

## Seminar II – July 7, 2023



**Be an All-Star Provider!**

### **“Licensed Provider Coaching Seminar”**

**A comprehensive overview of provider roles and responsibilities for licensed providers of Mental Health, Substance Use and Developmental Disability services.**

**Please Attend All 3 Sessions - Register for each seminar using the links below:**

[Seminar I: Friday, June 30, 10 a.m. -12:00 p.m.](#)

[Seminar II: Friday, July 7, 10 a.m.-1:00 p.m.](#)

[Seminar III: Friday, July 14, 10 a.m. -12:00 p.m.](#)

# Introductions – Today’s Starting Line Up

- Mackenzie Glassco, Associate Director of Quality and Compliance
  - [Mackenzie.Glassco@dbhds.virginia.gov](mailto:Mackenzie.Glassco@dbhds.virginia.gov)
- Michele Laird, Incident Management Unit Manager
  - [Michele.Laird@dbhds.virginia.gov](mailto:Michele.Laird@dbhds.virginia.gov)
- Taneika Goldman, State Human Rights Director
  - [Taneika.Goldman@dbhds.virginia.gov](mailto:Taneika.Goldman@dbhds.virginia.gov)
- Malinda Roberts, Background Investigations Unit Supervisor
  - [Malinda.Roberts@dbhds.virginia.gov](mailto:Malinda.Roberts@dbhds.virginia.gov)
- Nicole DeStefano, Waiver Network Supports Director
  - [Nicole.DeStefano@dbhds.virginia.gov](mailto:Nicole.DeStefano@dbhds.virginia.gov)
- Eric Williams, Provider Network Supports Director
  - [Eric.Williams@dbhds.virginia.gov](mailto:Eric.Williams@dbhds.virginia.gov)
- Susan Moon, Integrated Health Director
  - [Susan.Moon@dbhds.virginia.gov](mailto:Susan.Moon@dbhds.virginia.gov)
- Martin Kurylowski, Transition Network Supports Director
  - [Martin.Kurylowski@dbhds.virginia.gov](mailto:Martin.Kurylowski@dbhds.virginia.gov)
- Deanna Parker, Community Network Supports Director
  - [Deanna.Parker@dbhds.virginia.gov](mailto:Deanna.Parker@dbhds.virginia.gov)
- Angelica Howard, Acting Associate Director of Administrative and Specialized Units
  - [Angelica.Howard@dbhds.virginia.gov](mailto:Angelica.Howard@dbhds.virginia.gov)
- Larisa Terwilliger, Training Coordinator
  - [Larisa.Terwiliger@dbhds.virginia.gov](mailto:Larisa.Terwiliger@dbhds.virginia.gov)

# Department of Behavioral Health and Developmental Services (DBHDS)- Office of Licensing



## Mission:

To be the regulatory authority for DBHDS licensed service delivery systems through effective oversight.

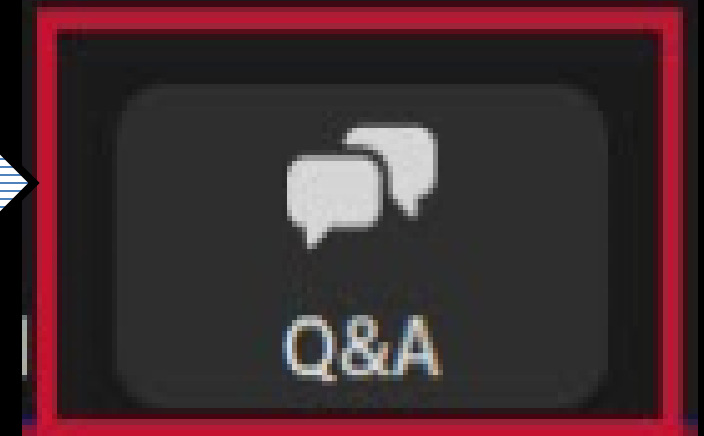


## Vision:

The Office of Licensing will provide consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients.

# Housekeeping - Field Rules

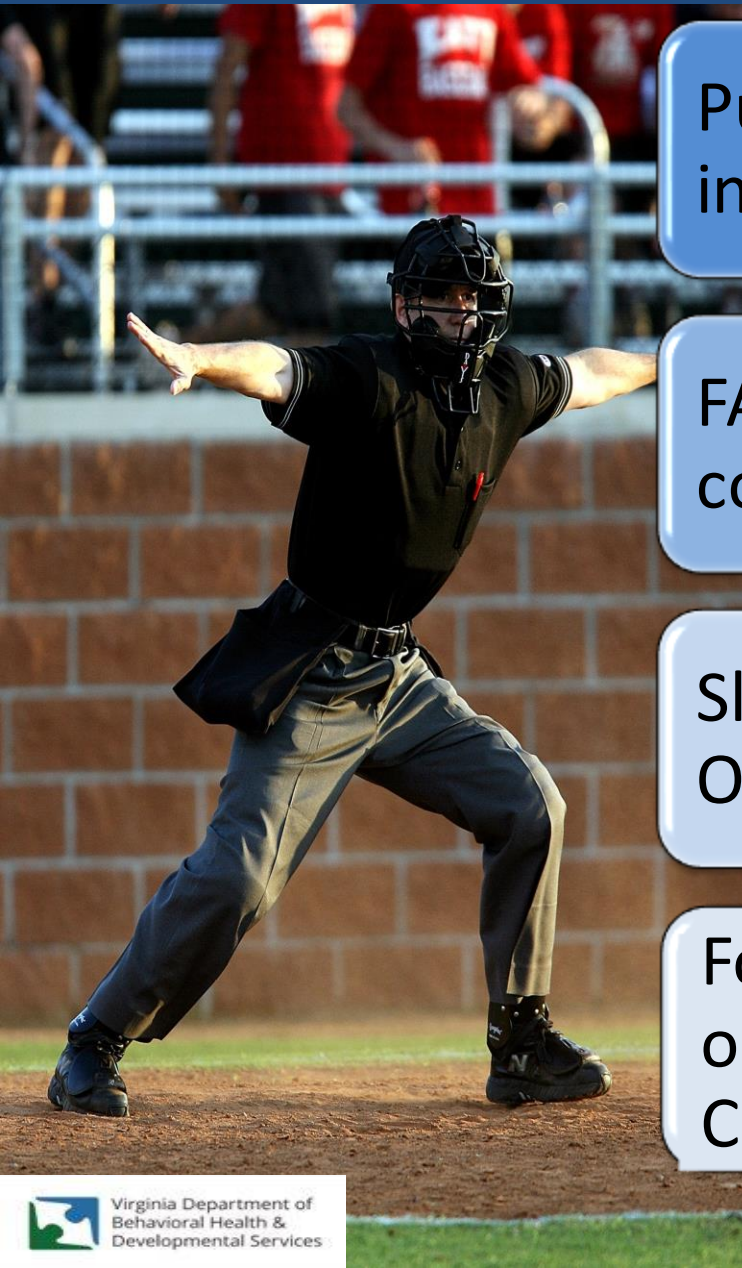
Put questions and comments in the 'Q&A' feature.



FAQs will be posted after the conclusion of Seminar III.

Slides will be posted on the Office of Licensing website.

For Closed Captioning options, click CC Closed Caption.



# Purpose

- **The purpose of this Coaching Seminar is to prepare new DBHDS Licensed Providers for their role and corresponding responsibilities.**
- **Our goal is to equip new providers with the information, tools, and resources necessary to be informed, confident, and successful DBHDS Licensed Providers.**
- **Our hope is that this material will also serve as a refresher for experienced providers.**

## GAME PLAN:

# Today's Learning Objectives

### Be Informed About

- The Office of Licensing website
- Policy and form templates available to you and where to find them

### Be Familiar With

- The Office of Human Rights
- Incident Reporting
- Background Checks and the Central Registry Process
- The Specialized Investigations Unit
- The Division of Developmental Services
- HCBS Settings Requirements

### Be Confident

- That you can be an All-Star Provider!

# Navigating the Office of Licensing Website

## Licensing Regulations, Tools and Resources

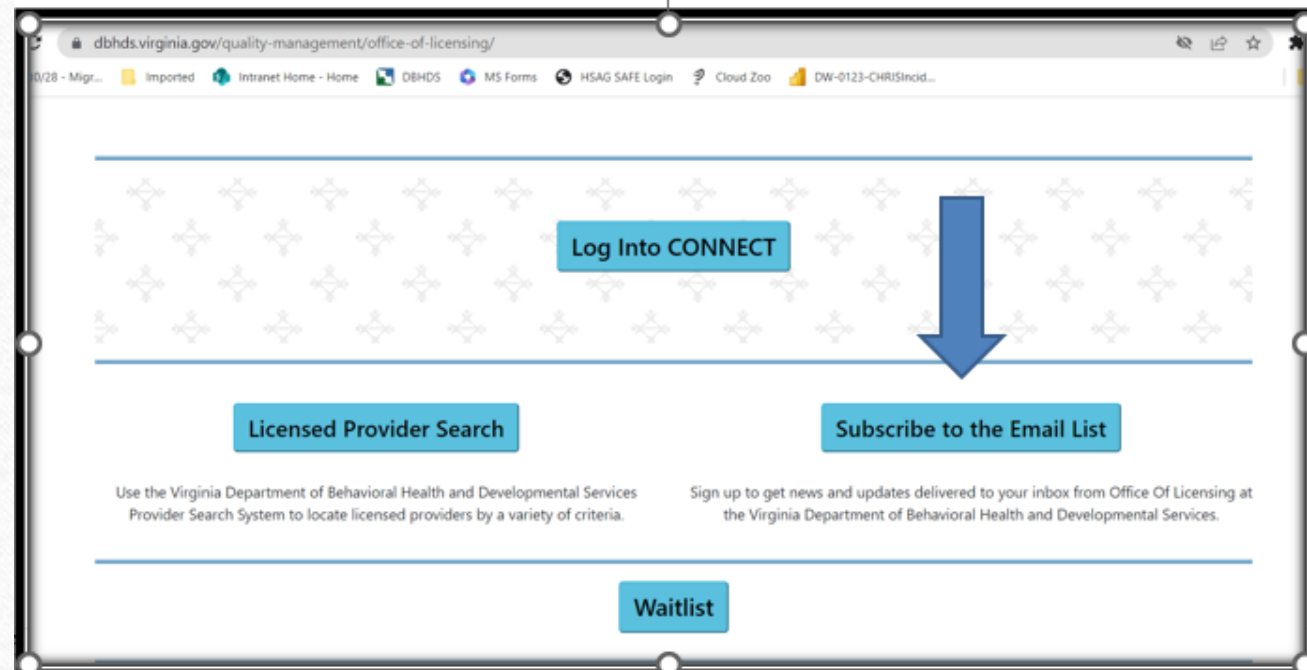
Mackenzie Glassco  
Associate Director of Quality and Compliance  
DBHDS Office of Licensing



Virginia Department of  
Behavioral Health &  
Developmental Services

**Make sure you get future announcements from the Office of Licensing by subscribing to the email list.**

<https://dbhds.virginia.gov/quality-management/office-of-licensing/>





# DBHDS Office of Licensing (OL)

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**OL**

**WEBSITE:** <https://dbhds.virginia.gov/quality-management/office-of-licensing/>



The Office of Licensing's website includes the regulations and guidance documents. It also includes several tools, resources and training documents to assist providers in achieving compliance with the regulatory requirements.

# Navigating the OL Website

## CORRESPONDENCE

- [Changes from the Emergency BHE Regulations to the Final BHE Regulations Memo](#) (February 2023)
- [Changes from the Emergency ASAM Regulations to the Final ASAM Regulations Memo](#) (February 2023)
- [Changes from the Emergency Children's ASAM Regulations to the Final Children's ASAM Regulations Memo](#) (February 2023)
- [Revised-Care-Concern-Criteria-Level-I-Serious-Incidents-Memo](#) (February 2023)
- [2023 Annual Inspections for Providers of Developmental Services Memo](#) (January 2023)
- [Medication Assisted Opioid Treatment Services \(MAT\) legislative changes effective January 1, 2023 Memo](#) (December 2022)
- [TDT and Outpatient Memo](#) (August 2022)
- [New Regulation Affecting 12VAC35-46 Effective 1-10-22 Memo](#) (December 2021)
- [Word Version of the Sponsor Certification Form](#)
- [Sponsored Provider Certification Process](#) (November 2021)
- [December 1, 2021 Behavioral Health Enhancement \(BHE\) Licensed Services](#) (October 2021)
- [Memo – Grace Period for Documentation of ISPs](#) (March 2021)



**What is a correspondence and how is a provider notified?**

# Navigating the OL Website

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- [Regulations for Children’s Residential Facilities 12VAC35-46](#)
- [Emergency/NOIRA:12VAC35-46. Regulations for Children’s Residential Facilities \(adding 12VAC35-46- 1260, 12VAC35-46-1270\) Effective January 10, 2022 – January 8, 2024](#)
- [Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#)



# Navigating the OL Website

- **What is a guidance document?** A "guidance document" is any document developed by a state agency that provides information or guidance of a general nature to agency staff or the public to interpret or implement statutes or the agency's regulations.
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## Guidance

- [LIC 16: Guidance for A Quality Improvement Program](#) (November 2020)
- [LIC 17: Guidance for Serious Incident Reporting](#) (November 2020)
- [LIC 18: Individuals with Developmental Disabilities with High Risk Health Conditions](#) (June 2020 )
- [LIC 19: Corrective Action Plans \(CAPs\)](#) (August 2020)
- [LIC 20: Guidance on Incident Reporting Requirements](#) (August 2020)
- [LIC 21: Guidance for Risk Management](#) (August 2020)

Guidance Documents relevant to DBHDS can be found here: <https://www.townhall.virginia.gov/L/GDocs.cfm?BoardID=6>

Virginia.gov Agencies | Governor



Home >

- 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

**Agency** Department of Behavioral Health and Developmental Services

**Guidance Document Information**

<b>Title</b>	Corrective Action Plans (CAPs)
<b>Document ID</b>	LIC 19
<b>Summary</b>	Purpose: This document provides guidance to DBHDS licensed providers on how to develop and implement an acceptable correction action plan (CAP). Questions should be directed to Jae Benz, phone -- (804) 786-1747 or email -- jae.benz@dbhds.virginia.gov.
<b>Effective Date</b>	8/22/2020
 <a href="#">View document text</a>	Posted On 12/20/2022 <i>Document on Town Hall</i>
<b>Explanation or Citations</b>	Regulations addressed: Note all regulatory language is formatted in italics while guidance language is in plain text located within boxes under the label "guidance." 12VAC35-105-20. Definitions 12VAC35-105-170. Corrective Action Plan Settlement Agreement indicators addressed: V.C.4.8

This document applies to all boards for this agency

**Public Comment Forums / Change History**

Proposed Change	Register Date	Status
<a href="#">This document provides guidance to DBHDS licensed providers on how to develop and implement an acceptable correction action plan (CAP).</a>	6/22/2020	Forum ended on 7/22/2020 with 22 Comments.

