

# Provider Roundtable - January 25, 2023

### **Meeting Agenda**

1. Office of Community Quality Management/Improvement

**Consultation and Technical Assistance (CTA)** 

2. Office of Integrated Health

**Cardinal Care** 

3. Office of Provider Development

Person Centered Trainings

4. Q&A on the updates provided below

## 1. DOJ Activity

24 additional compliance indicators were met in the 21<sup>st</sup> review period. The total number of compliance indicator met, or met with verification of data pending, is at 206 out of 317 compliance indicators. The 21<sup>st</sup> report to the court is located here: <u>https://dbhds.virginia.gov/assets/doc/221213%2021st%20Report%20to%20the%20Court.pdf</u>

The 22<sup>nd</sup> study period is beginning now and the following areas are being studied.

- Behavioral Services
- Crisis
- Case Management
- Community Living Options
- QM and RM
- IFSP
- Mortality Review
- Waiver Slots
- Independent Living Options
- Individual Services Review level 6 individuals

## 2. Training Center discharges

SEVTC Census is 68. Kimberly Davis is now the Discharge Coordinator. Providers are welcomed to reach out to her regarding their services and vacancies. <u>Kimberly.R.Davis@dbhds.virginia.gov</u>

## 3. DD Waiver Updates

No updates.



### 4. Person-Centered Individual Support Plan (ISP)

**Support Coordinators**- Be sure you are completely filling out medication information in Part II of the ISP in WaMS. "Refer to List in EHR" or similar is unacceptable, as the ISP is a shared document that is for all providers and not just the CSB.

## <u>5. WaMS</u>

RST Referrals are now only to be completed in WaMS. Paper referrals are no longer accepted.

## <u>6. RST</u>

**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.

### **Reminders:**

- · SCs need to submit referrals timely in WaMS.
- 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.
- · Support Coordinators should be documenting informed choice was provided on the VIC.
- RST Coordinator (Ashley) will notify the SC of any RST Call In Information. This will be sent to the SC and Supervisor listed on the RST Referral 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. You will be in a Waiting Room until RST is ready for your presentation.
- RST recommendation trackers need to be submitted following a person's final decision on services. This is now completed in WaMS.
- 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.

The new Cross Regional Team (CRT) is meeting monthly as an effort to reduce the number of late referrals related to moves occurring prior to the next scheduled regional meeting. SCs do not participate in the CRT meeting so it is important that a summary provide details and informed choice be clearly documented on the VIC.

Reminder: RST is in WaMS

## 7. Employment

No updates

### 8. HCBS Settings Regulation

- Validations are ongoing and are happening by way of onsite reviews and desk-audits. These reviews are mandatory and failure to participate in the review will result in reviews of provider participation agreements.
- Common findings continue to be: lack of person-centered documentation, lack of community involvement, failure to provide keys in residential settings, excessive signage in a home, modifications in place without appropriate documentation and staff needing re-training on the HCBS rights.
- CMS is actively reviewing states for compliance and adherence to their approved plan. At this point, we do not know if they will visit Virginia but we do know they will be visiting 7 states in 2023.



We would like to thank providers who have participated thus far. We have been pleased to see so many individuals decorating their rooms and homes, directing their own lives and expressing happiness in their services.

## 9. IFSP Communication

- Check your inbox for the formal announcement and the provider email! Both were sent the evening of January 10<sup>th</sup>. Funding Program for individuals on the DD Waiver Waitlist!
- SC/CM virtual training session dates (registration links here: <u>https://conta.cc/3ZCFpF8</u>) Links are included in the announcement that went out to Provider Email Group.
  - Wed., January 18<sup>th</sup> from 10 to 11 a.m.
  - Thurs., January 19<sup>th</sup> from 1 to 2 p.m.
  - If you can't make either of these sessions, they will be recorded and shared on the Provider listserv!

