Virginia Department of Behavioral Health & Developmental Services

Statewide Provider Roundtable/ SC Meetings

October 26, 2022

10:00am- 12:00pm

DBHDS Vision: A life of possibilities for all Virginians

DOJ Activity

DOJ Settlement Agreement Update

- The current study period is wrapping up (this is the 21st study period). Several areas were studied, including:
  - Integrated day and employment
  - Quality and risk management
  - Licensing and human rights
  - Provider training
  - RST
  - Transportation
  - DOJ document library

- There was also an individual service review and DBHDS wants to thank every provider that participated and assisted with the ISR.

DOJ Settlement Agreement Update

The parties will go to court on Wednesday, 10/26, for a status conference. DBHDS expects the draft reports in mid to late November, and the final report is expected in mid December. Once finalized, it will be posted on the DBHDS website under the DOJ Settlement Agreement section.

Training Center Updates

- Census is 68 at SEVTC

- Kimberly Davis is now the Discharge Coordinator so providers are welcomed to reach out to her regarding vacancies– Kimberly.R.Davis@dbhds.virginia.gov

Person Centered Individual Support Plan (ISP)

Addressing Risk in the ISP:

The expectation is that anything identified in the RAT as a risk or potential risk needs to be SOMEWHERE in the ISP. If the risk is or can be mitigated without an outcome, it can be documented in Part II. Any identified risks in the RAT or Part II must be on Part III either as a separate or general health and safety outcome.

Identified Risks:

-Must have their own separate Outcomes and must be addressed in the Part V through Support Activities and Support Instructions.

Potential Risks:

-May be addressed in a general Health and Safety Outcome, but Key Steps must identify what risks will be mitigated, then Part V Support Activities and Support Instructions must have supports to mitigate potential risks.

Person Centered Individual Support Plan (ISP)

REMINDERS:

- For those services requiring back-up plans, please **directly enter the back-up plan into WaMS** when the section pops up, and *do not only refer to the uploaded documentation*. Areas with a red asterisk * are required to be directly entered.
- For providers opting for Complete Use of the Part V in WaMS, you need to directly enter your ***Support Instructions*** *for each separate Support Activity (Activity Statement) under* ***"How to Support."***
- You can find most recent Part V Template, Instructions, Part V Training Resources, Quarterly Template, and more at https://dbhds.virginia.gov/developmental-services/provider-development/

Service Time

An individual cannot have more than 24 hours of service in a 24-hour period of time.

This does not include per diem services.

RST

- **Providers**: Please communicate to Support Coordinators as soon as you begin the process of increasing your license. The SCs need to have enough time to offer and document informed choice on the VIC as well as complete a referral within 5 days of receiving this information.

- **Providers**: Please communicate to the Support Coordinator anytime a person is moving even if they are moving within the organization so that the SC can provide informed choice and submit the RST referral documentation.

RST

- SCs need to submit referrals timely. The RST Referral Form should be submitted as a Word Document. The only form that can be accepted as a PDF is the VIC.
- SC should be submitting RST referrals as soon they know about a provider increasing their license for 5+ beds. Choice should be offered to every individual living in the home.
- RST Coordinator (Ashley) will always send the RST Call In Information to the SC and Supervisor listed on the RST Referral form about a week prior to the meeting.
- SCs need to call into RST meetings as scheduled and be prepared to update the RST on the referral. If you are not able to participate you (SC) should be working with your Supervisor to present on your behalf and if necessary work with your CRC to present if neither of you can participate.
- RST recommendation trackers need to be submitted following a person's final decision on services. This form should be submitted as a Word document.
- Data related to the RST process is used for compliance with the Settlement Agreement and assists DBHDS with identifying gaps in services across all regions.

RST

New Cross Regional Team (CRT)

- Met 4 times in FY 23 already
- Reduce late referrals related to moving prior to the next scheduled regional meeting
- SC do not participate in the CRT meeting
- Important that a summary provide details and informed choice be clearly documented on the VIC.

RST and WaMS

- RST is moving to WaMS! Testing has been completed. Two Preview Sessions are scheduled for CSB participation. We hope you can join us.

Supported Decision Making

Reminder:

SCs ***do not*** need Supported Decision-Making Agreements (SDMAs) for all individuals.

If you would like to review the information regarding SDMAs, visit the Supported Decision-Making webpage: https://dbhds.virginia.gov/supported-decision-making-supported-decision-making-agreements/

HCBS

- We have completed 426 onsite reviews and 292 desk-audits. This is not inclusive of the reviews that have been completed by HSAG in the QSRs.

- As a reminder, these reviews are mandatory and failure to participate in the review or complete any required remediation may result in suspension of billing or removal of your provider participation agreement.

- Train your staff often on documentation and HCBS Rights as non-person centered documentation and staff failing to know the HCBS rights continue to be the main areas requiring remediation.

HCBS

- We encourage all providers to look at their programs on a regular basis to ensure that institutional features are not present - this may include: excessive signage (anything not required by regulation), staff only spaces, excessive locks, or signs outside designating the space as a disability program.

- As a reminder, the state does have to review ALL group homes, group day providers, sponsored settings, supported living settings, and group employment settings. We are not reviewing a sample from each provider, but <u>every setting</u> operated by a provider.

Virginia Department of Behavioral Health & Developmental Services

The Individual and Family Support Program (IFSP)

Support Coordinator Roundtable

Fall, 2022

My Life, My Community

Heather Hines
Community Coordination Supervisor/
IFSP Interim Program Manager
Virginia Department of Behavioral
Health and Developmental Services

DBHDS Vision: A life of possibilities for all Virginians

Background

- In Virginia, there are currently over 14,000 people with a developmental disability who are on the state waitlist for Medicaid services.

- Section III.C.2 of Virginia's Settlement Agreement with the Department of Justice calls for the creation of an IFSP program. The following is the language requiring the program's establishment.

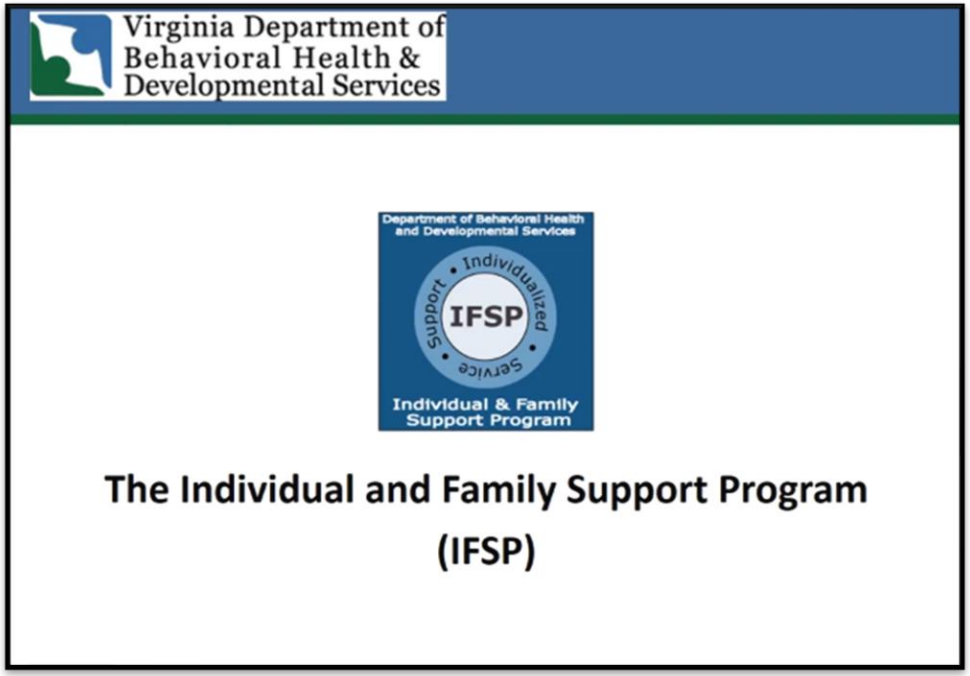
  "The Commonwealth shall create an individual and family support program for individuals with ID/DD whom the Commonwealth determines to be most at risk of institutionalization. "

- Section II.D defines supports and provides the framework for what the program should assist families with. The section states:

  "Individual and family supports are defined as a comprehensive and coordinated set of strategies that are designed to ensure that families who are assisting a family member with intellectual or developmental disabilities ("ID/DD") or individuals with ID/DD who live independently have access to person-centered and family-centered resources, supports, services and other assistance."

