



Joint Presentation: OCQI and OL

#### **December 12, 2025**

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#### Welcome everyone!

My name is Britt Welch, and I serve as the Director of the Office of Community Quality Management.

I'm pleased to have my OCQI teammates, Kara Clemons and Teena Harris, and our DBHDS/Office of Licensing teammate, Mackenzie Glassco, joining me today to provide information about the Office of Community Quality Improvement-Expanded Consultation and Technical Assistance (ECTA) process and where our work and that of the Office of Licensing intersects.

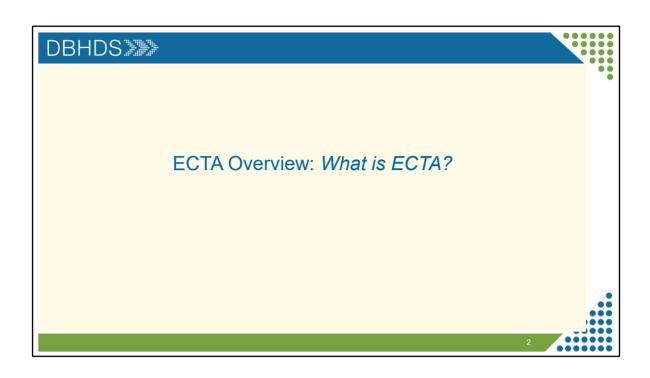
Today, we will provide you with an overview of ECTA. Take a look at some of our ECTA data and outcomes to-date. And, Share some updates with you for ECTA 2026

We will wrap-up our portion of the presentation with letting you see what providers are saying about ECTA, along with a brief introduction to the ECTA Team, and provide you with some YouTube video resources related to QI and RM that we encourage you to view.

Then, we will hand off the presentation to Mackenzie Glassco, who will provide more details on Mandatory ECTA as related to Office of Licensing Noncompliant Systemic findings and expectations.

Again, we greatly appreciate your viewing this video and the work that you and your teams are doing to provide quality services to individuals challenged with I/DD.

Without further adieu, let's talk about...just...What is ECTA?



#### What is ECTA?

- Expanded Consultation and Technical Assistance offered by the Office of Community Quality Improvement (OCQI)
- Individualized, consultative experience for Providers who meet ECTA criteria for Office of Licensing citations (450, 520, 620 regulations) and Quality Service Reviews (data elements 5–31, as noted in the Provider Quality Reviews (PQRs)
- Weekly, fluid sessions tailored to meet specific Provider needs and support in self-reported challenge areas as related to our focus regulations (i.e., 450, 520, and 620) and or the PQR data elements (5–31)
- Dedicated time for providers to learn more about quality improvement/risk management principles, methods, and tools that could benefit their organization

#### What does the ECTA Team do?

- "We meet Providers where they are"
- Provide active listening to support Providers in their reported challenges and barriers
- Direct providers to available resources and tools including the OL website
- Provide a judgement free space for Providers to brainstorm ways of implementing or applying QI/RM tools to their program
- Assist Providers with ways to add structure into their organization for QI/RM activities
- If we receive questions out of our scope, we refer Providers to their Licensing Specialist or other appropriate DBHDS Offices (Human Rights, OIH, CRC)
- We introduce concepts to assist Providers with data collection and progress towards goals and objectives
- We assist providers with understanding the differences between plans and program policy

#### What ECTA is not...

- It is not a training. It is purely a consultative and technical assistance model.
- We do not issue citations or Quality Enhancement Plans (QEPs).
- We do not write plans, policies, or do our customers' work for them.
  - ✓ Rather, we introduce QI/RM concepts, principles, tools and resources that align with our focus OL regulations and/or Quality Services Review data elements found in the Provider Quality Reviews (PQR data elements 5-31).
- Participation in ECTA does not guarantee a Provider of regulatory compliance or standards being met.
  - √ However, based on our experience, participation can be helpful to organizations seeking to make improvements in their quality improvement and risk management efforts.

