Questions and Answers from Provider Roundtable Presentation January 28, 2026

Q1. Will we get an email notification if we get a message in CONNECT?

A1. Yes. When items such as licensing reports, renewal reminders, or letters are sent through CONNECT, the provider receives an email notification letting them know that a new message is available in the CONNECT system.

Q2. Did I see that a new Part V template is coming out?

A2. Yes, but not immediately. Please be sure to register for the Provider ListServ on the "My Life, My Community" website so you can receive notifications about any updates.

Q3. Is the CRC the best and only point of contact for New Providers when support coordinators or CSBs are not responding?

A3. Yes. System Team CRCs (Community Resource Consultants) work directly with the CSBs/BHA. Please contact your regional System CRC for further assistance.

Q4. The Licensing Specialist keeps doing the inspections a few days before the lease deadline and each time Medicaid stops our credentialing. Why can't they do it for at least ten days before we expire?

A4. Licensing Specialists make every effort to complete inspections as early as possible. However, factors such as weather or provider availability may delay an inspection. If a provider holds an annual or triennial license, a status letter can be issued. Please refer to the document titled "License Renewal and DMAS Enrollment Alignment (October 17, 2025)" for information about license issuance and alignment with DMAS enrollment procedures.

We encourage providers to keep their authorized contact information in the CONNECT system updated so the Licensing Specialist can reach the appropriate person upon arrival. Providers should also ensure they are available for inspections, as lack of availability may delay both the inspection and the license renewal process.

Q5. Are the support coordinators no longer required to provide a copy of the VIC?

A5. Support Coordinators are not required to share the VIC with providers, although providers may request it. Including the choice confirmation in the new Part V will meet the requirement for documenting choice. Support Coordinators will continue to use the VIC to meet the same documentation requirement for case management services.

Q6. Is this VIC form to be used or can we create our own?

A6. https://dbhds.virginia.gov/assets/doc/DS/rsu/virginia-informed-choice-handfill-6172020.pdf

Q7. Some reviewers are requiring SCs to update the Part III along with the new provider and put the attachment to the Part V for the Interim plan. There is still some confusion which has delayed care for an individual for months. Can you speak about this?
A7. The ISP Parts III and IV are only completed for the annual planning process and reflect the decisions made at the annual meeting, which are signed by those present for planning. The SC is unable to update the Part III once the ISP is in "pending provider completion" or "ISP completed" status. A new provider added after this occurs will not be able to participate in the Part III until the next annual meeting. While new providers can be added to the ISP section in WaMS for viewing information, they can't be included in the Part III.

New providers view the existing Part III to develop outcomes with the individual while creating additional outcomes as needed. These outcomes contained in the Interim Part V, which is signed by the individual (and representative, if applicable) and provider to confirm agreement with the outcomes and activities that are included.

If reviewers are requesting that the Part III be modified, please contact you assigned Community Resource Consultant to discuss.

Q8. Can someone fix the bug that logs us out in the middle of completing plans in WaMs?
A8. Currently the system is unable to save a section until all fields are completed. We appreciate your feedback and have passed it on to appropriate parties.

Q9. Where is the agenda that lists the common citations?
A9. Agenda or https://dbhds.virginia.gov/wp-content/uploads/2026/01/PRT-Meeting-Agenda-January-28-2026.pdf

Q10. What is the date for the revisions of the Part V?
A 10. We do not yet have a confirmed date. We are finalizing the specifications for Parts I–IV, and we will begin work on the change request for Part V once those specifications are complete. Our goal is to release Part V before Parts I–IV, which are expected in September 2026.

Q11. Can providers be mentors?
A11. Provider organizations hire Mentors and oversee their service delivery in the same way they manage any other direct support staff. Peer Mentoring is a waiver service and is administered using the same processes as other waiver services.

