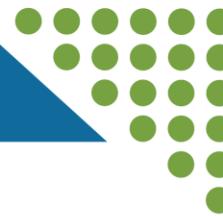


# Provider Roundtable

January 28, 2026

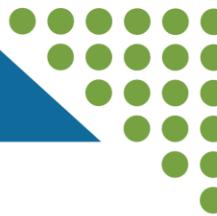




# Developmental Services Update

Eric Williams, DBHDS





## DOJ Studies

Continued focus on streamlining and reducing administrative burden

- Virginia Informed Choice, DSP Competencies Pilot, Provider Issues Resolution Workgroup

Planned ISP updates

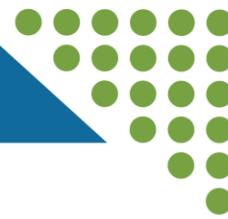
## Parts I-IV

Primary way to communicate  
Employment discussions  
Health screenings  
Medications: reason prescribed  
Part IV Individual Questions  
Telemedicine Confirmation

## Part V

Prepopulate ISP dates  
Potential risk factors from Part III  
Convert routine supports to checklist  
Clarify key steps and support activities language  
More clarity with measure development  
Add instructions and tool tips  
Choice confirmation for 660.D.  
Telemedicine Attestation

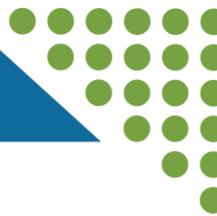




# Therapeutic Behavioral Consultation

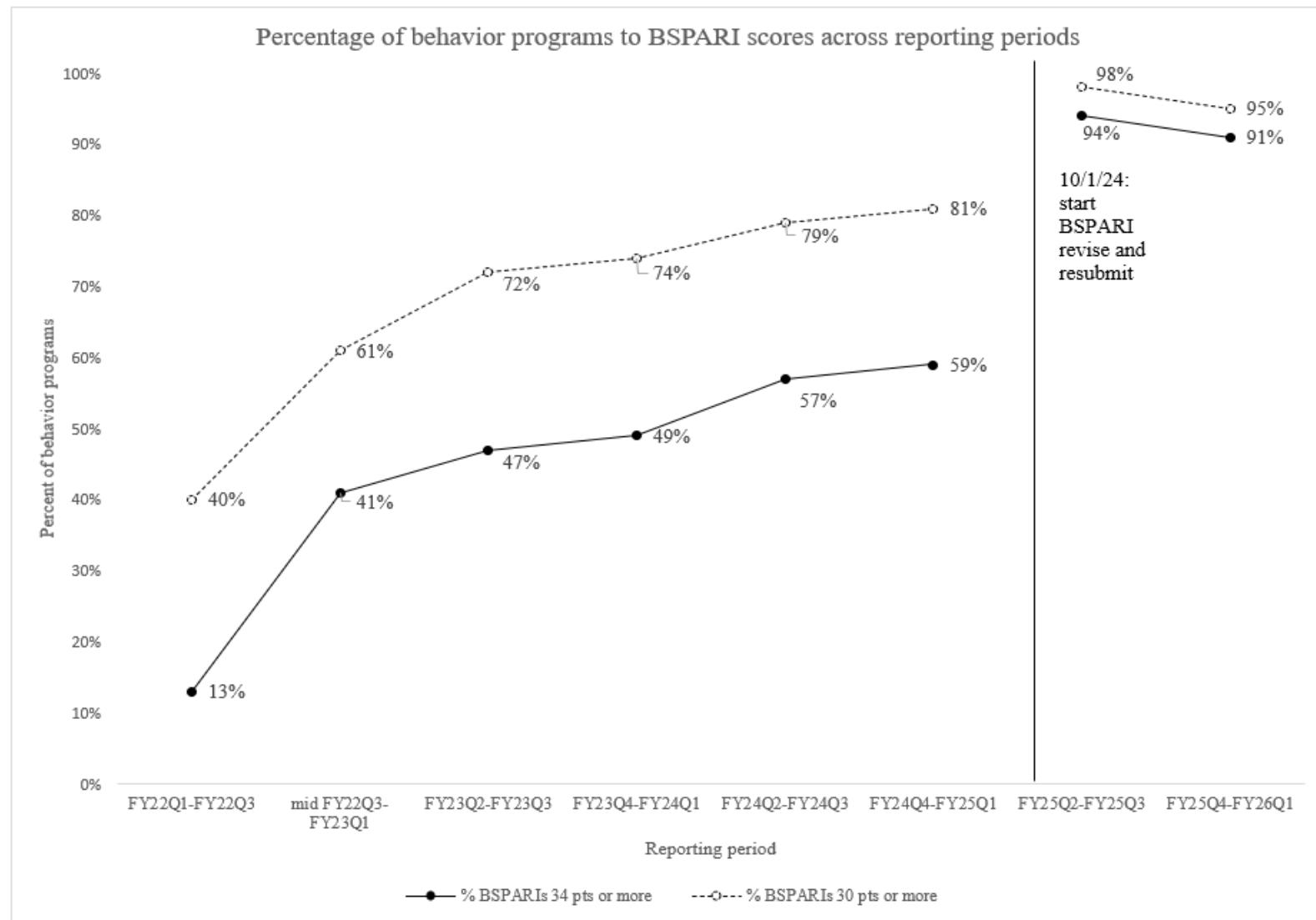
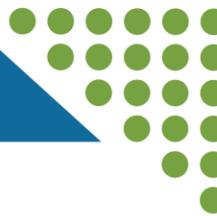
## January 2026 Updates

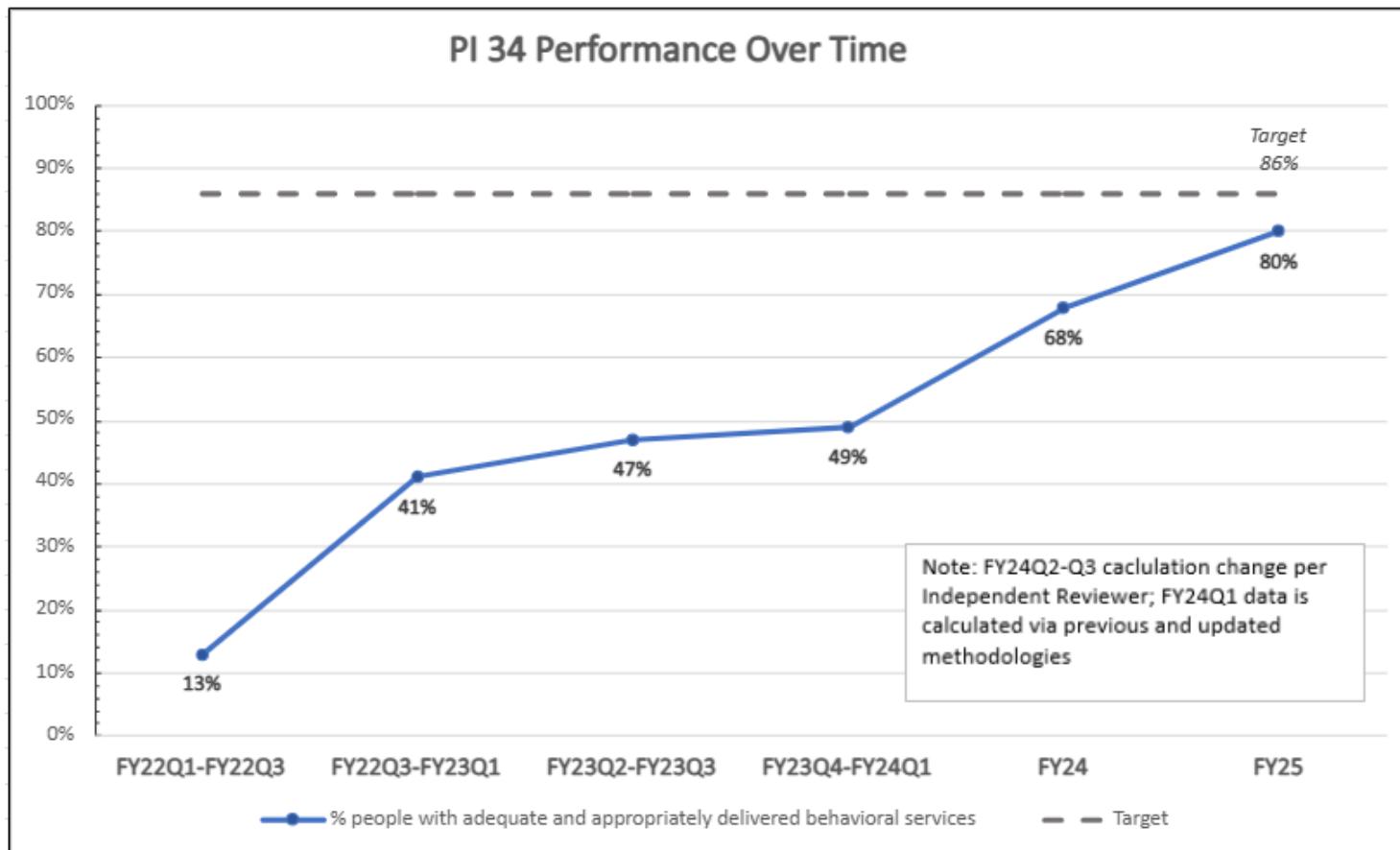
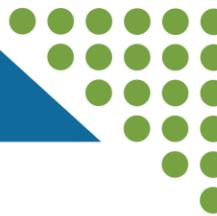




