Statewide Provider Roundtable/
SC Meetings

July 27, 2022

10:00am- 12:00pm

DBHDS Vision: A life of possibilities for all Virginians

DOJ Activity

Virginia Department of Behavioral Health & Developmental Services

DOJ Settlement Agreement Update

- **Status Conference Updates**
  - Settlement Agreement has been extended by court order to December 31, 2023
  - Public Status Conference on August 11th at 1:00 pm, 701 E. Broad St. Richmond
- **Independent Reviewer's 20th Report to the Court**
  - Met 85 of the 155 compliance indicators reviewed
  - 28 NEW compliance indicators
    - 9 in Quality and Risk Management, including 6 for Quality Service Reviews
    - 3 in Case Management resulting in new provision compliance
    - 11 in Crisis Services
    - 5 in Community Living Options
  - Sustained Compliance Ratings for 24 Provisions
  - New Compliance rating for Case Management provision III.C.5.d for the substantial efforts in Support Coordination/Case Management Monitoring and Reporting

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DOJ Settlement Agreement Update

- **Independent Reviewer Executive Summary two significantly consequential areas for individuals with IDD that the Commonwealth is behind in implementing**
    1. Providing adequate and appropriately implemented services for individuals with intense medical and behavioral needs, and
    2. Monitoring service delivery and regulatory compliance to determine the service system's most important problems, and then implementing quality improvement initiatives to address and resolve them.
- **Compliance Indicator Status as of the 20th Report to the Court**
    - Commonwealth has met a total of 183 of the 317 total compliance indicators, which includes 28* pending data validity and reliability determinations for fully Met status.
    - Sustained Met status for two consecutive review periods for 100 indicators
    - There are 134 unmet compliance indicators

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Training Center Updates

❖ Census is 69 at SEVTC

❖ Contact Kim King if you want to share info regarding vacancies and services – kimberly.m.king@dbhds.virginia.gov

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DD Waiver Rates

The updated DD Waiver Rates effective 7/1/2022 have been released.

Information can be found:

https://www.dmas.virginia.gov/media/4832/my-life-my-community-rate-file-updated-7-13-2022.pdf

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Person Centered Individual Support Plan (ISP)

- ISP v 3.3 is live in WaMS.
- This means for providers:

    -<u>Complete entry</u>: all data is directly entered in WaMS. No need to upload anything.

    -<u>Modified entry</u>: summary in areas with * and upload full Part V (we recommend using DBHDS template).

    -Space for back-up plan for PA, Companion, Respite, Shared Living, and In-Home

    -Space for support instructions and preferences that occur consistently across activities and settings.

- 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/

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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.

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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.

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RST

New Cross Regional Team (CRT)
- Met twice 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
- DBHDS working with WaMS vendor to move RST referral forms and related processes into WaMS.
- Ease the communication and referral process
- Enable a centralized method for collecting and reporting data.

RST Mailbox
- RST mailbox has experienced some technical difficulties
- Message was sent out via the DS council on how to ensure RST items are submitted
- Please continue to follow that method until another notification is sent via DS council.

August SDMA Trainings

- 1 day of training in each region

- Sessions will be <u>in person</u> and <u>live streamed</u> through Zoom

- Sessions:
  - o *Morning*- 2 hour session for CSBs, Providers, etc.
  - o *Afternoon*- 2- 1 hour sessions for individuals with DD and family members
  - o *Evening*- 2- 1 hour sessions for individuals with DD and family members

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August SDMA Trainings

Topics Covered:

- Brief overview of support decision-making and Supported Decision-Making Agreements

