DOJ Updates From

Heather Norton, DBHDS

Office of Human Rights

Provider Roundtable Updates

September 2024

VOLUNTEERS NEEDED

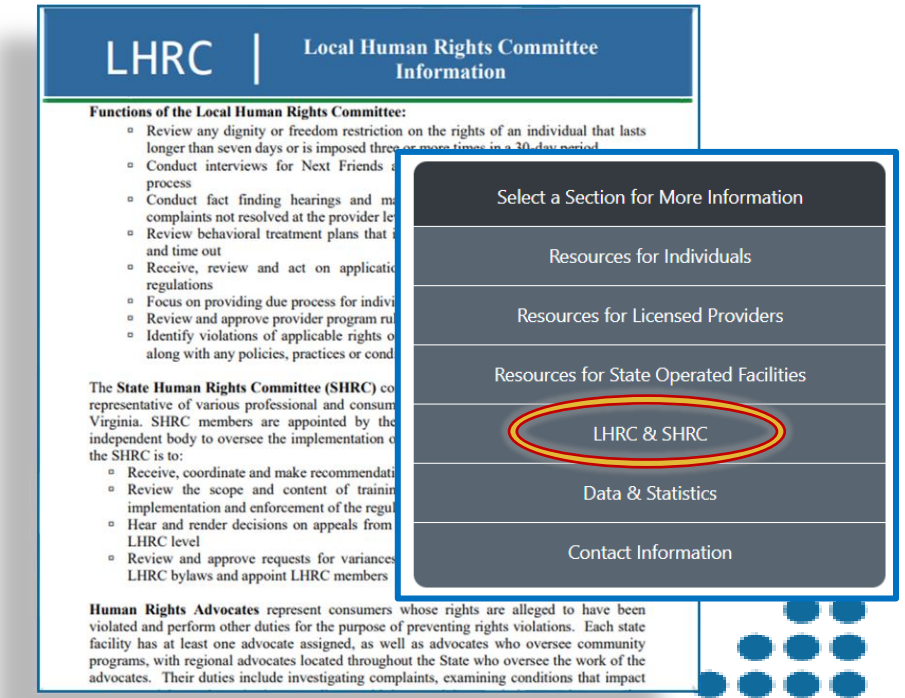
URGENT NEEDS:

- Staunton-Area LHRC
  - Quarterly Meetings in April, July, Aug, Oct.
  - 10:30A at Western State Hospital
  - some virtual attendance options

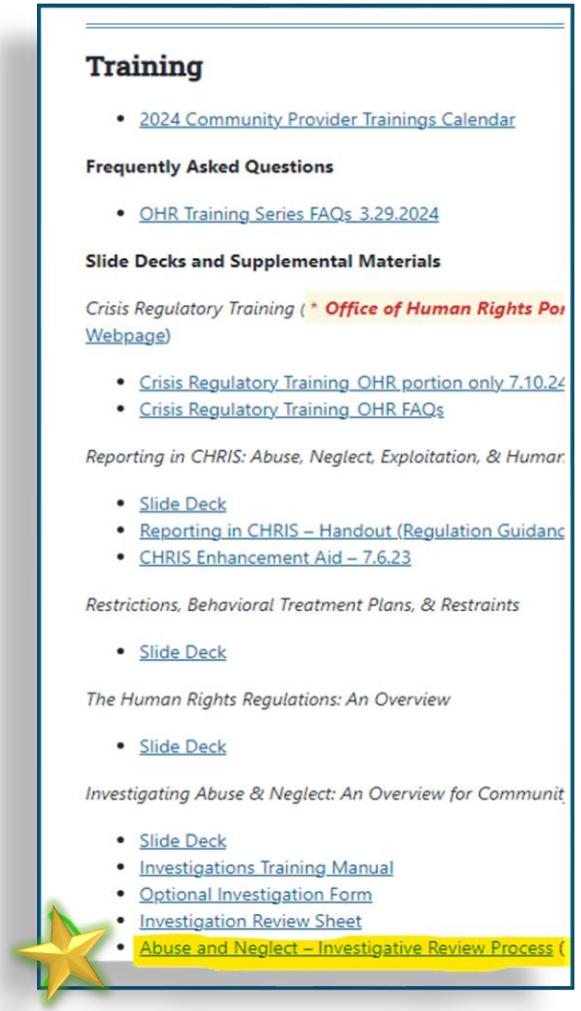
- Williamsburg-Area LHRC
  - Quarterly Meetings in March, June, Sept, Dec.
  - 9A at Eastern State Hospital
  - some virtual attendance options

If you or someone you know can serve on one of these Committees please email: **Brandon Charles** at brandon.charles@dbhds.virginia.gov

Access the Membership information and Application directly from the OHR web page!



Trained Investigator – OHR Requirement



Training

- 2024 Community Provider Trainings Calendar

Frequently Asked Questions

- OHR Training Series FAQs 3.29.2024

Slide Decks and Supplemental Materials

*Crisis Regulatory Training (* Office of Human Rights Por*
Webpage)

- Crisis Regulatory Training OHR portion only 7.10.24
- Crisis Regulatory Training OHR FAQs

Reporting in CHRIS: Abuse, Neglect, Exploitation, & Humar

- Slide Deck
- Reporting in CHRIS – Handout (Regulation Guidanc
- CHRIS Enhancement Aid – 7.6.23

Restrictions, Behavioral Treatment Plans, & Restraints

- Slide Deck

The Human Rights Regulations: An Overview

- Slide Deck

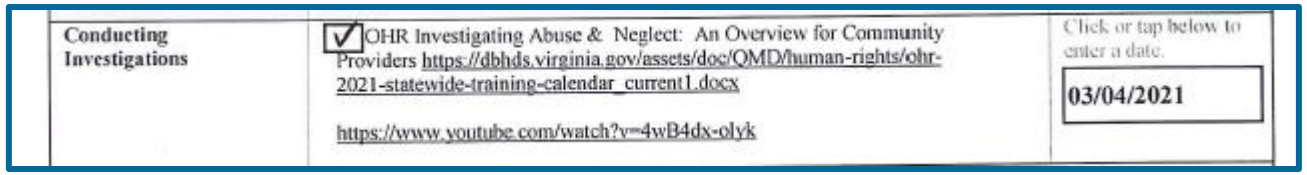
Investigating Abuse & Neglect: An Overview for Communit

- Slide Deck
- Investigations Training Manual
- Optional Investigation Form
- Investigation Review Sheet
- Abuse and Neglect – Investigative Review Process (

- Reviewing the training video on the OHR website does not meet the requirement of being a trained investigator. This video is a supplemental resource only.

- Providers may use the video after an employee has received a full training OR as an interim-solution when the employee is registered for a full training AND that training session is more than 30 days away.

- A certificate is the required evidence that an employee is a trained investigator. Submitting the Office of Licensing Risk Management Attestation Form is not acceptable evidence of a trained investigator.



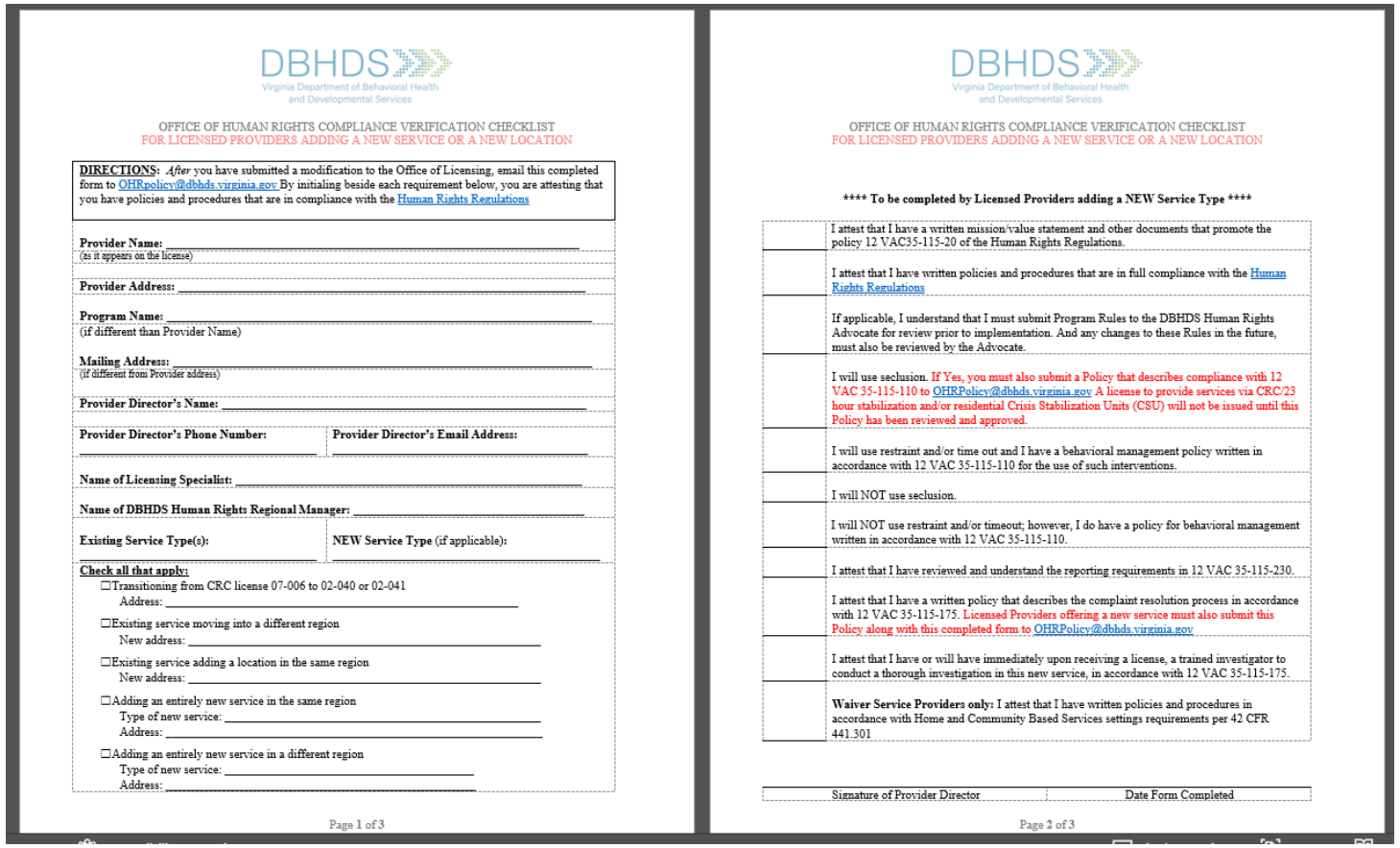
Conducting Investigations	☑ OHR Investigating Abuse & Neglect: An Overview for Community Providers https://dbhds.virginia.gov/assets/doc/QMD/human-rights/ohr-2021-statewide-training-calendar_current1.docx https://www.youtube.com/watch?v=4wB4dx-olyk	Click or tap below to enter a date. **03/04/2021**

Trainings & Dates at a glance	January – March (Q-I)	April – June (Q-II)	July – September (Q-III)	October – December (Q-IV)
Reporting in CHRIS	1/11/24 - Thursday 9a – 1p CHRIS Q-I	4/4/24 - Thursday 9a – 1p CHRIS Q-II	7/11/24 - Thursday 9a – 1p CHRIS Q-III	10/10/24 - Thursday 9a – 1p CHRIS Q-IV
Investigating Abuse & Neglect: The Basics	1/25/24 - Thursday 9a – 12p A&N Q-I	4/18/24 - Thursday 9a – 12p A&N Q-II	7/25/24 - Thursday 9a – 12p A&N Q-III	10/24/24 - Thursday 9a – 12p A&E Q-IV
	---N/A---	---N/A---	9/26/24 - Thursday 9a – 12p A&N Q-III (2)	12/19/24 - Thursday 9a – 12p A&N Q-IV (2)
Overview of Human Rights	2/8/24 - Thursday 9a – 12p HRR Q-I	5/2/24 - Thursday 9a – 12p HRR Q-II	8/8/24 - Thursday 9a – 12p HRR Q-III	11/7/24 - Thursday 9a – 12p HRR Q-IV
Restriction, Behavioral Treatment Plans (BTPs), & Restraints	2/22/24 - Thursday 9a – 11:30a RBTPR Q-I	5/16/24 - Thursday 9a – 11:30a RBTPR Q-II	8/22/24 - Thursday 9a – 11:30a RBTPR Q-III	11/21/24 - Thursday 9a – 11:30a RBTPR Q-IV

Two More Abuse/Neglect Investigation Training Sessions Added

LICENSED PROVIDERS ADDING A NEW SERVICE OR A NEW LOCATION

- After you have submitted a services modification to the Office of Licensing, email this completed form to OHRpolicy@dbhds.virginia.gov
- By initialing each requirement, you are attesting that you already have policies and procedures that comply with the Human Rights Regulations
- NOTE: If a provider changes their business name, please email the OHR Regional Manager - FYSA



DBHDS
Virginia Department of Behavioral Health and Developmental Services

OFFICE OF HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST
FOR LICENSED PROVIDERS ADDING A NEW SERVICE OR A NEW LOCATION

DIRECTIONS: *After* you have submitted a modification to the Office of Licensing, email this completed form to OHRpolicy@dbhds.virginia.gov By initialing beside each requirement below, you are attesting that you have policies and procedures that are in compliance with the Human Rights Regulations

Provider Name: _____
(as it appears on the license)

Provider Address: _____

Program Name: _____
(if different than Provider Name)

Mailing Address: _____
(if different from Provider address)

Provider Director's Name: _____

Provider Director's Phone Number: _____ **Provider Director's Email Address:** _____

Name of Licensing Specialist: _____

Name of DBHDS Human Rights Regional Manager: _____

Existing Service Type(s): _____ **NEW Service Type** (if applicable): _____

Check all that apply:

☐Transitioning from CRC license 07-006 to 02-040 or 02-041
Address: _____

☐Existing service moving into a different region
New address: _____

☐Existing service adding a location in the same region
New address: _____

☐Adding an entirely new service in the same region
Type of new service: _____
Address: _____

☐Adding an entirely new service in a different region
Type of new service: _____
Address: _____

Page 1 of 3

DBHDS
Virginia Department of Behavioral Health and Developmental Services

OFFICE OF HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST
FOR LICENSED PROVIDERS ADDING A NEW SERVICE OR A NEW LOCATION

****** To be completed by Licensed Providers adding a NEW Service Type ******

	I attest that I have a written mission/value statement and other documents that promote the policy 12 VAC35-115-20 of the Human Rights Regulations.
	I attest that I have written policies and procedures that are in full compliance with the Human Rights Regulations
	If applicable, I understand that I must submit Program Rules to the DBHDS Human Rights Advocate for review prior to implementation. And any changes to these Rules in the future, must also be reviewed by the Advocate.
	I will use seclusion. If Yes, you must also submit a Policy that describes compliance with 12 VAC 35-115-110 to OHRPolicy@dbhds.virginia.gov A license to provide services via CRC/23 hour stabilization and/or residential Crisis Stabilization Units (CSU) will not be issued until this Policy has been reviewed and approved.
	I will use restraint and/or time out and I have a behavioral management policy written in accordance with 12 VAC 35-115-110 for the use of such interventions.
	I will NOT use seclusion.
	I will NOT use restraint and/or timeout; however, I do have a policy for behavioral management written in accordance with 12 VAC 35-115-110.
	I attest that I have reviewed and understand the reporting requirements in 12 VAC 35-115-230.
	I attest that I have a written policy that describes the complaint resolution process in accordance with 12 VAC 35-115-175. Licensed Providers offering a new service must also submit this Policy along with this completed form to OHRPolicy@dbhds.virginia.gov
	I attest that I have or will have immediately upon receiving a license, a trained investigator to conduct a thorough investigation in this new service, in accordance with 12 VAC 35-115-175.
	Waiver Service Providers only: I attest that I have written policies and procedures in accordance with Home and Community Based Services settings requirements per 42 CFR 441.301