## Quality Improvement & Risk Management Tools



### **Examples**

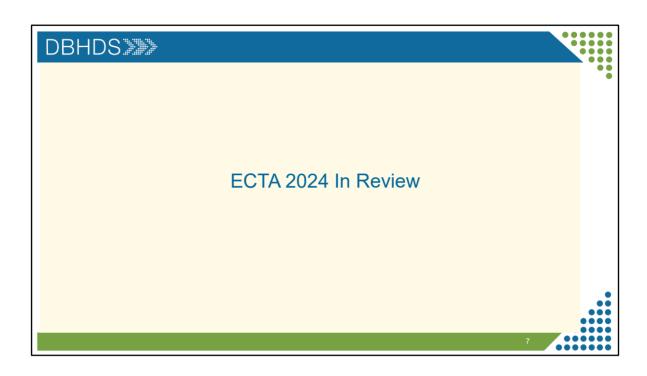
#### Planning and implementing the work

- · Key administrative components
  - Using a team-based approach
  - Effective meeting and documentation strategies
- · Baseline data + Run chart / trend line
- Identify and prioritize risks/threats (Risk Matrix)
- · Select changes/improvements
- FOCUS Steps + Worksheet
- Model for Improvement / Aim, Measure, Change + PDSA, + Worksheet
- SMART Goals

#### **Root Cause Analysis tools**

- 5 Why's or Why Tree
- Brainstorming
- Affinity Diagram
- · Check Sheet
- Fishbone Diagram or Cause and Effect Diagram
- Pareto Chart / Pareto Analysis
- Process Map
- Surveys
- Focus Groups
- · Key Informant Interviews

The tools/resources used will be tailored to your organization!



## **ECTA 2024 In Review**



- 637 ECTA-eligible providers (all received invitations for ECTA)
- 321 accepted invitations (50% of eligible providers)
- 205 providers completed ECTA (64% of acceptances)
- 116 providers did not complete ECTA (36% of acceptances)

## **ECTA 2024 In Review**

#### 716 Total ECTA sessions across the state

- 681 sessions with Providers who completed ECTA
- 1,026 hours of support provided
- Sessions ranged from 1 17

#### **Providers completing ECTA**

- Average 3.3 sessions per Provider
- Average 4.9 hours of support per Provider



**ECTA Update** 

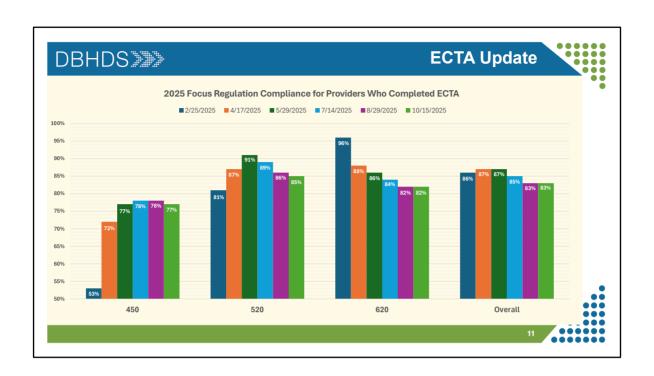


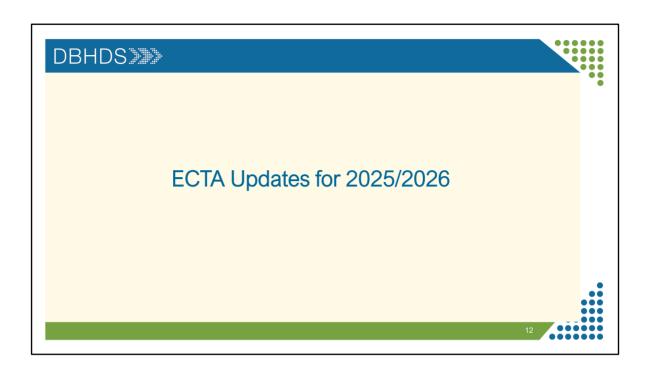
#### • N = 118

Providers who completed ECTA prior to their 2025 OL review, with a total of 1143 individual service level focus regulations amongst them

#### Overall

At the provider, service, and regulation level, 83% of those in a non-compliance status to whom we provided ECTA were assessed to be "Compliant" in their 2025 review for those same services and regulations.







