



Virginia Department of
Behavioral Health &
Developmental Services

Provider Development

Division of Developmental Services
2017

DBHDS Vision: A life of possibilities for all Virginians

Overview

Provider Training Plan (our internal working document around PD)

- FY 2016 – FY 2018
- 3 Goals
- Deliverables for each goal

Provider Survey and Database

- Online, voluntary survey
- Enables provider search and geo-coding of providers

Provider Development Process

- Describes provider development activities around program enhancement and program remediation
- Describes the role of the CRCs in supporting the provider network

Next steps

Provider Training Plan

Goal 1:

Providers know and comply with expectations for providing person-centered practices and keeping people healthy and safe, including knowledge and competencies required of direct support professionals and their supervisors to support individuals in their services.

Long-term outcome: Individuals with developmental disabilities are supported in person-centered ways by competent, well-trained staff.

Deliverables: Orientation training, advanced training requirements, testing, basic and advanced competencies.

Provider Training Plan

HOME

Orientation Sections

Section I

Section II

Section III

Section IV

Section V

Section VI



DSP Complete



Orientation Manual for Direct Support Professionals (DSPs) and Supervisors:
Supporting People in their Homes and Communities

Provider Training Plan

Goal 2:

Providers are able to report in a central location that they meet DBHDS requirements and competencies and can assess themselves against established criteria of best practices and other providers.

Long-term outcome: There is an online system for provider self-reporting of their agency's standing in relation to federal and state expectations for quality services.

Deliverables: a self-assessment process that provides an indication of relative provider quality.

Provider Training Plan

Provider Self-Assessment (Home Supports)

1. Enter the name of your agency:
2. Enter the name of your location:
3. Enter your name:
4. Enter your title:
5. Enter your phone number:
6. Enter your email address:

7. Enter the total number of individuals supported at your location

8. Enter the following totals from the number in item 7:

Total who have an employment a goal in the ISP:

	2015 National Average	2016 Virginia Average
	<input type="text" value="41%"/>	<input type="text" value="35%"/>
	<input type="text" value="%"/>	<input type="text" value="%"/>
	<input type="text" value="%"/>	<input type="text" value="%"/>
	<input type="text" value="%"/>	<input type="text" value="%"/>
	<input type="text" value="%"/>	<input type="text" value="%"/>
	<input type="text" value="45%"/>	<input type="text" value="60%"/>
	<input type="text" value="44%"/>	<input type="text" value="53%"/>
	<input type="text" value="44%"/>	<input type="text" value="40%"/>

Total who have had a physical exam in the past 12 months:

Total who have had a dental exam in the past 6 months:

Total who had an eye exam/vision screening in the past 2 years:

Total who had a hearing test in the past 5 years:

Total currently taking medications for behavioral challenges:

Total who need some or extensive behavioral support:

Total who have a mental health diagnosis:

Total who have limited or full guardianship:

* additional items collected from Data Warehouse

Provider Training Plan

Goal 3:

Individuals and families easily locate qualified providers matching their preferences and needs.

Long-term outcome: There is an online database that lists providers by location and self-assessed standing in relation to qualifications and expertise.

Deliverables: Provider survey, CSB survey, process for filling gaps in services.

Provider Survey

DD Service Availability Survey

Please complete ONE per physical location.

* Required

1. Enter the agency's name.

Enter name of the entire agency, not just this location.

Your answer

2. Enter the name of this location.

Enter name of the location you are referencing in this survey (if different from agency name).

Your answer

Provider Survey

Provider Survey Key Elements

- Location details
- Contact information
- Services planned
- Cities/counties covered
- Capacity
- Willingness to expand

Provider Database



[Home](#) [About the Survey](#) [Search for Providers](#) [Support Options](#) [More](#)

PROVIDER DEVELOPMENT
DBHDS Division of Developmental Services

PROVIDER SURVEY

Anticipated providers of DD Waiver Services as of March 31, 2017



Provider Database

Support Options



Employment Supports

[View employment support options](#)



Home supports

Provider Database



Virginia DD Service Providers

*Only those agencies that have completed the DD Provider Survey are featured.