Signature of Provider Director	Date Form Completed

Page 2 of 3

Existing-Provider-Human-Rights-Verification-Checklist-REVISED-7.18.24-2-.docx (live.com)

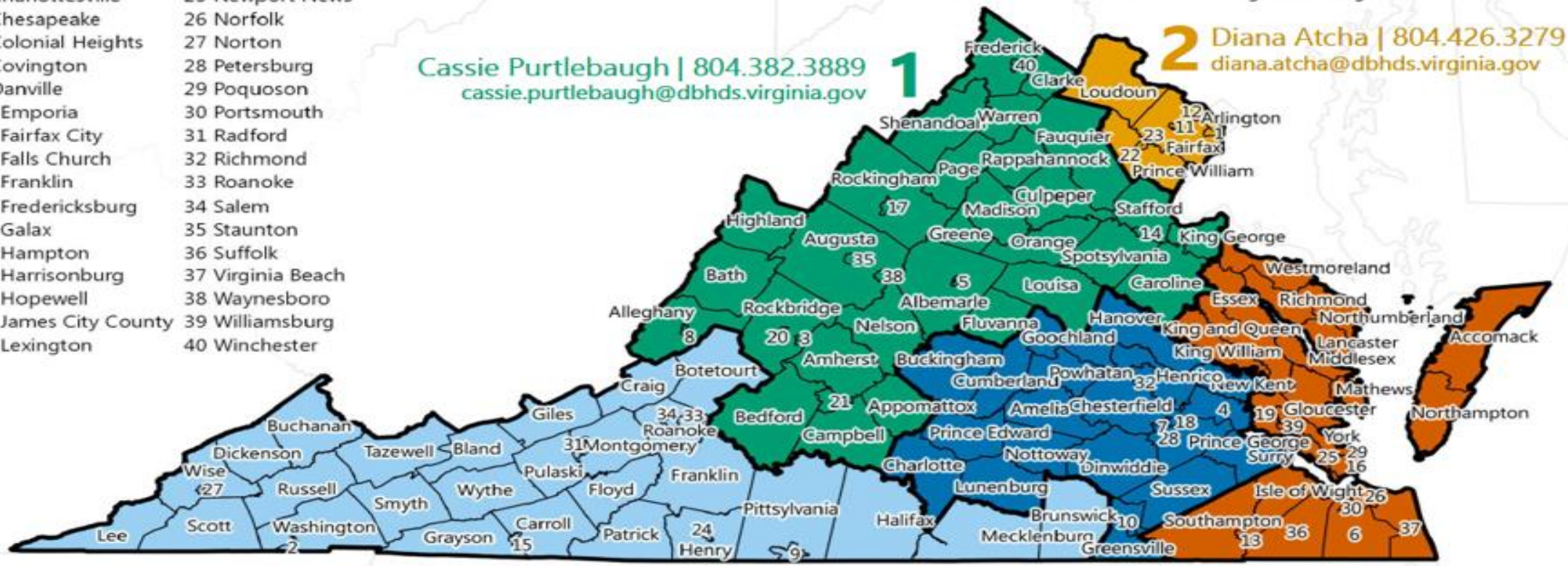
OHR Regional Manager Contacts and Map

Key

1 Alexandria	21 Lynchburg
2 Bristol	22 Manassas
3 Buena Vista	23 Manassas Park
4 Charles City County	24 Martinsville
5 Charlottesville	25 Newport News
6 Chesapeake	26 Norfolk
7 Colonial Heights	27 Norton
8 Covington	28 Petersburg
9 Danville	29 Poquoson
10 Emporia	30 Portsmouth
11 Fairfax City	31 Radford
12 Falls Church	32 Richmond
13 Franklin	33 Roanoke
14 Fredericksburg	34 Salem
15 Galax	35 Staunton
16 Hampton	36 Suffolk
17 Harrisonburg	37 Virginia Beach
18 Hopewell	38 Waynesboro
19 James City County	39 Williamsburg
20 Lexington	40 Winchester

State Facilities: Brandon Charles | 804.486.0085
brandon.charles@dbhds.virginia.gov

Central State Hospital/Western State Hospital/Eastern State Hospital/Catawba Hospital/Piedmont Geriatric Hospital
Southern VA Mental Health Institute/Northern VA Mental Health Institute/Southwest VA Mental Health Institute
Hiram Davis Medical Center/Commonwealth Center for Children & Adolescents/VA Center for Behavioral Rehabilitation
Southeastern Virginia Training Center



Cassie Purtlebaugh | 804.382.3889
cassie.purtlebaugh@dbhds.virginia.gov
1

2 Diana Atcha | 804.426.3279
diana.atcha@dbhds.virginia.gov

Mandy Crowder | 434.713.1621
mandy.crowder@dbhds.virginia.gov
3

Andrea Milhouse | 434.390.0116
andrea.milhouse@dbhds.virginia.gov
4

5 Latoya Wilborne | 757.508.2523
latoya.wilborne@dbhds.virginia.gov

To receive important emails/memos from the Office of Human Rights, click on the following link and select the Licensing check box to sign up https://bit.ly/2ZpumCx

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OHR Web Page

- Resources for
  - Individuals
  - Licensed Providers
  - State-Operated Facilities
- Memos, Correspondence, Guidance & Training
- Data & Statistics
- OHR Contact information

Human Rights Regulations

Alonzo Riggins, Training & Development Coordinator
alonzo.riggins@dbhds.virginia.gov

Taneika Goldman, State Human Rights Director
taneika.goldman@dbhds.virginia.gov

The Individual and Family Support Program (IFSP)

Provider Roundtable

September 25, 2024

What is the IFSP?

IFSP-Funding Program

(DBHDS-supported and administered)

Partnerships to Provide Peer Supports for Families and Self-Advocates
(DBHDS-supported)

- Family to Family Program
- Peer to Peer program

IFSP Community Coordination
(DBHDS-facilitated and staffed)

- IFSP State Council
- IFSP Regional Councils
- IFSP marketing and messaging

Senior Navigator
(DBHDS-supported)

- My Life, My Community website
- My Life, My Community telephone resource

IFSP Funding

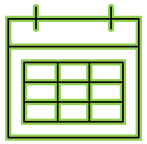
WHO? Applicants must meet all criteria at the time of request:

- Be on the Virginia DD Waivers Waitlist (WL)
- Live in their own home or a family home

Applications may be submitted by the individual on the WL or by their custodial family member.

WHAT?

- Funds allocated by the General Assembly up to $2.5 million. Half for P1, and Half for P2/3
- $1,000 maximum for Priority 1; $500 maximum for Priority 2 and 3
- For needed items and services under 3 categories: Safe Living, Community Integration, and Improved Health Outcomes
- Covered items and services are intended to support the continued residence of an individual in their own home or family home.



WHEN? Annually in the Fall. This year eligible applicants may apply any time between 10/15/24 and 11/13/24. Funds issued 2-3 months after close of application period.

HOW? Apply online at https://www.dbhds.virginia.gov/ifsponline. Funding Program Guidelines, FAQs, and other materials are posted on My Life, My Community's Funding page at https://tinyurl.com/mlmc-funding

IFSP-Funding: What do SC's need to know?

- Please encourage individuals on the WL to apply for funds.
- For help, call the My Life, My Community helpline at 844-603-9248, or have the individual/family call My Life, My Community. Operators will resolve or start a help ticket for support from IFSP staff as needed.
- Where is the application? IFSP-Funding Application is located in WaMS/WL Portal - www.dbhds.virginia.gov/ifsponline. To log in and apply, an individual's information needs to match what is in WaMS, and should be current (e.g., Last 6 of Social Security number, date of birth, and last name).

Please ensure information is correct in WaMS prior to October 15 so applicants may apply.

IFSP-Funding: What do SC's need to know?

- New this year:
  - Updates to the IFSP-Funding Guidelines allow for Priority 1 applicants who do not receive funding to be placed in the funding pool with Priority 2 and Priority 3 applicants to ensure the remaining unfunded Priority 1 applicants to have a chance at receiving an award.

  - Funding Approval exceptions: The IFSP cannot issue funding to individuals if they are no longer on the WL. If someone is approved for funding, but then is removed from the WL or enrolled in Waiver prior to funding issuance, they will not receive funding

- Where can we find updates and more information?
  - Any updates about IFSP-Funding will be included in our monthly digest and email list.
  - IFSP will hold online trainings and post materials on My Life, My Community prior to the Funding cycle launch in early October.
  - *We also hold trainings for SCs/CMs, and we share those dates on the provider listserv!*
  - They will be posted on the My Life, My Community Funding page at https://tinyurl.com/mlmc-funding.

IFSP-Funding Report FY24

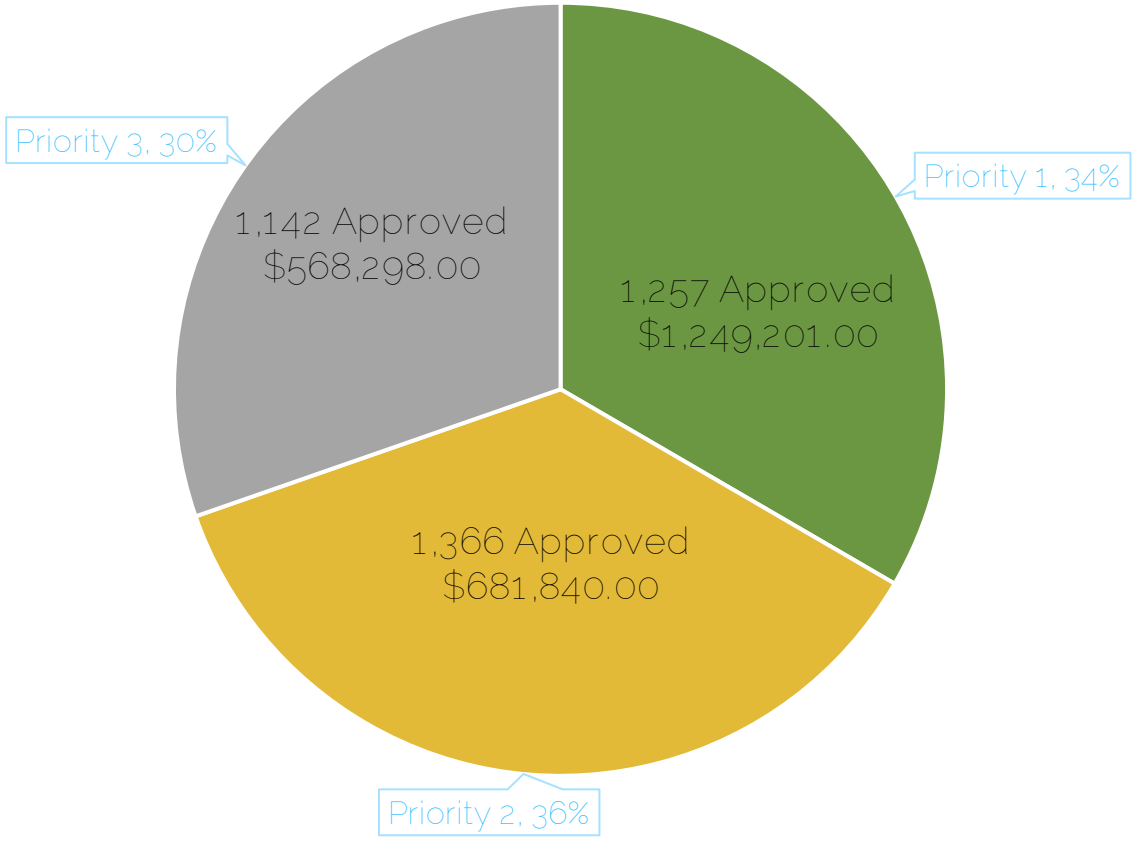
Funding for last year FY 24 Application Open period: October 16 – November 14, 2024

	Number of applications	Amount
Funds requested	4,872	$3,103,930.00
Approved	3,765	$2,499,339.00
Denied	1,107	$604,591.00

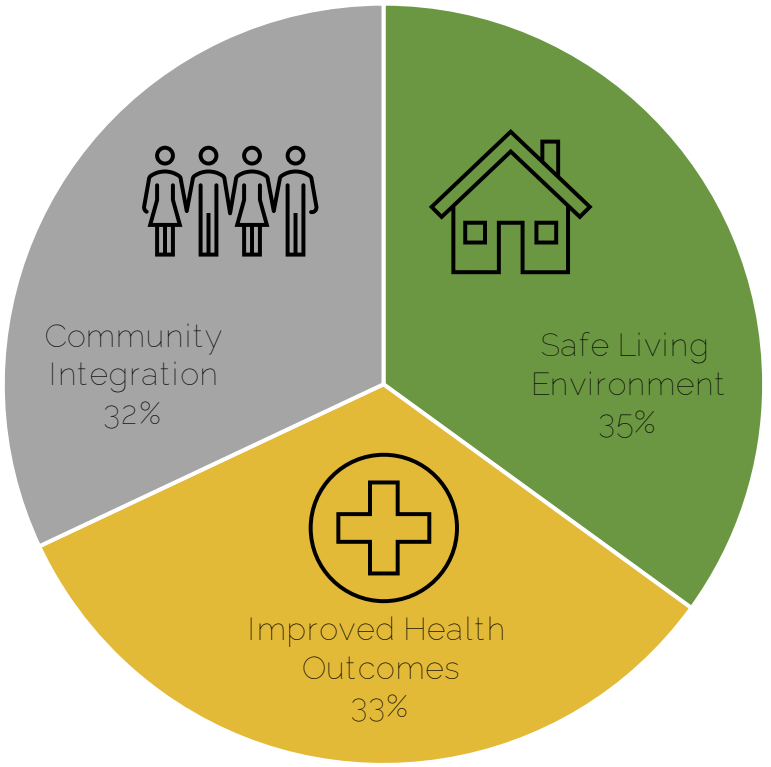
* FY 24 highlight: 50% reduction in requests for assistance with the application process since the FY 2023 Funding Cycle.

