

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.

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

A3. Yes. 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. OSVTs completed for people without waiver should be maintained in the person's CSB record.

Q4. Whose signatures are required on the OSVT?

A4. Only the SC signature is needed. Any people who will be informed as a result of the assessment must be listed on the form in the appropriate spaces. Details of what is reported are included in the contact note from the visit.

Q5. How do Support Coordinators know when and who to report to?

A5. Reporting is dependent on the issue(s) identified and can involve reporting to one or more agencies/people depending on what is observed or learned during the visit. Any threat to a person's safety should be reported immediately through 911. Beyond this, severity is described in current regulations and requirements and can include notifying Adult Protective Services (APS) or Child Protective Services (CPS) where there are concerns of abuse, neglect, or exploitation. All Level III Serious Incidents as defined in the DBHDS Office of Licensing Regulations require reporting by the SC and provider to both the DBHDS Office of Licensing and the DBHDS Office of Human Rights. For some events, your Director is required to ensure that reporting occurs within 24 hours including suspected abuse, neglect, exploitation, death, suicide attempts, or unapproved seclusion or restraint. With the exception of suspected fraud, and providing that the report will not endanger the person further, it is best practice to keep the provider, individual and any substitute decision-maker aware and convene team meetings as needed or desired. If there is any doubt about how to proceed, you can also discuss the circumstances with your direct supervisor and follow your agencies policies on reporting. Below, you will find important contact information along with a chart that shows examples of required and recommended reporting practices. Required reporting is indicated by the red check marks.

- Virginia Adult Protective Services Hotline: (888) 832-3858
- Virginia Child Protective Services Hotline: (800) 552-7096
- DBHDS Licensing Complaint Form: 804-786-1747; [OLComplaints@dbhds.virginia.gov](mailto:OLComplaints@dbhds.virginia.gov); [http://www.dbhds.virginia.gov/assets/doc/QMD/OL/ol-complaint-form\\_nov\\_18\\_19\\_distributed.pdf](http://www.dbhds.virginia.gov/assets/doc/QMD/OL/ol-complaint-form_nov_18_19_distributed.pdf)
- DBHDS Human Rights: <http://www.dbhds.virginia.gov/assets/doc/QMD/human-rights/human-rights/human-rights-contacts.pdf>
- Medicaid Fraud Control Unit: 866-486-1971 or (804) 786-1066; [RecipientFraud@DMAS.virginia.gov](mailto:RecipientFraud@DMAS.virginia.gov)

*The chart below provides guidance to Support Coordinators only. DBHDS-Licensed providers would continue to report as required by regulations.*

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	911	APS/CSP	DMAS	DBHDS Licensing through CHRIS	DBHDS Human Rights	Waiver provider(s )	Substitute Decision- Maker	SC Supervisor (CSB policies)
Immediate crisis or health and safety concerns	✓					✓	✓	✓
suspected sexual abuse (Level III)		✓		✓ (≤24 hrs)	✓	✓	✓	✓
Evidence of non-sexual abuse, neglect, & exploitation		✓		✓ (≤24 hrs)	✓	✓	✓	✓
Death or suicide attempt (Level III)				✓ (≤24 hrs)	✓ <i>If you also suspect abuse/neglect</i>	✓	✓	✓
Unapproved seclusion or restraint					✓	✓	✓	✓
Environmental hazards				✓	✓ <i>If you also suspect abuse/neglect</i>	✓	✓	✓
Serious injuries (skin breakdown, choking, observed health symptoms) (Level II)						✓	✓	✓
Minor injuries (Level I)						✓	✓	✓
Quality of support concerns					✓	✓	✓	✓
Ability to access program features or settings					✓	✓	✓	✓
Dissatisfaction with services					✓	✓	✓	✓
Suspected Medicaid Fraud			✓					✓

Q6. To ensure ability to have the plan be a more "living document" are changes being made to WAMS to make updating any part of the plan more feasible?

A6. 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 in WaMS will automatically update to reflect the change.

Q7. Will the slides be posted on the DBHDS website?

A7. Yes. Slides are available at <http://www.dbhds.virginia.gov/case-management/dd-manual>.

Q8. Is there consideration for DBHDS having one place to report concerns such as the incident review team?

A8. Not at this time. See answer 5 above.

Q9. 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?

A9. 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.

Q10. What are the data elements that DBHDS is going to pull to know if this is in compliance?

A10. DBHDS will be using submissions to assess the use of the tool and will request a sample of contact notes annually to confirm consistency between the use of the tool and the completed note.

Q11. Is the tool also used for OBRA?

A11. Yes. See the answer to question 2 above.

Q12. How will we access the environment with the current telehealth option?

A12. During the public health emergency, complete the tool telephonically to the extent possible and provide justification related to COVID in the accompanying progress note. The format includes the option to indicate "unable to assess" where necessary.