What is IFSP?

https://youtu.be/8VT9JyvtBI4



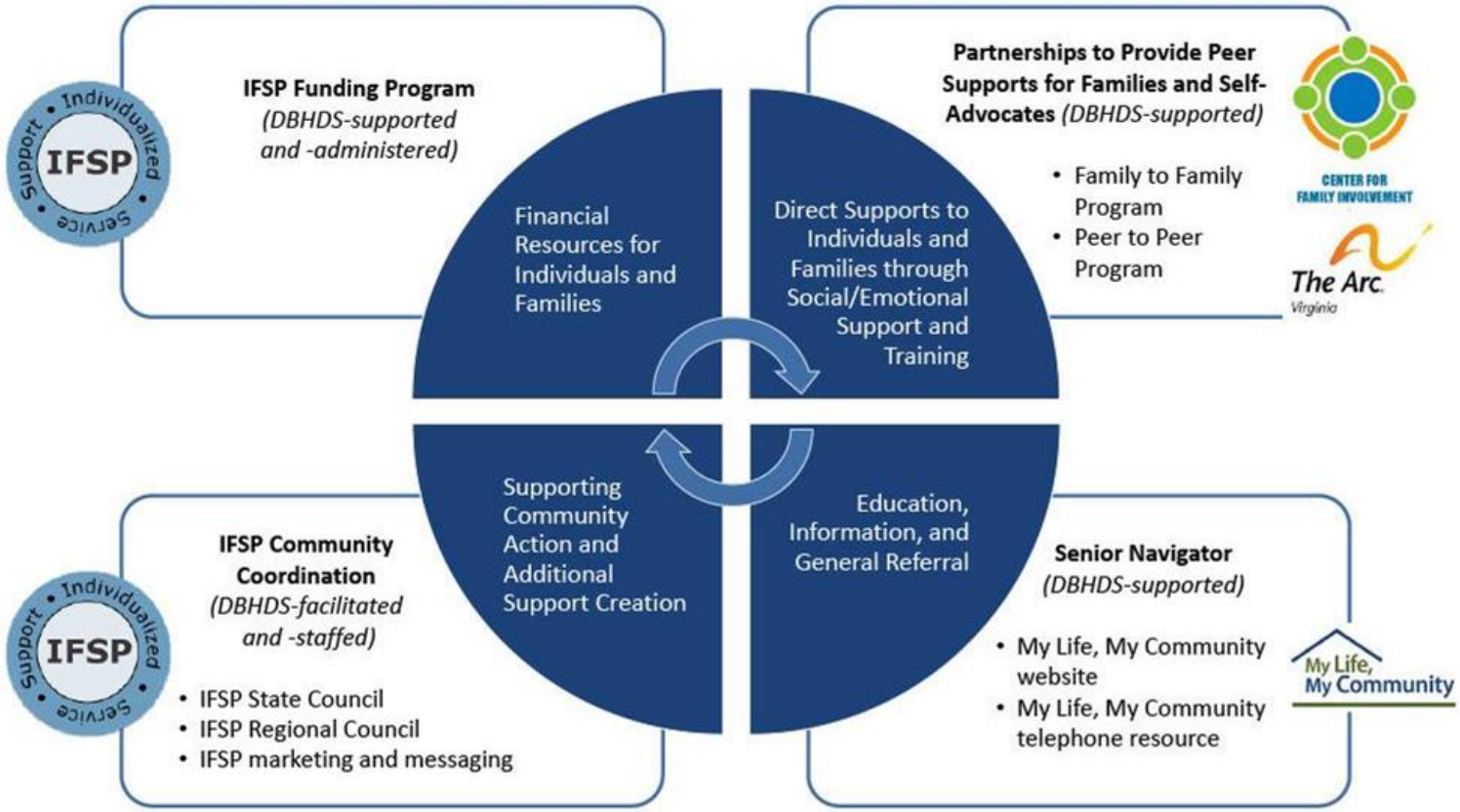
TIP: You can also read more at the "Resources for Families" page at the **My Life, My Community** website.

Who is IFSP's Target Population?

- Individuals and families, regardless of age, who meet the following criteria:
  - with a developmental disability,
  - living in the Commonwealth of Virginia, and
  - on the waitlist for the Developmental Disability (DD) Waiver.*

* While the IFSP-Funding Program is expected to always target people on the Waiver Waiting List, IFSP is committed to exploring opportunities to support people with DD regardless of waiver status through its other programs.

What is IFSP?


IFSP
Individualized
Support
Service
IFSP Funding Program
(DBHDS-supported and -administered)
Financial Resources for Individuals and Families
Direct Supports to Individuals and Families through Social/Emotional Support and Training
Partnerships to Provide Peer Supports for Families and Self-Advocates (DBHDS-supported)
• Family to Family Program
• Peer to Peer Program
CENTER FOR FAMILY INVOLVEMENT
The Arc Virginia
Supporting Community Action and Additional Support Creation
Education, Information, and General Referral
IFSP Community Coordination
(DBHDS-facilitated and -staffed)
• IFSP State Council
• IFSP Regional Council
• IFSP marketing and messaging
Senior Navigator
(DBHDS-supported)
• My Life, My Community website
• My Life, My Community telephone resource
My Life, My Community

IFSP Funding

- IFSP Team Administers this funding annually.
- To be eligible, the applicant must meet all of the following criteria when funds are requested:
  - The applicant must be on the Virginia DD Waiver Waiting List, and
  - The applicant must be living in his or her own home or in a family home.
- Applications may be submitted either by the individual who is on the DD Waiver Waiting List or a representative applying on behalf of the individual(s) on the DD Waiver Waiting List.
- Covered & non-covered items/services – Categories: Safe Living, Community Integration, Improved Health Outcomes
- Limited funds – Funding goes to most at risk/highest level of need

IFSP State and Regional Councils

- The IFSP State Council serves as our advisory board.
- The five IFSP Regional Councils are local coalitions in each DBHDS service region.
- Each Regional Council has a Regional Council Leadership Board of members who act as grassroots community leaders, and help us plan events.
- We hold 4 meetings and 2 events every year -- and anyone is invited to attend!
- Members are appointed for one-year terms, and can serve up to three years.

IFSP State and Regional Councils (cont.)

- Recruitment typically begins in the fall. Anyone living in Virginia can apply.
- This includes:
  - People with intellectual and developmental disabilities
  - Family members or caregivers
  - Professionals, students, and volunteers
- Learn more about our councils and watch our most recent event recordings at our **DBHDS YouTube playlist**!

Peer Mentoring Program

- We partner with The Arc of Virginia to offer peer mentoring services. The Arc holds two-day trainings for self-advocates who apply to be peer mentors - Short term service – 60 hours over 6 consecutive months
- Mentors must be over age 21, have a developmental disability, have used one of Virginia's support services, and have lived independently in the community for at least 1 year
- Mentees must be at least 16 years of age, with a DD Waiver or on the Waiver Waitlist.
- Learn more at The Arc of Virginia's website: **https://thearcofva.org**

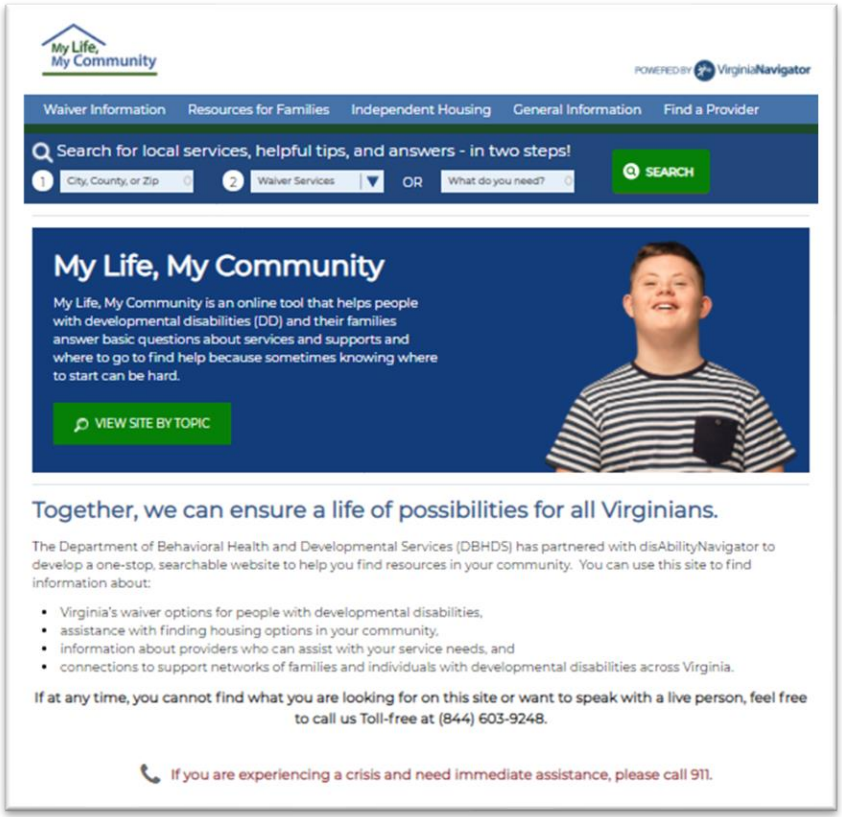
The Arc Virginia

Family Mentoring Program

- We believe that families are the experts of their own experiences!
- We partner with the Family 2 Family Network (F2F) at VCU to offer family mentoring services. F2F's Family Navigators have expertise across different needs, cultures, and life stages.
- Learn more about F2F and Family Navigators: **https://centerforfamilyinvolvementblog.org/**