[Back to showing guidance documents for this agency.](#)

# Guidance for Corrective Action Plans (CAPs)

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# Guidance for Corrective Action Plans (CAPs)

**DBHDS Office of Licensing**  
**Guidance on Corrective Action Plans (CAPs)**

**Effective:** August 22, 2020

**Purpose:** This document provides guidance to DBHDS licensed providers on how to develop and implement an acceptable corrective action plan (CAP).

**Regulations addressed:** Note all regulatory language is formatted in *italics* while guidance language is in plain text located within boxes under the label "guidance."

12WAC35-105-20. Definitions

12WAC35-105-170. Corrective Action Plan

**Settlement Agreement [Indicators](#) addressed:**

V.C.4.8

**Guidance:**

**12WAC35-105-20. Definitions.**

The following definitions are relevant to this guidance document.

"Corrective action plan" means the provider's pledged corrective action in response to cited areas of noncompliance documented by the regulatory authority.

"Systemic deficiency" means violations of regulations documented by the department that demonstrate multiple or repeat defects in the operation of one or more services.

**Guidance:**

The development, implementation, and monitoring of CAPs are important components of a provider's overall quality improvement process. Adequate CAPs address identified deficiencies on both an individual and systemic level.

**12WAC35-105-170. Corrective action plan.**

A. If there is noncompliance with any applicable regulation during an initial or ongoing review, inspection, or investigation, the department shall issue a licensing report describing the noncompliance and requesting the provider to submit a corrective action plan for each violation cited.

# Navigating the OL Website-Root Cause Analysis

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## Root Cause Analysis - 12VAC35-105-160.E.2

### • Sample(s)

- [Serious Incident Review and RCA Template Example 5 Whys Stories Billy \(June 2023\)](#)
- [Serious Incident Review and RCA Template Example 5 Whys Stories Jasmine \(June 2023\)](#)
- [Serious Incident Review and RCA Template Example 5 Whys Stories Sam \(June 2023\)](#)
- [Sample Root Cause Analysis Policy \(February 2022\)](#)

### • Training(s)

- [Flow-Chart Incident Reviews \(April 2023\)](#)
- [QI-RM-RCA Webinar \(December 2021\)](#)
- [Regulatory Compliance with Root Cause Analysis Regulations Training \(December 2021\)](#)
- [Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation and Research – Handout \(December 2020\)](#)
- [Root Cause Analysis Training \(October 2020\)](#)

### • FAQs

- [Root Cause Analysis Q&A's \(Updated July 2022\)](#)

# Navigating the OL Website-Risk Management

## Risk Management – 12VAC35-105-520

### • Attestation

- [Updated Crosswalk of DBHDS Approved Attestation Trainings \(August 2022\)](#)
- [Updated Risk Management Attestation Form \(August 2022\)](#)

### • Sample(s)

- [Sample Provider Systemic Risk Assessment \(February 2022\)](#)
- [Sample Provider Risk Management Plan \(June 2021\)](#)

### • 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 \(April 2023\)](#)
- [QI-RM-RCA Webinar \(December 2021\)](#)
- [Regulatory Compliance with Risk Management Regulations Training \(December 2021\)](#)
- [Risk Management Tips and Tools Training \(June 2021\)](#)
- [Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation & Research – Recorded Webinar \(December 2020\)](#)
- [Risk Management Training \(November 2020\)](#)

### • Care Concerns

- [2023 Care Concern Threshold Criteria Memo \(February 2023\)](#)
- [IMU Care Concern PowerPoint Training \(February 2023\)](#)
- [Risk Triggers and Threshold Handout \(February 2023\)](#)





### **Monitoring and Evaluating Service Quality – Quality Improvement – 12VAC35-105-620**

#### • *Memo(s)*

- [Tracking of Level I Serious Incidents vs Baseline Behaviors Memo](#) (February 2023)

#### • *Sample(s)*

- [Tools for Developing a Quality Improvement Program](#) (February 2022)
- [Sample Provider Quality Improvement Plan](#) (June 2021)

#### • *Training(s)*

- [QI-RM-RCA Webinar](#) (December 2021)
- [Regulatory Compliance with Quality Improvement Regulations Training](#) (December 2021)
- [Quality Improvement Tips and Tools Training](#) (June 2021)
- [Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation & Research – Recorded Webinar](#) (December 2020)
- [Quality Improvement Training](#) (November 2020)



# Navigating the OL Website-Quality Improvement

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# Navigating the OL Website-SIRs and CHRIS

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## **SERIOUS INCIDENT REPORTING AND CHRIS TRAINING**

- [Serious Incident Reporting-Covid-19 \(December 2022\)](#)
- [Individual and Systematic Risk – How to Report and Respond to Incidents \(April 2022\)](#)
- [Serious Incident Reporting\\_COVID19 \(January 2021\)](#)
- [Memo – Revoking A User Access \(February 2020\)](#)
- [CHRIS System Training \(May 2021\)](#)
- [Creating A New Serious Incident Case \(August 2019\)](#)
- [Creating A New Death Case \(August 2019\)](#)
- [Updating A Serious Incident \(August 2019\)](#)
- [Updating A Death Record \(August 2019\)](#)
- [DELTA Overview](#)

- *Care Concerns*

- [2023 Care Concern Threshold Criteria Memo](#) (February 2023)
- [IMU Care Concern PowerPoint Training](#) (February 2023)
- [Risk Triggers and Threshold Handout](#) (February 2023)

- *FAQ*

- [Risk Management Q&A's \(Updated July 2022\)](#)



# Navigating the OL Website-Care Concerns

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# Policy and Form Templates

\*If applicants use the templates, it will significantly increase the likelihood that they will be found to be in compliance when the policies and forms are reviewed for content.



The Office of Licensing is in the process of finalizing several policy and form templates which will be in a fillable PDF format. Once they are finalized, they can be found on the Office of Licensing's website.

*These are not required templates; however, utilization of these templates will assist providers in achieving compliance with the regulatory requirements.*

## REGULATIONS & GUIDANCE

### Pending Exempt Action

The State Board of Behavioral Health and Developmental Services approved this [Exempt Action](#) to amend 12VAC35-105 to incorporate federal mobile Medication Assisted Treatment (MAT) requirements into Virginia regulations.

Please note that the action will not be fully visible [here](#) until the Office of the Attorney General completes and certifies its review, a date that is unknown at this time.

For more information about exempt regulatory actions, please visit the [Virginia Regulatory Town Hall](#) website.

### Public Comment Requested

There are no public comment forums at this time.

### Regulations

- [Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#)
- [Regulations for Children's Residential Facilities 12VAC35-46](#)
- [Emergency/NOIRA:12VAC35-46. Regulations for Children's Residential Facilities \(adding 12VAC35-46-1260, 12VAC35-46-1270\) Effective January 10, 2022 – January 8, 2024](#)

### Guidance

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- [LIC 19: Corrective Action Plans \(CAPs\)](#) (August 2020)
- [LIC 20: Guidance on Incident Reporting Requirements](#) (August 2020)
- [LIC 21: Guidance for Risk Management](#) (August 2020)

### Policy and Form Templates **Coming Soon!**

*These are not required templates; however, utilization of these templates will assist providers in achieving compliance with the regulatory requirements.*



# Policy and Form Templates

## Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services [12 VAC 35 - 105]

- 160.E. – Root Cause Analysis Policy
- 160.J. – Serious Incident Management Policy
- 400 – Background Checks
- 450 – Employee Training and Development
- 520 – Risk Management Plan
- 620 – Monitoring and Evaluating Service Quality
- 645 – Initial Screening/Assessment, Admission, Service Planning, Orientation, and Discharge
- 650 – Assessment Policy
- 660 – ISP policy
- 700 – Crisis and Clinical Emergency
- 720 – Health Care
- 770 – Medication Management
- 800 – Behavior Intervention and Support

# Policy and From Templates

## Regulations for Children's Residential Facilities 12VAC35-46

- 310 – Staff Development
- 710 – Application for Admission
- 720 – Written Placement Agreement
- 750 – Individualized Service Plans/Quarterly Reports
- 810 – Health Care Procedures
- 820 – Written Policy and Procedures for a Crisis or Clinical Emergency
- 850 – Medication
- 940 – Behavior Interventions



## Get in the Game!

Know the CHRIS System and Incident Reporting  
Requirements



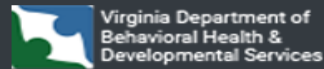
Michele Laird  
Manager, Incident Management Unit  
DBHDS Office of Licensing



# DELTA

The DELTA application is available at the bottom of the Department's webpage. <https://dbhds.virginia.gov/>

Tweets by VirginiaDBHDS



**Central Office**  
1220 Bank Street  
Richmond, Virginia 23219

**Mailing Address**  
P.O. Box 1797  
Richmond, VA 23218-1797

**Phone:** (804) 786-3921  
**Voice TDD:** (804) 371-8977  
**Fax:** (804) 371-6638

FOIA Policy  
HIPAA Policy  
Web-Policy  
View Expenditures  
Staff Directory  
Emergency Information



**Click On the  
DELTA  
Application**



If you or someone you know is in crisis, contact the 988 Suicide and Crisis Lifeline by calling or texting 988 or visiting 988lifeline.org

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## DELTA Roles

**Know the  
roles of your  
Team!**

To safeguard the level of security required for private health records, there are different types of DELTA roles.

Each provider needs to fill each of these roles. Depending on the size of the provider's organization, one person may fulfill multiple DELTA roles, but every user should not have the access for all roles. Single person providers will be the exception to this rule. There should be a primary contact for each DELTA role, as well as a backup.

Each of the DELTA roles perform specific tasks to manage DELTA accounts. These tasks are not part of the DBHDS applications (i.e., CHRIS), but are done only for DELTA.

# DELTA Roles



In the event that the appointed security officers are locked out of their accounts, the only other option to unlock those accounts is for the provider to email:

[DeltaProd@dbhds.virginia.gov](mailto:DeltaProd@dbhds.virginia.gov)

**DELTA SUPERVISOR:** This person is chosen by the agency head to manage the DELTA accounts for their location. The DELTA Supervisor role is assigned to individuals who are familiar with the agency's employees and their responsibilities, and how those responsibilities relate to the DBHS applications, and know when an employee joins or leaves their organization. DELTA Supervisors request accounts for the users at their location. If a agency's size requires, there may be more than one DELTA Supervisor for that agency.

**DELTA SECURITY OFFICER:** This person is chosen by the agency head to approve the DELTA accounts for their location. The DELTA Security Officers are able to validate that users have completed annual HIPAA and any other required security training. DELTA Security Officers approve or deny the accounts that have been requested for their location.💡 Security Officers also help users with password resets.💡 If an agency's size requires, there may be more than one DELTA Security Officer at the site.

**LOCAL ADMINISTRATOR:** This person is selected by the agency head and is the primary contact at an agency for a particular DBHDS application or applications. The Local Administrator is familiar with the application and the access each user of the application needs. Each agency can have one Local Administrator for all DBHDS applications used at their location, or a Local Administrator for each separate application. Once accounts have been requested and approved, the Local Administrator gives the users the application accesses needed to perform their jobs.

**DELTA USER:** Anyone who uses DBHDS applications to perform a specific job or function is a DELTA User. Users have access only to the particular applications and data needed to complete their jobs. If additional access is needed, the DELTA Supervisor must request a change to the User's account.



**Make a run to the Office of Licensing Webpage for training resources!**

My Account	
My Applications	
Change Password	
Change Security Question	
My Information	
Change Location	
Logout	
Manage Users	
Admin Account Reset	
Account Request Form	

#### DELTA Help

Please contact the DELTA Security Officer(s) at your location for additional support and questions.

[DELTA Portal Overview \(pdf\)](#)

[DELTA User Quick Reference Card2 \(pdf\)](#)

[DELTA Supervisor Quick Reference Card2 \(pdf\)](#)

[DELTA Security Officer Quick Reference Card2 \(pdf\)](#)

[DELTA Quick Reference Card - Local Admin \(pdf\)](#)

[DELTA User Manual V1-1 \(pdf\)](#)



- Before any user can access DBHDS applications they must first log on through the DELTA security portal.
- Each provider must set up their users with Delta Accounts.
- The DELTA User Manual Details this process.

