

# Questions and Answers from Provider Roundtable April 26, 2023

## Questions & Answers

Q1. When will the new Part V be available?

A1. As soon as possible next month (in May). We will announce availability through the Listserv.

Q2. You have a line between Project and BCBA. Please say more about that.

A2. That is because Nathan Habel, who is a BCBA, is the Project Manager and there is specific project work related to the settlement agreement surrounding the BSPARI and the BCBA working with OIH is supporting that.

Q3. It makes sense to include behavioral supports in Integrated Health, but I'm unclear as to why it is labeled "BCBA". This seems to exclude PBSF.

A3. The job title is Behavior Analyst. We will update the org chart to reflect the correct job title.

Q4. Love the 6 C's and the flow of the chart. When will we be able to see names associated with positions?

A4. As soon as we can update. Today, we wanted to provide a high-level overview of the changes.

Q5. On March 22<sup>nd</sup> there was an HCBS webinar session 1. We were told that webinar would be posted in the toolkit. I have not found it. Has it been posted yet and if so, can you guide me to where to locate it?

A5. You are correct that it has not been posted yet. We will check with DMAS to make sure it gets posted. <https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/home-and-community-based-services-toolkit/hcbs-training/>

Q6. Will the new Part V be for providers as well?

A6. Absolutely. Please see the full recording of this session for more details.

Q7. What does BSPARI stand for?

A7. Behavior Support Plan Adherence Review Instrument (BSPARI).

Q8. We hear from families that they feel the new edition (of the SIS) will better reflect needs. They are concerned about the amount of time from now until its implementation and their family member not being properly assigned a score. Can you explain more why the year is needed if the tool has already been tested and validated nationally?

A8. HSRI will require a year to complete the study. We will be posting updates quarterly updates to our website to inform everyone as to what is happening during the year.

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Q9. Can a Sponsor use two different companies at the same time? (Each company license 1 bed in that house.)

A9. No, the entire setting is licensed under one provider. The bedrooms are not licensed as a separate space. Therefore, only one provider can license a location/setting at any one time.

Q10. When SIS's are completed resulting in drops in Tier this of course impacts funding and often the level of supports available to the individual. Is there consideration for an "appeal" or review of such in the future when this is greatly impactful to some in a negative way?

A10. Scores are not appealable as specialized training and endorsement by AAIDD is required to conduct a SIS. If someone feels like the SIS SOPs were not followed during a SIS, the guardian, family member or individual may ask for a SIS SOP Review within 30 days of receiving the report. Or if an individual has a significant and sustained change that is not reflected in a SIS and it's been ongoing for at least 6 months. The SC may submit a SIS reassessment request to the RSS. There must be supporting documentation. Please reach out to your [RSS](#) or Maureen Kennedy at [Maureen.Kennedy@dbhds.virginia.gov](mailto:Maureen.Kennedy@dbhds.virginia.gov) if you need additional information.

Q11. Can we provide services to people with the CCC+ Waiver only?

A11. Please reach out to the [Team 2 Community Resource Consultant \(CRC\)](#) in your area to discuss any provider questions that you have regarding Waiver services.

Q12. More of an observation- I wonder how much capacity issues (staffing) contribute to issues with safety and harm.

A12. Good thought. Thank you for sharing!

Q13. Who should new providers contact if they have questions while developing policies and procedures before licensure?

A13. Contact the Office of Licensing at DBHDS. Contact information is on the [DBHDS website](#).

Q14. How do you distinguish educational activities versus skill-building activities? Say they know how to read a digital clock and want to learn how to read an analog clock?

A14. We suggest finding a way to use practical application of learning the skill. For example, learning to read the analog clock in order to determine medication time or get to the bus stop.

Q15. If the provider does wound care/treatments as ordered by the doctor for any individual, can the provider bill for that service?

A15. It depends on the DD Waiver service that is being provided. Each service has a list of allowable activities (services) that can be provided and therefore would be billable.

Q16. What if the individual has identified that they want to learn to read as their skill building activity or they want to learn how to count money with worksheets? Do we just justify the choice?

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A16. They can have those as outcomes and should be referred to a provider such as adult literacy to learn to read. Please reach out to you [CRC](#) for more information.

Q17. Would minors receiving DD Waiver services (Sponsored Residential) be eligible for home-based schooling through the public school/IEP?

A17. There is nothing in DD Waiver regulations to prohibit this. The Support Coordinator and/or the individual's guardian can contact the school system to discuss educational supports.

Q18. Can't be the immediate family member of the individual or the group home provider?

A18. Please contact your [Community Resource Consultant on Team 2](#) to discuss the circumstances.

Q19. An individual I support had a pressure ulcer to her coccyx. I was the person doing her treatment daily but would take her to a wound clinic monthly for follow-up. I was not sure if I had to bill for that, so I never billed, but I was doing wound care daily and as needed (if the bandages got soiled with feces or urine).

A19. Your allowable activities depend on the service you are providing. However, you should not be doing these services if they are not allowable, not just doing them and not billing for them. The person should be connected to the right service who can support with the activity.

Q20. If an injury, incident, or hospitalization happens while with a Companion, who is responsible for the CHRIS report? Do Companions come from an agency which is responsible for this and adheres to all the same regulations?