[CLICK HERE TO TAKE SURVEY](#)

Step 1: Select a city or county

(All)

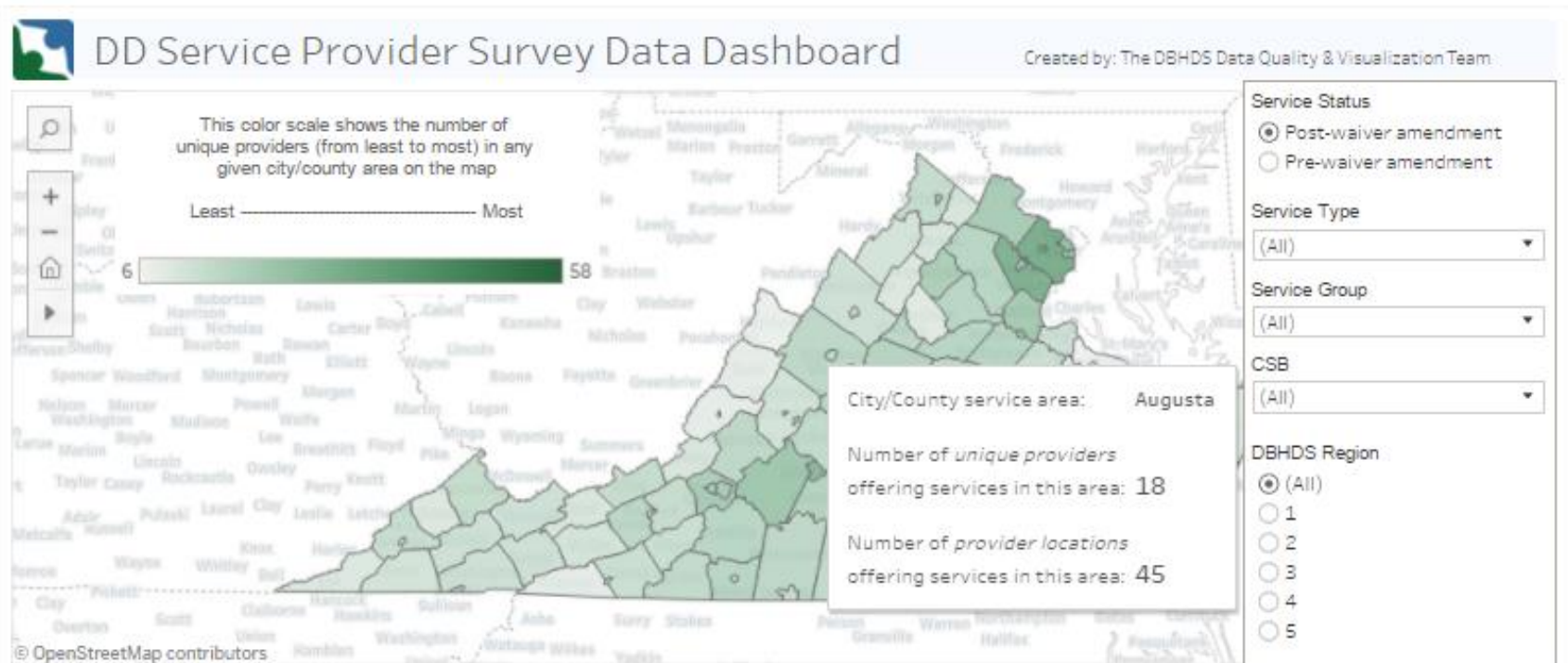
Step 2: Select a service

(All)

Provider Contact Information

Provider Name	Location	Phone Number	E-mail Address
A & C Alternative Care LLC	Virginia Beach	757-333-7613	cherylwright@aandclic.com
	Virginia Beach - Greenw..	757-333-7613	cherylwright@aandclic.com
A Grace Place Adult Care	No location name	804-261-0205	kwebb@agrva.org
A Greater Destiny	No location name	434-770-3887	agreaterdestiny7@gmail.co..
Aaron Homes LLC	Greene/ Ruckersville	703-541-8360	maria@caringhandsmatter...
Aaron Homes, LLC	Old Farm	(703) 541-8360	maria@caringhandsmatter...
Acclaim Care	Agra House	804-755-4424	abbydickson@acclaimcarein..
	Hollins Glen House	804-755-4424	abbydickson@acclaimcarein..
	Hungary House	804-755-4424	abbydickson@acclaimcarein..
	Laurel Pine House	804-755-4424	abbydickson@acclaimcarein..

Provider Database



*Only those agencies that have completed the DD Provider Survey are featured here.