- Roles and responsibilities

- Information about abuse and exploitation

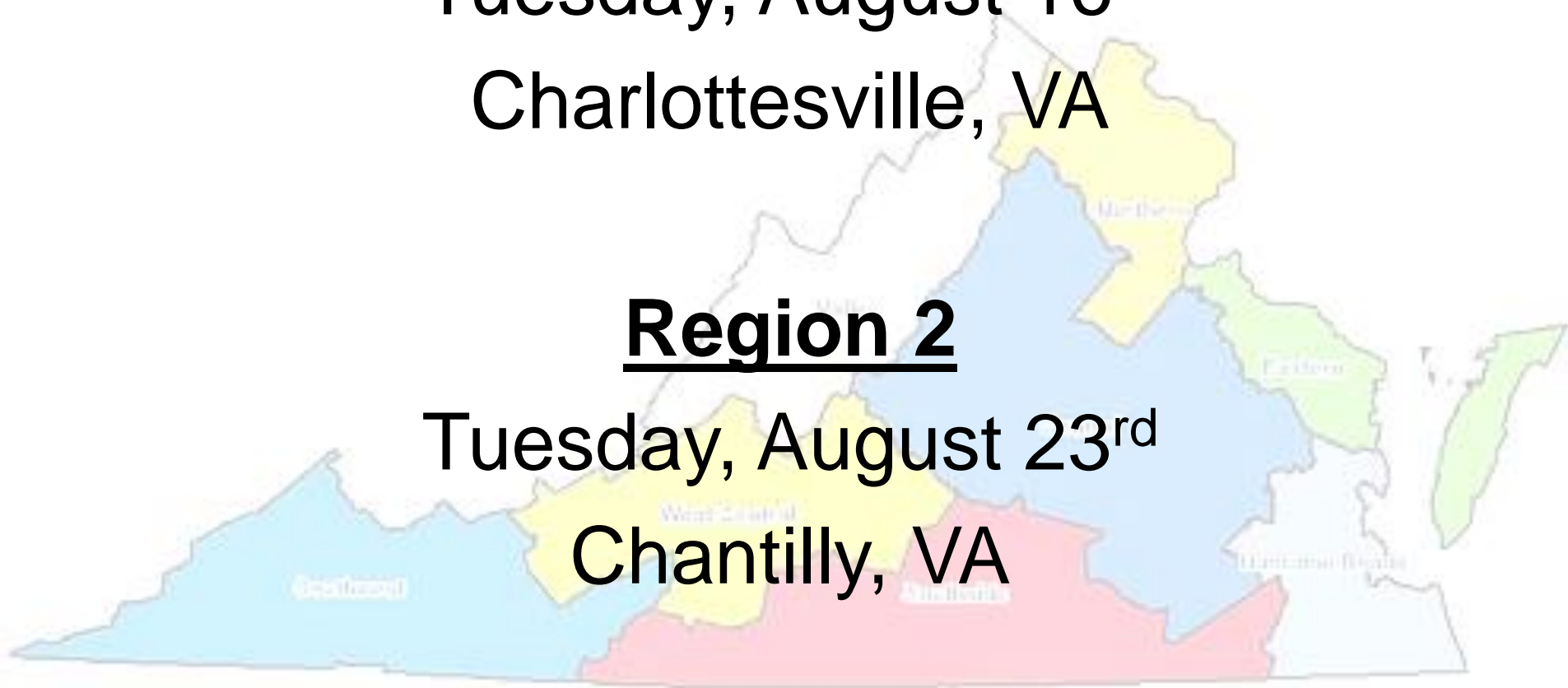- Virginia's Supported Decision-Making Agreement template and Discovery Tools