Q12. We are a newly approved provider for non- center based adult day support. Who do we contact to get started to provide services for DD/IDD, we already provide MHSS
A12. https://dbhds.virginia.gov/wp-content/uploads/2025/04/CRC-Contacts-by-Capacity-Area-Effective-4.1.25.pdf
You can use the link above to locate the Provider Team Community Resource Consultant (CRC) based on the Region(s) you are serving. The CRC will assist you.

Q13. How does Community Engagement fit under HCBS?

A13. Community Engagement providers are expected to adhere to the HCBS Settings Final Rule, as HCBS applies to all services under the Community Living (CL), Family and Individual Supports (FIS), Building Independence (BI) and CCC+ (Commonwealth Coordinated Care) Waivers.
Providers should have an HCBS policy that is reviewed with individuals they support annually. Providers should also ensure that all staff are trained on HCBS annually. Part V, Behavioral plans, progress notes, and PCR's should all abide by the HCBS regulations and show true community engagement, choices, HCBS modifications (if applicable), etc.

Q14. As a new provider, we understand that we are not allowed to market directly to individuals or their families. However, we have contacted every CSB in our regions over the past year and have not received any responses, referrals, or follow-up. What steps should we take in this situation?

A14. "The new Service Selection Guide helps individuals and families find providers. It includes links to several resources that list available providers and services. Please ensure your information on the 'My Life My Community' website is current. Providers may also share updates with CSBs about any openings they have in their services."

You can verify and update MLMC at the following link:

https://mylifemycommunityvirginia.org/verify-or-register-new-provider-profile

Service Selection Guide:

https://dbhds.virginia.gov/wp-content/uploads/2025/07/Service-Selection-Guide-for-DD-Waivers_7.22.25-draft-for-review.pdf

We also use the Provider Data Summary process and the Baseline Measurement Tool to help providers understand services and population needs across different localities. Our next webinar will be scheduled soon and announced through the listserv.

Provider Data Summary Dashboard and Baseline Measurement Tool

Provider Data Summary Reports Online

Q15. Is there a link to print the slides?
A15. The slides will be posted on our website: Office of Provider Network Supports - Virginia Department of Behavioral Health and Developmental Se...

Q16. How do I receive a copy of my HCBS Compliance Letter?
A16. Contact Katie Morris at katie.morris@dmas.virginia.gov for assistance with this.

Q17. The CHRIS portal will not allow you to save the report unless you select reason and corrective action, even if the allegation is unsubstantiated. Can you please provide guidance on how to circumvent this?
A17. For abuse reports, the fields 'Reason for Corrective Action' and 'Corrective Actions Taken' are only required when the report is substantiated. For unsubstantiated reports, the Investigation tab should save successfully if all other required fields are completed.

There are CHRIS help guides in Delta, https://delta.dbhds.virginia.gov/chris/_Help/Abuse%20Allegation%20Quick%20Reference%20Guide.pdf, as well as training resources on OHR's website specific to reporting in CHRIS, https://dbhds.virginia.gov/wp-content/uploads/2025/10/Reporting-in-CHRIS_CommunityFULL.2026web.pdf. If the problem persists, please reach out to your assigned Regional Manager to troubleshoot, https://dbhds.virginia.gov/wp-content/uploads/2025/09/contact_info_map-2025.updatelogo.pdf.

Q18. Can providers serve as volunteers on the LHRC (Local Human Rights Committee)
A18. Yes. If you work for a provider, you must apply to join an LHRC that is not used by your employer. Each region has several LHRCs, so this is usually easy to do.

Here is the link to the LHRC application: https://dbhds.virginia.gov/wp-content/uploads/2025/10/LHRC-Application.pdf

https://dbhds.virginia.gov/wp-content/uploads/2025/09/contact_info_map-2025.updatelogo.pdf

jennifer.kovack@dbhds.virginia.gov

Q19. Are specialists still contacting providers about CONNECT documents a week before the onsite review to be uploaded?
A19. Yes, your licensing specialist will contact you through CONNECT when documents need to be submitted.

