

Questions and Answers from Provider Roundtable October 26, 2022

Developmental Services

Q1. Please send out Kim Davis' email again?

A1. DBHDS Training Center Discharge Coordinator- Kimberly.R.Davis@dbhds.virginia.gov

Q2. If we make every identified risk their own outcome, this will make plans very difficult for DSPs to follow and make the plans very choppy and much longer than necessary. As long as the information is covered appropriately in the Part V, why is a separate outcome necessary?

A2. The DMAS Quality Management Review requested that risks be documented and mitigated in the ISP.

Q3. Requested, or required? Again, as long as it is in our plans and detailed appropriately, I am not inclined to rearrange the whole format to meet a request that doesn't make the document better.

A3. QMR will cite SCs and providers if identified and potential risks are not appropriately mitigated in the plan. If you feel you are appropriately mitigating risks in your plan, despite this guidance, you are free to continue to do as you are currently doing.

Q4. Do you have any specific guidance about how well our plans align with this QMR requirement to identify potential risk?

A4. Please reach out to your Provider Team CRC for specific discussion regarding this issue.

Q5. Were the answers to our questions sent out from the last provider call?

A5. We will verify this following the meeting, and if they were not sent out, we will be sure it gets out as soon as possible.

Q6. Is LEAP being offered in person again?

A6. Please visit the LEAP site and contacting the Partnership for People with Disabilities at VCU to ask: <https://leap.partnership.vcu.edu/>

Q7. A link for LEAP

A7. <https://leap.partnership.vcu.edu/>

Q8. I'm sure everyone has been struggling with staffing lately. Are there any ideas or unique resources to find staff? Maybe there could be a database like the provider one for families that connects DSP in this field to providers that are hiring?

A8. We acknowledge that everyone is struggling with staffing. DBHDS is working to review what actions can be taken by the Department to provide relief. If you have specific ideas, please email Julie Palmer at julie.palmer@dbhds.virginia.gov.

Q9. What is the process to obtain a specialty designation badge?

A9. First register for a free professional membership with the [My Life, My Community website](#). Once registered, complete the provider designation surveys. When you pass a survey, submit the required evidence, which will be reviewed by the committee. If the evidence submitted is sufficient as defined, you will be assigned the badge.

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Q10. In the IFSP program, once a driver becomes registered, are they paid by the mile and if so how much is the rate per mile?

A10. There is a listing of mileage reimbursement made available by DMAS and each provider utilizes this guide. It is a group of miles by region (ROS vs. NOVA) and it goes 0-9 miles, 10-19 miles, and 20+ miles. A "trip" is one-way, therefore from home to work and work back home would be two trips.

Q11. Nathan's slide (54) lists OIH hiring a BCBA. Will they also be hiring a PBSF? If not, why not?

A11. The knowledge, skills, and abilities required to perform the job duties for the recently posted Behavior Analyst position had an associated preferred qualification of a Master's or Doctoral level Licensed and Board Certified Behavior Analyst. Please review DBHDS job postings for future employment opportunities at jobs.virginia.gov

Q12. When it comes to therapeutic consultation are there any specificities in regulations/requirements/expectations when serving clients placed in residential/group home/day center settings?

A12. The regulations outlining this service can be found here- <https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section550/>
The DBHDS/DMAS Practice Guidelines for Behavior Support Plans can be found here- https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:/TownHall/docroot/GuidanceDocs/602/GDoc_DMAS_7024_v1.pdf

Q13. Can we get a copy of the HSAG findings?

A13. If you have been reviewed by HSAG, you will receive a report from them on any issues. The list provided during each PRT is a summary of frequent issues from Health, Safety and Welfare alerts from HSAG following those reviews.

Q14. Do Support Coordinators have a required time frame to enter plans into WaMS for prior authorization? Are they required to use the live entry in WaMs?

A14. There is not a specific required number of days for this to be completed, however best practices are for the planning meeting to be at least 6 weeks before the start of the next ISP year. Following the planning meeting the SC should put in as soon as possible so the provider can do what they need to. CSBs have various types of electronic health records which will determine how they input information into WaMS.

Q15. How does a provider change their name in WaMS?

A15. Contact the WaMS Help Desk at 844-482-9267.

Q16. Are there any standards for timeframes of holding annual plan meetings? We were always instructed 8 weeks in advance but are running into issues of Support Coordinators not requesting the meetings until a week or two before the plan is due to renew.