### SERIOUS INCIDENT REPORTING AND CHRIS TRAINING

- [Level II and Level III Serious Incidents Survey \(July 2023\)](#)
- [Serious Incident Reporting-Covid-19 \(December 2022\)](#)
- [Individual and Systematic Risk – How to Report and Respond to Incidents \(April 2022\)](#)
- [Memo – Revoking A User Access \(February 2020\)](#)
- [CHRIS System Training \(May 2021\)](#)
- [Creating A New Serious Incident Case \(August 2019\)](#)
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- [Updating A Death Record \(August 2019\)](#)
- [DELTA Overview](#)



# Creating Delta Accounts

RULES AND  
REGULATIONS  
FOR CHILDREN'S  
RESIDENTIAL  
FACILITIES



[12VAC35-46-1070.C.]

- Providers of children's residential services shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department.

RULES AND  
REGULATIONS  
FOR LICENSING  
PROVIDERS BY  
DBHDS



[12VAC35-105-160.D.2.]

- Providers to report all Level II and Level III serious incidents using the department's web-based reporting application and by telephone to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery.

RULES AND  
REGULATIONS  
FOR LICENSING  
PROVIDERS BY  
DBHDS



## [12VAC35-105-160.C.]

- Requires all non-children's residential providers to collect, maintain, and review all serious incidents, including Level I serious incidents at least quarterly as part of the provider's quality improvement program.

# Defining Serious Incident and Serious Injury



"Serious incident" means any event or circumstance that causes or could cause harm to the health, safety, or well-being of an individual. The term "serious incident" includes death and serious injury.

"Serious injury" means any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner.



# Defining Serious Incident



"Level I serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident. Level I serious incidents do not result in significant harm to individuals, but may include events that result in minor injuries that do not require medical attention or events that have the potential to cause serious injury, even when no injury occurs.

# Defining Serious Incidents



"Level II serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident.

"Level II serious incident" includes a significant harm or threat to the health or safety of others caused by an individual.

# Defining Serious Incidents



Level II serious incidents include:

1. A serious injury;
2. An individual who is or was missing;
3. An emergency room visit;
4. An unplanned psychiatric or unplanned medical hospital admission of an individual receiving services other than licensed emergency services, except that a psychiatric admission in accordance with the individual's Wellness Recovery Action Plan shall not constitute an unplanned admission for the purposes of this chapter;
5. Choking incidents that require direct physical intervention by another person;
6. Ingestion of any hazardous material; or
7. A diagnosis of:
  - a. A decubitus ulcer or an increase in severity of level of previously diagnosed decubitus ulcer;
  - b. A bowel obstruction; or
  - c. Aspiration pneumonia.

# Defining Serious Incidents



"Level III serious incident" means a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in:

- a. Any death of an individual;
- b. A sexual assault of an individual; or
- c. A suicide attempt by an individual admitted for services, other than licensed emergency services, that results in a hospital admission.

# Reporting CHRIS Issues



- If a provider is unable to report a serious incident in CHRIS due to:
  - CHRIS system error (please include a screenshot of the issue and detailed description of the issue ) or
  - Network outage
- ❖ The provider must notify the Office of Licensing's Incident Management Unit (IMU) via e-mail **within 24 hours of the discovery date** of the incident at [incident\\_management@dbhds.virginia.gov](mailto:incident_management@dbhds.virginia.gov).
- ❖ If provider is unable to access both the CHRIS system and email for reasons outside of the provider's control, then the provider may notify their regional Incident Management Unit (IMU) representative by telephone.

# Reporting CHRIS Issues

- When reporting an issue to the incident management mailbox please include
  - A detail description of the issue and
  - A screenshot of the issue.
- **To reset your password or unlock your account please contact DELTA production at [deltaprod@dbhds.virginia.gov](mailto:deltaprod@dbhds.virginia.gov)**
- To report late abuse or neglect cases for the Office of Human Rights please send an email to your regional advocate.



# Reporting CHRIS Issues

- Please note that these methods of reporting an incident in place of submitting an incident report into the CHRIS system will be deemed as non-compliant and the provider will be cited:
  - 1. Reporting a serious incident to the provider’s licensing specialist via e-mail or phone call;
  - 2. Reporting a serious incident to the provider’s human rights advocate via e-mail or phone call;
  - 3. Reporting the incident to any other representative of DBHDS by any means other than the serious incident reporting function in CHRIS; and
  - 4. Reporting an allegation of abuse or neglect that also meets the criteria for a Level II or Level III serious incident only on the DBHDS Office of Human Rights (OHR) side of CHRIS instead of reporting the incident on both the OHR and the DBHDS Office of Licensing sides of CHRIS.
- Per the guidance issued by the Office of Licensing, providers are required to have a back-up person to enter incidents into CHRIS when one individual is locked out.

# Importance of Case Search by Individual as it relates to Care Concerns

- When entering an incident and creating a new profile for an individual, please perform a **Name** search first to ensure a profile does not already exist for the individual. To search by individual name:
  - Click the **by Name** button
  - Enter the individual's **First Name** and **Last Name**
  - Click **Search**
  - All individuals with a name “similar to” the one you’ve entered will be displayed on the screen.
  - Click the highlighted ID number link to choose the individual you need.

CHRIS VERSION 5.1

**Select a Record by Clicking**  
By Name-You must enter the individual's first and last names  
*(This search will display all records that 'sound like' the name you entered.)*  
By Abuse Case - you must enter the abuse allegation case number  
By Complaint Case - you must enter the complaint case number

Agency CD:016 , User Role: 24

by Name     by Abuse Case     by Complaint Case     by Death/Incident Case

Case Number

Name (First, Last)       

   Choose from the individuals below or click [here](#) to add new individual.

ID	First	MI	Last	SSN	Gen.	DOB	City	Zip
<a href="#">01620197811179</a>	John	D	Doe	124124124	M	1/1/1950	Alexandria	22314
<a href="#">0162019619142257</a>	Jane	S	Doe	555241234	F	1/1/1980	Alexandria	22314





# Date Fields in CHRIS

- The date/time fields in CHRIS **will only except regular time** (01:30 PM). CHRIS **will not accept military** time (13:30 PM)

The main **difference between regular and military time** is how hours are expressed. **Regular time** uses numbers 1 to 12 to identify each of the 24 hours **in a day**. In **military time**, the hours are numbered from 00 to 23.



YES





NO

Normal Time	Military Time
12:00 PM	1200
1:00 PM	1300
2:00 PM	1400
3:00 PM	1500
4:00 PM	1600
5:00 PM	1700
6:00 PM	1800
7:00 PM	1900
8:00 PM	2000
9:00 PM	2100
10:00 PM	2200
11:00 PM	2300



# Date Fields

Date/Time of Death/Incident Format(hh:mm AM or PM)	<input type="text" value="01/02/2023"/>  <input type="text" value="11:12 AM"/> <i>Enter 00:00 if time is unknown</i>	*Date/Time of Discovery of Death/Incident Format(hh:mm AM or PM)	<input type="text" value="01/02/2023"/>  <input type="text" value="11:12 AM"/>
---	---	---	---

- The Date/Time of the **Death/Incident** is the actual date/time that the reportable (Level II or Level III) incident occurred.
  
- The Date/Time of **Discovery** of the Death/Incident is the date/time that the reporting provider or **any** agent of the provider found or learned of the reportable (Level II or Level III) incident. \* **Not when it is reported to management.**

# Service Location

- Please ensure that you are selecting the correct services location prior to submitting the SIR. This is a vital piece of incident reporting. Selecting the wrong location will require additional time in order to correct it error.
- Please verify the Licensed Services Location matches the system generated License#. This populates after the incident is saved.

Provider:	<input type="text"/>	License#	<input type="text"/>
Licensed Service Location:	<input type="text"/>	* Specific Site of Death/Incident	<input type="text"/>
<i>(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)</i>		* Individual receiving a waiver service?	<input type="radio"/> No <input type="radio"/> Yes
Street	<input type="text"/>	* Waiver	
City, State, Zip	<input type="text"/>	* Waiver Type	<input type="text"/>
*FIPS	<input type="text"/>		Required if receiving waiver service.

\*\*Report any missing services locations to [incident\\_management@dbhds.virginia.gov](mailto:incident_management@dbhds.virginia.gov).

# CHRIS Report Expectations

For deaths and serious injuries, the provider should complete the following:

- 1. Description and Circumstances**
- 2. Medical Treatment Provided and/or Finding**
- 3. Identified solutions to mitigate recurrence of incident when applicable**
- 4. External notifications made**
- 5. Provider's Corrective Action.**



- Is there enough information to support the reporting of the Level II or Level III serious incident?
- Is there enough information to assure the health, safety and well-being of individual is being addressed?
- Does the narrative present a clear and complete picture of the incident and the provider's response? This includes ensuring the appropriate external notifications were made depending on the type of incident (i.e., law enforcement, Adult Protective Services (APS), or Child Protection Services (CPS)).
- Is the narrative consistent with the boxes that are checked?
- If medical attention was sought, is there a clear description of the medical treatment provided & any preliminary findings?
- Has the provider documented at least preliminary corrective actions taken or to be taken to address any potential concerns raised by the incident and/or to reduce the risk of a recurrence of the incident?
- Is the appropriate contact name/information provided?

# Identified Solutions to Mitigate Risk

- Document how the provider ensured the recipient's safety and well-being.
- Document the immediate action taken before and after the incident to ensure health and safety.
- Document any future action that will lead to other possible interventions.
- Documentation should be person-centered.
- Provider should make clear if recommendations are for staff or for the individual.

# Importance of Appropriately Categorizing Serious Incidents

- An analysis of Provider's use of the "Other" categories found:
  - The existing Cause checkboxes were being underutilized, potentially resulting in skewed data and misunderstanding of causes.
    - Make sure you select the most appropriate cause(s).
  - Many SIRs categorized as Injury, Other are either not injuries or could likely be better categorized as illnesses.
    - Make sure you use the 'Injury' options correctly.
  - For most Illnesses currently categorized as 'illness, other', there are not alternative checkboxes that apply. Thus, most illnesses are correctly categorized as 'other'.
    - Keep up the great work, appropriately categorizing 'other' illnesses!

# Submitting Serious Incidents With Related Abuse/Neglect Allegations

- **When submitting an incident that involves Abuse or Neglect**
  - Please enter the abuse/neglect allegation on the OHR side of CHRIS first.
  - Then input the Abuse/Neglect Counter number in the Serious Incident report in the CHRIS abuse # field.

and started pacing the rooms at Iwin Lakes.

Abuse Counter: <b>20130088</b>	* Abuse Date (format: 99/99/9999)	04/04/2022	
<input type="checkbox"/> Other			
<b>If this incident was reported to Human Rights, please enter number here</b>			
If abuse, enter CHRIS abuse #	<input type="text"/>	If complaint, enter CHRIS complaint #	<input type="text"/>
Was an internal investigation initiated?	<input type="radio"/> No		<input type="radio"/> Yes
If yes, indicate date begun:	<input type="text"/>		
* External notifications made (Check all that apply)	<input type="checkbox"/> DSS	Substitute Decision Maker/Legal Guardian: <input type="text"/>	
	<input type="checkbox"/> Local Law Enforcement Agency	Support Coordinator: <input type="text"/>	
	<input type="checkbox"/> State Police	Support Coordinator Agency's Name: <input type="text"/>	
	<input type="checkbox"/> Department of Health Professionals	Other (please specify): <input type="text"/>	
	<input type="checkbox"/> Department of Health		
	<input type="checkbox"/> Non-Applicable		



# Updating CHRIS Expectations

- When a provider submits a serious incident report in CHRIS, the provider may have **two additional business days** to update the report with any remaining information that might have been unknown at the time the report was written, or from the time that the provider is informed by the IMU of the need to update the report, whichever is later.
  - When this occurs, the provider must click ‘**Updates to death/serous incident report will be provided**’ before submitting the original report.

\* Required. Please select one from the following:

<input type="radio"/> Death/Serious incident report is complete and no further updates will be provided.
<input type="radio"/> Updates to death/serious incident report will be provided.
<input type="radio"/> An update to the death/serious incident report has been provided.



# Finalizing CHRIS Updates

- At the bottom of the CHRIS report go under ‘**Please indicate which Fields have been updated**’ and list the name(s) of each section that has new information
- Once the information has been updated, scroll down to the bottom of the screen to the area titled ‘**Required. Please select one from the following**’ and check the box titled ‘**An update to the death/serious incident report has been provided**’ then hit the save button.

\* Required. Please select one from the following:

Death/Serious incident report is complete and no further updates will be provided.

Updates to death/serious incident report will be provided.

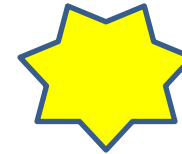
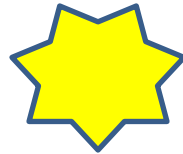
An update to the death/serious incident report has been provided.

Please Indicate which Fields have been updated.

List the name(s) of each section that has new

# Other Updating Expectations: Check boxes in CHRIS

- Please check the appropriate checkboxes that are applicable to the incident in the following sections
  - Level
  - Injury
  - Illness/Conditions
  - Cause



## **Important**

Updates should be made to both checkbox fields (for data collection) and narrative fields for the licensing/investigations team.

# Serious Incident



# Examples of Level II, Level I and Non-reportable Incidents

## DD Sponsored Residential Homes Services

- **Reportable Level 2:** Individual was on a family outing and upon returning home was noted with rashes on his chest and arms; a possible allergic reaction to lobster that the individual ate at the outing. Provider sought medical attention at a local hospital's Emergency Department.
- **Level 1** (requires tracking by the provider): Individual stood from wheelchair, lost his footing and fell to one knee. Staff assessed and provided first aid. As a precaution, the individual was taken to the Urgent Care where no injury was found.
- **Non-reportable:** if an individual receiving services is temporarily away from a provider's services for a visit or trip with family, and the individual experiences a serious injury/incident, the incident does not need to be reported to the Office of Licensing.
  - An individual who receives sponsored home services has a choking incident which requires direct physical intervention while on a family trip to the beach. When the individual returns, their parent informs the provider of the incident. The provider does not need to report the choking incident requiring physical intervention as a Level II serious incident. However, the provider should internally document the report made by the family and based on the specific details surrounding the incident, the provider may need to evaluate individual supports to determine if they are still appropriate.