August SDMA Trainings

Region 1

Tuesday, August 16th

Charlottesville, VA

Region 2

Tuesday, August 23rd

Chantilly, VA

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August SDMA Trainings

Region 3

Tuesday, August 30th

Radford, VA

Region 4

Thursday, August 18th

Midlothian, VA

Virginia Department of
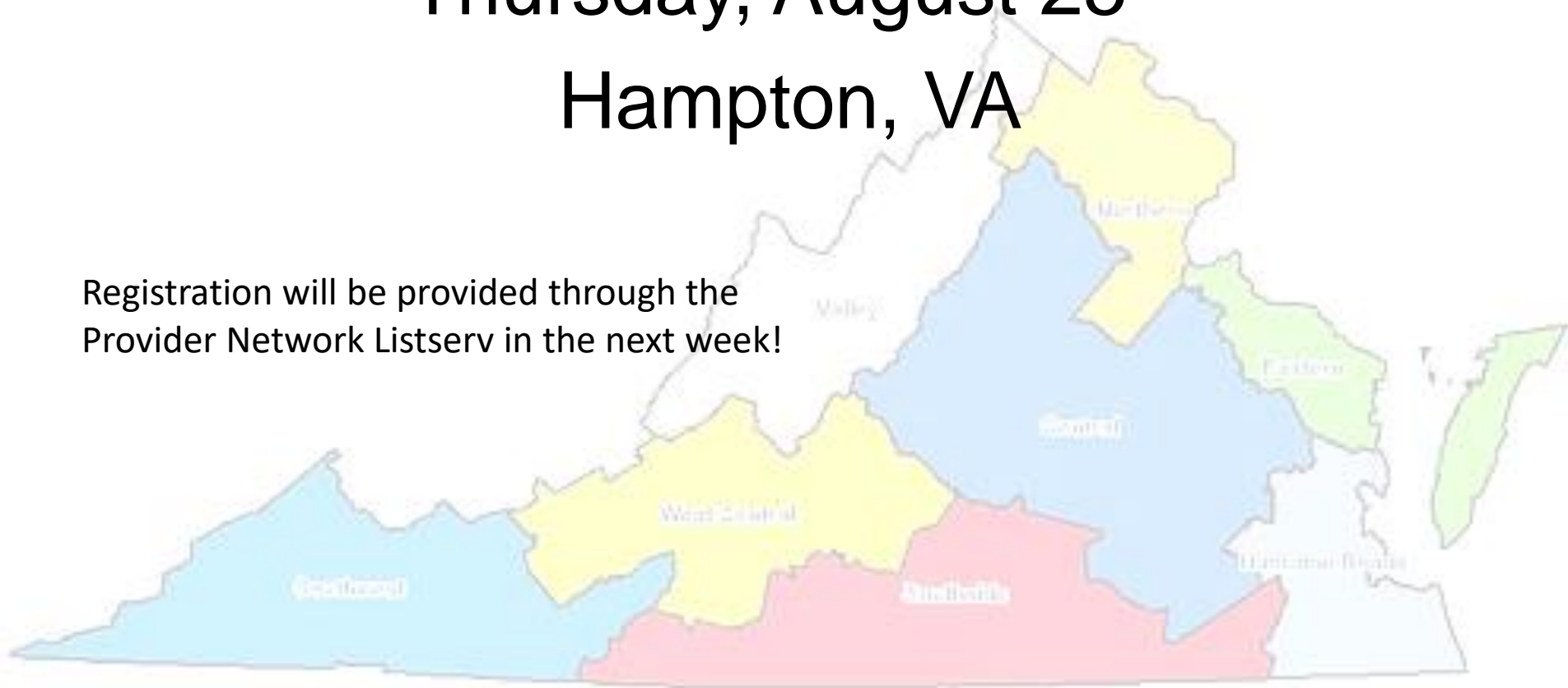Behavioral Health &
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August SDMA Trainings

Region 5

Thursday, August 25th

Hampton, VA

Registration will be provided through the Provider Network Listserv in the next week!

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HCBS

Completion

We are 35% complete with reviews.

Common findings

Continue to be: Excessive signage, daily notes lacking choice/access to community/independence, lack of understanding of HCBS rights and the difference in HCBS and Human Rights.

Training

We encourage anyone who has not already to look at the HCBS trainings on the DMAS toolkit.

Participation

Reminder - These reviews are MANDATORY failure to participate or reach full compliance will lead to suspension or termination of the provider participation agreement and your ability to bill.

Representative Payee Choice

Can a Provider require someone to make the agency their Payee as a requirement for participation in the residential program?

Answer: No. A Provider CAN be a representative payee, but it cannot be required. If an individual chooses the agency to be their Payee, this is acceptable, but it may NOT be a requirement for participation in the residential program.

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DBHDS Communication

NOW AVAILABLE

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/

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DBHDS Communication

Advanced Competencies:
A list of required training topics and professionals who may approve training curriculum for advanced competencies may be found in the DSP and DSP Supervisor DD Waiver Orientation and Competencies Protocol available on Town Hall.

This document also reviews detailed requirements for who needs which Advanced Competencies and other important information on DSP Orientation and Competencies Requirements.

https://www.townhall.virginia.gov/L/ViewGDoc.cfm?gdid=6823

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DBHDS Communication

JumpStart Funding

- Updates are being finalized to JumpStart Funding documents and applications

- Revisions include the addition of Children's Sponsored Residential Services and Behavioral Consultation to the JumpStart program

- Information will be presented about the program and application process during the Provider Roundtable Forum in August

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Quality Service / HSAG Updates

HSAG Round 3 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
- Familiarity with the Important TO and Important FOR for individuals being served
- Familiarity with the individuals' medications and medication side effects
- Maintenance and upkeep of home (flooring, holes in walls, dangerous items, cords)
- Reporting serious injuries or COVID diagnoses that required regulatory reporting
- Referrals for Therapeutic Consultation or Licensed professional for ongoing significant self-injurious behavioral issues and/or suicidal ideations
- Follow-up to schedule physicals and dental exams (in some cases not completed for many years)
- Access to snacks and food, cabinets and refrigerators are being locked. "Earning" their things back.
- Resolution of bed bug infestation