Q13. 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?

A13. 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.

Q14. How are providers being provided information that this is being required by Support Coordinators?

A14. By November 15th, DBHDS will send an announcement through the Provider Network Listserv to inform providers of the updates and final requirements.

Q15. The tool mentions reporting to a supervisor...whose supervisor?

A15. References to reporting to a supervisor refer to the SCs direct supervisor.

Q16. How do we document dignity of risk? A person can want to do something the team doesn't want.

A16. The SC should answer the questions accurately and document actions that will be pursued in the contact note. Choice remains with the person and any decisions or efforts to implement would be included in notes and the quarterly review per usual. In accordance with person-centered practices, efforts should be made to balance important TO and important FOR in addressing risk. Information on person-centered practices can be found at <http://www.personcenteredpractices.org/>.

Q17. How do you recommend that we address the services that have been suspended due to the COVID-19 Pandemic?

A17. In the absence of providers/services, you would complete the tool with input from the individual, family, others.

Q18. Can you clarify what services require "skill-building"?

A18. A reference chart has been included on the last page of the tool. You will note that included services are listed as: Center-based Crisis Supports, Community-based Crisis Supports, Crisis Support Services (prevention optional, required for stabilization and intervention), Community Coaching, Community Engagement, Community Guide Housing (optional), Group Day, Group Home Residential, Independent Living Supports, In-home Supports, Individual and Family Caregiver Training (optional), Sponsored Residential, Supported Employment (individual and group), Supported Living, and Workplace Assistance.

Q19. What actions can we take as support coordinators if providers refuse to change/update their plan?

A19. 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. A CRC assignment chart is available online at <http://www.dbhds.virginia.gov/developmental-services/provider-development>.

Q20. When reporting occurs to DBHDS, how will Support Coordinators know how the concerns were addressed?

A20. Responses back to the SC would be based on DBHDS's need to gain more information or request additional actions.

Q21. 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?"

A21. A prolonged delay in securing a needed service would be recorded on the tool under question 7. This concern would be identified under services not implemented appropriately.

Q22. 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?

A22. 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.

Q23. Are there any concerns about rapport with family/providers in reviewing this document?

A23. 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 may be helpful in determining the best approach to such conversations.

Q24. If we are being reviewed by licensure and there is not a signature in place. Will they accept what is in the progress note?

A24. Success with this process is dependent on the completion of the OSVT form, which is signed by the SC and the quality of the corresponding contact note that supports observations, describes actions planned and taken, as well as any reporting that is needed or occurs.

Q25. There remains a shortage of providers for several Waiver services - nursing, behavior consultants, community engagement, etc. What documentation from SCs is adequate to meet standards when the services are sorely needed?

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A25. 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.

Q26. Are we worried people will have fewer visits due to SCs not wanting to complete this tool?

A26. No. The tool guides assessment activities that should be confirmed at face to face visits and addressed. The details of the assessment are included in the contact note that would be completed as required.

Q27. Can this tool be used in lieu of the quarterly report?

A27. No. The results of this tool should be integrated into the quarterly report.

Q28. The instructions state "information 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?

A28. 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 review.

Q29. What is the recommended alternating location of visits?

A29. It is recommended that the tool be completed across a variety of settings. 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.

Q30. Is the essential information status update form necessary to use?

A30. This format has always been optional. If a CSB or providers are using it to share information, that is fine to do.

Q31. Do SCs check on provider qualifications that are confirmed by licensing?

A31. 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.

Q32. 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?

A32. 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.

Q33. Does the OSVT replace the Annual Risk Assessment?

A33. No.

Q34. The instructions state "additional assessment necessary", what kind of assessment?

A34. The type of assessment is not specific, it would be determined based on the findings. It could be an assessment for Assistive Technology, additional interviews to better understand concerns, a referral for a behavioral assessment, etc. This reference just means additional formal or informal assessment would be warranted.

Q35. What happens if we identify that Environmental Modifications (EM) are needed in a licensed location?

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A35. EM are not available to individuals who reside in provider-operated settings. Document the discussion (or plans to discuss) with the provider how the need might be met in the setting. If the setting is not appropriate, offering other options would be appropriate.

Q36. Can the COVID emergency impact these results?

A36. Yes. Respond appropriately on the tool and include details in a note where the impact is relevant. If there is a service interruption in day support for example and the person is understanding of the situation, it would not necessarily indicate it as a concern that requires action, but note the situation and the person's response. Offering alternatives could be appropriate.

Q37. How would we confirm that skill-building is included in the service?

A37. For skill-building, confirm through conversation and observation that it is part of the service and whether or not it is reported as effective and desired. You would not necessarily need to view data sheets. An awareness of what is reported by the provider can be helpful in understanding how skill-development is being addressed.