### Funding Portal Application Open dates:

- Mon., January 23<sup>rd</sup> for individuals with a Priority 1 status
- Wed., January 25<sup>th</sup> for individuals with a Priority 2 or Priority 3 status
- The My Life, My Community IFSP-Funding page will have the timeline, new Program Guidelines, Frequently Asked Questions, and the upcoming Portal User Guide and training video recording.
- All information will be announced via the IFSP email list (sign up at <u>https://tinyurl.com/IFSPList</u>), and posted to the My Life, My Community IFSP-Funding page (<u>https://tinyurl.com/mlmc-funding</u>)
- Need help?
  - Call the My Life, My Community helpline (operated by SeniorNavigator) at **844-603-9248**.
  - Email IFSP at <u>IFSPSupport@dbhds.virginia.gov</u>

### **10. Customized Rates**

- Additional Customized Rate support staff have joined our team:
  - a. **Angela Clark** is the new application processor. angela.clark@dbhds.virgina.gov
    - 804-615-9867

b. **Javier Ramos** is a new Customized Rate Consultant who is primarily field based. He will make in person visits to providers receiving or applying for the Customized Rate.

javier.ramos@dbhds.virginia.gov

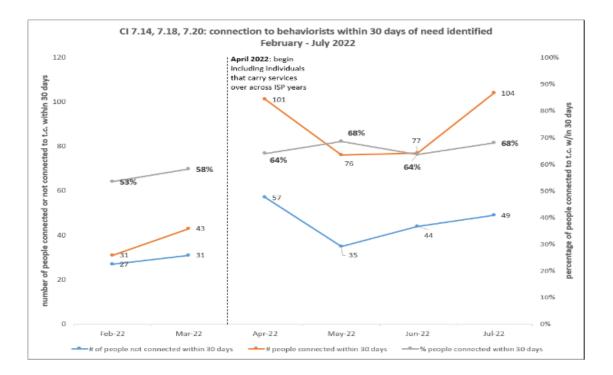
javier.ramos@dt 804-787-3505

- There is an **Updated SF-20 Form**. Please use the new form found on the DBHDS website or request it from us directly.
- **Customized Rate in-person Trainings** will be coming to each region very soon. The announcements with sign up information will be sent out through ListServ.

## **11. Behavioral Supports**

- Behavior Support Plan Adherence Review Instrument (BSPARI) reviews have occurred across approximately 300 plans
  - Weighted scoring system of 40 points, reviewers determine adherence to DBHDS/DMAS Practice Guidelines for Behavior Support Plans via review of behavior plan, functional behavior assessment, training record, graphical displays, 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
  - First cohort of plans reviewed, 13% were in adherence (Late FY22Q1 through early FY22Q3
  - Next cohort of plans reviewed, 41% were in adherence (Early FY22Q3 through late FY23Q1)





The graph outlines statewide "connectivity", e.g., the percentage connected to this service within 30 days. Overall, we have seen improvement statewide though there are regional differences. The target is 86% of people being connected within 30 days. The gray line has the overall percentage, the orange line is people connected and blue is people not connected, month by month.

- Links to <u>PBSF roster</u> and <u>Virginia Association for Behavior Analysis search engine</u>
- OIH website and newsletter
- Navigating Therapeutic Consultation Training occurred 10/22, link is here. Provides high level overviews of FAQs for billing, provider enrollment, regulations, provider manual, Practice Guidelines, BSPARi, etc.
  - Video posted on DBHDS YouTube channel here:
    - https://www.youtube.com/watch?v=8-9H2OF2xE4&feature=youtu.be

Questions or needs:

Nathan.habel@dbhds.Virginia.gov

## 12. HSAG

Round 4 findings from HSAG have the following areas of concerns:

Reviews show a **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
- •Staff being able to describe medical or behavioral supports for those they are working with
- •Familiarity with what is Important TO and Important FOR for individuals being served
- •Familiarity with the individuals' medications and medication side effects\

Reviews also showed concerns with:

- •Safety issue related to medication and bathing
- •Medication errors not reported
- •Ongoing illness not prevented

Round 4 of HSAG reviews are ending this month. Round 5 will start in July 2023.



## **13. DBHDS Communication**

No additional updates.