## **ECTA Update**

# New Types of ECTA in 2025 and going forward

#### **Mandatory ECTA**

- Noncompliant Systemic (NS) ECTA
  Began July 2025 per the July 10, 2025 joint memo from the Office of Licensing and the Office of Community Quality Improvement.



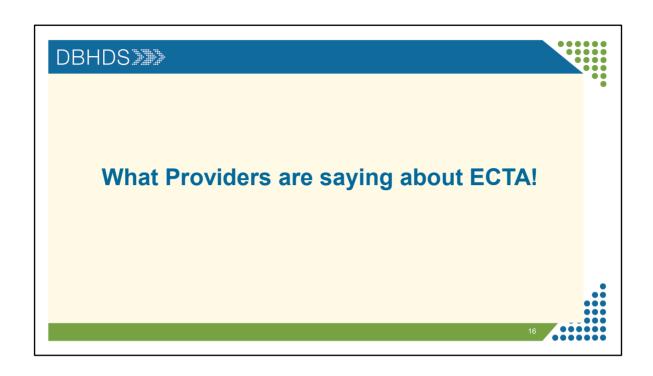
#### **ECTA Update**



- ECTA announcements are sent out monthly via Constant Contact (the DS Listsrv) to licensed DD providers.
- 2-days later, direct invitations are emailed to providers' Main Authorized Contact (MAC) as listed in Connect or the primary contact listed for QSRs, as appropriate.
- All a provider needs to do is respond to the email with their interest in receiving ECTA <u>and</u> provide their company's **NPI** # for reference.
- Once notice of provider interest and NPI # are received, the provider is put into the ECTA queue for assignment to one of our Quality Improvement Specialists (QIS).
- The specialist will reach out to the provider for introductions and email the provider our ECTA Readiness Assessment (RA).
  - Please fully complete the RA. There are no right or wrong answers.
  - We use the RA to assist us in tailoring the ECTA sessions to your organization.
    - Note: ECTA cannot begin without the fully completed RA.
- Once we have the completed RA, we will work with the provider to schedule the first, 1:1 session.

## **ECTA Update**

- December 10, 2025: Direct invitations emailed to providers who meet QSR ECTA criteria and have a 2025 Health Services Advisory Group (HSAG) approved Quality Enhancement Plan (QEP) for any of our Provider Quality Review (PQR) focus data elements (i.e., elements 5 through 31)
  - ✓ Acceptance for QSR ECTA closes on 12/17/25
  - ✓ Future rounds for 2025 QSR ECTA will be considered
- ❖ Coming 2026: Continued invitations for voluntary ECTA, as related to OLapproved CAPs for 450, 520, and/or 620 regulations



"Myself and our team are better equipped to track data that is easy to analyze. I now can take the tools provided and integrate them within our current systems to better track our current risks."

"(My QIS) had great active listening skills and provided a lot of supportive feedback."

"It was a very positive experience. There were items that were valuable to review and new tools I learned." "This experience was helpful as it proactively assisted our agency in identifying tools we could use to improve our Quality versus the usual process of the agency reacting to a citation. Very helpful."

"There is so much within the regs and (my QIS) took the time to break everything down and showed us how each resources and tool provided related back to the reg."

improve our plans and address the citations."

"(This) helped me have a better understanding of how to take steps in improving our Quality department."

"I believe that the eagerness and level of engagement of the provider is what really sets the tone for this experience. I had a wonderful experience that was flexible, adaptable, and tailored to my needs, questions, and what I felt I needed to focus on to

"(My QIS) was a good listener. I appreciate her skills and the materials she presented that I learned was very relevant."