Resources regarding Competencies and Advanced Competencies

DSP and DSP Supervisor DD Waiver orientation and Competencies Protocol 2020:

[DSP and DSP Supervisor DD Waiver orientation and competencies protocol 2020](#)

DSP Orientation and Competencies Training Video Recording FY21:

[DSP Orientation and Competencies Training Video Recording FY21](#)

DSP Orientation and Competencies Training Video Slides FY21:

[DSP Orientation and Competencies Training Video Slides FY21](#)

DSP Orientation and Competencies Training Video FAQ FY21:

[DSP Orientation and Competencies Training Video FAQ FY21](#)

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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](#)

Virginia Department of Behavioral Health & Developmental Services

Customized Rate Funding
Who is it for?

Exceptional medical and/or behavioral needs

Supports outweigh the resources available within the current Waiver structure

Documented need for 1:1 or 2:1 staffing

Funding Source of Last Resort

- The Customized Rate should be sought when all other avenues for assistance have been <u>exhausted</u>
  - Other Waiver services
  - Crisis funding
  - Natural supports
  - Other resources; for example:
    - Services for the blind and visually impaired
    - Autism services
    - Mental health community supports

Application

- To submit a Customized Rate application, it must be done in WaMS and the individual must have:
  - A Supports Intensity Scale® (SIS) *{Includes individuals placed in default level 2}*
  - An active enrollment in a Waiver program
  - An assigned Support Coordinator

- All applications must be submitted with supporting documentation
  - Once the provider has navigated to the customized rate section of WaMS there will be an area where attachments can be uploaded.
  - It is necessary to have a copy of the Provider Guide as reference.

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Current applications; some issues of concern:

- Providers are not submitting renewals in a timely manner.
  - Renewals must be received at least <u>30 days prior to the end date</u>.

- Overnight data needs to be detailed.
  - Overnight data should indicate the sleep/wake patterns of the individual
  - AND
  - The total level of supports required to ensure the health and safety of an individual
  - Providers should ensure that data reflects the support needs of the individual and provide a clear indication of the frequency and duration of staff support required/provided during overnight hours

- Providers need to read the entire Notice Of Action (NOA) to find out what is required for the next review.

Support Staff

GENERAL QUESTIONS
- Email: DBHDScustomizedrate@dbhds.virginia.gov

ELIGIBILITY, SIS LEVELS 1-5 ASSESSMENTS, TECHNICAL SUPPORT
- Email: Gina.Koke@dbhds.virginia.gov
- Phone: (804)-944-7156

APPLICATION STATUS
- Email: Ebony.Costain@dbhds.virginia.gov

QUESTIONS REGARDING DENIALS, RATES OR ALL OTHER CONCERNS
- Email: Carrie.Ottoson@dbhds.virginia.gov
- Phone: (804)774-4472

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Therapeutic Consultation Behavioral Services

July 2022 Updates

Nathan Habel

DBHDS Vision: A life of possibilities for all Virginians

TCBS Updates

- DOJ 20th study period complete
  - CI 7.16 met
  - Progress on CI's for connecting people w/in 30 days
    - Telehealth
  - BSPARI reviews

- Links to PBSF roster and Virginia Association for Behavior Analysis search engine

- OIH website and newsletter

Nathan.habel@dbhds.Virginia.gov

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Regional Support Unit

- New RSS Assignment and Contact information. Please begin sending all BI requests, requests for WSACs, retain slot requests, etc. to the RSS listed.

- As follow-up to the recent SIS Training.
  The training and FAQ will soon be available on the DBHDS website.

- Just like the PCP, SIS Qualified Respondents are expected to stay for the entire SIS assessment.

- Recording of the SIS assessment is **not allowed**.

- Laptops or tablets should be **turned off** and put away for the duration of the interview.

- Cell phones should be turned **off** or set to **vibrate** and not answered except for an emergency. No **texting** is allowed during the interview.

- Copies of **prior assessments**/reports need to be put away during the assessment. SC is allowed to reference recent quarterlies if convenient. This SIS is a snapshot of what is happening now.

- For individual's over 16, and children 5 - 15 accessing tiered DD Waiver services, a current SIS is the **required** comprehensive assessment to maintain their DD waiver.