IFSP-Funding Report FY24

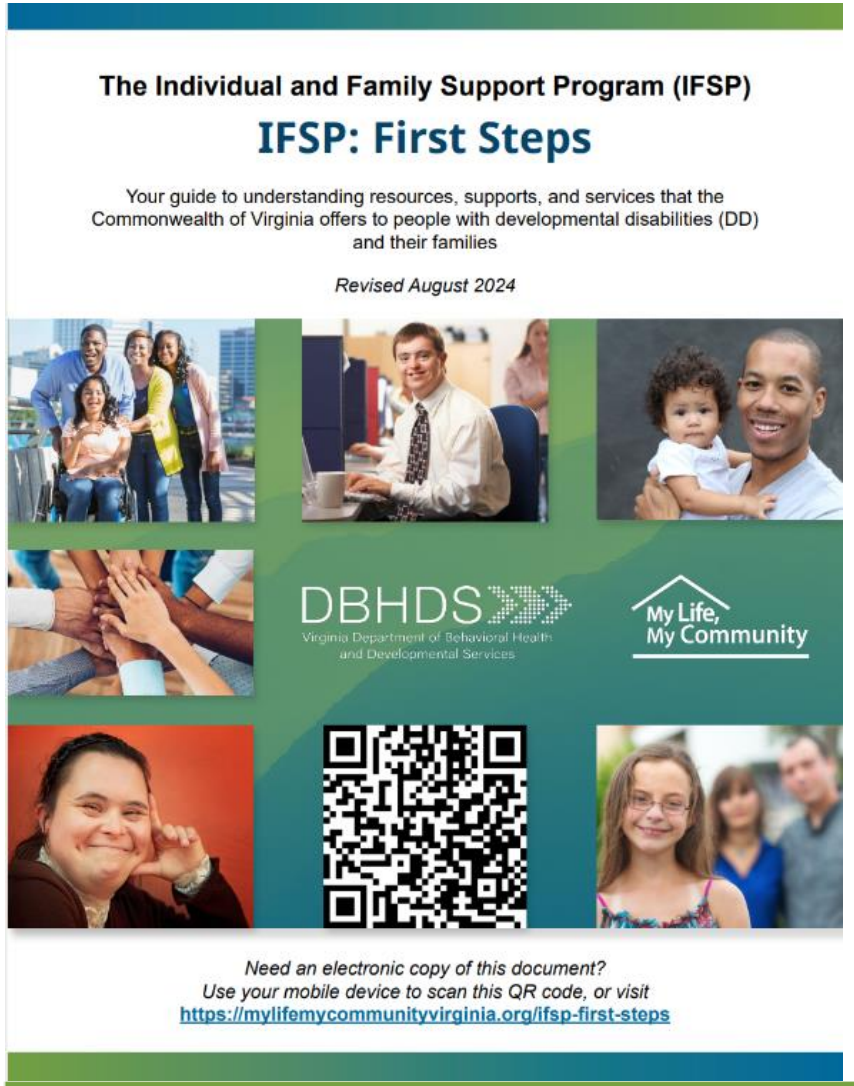
Funding by WL Priority



Funding by Category



The IFSP Annual Notification Message



- The IFSP's Annual Notification message for people on the DD Waivers Waitlist will be released via email on September 11, 2024.
- We send an electronic message to everyone on the Waitlist with an email address in WaMS.
- Hard copies are mailed to those with no email address.
- The message includes:
  - An IFSP-Funding update, announcing the projected dates for the WaMS IFSP-Funding Application Portal to begin accepting applications
  - Information from the updated "IFSP: First Steps Document", which includes:
    - how to access DD Waivers and Support Coordination/Case Management,
    - links to the My Life, My Community website,
    - a detailed overview of the IFSP, and
    - links to resources for people on the Waiver Waiting List
  - A postcard with a link to the IFSP's Annual Satisfaction Survey and information about our IFSP Regional Council expo about assistive technology on Sept. 26th

Enhancing Independence Through Assistive Technology

Registration for the online presentation is closed. But, you can still plan to come in person.

IFSP Council Recruitment

Do you know someone who is looking to get involved?

Someone who wants to do their part to make their communities better for people with DD?

The IFSP State or Regional Council might be just the ticket!

Last minute plug for interested people to apply!!

Last day to apply is Friday, 9/27/24

Thank you!

Visit our website: **https://mylifemycommunityvirginia.org**

My Life, My Community call center: 844-603-9248 (M-F, 8a to 4p)

Connect on Facebook: **https://facebook.com/IFSPCommunity**

Email us (Council and outreach questions): **IFSPCommunity@dbhds.virginia.gov**

Email us (Funding and general questions): **IFSPSupport@dbhds.virginia.gov**

Overview for Provider Round Table
Emergency Preparedness
Crisis/Emergency Intervention

Office of Licensing

Kristina McCray, SIU Manager

Angelica Howard, Associate Director of Administrative & Specialized Units

Learning Objectives

- **Gain a better understanding of:**
  - Regulation 12VAC35-105-530 Emergency preparedness and response plan
  - **Regulation 12VAC35-105-700 Written policies and procedures for crisis or emergency interventions; required elements**
- **Learn how 911 Scenarios can be utilized in medical emergency scenarios**
- **Discuss some Frequently Asked Questions**

Emergency Preparedness and Response Plan

12VAC35-105-530A. Emergency preparedness and response plan.

The provider shall develop a written emergency preparedness and response plan for all of its services and locations that describes its approach to emergencies throughout the organization or community. This plan shall include an analysis of potential emergencies that could disrupt the normal course of service delivery including emergencies that would require expanded or extended care over a prolonged period of time.

Crisis or Emergency Interventions

A. The provider shall implement written policies and procedures for prompt intervention in the event of a crisis or a behavioral, **medical**, or psychiatric emergency that may occur during screening and referral, at admission, or during the period of service provision.

Crisis or Emergency Interventions

B. The policies and procedures shall include:

1. A definition of what constitutes a crisis or behavioral, medical, or psychiatric emergency;
2. Procedures for immediately accessing appropriate internal and external resources. This shall include a provision for obtaining physician and mental health clinical services if the provider's or service's on-call or back-up physician or mental health clinical services are not available at the time of the emergency;
3. **Employee or contractor responsibilities;** and
4. Location of emergency medical information for each individual receiving services, including any advance psychiatric or medical directive or crisis response plan developed by the individual, which shall be readily accessible to employees or contractors on duty in an emergency or crisis.

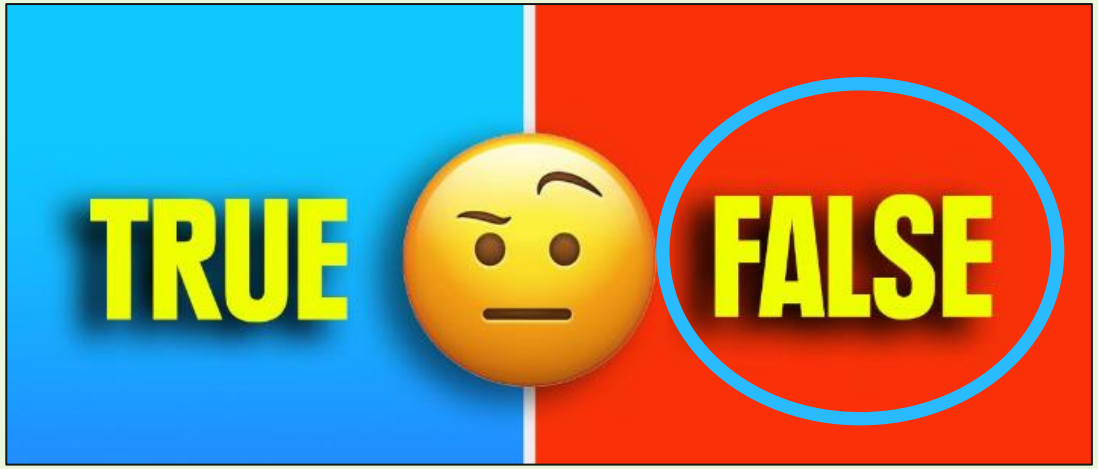
Crisis or Emergency Interventions

It is important that provider policies and procedures include clear instructions regarding employee responsibilities during a crisis or medical emergency. Things to consider:

1. Are there sufficient staff to safely evacuate during an emergency based on the needs of the individuals?
2. Does the policy clearly outline each employee's responsibilities?
3. Does the policy indicate that in the event of a medical emergency, 1st priority is to call 911 and then once the emergency has been addressed, then contact a manager or supervisor?
4. Does the policy specify that in the event of a medical emergency where loss of conscious is involved, that staff are to render CPR until EMS arrives and takes over?
5. Are the individuals' medical emergency forms updated routinely and whenever there is a change in status and easily accessible to all staff in the event of an emergency?
6. Does the policy specify how staff should document the crisis or emergency after the event?

True or False?

All 911 centers are trained to give CPR instructions over the phone.



911 Scenarios

It shall be noted that NOT all 911 centers are trained in emergency medical dispatch which includes providing instructions via phone for the following: CPR, Seizures, Traumatic Injuries, Heart Attacks, and other major medical emergencies.

You can call your local non-emergency number for your locality of your service to ask if they are Emergency Medical Dispatch trained, **HOWEVER** it does **NOT** change that **ALL STAFF** should be prepared to initiate emergency medical response when needed! Please utilize these scenarios as a **tool** to establish emergency medical response trainings within your agency.

911 Scenarios

The information in the upcoming slides was developed as a tool to assist DBHDS licensed providers with having a better understanding of what to expect when 911 is utilized for medical emergencies.

- Developed by former EMS emergency professionals, former law enforcement professionals, and members of the DBHDS Office of Integrated Health (OIH).
- This is NOT an exhaustive list of 911 scenarios.
- The first two scenarios can serve as a template for what a provider might experience when they have an individual who is **Non-Responsive OR Not Breathing AND Dispatch IS trained in Emergency Medical Dispatch.**
- The last scenario gives an example of what to expect **IF your 911 locality is NOT Emergency Medical Dispatch trained.**

Scenario #1: Individual is Non-Responsive

Scenario #1: Your Individual is Non-Responsive

Dispatch: Where is the Emergency?
Provider: (You should be able to provide your full address and phone number. If this is a Group Home, please tell them this and that you are a caregiver)

- EX: 123 Sycamore Street Richmond 23237. We are licensed group home.

Dispatch: What is your emergency?
Provider: (You must be able to describe exactly what you see such as the individual will not answer or respond like they normally do, they are not breathing, they feel warm/cold, bleeding, and/or visible injury)

- EX: 54-year-old male unresponsive after a seizure.

Dispatcher: May I have your name? Please confirm your address again.
Provider: (Please answer accordingly)

- This allows for minimal miscommunication due to dispatchers often doing more than just answering 911 calls, as they also are dispatching fire/ems/police across your jurisdiction. At times these centers get loud with crisis incidents, although your emergency is important there are times where they have major incidents or mass incidents they are also working.

Dispatch: How old are they (the individual)?
Provider: (By this time you should have the binder or record for the Individual and have the face sheet or medical emergency form available so you can read directly from it)

- EX: 54-year-old male

Scenario #1: Individual is Non-Responsive

Dispatch: Are they conscious?
Provider: (Are they awake? Are they alert? Are they responding as per the norm when you call their name? If you place a hand on them, do they make eye contact or verbally respond?)

- EX: They are breathing but they are not answering me. (Provide any additional observations which could trigger the following questions. REMEMBER they are only going to be able to assist you if they have all the information)

Dispatch: Has anyone at the location tested positive for COVID?
Provider: (If asked, please answer truthfully)

Dispatcher: Is the person turning blue? Are they experiencing chest pain? Are they breathing now? Do you hear any noises?
Provider: (This is where dispatch is attempting to see how they can best help you. Your answers to these questions are VERY important.)

Dispatcher: What were they doing when it started?
Provider: (Were they outside? Were they eating? Did they just take their medications? Were they found in bed?).

- EX: They were eating and had seizure OR I went to administer medications and they were lethargic and not acting right. PLEASE provide details of what happened prior to the individual becoming unresponsive.

Scenario #1: Individual is Non-Responsive

Dispatcher: How long ago did it start?
Provider: (When did you last see them awake, alert, or acting normally?)

- EX: This would be where you would explain how long they have been this way. Such as they had not been feeling well for a couple days. Please provide how long you have been aware that the individual was/is unresponsive.

Dispatcher: Are they diagnosed with anything? (COPD? Asthma? Health problems?)
Provider: (Use your face sheet! This will help medics prepare for your individual!)

Dispatcher: Do they take any medications?
Provider: (Use your face sheet! This will help medics prepare for your individual! If you just gave meds, tell the dispatcher).

Scenario #2: Individual is Not Breathing

Scenario #2: Your Individual is Not Breathing

Dispatch: Where is the Emergency?
Provider: (You should be able to provide your full address and phone number. If this is a Group Home, please tell them this and that you are a caregiver.)

- EX: 123 Sycamore Street Richmond 23237. We are a licensed group home.
- **NOTE**: Please ensure that the emergency medical services and firefighters can access the home, which requires someone to unlock the door if possible. If this is not possible, they will be required to force entry into the home to access the individual.

Dispatch: What is your emergency?
Provider: (You must be able to describe exactly what you see such as the individual will not answer or respond like they normally do, they are not breathing, they feel warm/cold, bleeding, and/or visible injury)

- EX: 54-year-old male unresponsive and not breathing

Dispatcher: May I have your name? Please confirm your address again.
Provider: (Please answer accordingly)

- This allows for minimal miscommunication due to dispatchers often doing more than just answering 911 calls, as they also are dispatching fire/ems/police across your jurisdiction. At times these centers get loud with crisis incidents, although your emergency is important there are times where they have major incidents or mass incidents they are also working.

Scenario #2: Individual is Not Breathing

Dispatch: Does anyone there know CPR?
Provider: If you have been trained indicate "yes".

- Remember you are going to be stressed and even if you say "yes" this is the time to say you still want assistance from them and they are going to help walk you through it **IF** they are Emergency Medical Dispatch trained.

Dispatch: At this point, the dispatcher will then read the statements from their cards that provide step by step instructions **IF** they are trained in Emergency Medical Dispatch! If they are not, then they will not be able to provide you steps. This reason is why it is **IMPERATIVE** to do monthly medical emergency drills such as practicing CPR with the staff of your agency.

Note: If you have another person with you, Dispatch may ask additional questions of you when your partner takes over compressions or if there is a break in the sequence of events to help the first responders get ready for your individual. This is where the emergency medical form will be helpful in answering any further questions. If you are alone then these questions may not get asked since the priority of the call will be implementing CPR.

- For example:
- **Dispatcher:** Do they have any medical issues? Are they diagnosed with anything? (COPD? Asthma? Heath problems? Do they take any medications?)
- **Dispatcher:** How long ago did it start?

Scenario #3

Example of what can occur if the 911 operator is NOT trained in Emergency Medical Dispatch

Example of what can occur if the 911 operator is NOT trained in Emergency Medical Dispatch

Dispatcher: (Locality) WHERE is your emergency?
Provider: 123 Sycamore Street Richmond, Va 23237
Dispatcher: WHAT is going on at 123 Sycamore Street?
Provider: Individual is unresponsive, not breathing.
Dispatcher: Have you started CPR?
Provider: No.
Dispatcher: Okay. EMS on the way.
((CALL DISCONNECTED))

Please recognize this scenario is very possible and this is why it is imperative to PRACTICE all emergency drills.

Frequently Asked Questions (FAQs)

How do I know if my service is in a jurisdiction that is trained in Emergency Medical Dispatch?
You can contact the local non-emergency number for your Emergency Communications Center and request that information.

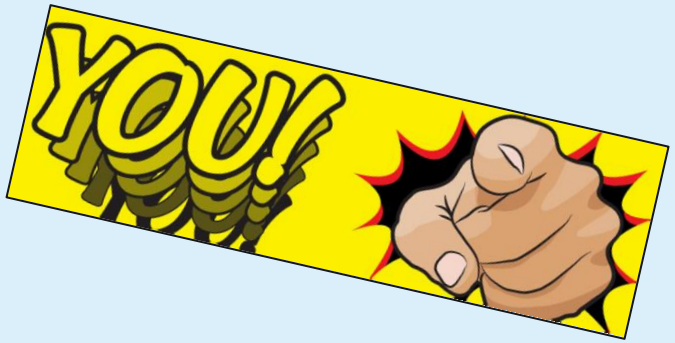
Why do I have to know my address, don't they know where I am when I call via my phone?
This is a great myth! 911 centers operate by receiving a call via cellphone and the cellphone hitting its closest tower. The tower will then communicate to the 911 center and notify them of the incoming call. However, this tower could be located on the line or in two jurisdictions and send you to the wrong center OR the signal produce nothing further than the tower location and not your physical location. TECHNOLOGY is the basis of a 911 center, and we must ensure that we are able to provide information when technology fails.

What if I am unsure if I can make it to the door to unlock it, is there a way to communicate a spare key for access?
YES! Please contact your local communications center and request the information be added to your address information on the key location. THEY WILL NOT AIR THIS OVER THE RADIO! Responding medical personnel, or even law enforcement, will be notified via telephone or vehicle computer communication on the location of the key. This could be extremely beneficial in Sponsored Residential Service for example.

Why is the dispatcher asking me so many questions?
The dispatcher has a responsibility to you, the individual, and the first responders to keep everyone safe while helping as quickly as possible. Gathering information allows for first responders to bring all the equipment they feel will assist the fastest, including medications to be administered in the field, or CPR equipment. REMEMBER the dispatcher is not the person coming to the scene, but they are information gathering for those that are! BE PATIENT!

