| If your request is pended for this reason: | Then do this: | Resources to Reference: |
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| Support Activities and/or How to Support include activities that are not allowed by service | Review the allowable activities section of the service in Ch. 4 of the DD Waiver manual. Ensure all activities and instructions described in the individual's Part V relate to the allowable activities for the service. | DD Waiver Manual: Chapter 4: Covered Services and Limitations (DD Waiver)<br><br>Regulations: Virginia Administrative Code - Title 12. Health - Agency 30. Department of Medical Assistance Services - Chapter 122. Community Waiver Services for Individuals with Developmental Disabilities |
| "How to Support" section lacks detailed instructions for paid supporters to follow based on the person's needs and preferences. | Review the ISP Module on COVLC.<br><br>Read examples of "How to Support" in Part V.<br><br>Make sure the "How to Support" section describes in detail what the individual can do, likes to do, etc. and how the staff support these efforts.<br><br>*How to Support section should include:*<br><br>*- How others will support this person.*<br><br>*- What the person can or likes to do.*<br><br>*- The type of support needed in detail.*<br><br>*- What success looks like.*<br><br>*- Where and what learning is recorded.* | ISP Module on COVLC: https://covlc.virginia.gov/<br><br>Sample Part V: ISP Part V – Maria (sample plan)<br><br>CRC Contact Chart: Provider Network Supports CRC Contact Chart<br><br>Part V Training request to CRC (after other steps have been completed) |
| Support Activity statement does not relate to the Outcome | Support Activity statements need to ***support the achievement of the Outcomes***. Outcomes and Key Steps are developed initially by the team at the | Office of Provider Network Supports - Virginia Department of Behavioral |

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| | annual plan meeting and then are developed by providers with the individual and Substitute Decision Maker (SDM) following the annual meeting and in plan revisions throughout the plan year.<br><br>Consider using the activities statement formula and cheat sheet as a guide.<br><br>Review ISP Guidance Document on DBHDS website under Provider Network Supports. | Health and Developmental Services (DBHDS) |
| Support Activities are not measurable | Try the following suggested formulas for support activities:<br><br>Routine Measure Formula: [**Person's name] action verb [what/when/where] +how often**<br><br>Skill-building Formula: [**Person's name] action verb [what/when/where] + countable achievement +how often and how long** | Sample Part V: ISP Part V – Maria (sample plan)<br><br>Office of Provider Network Supports - Virginia Department of Behavioral Health and Developmental Services (DBHDS)<br><br>Review Part V document on DBHDS website under Provider Network Supports.<br><br>Review of ISP Guidance Document on Virginia Town Hall (add link). |
| Missing skill-building activity/activities or skill-building activity/activities does not clearly demonstrate what skill is being built. | At the annual meeting, discuss with the person what they want to build skills in, and choose something that is allowable for the service to help them build skills. Note on the individual's Part V, | Office of Provider Network Supports - Virginia Department of Behavioral |

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| | whether direct entry or modified use, which activities are skill-building by checking "yes," under the Skill-Building Column.<br><br>Use the optional Skill-building Formula: [**Person's name] action verb [what/when/where] +countable achievement +how often and how long** | Health and Developmental Services (DBHDS)<br><br>Trying to figure out if your service requires skill building activity or not? Consult the following:<br><br>• Allowable Activities and Considerations for Developing Skill Building Activities<br><br>DD Waiver Manual: Chapter 4: Covered Services and Limitations (DD Waiver)<br><br>Regulations: Virginia Administrative Code - Title 12. Health - Agency 30. Department of Medical Assistance Services - Chapter 122. Community Waiver Services for Individuals with Developmental Disabilities |
| Support Activity/How to Support language used implies skill-building is being attempted, even though the service is not allowed to provide skill-building.<br><br>**If the person wants to build skills, contact Support Coordinator to explore changing to a | When writing Part V, if skill-building is not allowed in the service (i.e. personal assistance, respite, companion, benefits planning, peer mentoring, private duty nursing, skilled nursing, and community guide) avoid using verbs that could connotate skill-building. For example, do NOT use words like: "staff provides **training** on…", "staff **teaches**", "the person **learns** to do…", "staff **roleplays/models** to help person learn…", "person | Office of Provider Network Supports - Virginia Department of Behavioral Health and Developmental Services (DBHDS)<br><br>DD Waiver Manual: Chapter 4: Covered Services and Limitations (DD Waiver) |