# Examples of Level II, Level I and Non-reportable Incidents

## In-Home Residential Support

- **Reportable Level 2:** Individual is being supported in their home by DSP. Individual has a series of seizures and DSP calls 911; individual is taken to ER for treatment.
- **Level 1** (requires tracking by the provider): Individual is being supported in their home by DSP. Individual had a seizure and DSP call the individual's PCP; individual was taken to the PCP in order to complete lab work per the PCP request.
- **Non-reportable:** An individual with DD lives at home with his parents and receives in-home residential supports through a private provider. He receives 40 hours/week of support, M-F. Over the weekend, parents call the provider to let them know that they took him to the ER following a fall that resulted in a broken wrist.

# Examples of Level II, Level III, Level I and Non-reportable Incidents

## Psychiatric Unit Services and SA Residential Treatment Services

- **Reportable Level 2:** Patient reports to the nurse's station and complains of chest pain and shortness of breath. Per protocol, 911 is called and individual is taken to the ER for evaluation.
- **Reportable Level 3:** Individual is receiving inpatient psychiatric treatment and attempts suicide. The doctor is called and provides medical treatment on the unit. This is reportable as a suicide attempt by an individual admitted for services, other than licensed emergency services, that results in a hospital admission. Just because an individual is already in the hospital does not mean this is not reportable.
- **Level I** (requires tracking by the provider): Staff heard a sound, investigated and the individual reported increased voices telling him to fall; individual was evaluated at Patient First and found to have no injuries.
- **Non-reportable:** Patient reported he fell while in the common area; nurse assessment was completed with no injury noted. Others present in the common area reported there was no witnessed fall.

# Guidance and other Important Information



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## Grab Your Gear!!

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Available on the Office of Licensing Web Page

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## Guidance

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[LIC 17: Guidance for Serious Incident Reporting](#) (November 2020)

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### **Risk Management – 12VAC35-105-520**

- *Care Concerns*

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[2023 Care Concern Threshold Criteria Memo](#) (February 2023)

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[IMU Care Concern PowerPoint Training](#) (February 2023)

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[Risk Triggers and Threshold Handout](#) (February 2023)

# Contacts and Resources

## TEAM WORK

### OFFICE OF LICENSING CONTACT INFORMATION

- [Office of Licensing Staff Contact Information](#)
- [Licensing Regional Contacts](#)
- [Incident Management Unit Regional Contact](#)
- [Specialized Investigation Unit Regional Contact](#)



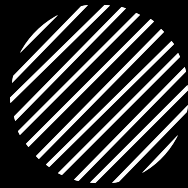


Upcoming  
Incident  
Management  
Unit Training



**Save the Date**

**October 18, 2023**



**It is important to note** that although providers use the CHRIS system to report serious incidents to the Office of Licensing, and to report allegations of abuse or neglect to OHR, these are two distinct reporting functions, which satisfies separate regulatory requirements.



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

Taneika Goldman  
State Human Rights Director

# Provider Requirements for Reporting Continued: 12VAC35-115-175

Complaints must be reported in CHRIS as soon as possible.

Abuse, neglect, & exploitation (ANE) complaints within 24 hours. **Abuse Report**

Assured rights complaints no later than the next business day. **Complaint Report**

The individual must be contacted within 24 hours.

The Legal Guardian or AR must also be contacted, if applicable.

An impartial investigation must begin as soon as possible, no later than the next business day.

ANE investigators must be trained.

Extension may be requested until the 6<sup>th</sup> day

The director has 10 days to report their decision:

Go back into CHRIS and complete the Investigation Tab

Notify the individual, Legal Guardian, AR *in writing*

# Provider Requirements for Reporting: 12VAC35-115-230

Allegations of ANE must be reported within 24 hours of receipt.

- Investigation summary must be documented within 10 working days, including:
  - the disposition
  - whether there was physical, psychological injury

Deaths, serious injuries resulting from ANE (or suspected) must be reported within 24 hours.

Instances of seclusion and/or restraint not in compliance or that result in injury or a complaint must be reported within 24 hours.

# Reporting Do's & Don'ts

## Do

- Be clear, concise in describing the complaint
- Enter complaints for the victim (one victim per report)
- Be mindful of mandated reporter responsibility
- Be mindful of reporting timeframes
- Contact your Advocate if there is something preventing you from reporting on time
- Ensure your report is complete and thorough

## Don't

- Be lengthy in describing the complaint; this is not a case note, progress note, etc.
- Include non-essential information
- Make assumptions

# Things to Keep in Mind

- CHRIS is designed to time out after 15 minutes. If you have not saved your entry or changes, your entry or changes will be lost.
  - Save information WHILE you are working or type into a WORD document and then copy/paste into CHRIS.
  - When you click SAVE, you should receive a message that reads, “RECORD IS SAVED.” If you do NOT see this message, review the returned error message and fix the error.
- For general questions about what should be reported, contact your assigned Regional Advocate.
  - *If you get an error while you are entering the report within your 24-hour timeframe, take a screenshot and email your assigned or Regional Advocate immediately.*
- For issues with CHRIS logon or DELTA access email [deltaproduct@dbhds.virginia.gov](mailto:deltaproduct@dbhds.virginia.gov).

# CHRIS Help

## Virginia Department of Behavioral Health and Developmental Services

Home >> DELTA > CHRIS

CHRIS VERSION 5.1

### LOGGED IN AS

- 4H627476
- Logout

### NAVIGATION

- Home
- Incidents >
- Reports
  - Abuse Reports
  - Complaint Reports
  - Serious Incident Reports
  - Death Reports
  - Case Manager Reports
  - Adhoc Reports
    - Access List
    - Legal Review History

• Help



**Select a Record by Clicking**  
By Name - You must enter the individual's first and last names  
*(This search will display all records that sound like the name you entered)*  
By Abuse Case - you must enter the abuse allegation case number  
By Complaint Case - you must enter the complaint case number

To report changes to your operating service status related to the state of emergency, please click [HERE](#)

Agency CD: 11206, User Role: 23

by Name     by Abuse Case     by Complaint Case     by Death/Incident Case

Case Number:

Name (First, Last):





# Office of Human Rights

## An Overview

Taneika Goldman  
State Human Rights Director



Virginia Department of  
Behavioral Health &  
Developmental Services

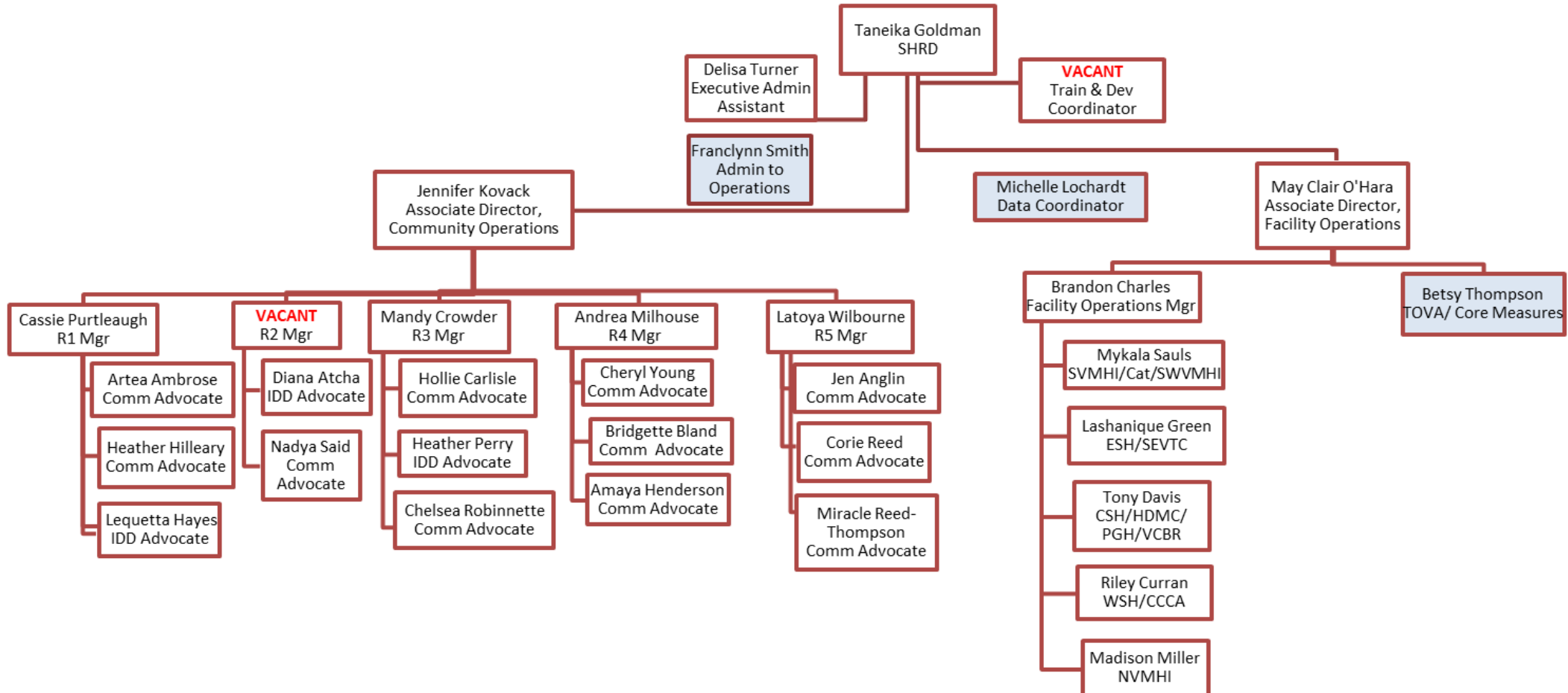
# OHR History and Authority

- The Office of Human Rights (OHR) was established in June 1978
- Va. Code §37.2-400 outlines “assured rights” of individuals receiving services
- Human Rights Regulations define the structure for complaint resolution and itemize DBHDS and Provider duties



# OHR Organizational Structure

*The mission of the Office of Human Rights is to promote the basic precepts of human dignity by monitoring provider compliance with the Human Rights Regulations, managing the DBHDS complaint resolution program, and advocating for the rights of individuals in our service delivery systems.*



**Key**

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

**State Facilities:**

**Brandon Charles | 804.486.0085**  
[brandon.charles@dbhds.virginia.gov](mailto: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*

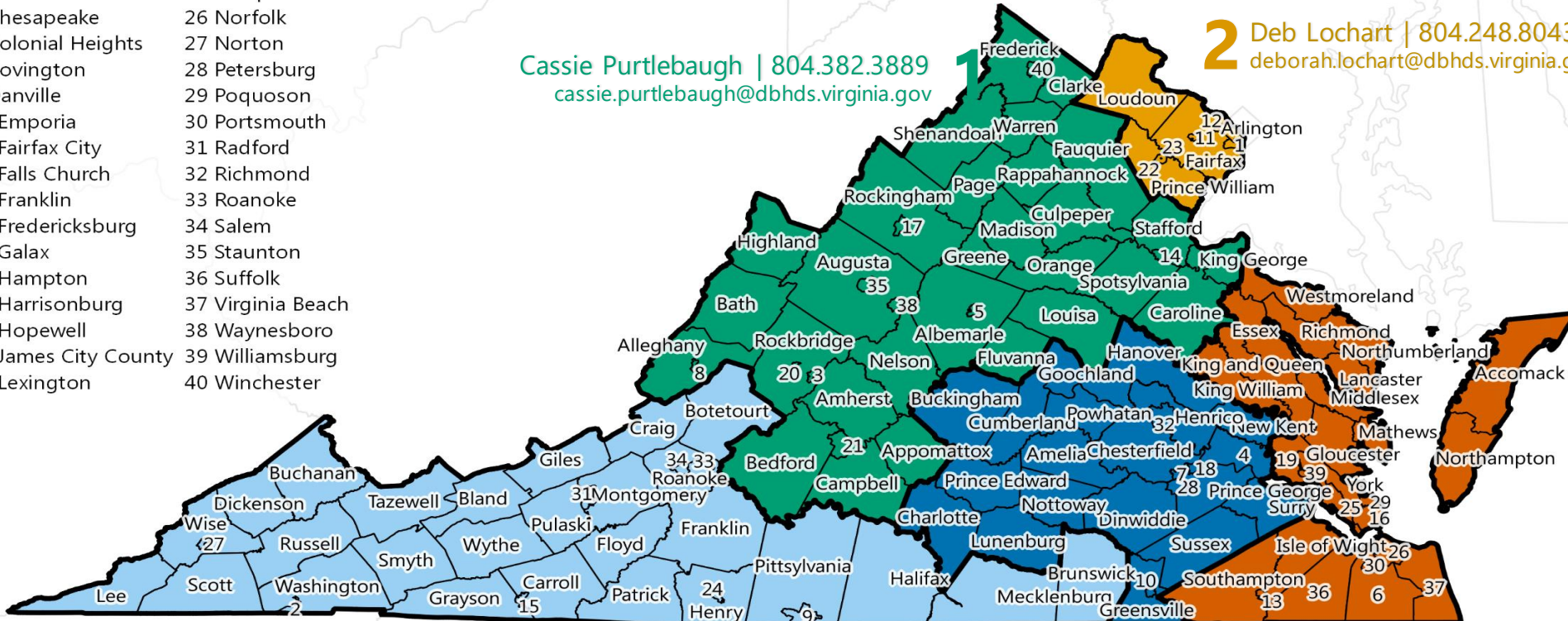
**Cassie Purtlebaugh | 804.382.3889**  
[cassie.purtlebaugh@dbhds.virginia.gov](mailto:cassie.purtlebaugh@dbhds.virginia.gov)

**2 Deb Lochart | 804.248.8043**  
[deborah.lochart@dbhds.virginia.gov](mailto:deborah.lochart@dbhds.virginia.gov)

**Mandy Crowder | 434.713.1621**  
[mandy.crowder@dbhds.virginia.gov](mailto:mandy.crowder@dbhds.virginia.gov) **3**

**Andrea Milhouse | 434.390.0116**  
[andrea.milhouse@dbhds.virginia.gov](mailto:andrea.milhouse@dbhds.virginia.gov) **4**

**5 Latoya Wilborne | 757.508.2523**  
[latoya.wilborne@dbhds.virginia.gov](mailto:latoya.wilborne@dbhds.virginia.gov)



# OHR Regional Manager Contact Information

Virginia Department of Behavioral Health & Developmental Services

# Assured Rights

50-Dignity

60-Services

70-Participation in Decision Making and Consent

80-Confidentiality

90-Access to and Amendment of records

100-Restrictions on Freedoms of Everyday Life

105-Behavioral Treatment Plans

110-Use of Seclusion, Restraint or Time Out

120-Work

130-Research

145-Determination of Capacity and Authorized Reps

150-Complaint and Fair Hearing

# DBHDS Dispute Resolution Process

- Providers must report allegations of Abuse/Neglect to the department via CHRIS within 24 hours of discovery
- For complaints that do not involve Abuse/Neglect, the provider is required to make the CHRIS entry no later than the next business day.
- The provider determines based on a preponderance of evidence whether a violation occurred.
- OHR staff monitor entries in CHRIS, ensure appropriate corrective action is taken and recommend citation(s) to the Office of Licensing (when applicable for providers other than state operate facilities).
- When an individual disagrees with the providers finding or does not accept the resolution offered, they can appeal to the Local Human Rights Committee (LHRC). The individual and the provider have access to a second and final level of appeal through the State Human Rights Committee should either be dissatisfied with the outcome at the local level.