CENTER FOR
FAMILY INVOLVEMENT

My Life, My Community

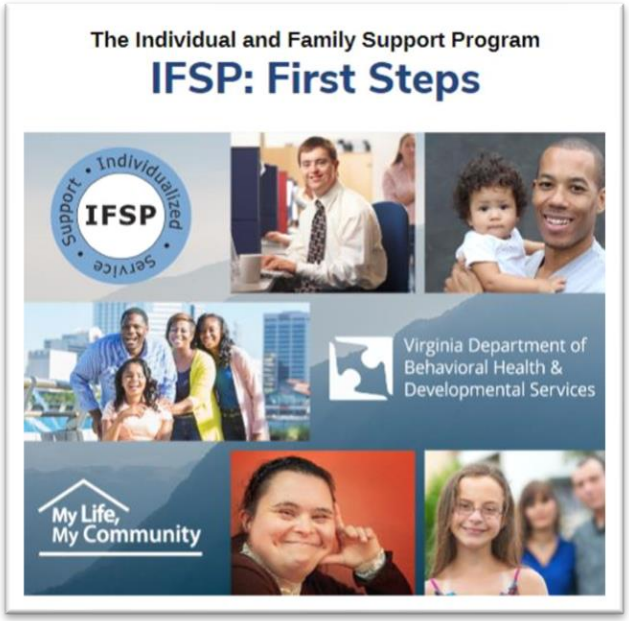


- This is our website! [My Life, My Community]
- We are also on the DBHDS site: https://dbhds.virginia.gov/developmental-services/ifsp
- We partner with SeniorNavigator to develop and maintain it.
- Use it to search for statewide and local resources, services, and supports that fit where you or someone close to you may be in life.

IFSP Facebook

- Primary account (managed by IFSP): **@IFSPCommunity**
- Regional pages (managed by Regional Councils):
  - Central: **@IFSPRegion4**
  - Eastern: **@IFSPeasternregion**
  - Northern: **@IFSPnorthernregion**
  - Southwest: **@SouthwesternIFSP**
  - Western: **@VirginiaIFSPWesternRegion**

IFSP: First Steps



* Learn more about plain language: https://www.plainlanguage.gov/

- Provides an overview of Virginia DD system, as well as IFSP
- Developed in plain language*
- Download it at My Life, My Community by visiting the “Resources for Families” page. It will have a new QR code soon, so check back!

Resources for Individuals on the WWL

- Get IFSP-Program Updates by **joining our email list**.
- Consider getting support from a **peer mentor**.
- Learn about **supports that you may be eligible to receive** while on the WWL.
- Learn about **other resources that may help** you get the services and supports you need without a waiver — including **Early Intervention Services** and **Case Management**.
- Get support or give back through the **IFSP State Council** or **local Regional Councils**.
- Apply for **IFSP-Funding**.

Quick review!

Who can access IFSP Resources?

DD Waiver Waitlist ONLY:	Open to everyone:
• IFSP-Funding Program • Peer mentoring program* ** There is now some availability for people on the DD Waiver Waitlist to receive the Peer Mentoring Service! Otherwise, people must be receiving Waiver services.*	• IFSP State and Regional Councils • IFSP Coordinated Council events • Family mentoring program • My Life, My Community website • Toll-free number • IFSP Facebook pages

Thank you!

Visit our website: **https://mylifemycommunityvirginia.org**

Connect on Facebook: **https://facebook.com/IFSPCommunity**

Subscribe to our listserv: **https://tinyurl.com/IFSPlistserv**

Email us (Council and outreach questions):
IFSPCommunity@dbhds.virginia.gov

PEER MENTOR
SUPPORTS
www.thearcofva.org
The Arc.
Virginia
Virginia Department of
Behavioral Health &
Developmental Services

About Peer Mentor Support Service

- Added to Waiver in 2016
- DBHDS partnered with The Arc of Virginia to design an infrastructure to sustain a Peer Mentor System in Virginia
- Short term service
  - 60 hours over 6 consecutive months

Virtual

Mentee has access to all Peer Mentors across Virginia

In-person

Mentee will choose a Mentee within his or her area

ABOUT MENTEES

Requirements

At least 16 years of age, with a DD Waiver or on the Waiver Waitlist

Goals

Goals include building independence, employment or social opportunities

Consultation

To explain service, review goal and recommend Peer Mentors

Matches

Mentees are introduced to as many Mentors as requested and make final choice

PEER MENTORS

- Are over age 21
- Have a developmental disability
- Has used one of Virginia's support services
- Have lived independently in the community for at least one year

Training & Credentialing

Potential Peer Mentors attend a 2 day training which includes credentialing

On-going Training

Trained Peer Mentors are offered on-going Professional Development Training

Being Matched

Mentors are chosen by a Mentee and invited to an interview

Direct Support Professionals

Peer Mentors are hired by a Provider and begin their work with their Mentee

Linda Booth
Fairfax

Dorothy Clark
Virginia Beach

Eric Cottrell
Danville

Jonah Gilman
Fairfax

Matthew Hudgins
Christiansburg

Shawn Kirk
Richmond

Brittney Lee
Henrico

Katherine Montgomery
Fairfax

Jesse Monroe
Norfolk

Shay Ruff
Stuart Draft

Jennifer Ruley
Stuart Draft

HOW TO ACCESS THE SERVICE

Contact:
Support Coordinator / Case Manager
or
Email: Natasha Cooper
ncooper@thearcofva.org

Employment & Community Transportation

Barbara Tate

CONSULTING CONNECTION SERVICES

Program Information from CCS

Employment & Community Transportation through Medicaid Waiver

ECT is a service offered to individuals on the three Medicaid waivers who need transportation to employment sites or other community events, activities, resources, friends/families, spiritual activities, public meetings, and social/civic clubs.

Requirements for using ECT:

- The community activity or employment must be connected to an individual's desired outcomes as stated in their ISP.
- No other means of access is available.
- The individual does not have sufficient personal financial resources (through wages) to cover the cost of the transportation.
- Transportation cannot be offered by Non-Emergency Medical Transportation (NEMT) such as Modivcare or another transportation provided by your MCO.
- The service **may NOT** be provided by an individual's guardian, parent, stepparent of an individual younger than 18 years of age **OR** by the spouse of an adult who is receiving the service.
- The service may be provided by the individual's family member or legally responsible person so long as the per meets the requirements immediately above and the eligibility requirements of a driver.

To make this as smooth a process as possible, ECT service attaches to an outcome that is already in place (anything to do with community activities or employment). This service **does not require** a plan for supports (Part V) or support instructions. A general schedule is not required. This service **does require the trip plan** to be completed and signed before submission in WAMS to the Support Coordinator. Driving directions (mapquest or Google Maps) must be provided during the WAMS submission. The client must also agree to sign for all trips taken under this service on the trip log form.

If the client has a driver in mind, the driver must apply for approval. No payments will be issued unless CCS has approved a driver.

- To request approval as a private driver, the driver must be 18+ and meet some additional requirements. All interested drivers must complete the following form and upload required data and documents: https://hipaa.jotform.com/212298424149459.

If the client is using public transportation, the client will need to provide full trip logs from their account or receipts for each ride for reimbursement.

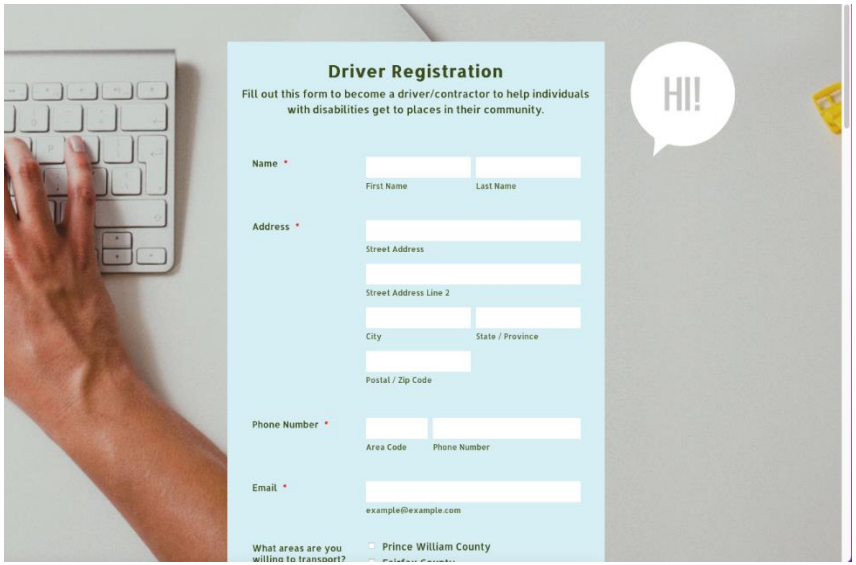
All Clients Must:

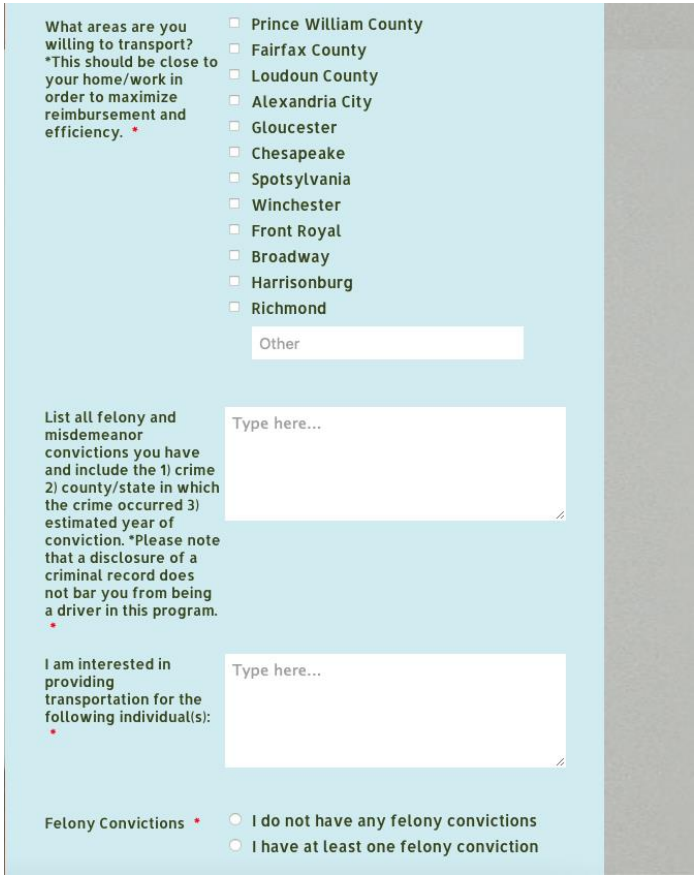
1. **All clients** interested in this service, must complete our standard referral form.
2. All clients and/or their legal guardians must complete the proposed trip plan. This is a requirement of this service by DMAS and DBHDS for pre-authorization of the service.

2

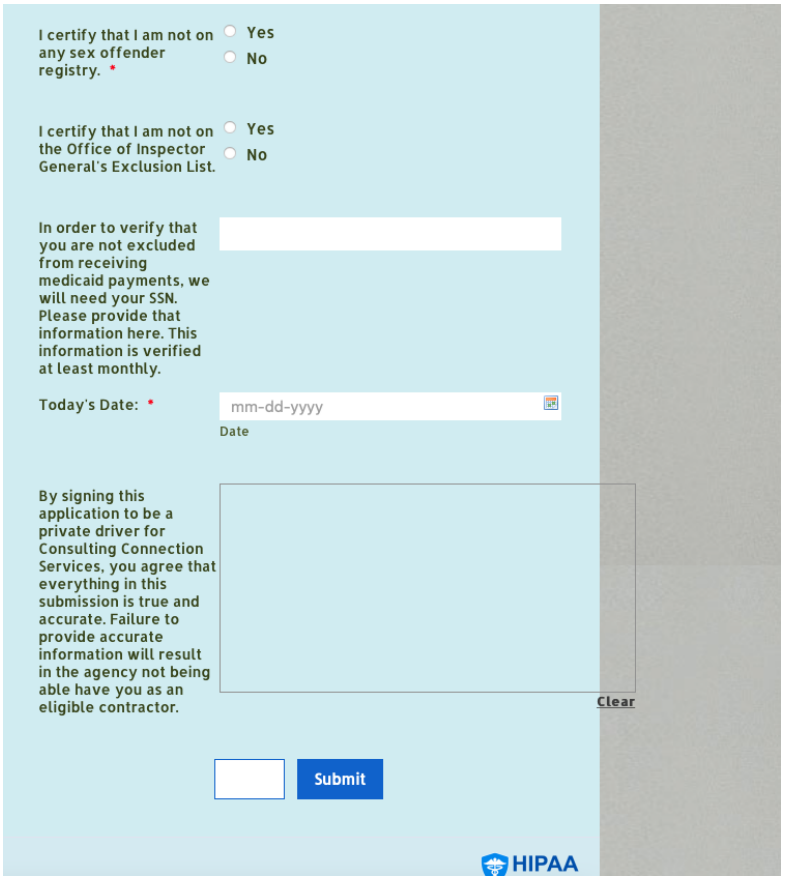
3. All clients are required to sign the monthly trip log. That form can be found here. This will be submitted by the driver to our organization. We will then bill DMAS and pay the driver and/or the other pre-authorized form of transportation. This can be submitted more than monthly.
4. All clients are required to complete our general release of information. Please include your driver(s) name and anyone else we may need to talk with. If you are being served by CCS, the release form is located here: You can find our form "CCS Release of Information" at: https://hipaa.jotform.com/212261730354043.

Private Driver Registration





Private Driver Registration Continued



Organization of ECT Clients

Last Updated 1	Status	Plan year	Support Coordin...	Region	Quarterly	Quarterly	Quarterly
GW 2 days ago	Approved	May 1, '22 - Apr 30, '23	Seima Ito	Fairfax CSB	Aug 1	Nov 1	Feb 1, 2023
GW 5 hours ago	Approved	May 1, '22 - Apr 30, '23	Lisa fong	The Arc	Aug 1	Nov 1	Feb 1, 2023
GW 2 days ago	Approved	Mar 1, '22 - Feb 28, '23	Melissa House	The Arc	Jun 1	Sep 1	Dec 1
BT 4 months a...	Approved	Jan 9, '22 - Jan 8, '23	Jason Bryant	NW CSB	Apr 9	Jul 9	Oct 9
BT 4 months a...	Approved	Jun 1, '21 - May 31, '22	Jason Bryant	NW CSB	Sep 1	Dec 1	Mar 1, 2023
GW 2 months a...	Approved	Nov 1, '21 - Oct 31, '22	Hillary Rodick	The Arc	Feb 1	May 1	Aug 1
BT 4 months a...	Approved	Jan 1 - Dec 31	Hillary Rodick	The Arc	Apr 1	Jul 1	Oct 1
GW 2 days ago	Approved	Sep 1, '21 - Aug 31, '22	Melissa House	The Arc	Dec 1, 2021	Mar 1	Jun 1
BT 3 minutes a...	Approved	Nov 1, '21 - Oct 31, '22	Kristen Hallowes	NW CSB	Feb 1	May 1	Aug 1
BT 5 minutes a...	Approved	Nov 1, '21 - Oct 31, '22	Logan Sherwood	The Arc	Feb 1	May 1	Aug 1
TT 1 month ago	Approved	Aug 1, '22 - Jul 31, '23	Stephanie Adkins	Fairfax CSB	Nov 1	Feb 1, 2023	May 1, 2023

Continued

Quarterly	Quarterly	July trip log	Prior Trip Logs	August Trip Log	trip plan	September trip log	October trip log
Feb 1, 2023	May 1, 2023						
Feb 1, 2023	May 1, 2023						
Dec 1	Mar 1, 2023						
Oct 9	Jan 9, 2023						
Mar 1, 2023	Jun 3, 2023						
Aug 1	Nov 1						
Oct 1	Jan 1, 2023						
Jun 1	Sep 1						
Aug 1	Nov 1						
Aug 1	Nov 1						
May 1, 2023	Aug 1						

Organization of ECT Drivers

Last Updated	Signed Acknowle...	SO Registry Check	Valid Insurance	Insurance Expires	Insurance	DMV Record	Driving Record	Driver's License	DL Expires
GW 2 weeks ago			Done	Oct 15			Done		
BT 2 months a...			Done	Nov 30			Done		
GW 2 weeks ago			Done	Oct 6			Done		
GW 2 weeks ago			Done	Feb 16, 2023			Done		
BT 2 months a...			Done	Jan 8, 2023			Done		
GW 2 weeks ago			Done	Mar 24, 2023			Done		

Last Updated	Signed Acknowle...	SO Registry Check	Valid Insurance	Insurance Expires	Insurance	DMV Record	Driving Record
BT 1 hour ago			Stuck	Oct 1			Done
BT 1 hour ago			Stuck	Sep 25			Done

The two drivers listed here are not eligible for payments Due to expired insurance.

Receiving Trip Logs

- Trip Logs are received by mail, email, or fax.
- Billing is completed once per week in our office.
- Payments to contractors/drivers are made on the 1st or 15th of the month.
- CCS confirms payments are to be paid by DMAS and then issues one word document internally with client name, how many trips, month covered, and total amount to be paid.
- We check our internal board before payments are made to anyone to ensure that the person is eligible for payment.
- If they are not eligible for payment, we notify the driver to try to get the issue rectified. If not resolved in two weeks, we notify the support coordinator and notate this in our quarterly report.

Questions?

Barbara Tate

btate@ccsandrises.org

571-389-3630

DBHDS Communication

ISP Training Coming Soon to the COVLC

Three Person-Centered ISP training modules have been created and are in the process of being incorporated into the Commonwealth of Virginia Learning Center!