A16. Best practices are for the planning meeting to be held at least 6 weeks out from the ISP start date. We are working with CSBs to ensure they are completed timely. Providers need time to receive the information and be able to write a quality plan without being rushed. Staffing issues have caused concerns in this area. If you are running into issues with particular CSBs, please reach out to your supervisor for guidance and the Team 3 CRC.

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Q18. What are LEIE checks?

A18. These are the List of Excluded Individuals and Entities which are required for providers to verify their staff and contractors they work with.

Q19. What documentation is used for staff supervision that is done quarterly?

A19. There is not a specific document. You can use whatever you want but check your agency policy first. Make sure that you look at the regulations for your specific service and the elements required to be a part of your supervision.

Q20. Can you elaborate or provide examples of missing documentation of staff supervision?

A20. Regulations require documentation of staff receiving supervision. Please check the regulations for the requirements specific to your service.

Q21. Can you please show the last slide again to capture the website address?

A21. <https://dbhds.virginia.gov/developmental-services/provider-development>

Q22. Is supervision every 6 months just for our DSPs' or DSP supervisors as well?

A22. Requirements for Supervision is spelled out in regulations per service Please check the regulations for the requirements specific to your service. These can be found here- <http://law.lis.virginia.gov/admincode/title12/agency30/chapter122/>

Q23. How does an individual that is aging out of EPDST and has been on the waitlist for the DD Waiver be moved up prior to aging out? Family is overwhelmed.

A23. Please have the family reach out to their Team 1 Regional CRC, they will be able to provide them some assistance and resources.

Q24. When an individual is receiving Supported Employment services from DARS and they have not made the transition to Medicaid Waiver funding, is Modivcare transportation able to be provided?

A24. Modivcare cannot be started until a DD Waiver service is authorized. If Medicaid waiver services have not started, then no, Modivcare cannot be used because Modivcare is a Medicaid service.

Employment and Community Transportation- Barbara Tate

Q25. Can an individual DSP who transports the individual they work with to school for college classes, or physician/dentist appointments sign up to be a private driver through this program?

A25. Transportation to/from doctor's appointments would be covered under Modivcare. ECT could do college classes, shopping, church, book clubs, visit family and friends. This service may only bill ECT if the transportation is not a normally required element of service provision (i.e., an allowable activity for the other service(s) the provider delivers to that individual).

Q26. How successful has this been as a private transportation driver? Any major issues?

A26. We have more than 30 people that we have served and about 25 are private drivers. We have not had any major issues besides needing to follow up on expired driver auto insurance.

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Q27. Are background checks done by the provider for drivers?

A27. Background checks are not required, only the attestation of background. A sex offender check (free on the VA Sex offender registry) is required. We screenshot to include date/time that we did this check and upload to the driver file.

SIS and RSS

Q28. Is the change in status training available to providers?

A28. The RSS team provides Waiver Waitlist training which includes a section on the Priority Needs Checklist and the criteria that people should meet. The Support Coordinator Manager can either wait for our bi-annual trainings or contact their RSS to request training. These processes are SC/CM driven, so it doesn't pertain to Providers.

Q29. RSU Training - A 100 person limit is not conducive to maximizing training attendance and disseminating information to as many stakeholders as possible. A platform should be utilized that supports the aforementioned goal.

A29. While each session is capped at 100 people, several opportunities of the same training are provided at different times.

Q30. I do see multiple opportunities, however, they may not all be acceptable times for stakeholders to attend. Capping attendance seems to be an avoidable barrier easily mitigated.

A30. Thank you for the feedback. This will be shared with the team.

Q31. We have SIS assessors who are still scheduling virtual SIS assessments. They say if we want something other than virtual then it is a several months wait.

A31. This could be because the family has requested virtual - this is an exception in these situations. Other than that, assessments should be held face to face.

Q32. This was not the case on our end and I had to push to get it in person. They said they don't have enough in person staff and we would have to reschedule our SIS for some time in January, even though it is already scheduled for November 2nd.

A32. Thank you for the additional information. Please reach out to your Regional Support Specialist so that they can support with mitigating issues like this in the future as in person SIS assessments are the expectation.

Q33. If a SIS is about to expire, how do we get a new assessment scheduled? Do we go through the Support Coordinator?

A33. Yes, go through the SC. They will be able to coordinate the SIS scheduling.