What other information can be added to my address for first responders to be aware of? These are often identified as "flags."
If your individual utilizes Project Lifesaver, if your home has an AED machine, potential hazards in accessing the home such as best ways to identify your residences or address if the road is difficult to locate (often seen in rural areas), any dogs or animals located at the residence, alternative entry ways into the home such as where the handicap ramp is located, or any other pertinent information for the safety of your individuals and first responders.

Why are the emergency medical drills important?
Throughout the course of your work, there **WILL** come a time when you will have to CALL 911.
It is a stressful event, particularly when it's your first time managing an emergency.
The best way to succeeded is to **PRACTICE** on a regular basis.
Practice is accomplished through regular **DRILLS**.



What if I know how to do CPR but I forget due to the situation being stressful?
Just say that! The 911 dispatcher is there to help you. If they have been trained, they will help, and it is imperative you follow their instructions. They will stay on the phone with you to support you, so don't hesitate to ask!
Remember also important to debrief with your staff after an emergency drill and especially after an actual emergency.

Most importantly, YOU are the key to success.
Success comes through PRACTICE- be sure to PRACTICE calling 911 and PRACTICE CPR.

Emergency Medical Drill Record (§12VAC35-105-530)

Your specific program and emergency preparedness policy/procedure will determine the frequency of drills. Drills will be conducted at unspecified times and documented on this form.

NOTE: *Conduct a drill involving simulated calling of 911 and performing CPR at least quarterly. Include various locations when possible as Medical Emergencies may occur at any time (in the home, vehicle, community, etc.)*

Examples of Medical Emergencies (Note this is not an exhaustive list): *When an individual is unresponsive or displays any lack of responsiveness, having trouble breathing, having chest pain, unable to move (who typically can move), having severe bleeding not stopped by gentle pressure, unable to bear weight (who can typically ambulate), experiencing excessive swelling to any area of their body or any limb (legs, arms, etc.) after a fall (Mayo Clinic, 2019 a,b).*

Practical CPR drills: ***Including role-play activities, may help clinical staff and management identify potential problems and recommend strategies for implementing CPR in actual situations.***

- **Example Scenarios** *(staff can practice on mannequins and/or designated staff; include simulation of assessing the individual, taking individuals out of beds and wheelchairs as needed; initiating CPR, appropriately responding to choking incidents, locating emergency medical information, securing a safe environment, dividing tasks, caring for other individuals that are present, etc.):*
  - *a) Designated staff may simulate choking on a food item.*
  - *b) Designated staff may simulate being unresponsive.*
  - *c) Designated staff may simulate difficulty breathing and/or chest pain.*
  - *d) Designated staff may simulate vomiting of dark colored coffee ground material which may be indicative of internal bleeding.*

- **Simulating 911 Calls** (simulate the completion of 911 calls):
  Examples of questions that can be asked (typically asked by 911 dispatchers):
  - "What is the emergency/what is happening?"
  - "Where are you/what is your address and phone number?" "
  - "Who needs help/what is the age of the individual?"
  - "Does the Individual have any known medical conditions?"
  - "Is the Individual responsive/is the Individual breathing?"
  - "Is an AED present?"
  - "Have you initiated CPR?"

Type of Drill: Practical 911 / CPR Drill — **Scheduled** ☐ **Unscheduled** ☐

Location of Drill: _____

Date: _____ **Time:** _____ **AM** **PM** **Type of Alarm:** _____

Drill Conducted By: _____ **Title:** _____

Type of Scenario used: _____

Assessing the Drill:

Yes	No	
☐	☐	**Did staff appropriately assess the individual/environment?**
☐	☐	**Did staff readily acknowledge that 911 needed to be called?**
☐	☐	**Were emergency #'s posted near every phone?**
☐	☐	**Was a phone available within the vicinity of the individual?**
☐	☐	**Did staff choose to contact 911 prior to calling the manager?**
☐	☐	**Were staff able to readily recite the location address?**
☐	☐	**Was Medical Emergency Information readily available?**
☐	☐	**Were staff able to answer simulated 911 questions calmly and clearly?**
☐	☐	**Did staff know where to find the Medical Emergency Information?**
☐	☐	**Does premises house an AED?**
☐	☐	**Did staff know the location of the AED? (Leave blank if no AED)**
☐	☐	**Did at least one staff present have current CPR certification?**
☐	☐	**Was CPR initiated and/or other lifesaving interventions initiated prior to calling 911?**
☐	☐	**Was CPR completed on an appropriate surface?**
☐	☐	**Was Critical First Aid required?**
☐	☐	**Were the staff present, trained on your Crisis Intervention Policy?**
☐	☐	**Did staff have access to the Manager's phone #?**

Total Time used to assess the incident, implement lifesaving procedures, and call 911:

Debrief the Incident with staff (*conduct and document a debriefing after the drill, with the appropriate supervisory staff and involved staff, for quality improvement purposes):*

- ☐ Walk through the sequence of events.
- ☐ Have staff describe their individual experience.
- ☐ Share individual emotional responses
- ☐ Discuss the causes and consequences.
- ☐ Discuss critical methods used or missed.
- ☐ Discuss the intended impact of the drill

Which of the following simulated notifications were made:

- ☐ Chain of Command Notifications
- ☐ Police
- ☐ Fire Department
- ☐ Main Office Notification
- ☐ EMS (911 Emergency Services)
- ☐ Consumer's Family/Guardian/LAR

Staff Participating in Drill (initials): _____

Corrective Actions needed for future drills: _____

Review and revise as needed your Risk Management Plan, Emergency Preparedness and Response Plan, Crisis Intervention Policy, Quality Improvement Plan to include additional actions to ensure compliance. Document staff re-training if updates/changes are made.

Next Drill Due By: _____

Staff Completing Form: _____ **Title:** _____

Please refer to the following Office of Integrated Health, Health & Safety Alerts for more information:

If there are any additional questions please contact the Office of Integrated Health at communitynursing@dbhds.virginia.gov

Wrap Up

- **Overview of Regulation 12VAC35-105-530 Emergency preparedness and response plan**
- Overview of Regulation 12VAC35-105-700 Written policies and procedures for crisis or emergency interventions
- 911 Scenarios
- Frequently Asked Questions
- **REMEMBER:** NOT all 911 centers are trained in emergency medical dispatch which includes providing instructions via phone for the following: CPR, Seizures, Traumatic Injuries, Heart Attacks, and other major medical emergencies.
- **REMEMBER:** Important for your policies and procedures to clearly outline employee responsibilities during a medical emergency. All drills should be well documented in the record.

It is vitally important to incorporate medical emergency drills into your policies, procedures and emergency preparedness drills.

Home and Community Based Settings Regulation

Updates and Reminders!

Amie Britton, DBHDS

HCBS Updates

- 85% of reviews are completed
- Less than 1% of providers have been deemed unable to comply.
- Chapter 2 of the Developmental Disability Waiver Manual has been revised and posted (following public comment). There is a new in-depth version of the HCBS section including additional information on all aspects of the rule including accessibility.
- DMAS and DBHDS are actively working on planning for ongoing monitoring. Additional information and training will be forthcoming.
- We are looking for feedback on ongoing trainings that would be helpful. Please submit any ideas/topics for training in the Q&A area.

HCBS Reminders

- Provider policies must be compliant with the HCBS regulation and can't have "blanket rules". As an example, blanket rules like no alcohol or no smoking is not acceptable.
- Ensure that your HCBS policy is appropriate for the service you are providing. If the only service you provide is day support, including all of the residential rights is not needed.
- Lease agreements must include reasons for eviction and the right to appeal eviction notices.
- New providers must complete a self-assessment for the following services: group day support, group home residential, sponsored residential, supported living and group supported employment. Only one letter is needed per service.
- Providers are prohibited from direct billing individuals that are eligible for waiver services regardless of approval or denial of authorizations and billing. This does not include individuals who have been determined to have a "patient pay".
- The HCBS reviews are ongoing. It is possible that a provider will receive more than 1 review for a location (complaint, random selection, or heightened scrutiny status).

HCBS Modification Reminders

- What can be modified?

The residential specific rights that may cause health and safety risks including access to food at any time, locked doors and visitors at any time.

- What can't be modified?

Accessibility to the setting is never allowed to be modified. The basic rights of access to the community, privacy, dignity & respect, freedom from coercion & restraint, autonomy and choice of services and supports.

- How does the modification process work?

Modifications are team-based decisions that must include participation of the individual, guardians/family, providers, support coordinator and outside professionals (doctors, therapists, etc.) that temporarily restrict one of the residential specific rights. The team must come together and discuss the safety concern, less restrictive alternatives tried, outline time-periods for review of the modification and gain the consent of the individual. While providers will be tasked with implementation of the modification, a provider must collaborate with the individuals team PRIOR to implementation. The HCBS policy of the provider must reflect their internal process for implementing a modification.

HCBS Modification Reminders

- What process must be included in the agency policy?

Identify a specific and individualized assessed need.

Document the positive interventions and supports used prior to any modifications to the person-centered individual support plan.

Document less intrusive methods of meeting the need that have been tried but did not work.

Include a clear description of the condition that is directly proportionate to the specific assessed need.

Include regular collection and review of data to measure the ongoing effectiveness of the modification.

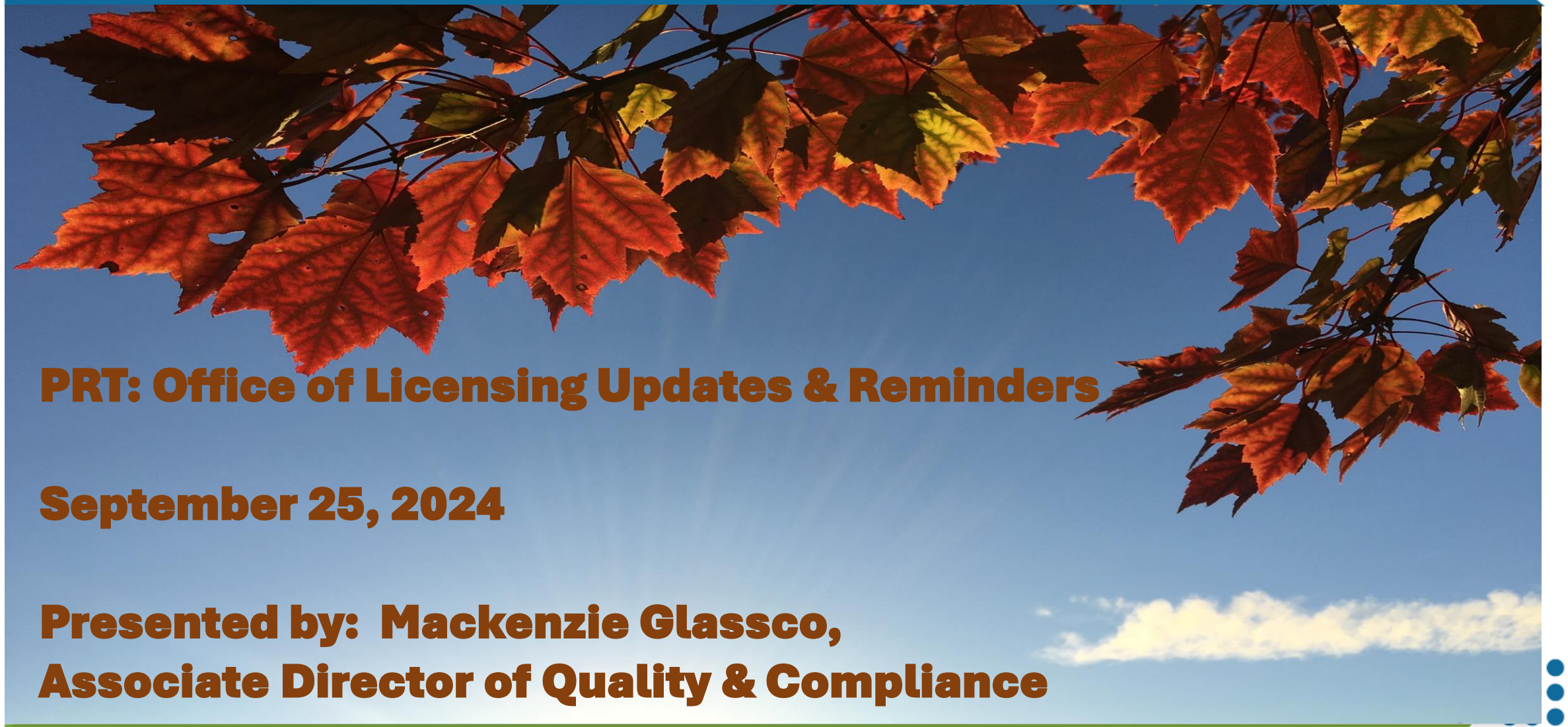
Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

Include the informed consent of the individual.

Include an assurance that interventions and supports will cause no harm to the individual.

HCBS Modification Reminders

- The HCBS modification process does not replace any required processes from the DBHDS Office of Human Rights. If you have any questions, please contact your OHR Advocate.
- The modification should be documented in the Part V of ISP in the “Safety Restriction” section. If this form is completed, it will ensure that all elements of the modification process are covered.
- Modifications must be person centered and based on health and safety. The HCBS Regulation does not allow for modifications based on preference of the family, SC or provider.
- Modifications are not a “bad” or “poor” reflection of the provider. Simply ensure that the process is followed and that as soon as it is safe, a modification is removed.



PRT: Office of Licensing Updates & Reminders

September 25, 2024

Presented by: Mackenzie Glassco, Associate Director of Quality & Compliance

Adequacy of Supports (AOS) Summary (January 1, 2024-June 30, 2024)

12VC35-105-170: Corrective Action Plan

12VAC35-105-70: Onsite Reviews

12VAC35-105-50: Issuance of Licenses-Renewals

Adequacy of Supports Summary

9th Semi-Annual Trend Report
January 1, 2024 - June 30, 2024

V.G.3 – Ensuring Adequacy of Supports

The Commonwealth shall ensure that the licensing process assesses the adequacy of supports and services provided to individuals with Developmental Disabilities receiving services licensed by DBHDS.

The Office of Licensing developed the Compliance Determination Chart, a crosswalk that ties the eight domains outlined in the settlement agreement to specific (corresponding) regulations.

All regulations listed in the crosswalk are checked during every annual inspection.