Link: https://covlc.virginia.gov

Modules:

Module 1: PC ISP Training Development COVLC Module 1 Parts I and II

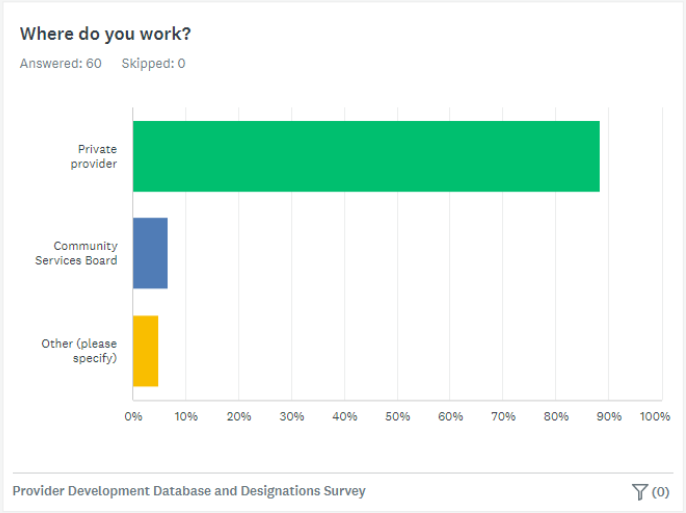
Module 2: PC ISP Training Development COVLC Module 2 Parts III and IV

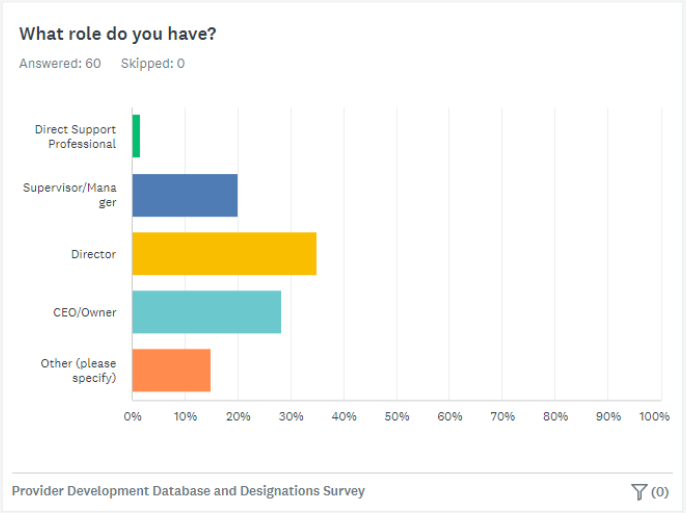
Module 3: PC ISP Training Development COVLC Module 3 Part V

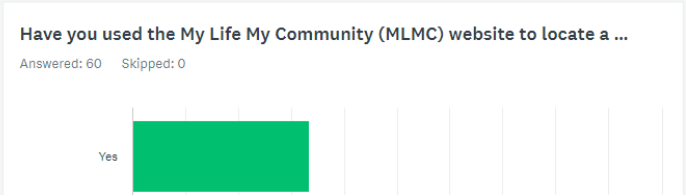
Coming Soon!

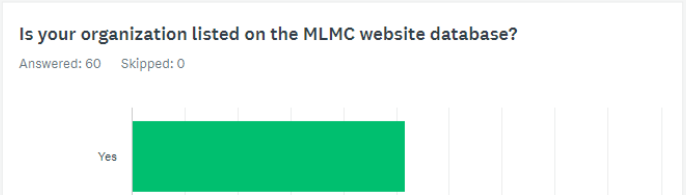
Provider Designation Quality Improvement Initiative

Provider Development Database and Designations Survey









Provider Designation QII Survey link: https://www.surveymonkey.com/r/XNSQDJ3

Virginia Department of Behavioral Health & Developmental Services

Therapeutic Consultation Behavioral Services

October 2022 Updates

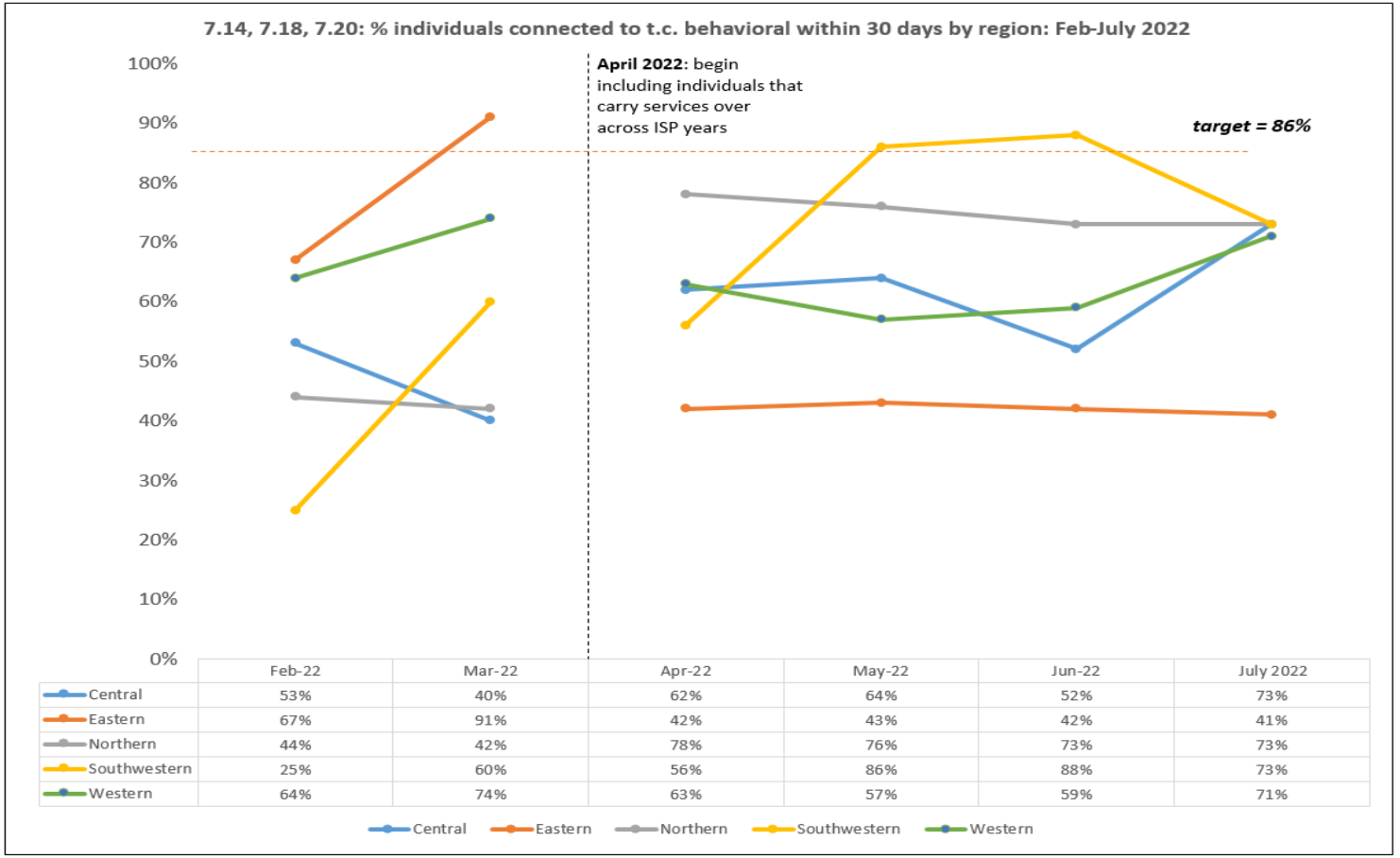
Quality assurance

- Behavior Support Plan Adherence Review Instrument (BSPARI) reviews have occurred across over 250 behavior plans
  - Weighted scoring system of 40 points, reviewers determine adherence to Practice Guidelines via review of behavior plan, functional behavior assessment, training record, part V, etc.
  - 34 out of 40 weighted points (85% of minimum elements present) = minimum adherence to Practice Guidelines
  - Includes feedback session for behaviorist to highlight areas in adherence and those not in adherence

Quality assurance

Review period	# of BSPARIs reviewed	Mean points score and mean % on BSPARIs	Median points score 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%)	BSPARIs reviewed with feedback provided to behaviorist
Late FY22Q1 through early FY22Q3	100	25.9 points, ~65%	28 points, ~70%	Range of scores: 34 (4 to 38) Mode = 31, 32	13%	40%	53%
Early FY22Q3 through late FY23Q1	150	29.8 points, ~74%	31 points, ~78%	Range of scores: 34 (6 to 40) Mode = 34	61 out of 150, ~41%	91 out of 150, ~61%	68%

Connecting people in need within 30 days



	Feb-22	Mar-22	Apr-22	May-22	Jun-22	July 2022
Central	53%	40%	62%	64%	52%	73%
Eastern	67%	91%	42%	43%	42%	41%
Northern	44%	42%	78%	76%	73%	73%
Southwestern	25%	60%	56%	86%	88%	73%
Western	64%	74%	63%	57%	59%	71%