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Supports Intensity Scale (SIS)

- **SIS completion timeframe (12VAC30-122-200):**

   Individuals ages 5 - 15: every 2 years (*a SIS is ONLY completed for those who utilize tiered DD Waiver services* - others must use another standardized assessment approved by DBHDS for planning purposes)

   Individuals ages 16 - 21: every 3 years (all individuals assigned a DD waiver)

   Individuals 22 and above: every 4 years (all individuals assigned a DD waiver)

- SIS reassessments can be requested by the SC when there is a *significant and sustained* change in medical, behavioral, and/or any two Life Activity Domains over a period of six months. These changes must be supported by documentation in the person's PCP.

- SCs should be responsive to the Maximus portal and Telligen's Qualitrac for scheduling. If a conflict arises with a scheduled SIS, please reach out to the SIS vendor as soon as possible.

- Please continue to submit retain slots for people who are not receiving active services. Work as hard as possible to try to get some service started for these folks, as they are potentially in danger of losing their slot once the public health emergency ends.

- Although there are no new slots to assign to boards, RSSs will work with you to reassign any attrition slots your board has available in a timely manner.

DMAS Communication

- Submit authorizations for services in a timely manner, so that any pends can be addressed prior to the start of services.

- This means planning meetings need to be held well in advance of the start of services/ the start of the plan year.

- Issues where CDCN cannot collect reimbursement when authorizations are shut down way after the fact and the time sheet was submitted.

- Services facilitators and/or the support team are not communicating to the families/EOR to cease work when the service has ended.

- For example, Mariah moves into a group home on 7/30/2022 and she is currently approved for CDPA. Open communication/dialogue is held that CD services are stopping effective 7/29/2022. No aides should be working (unless the move into the group home is delayed) and the service termination is sent in a timely manner.

- Timely authorization is especially important for continuity of care for individuals transitioning from CCC+ Wavier to DD Waiver.

- Please refer to DD Waiver Policy Manual CH IV page 279 for information on continuity of care during transition between waivers.

Medication Reconciliation

Provider Roundtable

07/27/2022

Office of Integrated Health - Health Support Network
Virginia Department of Behavioral Health and
Developmental Services

What is a Medication Reconciliation?

- Medication reconciliation is the process of comparing the prescriptions from the doctor to the medication administration record (MAR) and the actual medications on site.

- Medication reconciliation is recommended to be done after any change in medication orders or prescription.

Why It Is Important

- Medication reconciliation is done to reduce risk of medication errors such as omissions, duplications, dosing errors, or drug interactions.

- Medication errors can result in harm and are a violation of an individual's human rights.

- More than 40 % of medication errors are believed to result from inadequate reconciliation during admission, transfer, and discharge.

When Should It Be Done

- It is best practice to do a medication reconciliation:

  - When receiving a new individual into provider agency services.

  - When an individual has been seen in the hospital emergency room.

  - After a discharged from the hospital or nursing rehab facility.

  - After a primary care physician's appointment.

  - When a transfer has occurs to a different residential setting, e.g. the individual is transferred to another home or support setting.

  - When medications are received from the pharmacy.

  - On a regularly scheduled bases per agency policy.

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Who Can Perform This Task

- Agency Nurse.

- Caregiver.

- Direct Support Professional.
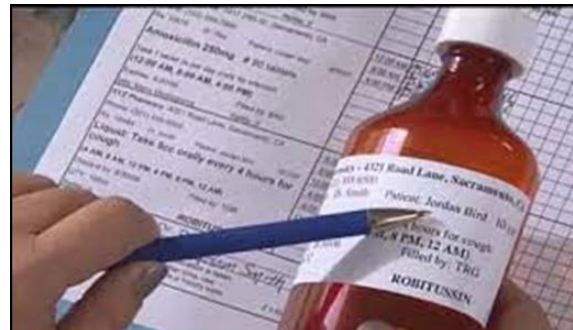
- Supervisors.

- House Managers.

All non-licensed medical professionals who will be tasked with completing "Medication Reconciliation" should have completed an approved 32hour Medication Administration Course prior to handling medications so they fully understand the steps in assisting an individual with their medications.

