

Questions and Answers from Provider Roundtable Presentation October 25, 2023

Q1. What is the settlement about?

A1. Virginia is under a Settlement Agreement with the Department of Justice (DOJ). DOJ began an investigation of Central Virginia Training Center (CVTC) in August 2008. In April 2010, DOJ notified the Commonwealth that it was expanding its investigation to focus on Virginia's compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court Olmstead ruling. The Olmstead decision requires that individuals be served in the most integrated settings appropriate to meet their needs and consistent with their informed choice. In February 2011, DOJ submitted a findings letter to Virginia, concluding that the Commonwealth failed to provide services to individuals with intellectual and developmental disabilities in the most integrated setting appropriate to their needs. In March 2011, Virginia entered into negotiations with DOJ in an effort to reach a settlement. On January 26, 2012, Virginia and DOJ reached a settlement agreement. Within the Settlement Agreement there are specific areas that Virginia has had to modify or correct in order to exit the Settlement Agreement. The details are included in a January 2012 and 2020 joint court filings available for review on the DBHDS website at <http://www.dbhds.virginia.gov/doj-settlement-agreement>.

Q2. During the HCBS audit, we were told menus needed to be on the refrigerator. Is this required?

A2. This is unusual. HCBS guidance would be more in line with taking the menus off the refrigerator and possibly put them on the inside of a cabinet door. If you have questions, contact Ronnitta.Clements@dbhds.virginia.gov.

Q3. The CHRIS reporting for emergency room visits. Is there a chance that that might change?

A3. Not that we are aware of, but you can contact your Licensing specialist to discuss. Emergency room visits by an individual receiving services, other than licensed emergency services, shall be reported as Level II serious incidents if they occur within the provision of the provider's services or on their premises.

Q4. Are day support services required to meet statewide performance standard?

A4. Yes.

Q5. Is an unplanned visit to urgent care an incident one or two.

A5. Providers are not required to report visits to an urgent care facility unless it meets other criteria for reporting such as if the individual is diagnosed with a decubitus ulcer serious injury, bowel obstruction, aspiration pneumonia, choking, etc. or a serious injury. Contact your Licensing specialist to discuss.

Q6. Please give an example of a centered and non-centered based day support service.

A6. Center-based day support takes place in a DBHDS-licensed setting with opportunities to go into the community. Non-center-based would only be provided in the community, such as with Community Engagement and Community Coaching, so service delivery only occurs in the community.

Q7. We're having issues in region four with getting some physicians to assist with creating or even reviewing and signing off on health protocols. What is the suggested workaround?

A7. Contact their nurse care coordinator for the region in the Office of Integrated Health.

Q8. Where do we find the statewide performance measure to include in quality improvement report because the data I found only dates to 2021.

A8. You can find data related to the measures through Employment Reports or the Provider Data Summary reports available online. <https://dbhds.virginia.gov/developmental-services/provider-network-supports/>
<https://dbhds.virginia.gov/developmental-services/employment/>

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Q9. Can an AR live in a home with an adult individual and provide services?

A9. An Authorized Representative for an adult individual who is on the waiver could potentially be authorized to be able to provide services. If objective written documentation is provided.

Q10. So, in home support services is meant to supplement the care the primary caregiver. So, the AR is the primary caregiver. That gets kind of tricky because they can't supplement their own care if a person, if a family member who resides in the same home as the individual, is hired to provide care, there would need to be objective written documentation to support that person being hired.

A10. Get in contact with either the CRC or the Support Coordinator and we can look at that situation in more detail.

Q11. We're considering decreasing our license from private individuals to an ICF home of four. What steps need to be taken?

A11. There are a couple of licenses involved with ICF, so the modification process might be more involved than it typically would be for like a group home, because we are talking about the Department of Health as well as DBHDS. Send an email to eric.williams@dbhds.virginia.gov, and we'll get you connected with someone who can support you.