Next steps and key info

- Survey from behaviorists near completion
- Upcoming training on t.c. behavioral services administrative components
- OIH hiring a BCBA
- Links to PBSF roster and Virginia Association for Behavior Analysis search engine
- OIH website and newsletter

Nathan.habel@dbhds.Virginia.gov

Quality Service / HSAG Updates

HSAG Round 4 review findings show lack of:

- Competency Training, Advanced Competency training when indicated
- Staff Orientation
- Understanding of medical supports and protocols for individuals being served
- Understanding of behavioral supports and BSPs for individuals being served
- Understanding of outcomes for individuals being served
- Neglect not reported
- Behavioral aggression not reported
- Medication errors not reported
- Ongoing illness not prevented
- Familiarity with the Important TO and Important FOR for individuals being served
- **Familiarity with the individuals' medications and medication side effects**

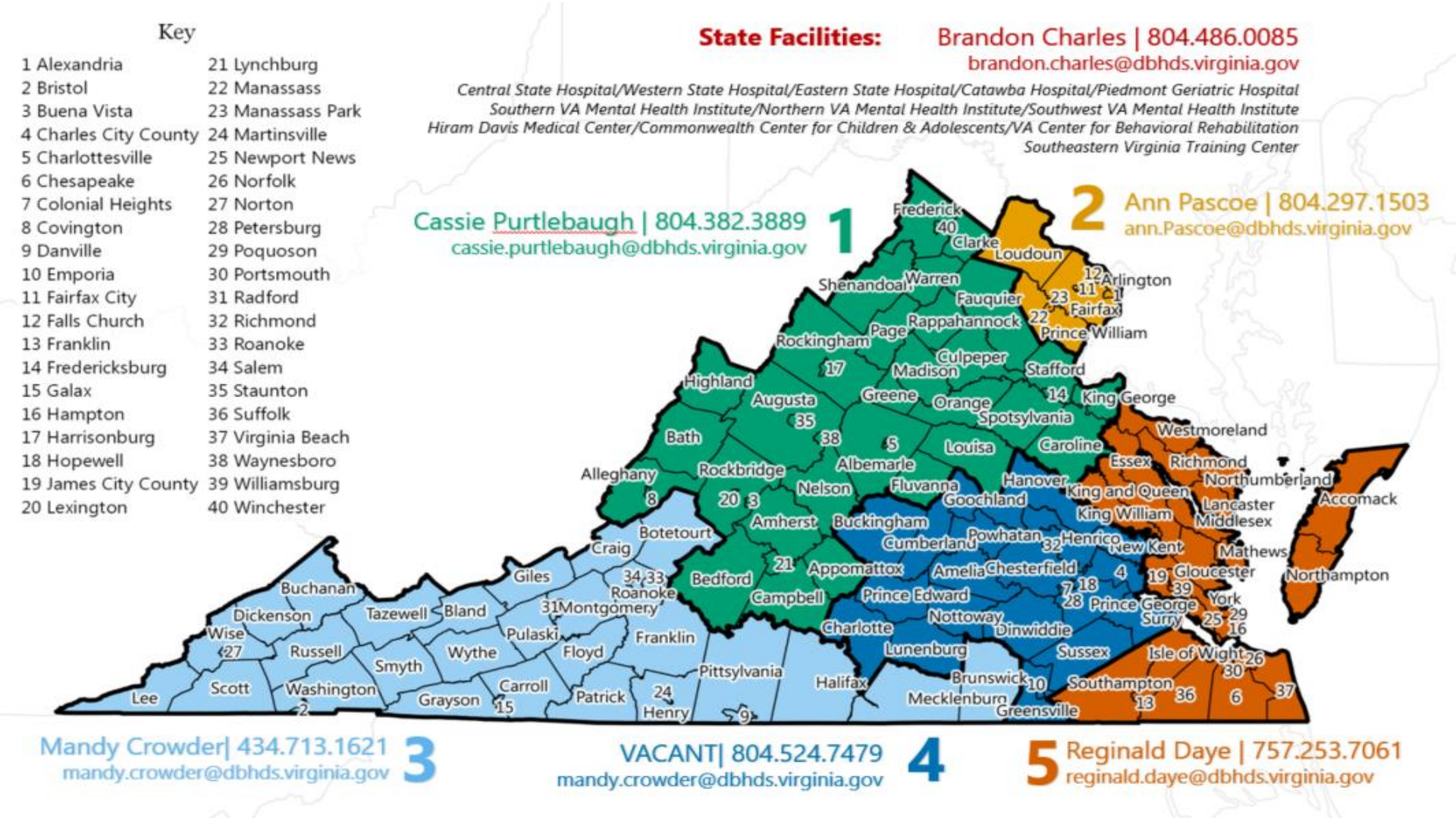
Quality Service / HSAG Updates

Resources / Regulations:

- Community Waiver Services for Individuals with DD (regulations): Administrative Code - Chapter 122. Community Waiver Services for DD
- Office of Licensing: Administrative Code Office of Licensing Chapter 105 Rules and Regs for Licensed Providers
- Office of Human Rights: Administrative Code Chapter 115 Regulations to Assure the Rights of Indiv.
- DD Waiver Manual: DD Waiver Manual Link DMAS
- CRC Listing for Virginia: CRC Listing 7.8.22
- Listserv / Constant Contact: Sign up for Listserv - Constant Contact
- Commonwealth of Virginia Learning Center: COV Learning Center

Office of Human Rights

- Currently, there is a vacancy for the OHR Region 4 Manager, so Mandy Crowder is covering: mandy.crowder@dbhds.virginia.gov 804-524-7479



Adequacy of Support Presentation

2nd Annual Trend Report

Virginia Department of Behavioral Health & Developmental Services

V.G.3 – Ensuring adequacy of Supports

The Commonwealth shall ensure that the licensing process assesses the adequacy of supports and services provided to individuals with DD receiving services licensed by DBHDS.

In January of 2020, the OL prioritized regulations determined most closely measured a provider's ability to adequately support individuals under their care and placed this into an adequacy of supports framework tied to the domains listed in the Settlement Agreement. Each domain is tied to a set of regulations

The domain of stability does not directly tie to any regulations for providers and is assessed through a measure of the percentage of individuals that are hospitalized or admitted to a REACH CTH who are able to return to their original living situation once the crisis has resolved

All of the regulations identified in this framework are checked during the annual inspection.

Prior to the implementation of the AOS Framework

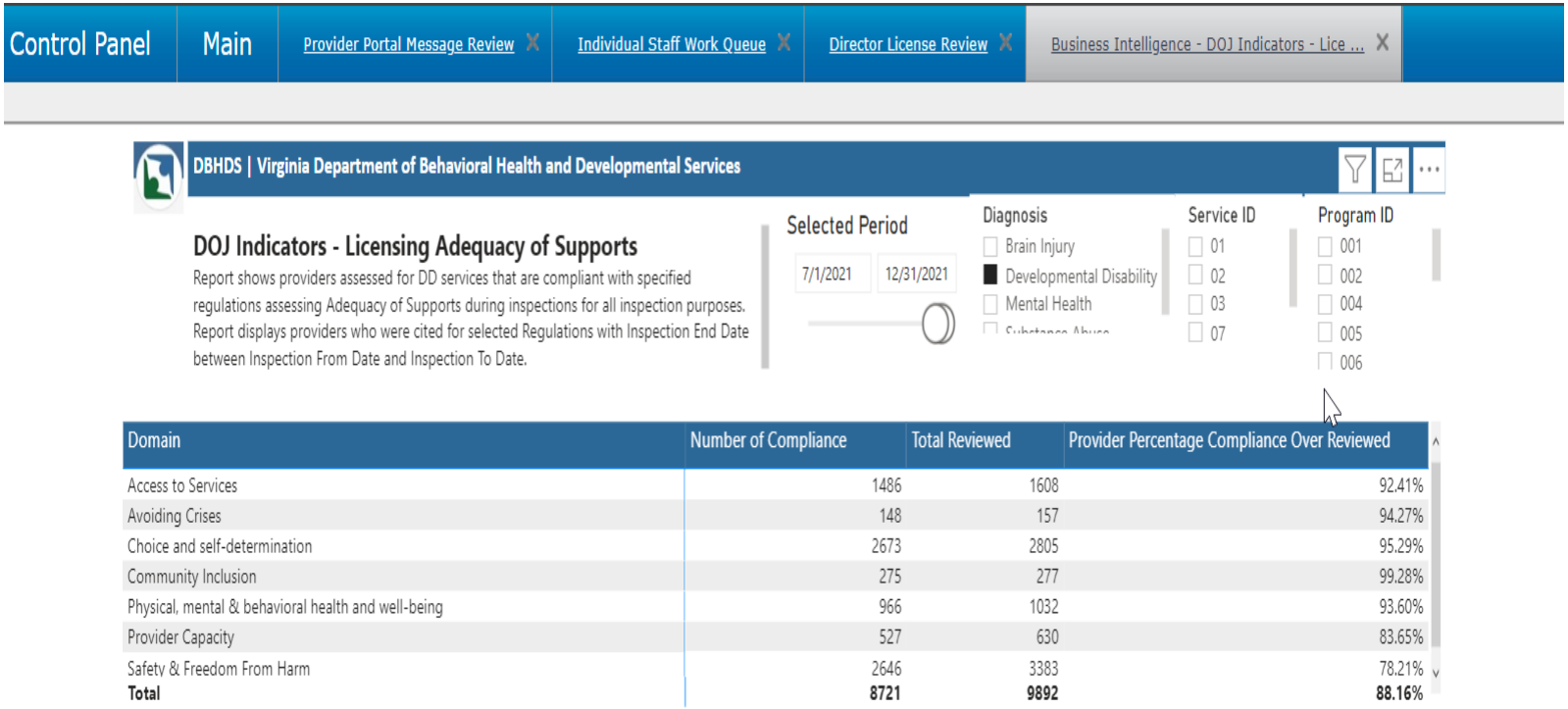
- Prior to January 2020, the OL did not have any formal requirement to review specific regulations during every annual inspection.

