	94%	82%
Region 5	15%	20%	82%	81%

<sup>1</sup>These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance. Compliance cut off standards remained the same, hence compliance percentages greater than 10% indicates area with opportunity for improvement.



## Appendix H. Region: ISP Development & Implementation 2

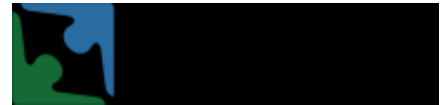
Table 8 provides the region-specific compliance results for four of the ISP development and implementation elements.

**Table 8—Region: ISP Development and Implementation Compliance Elements 2**

ISP Development and Implementation Compliance Elements				
Region	Are there any needs identified in Part III where a licensed provider has not been identified and a Part V developed? <sup>1</sup>	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all licensed providers responsible for its implementation.
<b>All Regions: Aggregate</b>	<b>6%</b>	<b>90%</b>	<b>96%</b>	<b>88%</b>
Region 1	7%	97%	96%	93%
Region 2	8%	95%	99%	94%
Region 3	4%	89%	99%	93%
Region 4	7%	87%	95%	92%
Region 5	4%	87%	91%	72%

<sup>1</sup>These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance. Compliance cut off standards remained the same, hence compliance percentages greater than 10% indicates area with opportunity for improvement.





## Appendix I. Region: ISP Development & Implementation 3

Table 9 provides the region-specific compliance results for one of the ISP development and implementation elements.

**Table 9—Region: ISP Development and Implementation Compliance Elements 3**

ISP Development and Implementation Compliance Elements	
Region	The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.
<b>All Regions: Aggregate</b>	<b>27%</b>
Region 1	19%
Region 2	40%
Region 3	10%
Region 4	45%
Region 5	19%



## Appendix J. Region: Quality

Region level tabulation of licensed provider PQR compliance results were not possible due to use of tax identification number (TIN) as the unique licensed provider identifier. For example, a single licensed provider could serve individuals across multiple regions, resulting in that licensed provider's compliance score being included in the aggregate score for multiple regions.

**Table 10—Region: Quality Compliance Elements**

Quality Improvement Plan Compliance Elements				
Region	Does the agency have a QI policy and procedure?	Does the agency have a QI plan?	The quality improvement plan is reviewed annually.	Licensed providers have active quality management and improvement programs.
<b>Aggregate</b>	<b>84%</b>	<b>93%</b>	<b>86%</b>	<b>85%</b>

**Table 11—Region: Quality Compliance Elements**

Quality Improvement Plan Compliance Elements				
Region	Does the agency have policies and procedures that address HCBS rights?	Are those policies and procedures reviewed with the individuals being served?	Does the agency have policies around assurance of individual choice and self-determination?	Does the agency have policies around dignity of risk?
<b>Aggregate</b>	<b>95%</b>	<b>99%</b>	<b>92%</b>	<b>90%</b>

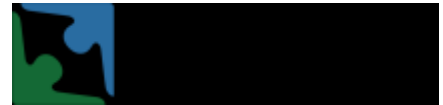


## Appendix K. Region: Risk/Harm

Table 12 provides the region-specific compliance results for the risk/harm elements.

**Table 12—Region: Risk/Harm Compliance Elements**

Risk/Harm Compliance Elements		
Region	Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?
<b>All Regions: Aggregate</b>	<b>96%</b>	<b>90%</b>
Region 1	98%	93%
Region 2	96%	93%
Region 3	97%	88%
Region 4	93%	87%
Region 5	95%	88%



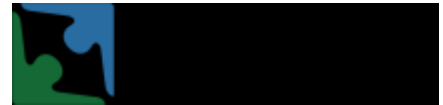
## Appendix L. Region: Incidents

Region level tabulation of licensed provider PQR compliance results were not possible due to use of tax identification number (TIN) as the unique licensed provider identifier. For example, a single licensed provider could serve individuals across multiple regions, resulting in that licensed provider's compliance score being included in the aggregate score for multiple regions.

**Table 13—Region: Incidents Compliance Elements**

Incidents and Disputes Compliance Elements		
Region	Are there any abuse neglect or exploitation patterns contained within the incident reports? <sup>1</sup>	Is there evidence that the licensed provider ensured the health safety and well-being of individuals post-incident?
<b>All Regions: Aggregate</b>	<b>5%</b>	<b>92%</b>

<sup>1</sup>These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance. Compliance cut off standards remained the same, hence compliance percentages greater than 10% indicates area with opportunity for improvement.