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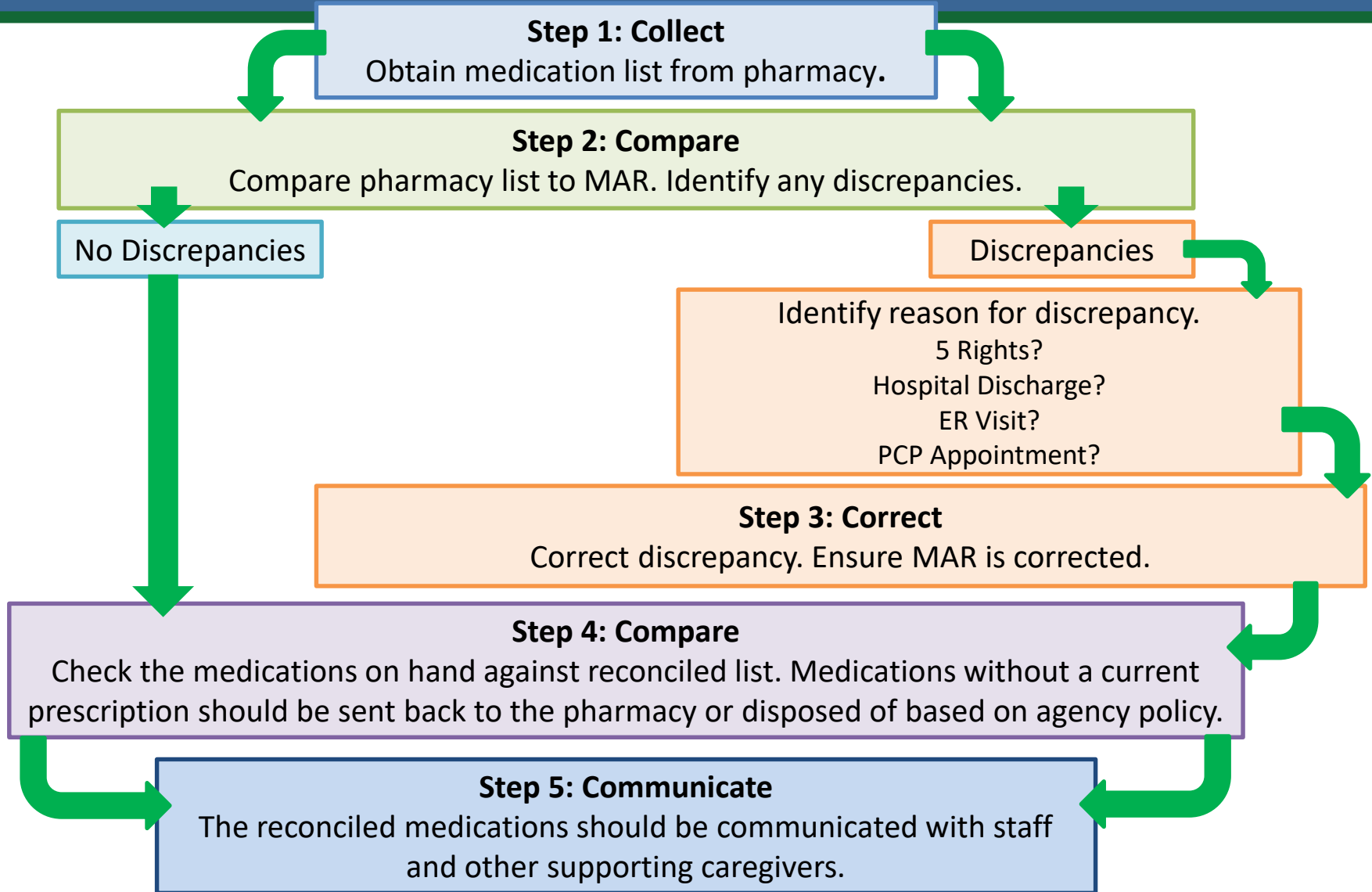Behavioral Health &
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Medication Reconciliation Process

This process includes five steps:

1. Develop a list of current medications.

2. Gather all medication prescriptions or pharmacy print outs.

3. Compare the medication administration record (MAR) to the medication prescriptions.

4. Make note of any discrepancies which were found during the process.

5. If there are no discrepancies found between the MAR and medication prescriptions, compare each medication listed to the pharmacy label found on each medication.

Medication Reconciliation Process Flow Chart

Step 1: Collect
Obtain medication list from pharmacy.

Step 2: Compare
Compare pharmacy list to MAR. Identify any discrepancies.

No Discrepancies

Discrepancies

Identify reason for discrepancy.
5 Rights?
Hospital Discharge?
ER Visit?
PCP Appointment?

Step 3: Correct
Correct discrepancy. Ensure MAR is corrected.

Step 4: Compare
Check the medications on hand against reconciled list. Medications without a current prescription should be sent back to the pharmacy or disposed of based on agency policy.

Step 5: Communicate
The reconciled medications should be communicated with staff and other supporting caregivers.

