

Q1. How often is the Onsite Tool completed?

A1. The On-Site Visit Tool (OSVT) must be completed for each person receiving supports once each month when visits occur, but no less than one time per quarter. This equates to once per month for people w/ ECM and at least once every three months for people w/ TCM. If you see a person with TCM more than once quarterly, the standard would be at one visit per month during the months when visits occur. Uploading would occur no more than once per month per individual.

Q2. Who do we have to complete the tool for?

A2. The tool is completed for any individual supported under active ID or DD case management. If the person receives mental health case management, it is only required if they have DD waiver.

Q3. Does the On-Site Visit Tool need to be uploaded into WaMS?

A3. Yes, but only during the pilot to assess use. Utilize the category "On-site Visit Tool" in the drop down menu under the attachments under Person's Information. Uploads are only needed for people who have waiver – tools completed for people without waiver should be maintained in the person's CSB record. The process will be assessed after three months to determine future requirements.

Q4. If a typed name is enough for uploading is it enough for our record?

A4. During the pilot, the process requires a physical signature of one person who provided information into completing the tool. That signature is not required in WaMS, but should be maintained within the CSB record once obtained.

Q5. To ensure ability to have the plan being a more "living document" are changes being made to WAMS to make updating any part of the plan more feasible?

A5. Currently, Parts I and II can be updated at any time by the SC through direct entry or through a data exchange through an EHR. The ISP in WaMS was designed for Part III updates to be made through the provider Part V revision process. This was due in part because of the manageability concerns of an SC entering multiple outcomes changes across multiple providers and services. It was also designed to ensure that providers apply plan changes at the point of the Part V, which has been signed by the person and substitute decision-maker as applicable. To facilitate a change in outcomes, the SC should communicate with the individuals and providers and discuss/request a revised Part V. Once the SC clicks approve, the locked Part III will automatically update to reflect the change.

Q6. Will the slides be posted on the DBHDS website?

A6. Yes.

Q7. Is there consideration for DBHDS having one place to report concerns such as the incident review team?

A7. This will be considered. Thank you for the suggestion.

Q8. If a provider protocol is updated due to a change in status (i.e. fall prevention protocol or behavior support plan) and the outcome itself doesn't change, do providers need to upload updated protocols/provider Part Vs to WaMS?

A8. Yes. Providers would complete a revision to Part V, but the revision does not require SC approval in the manner that is required for outcome changes.

Q9. Change in status question #2 in the tool should have the need for comment if the answer is "yes". Not "no" as indicated in the tool.

A9. Thank you for the feedback - this will be corrected in the next version. See question 48 below regarding how to respond to this question.

Q10. If we are doing this on-site tool with children in school, and they are not participating in the visit but rather in their class work, do we get the teacher's signature? If we aren't allowed to speak with the teacher, who's signature is needed at that time?

A10. In a situation where a signature is not possible, enter "unable to obtain" and describe the circumstances in the corresponding progress note.

Q11. Can we reference the tool in a progress note instead of typing the information in both places?

A11. Yes.

Q12. What are the data elements that DBHDS is going to pull to know if this is in compliance?

A12. DBHDS will be using submissions during the pilot phase to assess the use of the tool. Following the pilot inclusion in WaMS will be explored, which would provide access to data regarding the frequency of identified concerns by type, the rate of resolution, and reporting that is made to the Department.

Q13. Is the tool also used for OBRA?

A13. Yes. See the answer to question 2 above.

Q14. How will we access the environment with the current telehealth option?

A14. During the public health emergency, complete the tool telephonically to the extent possible and provide justification related to COVID in the accompanying progress note.

Q15. If we are at a day program visiting one person and end up having a face to face conversation with a second person, do we have to do the tool with that second, unplanned person?

A15. If you are billing the second person as a face to face visit and that is the only visit for the person that month, yes.

Q16. How are providers being provided information that this is being required by Support Coordinators?

A16. By July 15<sup>th</sup>, DBHS will send an announcement through the Provider Network Listserv and the Provider Network Advisory Group to inform providers.

Q17. What happens if a provider will not sign the form?

A17. The SC should document "unable to obtain" on the tool and describe the circumstances in the corresponding progress note.