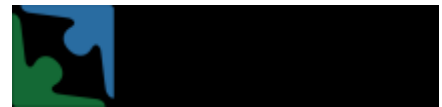


## Appendix M. Region: Licensed Provider Competency and Capacity

Table 14 provides the region-specific compliance results for the licensed provider competency and capacity elements.

**Table 14—Region: Licensed Provider Competency and Capacity**

Region: Licensed Provider Competency and Capacity						
Region	Did the staff demonstrate competency in supporting the individual?	Were staff utilizing adaptive equipment the individual had as part of their plan?	Are staff able to describe things important to and important for the individual?	Was staff able to describe the outcomes being worked on in this environment?	Were staff familiar with medical protocols to support the person?	Were staff familiar with behavioral protocols to support the person?
<b>Aggregate</b>	<b>98%</b>	<b>97%</b>	<b>98%</b>	<b>98%</b>	<b>97%</b>	<b>97%</b>
Region 1	98%	93%	97%	97%	98%	96%
Region 2	97%	100%	97%	97%	96%	98%
Region 3	100%	92%	98%	98%	99%	100%
Region 4	97%	100%	97%	98%	94%	92%
Region 5	99%	98%	99%	99%	99%	97%



## Appendix N. Service Type: ISP Assessment

Table 15 provides the licensed provider service type-specific compliance results for the ISP assessment elements.

**Table 15—Service Type: ISP Assessment Compliance Elements**

Licensed Provider Service Type: Individual Support Plan (ISP) Assessment Compliance Elements						
Licensed Provider Service Type	Is Part I of the ISP complete and thorough?	Does the ISP section II include the individual's health and behavioral support needs?	Does the ISP section II include medications?	Does the ISP section II include the individual's physical and health conditions?	Does the ISP section II include the individual's social, developmental, behavioral, and family history?	Does the ISP section II include the individual's communication, assistive technology and modifications needs?
<b>Aggregate</b>	<b>73.41%</b>	<b>84.00%</b>	<b>97.51%</b>	<b>92.58%</b>	<b>96.03%</b>	<b>97.39%</b>
Center Based Respite Care	98.48%	100%	100%	98.48%	100%	100%
Community Coaching	60.71%	67.58%	88.52%	83.13%	88.82%	90.87%
Community Engagement	69.75%	77.81%	98.80%	94.93%	96.77%	94.42%
Crisis Support Services	82.02%	96.88%	97.92%	97.92%	100%	98.89%
Group Day	73.21%	81.76%	99.91%	91.47%	95.54%	97.07%
Group Home (Customized Rate)	76.75%	90.18%	98.47%	87.74%	98.47%	95.49%
Group Residential Support <= 4 Persons	73.62%	84.32%	93.38%	92.22%	92.98%	97.24%
Group Residential Support > 4 Persons	63.49%	87.77%	97.51%	95.12%	97.71%	98.44%
Independent Living Supports	68.64%	83.30%	94.72%	94.03%	100%	100 %
In-Home Supports	78.08%	84.31%	95.79%	89.26%	99.59%	100%
Sponsored Residential	81.82%	91.44%	99.20%	94.10%	96.06%	98.81%
Supported Living	88.39%	85.65%	95.42%	97.39%	96.39%	97.37%



## Appendix O. Service Type: ISP Development & Implementation 1

Table 16 provides the licensed provider service type-specific compliance results for four of the ISP development and implementation elements.

**Table 16—Service Type: ISP Development and Implementation Compliance Elements 1**

ISP Development and Implementation Compliance Elements				
Licensed Provider Service Type	Were there any medical needs identified in the SIS or any other assessment that were not addressed in the ISP? <sup>1</sup>	Were there any behavioral needs identified in the SIS or any other assessment that were not addressed in the ISP? <sup>1</sup>	Was the RAT completed timely?	Are all risks identified in Part II of the ISP addressed under an outcome in Part III?
<b>Aggregate</b>	<b>15.27%</b>	<b>16.71%</b>	<b>87.65%</b>	<b>77.43%</b>
Center Based Respite Care	9.54%	19.40%	99.80%	80.80%
Community Coaching	27.14%	31.69%	78.91%	60.45%
Community Engagement	18.05%	20.80%	84.24%	80.32%
Crisis Support Services	27.41%	23.25%	92.24%	89.68%
Group Day	20.72%	20.60%	88.41%	69.04%
Group Home (Customized Rate)	8.40%	10.70%	83.18%	81.75%
Group Residential Support <= 4 Persons	7.78%	13.17%	89.89%	79.31%
Group Residential Support > 4 Persons	9.11%	13.44%	84.63%	82.07%
Independent Living Supports	12.61%	10.89%	78.20%	70.90%
In-Home Supports	13.96%	13.59%	87.83%	82.16%
Sponsored Residential	14.04%	11.80%	89.70%	84.49%
Supported Living	16.53%	10.17%	90.61%	85.21%

<sup>1</sup>These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance. Compliance cut off standards remained the same, hence compliance percentages greater than 10% indicates area with opportunity for improvement.