- 27<sup>th</sup> study concluded, report:
  - [DOJ-Commonwealth Settlement Agreement Library Record Index Reporting Page](#)
  - Two overarching Terms: Term 33 (timely connection to services) and 34 (quality assurance of behavior programs)
    - Neither Term is met, but actions are noted as “in progress” or “completed”
- DBHDS continues to use the BSPARI for quality assurance reviews of behavioral programs
  - BSPARI uses 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

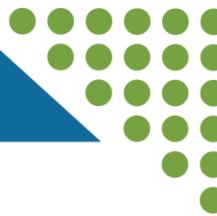






Term 34 compliance calculation is based on BSPARI scores and utilization data for people needing this service: [see pg. 197 of 27<sup>th</sup> study period report](#)

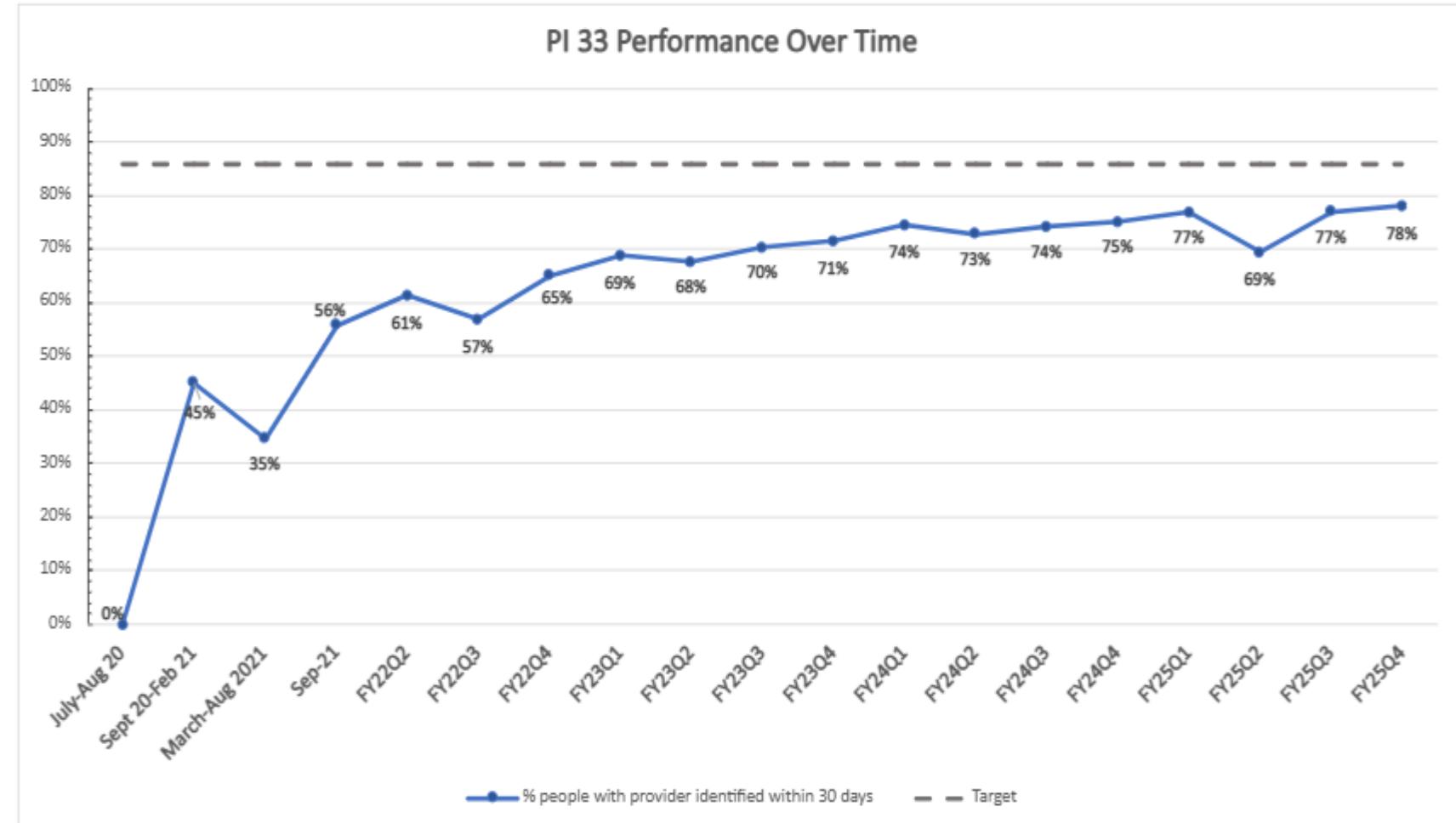


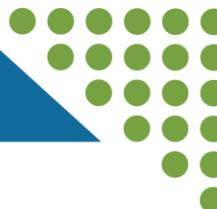


## Target:

A service authorization  
for 86% of people in  
need within 30 days

If you need locating a  
provider, please  
remember that the  
Search Engine is a  
resource that may help





- DBHDS Search Engine for Therapeutic Behavior Consultation Providers
- Behavioral Services website
  - Contains the search engine, Form to be listed on the search engine, resources, training videos, information on quality assurance, etc.

Questions or feedback: [Nathan.habel@dbhds.virginia.gov](mailto:Nathan.habel@dbhds.virginia.gov)





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# Provider Innovation Collaborative Reflections

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Three Reminders for Long-Term Sustainability



# Reminder 1: Person-centered thinking requires restraint

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Keynote: *Trust, Risk, and What Really Matters* — Ty Day and Aimee Day

Ty Day's story reminded us that person-centered thinking means resisting the urge to substitute our experience for someone else's choice.

It reinforced the importance of trust over assumption, honoring dignity of risk, and planning with people rather than for them.

**It is important to stay curious, even when we feel confident in our expertise.**



## Reminder 2: Culture is how mission shows up every day

---

Session: *How to Build a Mission-Driven Culture that Grows* — Caroline Simmons

This reinforced that sustainability isn't just operational — it lives in culture and in how people experience our organizations every day.

Key takeaways include:

- Service isn't a department
- Culture is built daily
- Staff experience directly shapes outcomes

**Mission shows up in the small, consistent ways people are treated and supported.**

## Reminder 3: Adaptability starts with self-awareness

---

Sessions: *Yes, And! The Mindset for Navigating Changing Risk & Resilience* — Avish Parashar and *Start with “I”* — Todd Bradberry

The “Yes, And!” session offered a way to stay open to possibility, especially in environments shaped by risk and regulation. It emphasized responding with the intention to expand thinking and problem-solving, rather than reacting with all the reasons to say “no” already in mind.

Bradberry’s session emphasized the need for both structure and flexibility — what he described as boxes and bubbles — and the importance of understanding which way we naturally lean. That awareness helps leaders purposefully stretch when needed to manage effectively.

Together, these sessions reminded us that sustainability comes from balancing structure and adaptability, not choosing one over the other.

**Sustainability starts with how we show up.**



## Reflecting Forward

---

Together, these three reminders reinforced that sustainability is not achieved through any single practice or strategy, but through how we show up — in our culture, leadership, and daily decisions.

We are grateful to have the Provider Innovation Collaborative as a space to reflect, learn, and challenge assumptions in ways that strengthen our collective work.

**Thank you for the opportunity to share these reflections and to continue learning together.**

Heidi Scalzott, Director of Business Development

Email: [hscalzott@mcri.org](mailto:hscalzott@mcri.org) | Website: [www.MyCRI.org](http://www.MyCRI.org)



# National Care Indicators- DD

**Presenter:**  
**Kayla Diggs Brody**

**VCU**

Partnership for People  
with Disabilities  
School of Education





## • About NCI-IDD •

Collaboration between the National Association of State Directors of Developmental Disabilities Services (NASDDDS), the Human Services Research Institute (HSRI), and participating states, including Virginia.

NCI surveys are known nationally as a very important source of information about people with IDD.

The information is collected by surveying people with IDD about their satisfaction with the services they receive and their overall quality of life.