V.G.3 – Compliance Determination Chart

Domain	All Services Except Case Management for Individuals with Developmental Disabilities		Case Management Services for Individuals with Developmental Disabilities	
	Corresponding Regulations to be Checked for Compliance	Corresponding Documents Required to be Reviewed	Corresponding Regulations to be Checked for Compliance	Corresponding Documents Required to be Reviewed
Safety and Freedom from Harm Settlement Agreement (SA) **examples** include neglect and abuse, injuries, use of seclusion or restraints, deaths, effectiveness of corrective actions, licensing violations)	• 12VAC35-105-160.C • 12VAC35-105-160.D.2 • 12VAC35-105-160.E • 12VAC35-105-665A.6 • 12VAC35-105-780(5)	• Quarterly reviews of all serious incidents including Level I, Level II and Level III incidents • Root cause analysis for level II and level III serious incidents. • Parts I-V of ISP including safety plan and falls risk plan • Documentation that medication errors have been reviewed quarterly (3 quarters worth)	• 12VAC35-105-160.C • 12VAC35-105-160.D.2 • 12VAC35-105-160.E • 12VAC35-105-665A.6 • 12VAC35-105-1240 (7) • 12VAC35-105-1240 (12)	• Quarterly reviews of all serious incidents including Level I, Level II and Level III incidents • Root cause analysis for level II and level III serious incidents. • Parts I-V of ISP including safety plan and falls risk plan • Documentation that medication errors have been reviewed quarterly (3 quarters worth)
Physical, Mental and Behavioral Health and Well-Being SA **examples** include access to medical care (including preventative care), timeliness and adequacy of interventions (particularly in response to changes in status)	• 12VAC35-105-675A • 12VAC35-105-675B • 12VAC35-105-675C • 12VAC35-105-810	• Quarterly reviews (2 quarters worth • Re-assessments completed because of changes in status • Behavior plan, assessment that plan was based on • Documentation to show staff was trained on plan, date, by whom	• 12VAC35-105-1240(1) • 12VAC35-105-1240(4) • 12VAC35-105-1240 (11)	• CM notes showing individual linked to services as identified in assessments or steps to show making attempts

V.G.3 – Compliance Determination Chart

Domain	All Services Except Case Management for Individuals with Developmental Disabilities		Case Management Services for Individuals with Developmental Disabilities	
	Corresponding Regulations to be Checked for Compliance	Corresponding Documents Required to be Reviewed	Corresponding Regulations to be Checked for Compliance	Corresponding Documents Required to be Reviewed
Avoiding Crises SA **examples** include Avoiding crises (e.g., use of crisis services, admissions to emergency rooms or hospitals, admissions to Training Centers or other congregate settings, contact with criminal justice system)	• 12VAC35-105-665.A.7	• Crisis/relapse plan as appropriate for individual and incorporated into ISP	• 12VAC35-105-665A.7	• Crisis/relapse plan as appropriate for individual and incorporated into ISP •REACH referral and service-specific plans as a resources for preventing and managing crises events
Stability This domain will be measured through QSR	• This is measured by crisis services		• 12VAC35-105-1245	• Clear documentation that at each face to face meeting the CM is documenting that services are being provided in accordance with individual's preferences

V.G.3 – Compliance Determination Chart

Domain	All Services Except Case Management for Individuals with Developmental Disabilities		Case Management Services for Individuals with Developmental Disabilities	
	Corresponding Regulations to be Checked for Compliance	Corresponding Documents Required to be Reviewed	Corresponding Regulations to be Checked for Compliance	Corresponding Documents Required to be Reviewed
Choice and Self-Determination	• 12VAC35-105-660.D.3 • 12VAC35-105-675.D.3	• Informed choice form for annual ISP development • For changes made to the ISP (part V) there should be documentation at the provider level that regulatory requirements for D.3 were met (notes, attached to ISP etc.) • Signature sheet for ISP; and • Last 2 quarterlies signed or noted that consent was given	• 12VAC35-105-660.D.1 • 12VAC35-105-660.D.2 • 12VAC35-105-660.D.3 • 12VAC35-105-675.D.3 • 12VAC35-105-1255	• Informed choice form for annual ISP development • ISP meeting notes with essential components discussed in D.1a-c • For changes made to the ISP (part V) there should be documentation at the provider level that regulatory requirements for D.3 were met (notes, attached to ISP etc.) • Signature sheet for ISP; and • Last 2 quarterlies signed or noted that consent was given
Community Inclusion	• 12VAC35-105-610	• Proof of participation in community activities in accordance with the individual's ISP. • This applies to residential and day support services	• 12VAC35-105-1240.4	• Documentation showing individual linked to supports consistent with the ISP; and • Documentation that the case manager located, developed, or obtained needed services.

V.G.3 – Compliance Determination Chart

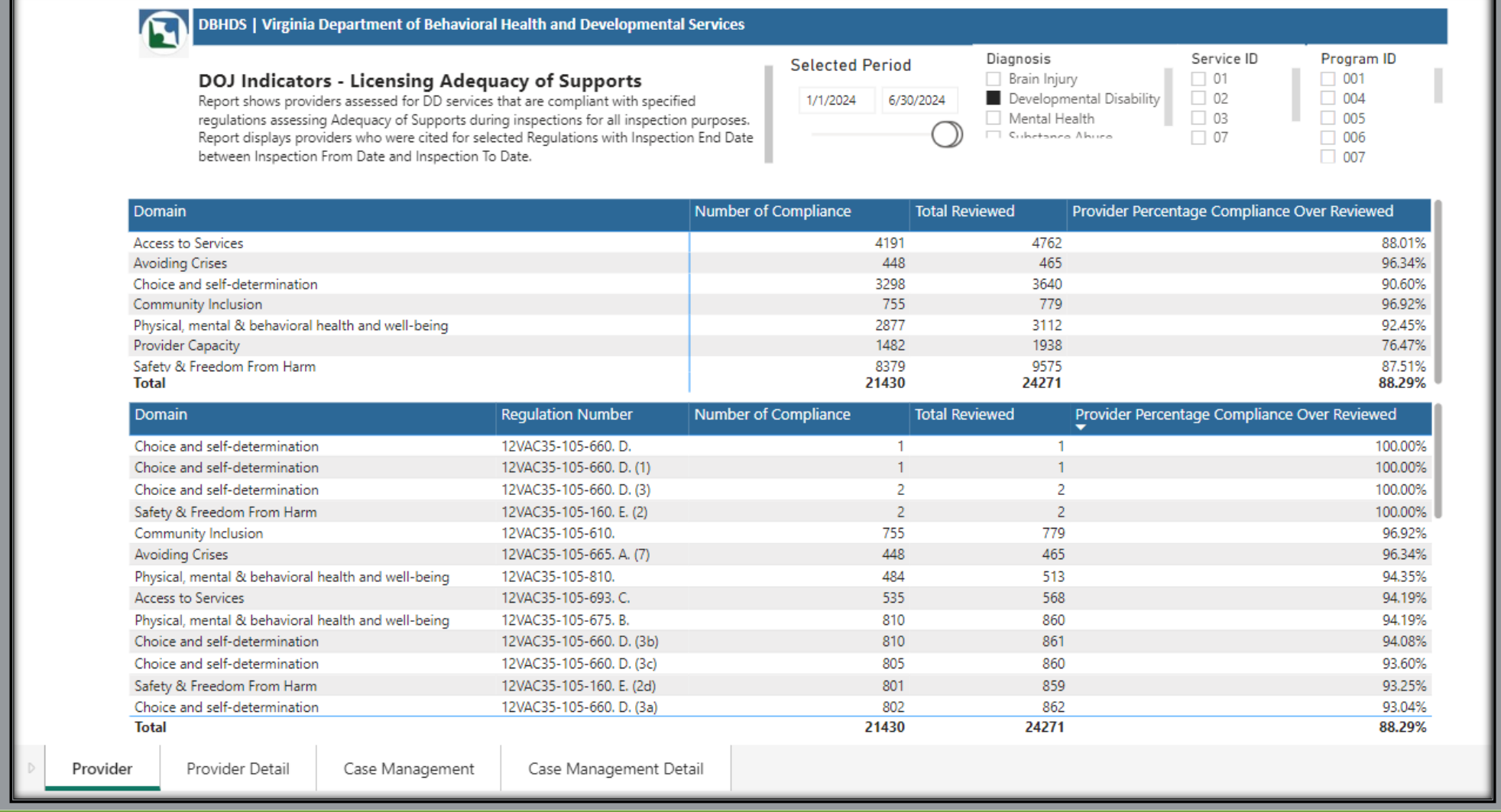
Domain	All Services Except Case Management for Individuals with Developmental Disabilities		Case Management Services for Individuals with Developmental Disabilities	
	Corresponding Regulations to be Checked for Compliance	Corresponding Documents Required to be Reviewed	Corresponding Regulations to be Checked for Compliance	Corresponding Documents Required to be Reviewed
Access to services SA **examples** include waitlists, outreach efforts, identified barriers, service gaps and delays, adaptive equipment, transportation, availability of services geographically, cultural and linguistic competency)	• 12VAC35-105-645.B • 12VAC35-105-693.C	• Last 3 admission screenings if applicable • Discharge plan and discharge summary for last individual discharged from service	• 12VAC35-105-1240.6	CM notes and reviews show: • There is documentation of coordination with other service providers as needed via CM notes or signature sheets
Provider Capacity SA **examples** include caseloads, training, staff turnover, provider competency	• 12VAC35-105-665.D • 12VAC35-105-450	• Most recent proof of DD competency completed • Proof staff trained on individuals ISPs for those individuals reviewed • Training policy • Proof staff have received training at frequency outlined in policy	• 12VAC35-105-1240.5	CM notes and reviews show: • There is documentation of locating, developing, or obtaining needed services? • If needed services were not available.

V.G.3 – Ensuring Adequacy of Supports

The Office of Licensing is tasked with monitoring providers' compliance with the Rules and Regulations for Licensing Providers. This involves monitoring the adequacy of individualized supports delivered by the provider.

The Office of Licensing developed the DOJ Indicators – Licensing Adequacy of Supports report within the OL information system (CONNECT). This report pulls information for the specific regulations that correspond with the domains for providers of developmental disability services as outlined in the annual inspection review tool.

At each annual inspection, the licensing specialist reviews a sample of individual records to ensure that the individuals being served are receiving services consistent with their assessed needs and individualized service plan. If a review uncovers a provider is not meeting an individual's needs, the appropriate regulation is cited. This data is entered into CONNECT and can be reviewed by utilizing the DOJ Indicators – Licensing Adequacy of Supports report.



DBHDS | Virginia Department of Behavioral Health and Developmental Services

DOJ Indicators - Licensing Adequacy of Supports

Report shows providers assessed for DD services that are compliant with specified regulations assessing Adequacy of Supports during inspections for all inspection purposes. Report displays providers who were cited for selected Regulations with Inspection End Date between Inspection From Date and Inspection To Date.

Selected Period: 1/1/2024 – 6/30/2024

Diagnosis: Brain Injury; Developmental Disability; Mental Health; Substance Abuse

Service ID: 01; 02; 03; 07

Program ID: 001; 004; 005; 006; 007

Domain	Number of Compliance	Total Reviewed	Provider Percentage Compliance Over Reviewed
Access to Services	4191	4762	88.01%
Avoiding Crises	448	465	96.34%
Choice and self-determination	3298	3640	90.60%
Community Inclusion	755	779	96.92%
Physical, mental & behavioral health and well-being	2877	3112	92.45%
Provider Capacity	1482	1938	76.47%
Safety & Freedom From Harm	8379	9575	87.51%
Total	**21430**	**24271**	**88.29%**

Domain	Regulation Number	Number of Compliance	Total Reviewed	Provider Percentage Compliance Over Reviewed
Choice and self-determination	12VAC35-105-660. D.	1	1	100.00%
Choice and self-determination	12VAC35-105-660. D. (1)	1	1	100.00%
Choice and self-determination	12VAC35-105-660. D. (3)	2	2	100.00%
Safety & Freedom From Harm	12VAC35-105-160. E. (2)	2	2	100.00%
Community Inclusion	12VAC35-105-610.	755	779	96.92%
Avoiding Crises	12VAC35-105-665. A. (7)	448	465	96.34%
Physical, mental & behavioral health and well-being	12VAC35-105-810.	484	513	94.35%
Access to Services	12VAC35-105-693. C.	535	568	94.19%
Physical, mental & behavioral health and well-being	12VAC35-105-675. B.	810	860	94.19%
Choice and self-determination	12VAC35-105-660. D. (3b)	810	861	94.08%
Choice and self-determination	12VAC35-105-660. D. (3c)	805	860	93.60%
Safety & Freedom From Harm	12VAC35-105-160. E. (2d)	801	859	93.25%
Choice and self-determination	12VAC35-105-660. D. (3a)	802	862	93.04%
Total		**21430**	**24271**	**88.29%**

Provider | Provider Detail | Case Management | Case Management Detail

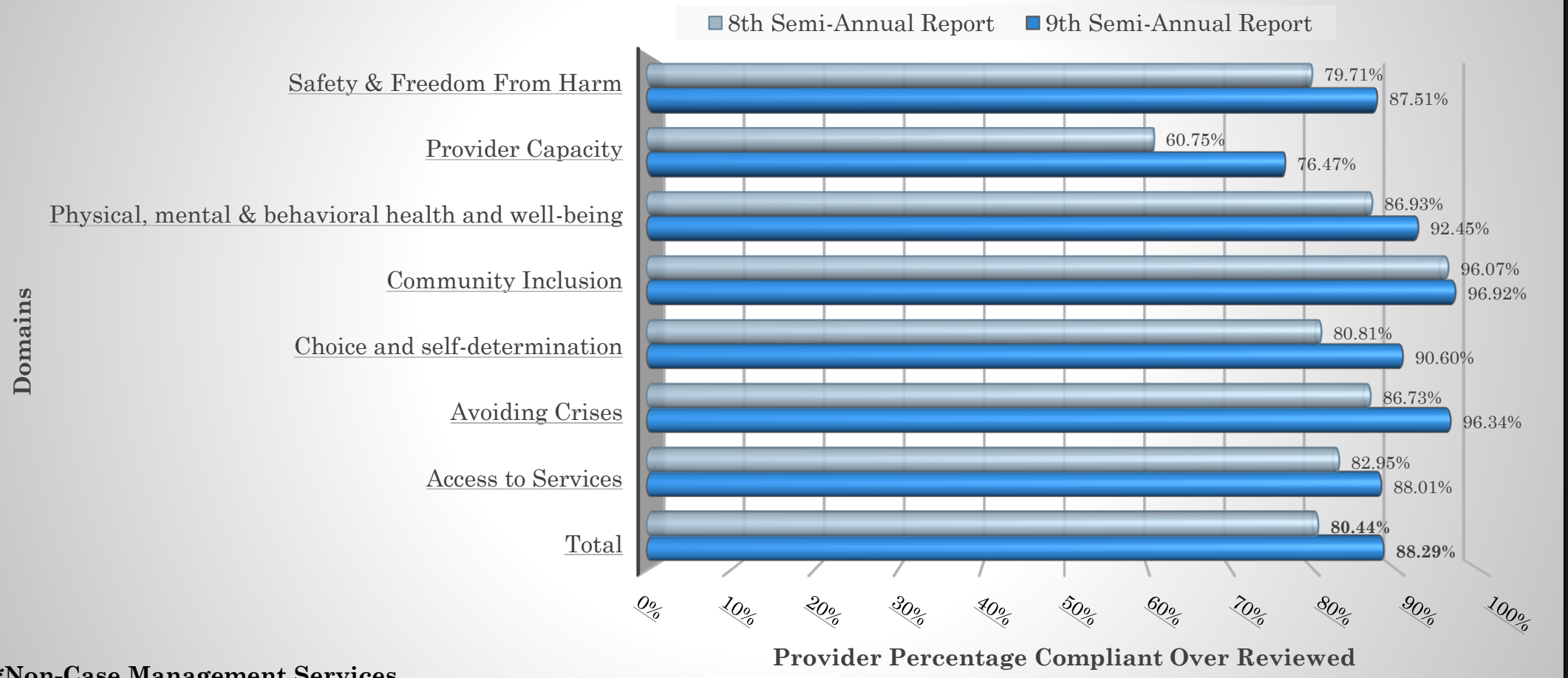
Trends

The overall adequacy of supports rating increased from the 8th semi-annual report which was 80.44%, to 88.29% for the 9th semi-annual reporting period.