- To increase the reliability of the data collected via the official Office of Licensing System, a look behind process was developed which required regional managers to review a certain percentage of the inspections for accuracy and consistency among specialists (see look behind protocol).

V.G.3 – Ensuring adequacy of Supports

At each annual inspection, the licensing specialist reviews a sample of individual records to ensure individuals being served are receiving services consistent with their assessed needs and their agreed upon service plan. If a review uncovers a provider is not meeting an individual's needs, the appropriate regulation is cited.

CONNECT – Adequacy of Support Report



Domain	Number of Compliance	Total Reviewed	Provider Percentage Compliance Over Reviewed
Access to Services	1486	1608	92.41%
Avoiding Crises	148	157	94.27%
Choice and self-determination	2673	2805	95.29%
Community Inclusion	275	277	99.28%
Physical, mental & behavioral health and well-being	966	1032	93.60%
Provider Capacity	527	630	83.65%
Safety & Freedom From Harm	2646	3383	78.21%
Total	**8721**	**9892**	**88.16%**

Stability

Stability is measured as the percent of individuals with DD who were not discharged by their residential services provider around the same general time of their crises and were either admitted to a CTH or to psychiatric hospital."

The crisis services office measures stability as the number of individuals with DD who were not discharged by their residential services provider around the same general time of their crises and were either admitted to a CTH or to psychiatric hospital." The goal is 25% or less have had to move from their original residential location.

Data from the year shows the percentage of individuals who stayed at their original residences remained stable across the year with an average of 94%. This is well above the goal of 75%.

DD Private Providers of Non Case Management Services

Annual Trend Report (January 1, 2021 – December 31, 2021)				
Domain	**Number of Regulations found to be in Compliance**	**Total regulations Reviewed**	**Provider Percentage Compliance Over Reviewed**	
Access to Services	5520	5822	94.81%	
Avoiding Crises	575	592	97.13%	
Choice and self-determination	9911	10409	95.22%	
Community Inclusion	995	1002	99.30%	
Physical, mental & behavioral health and well-being	3565	3714	95.99%	
Provider Capacity	1961	2236	87.70%	
Safety & Freedom From Harm	10068	12413	81.11%	
Total	**32595**	**36188**	**90.07%**	

Provider Capacity/Safety & Freedom From Harm

Domain	Regulation Number	Number of Compliance	Total Reviewed	Percentage Compliance Over Reviewed
Safety & Freedom From Harm	12VAC35-105-160. D. (2)	966	1404	68.80%
Safety & Freedom From Harm	12VAC35-105-160. E. (2)	760	962	79.00%
Safety & Freedom From Harm	12VAC35-105-160. E. (2a)	727	1076	67.57%
Safety & Freedom From Harm	12VAC35-105-160. E. (2b)	794	1076	73.79%
Safety & Freedom From Harm	12VAC35-105-160. E. (2c)	715	1071	66.76%
Safety & Freedom From Harm	12VAC35-105-160. E. (2d)	779	1048	74.33%

Steps the OL took to support providers in increasing their compliance.

The OL continues to provide training to providers on the requirements for reporting incidents in a timely manner. Each region has an Incident Management Specialist who is available to provide assistance and training to providers in their area.

Training Coordinator

DD Case Management Services

Domain	Number of Compliance	Count of Regulation	Percentage Compliance Over Reviewed	
Access to Services	87	93	93.55%	
Avoiding Crises	26	26	100.00%	
Choice and self-determination	439	444	98.87%	
Community Inclusion	67	70	95.71%	
Physical, mental & behavioral health and well-being	204	216	94.44%	
Provider Capacity	50	50	100.00%	
Safety & Freedom From Harm	653	698	93.55%	
Stability	51	60	85.00%	
Total	1577	1657	95.17	

Stability/Safety & Freedom From Harm for DD CM

Domain	Regulation Number	Number of Compliance	Total Reviewed	Percentage Compliance Over Reviewed
Safety & Freedom From Harm	12VAC35-105-160. D. (2)	38	55	69.09%
Stability	12VAC35-105-1245.	51	60	85.00%

Steps taken to address areas of concern:

The Office of Developmental Services has provided trainings to the CSB Case Managers and the Office of Licensing staff on Understanding and assessing “Change in Status” and “ISP Implemented Appropriately

The OSVT is used as the primary method of improving consistency in SC assessments of "changes in status" and appropriately implemented services."

This tool is required monthly for people with ECM and at least quarterly for people with TCM.

Technical assistance has been provided through video conferencing, as well as on-site, and includes discuss around the use of the OSVT where low performance is indicated with indicators 9 (services appropriately implemented) and 10 (assessing for changes in status).

Licensed Providers Ability to Meet the Support Needs of Individuals Served

The data collected through the checklist developed by the OL, indicates that, of the providers reviewed between January 1, 2021 to December 31, 2021, over 86% of providers are able to demonstrate they are able to meet the needs of the individuals they serve.

Regional Supports Unit

- Training Opportunities
  - Training dates will be released ahead of each quarter
  - November 10th, Waitlist & Reserve Slot Training (SC's & SC Leadership)
  - November 15th, SIS Training (SC's & Providers)
- Retain Slot Requests
  - Please be sure to submit these request every 30 days for individuals not receiving services
- Priority Needs Checklists – IDEA Criteria
  - Eligibility
  - Removing/adding individuals from this criterion as individual's age changes
- Waitlist Review Report
  - Sent to DD Directors, RSS's will follow up with boards with guidance on addressing specific concerns.
- Reserve Slot Request
  - Overall Process Review
- Building Independence Slot Report **For SC Roundtable**
  - Region 1: 15
  - Region 2: 0
  - Region 3: 11
  - Region 4: 23
  - Region 5: 22

Regional Supports Unit

- SIS Specific Updates
  - Field observations of SIS assessments
  - Face to Face expectations for SIS assessments
  - Standardized Living Skills Assessments in lieu of SIS®
  - SIS Reassessment Requests
    - Revised form available and has been distributed (rev. 8/17/2022)
    - Old forms will not be accepted after 10/31/2022
    - Reach out to RSS for your region to obtain updated form if needed

Reminder

Timely Submissions:

1. When initially submitting a request, if the request is submitted even 1-day after the requested start date- it is untimely and may result in a reduction of the start date if a mitigating circumstance is not submitted to justify the late submission.

2. When resubmitting a Pended request, the request must be resubmitted to "Pending PA Staff Review" status within 30 days after the Pend date, or it will be Rejected due to untimely resubmission.

Reminder

Support Coordinators:

Please be aware of and make sure the Provider is sending the correct Service Authorization (address, bed size, etc.).

DMAS Communication

During a recent review of Community Coaching services, a system wide need was identified:

The purpose of Community Coaching is to provide **1:1 support** to assist individuals **to overcome a barrier to community engagement/community integration**. Community Coaching is meant to be **time limited per barrier**.