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| service that can provide skill-building as an option.** | does __ to **increase independence**," "person **practices**__ to be more independent," or language that implies an effort to decrease support or increase independence, etc.<br><br>Instead, to avoid skill-building language, use words/phrases like:<br>• DSP supports the person by...<br>• Person participates by...<br>• [Individual's name] does...<br>• DSP assists the person to do...<br>• DSP facilitates...<br>• [Individual's name] likes to...<br>• DSP monitors...<br>• DSP encourages...<br>• DSP maintains...<br>• DSP assists... | Regulations: Virginia Administrative Code - Title 12. Health - Agency 30. Department of Medical Assistance Services - Chapter 122. Community Waiver Services for Individuals with Developmental Disabilities |
| Not using person centered/plain language<br><br>(While not a sole reason to pend, if mentioned in a pend note, using plain/person centered language aligns with HCBS requirements.) | Use plain language. Some tips:<br><br>-Write for the person supported and their family: use language that they know and feel comfortable with.<br><br>-Use everyday words: avoid technical terms unless necessary. Avoid legal, business, and medical jargon.<br><br>-Use short sentences.<br><br>-Get to the point and stay on topic.<br><br>- Define abbreviations and acronyms before using. | Language to avoid:<br><br>https://dbhds.virginia.gov/wp-content/uploads/2026/06/Language-to-avoid-6.25.26.pdf<br><br>For more information, visit the CMS Guidelines here: https://www.cms.gov/training-education/learn/find-tools-to-help-you-help-others/guidelines-for-effective-writing |

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| | | Reference the Language to Avoid guide.<br><br>Office of Provider Network Supports - Virginia Department of Behavioral Health and Developmental Services (DBHDS) |
| Duplicated content in different Part Vs does not consider support needs specific to each setting or service.<br><br>Ex. Day Services and Community Engagement Part Vs are cut and paste for the same person and service titles/references are not updated. | • Review content prior to submission to ensure the language used reflects the support needs for the particular setting and service being provided.<br>• Consider why the service is started and still needed to help figure out the different needs addressed by the service, which will be included in the Part V. | Regulations: Virginia Administrative Code - Title 12. Health - Agency 30. Department of Medical Assistance Services - Chapter 122. Community Waiver Services for Individuals with Developmental Disabilities |
| Using the same Part V instructions or content for two different individuals. | • Individualize the plans based on the person's interests, support needs and preferences. Use information from the person's assessments, as well as person centered information from conversations with the person and support team.<br>• Write unique instructions under each "How to Support," section that demonstrates what staff does and what each person needs and can do for themselves.<br>• Avoid formulaic plans | DD Waiver Manual: Chapter 4: Covered Services and Limitations (DD Waiver)<br><br>Office of Provider Network Supports - Virginia Department of Behavioral Health and Developmental Services (DBHDS) |

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| CD Services Provider is missing components of the Part V or DMAS 97 A/B | Part V direct entry is required, and a Services Facilitator (SF) can choose the WaMS ISP modified use method in combination with the Personal Preferences Tool (PPT) and the DMAS 97 A/B. The other option is to write a full Part V with all the components. Below is an example of the basic components of the modified use method where the 97A/B and PPT are used. The "weekly" frequency option is usually used, since services are authorized for less than 7 days per week.<br>1. Important TO outcome from annual plan meeting adopted by SF<br>2. SF completes DMAS 97A/B and PPT.<br>3. SF completes WaMS Modified Use Part V.<br>-Back-up plan: [SF enters back-up plan details for required services, i.e. when paid support is not available].<br>-Describe support instructions and preferences that occur consistently across activities and settings: See DMAS 97A/B and PPT.<br>-Enter at least one CD Support Activity summarizing support to be provided<br>- Address risks (identified and potential).<br>-Address routine supports as needed.<br>4. Complete other required fields in WaMS and complete the schedule on the PPT or 97A/B, including times needed for each category or task. | Modified use CD Part V sample link: https://dbhds.virginia.gov/wp-content/uploads/2025/03/Modified-WaMS-Use-CD-Part-V-Sample-MReed-12.3.24.pdf<br><br>PPT sample link: https://dbhds.virginia.gov/wp-content/uploads/2025/03/PPT-Sample-for-MReed-November-2024-final-2.3.24.pdf<br><br>DMAS 97 A/B sample: https://dbhds.virginia.gov/wp-content/uploads/2025/03/97-ab-sample-for-MReed-2024-final.pdf |