## Appendix P. Service Type: ISP Development & Implementation 2

Table 17 provides the licensed provider service type-specific compliance results for four of the ISP development and implementation elements.

**Table 17—Service Type: ISP Development and Implementation Compliance Elements 2**

ISP Development and Implementation Compliance Elements				
Licensed Provider Service Type	Are there any needs identified in Part III where a licensed provider has not been identified and a Part V developed? <sup>1</sup>	The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them.	The ISP includes signatures of the individual (or representative) and all licensed providers responsible for its implementation.
<b>Aggregate</b>	<b>4.05%</b>	<b>88.65%</b>	<b>95.10%</b>	<b>90.19%</b>
Center Based Respite Care	8.15%	96.97%	100%	76.12%
Community Coaching	0.16%	87.98%	95.18%	89.03%
Community Engagement	1.81%	94.02%	92.42%	87.94%
Crisis Support Services	15.25%	94.44%	100%	93.04%
Group Day	5.04%	87.23%	95.08%	93.46%
Group Home (Customized Rate)	6.11%	94.70%	97.72%	90.20%
Group Residential Support <= 4 Persons	2.38%	85.43%	93.98%	80.94%
Group Residential Support > 4 Persons	6.47%	82.33%	98.73%	97.70%
Independent Living Supports	1.25%	87.33%	99.24%	89.36%
In-Home Supports	5.75%	92.48%	94.85%	90.25%
Sponsored Residential	1.42%	92.05%	95.07%	89.68%
Supported Living	7.90%	100%	93.21%	100%

<sup>1</sup>These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance. Compliance cut off standards remained the same, hence compliance percentages greater than 10% indicates area with opportunity for improvement.



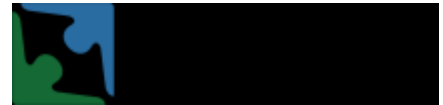


## Appendix Q. Service Type: ISP Development & Implementation 3

Table 18 provides the licensed provider service type-specific compliance results for one of the ISP development and implementation elements.

**Table 18—Service Type: ISP Development and Implementation Compliance Elements 3**

ISP Development and Implementation Compliance Elements	
Licensed Provider Service Type	The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.
<b>Aggregate</b>	<b>24.32%</b>
Center Based Respite Care	47.78%
Community Coaching	9.17%
Community Engagement	20.92%
Crisis Support Services	60.57%
Group Day	22.94%
Group Home (Customized Rate)	36.51%
Group Residential Support <= 4 Persons	25.74%
Group Residential Support > 4 Persons	25.06%
Independent Living Supports	10.93%
In-Home Supports	29.14%
Sponsored Residential	21.49%
Supported Living	44.75%



## Appendix R. Service Type: Quality

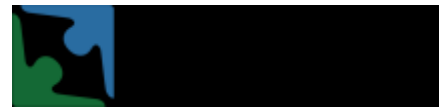
Licensed provider service type level tabulation of the licensed provider PQR compliance results were not possible due to measurement of compliance by licensed provider rather than their specific service type. For example, a single licensed provider PQR compliance score could be attributed to more than one service type, resulting in that licensed provider's PQR compliance score being included in the aggregate score for more than one service type.

**Table 19—Service Type: Quality Compliance Elements**

Quality Improvement Plan Compliance Elements				
Licensed Provider Service Type	Does the agency have a QI policy and procedure?	Does the agency have a QI plan?	The quality improvement plan is reviewed annually.	Licensed providers have active quality management and improvement programs.
Aggregate	84%	93%	86%	85%

**Table 20—Service Type: Quality Compliance Elements**

Quality Improvement Plan Compliance Elements				
Licensed Provider Service Type	Does the agency have policies and procedures that address HCBS rights?	Are those policies and procedures reviewed with the individuals being served?	Does the agency have policies around assurance of individual choice and self-determination?	Does the agency have policies around dignity of risk?
Aggregate	95%	99%	92%	90%



## Appendix S. Service Type: Risk/Harm

Table 21 provides the licensed provider service type-specific compliance results for the risk/harm elements.