Link to National NCI-IDD website: <https://www.nationalcoreindicators.org/>

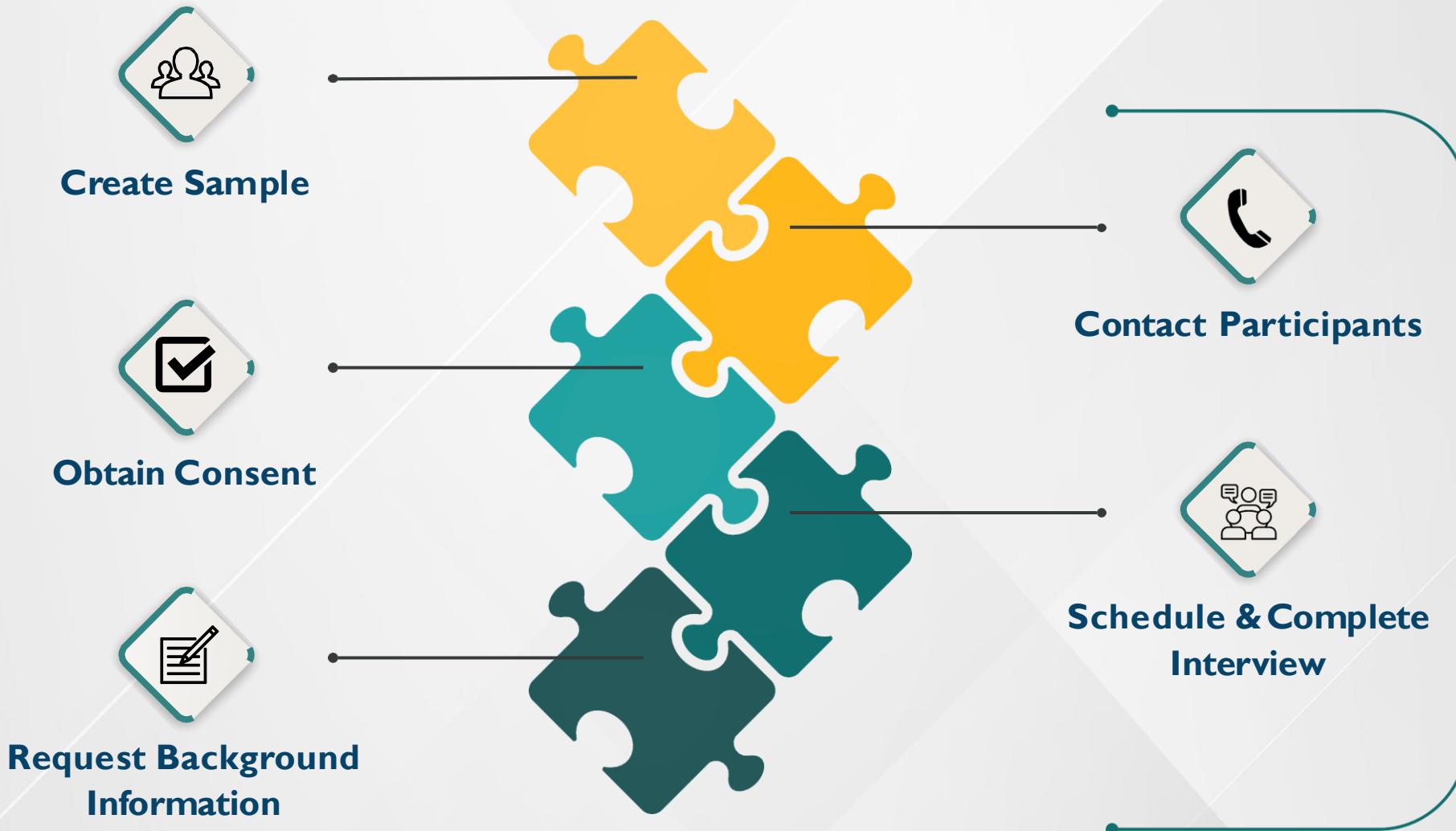
## **Opportunity for a person to talk with an interviewer about their experiences and what they think about their services**

---

We want to ensure that everyone selected to participate is provided an equal opportunity to complete an interview



# NCI-IDD Process





## How You Can Help

NCI-IDD is a very involved process that requires a lot of support from CSBs and Providers

**Explain NCI-IDD to participants**

**Help schedule an interview during a time that works best for the participant**

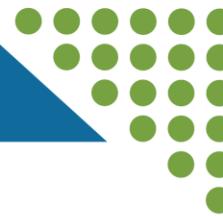
**Return phone calls from interviewers**

**Assist with technology set-up for the interview**



**iMark**  
**You!**

- *If you have any questions  
please contact: Kayla Diggs  
Brody ([diggskg@vcu.edu](mailto:diggskg@vcu.edu))*



# Home and Community Base Settings

Provider Roundtable Updates  
Jan 2026

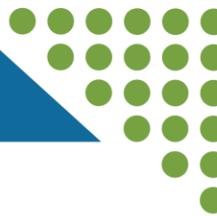


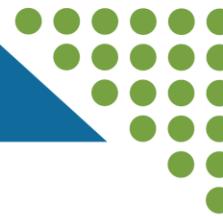
Virginia has completed our CAP with CMS and has met initial HCBS compliance!!

DMAS and DBHDS want to say THANK YOU to the provider community! You all have worked so hard, and your work has not gone unnoticed by either agency- thank you!



Now that we are in the "ongoing monitoring" phase, DMAS and DBHDS are planning to host multiple ongoing monitoring training sessions in February. We will go over the full monitoring plan and the new HCBS portal. Please keep an eye out on the provider listserv for notices on dates and times.

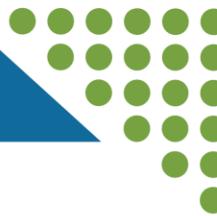




# IFSP Updates

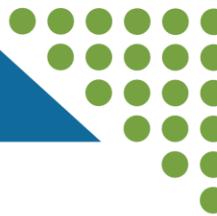
Provider Roundtable January 28, 2026





- **Thank you** to SCs and Providers who shared information with potential applicants!
- The IFSP Funding Program received **5,125** applications in October 2025.
- Total approved: **3884**
- All eligible Priority 1 applicants were approved.
- All eligible applicants who where were denied last year were approved.
- Funds were issued in December 2025.
- For more information about the IFSP funding issuance, see the [Funding Issuance Notice](#) that was sent on 12/3/25.
- Additional information can be found here: [Using Your IFSP-Funding Way2Go Debit Card](#).





## Opportunities to learn, lead, and shape the system

### IFSP State and Regional Councils

- Families and individuals with DD help shape priorities and share information and resources
- Focus on those on the Waitlist, but also open to people with waiver services and families

### Quarterly Education Sessions AKA Coordinated Regional Council Meetings

- **Quarterly virtual sessions on topics that matter to people with DD and their families**
- **Hosted by Regional Councils**

#### Each session features:

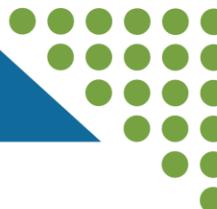
- Subject matter experts
- Lived experience panelists

#### Past topics include:

- Transportation Options and Alternatives
- Transition Planning Resources
- Navigating Foster, Adoptive and Kinship Care
- Next Steps After a DD Diagnosis

Access materials in the IFSP Archives: <https://mylifemycommunityvirginia.org/ifsp-archives>





## Tools to help everyone stay informed and connected

- **Monthly IFSP Digest**
  - Updates, opportunities, and resources
  - September 2025 Digest:  
<https://conta.cc/434lzVf>
  - Great for sharing with people you support (Waitlist or Waiver)
- **My Life, My Community Website**
  - One-stop resources for services, supports and provider listings
  - Providers: check your listing – update or add via the Provider Hub
  - <https://mylifemycommunityvirginia.org/>
- **IFSP Community and Regional Facebook Pages**
  - Share events, announcements, opportunities, information that matters to people with DD
  - Help people you support to follow us and stay connected

If you would like to connect with your local IFSP Regional Council, please “like” your local Regional Council’s Facebook Page.

### Western (Region 1):

- [www.facebook.com/IFSPWesternRegion/](https://www.facebook.com/IFSPWesternRegion/)

### Northern (Region 2):

- [www.facebook.com/IFSPNorthernRegion/](https://www.facebook.com/IFSPNorthernRegion/)

### Southwestern (Region 3):

- [www.facebook.com/IFSPSouthwesternRegion/](https://www.facebook.com/IFSPSouthwesternRegion/)

### Central (Region 4):

- [www.facebook.com/IFSPCentralRegion/](https://www.facebook.com/IFSPCentralRegion/)

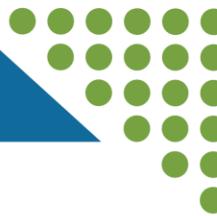
### Eastern (Region 5):

- [www.facebook.com/IFSPEasternRegion/](https://www.facebook.com/IFSPEasternRegion/)

### IFSP Community Page:

<https://www.facebook.com/IFSPCommunity>





## Stay Connected!

Visit our website: [\*\*https://mylifemycommunityvirginia.org\*\*](https://mylifemycommunityvirginia.org)

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

Connect on Facebook: [\*\*https://facebook.com/IFSPCommunity\*\*](https://facebook.com/IFSPCommunity)

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

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



# Peer Mentor Support



Virginia Department of  
Behavioral Health &  
Developmental Services





**Matthew Hudgins, Mentor**

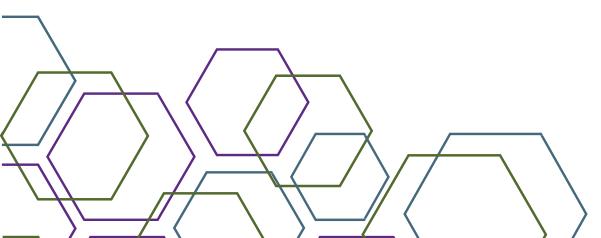
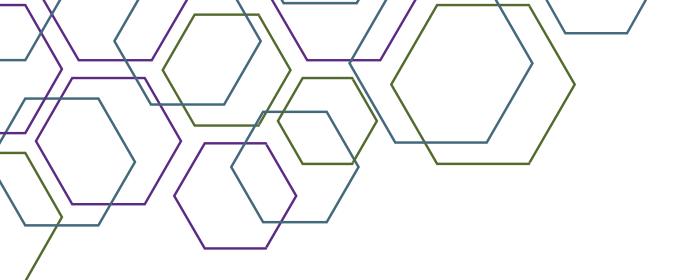


**Johnae Meekins, Mentee**

# The Background

Added as a DD  
Waiver in 2016

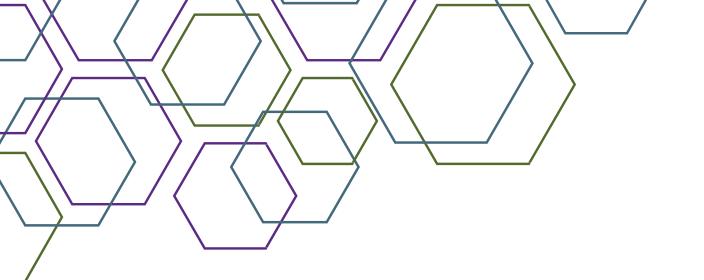
- DBHDS +  
• The Arc of VA  
partnership