Q18. We have a pretty extensive FTF progress note template that covers a lot of this information, but not all. Could the info from this tool be incorporated into our template or does the tool need to be completed separately?

A18. During the pilot phase, completing separately and uploading is needed. Beyond September incorporating into established process will be considered.

Q19. The tool mentions reporting to a supervisor...what supervisor?

A19. References to reporting to a supervisor refer to the SCs direct supervisor.

Q20. How do we document dignity of risk? A person can want to do something the team doesn't want.

A20. The SC should document actions that will be pursued. Choice remains with the person and any decisions or efforts to implement would be included in progress notes and the quarterly review per usual.

Q21. How do you recommend that we address the services that have been suspended due to the COVID-19 Pandemic?

A21. In the absence of providers/services, you would complete the tool with input from the individual, family, others.

Q22. Can you clarify what service require "skill-building"?

A22. With the exception of Personal Assistance, Respite, Companion and adjunct services such as skilled-nursing and assistive technology, skill-building is required for residential services, as well as employment and day services.

Q23. How do we review all services when the person doesn't speak and the DSP for one service can't report on others?

A23. The SC should consider recent discussions with other providers, any service authorizations, or other information he or she is aware of in determining the response to this question.

Q24. What actions can we take as support coordinators if providers refuse to change/update their plan?

A24. You can contact your Provider Team CRC who can reach out to the provider to explore the reason that they are not adjusting the plan. Reporting the concern to your supervisor and licensing would also be needed if the change is related to a health and safety concern.

Q25. We provide choice of SC/SC agency at the annual meeting- are you stating we need to be assessing this specifically at every face to face?

A25. The On-site Visit Tool is an assessment. If the SC has knowledge that the individual is aware of choices, then confirmation can be recorded on the tool.

Q26. How will DBHDS send documentation back to Support Coordinators to know how addressed?

A26. Responses back to the SC would be based on DBHDS's need to gain more information or request additional actions.

Q27. If an individual has active supports in place (such as day support) but has requested a new service (such as individual supported employment) during the annual plan meeting and those supports are still not in place (due to family not choosing a provider, indecisive about actually using the service, etc.) 6 months or more after the plan meeting, does this meet criteria for a "change in status?"

A27. Yes a prolonged delay in securing a needed service would be recorded on the tool under question 12.

Q28. The current ISP states we need to update the ISP and add the behavior consult provider within 30 calendar days. In most cases, individuals are added to a waitlist and services are not initiated at referral. How can we update the ISP and add the provider to outcomes if they are not ready to onboard services?

A28. The requirement is that the provider is identified and added to the provider section under the WaMS ISP rather than the services started or outcomes developed within 30 days.

Q29. Are there any concerns about rapport with family/providers/family in reviewing this document?

A29. The most significant concern is if a person has a critical need that is not being addressed. SCs should provide information determined through the tool in an appropriate, sensitive manner. Consulting with your supervisor or DBHDS may be helpful in determining the best approach to such conversations.

Q30. Do we have 45 days to obtain signatures on the tool due to COVID?

A30. There has been no specific timeframe beyond the next visit in terms of timelines for obtaining signatures.

Q31. If we are being reviewed by licensure and there is not a signature in place. Will they accept what is in the progress note?

A31. Because this tool collects information related to requirements in state regulations, it is possible it can be reviewed during any regulatory visit. The information should be available at some location in the person's record. The lack of the signature on the form does not invalidate other documentation maintained by the CSB or invalidate this document as long as an explanation is provided, requesting the provider signature is for the purpose of collaboration to resolve concerns on behalf of the person served and is not intended to be a punitive measure.

Q32. A lot of the items on this tool is often reviewed during the 90 face to face. Can the CM utilize this On-site Tool as that documentation?

A32. The information recorded on the tool can be referenced in a progress note rather than repeated and should be incorporated into the quarterly review.

Q33. There remains a shortage of providers for several Waiver services - nursing, behavior consultants, community engagement, etc. - what documentation from SCs is adequate to meet the IR's approval when the services are sorely needed?

A33. SCs should document efforts to locate providers to include, checking the My Life My Community provider database, the licensing provider search, discussions with the CRC, and any RST referrals that might have been submitted related to the issue.