# Local Human Rights Committee (LHRC)

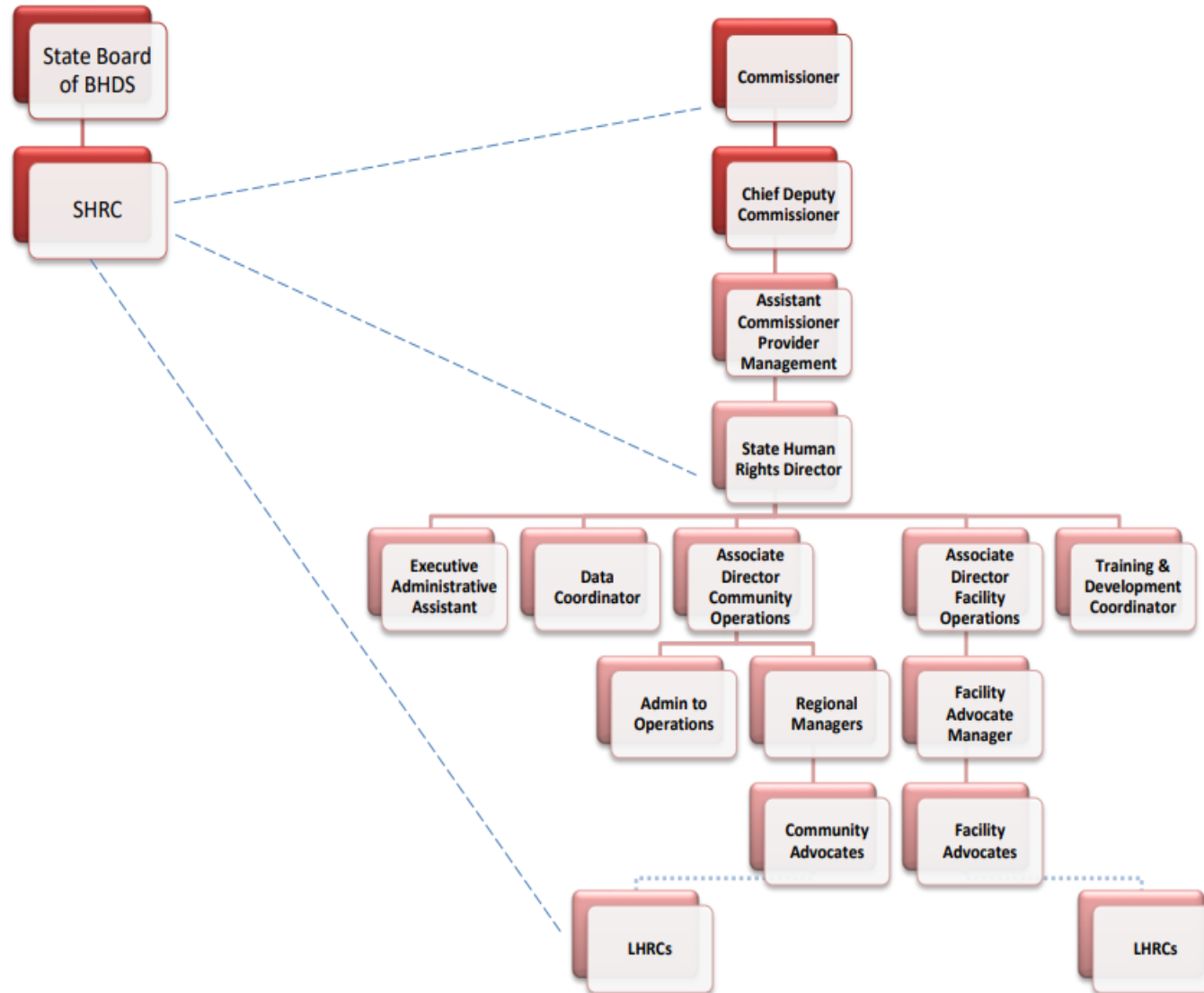
The LHRC is involved in the assurance of due process.

All requests by a provider for review by the LHRC must go through the Advocate:

- Hearing
- Restriction under 12VAC35-115-50 or 100
- BTP involving restraint or timeout
- Consent
- Human Research
- Next Friend Appointment

The State Human Rights Committee (SHRC) provides oversight to the LHRCs

# OHR Organizational Structure





# STAY CONNECTED

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

- Trainings
- Resources for Individuals receiving services; Licensed Providers & State Operated Facilities
- OHR Contact information

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## Human Rights Regulations

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Taneika Goldman, State Human Rights Director

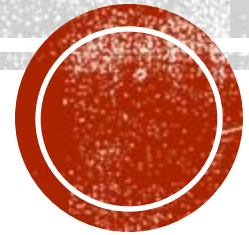
[taneika.goldman@dbhds.virginia.gov](mailto:taneika.goldman@dbhds.virginia.gov)



# **Background Checks and Central Registry Searches**

**Malinda Roberts**

**Background Investigations Unit Supervisor**





# PURPOSE

- To give guidance to providers to ensure compliance with Va. Code §§ 37.2 – 408.1 and 416 and licensing regulation 12VAC35-105-400.
- To ensure the protection of consumers from individuals that may have barrier crime convictions.
- To learn and understand the process of requesting the criminal background checks.

# The criminal background check process for the provider

- Once the individual is hired or offered employment; a fingerprint appointment must be made through the provider's account with Fieldprint at [fieldprintvirginia.com](http://fieldprintvirginia.com).
- Ensure that the following attachments are printed from the provider's Fieldprint client website, [reports.myfieldprint.com](http://reports.myfieldprint.com). These attachments need to be placed in the individual's background check and central registry search file.
  - Disclosure Statement (Attach. 3)
  - Authorization for Release of Information (Attach. 4)
  - Applicant's Rights (Attach. 6)
- Individual's fingerprints must be submitted within 15 business days from their date of hire.
- Twenty-four (24) hours after the individual's Fieldprint appointment, the provider should sign into their CONNECT portal and check to make sure the individual's name appears with a status of "pending".
- Monitor the CONNECT portal until they see the result has been updated, at which time, the eligibility letter is printed and filed.



# What does this background check status mean?

- The following are the definitions of each background check status found on the background check Connect portal screen:
  - **Pending** - Individual's fingerprints were submitted by Fieldprint and an initial result has not been received by BIU.
  - **Complete** - Individual's criminal background check result has been received by BIU. In addition, there should be a "decision" referenced on the portal's background check status.
  - **Record Being Processed** - Individual's criminal background check request is being processed because their fingerprints "hit" in either the VSP's database and/or the FBI's database. Therefore, when this status is entered for the individual, the provider needs to monitor the portal for any updates. If the status remains the same for more than 3 weeks, the provider needs to follow-up with BIU.
  - **Record Being Researched** - Individual's criminal record has been received by BIU; however, there is a current "barrier crime" charge that is missing a disposition. Therefore, BIU will email the provider requesting them to have the individual provide additional information.



# What does this background check status mean?

- The following are the definitions of each background check status found on the background check Connect portal screen (cont.):
  - **Rejected** - This type of result only occurs when an individual's submitted fingerprints were rejected by the Virginia State Police and/or FBI due to cuts, scars, lotion, burns, wrinkles, etc., or just that the Fieldprint Technician didn't properly scan the fingers.
    - BIU will notify Fieldprint's Customer Service regarding the individual's rejection.
    - BIU will notify the provider's "authorized background check contact" regarding the rejected fingerprints and will reference in the email subject line the:
      - type of rejection,
      - individual's name; and
      - provider organization/provider number and contact id.
    - At which time, Fieldprint Customer Service will email the rejection notice to the email address used when the original appointment was scheduled.



# What does this background check status mean?

- The following are the definitions of each background check status found on the background check Connect portal screen (cont.)
  - **Rejected** (cont.) There is no fee for the reprints if the appointment is scheduled within **two weeks** from the Fieldprint rejection notification email.
  - Individual's fingerprints can only be rejected twice. After which, the following will occur:
    - **BIUSP-167 Name and Sex Offender Registry Search**
      - After the second rejection, the provider will receive an email along with an attached BIUSP-167 *Name and Sex Offender Registry Search* form to be completed by the provider and the individual.
      - Once the form is completed and notarized, it must be mailed with a check or money order for \$25 to BIU.
      - BIU will enter the individual's demographic information into the VSP's National Criminal Justice Information System for a name and sex offender registry search.
      - BIU will receive the result and complete Section 4 of the form and mail back to the provider.
      - At which time, when the provider receives the completed form, they will file it in the individual's background check file.



# What type of background check results can you expect to see?

Listed below are different types of background check decisions/results and the specific letter associated with each

**Eligible – No Record**

No Virginia Criminal or FBI Record – Individuals fingerprints were not found in either system; therefore, they are “Eligible”.

**Eligible – VSP Record and No FBI Record**

Virginia Criminal Record and No FBI record – Individuals fingerprints were found in Virginia’s Central Criminal Records Exchange (CCRE) but there were no “barrier” crime convictions on the criminal record; therefore, they are “Eligible with a Virginia record”.

**Eligible – AB Amendment**

Individual has a conviction of a “Misdemeanor – Assault and Battery” which is past 10 years from the actual conviction date.

**Continuation**

Individual has been charged with a “barrier crime” and the court date has been continued; therefore, it is the provider’s responsibility to follow-up with the individual and/or courts to determine the final disposition of the barrier crime charge. As a result, until the individual receives a final disposition of the charge, they are deemed “Eligible”.

**There is one exception to this decision if the provider is licensed as a Children’s Residential Facility, the individual would not be able to be employed.**





# What type of background check results can you expect to see?

Listed below are different types of background check decisions/results and the specific letter associated with each

## Deferment

Individual has been charged with a “barrier crime” and placed in a deferred status for a certain length of time. Therefore, it is the provider’s responsibility to follow-up with the individual and/or courts to determine the final disposition of the barrier crime charge. As a result, until the individual receives a final disposition of the charge, they are deemed “Eligible”.

**There is one exception to this decision if the provider is licensed as a Children’s Residential Facility, the individual would not be able to be employed.**

## Not Eligible – FBI Record

- Individual has been convicted of a crime listed in § 19.2-392.02 that appears on the FBI record. The provider should print the letter from the CONNECT portal but will also receive a copy in the mail but will not be provided the individual’s FBI record.

- When a “not eligible” letter is received, it is for the provider’s use only.

- If the provider has already hired the individual, they are required to immediately terminate them.

## Not Eligible – VSP Record

- Individual has been convicted of a crime listed in § 19.2-392.02 that appears on the Virginia record that was received by BIU. The provider should print the letter off the CONNECT portal but will also receive a copy in the mail along with the individual’s Virginia criminal record.

- When a “not eligible” letter is received, it is for the provider’s use only; however, the provider can discuss the record and show it to the individual. The provider cannot give a copy of the record to the individual.

- If the provider has already hired the individual, they are required to immediately terminate the individual.



# What type of background check results can you expect to see?

Listed below are different types of background check decisions/results and the specific letter associated with each

## Not Enough Information

Adequate information is not available to determine whether the individual is eligible, and they were charged with a barrier crime listed in § 19.2-392.02. However, BIU has researched through all available state and local record-keeping systems and has not been able to determine whether the individual was convicted of the crime.

There are several reasons as to why this is the result.

- \*The court has not reported the disposition to the State Police and/or FBI
- \*The record has been purged or destroyed by the courts
- \*BIU was unable to determine if a listed arrest/conviction is a barrier offense, because of lack of information shown on the arrest history



# What type of background check results can you expect to see?

Listed below are different types of background check decisions/results and the specific letter associated with each

## Not Enough Information

\*This is the only result the provider will receive from BIU; therefore, if the provider needs further clarification, they should contact BIU.  
\*In the body of the letter, BIU will provide you the date of the charge, the city and state, and the arresting agency.  
\*If the charge occurred in Virginia, the criminal record will be attached to the letter that is mailed to them.  
\*If the charge occurred in another state, there will be no criminal record.