#### **DBHDS YouTube Training Links**



DBHDS Quality Manual https://dbhds.virginia.gov/wp-content/uploads/2025/08/Quality-Manual-FINAL-July-2025.pdf Using Data to Drive Quality - YouTube Video

MinimizingRisk Day 1 https://www.youtube.com/watch?v=KoYiYAkF808

MinimizingRisk Day 2 https://www.youtube.com/watch?v=Ru14NHoaiVE

MinimizingRisk Day 3 https://www.youtube.com/watch?v=zntmZXu1Zoo

Instruction Video Risk Tracking Tool https://www.youtube.com/watch?v=6u9ouDVulec

Risk Management and Quality Improvement Strategies <a href="https://www.youtube.com/watch?v=NiFyfOjXall">https://www.youtube.com/watch?v=NiFyfOjXall</a>

RCA Part 1 Preparing for an RCA https://www.youtube.com/watch?v=\_USrGaiyXro

RCA Part 2 Brainstorming Affinity Diagram and Fishbones <a href="https://www.youtube.com/watch?v=yMEcuJSQj4A">https://www.youtube.com/watch?v=yMEcuJSQj4A</a>

RCA Part 3 RCA Part 3 Five Whys and Why Tree https://www.youtube.com/watch?v=2z-ThqrzgZQ

RCA Part Check Sheet Histogram and Pareto <a href="https://www.youtube.com/watch?v=NQB0LloEoUE">https://www.youtube.com/watch?v=NQB0LloEoUE</a>

RCA Part 5 Identifying Solutions https://www.youtube.com/watch?v=ysYf1lEtvr4

Quality Improvement/ Risk Management and Root Cause Analysis <a href="https://www.youtube.com/watch?v=9YepYqRiLzg">https://www.youtube.com/watch?v=9YepYqRiLzg</a>

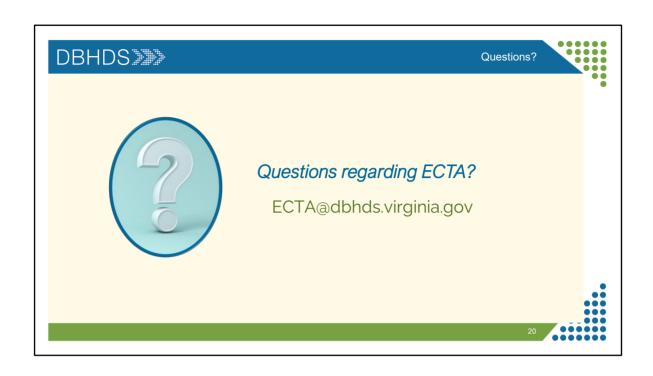
Intro to QI Part 3 PDSA Cycles video https://www.youtube.com/watch?v=w4-6NiSASCk&list=PLmFe443VQ9xUxxc85z--thJUFCjjKrTfL&index=4

Intro to QI Part 4 PDSA/ FOCUS Examples video https://www.youtube.com/watch?v=Xd6D4p0SyzU&list=PLmFe443VQ9xUxxc85z--thJUFCjjKrTfL&index=5

Quick Overview of the Risk Awareness Tool for Support Coordinators https://www.youtube.com/watch?v=i1OjanJtvTQ&list=PLmFe443VQ9xUFYE29Ym9\_JPaw9l3i6dZ8&index=10

Individual and Systematic Risk - How to Report and Respond to Incidents https://www.youtube.com/watch?v=CnMPO3FNXWE&t=81s

DSP Competency May 2024 https://www.youtube.com/watch?v=E7n9b7CGWME



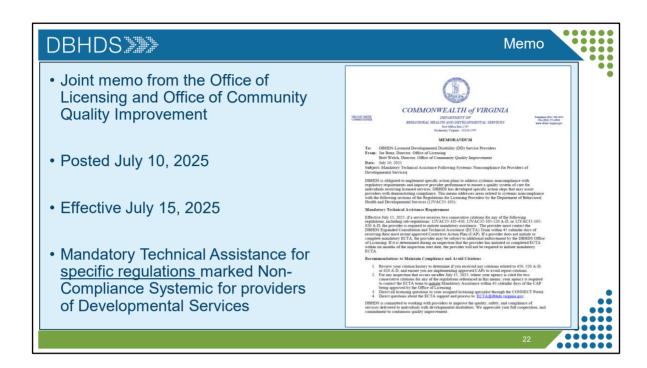


Hello, I'm Mackenzie Glassco with the Office of Licensing

I'm here to provide some additional information related to the Office of Licensing and Mandatory ECTA.