Provider Capacity		1482	1938	76.47%
	12VAC35-105-450.			
	12VAC35-105-665. D.			
Safety & Freedom From Harm		8379	9575	87.51%
	12VAC35-105-160. C.			
	12VAC35-105-160. D. (2)			
	12VAC35-105-160. E. (1a)			
	12VAC35-105-160. E. (1b)			
	12VAC35-105-160. E. (1c)			
	12VAC35-105-160. E. (2a)			
	12VAC35-105-160. E. (2b)			
	12VAC35-105-160. E. (2c)			
	12VAC35-105-160. E. (2d)			
	12VAC35-105-665. A. (6)			
	12VAC35-105-780. (5)			
Total		**21430**	**24271**	**88.29%**

Comparing Domains: 8th Semi-Annual Report to 9th Semi-Annual Report

Comparing Domains from the Previous Reporting Period



***Non-Case Management Services**

Non-Case Management Services: Room for Improvement

Domain	Regulation Number	Number of Compliant	Total Reviewed	Provider Percentage Compliant Over Reviewed
Access to Services	12VAC35-105-645. B. (5)	721	845	85.33%
Choice and self-determination	12VAC35-105-675. D. (3)	722	874	82.61%
Provider Capacity	12VAC35-105-450.	740	1051	70.41%
Provider Capacity	12VAC35-105-665. D.	742	887	83.65%
Safety & Freedom From Harm	12VAC35-105-160. C.	701	852	82.28%
Safety & Freedom From Harm	12VAC35-105-160. D. (2)	1033	1227	84.19%
Safety & Freedom From Harm	12VAC35-105-160. E. (2a)	731	861	84.90%
Safety & Freedom From Harm	12VAC35-105-665. A. (6)	718	840	85.48%

12VAC35-105-645.B.(5)

645.B: The provider shall maintain written documentation of an individual's initial contact and screening prior to his admission including the:
5. Disposition of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.

12VAC35-105-675.D.(3)

675.D: The provider shall complete quarterly reviews of the ISP at least every three months from the date of the implementation of the comprehensive ISP.
3. For goals and objectives that were not accomplished by the identified target date, the provider and any appropriate treatment team members shall meet to review the reasons for lack of progress and provide the individual an opportunity to make an informed choice of how to proceed. Documentation of the quarterly review shall be added to the individual's record no later than 15 calendar days from the date the review was due to be completed, with the exception of case management services. Case management quarterly reviews shall be added to the individual's record no later than 30 calendar days from the date the review was due.

12VAC35-105-450

450: The provider shall provide training and development opportunities for employees to enable them to support the individuals receiving services and to carry out their job responsibilities. The provider shall develop a training policy that addresses the frequency of retraining on serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control, to include flu epidemics. Employee participation in training and development opportunities shall be documented and accessible to the department.

12VAC35-105-665.D

665.D. Employees or contractors who are responsible for implementing the ISP shall demonstrate a working knowledge of the objectives and strategies contained in the individual's current ISP, including an individual's detailed health and safety protocols.

12VAC35-105-160.C.

160.C. The provider shall collect, maintain, and review at least quarterly all serious incidents, including Level I serious incidents, as part of the quality improvement program in accordance with 12VAC35-105-620 to include an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents.

12VAC35-105-160.D.(2)

160.D. The provider shall collect, maintain, and report or make available to the department the following information:
2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.

12VAC35-105-160.E.2.(a)

160.E. A root cause analysis shall be conducted by the provider within 30 days of discovery of Level II serious incidents and any Level III serious incidents that occur during the provision of a service or on the provider's premises.
2. The provider shall develop and implement a root cause analysis policy for determining when a more detailed root cause analysis, including convening a team, collecting and analyzing data, mapping processes, and charting causal factors, should be conducted. At a minimum, the policy shall require for the provider to conduct a more detailed root cause analysis when:
a. A threshold number, as specified in the provider's policy based on the provider's size, number of locations, service type, number of individuals served, and the unique needs of the individuals served by the provider, of similar Level II serious incidents occur to the same individual or at the same location within a six-month period;

12VAC35-105-665.A.(6)

665.A. The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include:
6. A safety plan that addresses identified risks to the individual or to others, including a fall risk plan;

Stability

Quarter/dates	# of crisis calls for adults & children combined (REACH Crisis Calls)	# of people discharged from their residence	% discharged from residential provider	% NOT discharged from residential provider
FY24Q3 (1/1/24-3/31/24)	Adult crisis calls: 612 Child crisis calls: 356 **TOTAL: 968 crisis calls**	Discharged during psychiatric hospital stay: 12 Discharged during CTH stay: 11 **TOTAL: 23**	22/968 = .0237 or **approximately 2.3% were discharged**	945/968 = .976 or **approximately 97.6 % were <u>not</u> discharged from their residential provider**
FY24Q4 (4/1/24-6/30/24)	Adult crisis calls: 602 Child crisis calls: 374 **TOTAL: 976 crisis calls**	Discharged during psychiatric hospital stay: 34 CTH stay: 6 **TOTAL: 40**	40/976 = .0409 or **approximately 4 % were discharged**	936/976 =.959 or **approximately 95.9% were <u>not</u> discharged from their residential provider**

***January 1, 2024 – June 30, 2024**

DBHDS | Virginia Department of Behavioral Health and Developmental Services

DOJ Indicators - DSI Reporting Compliance

Region
- Select all
- Region 1 Western
- Region 2 Northern
- Region 3 Southwest
- Region 4 Central
- Region 5 Eastern

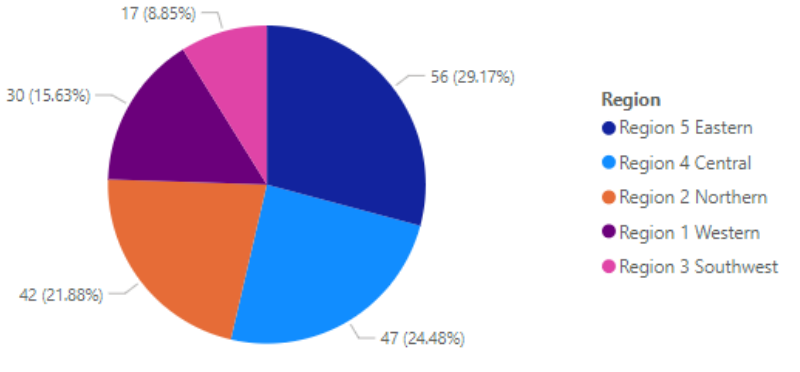
Time Period
1/1/2024 – 6/30/2024

Services Provided
- Select all
- Case Management
- Children's Residential Services
- Day Support/Day Treatment
- Outpatient
- Residential Services
- Sponsored Residential Services

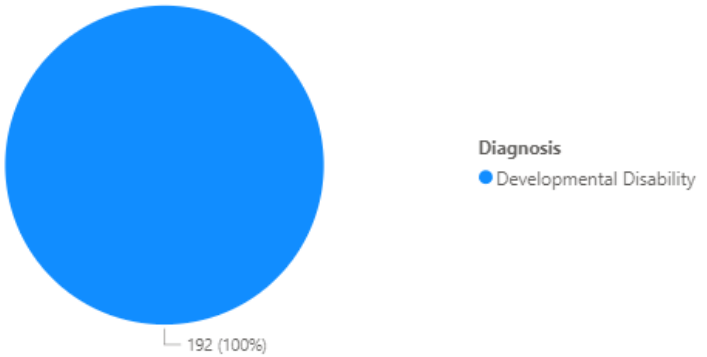
Diagnosis
- Select all
- Brain Injury
- Developmental Disability
- Mental Health
- Substance Abuse

Provider Name
- Select all
- 1st Promise Residential Services, LLC
- 360 Supports LLC
- A & J Services
- A & T HEALTH CARE, INC.
- A Different World Home Services, LLC

Count of Citation by Region



Count of Citation by Diagnosis



Total Number of Incidents	Total Number of Late Reports	Total Number of On Time Reports	Total Number of Waived	Total Number of Dismissed/ Removed	Total Number of Late Reports to be issued Citation	Percentage of Late Reports to be issued Citation	Percentage of On Time and Waived Reports	Total Number of Late Reports Issued Citations	Percentage of Late Reports Issued Citations	Total Number of Late Reports with Approved CAP	Percentage of Late Reports with Approved CAP
4858	331	4527	143	22	191	3.93%	96.13%	191	100.00%	147	76.96%

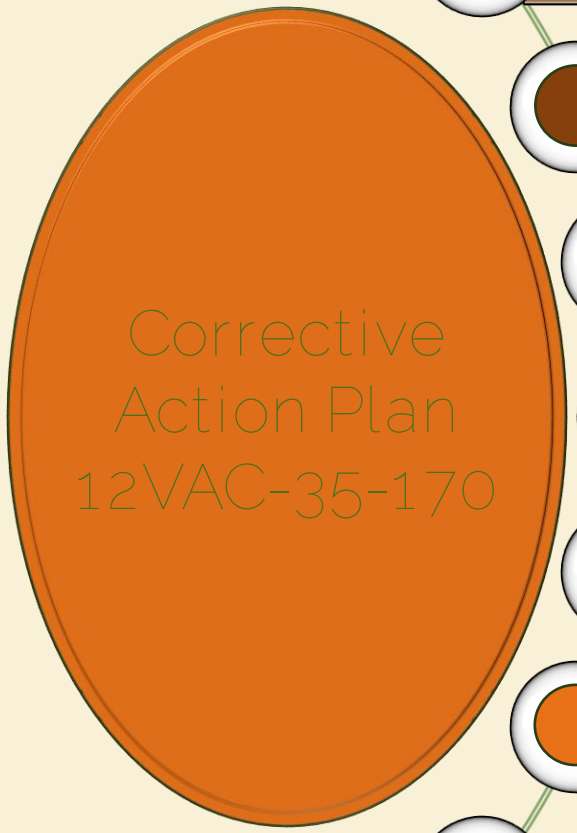
DOJ Indicators - DSI Reporting Compliance | Detail

OL Efforts to Improve Provider Compliance

Steps the Office of Licensing took to support Developmental Disability Service Providers with increasing compliance.

Sample Provider Quality Improvement Plan (March 2024)	March-24
2024 Annual Inspections for Providers of Developmental Services Memo	January-24
2024 DD Inspections Kickoff Training PowerPoint	January-24
2024 DD Inspections Kickoff Training Webinar	January-24
Q&A 2024 DD Inspections Kickoff Training (April 2024)	April-24

Corrective Action Plan



- Providers need to ensure that Corrective Action Plans are submitted by the due date.
- An immediate CAP will be required if the department determines that the violations pose a danger to individuals receiving the service which would be identified as a Health & Safety CAP.
- If an extension is needed, it must be requested via CONNECT PRIOR to the due date. Extensions will not be given for H&S violations
- The provider must monitor implementation and effectiveness of approved corrective actions as part of its quality improvement program required by 12VAC35-105-620.
- There are DBHDS licensed providers who are not submitting CAPs by the due date. Providers that do not submit or implement an adequate CAP may be subject to progressive action including reduction of license status, denial or revocation of a license in accordance with the regulation below.
- In accordance with 12VAC35-105-110.7, a provider or applicant who fails to submit or implement an adequate CAP may have their license denied, revoked, or suspended.
- For additional details on how to respond to a CAP, please refer to: Guidance Document LIC 19: Corrective Action Plans (CAPs) (August 2020), located on the OL website in the regulations and guidance section.

Onsite Reviews 12VAC35-105-70

A. The department shall conduct an announced or unannounced onsite review of all new providers and services to determine compliance with this chapter.

B. The department shall conduct unannounced onsite reviews of licensed providers and each service at any time and at least annually to determine compliance with these regulations. The annual unannounced onsite reviews shall be focused on preventing specific risks to individuals, including an evaluation of the physical facilities in which the services are provided.

C. The department may conduct announced and unannounced onsite reviews at any time as part of the investigations of complaints or incidents to determine if there is a violation of this chapter.

Providers need to maintain their designated office hours so that onsite reviews can be completed. Delays may result in not receiving a license.

If the Office of Licensing arrives for an inspection and no one is present, the OL typically makes a phone call. The OL expects a return call within 30 minutes to an hour. In many cases these calls are made when the LS is onsite during the provider's designated office hours, but no one is present. As a licensed DBHDS provider, your organization is expected to maintain normal business hours of operation so that onsite reviews can occur.

Additionally, please make sure that the MAC (Main Authorized Contact) and other contacts in CONNECT are kept up to date in case we need to contact someone from your organization.

Issuance of Licenses

Issuance of Licenses 12VAC35-105-50

E. A license shall continue in effect after the expiration date if the provider has submitted a renewal application before the date of expiration and there are no grounds to deny the application. The department shall issue a letter stating the provider or service license shall be effective for six additional months if the renewed license is not issued before the date of expiration.

Don't forget to submit your renewal and provide proof of SCC prior to expiration of the license. You will need to sign and submit the renewal using the CONNECT Provider Portal.

CONNECT send a notification 90 days prior to license expiring. It is recommended that the renewal be submitted at least 30 days prior to the license expiring. Also, prior to submitting the renewal, please review the addendum to determine if any services or locations need to be closed and submit that information with the renewal.

Once a license has been renewed, it is the expectation that providers review their license and addendum to ensure the accuracy of the licensed services and locations listed.

Supports Intensity Scale®
SIS®

Department of Behavioral Health and Developmental Services

Maureen Kennedy

SIS Quality Manager, DBHDS

What's new in the world of Virginia SIS?

Effective 10/1/2024

- Re-Normed SIS-A, 2nd Edition
- New Support Levels
- SIS Vendor RFP

Support Intensity Scale® (SIS®)

Children 5-15 w/active tiered services

SIS-C

SIS-A

Last SIS-A completed 10/24/24

Effective 10/21/2024

SIS-A, 2nd Edition

SIS-C	SIS-A	SIS-A, 2nd Edition
Section 1A: Exceptional Medical and Behavioral Support Needs		
Section 1A: Exceptional Medical Support Needs		
Section 1B: Exceptional Behavioral Support Needs		
Section 2 Supports Needs Index Scale		**Section 2: Support Needs for Life Activities**
A: Home Life Activities	A: Home Living Activities	
B: Community & Neighborhood Activities	B: Community Living Activities	
C: School Participation Activities	C: Lifelong Learning Activities	C: Health and Safety Activities
D: School Learning Activities	D: Employment Activities	D: Lifelong Learning Activities
E: Health & Safety Activities	E: Health & Safety Activities	E: Work Activities
F: Social Activities	F: Social Activities	
G: Advocacy Activities	**Section 3: Protection & Advocacy**	G: Advocacy Activities