## 14. Supported Decision Making

All supported decision-making Discovery Tools, FAQs, and the SDMA template are now available in Spanish on the DBHDS website. You can find all SDMA forms here- <a href="https://dbhds.virginia.gov/supported-decision-making-supported-decision-making-agreements/">https://dbhds.virginia.gov/supported-decision-making-supported-decision-making-agreements/</a>

## **15. Office of Human Rights**

### **OHR Team Changes:**

- Region 1: Cassie Purtlebaugh | 804.382.3889
  - cassie.purtlebaugh@dbhds.virginia.gov
- Region 2: Ann Pascoe | 804.297.1503
  - o ann.Pascoe@dbhds.virginia.gov
- Region 3: Mandy Crowder| 434.713.1621
  - mandy.crowder@dbhds.virginia.gov
- Region 4: Andrea Milhouse | 434.390.0116
  - o andrea.milhouse@dbhds.virginia.gov
- Region 5: Latoya Willborne | 804-516-3483
  - o latoya.wilborne@dbhds.virginia.gov

### 2023 Provider Training:

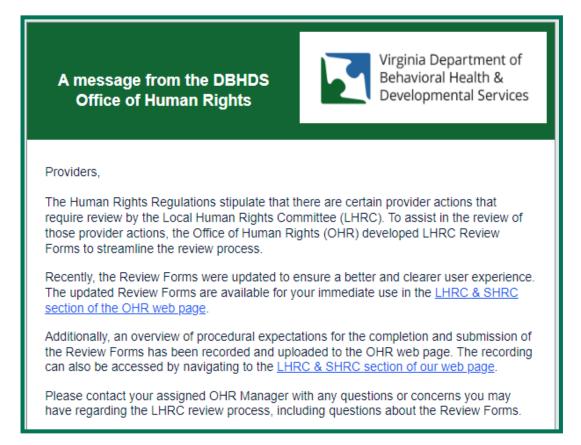
Tuesday January 31 <sup>st</sup>	9:30a - 12:30p	Overview of the Human Rights Regulations (HRR) This training is designed to provide the learner an in-depth review of the Human Rights Regulations. Providers will increase their understanding of the Office of Human Rights processes and the responsibilities of the provider as mandated	12/26/22 – 1/26/23	HRR 1/31/23
Thursday February 9 <sup>th</sup>	10:00a - 12:30p	by the Human Rights Regulations. Restrictions, Behavioral Treatment Plans, & Restraints (RBR) This training is designed to educate the learner on regulatory requirements related to the use of restrictions, behavioral treatment plans, and restraints.	1/9/23 - 2/6/23	<u>RBR 2/9/23</u>
Tuesday February 21 <sup>st</sup>	9:00a – 2:00p	Investigating Abuse & Neglect: The Basics (Invest) This training is designed as an overview of the investigative process, specific to the investigation of abuse and neglect.	1/16/23 - 2/16/23	INVEST 2/21/23
Thursday March 9 <sup>th</sup>	9:00a – 1:00p	Reporting in CHRIS This training is designed to educate the learner on the human rights complaint process and provider reporting requirements specific to abuse and neglect allegations. The learner will increase their understanding of CHRIS and the Human Rights Regulations regarding human rights complaints and reporting.	1/30/23 – 3/2/23	<u>CHRIS 3/9/23</u>



### LHRC:

-2023 Meeting Schedule Posted

- Review Forms & Training:



-Recruitment (Please reach out to your advocate if you know someone who is interested in serving in their LHRC):





# LHRC

#### Local Human Rights Committee Information

The Office of Human Rights is located within the Department of Behavioral Health & Developmental Services (DBHDS) and is supervised by the State Human Rights Director. The State Human Rights Director oversees statewide human rights activities and provides guidance and direction to human rights staff. The **Office of Human Rights** assists DBHDS in fulfilling its legislative mandate under VA Code 37.1-84.1. The <u>regulations to assure the</u> rights of individuals receiving services from providers licensed, funded, or operated by the department of behavioral health and developmental services outline DBHDS's responsibility for assuring the protection of the rights of consumers in facilities and programs operated, funded, and licensed by DBHDS.