Matthew Hudgins, Mentor

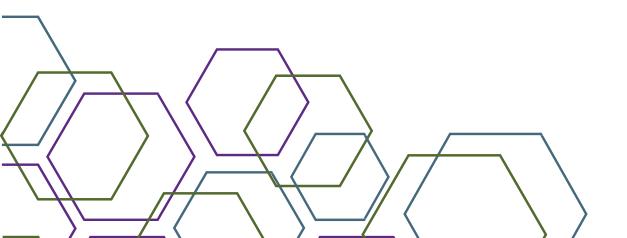
# The Mentors

- Lived Experience
  - Paid Training
  - Hired by Providers
- 
- 



Johnae Meekins, Mentee

# The Mentees

- DD Waiver or DD Waivers Waitlist
  - Interview & Select a Mentor
  - Choose a Goal
- 

# The Goals

- Independent Living Skills
- Employment
- Socialization

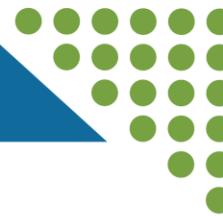
# The Partnership

- Mentee & Mentor Referrals
- Facilitate & Coordinate
- Socialization

# Visit Us



[TheArcofVA.org](http://TheArcofVA.org)  [NCooper@TheArcofVA.org](mailto:NCooper@TheArcofVA.org)

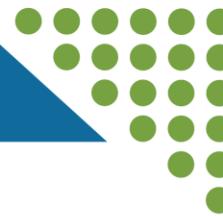


# Common Quality Management Review (QMR) Citations for Providers

January 2026

Please see the PRT agenda notes for the full list of the most common citations.



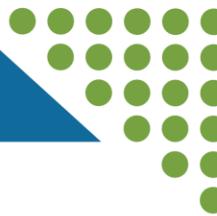
**Requirement:****12VAC30-122-80 (K) 1**

Each provider shall submit a copy of his plan for supports to the support coordinator. The plan for supports from each provider shall be incorporated into the ISP. The ISP shall also contain the identified risks and the steps for mitigating any identified risks.

**12VAC30-122-100 (B)**

The provider shall be responsible for modifying an individual's plan for supports ... any time there is a modification in the individual's condition or circumstances that may warrant a change in the amount or type of service rendered by the provider.

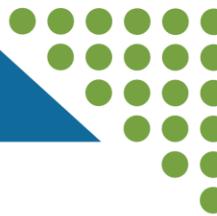




## Things to remember:

- The SC can update Parts 1 and 2 at any time
- After the ISP is in “Pending Provider Completion” or “ISP Complete” status, changes must come through *provider revisions to Part V*.
- Outcomes and Essential Supports may be revised.





## Revise Part V Essential Supports

5. Click on **Edit** for *Essential Supports*. The three sections (*Identified Risks, Potential Risks and Routine Supports*) appear.

Instructions  
Service and Outcomes  
**Essential Supports**  
General Schedule of Supports  
Signatures  
Safety Restrictions

Edit  
Edit  
Add New Support  
Edit  
Edit

Obtain new signatures  
Submit to SC for review

\*\* Make sure to let the  
SC know that a revision  
has been sent!

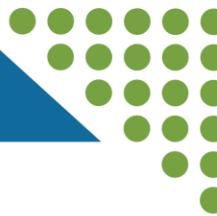
Once the new outcome has been added and the signatures are saved, the **Submit** button appears for the Support Coordinator to review the revisions.

Part V: Plan for Supports - Summary Status: In Progress  
Back to Summary  
Summary  
Submit  
Discard  
Expand All

Instructions  
Service and Outcomes  
Essential Supports  
General Schedule of Supports  
Signatures  
Safety Restrictions

Edit  
Edit  
Add New Support  
Edit  
Edit





# Project Update: Waiver Service Modules for Providers



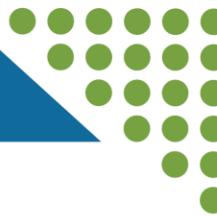
## Community Guide Services

### Provider Module Series

Presented by:

Office of Provider Network Supports  
Division of Developmental Services  
The Department of Behavioral Health and  
Developmental Services

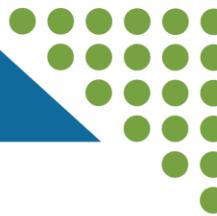




## Background:

- The CRC Team has been working on 23 (now 26) modules since June 2025 to provide updated training materials to providers and other interested parties.
- These modules are meant to support and guide providers in the basics of the DD Waiver service they are considering or are already providing.

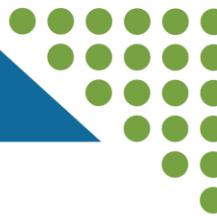




## What do the modules cover?

- Most modules focus on a specific DD Waiver service (ex. Sponsored Residential, Therapeutic Consultation, or Employment and Community Transportation), but some give a more high-level overview of how the system works, expectations for person-centered practices, and/or some functions within the system, such as service authorization or oversight.
- Anyone can view a module of interest to them, and we encourage providers and others, especially new providers, to look at all overview modules to develop a better understanding of the system.

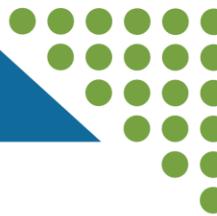




## What is our progress toward completion?

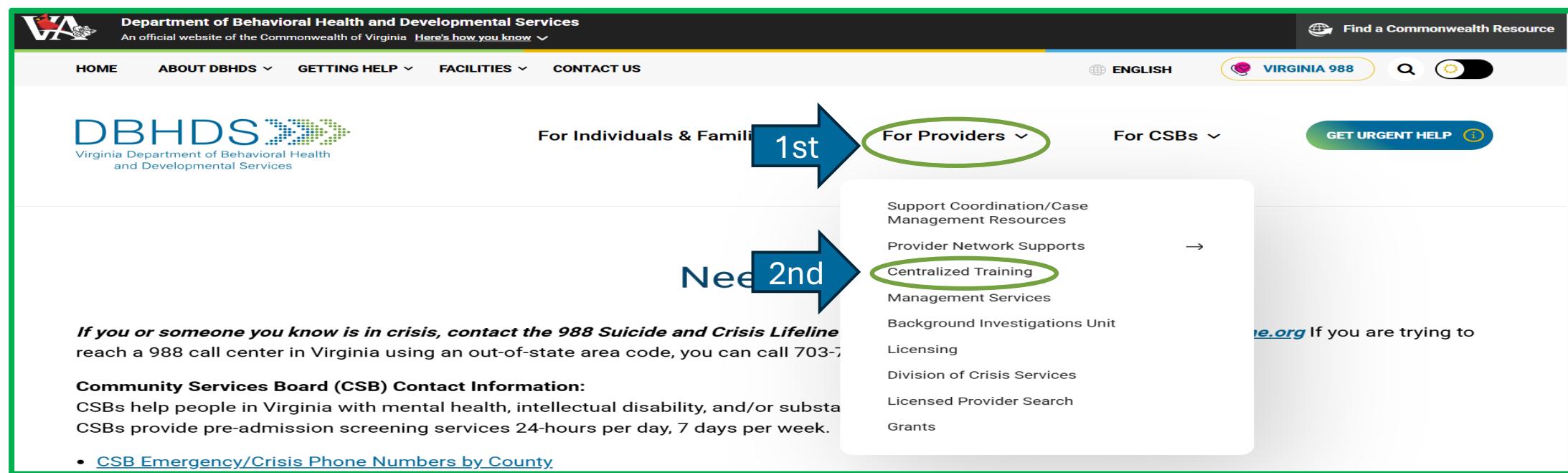
- Most of the modules are done but are currently awaiting review and approval from other entities before they are made available to providers. They will be announced via the Provider Network Listserv on Constant Contact as they become available.
- If you need to sign up for the Listserv, please do so on the Provider Network Supports website, under the **“Information for New Providers”** section, linked here: [Join the Provider Network Listserv at Constant Contact](#)





## Where can I find these modules?

- To access the modules, use links provided in Listserv announcements or visit the website here: [Recommended Training - Virginia Department of Behavioral Health and Developmental Services \(DBHDS\)](#)



VA Department of Behavioral Health and Developmental Services  
An official website of the Commonwealth of Virginia [Here's how you know](#)

HOME ABOUT DBHDS GETTING HELP FACILITIES CONTACT US ENGLISH VIRGINIA 988 GET URGENT HELP

VA Department of Behavioral Health and Developmental Services

For Individuals & Families For Providers For CSBs

1st

2nd

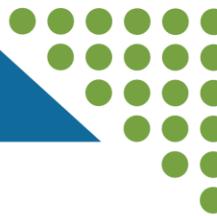
**Centralized Training**

If you or someone you know is in crisis, contact the 988 Suicide and Crisis Lifeline

Community Services Board (CSB) Contact Information:

- [CSB Emergency/Crisis Phone Numbers by County](#)





The modules will be listed under the “For Providers” tab, “Centralized Training” heading, in the “Recommended Training” section, under “Provider Training Module Series,” as seen below:

[For Individuals & Families](#)[For Providers](#)[For CSBs](#)[GET URGENT HELP](#) 

## Recommended Training

### Provider Training Module Series

These modules are recommended for providers of DD Waiver services. Additional content for all DD Waiver services will be added as developed.