Support Level/Tier Reimbursement

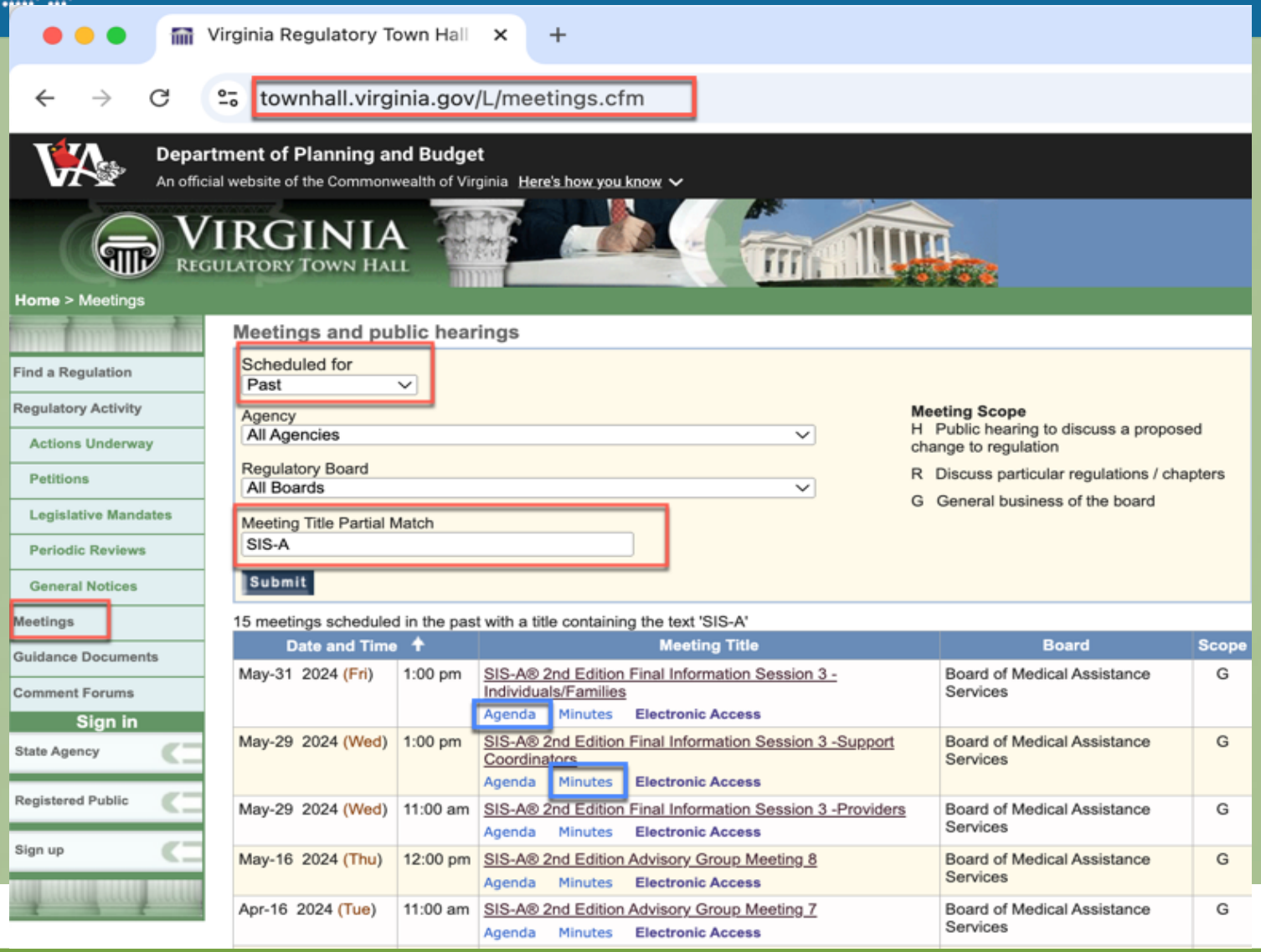
SIS-C assessments/SIS-A assessments

Tier	Support Level	Support Level Descriptions
1	1	Mild Support Needs –no support need for medical and behavioral challenges
2	2	Moderate Support Needs –little to no need for medical and behavioral supports
3	3	Mild/Moderate Support Needs with Some Behavioral Support Needs –behavioral support needs are not significant
	4	Moderate to High Support Needs –Behavioral support needs
4	5	Maximum Support Needs –high to maximum personal care and/or medical support needs
	6	Intensive Medical Support Needs –intensive need for medical support
	7	Intensive Behavioral Support Needs –significantly enhanced supports due to behavior

Support Level/Tier Reimbursement

SIS-A, 2nd Edition

Tier	Support Level	Support Level Descriptions
1	1	Low general support need, no exceptional medical or behavioral needs
2	2	Moderate general support need, no exceptional medical or behavioral needs
3	3	High general support need, no exceptional medical or behavioral needs
4	4	Very high general support needs, no exceptional medical or behavioral needs
	M	Exceptional medical support need
	B	Exceptional behavioral support need


Virginia Regulatory Town Hall
townhall.virginia.gov/L/meetings.cfm
Department of Planning and Budget
An official website of the Commonwealth of Virginia
Here's how you know
VIRGINIA
REGULATORY TOWN HALL
Home > Meetings
Find a Regulation
Regulatory Activity
Actions Underway
Petitions
Legislative Mandates
Periodic Reviews
General Notices
Meetings
Guidance Documents
Comment Forums
Sign in
State Agency
Registered Public
Sign up
Meetings and public hearings
Scheduled for
Past
Agency
All Agencies
Regulatory Board
All Boards
Meeting Title Partial Match
SIS-A
Submit
Meeting Scope
H Public hearing to discuss a proposed change to regulation
R Discuss particular regulations / chapters
G General business of the board
15 meetings scheduled in the past with a title containing the text 'SIS-A'
Date and Time
Meeting Title
Board
Scope
May-31 2024 (Fri) 1:00 pm
SIS-A® 2nd Edition Final Information Session 3 - Individuals/Families
Agenda Minutes Electronic Access
Board of Medical Assistance Services
G
May-29 2024 (Wed) 1:00 pm
SIS-A® 2nd Edition Final Information Session 3 -Support Coordinators
Agenda Minutes Electronic Access
Board of Medical Assistance Services
G
May-29 2024 (Wed) 11:00 am
SIS-A® 2nd Edition Final Information Session 3 -Providers
Agenda Minutes Electronic Access
Board of Medical Assistance Services
G
May-16 2024 (Thu) 12:00 pm
SIS-A® 2nd Edition Advisory Group Meeting 8
Agenda Minutes Electronic Access
Board of Medical Assistance Services
G
Apr-16 2024 (Tue) 11:00 am
SIS-A® 2nd Edition Advisory Group Meeting 7
Agenda Minutes Electronic Access
Board of Medical Assistance Services
G

Supports Intensity Scale
Adult Version, 2nd Edition

SIS Quality Manager:
Maureen Kennedy
(804) 317-1652
maureen.kennedy@dbhds.virginia.gov

Regional Supports Manager:
Kenneth Haines
(804) 337-5709
kenneth.haines@dbhds.virginia.gov

DBHDS

Virginia Department of Behavioral Health and Developmental Services

"A life of possibilities for all Virginians"

www.dbhds.virginia.gov

Thank you!

Shared Living Service Updates

Deanna L. Parker, Director, Office of Community Network Supports,
VA DBHDS

What is SHARED LIVING?

- Medicaid Waiver service pays **up to half** of the room and board of a roommate who lives with an individual with DD.
- Roommate provides agreed-upon fellowship, companionship, **and limited personal supports** as part of a ***Supports Agreement***.
- Both must be 18 or older and *choose* to live together.
- Roommate can be a sibling, brother, friend, cousin, etc. Not Mom, Dad, grandparents, spouse or a legally responsible person.
- Can only be between the individual **and one roommate.**
- *Can be used with/without rental assistance.
- Cannot be a standalone service.
- Individual must be the primary lease holder.
- **Roommate is not a paid caregiver; no employment relationship must exist.**
- **Roommate is not responsible for the individual's welfare as with other Medicaid Waiver services.**
- The roommate can have another job outside of the Shared Living arrangement.
- Family/friends are backup for the service
- Provider is a pass through for FMR reimbursement
- Support Coordinator and Provider share oversight of the service.

Monthly Reimbursement - FMR

Rent/ Utilities Reimbursement for Roommate	Rest of State (ROS)	N. Virginia (NOVA)
Maximum reimbursement for rent and utilities cannot be more than the maximum rate for the ROS and Northern Virginia. Maximum reimbursement for utilities is **up to $100.00 per month for the roommate's portion.**	**$839.00* (maximum reimbursement to roommate for 50% of *rent and utilities*)**	**$1022.50* (maximum reimbursement to roommate for 50% of *rent and utilities*)**

Administrative Costs	Rest of State (ROS)	N. Virginia (NOVA)
Provider reimbursement	**$1667.95 (maximum reimbursement)**	**$1987.62 (maximum reimbursement)**

Expense	Monthly Reimbursement Amount
Internet Service	**$25.00 Monthly reimbursement**
Food ***NOTE: If an individual has rental assistance with Shared Living, the roommate is only eligible to be reimbursed for internet and food.**	**$299.50 Monthly Reimbursement*** USDA Low-Cost Plan for a 19-50 year-old male, September 2024 If the roommate receives monthly SNAP benefits, the benefit amount would be deducted from the monthly reimbursement amount.

Flat rate

Total Reimbursement	$2,831.45	$3,334.12

Reimbursement Examples - FMR

ROS Total Rent	Rent (for roommate's portion)	Utilities included?	Utility allowance	Maximum reimbursement amount for FMR	Maximum allowable monthly reimbursement
$1000 per month	$500.00 per month	**Yes**	**$0**	**$500.00**	**$839.00**
$1,400 per month	$700.00 per month	No	**$100**	**$800.00**	**$839.00**
$1,800 per month	$900.00 per month	No	**$0**	**$839.00**	**$839.00**

NOVA Total Rent	Rent (for roommate's portion)	Utilities included?	Utility allowance	Maximum roommate reimbursement amount for FMR	Maximum allowable monthly reimbursement
$1,800 per month	$900.00 per month	No	**$100**	**$1000**	**$1022.50**
$2,000 per month	$1000.00 per month	No	**$22.50**	**$1022.50**	**$1022.50**
$2,300 per month	$1150 per month	**Yes**	**$0**	**$1022.50**	**$1022.50**

Once the FMR is determined, food and internet are added, plus the provider fees, to get the total rate submitted to DMAS.

Accessing Shared Living

The Support Coordinator will initially connect you to Shared Living, and help you find a provider and a roommate. The SC will:

Support Coordinator Responsibilities

- Work with you to get initial paperwork completed.
- Help sets goals for the individual to participate in the service.
- Help the individual determine what he needs/wants in the service
- Initiate and follow through service authorization.
- Check in periodically to make sure things are going well.
- Help the individual change anything with the service.

Accessing Shared Living

The Provider Agency helps set up the service *before* service authorization and helps the roommates maintain the arrangement.

*Provider Responsibilities

- Makes sure pair is matched well and choose to live together.
- Helps the roommate completes training and submits paperwork
- Helps complete the **Supports Agreement.**
- Checks in periodically to make sure things are going well
- Reminds roommate about their responsibilities
- Helps support any changes needed in the agreement or schedule
- Handles billing and sends the money **to the individual for the roommate's room and board.**
- Makes sure that the payment is sent to the individual or whoever was chosen to manage the money

*The Provider agency receives a fee for overseeing the service.

Thank You!

Ronnitta.clements@dbhds.virginia.gov

Deanna.parker@dbhds.virginia.gov

jumpstart@dbhds.virginia.gov

Expanded Consultation & Technical Assistance (ECTA) and Regional Quality Councils

Britt Welch, Director

Office of Community Quality Management

New Program

Expanded Consultation/Technical Assistance (ECTA)

- Focus on licensing regulations 620.A-E, 520.A-F, and 450
  - Element from the Provider Quality Reviews: *Providers' use of performance data for QI/RM (Starting in September)*

- *July & August 2024*
  - *Sent out 2 ECTA announcements via Constant Contact*
  - *Direct emails to providers' Main Authorized Contacts (MACs) through ECTA@dbhds.virginia.gov*

ECTA

WHO is eligible

1. Any licensed DD provider that has received a citation during their CY 2024 unannounced licensing review **and** has an **approved corrective action plan** from the Office of Licensing specific to regulations 620.A-E, 520.A-F, and/or 450.
2. CSBs/Providers ***must*** complete the ECTA Readiness Assessment and provide additional information requested by the QI Specialist on/before the due date noted by the QI Specialist in order to be eligible. ECTA will not start without the Readiness Assessment.
    - *Please read the Readiness Assessment instructions in their entirety before completing it.*

WHAT is being offered?

- Individualized consultation and technical assistance tailored to your organization in the form of 1:1 sessions specific to the focus regulations and PQR data element, as applicable.
    - ✓ These are working sessions with key members of provider organizations (QI/QA/RM & whoever impacts change)
    - ✓ Focus on quality improvement and risk management tools and concepts, aligned with the focus regulations
    - ✓ ECTA is time-bound. We have estimated the amount of time to be spent in ECTA for each regulation
- It is critical that providers interested in receiving ECTA make the commitment to actively participate in each scheduled ECTA session.

WHERE is ECTA offered?

- Sessions are offered via a combination of in-person and virtual meetings.

ECTA

NOTES

- **The ECTA Team *does not* represent the Office of Licensing, issue citations, or make judgements on compliance.**
- **ECTA will be stopped to allow the team to work with other providers if:**
  - **Three (3) consecutive ECTA sessions are canceled by the provider**
  - **Deadlines for materials to be sent to the QI Specialists are missed**
  - **There is no response to 3 consecutive follow-up attempts by OCQI Specialist**
- **Participation in ECTA is not mandatory.**
- **There is *no guarantee* that providers participating in ECTA will be found compliant with the focus regulations at their next licensing review.**
  - ✓ **However, based on our 620.C.2 CTA experience, participation can be helpful to organizations seeking to make improvements in their quality improvement and risk management efforts.**
- **At the completion of your ECTA, providers will be sent a link to the ECTA Experience Survey, and we ask that they complete the survey so we can know where we're doing well and where we need to make improvements.**

ECTA

Provider Quality Review (PQR) Data Element

- *"Does the provider collect and track performance data, including serious incidents and other risk information?"*
- To be eligible for ECTA on this data element, a provider must have
  - ✓ Received a *"QIP Indicated"* comment on that question as shown in the PQR Report from Round 6 of the Quality Service Reviews
  - ✓ QIP must have been approved by HSAG.

- HSAG report showing providers in QSR Round 6 with a *"QIP Indicated"* for the data element
  - Report provides the primary contact for the review along with contact information
  - OCQI will reach out directly with an invitation for ECTA
  - You can also contact the team at ECTA@dbhds.virginia.gov

- OCQI has cross walked the HSAG report to the list of providers having missed one or more of the focus regulations
- If provider shows-up on both reports, we will include the PQR data element along with the focus regulations in ECTA with that provider

- **9/23/24: Next announcement for ECTA includes the 620, 520, 450 licensing regulations and the PQR data element:** *“Does the provider collect and track performance data, including serious incidents and other risk information?”*
  - **Sent out through Constant Contact**

- **9/25/24: Direct invitations for ECTA will be emailed directly to provider MACs and/or their primary contact for the PQR, as applicable**

Expanded CTA Team

Western Territory
Kara Clemons, QIS Supervisor Western Territory
Leanna Craig, QIS Southwest Region
Jordan Hyde, QIS Southwest Region
David Crews, QIS Western Region
Micah Davis, QIS Western Region
McKinley Harris, QIS Western Region

Eastern Territory
Teena Harris, QIS Supervisor Eastern Territory
Lisette Bennett, QIS Coastal Region
Lauren Gibson, QIS Costal Region
Sophia Dunn, QIS Central Region
Irvin Goode, QIS Central Region
Andrew Williams, QIS NOVA Region

- We have a diverse team of QI/ RM professionals
- Crossover from one region/ territory to another as needed
- The team is very excited to work with Private Providers/ CSBs

Regional Quality Council

OPPORTUNITY TO PARTICIPATE IN YOUR REGION'S QUALITY IMPROVEMENT EFFORTS!