Data Table

Number of Providers	Number of Service Types
277	28

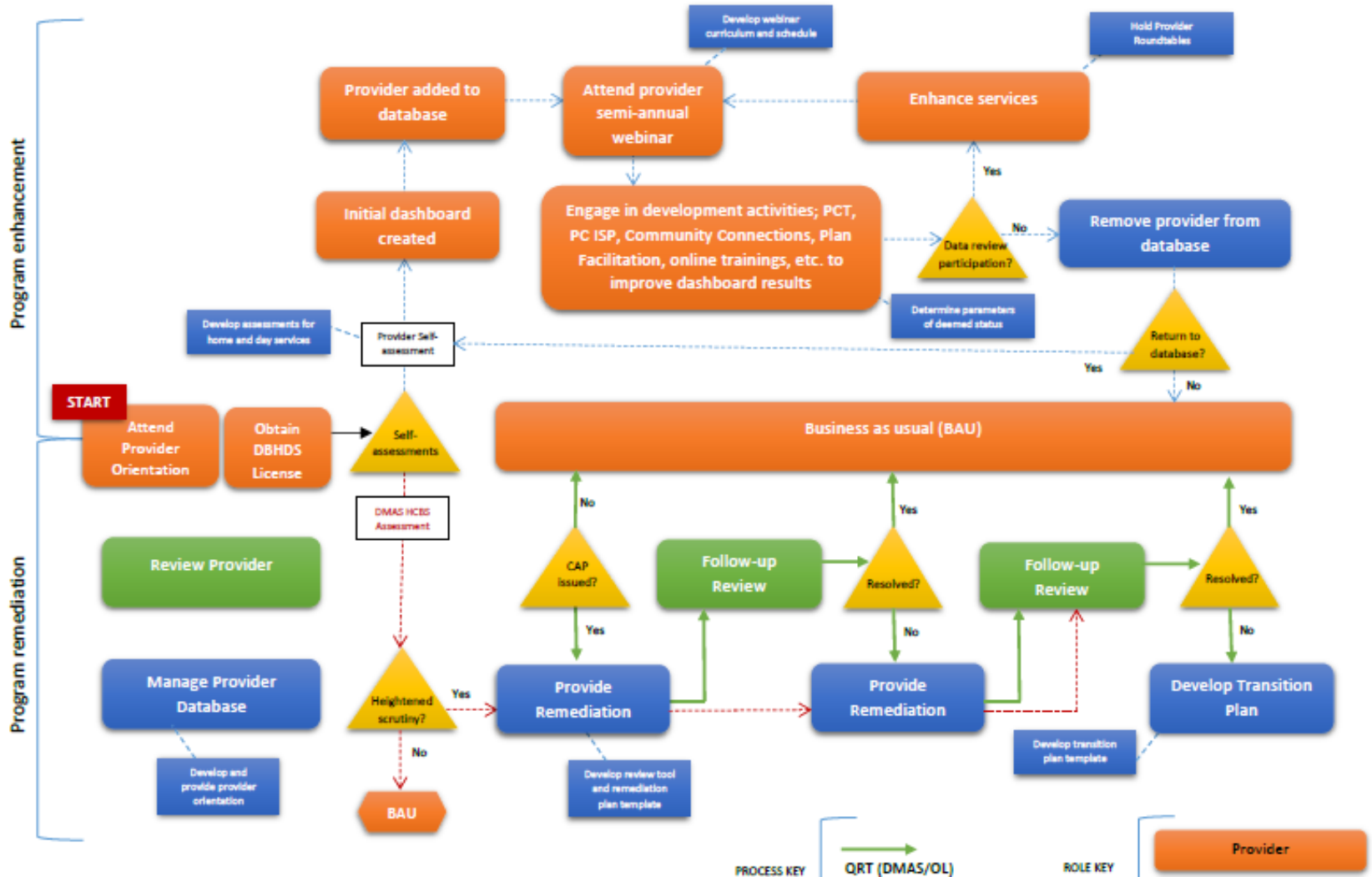
Pre-waiver amendment refers to services offered prior to 9/1/2016.

Provider Information

Provider Name	Location	Phone Number	Capacity	Willing to expand?	E-mail Address
A & C Alternative Care LLC	Virginia Beach	757-333-7613	Null	Statewide	cherylwright@aandclic.com
	Virginia Beach - Greenwich	757-333-7613	26%	To another region	cherylwright@aandclic.com
A Grace Bless Adult Care	No location name	864-351-0300	55%	To a neighboring city/county	luahh@gracebless.com

Provider Development Process

Provider Development Process 5.24.17



Next Steps

Next steps

- Obtain results from HCBS self-assessment to compare with voluntary survey listing
- Survey CSB SC/CMs to collect perceived need
- Obtain WaMS data to determine distribution and concentration by levels statewide
- Prioritize areas for development
- Schedule “state of the state” update webinar to inform providers and garner interest
- Collaborate with Licensing to prioritize applications

Questions & Answers