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| | 5. SF uploads DMAS 97A/B and PPT with schedule to WaMS<br><br>NOTES:<br><br>• "How to Support" fields can be left blank when a 97A/B and a PPT are provided as the Part V or when completing a full Part V apart from WaMS.<br><br>• The individual/EOR can prepare the PPT with the support of the SF to ensure it is thorough and complete. | |
| EHBS Provider request is missing justification for service. | Upload a narrative description about need for the service and invoice to the CSB SC. The SC should upload an assessment completed by a qualified professional consultant. The professional consultant may review and provide a signed statement of recommendation on the optional form "Assessment Tool for Electronic Home-based Supports."<br><br>***Part III Outcome is not required for this type of provider, however, need for this service must be captured in the ISP somewhere. Parts I-IV must be consistent with the justification. Part V is not required for this service.*** | DD Waiver Manual: Chapter 4: Covered Services and Limitations (DD Waiver)<br><br>Office of Provider Network Supports - Virginia Department of Behavioral Health and Developmental Services (DBHDS) |

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| | | |
| Not identifying the unpaid primary caregiver (for Respite) | Identify the unpaid primary caregiver (in need of respite) and provide information regarding the routine care provided to necessitate respite services. This can be done by attaching a DMAS 99 or a note in WaMS in Part V, either direct entry or as an uploaded attachment, that states the name of the unpaid primary caregiver. | See DD Waiver Manual: Chapter 4: Covered Services and Limitations (DD Waiver)<br><br>See "Service description" and "Criteria" sections. |
| Requesting hours **without justification** for services provided hourly (not per diem). Ex. In-home | Provide additional information regarding the person's needs, schedule, and requested hours.<br><br>Revise Part V as needed, and/or consider reducing the hours if needs cannot be justified.<br><br>**For a skill-building service**: The justification should speak directly as to why the additional *time* is required and/or why the additional skill building or supports are necessary.<br><br>**For a non-skill-building service**: The justification should speak directly as to why the additional *time* is required and be relative to the specific needs of the individual (why the additional supports are necessary).<br><br>Ex. In-home is an active service that can only be billed when the DSP is actively supporting the individual with routine supports, health and safety supports, and skill-building. The ISP should reflect enough activities to show the person is being | DD Waiver Manual: Chapter 4: Covered Services and Limitations (DD Waiver) |

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| | supported and/or skill-building during the requested amount of time. | |
| Overnight support hours requested without providing justification or including why in Part V. (In-Home, PA Service) | Revise Part V to include reasons for overnight support.<br><br>Or provide additional justification in a pend note and upload any supporting documentation regarding the overnight support needs as Part V does not include justification. Consider and document the following:<br><br>-What time does the individual typically go to bed and wake up? What are the active support needs overnight and when is the person sleeping? If for PA services, what active supports are provided during the overnight hours?<br><br>Please note that "Supervision or "safety supports" is an allowable activity for personal assistance when the purpose is to monitor the well-being of an individual who requires and has a documented need for the physical presence of the assistant/CD employee to ensure his/her safety during times when no other support system is available. The inclusion of supervision/safety supports in the Plan for Supports for personal assistance is appropriate only in the following situations:<br><br>• The individual cannot be left alone at any time due to cognitive or physical challenges. | DD Waiver Manual: Chapter 4: Covered Services and Limitations (DD Waiver) |

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| | • The individual is unable to call for help in case of an emergency and there are no competent adults in the home who are capable of dialing 911 in the event of an emergency.<br>• and to ensure the health, safety, or welfare of the individual.<br><br>Supervision/safety supports will not be authorized for family members to sleep nor for family members who operate a business or work from home unless the individual cannot be left alone due to documented safety issues or wandering risk.<br><br>Supervision cannot be considered necessary because the individual's family or provider is generally concerned about leaving the individual alone or would prefer to have someone with the individual. The documented health and/or safety risk to the individual created by being unsupervised must be outlined clearly in the justification. | |
| One service supplanting/duplicating another service or natural supports. | Certain service combinations are not allowed, but others can be combined ONLY when one does not supplant the other services or natural supports. For example, Community Coaching/Engagement should not supplant the activities provided by a per diem (24/7) residential provider, and the ISP must | DD Waiver Manual: Chapter 4: Covered Services and Limitations (DD Waiver) |

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| | clearly describe a reason that is unique to the individual for why they need both services.<br><br>Another example is a service that seems to be used for the convenience of the caregiver and supplanting typical natural supports provided by the family. For example, if a parent works full time and completely relies on waiver services, when not working, for their minor child. | |
| No justification statement | Consider why the person is receiving services from your organization and how you will support them and write that in an individualized way for each person. Please provide a person-centered justification as to why the service is requested and include what type of supports will be provided based on the person's needs and preferences. | Documentation Training - Contact your CRC<br><br>CRC Contact Chart: Provider Network Supports CRC Contact Chart |