<u>Documentation requirements for Community Coaching include:</u>

1. Clearly identifying a barrier to community engagement/community integration

2. Support instructions on how the Individual will be assisted to overcome the barrier

3. A plan to bridge into Community Engagement/build relationships/natural support

4. At least one skill building outcome to address the barrier/engagement with community members

Modivcare Transportation

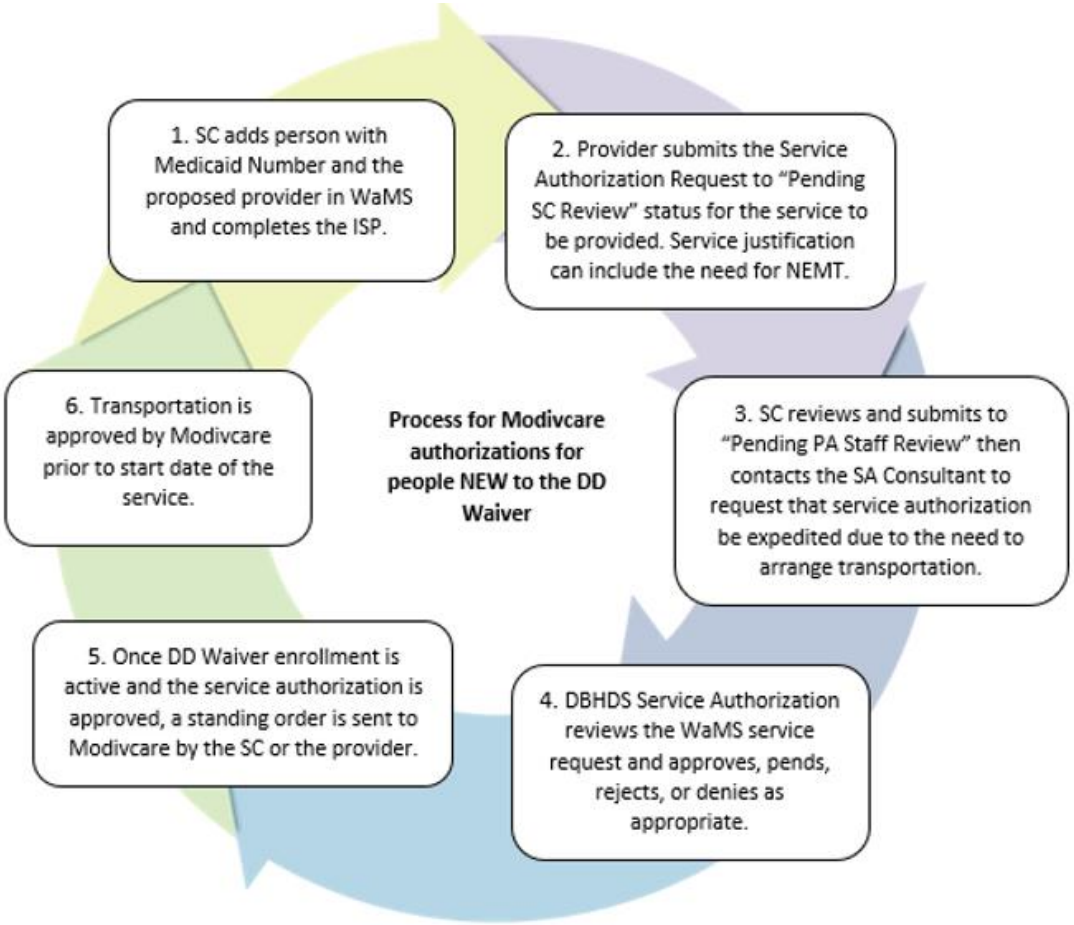
Obtaining Modivcare Transportation for people NEW to DD Waiver Non-emergency Medical Transportation (NEMT) through Modivcare cannot be authorized for standing orders to and from Waiver Services unless the individual is enrolled in Waiver.

This means…

A newly enrolled individual MUST BE active in WaMS with a valid Medicaid number, has an ISP, and has an approved service authorization for the service related to the transportation request BEFORE the Modivcare Transportation request is made.

Communication is Key!

Modivcare Transportation Process



Virginia Department of Behavioral Health & Developmental Services

REVIVE Training Information

Developed by:

The Office of Integrated Health – Health Supports Network (OIH-HSN) & the Virginia Department of Behavioral Health & Developmental Services (DBHDS)

What is REVIVE Training?

- A **free, virtual opioid overdose** and **naloxone administration** and **education training program** for all citizens, caregivers and licensed providers in the Commonwealth of Virginia.

What Will I Learn in REVIVE Training?

Virginia Department of Behavioral Health & Developmental Services

How to…

- Recognize those at highest risk for an overdose.
- Recognize the signs and symptoms of an overdose.
- Seek help for someone experiencing an overdose.
- Care for an individual experiencing an overdose.
- Administer Naloxone, which reverses the effects of an opioid overdose.

Why is REVIVE Training So Urgently Needed Now?

Virginia Department of Behavioral Health & Developmental Services

- To reduce the epidemic number of fatalities in Virginia due to opioid overdose.
- Virginia law 18VAC85-21-70 is now requiring all physicians to include Naloxone nasal spray with all long-term prescriptions of:
  - Opioids.
  - Sedative hypnotics.
  - Benzodiazepines.
  - Carisoprodol.
  - Tramadol.
  - Or any combination of the above.

Who should attend a REVIVE Training?

Virginia Department of Behavioral Health & Developmental Services

- All caregivers for individuals who are prescribed opioids.
- All individuals who are prescribed opioids (if cognitively able).
- Anyone in Virginia who wants to lower the risk of a death for anyone experiencing an opioid overdose, whether the opioid is prescribed or taken without a prescription.

How Can I Take a Free REVIVE Training?

Virginia Department of Behavioral Health & Developmental Services

- The Office of Integrated Health – Health Supports Network (OIH-HSN) and the Office of Substance Use Disorder Services (OSUD) at DBHDS have produced a virtual lay-person REVIVE! training.
- The REVIVE! training can be accessed on the Commonwealth of Virginia Learning Center (COVLC), 24 hours a day/7 days a week, for FREE by provider agencies in Virginia starting on November 1, 2022.
  - If you need to set up a COVLC account, contact Keiana Bobbitt at keiana.bobbitt@dbhds.virginia.gov
- Live virtual REVIVE! trainings can also be accessed on the DBHDS website under the Office of Substance Use Disorder Services at https://dbhds.virginia.gov/developmental-services/substance-abuse-services/
- A Train-the-Trainer option is available for agencies who would like to have a trainer on their staff.

Do Other Naloxone/Opioid Overdose Trainings Exist?

Virginia Department of Behavioral Health & Developmental Services

- The Virginia General Assembly directed Virginia's state agencies, DBHDS, VDH, DPH, Virginia law enforcement, and Virginia's recovery community, to create the current REVIVE! training.
- In response to the national opioid crisis other private associations have also created their own trainings to address overdose emergencies.
- The American Red Cross, and the American Heart Association, have added **OPTIONAL** modules to their CPR / First Aid curriculum.
  - The new modules add an additional cost to CPR - First Aid certification.
  - CPR and First Aid certification as required by DBHDS licensing regulations can be completed without the additional module on Narcan.
- Other associations training modules may **not contain the same content and information as the DBHDS REVIVE! training.**

Virginia Department of Behavioral Health & Developmental Services

Additional Resources

For help arranging or planning an Annual Physical:

Virginia Department of Behavioral Health & Developmental Services

The Office of Integrated Health – Health Support Network Community Nursing Team can provide technical assistance.

For help email:
communitynursing@dbhds.virginia.gov

For help arranging or planning an Annual Dental Exam:

Virginia Department of Behavioral Health & Developmental Services

The Office of Integrated Health – Health Support Network Community Nursing Team can provide technical assistance.

For help email: dentalteam@dbhds.virginia.gov

Housing

Low Income Housing Tax Credit Services Contract Award

The following providers will make tenancy supports available in tax credit properties:

- CRi, Inc. - 8 properties in Region 2
- Commonwealth Catholic Charities - 2 properties in Region 4
- Volunteers of America Chesapeake
  - 1 property in Region 1
  - 1 property in Region 2
  - 2 properties in Region 4
  - 3 properties in Region 5

Contact your DBHDS Regional Housing Coordinator to learn more about specific property locations and unit availability.

DMAS QMR

Provider Themes identified:

- Missing background checks, criminal history checks, LEIE checks
- Missing orientation and competencies
- Missing documentation of staff supervision
- Risks not addressed in Part V
- Part V not signed
- Vague support instructions
- Daily notes lacking required information
- Quarterly Person Centered Reviews not completed / completed late / no documentation that it was sent to the SC timely

DMAS QMR

Support Coordinator Themes Identified:

- Outcomes were not delegated to provider and service
- Missing background checks, LEIE checks
- RAT is either missing or incomplete
- Items marked in the RAT are not noted in the RAT summary
- All risks not addressed in the ISP
- Quarterly Person Centered Reviews not completed / completed
- VIDES not completed on time or not completed face to face

Reminders

Language habits to notice….and then change

- **LABELING:** Hi/Low Functioning; Non-Verbal; Levels and Tier (Ex: L1, T2); "The Wheelchair", The "Feeders" or "Tubers"
- **PERMISSIVE:** I let them; Can I allow them to… "I need to ask my staff…"
- **POSSESSIVE:** My guys; my program; my XXXX
- **OBJECTIFYING (PASSIVE):** We transported them; Ran his program; Keep her busy; fed him
- **JARGON:** Had a behavior; Travel Trained; Outing; The Community; Social Integration;
- **AS IF A CHILD:** Stranger Danger; Go Potty

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Prospective Provider Toolkit

- Great information for all providers, not just those starting out!
- A good resource of where to find important information!
- Available on the Provider Development webpage.

https://dbhds.virginia.gov/developmental-services/provider-development/

Thank you for attending!