The Local Human Rights Committee (LHRC) are committees of community volunteers who are broadly representative of various professional and consumer interests. These committees play a vital role in the DBHDSs Human Rights Program, serving as an external component of the human rights system. General duties and requirements include:

- Willingness to work within the parameters of the DBHDS's human rights process in order to resolve complaints and to facilitate improvements and/or system changes Annual participation in human rights training that is provided by the DBHDS
- Regular meeting attendance. All LHRCs meet at least quarterly some meet monthly; It is essential that a quorum be present
- Strict observance of client confidentiality

The Composition of Local Human Rights Committee as identified in the Human Rights Regulations, requires that membership broadly represent professional and consumer interests in order for the membership to be balanced and objective. For this reason, members who are qualified may not be appointed, simply because of the existing makeup of the LHRC. In addition, each LHRC shall have at least one health care provider as a member. No current employee of DBHDS or a Community Services Boards (CSB) shall serve as a member. Employees of providers may serve but are required to recuse themselves when conducting LHRC business that provides oversight to the employer. Members are appointed by the State Human Rights Committee



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## LHRC

#### Local Human Rights Committee Information

Functions of the Local Human Rights Committee:

- Review any dignity or freedom restriction on the rights of an individual that lasts longer than seven days or is imposed three or more tir nes in a 30-day period
- Conduct interviews for Next Friends as part of the authorized representative process
   Conduct fact finding hearings and make recommendations for resolution of
- complaints not resolved at the provider level Review behavioral treatment plans that incorporate the use of seclusion, restraint
- and time out
- " Receive, review and act on applications for variances to the human rights regulations " Focus on providing due process for individuals
- Review and approve provider program rules if requested by the LHRC or Advocate
- Identify violations of applicable rights or regulations during complaint resolution along with any policies, practices or conditions that contributed to those violations

The State Human Rights Committee (SHRC) consists of nine volunteers, who are broadly representative of various professional and consumer groups as well as geographic areas of Virginia. SHRC members are appointed by the State Board. The SHRC acts as an independent body to oversee the implementation of the human rights program. The role of the SHRC is to:

- Receive, coordinate and make recommendations for revisions to regulations • Review the scope and content of training programs, monitor and evaluate the implementation and enforcement of the regulations
- · Hear and render decisions on appeals from complaints heard but not resolved at the LHRC level
- Review and approve requests for variances to the regulations, review and approve LHRC bylaws and appoint LHRC members

Human Rights Advocates represent consumers whose rights are alleged to have been violated and perform other duties for the purpose of preventing rights violations. Each state facility has at least one advocate assigned, as well as advocates who oversee community programs, with regional advocates located throughout the State who oversee the work of the advocates. Their duties include investigating complaints, examining conditions that impact consumer rights and monitoring compliance with human rights regulations. Advocates also provide technical support and training to the LHRC's and report back to the SHRC.



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To receive important emails/memos from the Office of Human Rights, click on the following link and select the Licensing check box to sign up https://bit.ly/2ZpumCx

**OHR Web Page** 

Human Rights Regulations

Taneika Goldman, State Human Rights Director

taneika.goldman@dbhds.virginia.gov

### 16. Office of Licensing

No updates.

### 17. SIS & RSS Update

- **RSU Quarterly Training Announcements:** •
  - Upcoming Trainings are as follows: 0
    - Waiver Waitlist & Reserve Slot Training
    - SIS Training .
    - VIDES
    - VIDES
    - VIDES

February 1st 1pm February 23rd 1pm March 7th 10am March 16th 1pm March 23rd 1pm



- Registration information has been released via ListServ and CSB Leadership. Contact the RSS for your region if you
  need additional information.
- Please note, if there are several dates available and you are interested in attending, please be sure to sign up for only one session to allow for maximum participation. Most of our webinars will accommodate reservations for 100 people. Registration will close once maximum registration is reached.

### • Slots without Authorized Services:

- Please remember that Retain Slot Request are to be submitted every 30 days for individual's that are currently not utilizing any waiver services. The RSS team sends out monthly reporting data to the boards, please use these reports as guidance to ensure that records are in compliance with regulatory standards.
- DBHDS has commenced contacting all individuals who have not yet actively started services and/or whose slots have not been in use for an extended amount of time. Outreach started toward the end of 2022 and was finalized on 1/15/2023 to ascertain why these individuals did not yet access services. RSU staff will be following up with families and/or Support Coordinators to support individuals with removing barriers to services, if any.