As a reminder, the department is obligated to implement specific action plans to address systemic noncompliance with regulatory requirements and improve provider performance to ensure a quality system of care for individuals receiving licensed services.

DBHDS has developed specific action steps, which includes Mandatory ECTA, that may assist providers with demonstrating compliance.



A joint memo was developed by Office of Licensing and Office of Community Quality Improvement which outlines the Mandatory ECTA process.

This memo was posted on the OL website and sent out through a constant contact on July 10, 2025

The memo outlines the Mandatory ECTA Process which was effective July 15, 2025, and requires providers to participate in Mandatory Technical Assistance through the Office of Community Quality Improvement's ECTA team when **specific regulations** are cited as Non-Compliance Systemic.

These regulations fall under Provider Training and Development, Risk Management, and Quality Improvement and are listed on the following slide for you.

Regulation	Regulatory Topic	Regulation	Regulatory Topic
450	Employee Training and Development	620.A	QI Program
520.A	Requirements for the Person Responsible for the Risk Management Function	620.B	QI Program includes a QI Plan and QI Tools
		620.D.1	QI Program
520.B	Risk Management Plan	620.D.2	QI Program
520.C.1	Systemic Risk Assessment	620.D.3	QI Program
520.C.2	Systemic Risk Assessment	620.C.1	QI Plan
520.C.3	Systemic Risk Assessment	620.C.2	QI Plan
520.C.4	Systemic Risk Assessment	620.C.3	QI Plan
520.C.5	Systemic Risk Assessment	620.C.4	QI Plan
520.D	Systemic Risk Assessment	620.C.5	QI Plan

As of July 15, 2025, if a service receives two consecutive citations for one or more regulations listed on this slide, then the provider is required to initiate mandatory technical assistance with the ECTA team.

These focus regulations include:

450 which outlines the requirements for provider training and development; this includes a training policy

520.A-D outlines the risk management requirements, which requires a provider to designate someone for the risk management function, implement a risk management plan and conduct a systemic risk assessment at least annually

#### AND

620.A-D requires a provider to develop and implement written policies and procedures for a quality improvement program, utilize QI tools and review/update a QI plan at least annually

#### **DBHDS** What to expect? .... Non-Compliance For any inspection that occurred on or after July 15, 2025 Systemic (NS): A determination of systemic noncómpliance may be If you receive two consecutive citations for made for a violátion the same regulation for a service, then the that has been service is Non-Compliance Systemic identified multiple times. It may also be issued when a It is the provider's responsibility to contact the DBHDS Expanded Consultation and provider is found to have violated the same regulation Technical Assistance (ECTA) Team at multiple times. As ECTA@dbhds.virginia.gov within 45 defined in the calendar days of receiving their most regulations a systemic recent appróved Corrective Action Plan deficiency does not (CAP). mean the cause is systemic. •••••

**Non-Compliance Systemic (NS):** A determination of systemic non-compliance may be made for a violation that has been identified multiple times. It may also be issued when a provider is found to have violated the same regulation multiple times. As defined in the regulations a systemic deficiency does not mean the cause is systemic.

For any inspection that occured on/after July 15, 2025

If a provider receives two consecutive citations for the same regulation for the same service, then the regulation is marked Non-Compliance Systemic. The OL makes this determination during the current annual unannounced inspection by going back to the date of the last annual unannounced inspection. A provider would be marked Non-Compliance Systemic for any repeat citations received since their last annual unannounced inspection.

If a provider receives a rating of Non-Compliance Systemic for the 450/520/620 regulations listed in the memo, the provider is responsible for contacting the DBHDS Expanded Consultation and Technical Assistance (ECTA) Team at <a href="https://eccept.ncbi.org/lea/bhds.virginia.gov/">ECTA@dbhds.virginia.gov/</a> within 45 calendar days of receiving their most recent approved Corrective Action Plan (CAP) if they receive a rating of NS for any of the

regulations listed on the following slide.

