



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.dbhds.virginia.gov

MEMORANDUM

- To:** Licensed Providers of Developmental Services
- From:** Heather Norton, Assistant Commissioner, Developmental Services
Dev Nair, Assistant Commissioner, Provider Management
- Date:** November 21, 2023
- RE:** Expectations regarding provider reporting measures for residential and day support providers of developmental services and expectations of provider risk management programs for all providers of developmental services

As the Commonwealth moves toward compliance with the Settlement Agreement (SA) with the Department of Justice (DOJ), there remain some outstanding areas that need to be addressed to meet the expectations of the Court. This memo addresses DBHDS' expectations related to provider reporting measures that are incorporated into quality improvement programs and provider risk management programs for licensed providers.

This section of the memo is applicable to residential and day support providers of developmental services.

Compliance Indicator 43.1 states, *“DBHDS has developed measures that DBHDS-licensed DD providers, including CSBs, are required to report to DBHDS on a regular basis and DBHDS has informed such providers of these requirements. The sources of data for reporting shall be such providers' risk management/critical incident reporting and their QI program. Provider reporting measures must: a. Assess both positive and negative aspects of health and safety and of community integration; b. Be selected from the relevant domains listed in Section V.D.3; and c. Include measures representing risks that are prevalent in individuals with developmental disabilities (e.g., aspiration, bowel obstruction, sepsis) that are reviewed at least quarterly by the designated sub-committee as defined by the Quality Management Plan.”*

DBHDS uses data from Serious Incidents, the Risk Awareness Tool and the Individualized Service Plan (ISP) to report on positive and negative aspects of health and safety. DBHDS will utilize data from Quality Service Reviews (QSR), Semi-Annual Employment Report, National Core Indicators (NCI), and ISPs for positive and negative aspects of community integration. DBHDS was relieved of a complimentary indicator that required providers to report that data separate and distinct from other data reported.

Licensed residential and day support providers of developmental services will be expected to track community integration as a statewide performance measure through their Quality Improvement (QI) Plan, as required by 12VAC35-105-620.C.3: *The quality improvement plan shall: Include and report on statewide performance measures, if applicable, as required by DBHDS.* To meet this requirement, each residential and day support provider should have in their QI Plan a specific measurable goal and measurable objective(s) that addresses *meaningful work* or *meaningful community inclusion* as defined by the Division of Developmental Services. Providers are not required to develop a measurable goal for both meaningful work and meaningful community inclusion, they must develop a measurable goal and measurable objective(s) for one or the other.

Meaningful work is defined as individual supported employment or group supported employment in a setting where individuals have the opportunity to interact with non-disabled individuals.

Meaningful community inclusion is defined as activities that are delivered in a group of three individuals or fewer, are based on the person's preferences and choice, and completed with people the person prefers to engage with. For example, all activities are not with the four people I live with. Meaningful community inclusion can include activities that are done with paid and natural supports.

While residential and day support providers do not provide employment services, supporting these services may be part of an individual's plan. As it relates to meaningful community inclusion, this expectation does not require residential and day support providers to maintain the ratio of 1:3 for all activities, but to meet this requirement the provider must develop and implement their goal and objective(s) in accordance with their QI Plan.

During the 2024 annual inspection, the licensing specialist will review the QI Plan to determine if residential and day support providers of developmental services have developed a measurable goal and measurable objective(s) to address meaningful work or meaningful community inclusion. If a provider has met this requirement, they will be given a rating of Compliant as it relates to 620.C.3. Providers who have not developed a measurable goal and measurable objective(s) to meet this requirement will be given a rating of Non-Determined in lieu of Non-Compliance, and technical assistance will be provided by the Office of Licensing. In addition, information related to provider compliance will be assessed during Quality Service Reviews specifically to eliminate the need for providers to report on their data and instead leverage this review to gather that information.

On Monday, December 18, 2023, from 9:00 a.m.-11:30 a.m., the Office of Licensing will be providing an overview of the annual developmental services inspection process, including the purpose and expectations, a review of serious incident reporting, root cause analysis, risk management and quality improvement regulations along with some of the most frequently cited regulations. The Division of Developmental services will also provide additional clarification as it relates to this new requirement for residential and day support providers. If you would like to register for this training, [please click here.](#)

DBHDS has provided some examples of measurable goals and objectives below to address 620.C.3 within their Quality Improvement Plan:

- **Meaningful Work:**
 - **Example Goal:** By December 31, 2024, ABC day support/residential will increase the number of individuals in the program who are employed by 15%.
 - **Example Objective:** ABC day support/residential talks with individuals at least monthly about their interest in employment.
 - **Example Objective:** ABC day support/residential works with case management services at least quarterly to refer people to DARS.