References

- Almanasreh, E., Moles, R. & Chen, T. F. (2016, May). The medication reconciliation process and classification of discrepancies: A systematic review. *British Journal of Clinical Pharmacology*, 82, 645–658. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5338112/pdf/BCP-82-645.pdf

- Barnsteiner, J.H. (2008, April). Patient safety and quality: An evidence-based handbook for nurses. *Medication Reconciliation*. Chapter 38. https://www.ncbi.nlm.nih.gov/books/NBK2648/

- Daly, M., and Lee, B. (2013, August). Examining medication reconciliation from a perspective of safety. *Formulary Journal*, 48, 266-270. https://web.s.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=5&sid=1e28ee5c-b2ce-4f6f-aff9-753d61216b6d%40redis

- Institute for Safe Medication Practices (ISMP). (2015). file:///C:/Users/dbk75942/Downloads/Medrec_HC_English_GSK_v2.pdf

Virginia Department of Behavioral Health & Developmental Services

OIH Summer Training

Summer ☀ Caregiver Training
Schedule from OIH - HSN

Virginia Department of Behavioral Health & Developmental Services

The Office of Integrated Health and Health Supports Network (OIH-HSN) at the Department of Behavioral Health and Developmental Services (DBHDS) offers training sessions for caregivers of individuals with intellectual and developmental disabilities (IDD) throughout the year.

- Pre-registration is required for all ZoomGov training sessions.
- After registering a link will be sent which should be added to your calendar to show the alphabetical passcode needed to enter the training.
- Attendees of each OIH-HSN training sessions with receive a certificate of participation, and a .pdf copy of the PowerPoint presentation along with any other educational materials where applicable.

Please find below the Summer 2022 training schedule list:

Skilled Nursing - Private Duty Nursing	This training will review the difference in waiver nursing and home health nursing. It will cover DD waiver nursing; allowable activities, initial documentation to be submitted to initiate nursing services, supporting documentation necessary for the continuation of nursing services, service limitations, the implementation process, and helpful hints to support providers and case managers.	Tuesday August 9, 2022 between 10:00 a.m. – 12:00 p.m.	https://virginia-gov.zoomgov.com/meeting/register/vJItcevhri8rG9TlbH dGKvQVICAD5_S1IfE

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OIH Summer Training

Training Title	Description	Date and Time	ZoomGov Link
My Care Passport & Advocacy Tip Sheets	This training will review the background of the Passport concept, how to complete the Microsoft fillable file, what types of information to include in each section, and how the My Care Passport along with the Advocacy Tip Sheets can be used to bridge the communication gap between the community caregiver and the staff in acute care settings to improve care and outcomes for the individual with DD.	Thursday August 18, 2022 between 1:00 p.m. – 3:00 p.m.	https://virginia-gov.zoomgov.com/meeting/register/vJItcu6hrDkjEoYoBZZAxeZTiSIN3LeY_bQ
Wheelchair Transitioning Training	This training will cover wheelchair safety guidelines, the WC-19 wheelchair safety label and requirements, and how to avoid injury to self or an individual during wheelchair transfers. How to operate vehicle wheelchair left systems, wheelchair tie-downs systems for safe vehicle transportation and safe versus unsafe loading procedures.	Tuesday August 23, 2022 between 10:00 a.m. – 12:00 p.m.	https://virginia-gov.zoomgov.com/meeting/register/vJIsduguqTiiHbhMdHHOZ7TM8AfSuQNnarM
Diabetes Part 1	This training will define Diabetes, Pre-diabetes, Type 1, Type 2, and Gestational diabetes. It will review risk factors which contribute to each category of diabetes, hyperglycemia, hypoglycemia, identify carbohydrates and the role they play in diabetes, medical complications associated with diabetes, groups of people that are at higher risk for developing diabetes and intervention to promote self-management of diabetes.	Thursday September 8, 2022 between 10:00 a.m. – 12:00 p.m.	https://virginia-gov.zoomgov.com/meeting/register/vJIsfuvpqDjoHfio5JvT6KlLnhX102HsCJw