\*The provider needs to document their conversation with the individual as well as have them provide a written statement.  
\*In the provider's documentation they need to reference if the individual provided any court dispositions or any other information.  
\*The provider needs to clearly state what their hiring/employment decision is and the justification.



**WHAT  
SHOULD BE IN  
MY  
EMPLOYEE'S  
BACKGROUND  
CHECK FILE?**

Completed Central Registry Release of Information Form and copy of check or money order that was mailed with request

Central Registry Search Result from DSS Office of Background Investigation (OBI) – Central Registry Unit

Fieldprint appointment confirmation email

Fieldprint fingerprint transmission confirmation page

Completed Disclosure Statement (Attachment 3)

Completed Authorization of Release of Information (Attachment 4)

Completed Applicant's Rights (Attachment 6)

Eligibility Letter from DBHDS Background Investigations Unit (BIU)

Any communications between provider and BIU and/or OBI regarding the individual's criminal history and/or central registry search requests

# IMPORTANT INFORMATION TO REMEMBER

- Your employee's fingerprints need to be submitted within **15** business days from the date of hire.
- Always monitor your Background Check Status screen in the CONNECT portal.
- Make sure you have access to Fieldprint reports at [myfieldprint.com](https://myfieldprint.com).
- Background check results/letters are only available for 6 months from the fingerprint submission date in the Connect portal.
- Effective **July 1, 2023**, BIU will no longer provide copies of background check eligibility letters.
- Administrative problems and questions regarding your Fieldprint account can be emailed to [customerservice@myfieldprint.com](mailto:customerservice@myfieldprint.com)
- Appointment problems and/or questions about setting a Fieldprint appointment can be addressed by calling 877-614-4364
- There are three pieces of information that will never change if you are a licensed DBHDS provider
  - Assigned "business unique" fieldprint code
  - Organization/provider number
  - Contact ID
- To keep your Fieldprint account from being "deactivated" make sure to sign into your account at least once every 60 days, even if you do not have anyone to schedule for an appointment
- If inquiring about an individual's background check result, please make sure you have the transaction control number (TCN) and your organization/provider number before contacting BIU at [backgroundinvestigations@dbhds.virginia.gov](mailto:backgroundinvestigations@dbhds.virginia.gov)
- If inquiring about an individual's CPS central registry search result, please email DSS OBI Central Registry Unit at [crs\\_operations@dss.virginia.gov](mailto:crs_operations@dss.virginia.gov)



# BREAK –10 MINUTES

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The remainder of this session is aimed specifically towards providers of Developmental Disability Services.



For those staying, please do not leave the seminar – we will be right back!





# Developmental Services

## Overview for New Providers



June 2023





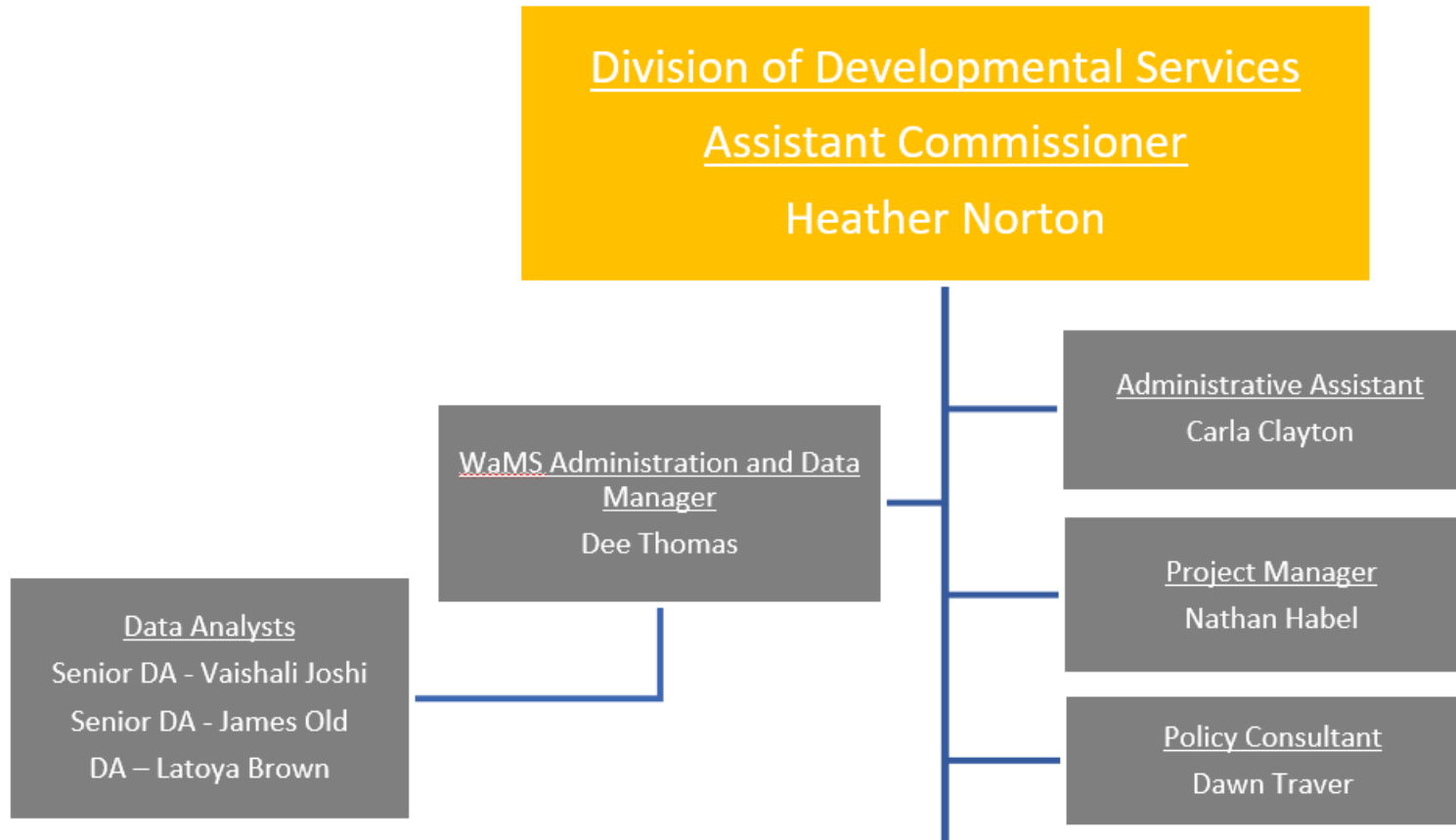
The mission of the Division of Developmental Services is to assure that individuals with developmental disabilities have access to quality supports and services when and where they need them.

We strive to do this through implementing the following values:

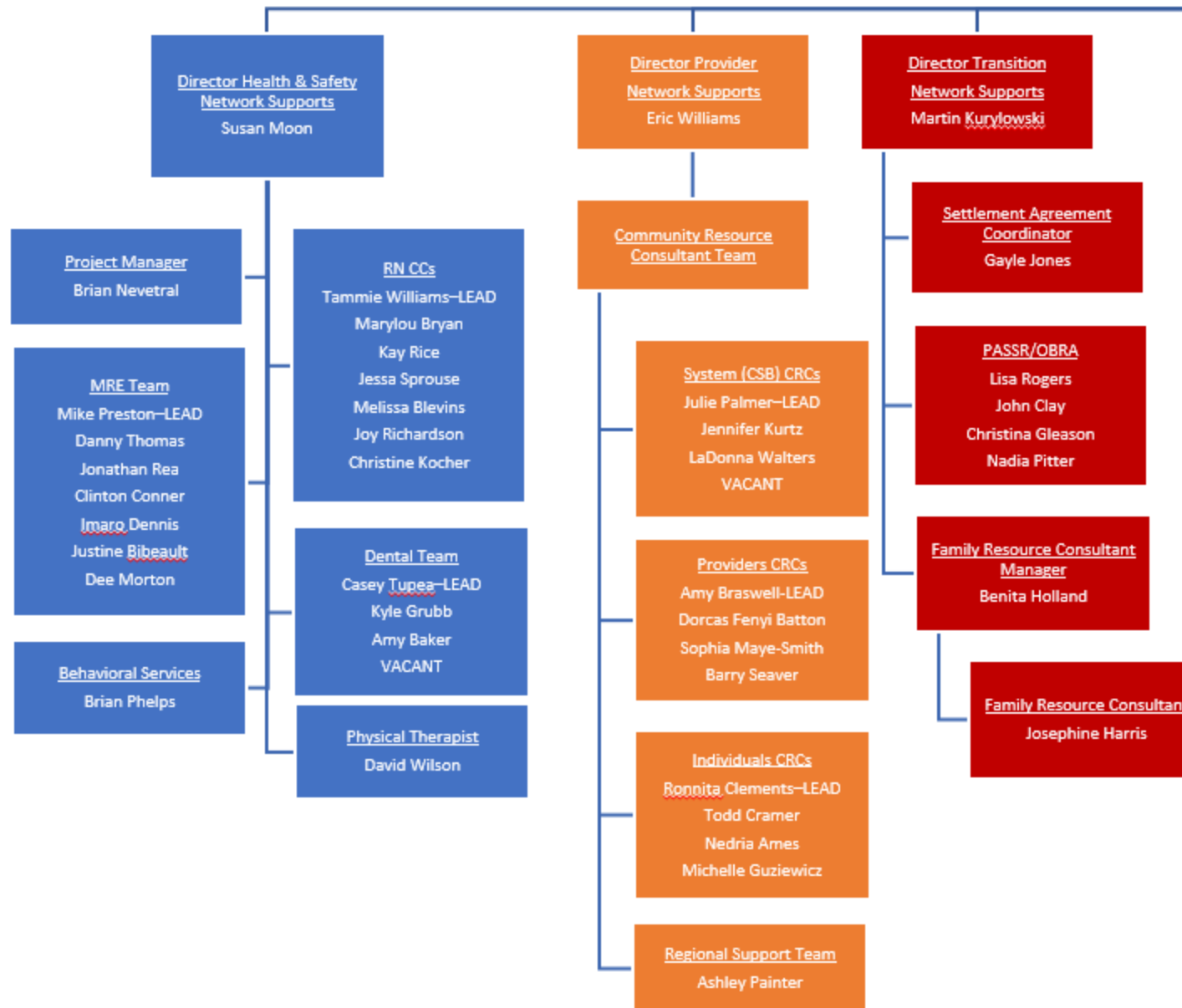
- **Collaboration** – demonstrating partnership by working together with all internal and external stakeholders
- **Consistency** – providing the same answer every time, regardless of who answers the question
- **Creativity** – being responsive, flexible, and always working to get to yes
- **Conviction** – being steadfast, mission driven, passionate
- **Communication** – being transparent, consistent, thinking things through, and using plain language
- **Celebration** – being committed to recognizing and acknowledging contributions toward the implementation of the mission