- **Example Objective:** ABC day support/residential modifies their staffing pattern weekly to support people who are working.
- **Meaningful Community Inclusion** (individual participation in community outings)
 - **Example Goal:** By December 31, 2024, each person with ABC day support/residential will go out with staff with no more than a 1:3 ratio at least monthly.
 - **Example Objective:** ABC day support/residential talks with individuals about their interests at least weekly.
 - OR
 - **Example Objective:** ABC day support/residential coordinates with friends of individuals at least monthly to coordinate an activity.
- **Meaningful Community Inclusion** (non-large group activities)
 - **Example Goal:** By December 31, 2024, each person who attends ABC day support will have the opportunity to participate in an activity in their community without their peers at least quarterly.
 - **Example Objective:** ABC day support talks with individuals about their interests at least monthly.
 - **Example Objective:** ABC day support schedules staff to support individuals for one-to-one activity at least weekly.
 - **Example Objective:** ABC day support coordinates with friends of individuals to coordinate an activity at least monthly.

This section of the memo is applicable to all providers of developmental services.

In addition, compliance indicator 30.10 states, in part, “To enable them to adequately address harms and risks of harm, the Commonwealth requires that provider risk management systems shall identify the incidence of common risks and conditions faced by people with IDD that contribute to avoidable deaths (e.g., reportable incidents of choking, aspiration pneumonia, bowel obstruction, UTIs, decubitus ulcers) and take prompt action when such events occur or the risk is otherwise identified...”

To facilitate achieving compliance with this indicator (30.10), DBHDS has identified nine common risks and conditions that are reported by providers through the CHRIS system and monitored by the DBHDS Risk Management Review Committee. Those risks and conditions are:

1. Aspiration Pneumonia
2. Bowel Obstruction
3. Sepsis
4. Pressure Injury (Decubitus Ulcer)
5. Fall
6. Dehydration
7. Seizure
8. Urinary Tract Infection
9. Choking

DBHDS recommends that providers track the occurrence of these events and/or other risks and conditions that are significant for the population they serve. DBHDS has developed some guidelines and tools to assist providers in doing so. This included a three-part training on minimizing risk that was delivered in April 2023. Links to the recordings and the PowerPoint presentations from these trainings as well as other relevant materials are available on the [DBHDS Office of Licensing webpage](#) under the following sections:

Training and Technical Assistance

- Root Cause Analysis – 12VAC35-105-160.E.2
 - [Serious Incident Review and RCA Template Example 5 Whys Stories Victor](#)

- [Serious Incident Review and RCA Template Example 5 Whys Stories Billy](#)
- [Serious Incident Review and RCA Template Example 5 Whys Stories Jasmine](#)
- [Serious Incident Review and RCA Template Example 5 Whys Stories Sam](#)
- [Serious Incident Review and Root Cause Analysis Template \(April 2023\)](#)
- Training(s)
 - [Flow Chart Incident Reviews \(April 2023\)](#)
- Risk Management – 12VAC35-105-520
 - Sample(s) - Systemic Risk Assessment
 - Tools and Templates
 - [Individual Risk Tracking Tool \(April 2023\)](#)
 - [Monthly Risk Tracking Tool \(April 2023\)](#)
 - [Instructional Video-Risk Tracking Tool \(April 2023\)](#)
 - [Serious Incident Review and Root Cause Analysis Template \(April 2023\)](#)
 - [Systemic Risk Assessment Template \(April 2023\)](#)
 - Training(s)
 - Day 1: [Minimizing Risk Session 1 Webinar \(April 2023\)](#)
 - [Minimizing Risk Session 1 PowerPoint \(April 2023\)](#)
 - Day 2: [Minimizing Risk Session 2 Webinar \(April 2023\)](#)
 - [Minimizing Risk Session 2 PowerPoint \(April 2023\)](#)
 - Day 3: [Minimizing Risk Session 3 Webinar \(April 2023\)](#)
 - [Minimizing Risk Session 3 PowerPoint \(April 2023\)](#)
 - [Flow-Chart Incident Reviews \(April 2023\)](#)

We would like to thank all providers for the care and service they offer individuals and commend you for your efforts to implement these processes to ensure individuals are safe and able to live their best life.