Purpose of Regional Quality Councils (RQCs)

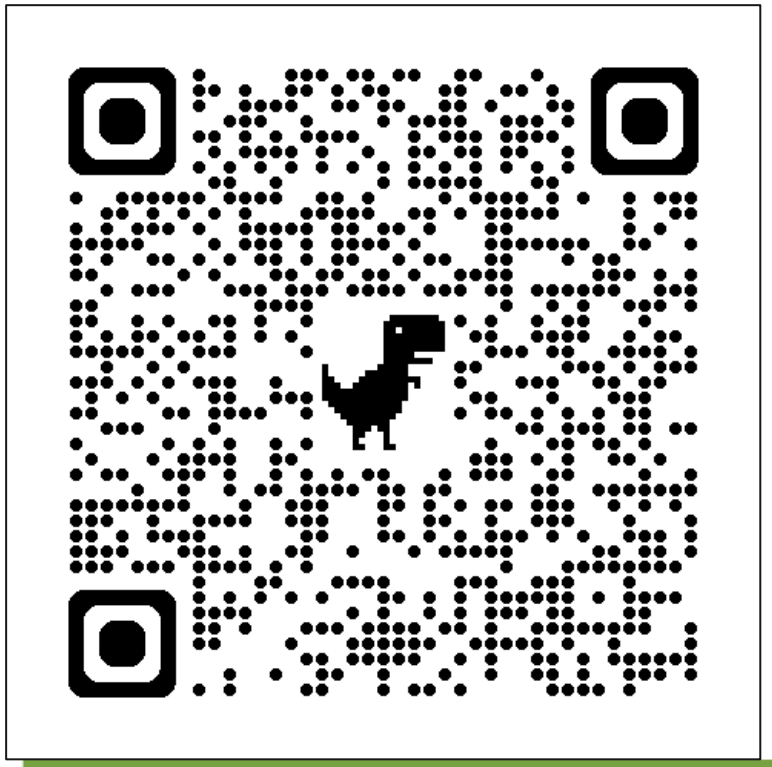
As a subcommittee of the Department of Behavioral Health and Developmental Services (DBHDS) Quality Improvement Committee (QIC), the Regional Quality Councils (RQCs) are to:

- Identify and address risks of harm
- Ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings
- RQCs review and evaluate state and available regional data related to performance measure indicators (PMIs) and monitoring efforts to identify trends and recommend responsive actions in their respective regions to ensure continuous quality improvement
- Annually propose Quality Improvement Initiatives for the respective regions

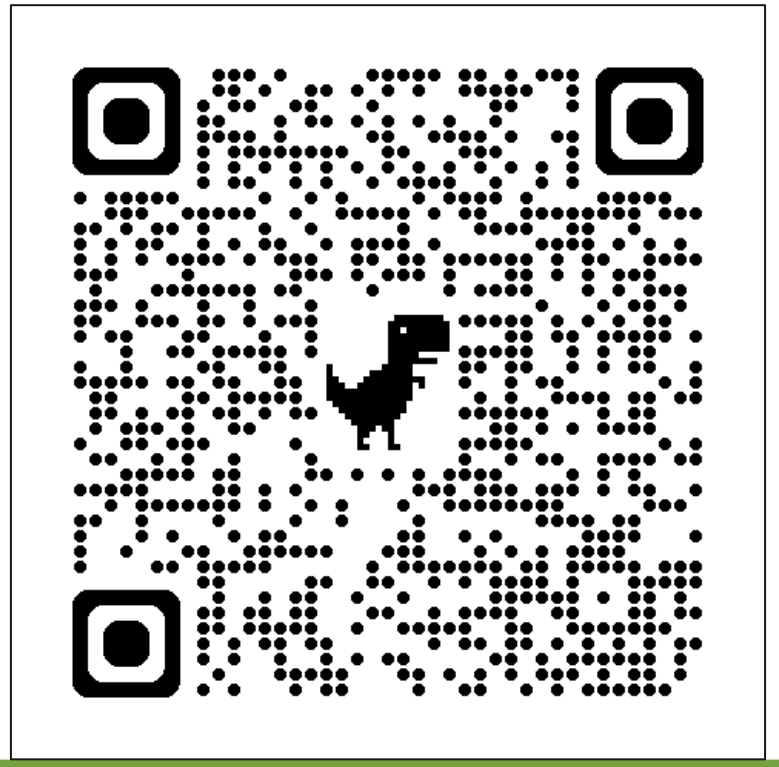
Membership-Representation

Family members of an individual previously or currently receiving services or on the waitlist	Individuals receiving services or on the Developmental Disability Waiver /Waitlist (self-advocate
Day Services Providers	Community Services Board (CSB) Developmental Services Directors
Support Coordinators/ Case Managers	CSB Quality Assurance/ Improvement staff
Provider Quality Assurance/ Improvement staff	Crisis Services Providers
Residential Services Providers	Employment Services Providers

ISP Life Area Cheat Sheet



Employment Outcomes Fact Sheet



ISP Fact Sheet: Integrated Community Involvement

RQC QII Educational Materials Links

ISP Life Area Cheat Sheet
https://dbhds.virginia.gov/wp-content/uploads/2023/10/Life-Area-Cheat-Sheet-FINAL_newlogo-1.pdf

Employment Outcomes Fact Sheet
https://dbhds.virginia.gov/wp-content/uploads/2024/02/Employment-Outcomes-Fact-Sheet-FINAL-1.19.24-2.pdf

ISP Fact Sheet: Integrated Community Involvement
https://dbhds.virginia.gov/wp-content/uploads/2023/10/ICI-Fact-Sheet-FINAL_newlogo-1.pdf

Regional Quality Councils-Current Opportunities

RQC1 Western Region:
- Individual receiving services or on the wait list - High Priority
- Family members for an individual receiving services or on the wait list

Contact Jamie Rupe at jamie.rupe@dbhds.virginia.gov

RQC2 Northern Region:
- Individual receiving services or on the wait list - High Priority

Contact Ramona DeFonza at Ramona.defonza@dbhds.virginia.gov

RQC3 Southwestern Region:
- Individual receiving services or on the wait list - High Priority
- Family members for an individual receiving services or on the wait list

Contact Christi Lambert at christi.lambert@dbhds.virginia.gov

RQC4 Central Region:
- Employment Provider
- Support Coordinator/Case Managers-ID
- Family Members for an individual receiving services or on the wait list

Contact Pebbles Brown at pebbles.brown@dbhds.virginia.gov

RQC5-Eastern Region:
- Employment Services Provider
- Individual Receiving Services - High Priority

Contact Ricky Jones at Ricky.Jones@dbhds.virginia.gov

ECTA@dbhds.virginia.gov

Other Slides of Interest
ECTA and RQCs

ECTA

Response from providers – Round 2:

- ✓ 97 providers requested ECTA in 2nd round
- ✓ 9 providers have been supported through ECTA
- ✓ 45 Providers currently being assisted

2nd Round

Region	Count
Region 1 - Western	18
Region 2 – Northern	17
Region 3 - Southwest	17
Region 4 – Central	11
Region 5- Eastern	19
Total	97

RQC Current Quality Improvement Initiatives (QIIs)

FY25 RQC QIIs

RQC 1- Reduce Incidents of Choking from a rate of 10.35 per 1,000 to a rate of 6.21 per 1000 which is a 40% reduction

RQC 2 - Increase by 10 percentage points from 69% to 79%, those providers who have policies to address:
the rights of a person to make an informed choice, to engage in experiences meaningful to him/her, and which are necessary for personal growth and development.

RQC 3 - Increase the percentage of ISPs in Region 3 which include ICI and Employment outcomes by June 30, 2025 as follows:

- 50% of adults with DD Waiver receiving CM services have an ISP that contains employment outcomes
- 86% of adults with DD Waiver receiving CM services and are interested in employment have an ISP that contains employment outcomes
- 86% of individuals receiving CM services from the CSB whose ISP developed/updated at the annual ISP meeting contain Medicaid DD integrated community services goals, respectively.

RQC 4 - Reduce the rate of falls in Region 4 to 75 per 1000 from a rate of 86.6 per 1000.

RQC 5 - No current Quality Improvement Initiative

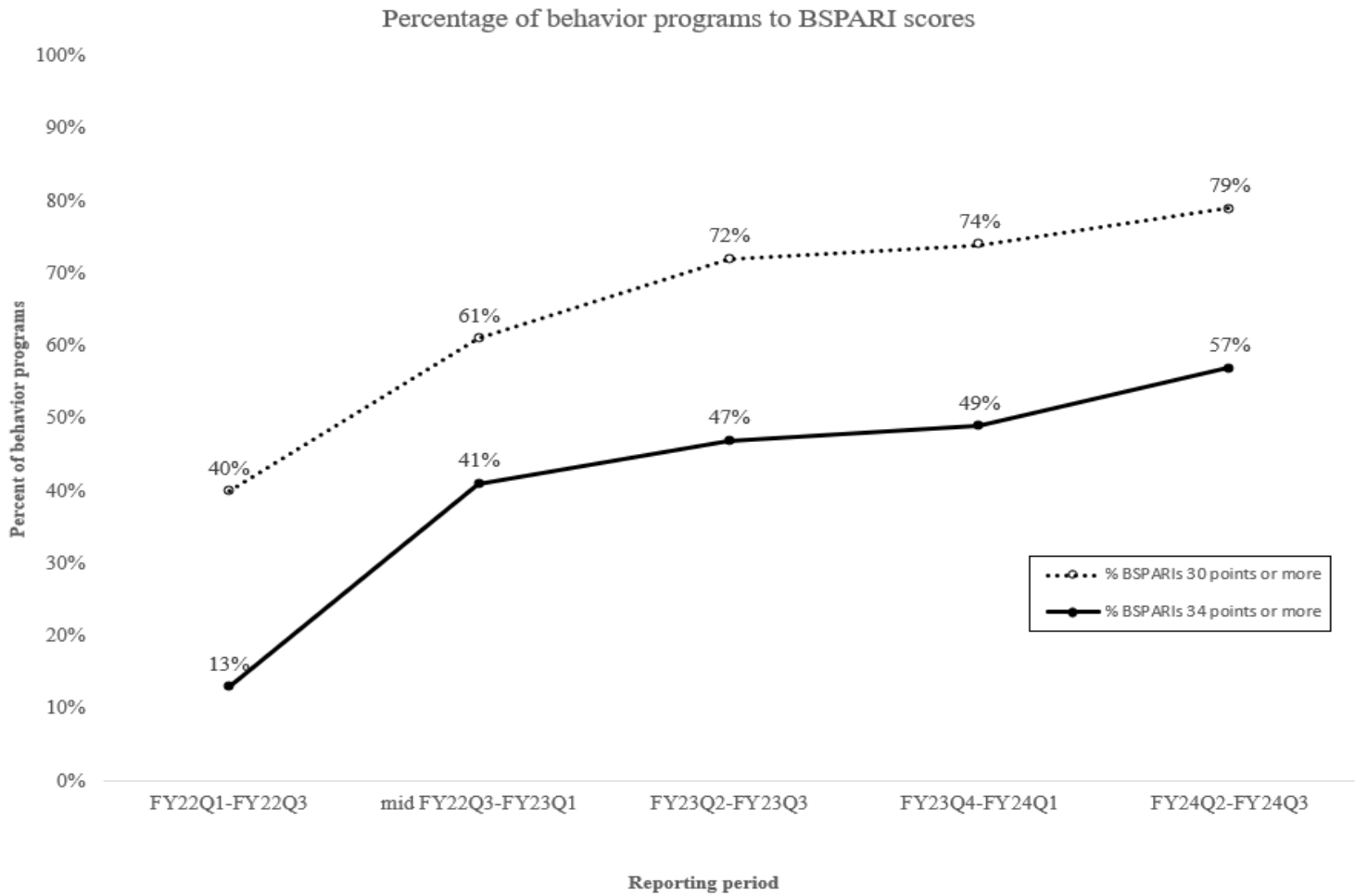
Therapeutic Behavioral Consultation

September 2024 Updates

Nathan Habel, DBHDS

- DBHDS continues to use the BSPARI for quality assurance reviews of behavioral programs. See 24th report to the Court https://dojsettlementagreement.virginia.gov/dojapplication/external/documents/240613-24th-Report-to-the-Court-3.12-CV-059.pdf for their analyses. Currently 25th study period is underway and results will be posted here in December: DOJ-Commonwealth Settlement Agreement Library Record Index Reporting Page
  - 6 out of 8 compliance indicators specific to behavioral services have been “Met” twice consecutively.
- Weighted scoring system, 0-40 possible points
  - 34 points or more = adherence to DBHDS/DMAS Practice Guidelines for Behavior Support Plans, 30-33 points = adequate plan
  - Most recent data: 57% of programs reviewed in adherence with Practice Guidelines, 79% adequate plan

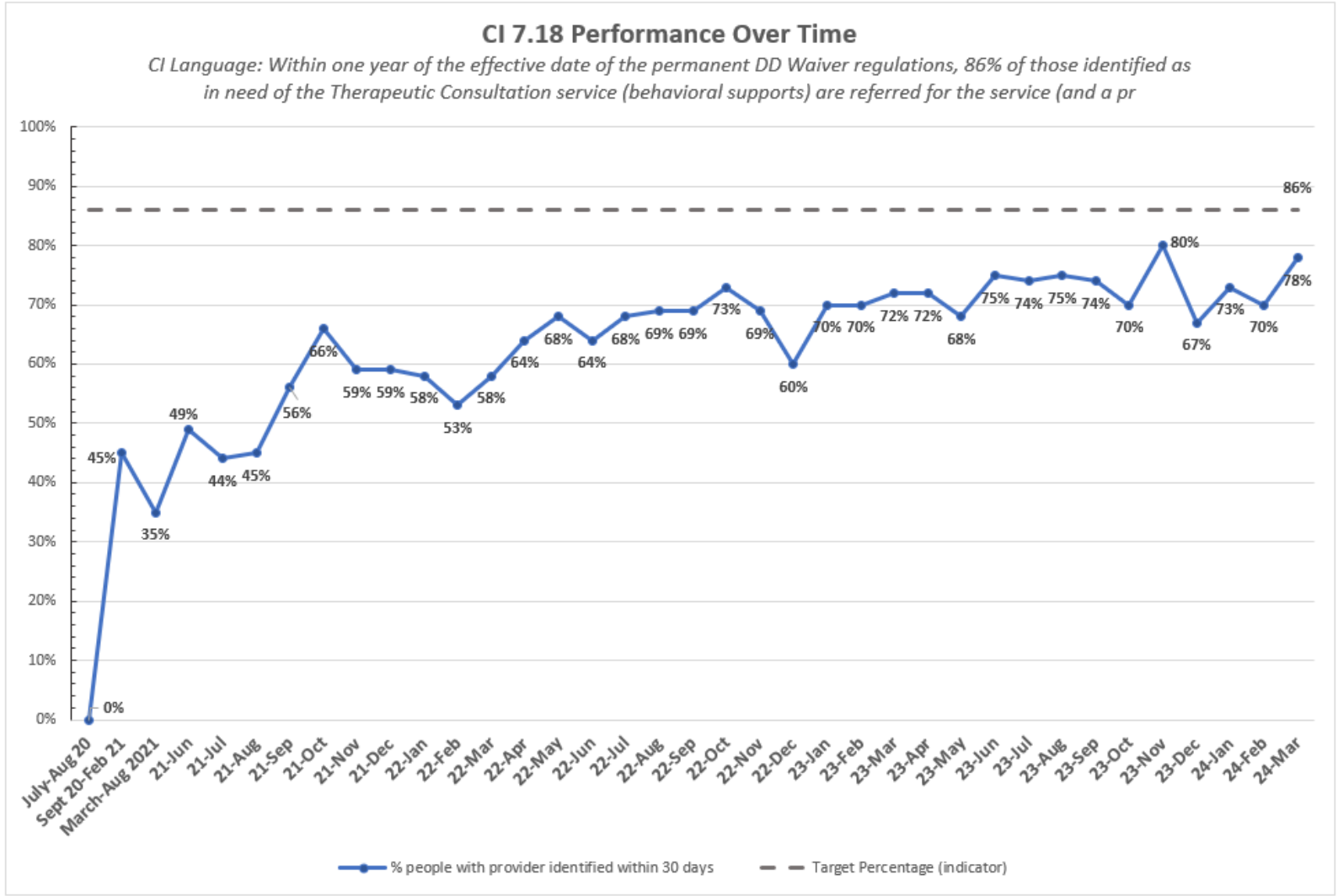
Quality assurance data via BSPARI scores



Target: connect 86% of people in need within 30 days

Continued improvement over time

If you need help in connecting someone in need to a provider of this service, please remember that the Search Engine is a resource that may help!!



- DBHDS Search Engine for Therapeutic Behavior Consultation providers
  - Please use the resource--we also value your feedback to improve the search engine
- Behavioral Services website
  - Contains the search engine, Form to be listed on the search engine, resources, training videos, information on quality assurance, etc.

New team members!! Courtney Pernick, John Tolson, Nick Vanderburg

Questions or feedback:

Nathan.habel@dbhds.Virginia.gov

Brian.phelps@dbhds.Virginia.gov

Q&A on the Departmental Updates (see below)