A20. These services are not licensed by DBHDS, and do not report in CHRIS. The licensed residential provider should still be meeting their reporting requirements according to their license.

Q21. To be clear about the chart: Does "in the community" mean someone who lives at home with family vs. someone living in a 24-hr residential program?

A21. This guidance is specifically for someone who lives in a 24-hour residential service (Group home, supported living, Sponsored Residential) only.

Q22. Will the blended Part V have the option for employment (work place assistance and supported employment)?

A22. Yes, these services will be able to use the blended Part V when offered by the same provider.

Q23. What happens when the Provider has two NPI numbers?

A23. Any single organization can use the process.

Q24. What happens when start dates for several services are different, but the same provider?

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A24. As each service is added a revision date will be present. The history of these revisions shows additions over time.

Q25. Do we still need to have a separate case record for the different services? To clarify, our agency offers more than one service. When we have an individual with more than one service, we have separate case record for GD and a separate case record for CE. Many of the documents are duplicated (Authorization to disclose, rights, ISPs, etc.).

A25. Yes. You would just add the blended Part V to both records.

Q26. Are there printed guidelines or "how to's" for the blended Part V?

A26. We are finalizing the instructional sample and then will send it out through the listserv in May and post on the website.

Q27. When will the blended Part V and Person Centered Review be available for providers?

A27. Please see A1 above.

Q28. If the individual goes to day support, and they live in a group home, but the day support is off site, do we have to have two rows for the group home and day support? Is that optional or mandatory?

A28. You would address each service separately for each outcome on the blended Part V. The blended Part V is optional.

Q29. Do providers have to change over to the blended Part V or can providers still use individual plans for each service?

A29. The blended Part V is optional.

Q30. Given the blended Part V and PCR, will there be latitude with DMAS as reviewers become familiar with the change as well as the providers?

A30. We do not have confirmation at this time but can discuss.

Q31. For the blended Part V, how would you handle different service dates (i.e. a group home individual adds Community Engagement in the middle of their ISP year)?

A31. You would revise the plan when that service changes. Make certain to date the revision.

Q32. Okay. So it means "Yes", if the service is provided in the community; "No" if being provided in the home?

A32. More context is needed to answer your question, please reach out to your CRC for support.

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Q33. Can the provider hire individual family member as a DSP?

A33. It depends on many circumstances so without more information, I can't give a complete answer. Please call your [CRC](#) for specific situations.

Q34. How can an individual hire their own companion? Does the companion use a home health agency?

A34. Please reach out to your Support Coordinator for assistance with this issue. A companion can be CD or work for an agency.

Q35. Can we still use the current Part V format until May 1<sup>st</sup>?

A35. Yes, you can also continue to use the current Part V format after May 1<sup>st</sup>, as the blended Part V is optional.

Q36. When will this be in effect?

A36. Please see A1 above.

Q37. Do providers have to change over to the blended Part V or can providers still use separate plans for each service?

A37. The blended Part V is optional. Providers can choose to continue to use separate Part Vs for each service.

Q38. Since the blended Part V is an option for providers, will we be cited if we do not use it?

A38. No, you will not be cited because you choose not to use the blended option.

Q39. I'm still not understanding how Companion can be compatible with 24 hour residential services. If the point of the Companion is to take them out into the community, as provided by those examples, how is it not considered a duplicate service as the Group Home can do the same thing?

A39. Please reach out your [CRC](#) for more information on how this could take place.

Q40. Is there a new template for schedule of supports?

A40. We currently do not have a blended schedule, but will explore and see if we can include one.

Q41. Can we continue to do the Part V's in WaMS vs. this template and uploading?

A41. Yes. The template is optional. You can continue to have separate Part Vs and use the WaMS complete use method.

Q42. Again, where can I find the blended Part V template?

A42. We will send it out through the listserv in May and post on the website. We need to finalize the instructional sample first.

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Q43. We are not required to enter information directly into WaMs for the Part V? I thought we were no longer allowed to attach Part V templates only.

A43. There are two options for using Part V. You should discuss with your organization which option you use. The user guide describes complete use and modified use. If using the modified use method a full Part V must be uploaded in addition to the minimal WaMS entry required with that method.

Q44. Is the requirement still at least 1 skill building activity per individual? I know they can have more if they want to.

A44. They must have at least one in required services, but the actual number should reflect the activity level and interest of the person being supported.

Q45. Is it ok to fax medical professional visit form(s) with the Quarterly? For example, instead of typing all of the information on the quarterly, can we simply type "see attached MPV form(s) for all medical visits and their results for this quarter" when applicable?

A45. Yes. As long as the report references the additional material clearly, so it can be maintained as part of the report.

Q46. Are you asking that we put the side effects into WaMS? We already keep the side effect and list of medications in the client EHR, so are you asking us to put it in both places? So, we are entering medication side effects in our EHR, but read we need to do it somewhere else not just in the EHR?

A46. WaMS Part II asks for the name of each medication and the location where the side effect information is stored with the CSB.

Q47. Does DMAS still require DSPs to be fully vaccinated?

A47. Yes, however CMS will be removing this requirement in the coming months by August 2023.