Q20. Are license renewals tied to the Annual Inspection, or could they be renewed even prior to the Annual Inspection taking place?
A20. State regulations require every service to receive at least one unannounced inspection each year. A license cannot be renewed until this inspection has been completed. Before recommending license renewal, the provider's full licensing history is also reviewed.

Q21. Pertaining to HCBS reviews, where can I access the user guide for the new portal?
A21. https://vamedicaid.dmas.virginia.gov/sites/default/files/2026-01/HCP_UserGuide.pdf

Q22. What is the process for an existing provider to obtain HCBS compliance for a new location? For new sites added by an existing provider, will the HCBS compliance letter issued for the provider's current locations meet DMAS requirements?

A22. Yes, this applies to new locations. For new **services**—for example, if a Group Day provider opens a Group Home—a self-assessment is required. The provider's existing location may already be HCBS-compliant, but a new service type must still complete its own self-assessment.

Q23. In Sponsored Residential services, the sponsor may be away during the day for work or may be out when the individual is attending day support or working. Will we

receive advance notice of when an inspection will occur at the sponsored home so the sponsor can make arrangements with their employer to be present? We understand that someone must be available at the administrative office during business hours, but if the sponsor is unable to be at the home due to work obligations, will this count against us? I have asked this previously but did not receive a response. If the sponsor is nearby, we can notify them to return to the home, but work commitments can make this difficult since many of our sponsors are employed.

A23. CMS has clarified that individuals must always be able to access their homes. If needed, the provider may assign staff to support this, but the individual must never be prevented from entering their home. Sponsored Residential is also a 24 hour service and should be able to be reached when needed.

Q24. For the PART V plans created in WaMS, are we allowed to print those directly for inclusion in the Individual Service Record? Or do we still need to complete the separate PART V templates we used previously?

A24. You may print the entire plan you created in WaMS and place it in the individual's record.

Q25. Why is Employment on the ISP as an Outcome, when only DAR's can provide that service?
A25. Individual and Group Supported Employment are funded under the DD Waivers once the individual is stable in their job and moves into follow-along services. The waiver also provides "Workplace Assistance" as a covered service.

Q26. I am awaiting ECTA Training with a provider. I completed the survey and spoke to a representative. Have sessions begun with providers yet? There may be a new process that we have to complete.
A26. Mandatory ECTA Effective 7/15/25:
It is the provider's responsibility to contact the DBHDS Expanded Consultation and Technical Assistance (ECTA) Team at ECTA@dbhds.virginia.gov within 45 calendar days of receiving their most recent approved Corrective Action Plan (CAP) if they receive a rating of NS.

Q27. Pertaining to BPS, is there a template for the behavioral plan w/ the scoring method 0-40
A27. Look under the "Quality Reviews" section on the DBHDS Behavioral website here: Behavioral Services - Virginia Department of Behavioral Health and Developmental Services (DBHDS)

Q28. Who do we speak to obtain information on regulation numbers and correct policy procedures for sponsored residential for children.
A28. Here is the link to the regulations: Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Development

Q29. For the license, what does the term "effective date" refer to? Is it the date when the home is first approved, or the date when a change is made to the home, such as an increase in capacity?

A29. The effective date on the addendum is the date the location was initially licensed. The modification date reflects updates (i.e. bed capacity change).

Q30. SIS results still cannot be appealed, correct?
A30. Correct, SIS scores cannot be appealed.

Q31. Can an updated Service Authorization assignment and contact information sheet be sent to the list serve?
A31. Service-Auth-Board-Assignments-04-24-2025-2.docx

Q32. Is REDCAP still used for HCBS approval for a new residential location?
A32. No, REDCAP is no longer being used.

Q33. Can anyone update providers on what to do about outdated SIS assessments?
A33. Please reach out to Emily.eagle@dbhds.virginia.gov or Hattie.singleton@dbhds.virginia.gov.