### • \*\*Report at SC Roundtable only\*

Building Independence Slot Report:

- Region 1: 11
- Region 2: 0
- Region 3: 12
- Region 4: 27
- Region 5: 23

### SIS Specific Updates

### SIS – Face to Face Assessments:

 In conjunction with the DMAS Memo dated 12/28/2022, all SIS assessments are scheduled to be conducted face to face. There is a standing exception for out of state guardians to attend via conference/virtually as needed. This exception does not apply to Public Guardianship, as they are expected to attend in person. Any other request for accommodations will need to be approved through SIS QA Manager, Maureen Kennedy or RSU Manager, Ken Haines.

### • SIS Cancellations:

Cancelling a SIS last minute and canceling a confirmed future SIS both have impact and disrupt the flow of SIS assessments in Virginia. Please confirm dates/times/locations when scheduling and again prior to the assessment. Confirmed SIS assessments should very rarely be rescheduled/cancelled. If a qualified respondent is sick and unable to attend, it is possible for the assessment to proceed so long as there are enough qualified respondents to proceed. Please arrive on time and be prepared to speak to the support needs of the individual, as most SIS assessment per day. If you have questions or desire training, RSSs offer SIS Training on a quarterly basis. Reach out if you are unsure when the next training is offered.

### • SIS Reassessment Requests:

 Please be sure you are utilizing the most recent version of the SIS Reassessment Form when submitted request (dated 8/17/2022). We are still receiving request on previous version. The RSS's have been instructed to return request to SC's that are submitted on the outdated forms. Please reach out to the RSS for your region if you need a copy of the revised SIS Reassessment Request form.

## 18. Office of Integrated Health

Presentation on Cardinal Care transition at DMAS.

## **19. Service Authorization**

CD PA authorization requests where the attendant lives with the individual and the written justification from the SF and or SC only state that "It's the individual's choice" will be pended. According to the regulation, there needs to be a written justification as to why there are no other providers available to provide care.



## 20. DMAS Communication

**In Home Support Services:** H2014 can be used without a modifier, but only if there are two Individuals receiving In Home Support in the same home and the staff needs flexibility to be able to support 2:1 or 3:1 on a regular basis. This need would be documented in the justification for services. Otherwise, the UA (1:1) U2 (2:1) or U3 (3:1) modifier must be requested in WaMS on the service authorization.

**Guidance Document regarding Companion and 24 hour Residential Services** closed for public comment on January 19<sup>th</sup>, 2023 You can still review the draft version here <u>Overview of Companion and Residential Services (virginia.gov)</u>

**Support Coordinators:** When an individual is interested in Electronic Home-Based Services or Assistive Technology, they must have an independent, professional assessment *prior* to being referred to the EHBS provider or AT vendor. For EHBS or if the AT device(s) are to be used with the EHBS service, the assessment must be provided by an "Occupational Therapist, Behavior Specialist or similarly credentialed specialist, who is licensed or certified by the Commonwealth and specializes in assistive technologies, mobile technologies and current accommodations for individuals with developmental disabilities." (DD Waiver Policy Manual CH IV p. 88)