If it is determined during an inspection that the provider has initiated or completed ECTA within six months of the inspection start date, the provider will not be required to initiate mandatory ECTA.

If a provider does not initiate or complete mandatory ECTA, the provider may be subject to additional enforcement by the DBHDS Office of Licensing.

The next couple of slides include scenarios that may assist you with having a better understanding of when you should contact the ECTA team

Scenario 1



- I In October 2024, a provider received an annual unannounced inspection and was cited for 520.B due to not having a risk management (RM) plan.
- In October 2025, during an annual unannounced inspection for the same service, the provider receives a citation for 520.B due to not having a RM plan.
- The provider is marked Non-Compliance Systemic with 520.B

#### **Provider Actions:**

- If it's determined during the inspection that the provider has initiated or completed ECTA within six months of the inspection start date, the provider WILL NOT be required to initiate Mandatory ECTA. The Office of Licensing will verify the provider's current ECTA status.
- If your agency has initiated ECTA within 6 months of the start date of the inspection, completion of ECTA is required.
- If your agency completed the ECTA process within 6 months of the start date of the inspection, ensure that your agency makes the appropriate updates based on the technical assistance provided.

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#### Scenario 1

Scenario 2

- In October 2024, during an unannounced inspection, a provider was cited for 620.A due to not implementing their QI program.
- In October 2025, during an unannounced inspection for the same service, the provider receives a citation for 620.A due to not being able to demonstrate implementation of their QI Program
- The provider is marked Non-Compliance Systemic for 620.A

#### **Provider Actions:**

- If the provider has not initiated or completed ECTA within six months of the inspection, then the provider is required to initiate mandatory assistance.
- The provider must contact the DBHDS Expanded Consultation and Technical Assistance (ECTA) Team within 45 calendar days of receiving their most recent approved Corrective Action Plan (CAP).
- ECTA@dbhds.virginia.gov

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#### Scenario 2

Scenario 3

- In March 2025, during an investigation, a provider is cited for 450 due to not identifying the frequency of retraining for serious incident reporting and medication administration within their training policy.
  - The provider's annual unannounced inspection occurred in November 2024.
- In October 2025, during an annual unannounced inspection for the same service, the provider is cited again for 450 due to not including the frequency of retraining as it relates to serious incident reporting within the training policy.
- The provider is marked Non-Compliance Systemic for 450.

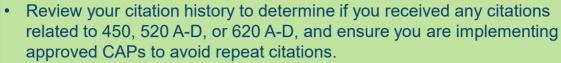
#### **Provider Actions:**

- If the provider has not initiated or completed ECTA within six months of the inspection, then the provider is required to initiate mandatory assistance.
- The provider must contact the DBHDS Expanded Consultation and Technical Assistance (ECTA) Team within 45 calendar days of receiving their most recent approved Corrective Action Plan (CAP).
- ECTA@dbhds.virginia.gov

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#### Scenario 3

Recommendations to Maintain Compliance and Avoid Citations



- If your agency is cited for two consecutive citations, for the same service, related to 450, 520 A-D, or 620 A-D, your agency is required to contact the ECTA team to initiate Mandatory Assistance within 45 calendar days of the CAP being approved.
- Direct all licensing questions to your assigned licensing specialist through the CONNECT Portal.
- Direct questions about the ECTA process to: <u>ECTA@dbhds.virginia.gov</u>

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This slide brings me to the end of OLs presentation, but before I go:

Please review your citation history to determine if you received any citations related to 450, 520 A-D, or 620 A-D, and ensure you are implementing approved CAPs to avoid repeat citations.

If your agency is cited for two consecutive citations, for the same service, related to 450, 520 A-D, or 620 A-D, <u>your agency is required to contact the ECTA team to initiate Mandatory Assistance within 45 calendar days of the CAP being approved.</u>

Please direct all licensing questions to your assigned licensing specialist through the CONNECT Portal.

#### AND

Direct questions about the ECTA process to: <a href="ECTA@dbhds.virginia.gov">ECTA@dbhds.virginia.gov</a>

Thank you