**Table 21—Service Type: Risk/Harm Compliance Elements**

Risk/Harm Compliance Elements		
Licensed Provider Service Type	Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?
<b>Aggregate</b>	<b>94.04%</b>	<b>88.35%</b>
Center Based Respite Care	91.87%	85.64%
Community Coaching	98.05%	94.62%
Community Engagement	96.04%	90.57%
Crisis Support Services	98.64%	95.91%
Group Day	88.78%	86.32%
Group Home (Customized Rate)	97.29%	87.34%
Group Residential Support ≤ 4 Persons	96.33%	85.06%
Group Residential Support > 4 Persons	99.21%	87.86%
Independent Living Supports	97.25%	79.18%
In-Home Supports	86.70%	83.21%
Sponsored Residential	99.07%	97.37%
Supported Living	95.47%	96.92%



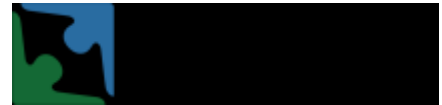
## Appendix T. Service Type: Incidents

Licensed provider service type level tabulation of the licensed provider PQR compliance results were not possible due to measurement of compliance by licensed provider rather than their specific service type. For example, a single licensed provider PQR compliance score could be attributed to more than one service type, resulting in that licensed provider's PQR compliance score being included in the aggregate score for more than one service type.

**Table 22—Service Type: Incidents Compliance Elements**

Incidents and Disputes Compliance Elements		
Licensed Provider Service Type	Are there any abuse neglect or exploitation patterns contained within the incident reports? <sup>1</sup>	Is there evidence that the licensed provider ensured the health safety and well-being of individuals post-incident?
<b>Aggregate</b>	<b>5%</b>	<b>92%</b>

<sup>1</sup>These compliance elements were measured using scoring criteria that is inverse, meaning a lower percentage indicates better compliance. Compliance cut off standards remained the same, hence compliance percentages greater than 10% indicates area with opportunity for improvement.

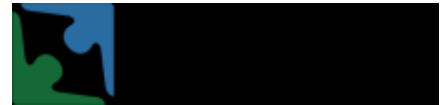


## Appendix U. Service Type: Licensed Provider Competency and Capacity 1

Table 23 provides the service type-specific compliance results for the licensed provider competency and capacity elements.

**Table 23—Service Type: Licensed Provider Competency and Capacity 1**

Service Type: Licensed Provider Competency and Capacity			
Licensed Provider Service Type	Did the staff demonstrate competency in supporting the individual?	Were staff utilizing adaptive equipment the individual had as part of their plan?	Are staff able to describe things important to and important for the individual?
<b>Aggregate</b>	<b>98.58%</b>	<b>96.66%</b>	<b>97.18%</b>
Center Based Respite Care	83.30%	100%	94.16%
Community Coaching	100%	100%	100%
Community Engagement	97.19%	89.17%	97.25%
Crisis Support Services	97.58%	100%	100%
Group Day	98.04%	92.44%	93.79%
Group Home (Customized Rate)	98.01%	100%	99.10%
Group Residential Support <= 4 Persons	97.81%	98.64%	99.30%
Group residential Support > 4 Persons	99.62%	100%	97.52%
Independent Living Supports	100%	74.38%	100%
In-Home Supports	100%	100%	97.51%
Sponsored Residential	100%	98.12%	100%
Supported Living	98.11%	100%	94.19%



## Appendix V. Service Type: Licensed Provider Competency and Capacity 2

Table 24 provides the service type-specific compliance results for the licensed provider competency and capacity elements.

**Table 24—Service Type: Licensed Provider Competency and Capacity 2**

Service Type: Licensed Provider Competency and Capacity			
Licensed Provider Service Type	Was staff able to describe the outcomes being worked on in this environment?	Were staff familiar with medical protocols to support the person?	Were staff familiar with behavioral protocols to support the person?
<b>Aggregate</b>	<b>97.93%</b>	<b>98.91%</b>	<b>97.80%</b>
Center Based Respite Care	94.16%	84.14%	94.16%
Community Coaching	98.83%	95.67%	97.45%
Community Engagement	96.61%	97.60%	94.08%
Crisis Support Services	100%	98.05%	100%
Group Day	96.54%	99.62%	98.49%
Group Home (Customized Rate)	100%	100%	98.93%
Group Residential Support <= 4 Persons	99.01%	99.15%	96.92%
Group residential Support > 4 Persons	98.94%	98.67%	100.%
Independent Living Supports	100%	100%	100%
In-Home Supports	96.82%	98.96%	94.64%
Sponsored Residential	100%	99.74%	100%
Supported Living	94.19%	95.35%	95.07%