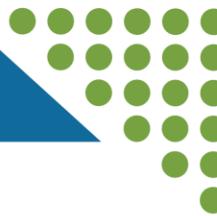
[Community Guide Services](#)[Employment and Workplace Assistance](#)[Therapeutic Consultation](#)

2nd

1st

### Select a Section for More Information

[Introduction](#)[Required Training](#)[Recommended Training](#)[Resources for Training](#)

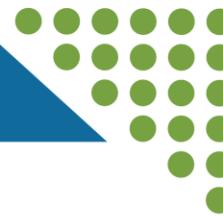


# Questions?

## Project Contacts:

- Beth Pleinka-Bateman at [beth.pleinka-bateman@dbhds.virginia.gov](mailto:beth.pleinka-bateman@dbhds.virginia.gov)
- Barry Seaver at [barry.seaver@dbhds.virginia.gov](mailto:barry.seaver@dbhds.virginia.gov)



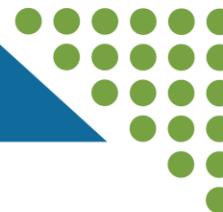


# Office of Human Rights

## Provider Roundtable Updates

### January 2026





**DBHDS**   
Virginia Department of Behavioral Health  
and Developmental Services

Annual Seclusion and Restraint Reporting Form

Please refer to the emailed memo ([2025 Community Annual Restraint and Seclusion Reporting Memo](#)) distributed by the Office of Human Rights that includes relevant information to complete this form.

Completed form(s) are **due by January 15, 2026**.

Similar to how data has been collected in the past, you will need to complete one form for each service type. You will be asked to provide cumulative data for instances of seclusion or restraint that occurred during calendar year 2025. Be sure to have your documentation ready before entering on this form. After your forms are submitted, a representative from the Office of Human Rights may contact you for additional information.

Download the [OHR Seclusion and Restraint Form Guide CY2025](#) to preview the form; or review the [Annual Seclusion & Restraint Reporting Form Tutorial](#), with screenshots and audio instructions for completing the survey

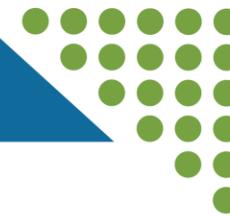
[Next slide →](#)

### **Tips to Prevent Common Mistakes:**

- ✓ Providers with 0 instances of restraint or seclusion must still complete the survey.
- ✓ Providers that have submitted a CHRIS report related to an instance of seclusion or restraint that occurred during Calendar Year 2025 should indicate that instance of seclusion or restraint on the survey.
- ✓ Providers with more than one licensed service should click the blue hyperlink text at the end of the survey to start another survey for a different service type.
- ✓ Providers that are applying for a DBHDS license but do not have a license yet should not submit an annual seclusion and restraint survey.

**The survey will close on January 31st at 11:59PM**





The total number of reported instances represents just 9% of all responses. The majority of providers who submitted reports, indicated 0 instances where they utilized seclusion or restraint.

#### Physical Restraint

9,325 unique instances reported

3,049 individuals\*

59,654 minutes

Leading reasons:  
Behavioral purpose

#### Mechanical Restraint

17,018 unique instances reported

439 individuals\*

491,005 minutes

Leading reason:  
Behavioral Purpose

#### Pharmacological Restraint

1,413 unique instances reported

559 individuals\*

Leading reason:  
Behavioral purpose

#### Seclusion

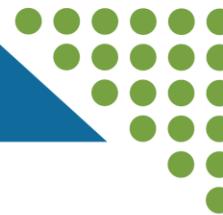
1,633 unique instances reported

692 individuals\*

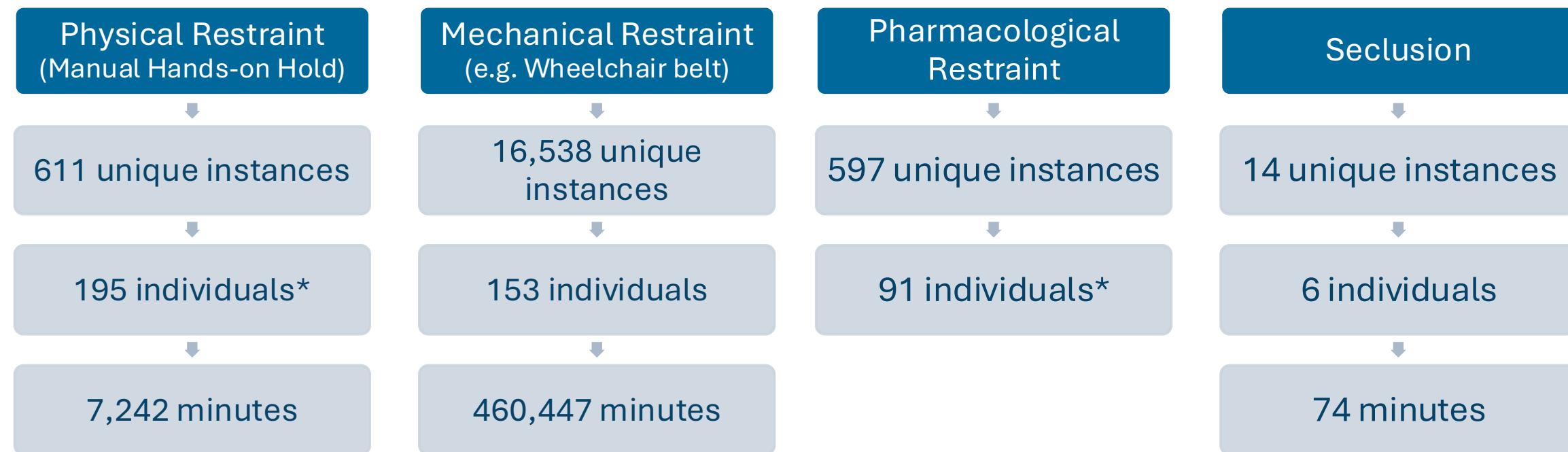
Leading reason:  
Behavioral purposes

\*Note: Individuals may be represented multiple times.



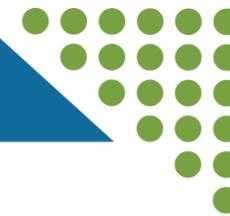


The total number of reported instances represents 9% (333) of all responses. Of these, 32% (107) reported instances in a DD-service setting.



\*Note: Individuals may be represented multiple times.





The CLB began in 2017 to ensure provider abuse/neglect investigations are conducted in compliance with the Human Rights Regulations. The CLB identifies areas where training or follow-up assistance is warranted to improve the overall investigative process and outcomes.

#### **CLB Sampling Criteria:**

- ✓ Abuse Report submitted in CHRIS by a CSB or licensed private provider
- ✓ Incident Service Type of DD, as listed on the CHRIS report
- ✓ “Closed” date that falls within the month prior to the time-period for review

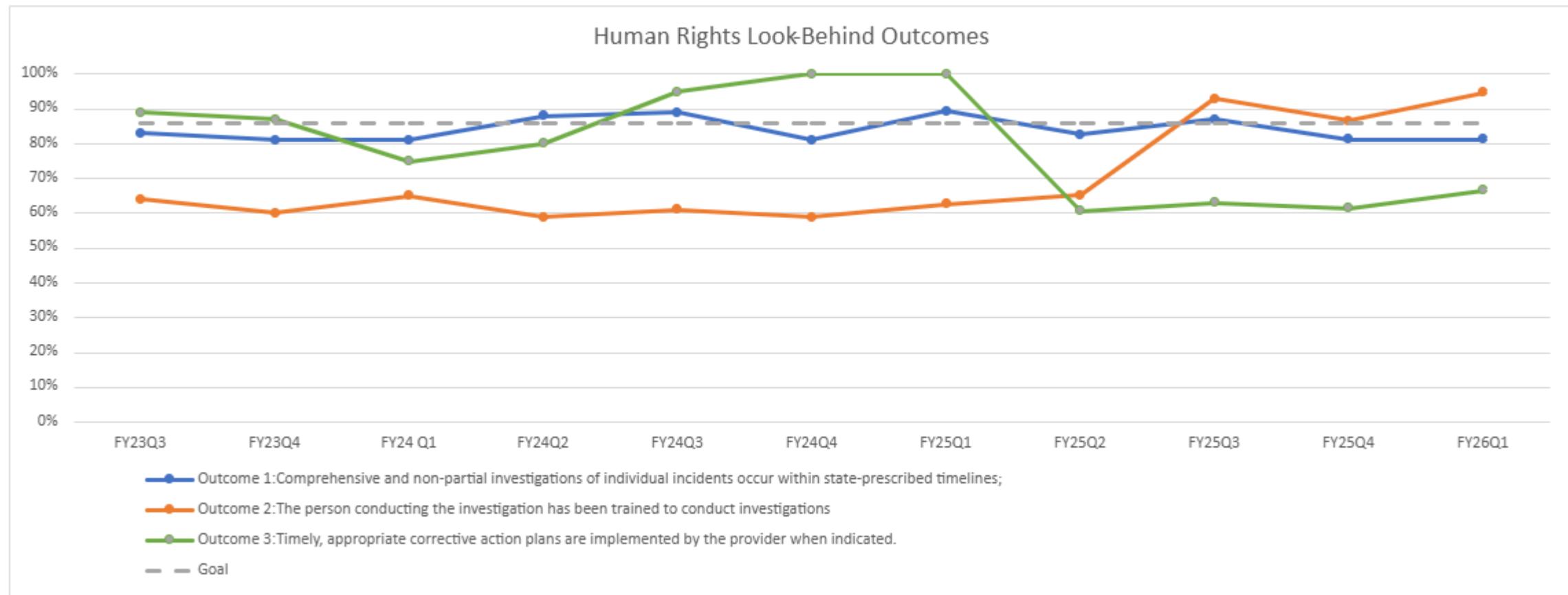
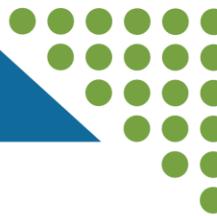
#### **CLB Review Process:**

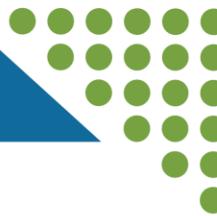
- Providers are contacted by the OHR Regional Manager when one of their cases is identified for review.
- Remote review including a desk audit of the CHRIS report and appraisal of information submitted by the provider
- Virtual follow-up session with the provider to debrief the outcome

#### **Information Requested from Provider:**

- Copy of investigation documents (report, witness statements, pictures etc.)
- Notification letter(s) to individual/AR
- Certificate of training for the person that conducted the investigation
- Documentation to support any corrective action selected in CHRIS (revised policy, environmental mod., training etc.)