## 21. Housing

- The DBHDS Office of Community Housing (OCH) and its housing partners have reached our housing goal
  - The Settlement Agreement goal was to transition 1,866 individuals with I/DD to independent housing by June 30, 2021: as of 12/31/22, 1868 adults with DD have leased up in rental housing using DBHDS housing resources including Special Admissions Housing Choice Vouchers, State Rental Assistance Program (SRAP) and Low Income Housing Tax Credit leasing preferences
  - SRAP currently operates in 73 cities/counties served by 22 partner agencies throughout the Commonwealth. As of 12/31/22, the State Rental Assistance Program (SRAP) allocated funding for 972 rental subsidy slots to these agencies. 566 slots are currently leased and 153 slots are being used by people who are in the process of securing housing.
  - If you know of individuals who would like to transition to independent housing, please reach out to your DBHDS Regional Housing Coordinator for information about available resources: <u>https://dbhds.virginia.gov/developmental-services/housing/housing-team/</u>
- Low Income Housing Tax Credit (LIHTC) Services Contract updates
  - OCH has executed contracts with three service providers, CRi, Volunteers of America Chesapeake and Commonwealth Catholic Charities
  - These providers will make tenancy support services available to 198 adults with DD or SMI in 19 LIHTC properties
  - Tenancy support services include assistance to obtain housing and assistance to maintain housing (for examples of specific activities, see <a href="https://www.ncceh.org/files/10093/#:~:text=Accessing%20Housing,%E2%80%A2%20Assist%20with%20goal%20Dolanning">https://www.ncceh.org/files/10093/#:~:text=Accessing%20Housing,%E2%80%A2%20Assist%20with%20goal%20Dolanning</a>)
  - Properties are located in Alexandria, Arlington, Fairfax, Lynchburg, Norfolk, Prince William, Richmond, Suffolk and Virginia Beach
  - Providers are currently working on strategies to engage individuals at these properties, screen their eligibility for tenancy support services, conduct assessments of housing needs, and developing individualized service plans for tenancy supports
- OCH technical assistance initiative for waiver supported living service providers
  - OCH & Office of Provider Development are launching a technical assistance initiative for providers that want to offer waiver supported living (SL) services to individuals who rent their own homes
  - Providers would operate SL services with a DBHDS supportive in-home license (so the setting is not providercontrolled)
  - Individuals who access SL services in this model:
    - can get DBHDS rent assistance so they only have to pay 30-40% of their monthly income toward housing
    - have more choice in their living arrangements (e.g., individuals can live alone or with a roommate)
    - can change service providers and/or waiver services yet keep their housing
  - Providers that operate this SL service model:
    - can redirect their operating budgets to focus on service delivery instead of housing costs
    - have less liability for property costs (e.g., damages, repairs, maintenance, etc.)
    - can focus on service provision rather than property management
    - can partner with Low Income Housing Tax Credit properties to offer SL services to eligible residents

 Interested providers can contact Jeannie Cummins in the Office of Community Housing at <u>j.cummins@dbhds.virginia.gov</u> or Amy Braswell in the Office of Provider Development at <u>amy.braswell@dbhds.virginia.gov</u>

### 22. DMAS Quality Management Review (QMR) Report

QMR citations for Providers:

- 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

**QMR citations for Support Coordination:** 

- 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

### 23. Training and Resources

No updates.

### 24. New News

None

### 25. Reminders

There are 24 hours in a day, and a person cannot receive services for more than 24 hours in a day. SCs must make sure that a person is not requesting services that total more than 24 hours in any given day (this does not include per diem services).

### Acronyms used in this agenda

BCBA BI CHRIS CL CIM CM CRC CSB CVTC DARS DBHDS DD DMAS DO1	Board Certified Behavior Analyst Building Independence Computerized Human Rights Information System Community Living Community Integration Manager Case Manager Community Resource Consultant Community Resource Consultant Community Service Board Central Virginia Training Center Department of Rehabilitative Services Department of Behavioral Health and Developmental Services Developmental Disability Department of Medical Assistance Department of Justice
DOJ DSP	Department of Justice
DSP	Direct Support Professional



EHR EVV F/F FIS HCBS IFSP IPC ISP LEIE LOC MFP OIH OISS PBS PC ISP PCT PD PMM QI QRM REACH RSS RST SA SARF SC SEVTC SIS SSA	Electronic Health Record Electronic Visit Verification Face to face Family and Individual Supports Home and Community Based Services Individual and Family Support Program Individual Planning Calendar Individual Planning Calendar Individual Support Plan List of Excluded Individuals and Entities Level of Care Money Follows the Person Office of Integrated Health Office of Integrated Health Office of Integrated Support Services Positive Behavioral Support Person Centered Individual Support Plan Person Centere Thinking Provider Development Post Monitoring Move Quality Improvement Quality Management Review Regional Education Assessment Crisis Services Habilitation Regional Support Specialist Regional Support Team Service Authorization Sot Assignment Review Form Support Coordinator Southeastern Virginia Training Center Supports Intensity Scale Social Security Administration
SEVTC	Southeastern Virginia Training Center
SWVTC	Southwestern Virginia Training Center
TC	Training Center
VIDES	Virginia Individual Developmental Disabilities Eligibility Survey
WaMS WSAC	Waiver Management System Waiver Slot Assignment Committee
WJAC	