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Skin Integrity & Pressure Injuries	The training will cover factors which can cause skin breakdown, how to provide good skin care while bathing, positioning and changing individuals with high personal care needs. The healthcare professionals who are involved in the treatment of pressure injuries, how caregivers can help to prevent pressure injury, an understanding of how to properly document pressure injury with skin breakdown, and when to report.	**Thursday September 15, 2022 between 1:00 p.m. – 3:00 p.m.**	https://virginia-gov.zoomgov.com/meeting/register/vJIsd-CorzwpG_CrYqfVOKVfUCjiQF_uWIQ
The Fatal Seven	This training on the seven highest risk health conditions which can lead to a fatal outcome within the DD population. A review the signs and symptoms of dehydration, constipation, pressure injuries, falls, aspiration pneumonia, seizures and sepsis. How to recognize the physical effects of each of these conditions, when to seek medical treatment, and when the condition requires emergency medical care.	**Tuesday September 20, 2022 between 1:00 p.m. – 3:30 p.m.**	https://virginia-gov.zoomgov.com/meeting/register/vJItceuvrT8uHp9xKVMfSk JgG-vJa6vGp9s
Diabetes Part 2	This training will review Diabetes management and complications. It will cover dietary strategies for managing diabetes, super foods, and treatments. Types of physical activities best for diabetics, and barrier to physical activity for individuals with IDD. It will discuss the healthcare professional on the care team, foot care tips., skin care tips, and eye care tip.	**Thursday September 29, 2022 between 10:00 a.m. – 12:00 p.m.**	https://virginia-gov.zoomgov.com/meeting/register/vJIsfu-qpzItHQ8FNp6N_i81WEYQkZ8 p0T8

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VCU Training Modules
Partnership for People With Disabilities
And
Regional Quality Council

Presented at the SC/Provider Roundtable

DBHDS Vision: A life of possibilities for all Virginians

- Through a grant from the federal Administration on Community Living, the Project Living Well (PLW) at the Partnership for People with Disabilities at VCU wanted to provide a series of short training modules on topics related to the role of stakeholders in the disability community (such as people with disabilities, family members, provider agencies, school divisions, quality improvement staff) to assist state policymakers in developing recommendations for quality improvement in the services and supports provided to children and adults with intellectual and development disabilities.

Content

- The content in these modules provide an overview of what makes teams (groups) effective, how to maximize the participation of system users (people with disabilities and families), how to understand and use data collected by local and state governments, and what tools groups can use to develop plans to improve the quality of services and supports.

Module Overview

- Module 2: Effective Teaming
https://livingwell.partnership.vcu.edu/module-2/

- Module 3: Supporting People with Disabilities and
                        Families as Essential Stakeholders in Systems
                Change
https://livingwell.partnership.vcu.edu/module-3/

- Module 4: Understanding and Using Developmental
                Disability Data to Identify Priorities in Your
                Community
https://livingwell.partnership.vcu.edu/module-4/

- Module 5: Quality Improvement Tools and Methods-
                Providers

https://livingwell.partnership.vcu.edu/module-5/

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DMAS QMR

Provider Themes identified:

- Missing / unsigned orientation, competencies, and assurances

- Missing LEIE checks

- Missing background checks

- Identified risks were not addressed in the ISP

- Missing behavior assessment (for TC)

- Part V not signed and dated and no documentation of verbal consent

DMAS QMR

Provider Themes identified:

- Progress notes lacking information

- Missing, late, and unsigned quarterlies

- No documentation to verify that the quarterly was sent to the SC

- No progress notes

- All needs are not addressed in the ISP

- No documentation of supervision

- Missing SIS

- Vague support instructions

DMAS QMR

Support Coordinator Themes Identified:

- Outcomes were not delegated to provider and service

- Revisions not made to the ISP when indicated

- No documentation of supervision

- No objective written documentation as to why the parent is the provider

- Missing RAT

- Missing 90 day FTF

- Missing part III and V signatures

PC ISP Development Academy – Pilot completed on 6/2/22.

PC ISP Development Academy 2 – Begins 7/26/22.

PC ISP Development Academy 3 – Projected to begin the end of September and will be open to all CSBs and Providers with limited slots.

Updated ISP Modules will be placed in the COVLC in the next couple of months.

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- -**Companion Services when person receives Group Home or Sponsored Residential:** The Companion provider may not be the GH or Sponsor Provider; the Companion Aide may not be an immediate family member for someone in a GH; the Companion Aide may not be a member of the Sponsor family residing in the home for Sponsored Residential; and

- "Companion services may be approved for individuals who are living in a residential setting such as a group home, supported living, or sponsored residential setting *if the service need is documented in the plan for supports* and *does not duplicate services which should be provided by the residential agency* (DD Waiver Policy Manual CH IV p 243)."

From DD policy manual Appendix D: The maximum service authorization duration is 12 months, and in accordance with the ISP's effective from and through dates. The ISP Parts 1-4 and the provider's Part 5 are to be submitted by the SC in WaMS with <u>supporting   documentation/ **justification**</u> for this service.

Thank you for attending!