Governor Youngkin's Executive Directive 1 requires DBHDS to remove "regulations not mandated" by federal or state statute. OHR reviewed the HRR to identify noncontroversial amendments and the initial draft closed to public comment October 21, 2024

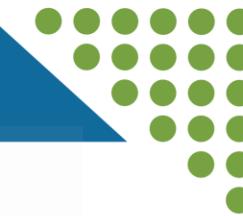
Additional revisions were made based on suggestions from the Office of the Attorney General, feedback from public comments and to align with the Health Care Decisions Act. This REVISED DRAFT closed to public comment on February 26, 2025.

In April 2025, the State Board approved the NOIRA process based on OHR's recommendation and receipt of 30+ comments that demonstrated provider confusion about existing requirements and changes necessary to align with federal law.

### High-Level Revisions:

- Expand and clarify existing definitions
- Consistently label and define timeframes
- Eliminate legal terminology related to appeals
- Reestablish Advocate ability to grant extensions
- Refine expectations for provider investigations
- Define expectations for corrective action and communication to involved individuals
- Align with the HCDA





In Jan 2025 OHR launched a **New-Provider Orientation** designed for provider applicants and newly licensed or newly funded providers, as an introduction to OHR processes and expectations for compliance. Virtual sessions occurred every 4<sup>th</sup> Wed at 10A

**This session will be available as a video on the OHR webpage in January 2026**

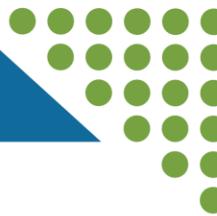
In April and Oct 2025 OHR facilitated **Overview for Professionals** designed specifically for consultive professionals who are working with individuals receiving services from DBHDS-licensed providers. Provides information about individuals' rights, how to report potential human rights violations and work with licensed providers to implement restrictions and operate within other LHRC/OHR processes.

**Available by request only in 2026. Presentation materials are accessible on the OHR webpage.**

In April and Oct 2025 OHR facilitated **Dignity of Risk** workshops designed for a more hands-on and collaborative learning experience about the regulatory principles and practices pertaining to an individual's right to make choices, including an overview of the terms *Dignity of Risk* and *Duty to Care*

**5 Regional in-person seminars in 2026. Limited capacity\* Materials accessible on the OHR webpage**



**Training**

Listed on the webpage below you will find Provider education opportunities facilitated by the Office of Human Rights for the first quarter of the year (January - March 2026). Beneath the training descriptions are the materials for the course and the available dates to participate in a scheduled presentation of the information. Please see the instructions here as to how to register for attendance.

- Clicking on the training date (which is the Microsoft Teams registration link), will allow you to register to participate in the live education session on the noted date and time.
- Please be advised that dates and times are subject to change. Notification of any change in date or time will be provided by Microsoft Teams webinar registration.
- Certificate availability:** contact hour certificates are available. Request for certificates are made via the registration. Anyone seeking a certificate will need to register for the session, and attend the course on the link provided from their registration.
- Certificates are issued to attendees, not as an agency. Please avoid sharing links as it can disrupt attendance verification.
- Attendees should individually register for the course and attend on the link provided from their registration - including when attending as a group.
- Please be advised that attending the trainings on a cellular device may limit access and connectivity to the training.
- Should a participant's attendance be unable to be verified, a certificate will not be issued.
- Certificates will be issued within 30 days from the date of the training. \*Delays can occur, however, efforts will be made to have the certificates issued within the identified time frame.

Please see the course descriptions and schedule dates of the courses below

**Frequently Asked Questions****[Self Training Series FAQs - 9.5.24](#)**

**Training descriptions & Dates, Slide Decks, and Supplemental Materials**

**Reporting in CHRIS: Abuse, Neglect, Exploitation, & Human Rights Complaints**

The learner will increase their understanding of the Computerized Human Rights Information System (CHRIS) and the Human Rights Regulations regarding human rights complaints and reporting.

**[Reporting in CHRIS \(current version\)](#)**

[1.1.20](#) 1a - 12b

[1.1.20](#) 1a - 12b

[1.1.20](#) 1a - 12b

**[Slide Deck](#)**

[Reporting in CHRIS - Handout \(Regulation Guidance and Technical Assistance\)](#)  
[CHRIS Enhancement Act - 7.6.23](#)  
[CHRIS Enhancement Act - 2.7.23](#)

**Restrictions, Behavioral Treatment Plans, & Restraints**

This training is designed to educate providers on regulatory requirements related to the use of Restrictions, Behavioral Treatment Plans (BTPs), and Restraints.

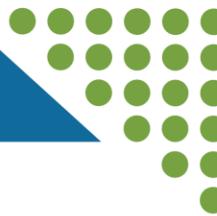
**[Restrictions, BTPs, Restraints & Restraints \(current version\)](#)**

[1.1.20](#) 1a - 11.55a

**[Slide Deck](#)**

- Reporting in CHRIS: Monthly
- Restrictions, Behavioral Treatment Plans & Restrictions Quarterly
- Overview of Human Rights Regulations : Quarterly
- Abuse/Neglect Investigator Training: Monthly **Enhanced Online Modules** available through **TRAIN** by **March 2026**.





These selections are listed based on the premise that a need for corrective action was identified during the investigation.

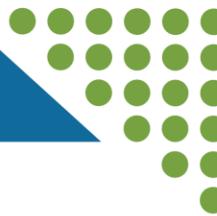
The “reason” selected should relate to the specific information that contributed to the decision that corrective action is necessary. Selections should align with the actions identified in a CAP.

Multiple reasons and corrective actions can be checked.

Providers are not required to make a selection if they are not actually taking corrective actions.

Reason for Corrective Action (Check all that apply)
<input type="checkbox"/> Documentation of individual's activities
<input type="checkbox"/> Unauthorized use of restraint techniques
<input type="checkbox"/> Policy & Procedures Don't Exist
<input type="checkbox"/> Policy & Procedures in Conflict with Requirement
<input type="checkbox"/> Failure To Report Abuse/Neglect Allegation
<input type="checkbox"/> Clinical Issue
<input type="checkbox"/> Environmental/Physical Plant Issue
<input type="checkbox"/> Inappropriate Behavior/ Verbal Exchange w/individuals
<input type="checkbox"/> Duplicate Issue/Cases
<input type="checkbox"/> Performance Issue - Substantiated
<input type="checkbox"/> Performance Issue - Unsubstantiated
<input type="checkbox"/> Systemic - Substantiated
<input type="checkbox"/> Systemic - Unsubstantiated





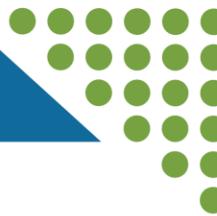
All corrective actions taken are a result of what was discovered through the investigation and should have supporting documentation. OHR will request to review this information to verify implementation of corrective actions.

Corrective Actions Taken (Check all that apply)	
<input type="checkbox"/>	Reinforce policy and procedure
<input type="checkbox"/>	Train individual staff
<input type="checkbox"/>	Train all staff
<input type="checkbox"/>	Increase supervision (change patterns of supervision)
<input type="checkbox"/>	Increase staffing
<input type="checkbox"/>	Supervisory/Administrative staff change/action
<input type="checkbox"/>	Environmental modification
<input type="checkbox"/>	Support plan modification
<input type="checkbox"/>	Individual(s) were moved
<input type="checkbox"/>	Improve QA
<input type="checkbox"/>	Appropriate staff action taken
<input type="checkbox"/>	Appropriate notification to Office of Licensing made

Appropriate Staff Action Taken Description:

Appropriate Notification to Office of Licensing Description:

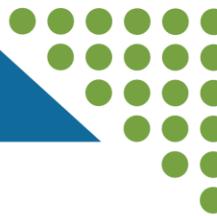
The Office of Licensing is not automatically notified when information is entered into an Abuse report. This box should be used when a licensed provider has specifically notified OL about the allegation or has entered a related SIR. The description box should include which of the action(s) were taken.