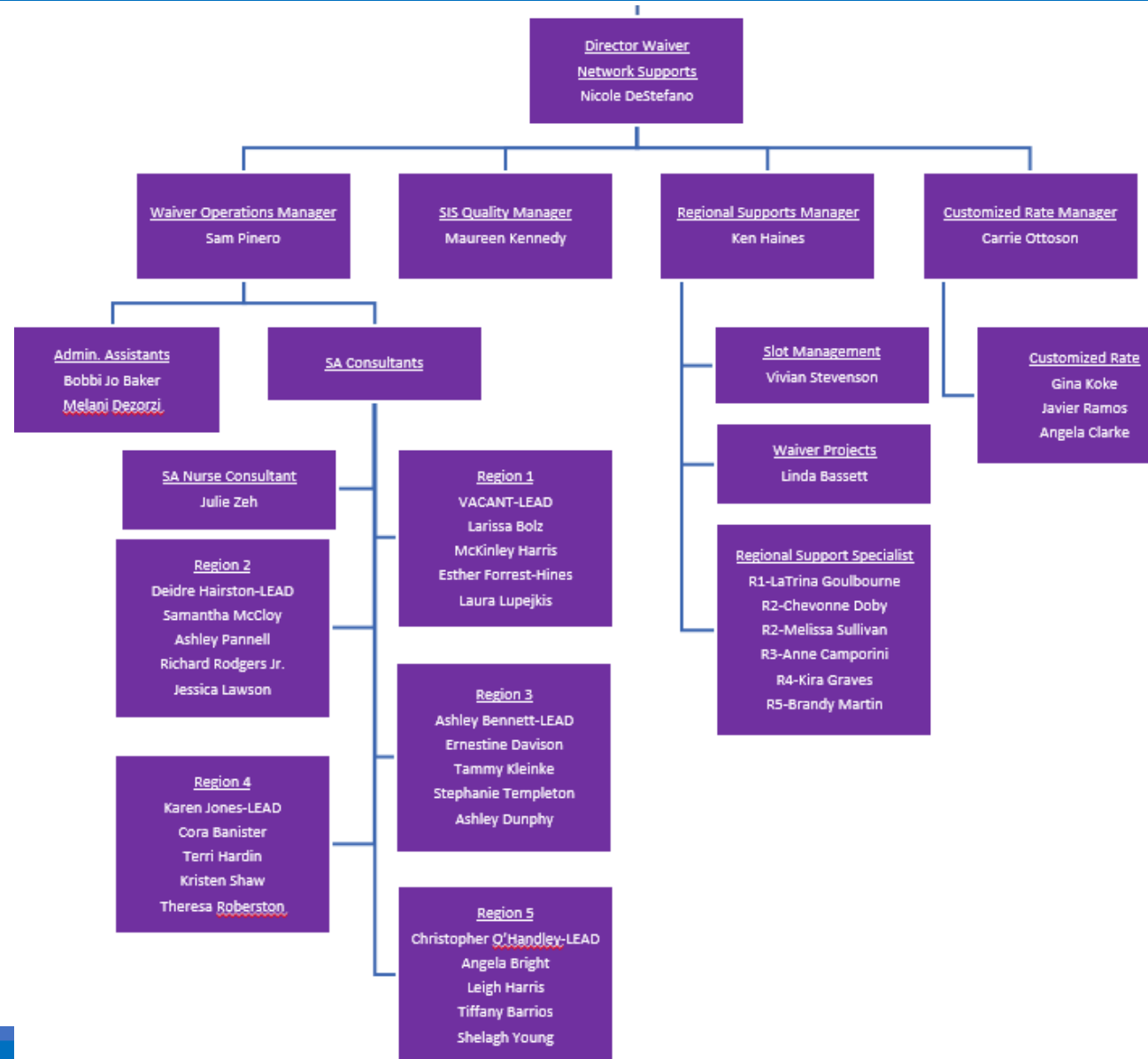
# Who we are



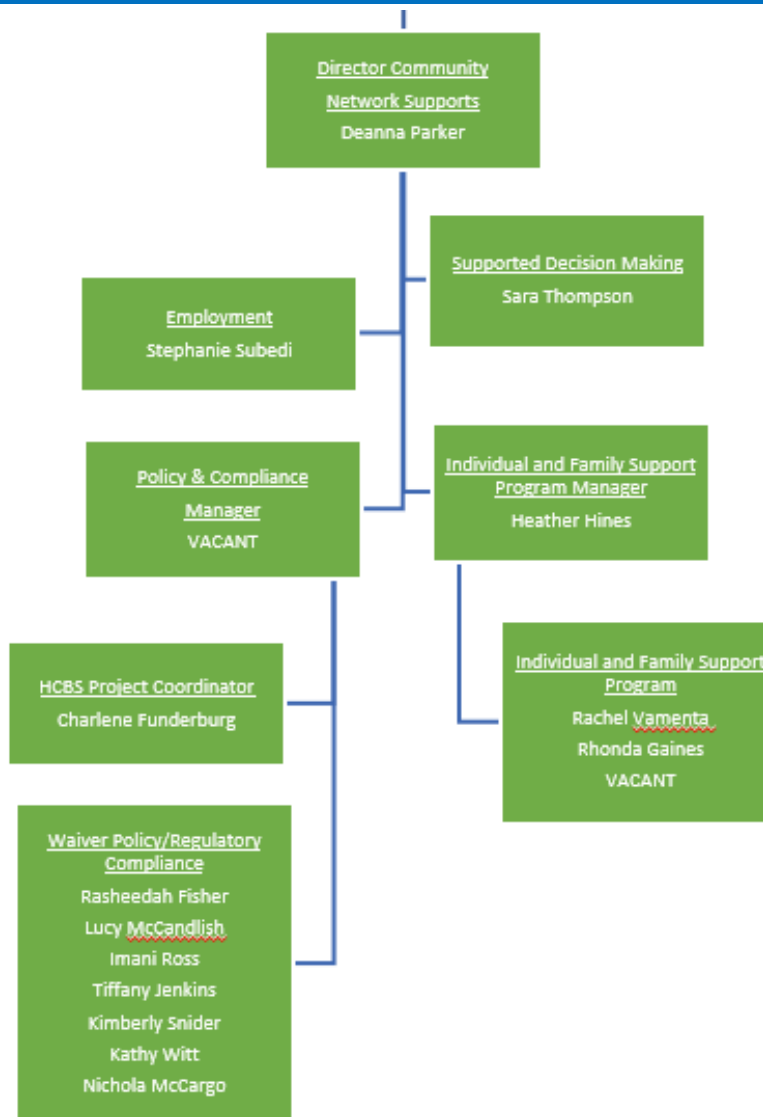
# Who we are



# Who we are



# Who we are



# Common Acronyms



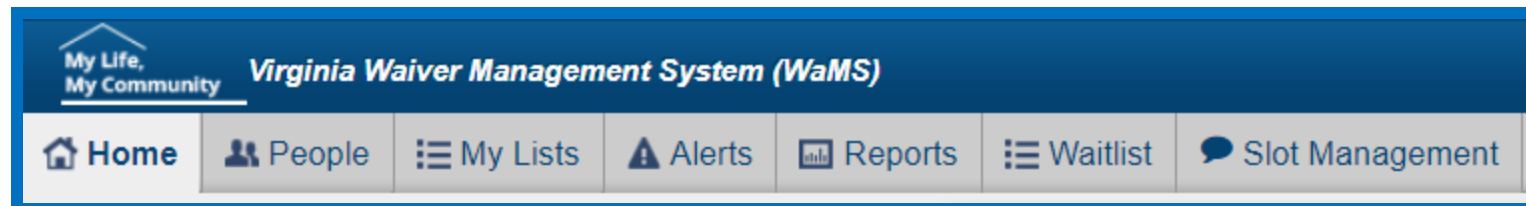
- ADA = Americans with Disabilities Act
- CM = Case Manager
- CMS = Centers for Medicare and Medicaid Services
- CRC = Community Resource Consultant
- DARS = Department of Aging and Rehabilitative Services
- DBHDS = Department of Behavioral Health & Developmental Services
- DD = Developmental Disability
- DDD = Developmental Disability Directors
- DDS = Division of Developmental Services
- DMAS = Department of Medical Assistance Services
- DOJ = Department of Justice
- HCBS = Home and Community Based Services
- OHR = Office of Human Rights
- OL = Office of Licensing
- PCP = Person-centered Practices
- SC = Support Coordinator
- SA = Settlement Agreement
- VDH = Virginia Department of Health
- 93 • WaMS = Waiver Management System

# Provider Requirements



## Waiver Management System (WaMS)

All Providers must be enrolled in WaMS prior to providing services under the Building Independence, Community Living, and Family and Individual Supports Waivers.





## Learning Goal

Providers are knowledgeable about key initiatives and priorities impacting DD waiver systems and services.





## It's Bigger Than Us



- Settlement Agreement
- CMS Home and Community Based Settings Regulations





## Settlement Agreement

In January 2012, the Commonwealth of Virginia and the Department of Justice (DOJ) entered into a Settlement Agreement. This agreement resolved the DOJ's investigation of Virginia's training centers and community programs, as well as the Commonwealth's compliance with the Americans with Disabilities Act (ADA) and Supreme Court's Olmstead Decision with respect to people who have intellectual and developmental disabilities.

The agreement is intended to ensure that the Commonwealth offers services to people who have DD in the most integrated setting appropriate to their needs.



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# CMS HCBS Settings Regulation Final Rule: Overview of HCBS Requirements

Deanna L. Parker,  
Director of Community Network Supports

# Key Initiatives & Priorities



## CMS HCBS Overview

HCBS Regulations require that the setting...:

Is integrated in and supports access to the greater community

Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting

Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint

Optimizes individual initiative, autonomy, and independence in making life choices

Facilitates individual choice regarding services and supports and who provides them

# Key Initiatives & Priorities



## Additional Requirements for Provider-Controlled or Operated Residential Settings

- The **unit/dwelling** is a physical place that **can be owned, rented, or occupied under a legally enforceable agreement with eviction protections.**
- **Choice of roommate**
- **Privacy in his/her sleeping or living unit.**
- **Freedom to furnish or decorate unit**
- Individuals have the freedom and support to **control their own schedules and activities** and have **access to food at any time.**
- Individuals are able to have **visitors** of their choosing **at any time.**
- The setting is **physically accessible** to the individual.

**ANY modification to any of these conditions must be supported by a specific assessed need and justified in the person-centered plan.**



The HCBS Toolkit is located on the DMAS Website:

<https://www.dmas.virginia.gov/providers/long-term-care/waivers/home-and-community-based-services-toolkit/>



# Next Step - DMAS



The Department of Medical Assistance Services (DMAS)

- **All providers must meet the requirements for their service, such as:**

- DBHDS License
- DARS Vendor Agreement
- VDH License
- Other License/Certification



**AND**

- Be compliant with HCBS Settings Regulations (as required by service)

**AND**

- Have a DMAS participation agreement



## CMS HCBS Compliance

All providers of the following Medicaid Home and Community Based Services (HCBS) MUST be in full compliance with the CMS HCBS Settings regulations before enrolling as a Medicaid provider of the following services:

- Group Home Residential
- Sponsored Residential
- Supported Living
- Group Supported Employment
- Group Day

After you receive your license, you must complete the HCBS Provider Self-Assessment. Contact [hbscomments@dmass.virginia.gov](mailto:hbscomments@dmass.virginia.gov) to initiate the self-assessment process. This process may take 3 months or longer to complete.

**You must have a DMAS HCBS compliance letter prior to completing your DMAS enrollment application.**

Please refer to **Module 3 – CMS Home and Community-Based Settings Regulations** for more details.

# Enrolling as a Medicaid Provider



To enroll as a Medicaid provider, you need to register at:

<https://vamedicaid.dmas.virginia.gov/#gsc.tab=0> by clicking on “New Provider Enrollment”

or going to:

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderEnrollment> and choosing the Developmental Disability Waiver.



# Enrolling as a Medicaid Provider



## Additional Contact Information:

In-State : 1-804-270-5105

Out-Of-State Toll Free : 1-888-829-5373

Fax Toll Free : 1-888-335-8476

Email Address - [VAMedicaidProviderEnrollment@gainwelltechnologies.com](mailto:VAMedicaidProviderEnrollment@gainwelltechnologies.com)



## DMAS Provider Participation Agreement

Read it before you sign it!

**You are agreeing that:**

- Medicaid payment constitutes payment in full
- You will comply with all applicable state and federal rules & regulations
- DMAS may terminate your agreement at will if it is determined that you pose a threat to the health, safety or welfare of individuals you support



106 ... **and ten other things!**



## Announcing Services

Following DMAS approval:

- You may inform Community Services Boards (CSBs) Developmental Disability (DD) Directors and DBHDS Community Resource Consultants (CRCs) in writing about services

<https://vacsb.org/csb-bha-directory>

<https://dbhds.virginia.gov/developmental-services/provider-development>



## Learning Goal

Expand professional knowledge and understanding of the expectations for providers of Developmental Disability (DD) Waiver services.





Providers of DD waiver services are a critical part of the system of services and supports for people with DD in Virginia.

- Quality providers embrace a culture of inclusion, quality and person centered practices.
- Quality providers ensure a person's meaningful experience in community life, individual autonomy and opportunities for personal growth. They recognize that the experience of the person receiving services is a predominant factor when providing services and supports.
- Quality providers prioritize person centered values, principles and organizational culture.



- Providers are expected to have a commitment to quality, integrity, and person centered practices.
- Providers are expected to participate in opportunities for training, development and continuous quality improvement.
- Providers are expected to know, and abide by, the rules and regulations that govern their services. A provider commits to compliance with rules and regulations when they sign their Medicaid Provider Participation Agreement.



# Know the Regulations!



**DBHDS Licensing Regulations**

**DBHDS Human Rights Regulations**

**DMAS (Medicaid DD Waiver  
Regulations**

**Centers for Medicare and Medicaid  
Service Home and Community Based  
Services settings regulations**

As a provider of Medicaid services receiving Medicaid reimbursement, you are accountable and **MUST** know and follow the regulations. This is your responsibility!



## Orientation and Competencies

Certain providers of DD Waiver services are required to meet training and competency requirements established by DBHDS. When services and supports are provided in DBHDS-licensed settings, advanced competency observation and documentation also applies.

Information on DSP and Supervisor Orientation Training and Competencies can be found on the DBHDS website use the link below to find more information under **DSP and Supervisor Orientation Training and Competencies**:

<https://dbhds.virginia.gov/developmental-services/provider-development/ctp-pd/ctp-required-training/>



# Provider Requirements



The following providers licensed by DBHDS must meet training and competency requirements:

- Agency-directed Personal Assistance
- Agency-directed Companion
- Agency-directed Respite
- Center-based Crisis Services
- Group Day Services
- Group Home Residential
- Independent Living
- In-Home Support Services
- Community-based Crisis Services
- Crisis Support Services
- Community Engagement
- Community Coaching
- Sponsored Residential
- Supported Living Residential
- Workplace Assistance

# Provider Requirements



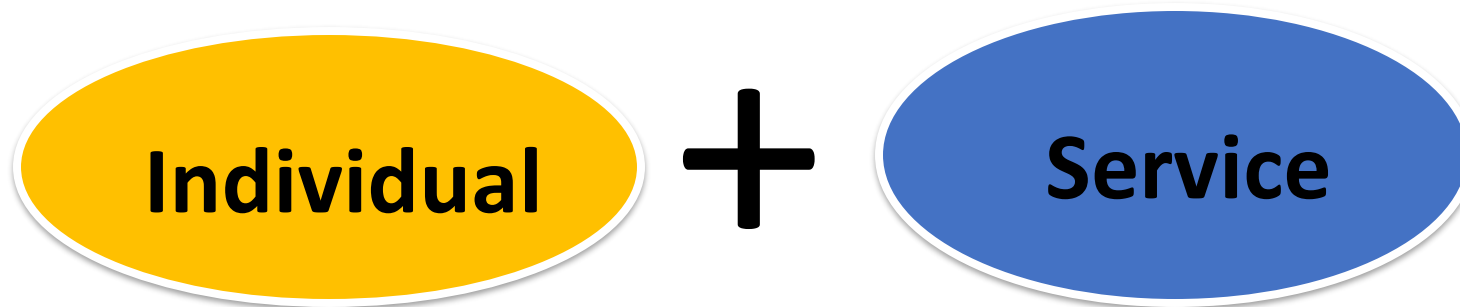
The following providers not licensed by DBHDS must meet training and competency requirements:

- Agency-directed Personal Assistance
- Agency-directed Companion
- Agency-directed Respite





Staff ratios must be appropriate to...