Q34. Are we worried people will have fewer visits due to SCs not wanting to complete this tool?

A34. The tool organizes information that should be confirmed at face to face visits and addressed. The fact that one does not need to duplicate content in the progress note coupled with a standard way to assess should be viewed as helpful in terms of SC effectiveness.

Q35. Has there been communication with DOE and school systems regarding getting teacher or their other staff with whom we speak to sign the form we complete?

A35. Because we are in the pilot phase information has not been provided. If an SC is unable to secure a signature for this reason, "unable to obtain" can be entered on the form along with a corresponding note explaining the reason.

Q36. Can this tool be used in lieu of the quarterly report?

A36. No. The results of this tool should be integrated into the quarterly report.

Q37. Where is feedback being collected?

A37. Feedback will be received throughout the process. DBHDS has committed to working with the VaCSB to review this and other tools to identify concerns and solutions for more effective use and implementation.

Q38. If the person we spoke to for completion of the form telephonically is not available for signature when we are able to see the person, how many times do we have to keep trying to get a physical signature?

A38. A provider agency signature is only needed from a supervisor/manager. Providers have access to WaMS. The SC can ask that the provider download the form, sign, and submit securely through email or back through WaMS.

Q39. The instructions state "info from the completion of this should be incorporated into the quarterly person-centered review." Does this only refer to any irregular findings that require action? Is the current QR template going to be updated or is that needed?

A39. Updating the quarterly review template has not been considered. The expectation is that any findings and related information should contribute to the completion of the quarterly. If you have suggestions during the pilot, please plan to provide them as indicated in Q37.

Q40. In relation to EHR migration with WaMS...will Case Management updates to the ISP be completed in the EHR and migrate to WaMS or will updates need to be done directly in WaMS?

A40. Regarding the Version 3.1 ISP, it can be used to create a new version 3.1 ISP or update an existing version 3.0 ISP. This can be done through a data exchange or in WaMS.

Q41. What is the recommended alternating location of visits? Are you wanting to see more home visits versus work or a balance of mixed site/community visits as possible?

A41. During the pilot, it is recommended that the tool be completed across a variety of settings to best assess its use. There are currently no recommended frequencies at any single location other than the standard that ECM visits occur every other month in the home as required.

Q42. Is the essential information status update form necessary to use?

A42. This format has always been optional. If a CSB or providers are using it to share information, that is fine to do.

Q43. Do SCs check on provider qualifications that are confirmed by licensing?

A43. No. SCs should not be confirming provider qualifications in the manner completed by the Office of Licensing. SCs would focus on DSPs and their knowledge of the person, and related ability to provide supports, and the person's plan.

Q44. Is the overall impact of this additional documentation for support coordinators being looked at?

A44. Yes this is being considered. Please include any suggestions on streamlining processes around the use of this tool when feedback is requested.

Q45. If an ISP needs to be updated due to a change in status, is there a timeline by which this needs to happen? For example, does the ISP need to be updated within 15 days? 30 days?

A45. The timeliness of ISP updates is based on the nature of the needed change. Some changes must be made immediately and some can take longer based on a lack of urgency.

Q46. Will Kathy's additional information that is not contained on the slides be available?

A46. The information Kathy provided was a restating of information contained in the slides. If you have questions about her comments, please reach out to her directly.

Q47. Has the form been sent out and when is the start date for implementation? Can we please have the tool sent to us also in a Word format?

A47. The forms and resources were provided with a memo from Heather Norton to DD Directors on June 20<sup>th</sup>. If you do not have access to that email, contact your System Team CRC and request a copy.

Q48. Question 2 on the OSVT related to assistive technology and environmental modifications, indicates that a comment should be entered for no, but that logic seems confusing. How do you advise this be answered?

A48. The question is seeking to determine an unmet need for AT/EM, which results in actions to link a person with these services. When answering this question, consider it in the following

manner “Are environmental modifications or assistive technologies lacking, but needed to increase independence or prevent institutionalization?” If the answer is “yes” include steps that will be taken. If the person has no need for AT/EM, indicate as “no” or as “N/A.” This question will be revised on the version that will be posted to the DBHDS website in the next week.

Q49. Does the OSVT replace the Annual Risk Assessment?

Q49. No.