- **Region 1** Northwestern Area LHRC  
[heather.hilleary@dbhds.virginia.gov](mailto:heather.hilleary@dbhds.virginia.gov)
  - Meets 10A in Feb, May, Aug, Nov
  - Location: Northwestern CSB, Front Royal
- **Region 2:** Prince William County LHRC  
[diana.atcha@dbhds.virginia.gov](mailto:diana.atcha@dbhds.virginia.gov)
  - Meets 5:30P in Feb, April, July, Sept, Dec.
  - Location: Bull Run Library, Manassas
- **Region 3:** VA Highlands LHRC  
[heather.perry@dbhds.virginia.gov](mailto:heather.perry@dbhds.virginia.gov)
  - Meets Quarterly Time TBD in Jan, April, Aug, Dec
  - Location TBD: Serving Abingdon, Marion, Wytheville, Bristol
- **Region 4** Central Region LHRC  
[bridgette.bland@dbhds.virginia.gov](mailto:bridgette.bland@dbhds.virginia.gov)
  - Meets 9:30A in Jan, Feb, May, July, Aug, Nov
  - Location: Manchester Volunteer Resue Squad, Chesterfield
- **State Facilities:** Williamsburg Regional LHRC  
[lashanique.green@dbhds.virginia.gov](mailto:lashanique.green@dbhds.virginia.gov)
  - Meets 9 AM - Mar, May, June, Sept, Dec.
  - Location: Eastern State Hospital, Williamsburg

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





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>

## OHR Web Page

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

## Human Rights Regulations

Taneika Goldman, Director

taneika.goldman@dbhds.virginia.gov

**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

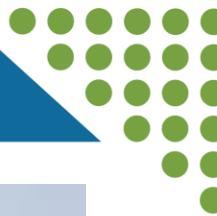
Cassie Purtlebaugh | 804.382.3889  
cassie.purtlebaugh@dbhds.virginia.gov

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

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

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

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



# **Provider Roundtable: Office of Licensing Updates & Reminders**

**January 28, 2026**

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



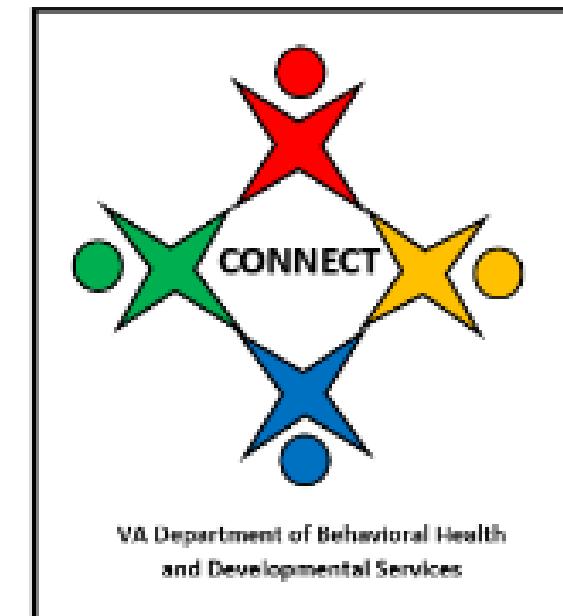
## 2026 Annual Inspections for Providers of Developmental Services Memo

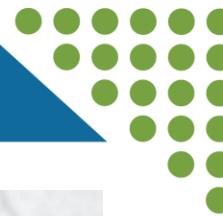
### Mandatory Technical Assistance (ECTA)

### Onsite Reviews

### Corrective Action Plans

### Issuance of License





The Office of Licensing is tasked with monitoring providers' compliance with the Rules and Regulations for Licensing Providers. In addition, the Permanent Injunction (PI), identifies specific areas in which the Commonwealth must demonstrate compliance; these include provider training programs, risk management systems, and quality improvement programs. The licensing process will also continue to assess the adequacy of supports and services provided to individuals with developmental disabilities receiving services licensed by DBHDS. This involves monitoring the adequacy of individualized support delivered by each provider.



# 2026 Annual Inspections for Providers of Developmental Services Memo (December 2025)





**COMMONWEALTH of VIRGINIA**

NELSON SMITH  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
www.dhds.virginia.gov

**MEMORANDUM**

**To:** DBHDS Licensed Providers of Developmental Services

**From:** Jae Benz, Director, Office of Licensing  
**Cc:** Mackenzie Glassco, Associate Director of Quality & Compliance  
Angelica Howard, Associate Director of Administrative & Specialized Units  
Christine Morris, Associate Director for State Licensure Operations

**Date:** December 16, 2025

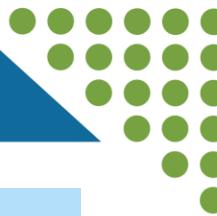
**Re:** 2026 Annual Inspections for Providers of Developmental Services

**Purpose:** The purpose of this memo is to remind providers of developmental services that, as is customary, the annual unannounced inspections begin at the start of each calendar year. In January 2020, the Office of Licensing began sharing a checklist of the minimum requirements licensing specialists (LS) review during a provider's annual inspection, as well as what documents the LS will look at to determine compliance.

The Office of Licensing is tasked with monitoring providers' compliance with the Rules and Regulations for Licensing Providers. In addition, the Permanent Injunction (PI), identifies specific areas in which the Commonwealth must demonstrate compliance; these include provider training programs, risk management systems, and quality improvement programs. The licensing process will also continue to assess the adequacy of supports and services provided to individuals with developmental disabilities receiving services licensed by DBHDS. This involves monitoring the adequacy of individualized support delivered by each provider.

At each annual inspection, the licensing specialist will review a sample of individual and employee/contractor records along with several policies and procedures to ensure that the provider is complying with the regulatory requirements. If a review determines the provider is not meeting the regulation, the appropriate regulation is cited, along with the reason the provider was found to be non-compliant. A provider is required to submit and implement a corrective action plan for each violation cited, including a detailed description of the corrective actions to be taken to correct the specific deficiencies identified, that will minimize the possibility the violation will occur again and will correct any systemic deficiencies. In addition, the licensing specialist will be reviewing any regulations cited since the last annual inspection to ensure implementation of the corrective action plans in accordance with 12VAC35-105-170 G, 12VAC35-105-170 H, and 12VAC35-105-620 C.4.

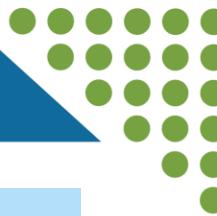
The [2026 OL Annual Compliance Determination Charts](#) include annual inspection information for all developmental services. These service-specific charts incorporate feedback from providers as well as the Independent Reviewer. Each chart outlines the minimum regulations to be reviewed for each service, the



## 2026 DD Compliance Determination Charts

Service Type	Links to Charts
<b>Residential</b>  01-001 01-005 01-011 01-036 01-037 08-011 08-013	<a href="https://dbhds.virginia.gov/wp-content/uploads/2025/12/01_DD-Annual-Compliance-Determination-Chart-Residential-01-001_01-005_01-011_01-036_01-037_08-011_08-013-1.pdf">https://dbhds.virginia.gov/wp-content/uploads/2025/12/01_DD-Annual-Compliance-Determination-Chart-Residential-01-001_01-005_01-011_01-036_01-037_08-011_08-013-1.pdf</a>
<b>Center-Based Day Support</b>  02-004 02-006 02-007	<a href="https://dbhds.virginia.gov/wp-content/uploads/2025/12/02_DD-Annual-Compliance-Determination-Chart-Center-Based-Day-Support-02-004_02-006.pdf">https://dbhds.virginia.gov/wp-content/uploads/2025/12/02_DD-Annual-Compliance-Determination-Chart-Center-Based-Day-Support-02-004_02-006.pdf</a>
<b>Non-Center Based Day Support</b>  02-008 02-009	<a href="https://dbhds.virginia.gov/wp-content/uploads/2025/12/03_DD-Annual-Compliance-Determination-Chart-Non-Center-Based-Day-Support-02-008_02-009.pdf">https://dbhds.virginia.gov/wp-content/uploads/2025/12/03_DD-Annual-Compliance-Determination-Chart-Non-Center-Based-Day-Support-02-008_02-009.pdf</a>
<b>Supportive In-Home</b>  03-011	<a href="https://dbhds.virginia.gov/wp-content/uploads/2025/12/04_DD-Annual-Compliance-Determination-Chart-Supportive-In-Home-03-011.pdf">https://dbhds.virginia.gov/wp-content/uploads/2025/12/04_DD-Annual-Compliance-Determination-Chart-Supportive-In-Home-03-011.pdf</a>
<b>In-Home Respite</b>  10-001	<a href="https://dbhds.virginia.gov/wp-content/uploads/2025/12/05_DD-Annual-Compliance-Determination-Chart-In-Home-Respite-10-001.pdf">https://dbhds.virginia.gov/wp-content/uploads/2025/12/05_DD-Annual-Compliance-Determination-Chart-In-Home-Respite-10-001.pdf</a>
<b>REACH Community Based Crisis Stabilization</b>  07-007	<a href="https://dbhds.virginia.gov/wp-content/uploads/2025/12/06_DD-Annual-Compliance-Determination-Chart-REACH-Community-Based-Crisis-Stabilization-07-007.pdf">https://dbhds.virginia.gov/wp-content/uploads/2025/12/06_DD-Annual-Compliance-Determination-Chart-REACH-Community-Based-Crisis-Stabilization-07-007.pdf</a>





- 2026 DD Inspections PowerPoint (December 2025)
- 2026 DD Inspections Recorded Presentation (December 2025)
- OCQI/OL-ECTA Process PowerPoint (December 2025)
- OCQI/OL-ECTA Process Recorded Presentation (December 2025)

documents that will be viewed to determine compliance, and whether the documents will need to be submitted via the CONNECT provider portal or viewed onsite during the inspection. All of the regulations listed in the chart are checked during the annual inspection; these represent the minimum number of regulations that will be reviewed. The Licensing Specialist will also assess the provider's compliance with any regulations cited throughout the year, as well as the implementation and effectiveness of the corrective action plans.

Please carefully review this memo and the [2026 OL Annual Compliance Determination Charts](#) specific to your licensed service(s). Prior to the annual inspection, the Office of Licensing will request the provider to submit specific documents to the department. These documents must be submitted to your licensing specialist by the due date. **CSBs/BHAs participating in the Multi-Agency Review Team (MART) must ensure that the documents included in the Master Document List are uploaded to the repository by January 1, 2026.**

As part of the annual inspection process, the specialist will conduct an exit meeting with the provider. This meeting time will be scheduled at the beginning of the inspection to allow the provider ample time to make arrangements. The exit meeting should be attended by the person responsible for oversight of the implementation of the pledged corrective action. The specialist will outline the preliminary findings from the inspection, including any areas of non-compliance. The provider will be given the opportunity to ask questions and provide additional information, as appropriate. A provider may choose to decline an exit meeting. If a provider does not respond to a request for an exit meeting or declines the opportunity to participate in the meeting, the specialist will note this and proceed with closing out the inspection or issuing citations for any regulatory violations, if indicated.

In order to support providers in achieving and maintaining compliance with the [Licensing Regulations](#), the Office of Licensing has offered training opportunities over the past few years as well as posted a significant number of power point presentation, guidance documents and samples. Please take this opportunity to visit the [Office of Licensing Webpage](#) to review these materials if you have not already done so. Additionally, [OL Website Index](#) is a tool that can be used to search for documents/resources located on the OL website. Users can download the index and filter by topic area, diagnosis group, and/or date, then click on the hyperlink to view each document/resource.

If you have any questions related to the content of this memorandum or the resources below, please do not hesitate to reach out directly to your licensing specialist via CONNECT. If you have questions related to the ECTA process, please contact [ECTA@dbhds.virginia.gov](mailto:ECTA@dbhds.virginia.gov).

- [2026 DD Inspections PowerPoint](#)
- [2026 DD Inspections Recorded Presentation](#)
- [2026 DD Inspections Kickoff Training Q&A Submission Form](#)
- [OCQI/OL-ECTA Process PowerPoint](#)
- [OCQI/OL-ECTA Process Recorded Presentation](#)



**Take advantage of these Risk Tracking tools, designed to guide you towards success!**

- Individual Risk Tracking Tool (November 2024)
- Monthly Risk Tracking Tool (November 2024)
- Instructional Video-Risk Tracking Tool (November 2024)

Risks and Conditions (*Asterix Items are also single event care concern thresholds if Level II/III.)	YEAR: 2026			January			February			March		
	Level I	Level II	Level III	January Total	Level I	Level II	Level III	February Total	Level I	Level II	Level III	March Total
	Aspiration Pneumonia											
Bowel obstruction*												
Choking*												
Decubitus ulcer or an increase in severity*												
Dehydration												
Falls												
UTI												
Sepsis												
Seizure												
Suicide Attempt												
Sexual Assault												
Medication Error												
Unplanned psychiatric hospitalization												
Scrape/Cuts												
ADD YOUR OWN HERE												

Risks and Conditions (*Asterix items are also single event care concern thresholds.)	YEAR: 2026			
	Jan-March Quarter			
	Q1 TOTAL Level I	Q1 TOTAL Level II	Q1 TOTAL Level III	Q1 Total Incidents
Aspiration Pneumonia		0	0	0
Bowel obstruction*		0	0	0
Choking*	0	0	0	0
Decubitus ulcer or an increase in severity*		0	0	0
Dehydration	0	0	0	0
Falls	0	0	0	0
UTI	0	0	0	0
Sepsis	0	0	0	0
Seizure	0	0	0	0
Suicide Attempt	0	0	0	0
Sexual Assault	0	0	0	0
Medication Error	0	0	0	0
Unplanned psychiatric hospitalization	0	0	0	0
Scrape/Cuts	0	0	0	0
ADD YOUR OWN HERE				

- **Mandatory Technical Assistance Following Systemic Noncompliance for Providers of Developmental Services**
- Posted July 10, 2025
- Effective July 15, 2025
- **Mandatory Technical Assistance is required for specific regulations marked Non-Compliance Systemic for providers of Developmental Services**



**COMMONWEALTH of VIRGINIA**  
DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
[www.dhbs.virginia.gov](http://www.dhbs.virginia.gov)

**MEMORANDUM**

**To:** DBHDS-Licensed Developmental Disability (DD) Service Providers  
**From:** Jae Benz, Director, Office of Licensing  
Britt Welch, Director, Office of Community Quality Improvement  
**Date:** July 10, 2025  
**Subject:** Mandatory Technical Assistance Following Systemic Noncompliance for Providers of Developmental Services|

DBHDS is obligated to implement specific action plans to address systemic noncompliance with regulatory requirements and improve provider performance to ensure a quality system of care for individuals receiving licensed services. DBHDS has developed specific action steps that may assist providers with demonstrating compliance. This memo addresses areas related to systemic noncompliance with the following sections of the Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services (12VAC35-105):

**Mandatory Technical Assistance Requirement**

Effective July 15, 2025, if a service receives two consecutive citations for any of the following regulations, including sub-regulations: 12VAC35-105-450, 12VAC35-105-520 A-D, or 12VAC35-105-620 A-D, the provider is required to initiate mandatory assistance. The provider must contact the DBHDS Expanded Consultation and Technical Assistance (ECTA) Team within 45 calendar days of receiving their most recent approved Corrective Action Plan (CAP). If a provider does not initiate or complete mandatory ECTA, the provider may be subject to additional enforcement by the DBHDS Office of Licensing. If it is determined during an inspection that the provider has initiated or completed ECTA within six months of the inspection start date, the provider will not be required to initiate mandatory ECTA.

**Recommendations to Maintain Compliance and Avoid Citations**

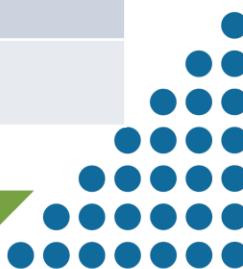
1. Review your citation history to determine if you received any citations related to 450, 520 A-D, or 620 A-D, and ensure you are implementing approved CAPs to avoid repeat citations.
2. For any inspection that occurs on/after July 15, 2025, where your agency is cited for two consecutive citations for any of the regulations referenced in this memo, your agency is required to contact the ECTA team to initiate Mandatory Assistance within 45 calendar days of the CAP being approved by the Office of Licensing.
3. Direct all licensing questions to your assigned licensing specialist through the CONNECT Portal.
4. Direct questions about the ECTA support and process to: [ECTA@dhbs.virginia.gov](mailto:ECTA@dhbs.virginia.gov).

DBHDS is committed to working with providers to improve the quality, safety, and compliance of services delivered to individuals with developmental disabilities. We appreciate your full cooperation, and commitment to continuous quality improvement.



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

Regulation	Regulatory Topic
620.A	QI Program
620.B	QI Program includes a QI Plan and QI Tools
620.D.1	QI Program
620.D.2	QI Program
620.D.3	QI Program
620.C.1	QI Plan
620.C.2	QI Plan
620.C.3	QI Plan
620.C.4	QI Plan
620.C.5	QI Plan

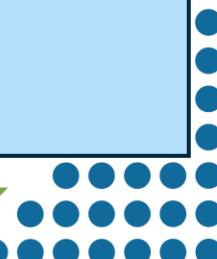


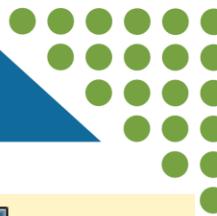


## Non-Compliance Systemic (NS):

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

- For any inspection that occurs on or after July 15, 2025
- If you receive two consecutive citations for the same regulation for a service, then the service is Non-Compliance Systemic
- It is the provider's responsibility to contact the DBHDS Expanded Consultation and Technical Assistance (ECTA) Team at [ECTA@dbhds.virginia.gov](mailto:ECTA@dbhds.virginia.gov) within 45 calendar days of receiving their most recent approved Corrective Action Plan (CAP).





## Onsite Reviews

### 12VAC35-105-70

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

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.

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.

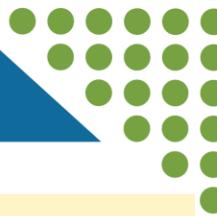
Providers need to maintain their designated office hours so that onsite reviews can be completed. Delays may result in not receiving a license.

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.

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.

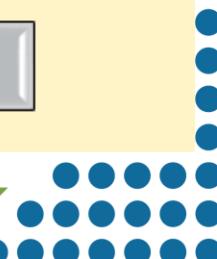
Providers need to plan for an exit meeting at the end of an inspection.

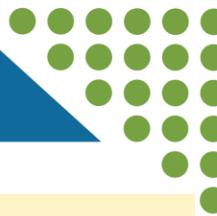




## Corrective Action Plan 12VAC-35-170

- 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.





## Issuance of Licenses 12VAC35-105-50

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

CONNECT sends a notification 90 days prior to the license expiring.

Submit the renewal applications at least 30 calendar days prior to the expiration of the license per the [License Renewal and DMAS Enrollment Alignment Memo \(October 2025\)](#).

Prior to submitting any renewal, providers should access their current license addendum in CONNECT to verify the accuracy of all licensed locations and approved bed counts. When discrepancies are identified, the provider must address them within 5 business days by submitting the appropriate modification via CONNECT.

Once a license has been renewed, it is the expectation that the provider review their license and addendum in CONNECT to ensure the accuracy of the licensed services and locations listed. The current license should be printed and available at all times.