# Be an Informed Provider

and keep abreast of new information



- Join the DBHDS *Provider Network Listserv here:*  
<https://dbhds.virginia.gov/developmental-services/provider-development>
- Pay close attention to DBHDS announcements
- Pay close attention to DMAS Medicaid Bulletins

Know and follow your own policies!

12VAC35-105-150.5:

“The provider ... shall comply with ... the provider’s own policies.”



## Learning Goal

Providers have information and resources that facilitate their success in becoming a quality provider of DD Waiver services.



# Role of the Support Coordinator/ Case Manager



Support Coordinators / Case Managers (SCs / CMs) assist people in gaining access to needed medical, social, educational and other supports essential for living in the community and in developing his or her desired lifestyle .



The SC / CM provides assessments, coordination of services, monitoring the implementation of the ISP, and monitoring the quality of services and supports

# Informed Choice



All providers must “assure freedom of choice to individuals in seeking medical care from any institution, pharmacy, practitioner, or other provider qualified to perform the service(s) required and participating in the Medicaid Program at the time the service is performed.”



# Informed Choice



Support Coordinators are required to have signed documentation of informed choice:



- Annually
- At the time of enrollment into one of the DD Waivers
- When there is a request for change in waiver providers
- When new services are requested, or the person is dissatisfied



# Informed Choice



Some other examples of when choice needs to be offered ...

- When a group home is increasing capacity
- When a program is moving physical addresses
- When converting a program's services (for example, converting a sponsored residential home to group home)

# How to Receive Authorization



DBHDS is the DMAS designated agency tasked to approve all Service Authorization (SA) requests for the DD Waivers.

- Service authorization means - the process to approve specific services for a person who is enrolled in Medicaid by a DMAS service authorization designee prior to service delivery and reimbursement in order to validate that the service requested is medically necessary and meets DMAS requirements for reimbursement. Service authorization does not guarantee payment for the service.

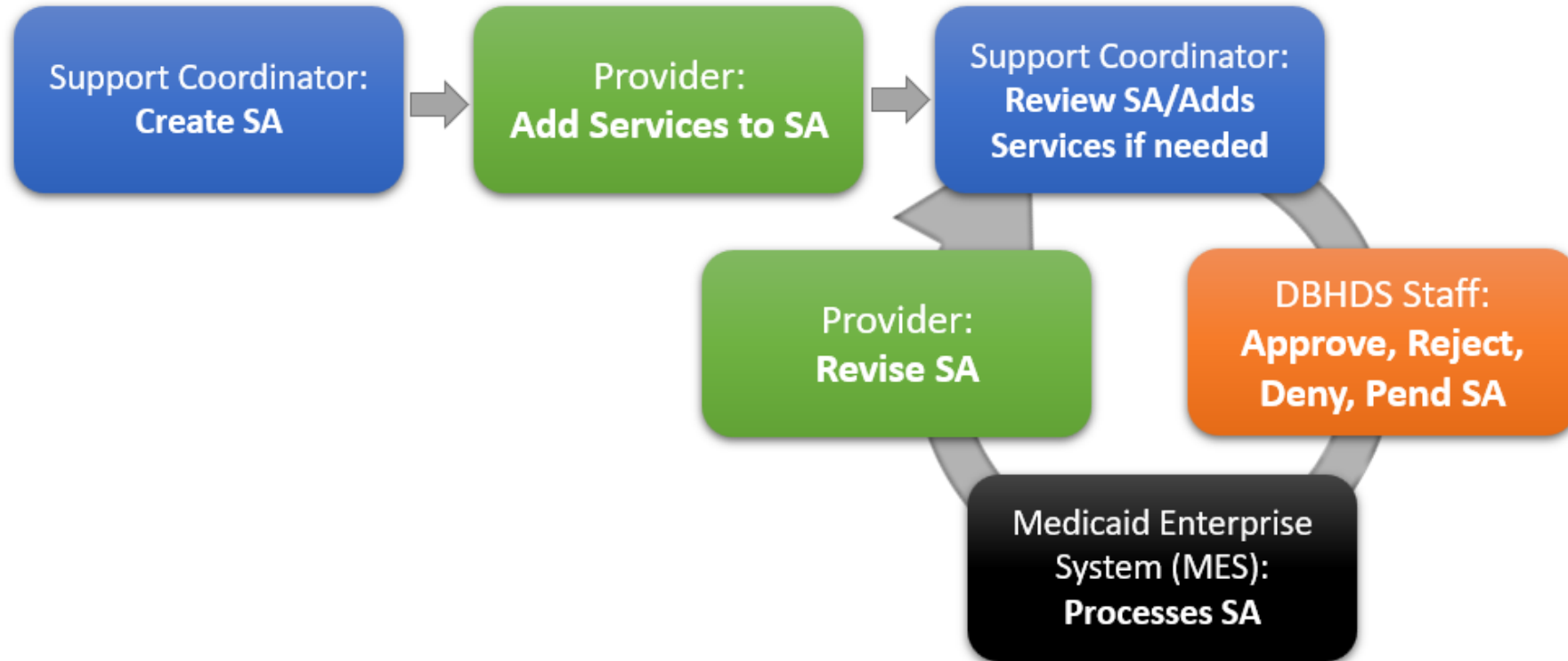


# How to Receive Authorization



It is highly recommended that the provider begin the service authorization process 30 calendar days prior the start of the plan year or desired start of service date. The earliest date services can be authorized is the date the request is received by DBHDS Service Authorization.

# How to Receive Authorization





# Office of Integrated Health Support Network

Susan Moon, B.S., RN

Director

**OFFICE MISSION:** Supporting this life of possibilities by ensuring quality supports and a pathway to community integrated health services.

To serve as a resource for information related to healthcare, wellness, healthcare providers, and health related services within the Commonwealth.

**DBHDS Vision: A life of possibilities for all Virginians**



## The Office of Integrated Health Supports – The History and Goals

In February 2014, the Health Support Network was created to provide services to meet the needs of those former residents of Training Centers, large Intermediate Care Facilities (ICFs) and Nursing Facilities (NFs) with developmental disabilities.

**Short term:** Identifying gaps in services and supports to immediately improve the quality of care and health

**Long-term:** Building the infrastructure of health professional knowledge through outreach and education

Currently, the HSN has three programs are evidenced-based and provide services to address the unique needs of individuals with DD across the Commonwealth.

- ❖ **Community Nursing & Education**
- ❖ **Mobile Rehab Engineering**
- ❖ **Dental**



# DD Health Support Network

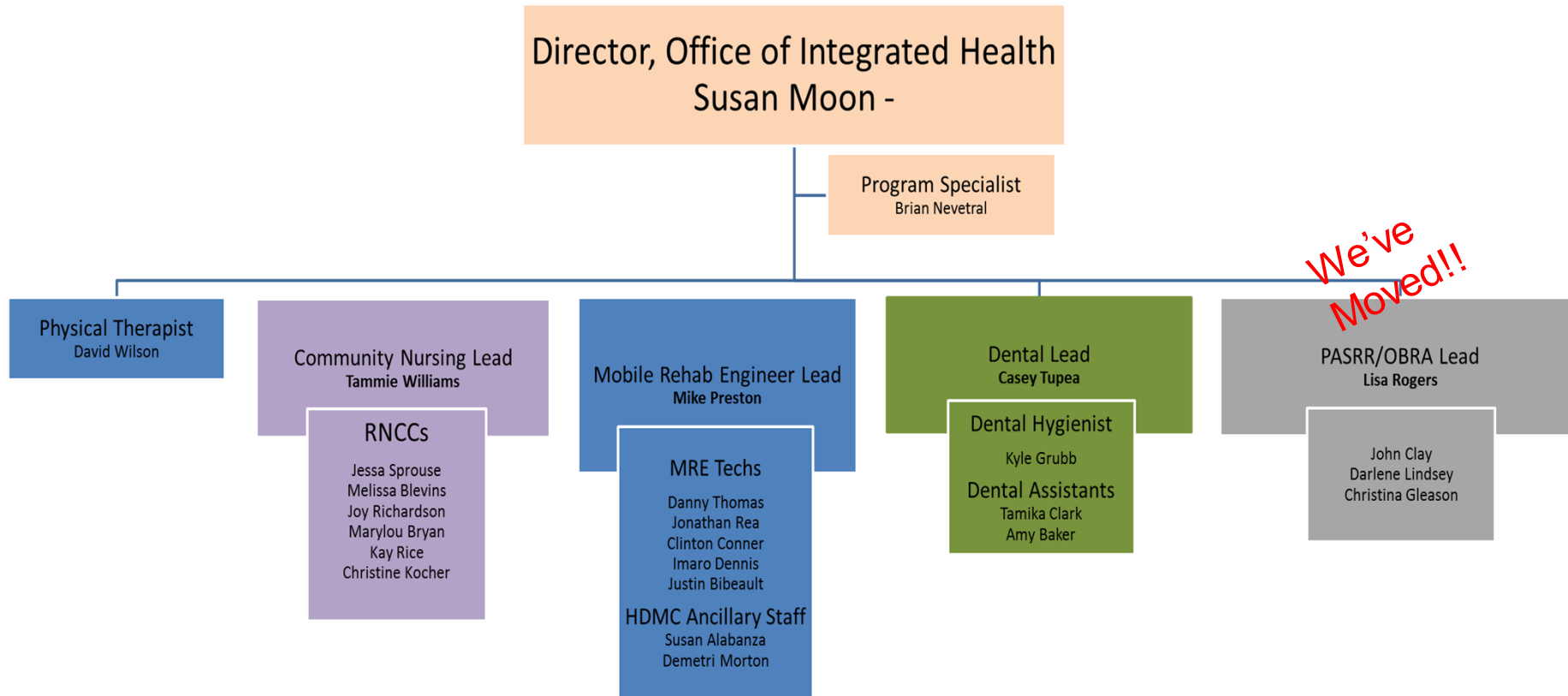
Community Nursing & Education

Mobile Rehab Engineering

Dental Services



# Office of Integrated Health







Registered Nurse Care Consultants (RNCCs) work to ensure quality supports and a pathway to community integrated health services by serving as a resource for information and technical assistance related to health, wellness, safety, best practices, access to healthcare providers, and other related services.

- ❖ Monthly Regional Community Nursing Meetings
- ❖ Health and Safety Alerts
- ❖ CEUs for Nurses
- ❖ Monthly “Health Trends Newsletter”
- ❖ Developed “Risk Awareness Tool” (RAT)
- ❖ Developed “My Care Passport”
- ❖ Regional Support Teams
- ❖ Monitoring Utilization of Nursing Authorizations under the DD Waivers



**Internal and External**

- ❖ Technical Assistance
- ❖ Nursing Consultation
- ❖ Training
- ❖ Infection Control
- ❖ Safety plans
- ❖ Quality Initiatives

**Community Nursing Team List:**

<https://dbhds.virginia.gov/office-of-integrated-health/community-nursing/>

**Email:** [communitynursing@dbhds.virginia.gov](mailto:communitynursing@dbhds.virginia.gov)

Mobile Rehab Engineering ensures that individuals who rely on durable medical equipment (DME) such as wheelchairs, shower chairs or other mobility equipment have access to custom adaptations, maintenance and repair services that do not already exist in the community, such as...

- ❖ Safety Assessments
- ❖ DME Repairs
- ❖ Power washing
- ❖ Bed Entrapment Assessments

### Consultations with OT & PT & Nursing

- ❖ Custom Modifications
- ❖ Seating Consultations
- ❖ Assistive Technology Consultations
- ❖ DME training
- ❖ Pressure Area Mapping
- ❖ Assistance preparing Service Authorizations Requests

### **MRE REQUEST FORM:**

<https://dbhds.virginia.gov/wp-content/uploads/2023/05/MRE-Form-101-DME-5.2023.pdf>



Physical Therapy provides assessment and consultation to ensure individuals with DD receive the acute treatment and chronic care they need to remain healthy and safe in the community.

- ❖ Wound Care Clinical Consultation
- ❖ Pressure Area Mapping
- ❖ Seating System Consultation & Justification
- ❖ Clinical Assessment for Custom Adaptations
- ❖ Assistive Technology Consultation & Justification
- ❖ Training
  - DME
  - Skin Integrity
  - Positioning
  - Fall Prevention

**Consultation with other healthcare professionals**

**Physical Therapy Request Form:**

<https://dbhds.virginia.gov/wp-content/uploads/2023/04/MRE-Form-2023-PT-OT.pdf>





The Dental Program was designed to replace the segregated dental clinics that had been located at the Training Centers and partnered with established community dental providers with a focus on best practices, equal access and a reduction in the need for sedation and restraints.

- ❖ Mobile Dental Program
  - ❖ Community integration
  - ❖ Desensitization and reduction of the impact of trauma
- ❖ Dental Hygiene Consultation
- ❖ Oral Health Training

The Program establishes Contracts with Community Dental Providers for the following program components:

- ❖ Basic Dentistry Program
- ❖ Moderate Sedation Program
- ❖ Remote Dental Program



## New Adult Dental Coverage

<p><b>WHO QUALIFIES?</b></p> <p>All adults over the age of 21 years old who have health insurance through Medicaid are eligible to see a dentist.</p>	<p><b>WHEN DOES IT BEGIN?</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;">   <b>July 1, 2021</b> </div>
<p><b>WHAT IS COVERED?</b></p> <p>Going to the dentist! Teeth cleanings, filling cavities, dentures, and more!</p>	<p><b>QUESTIONS?</b></p> <p>Call DentaQuest at 888.912.3456, or visit <a href="http://www.vahealthcatalyst.org/AdultDentalBenefit/">www.vahealthcatalyst.org/AdultDentalBenefit/</a></p>

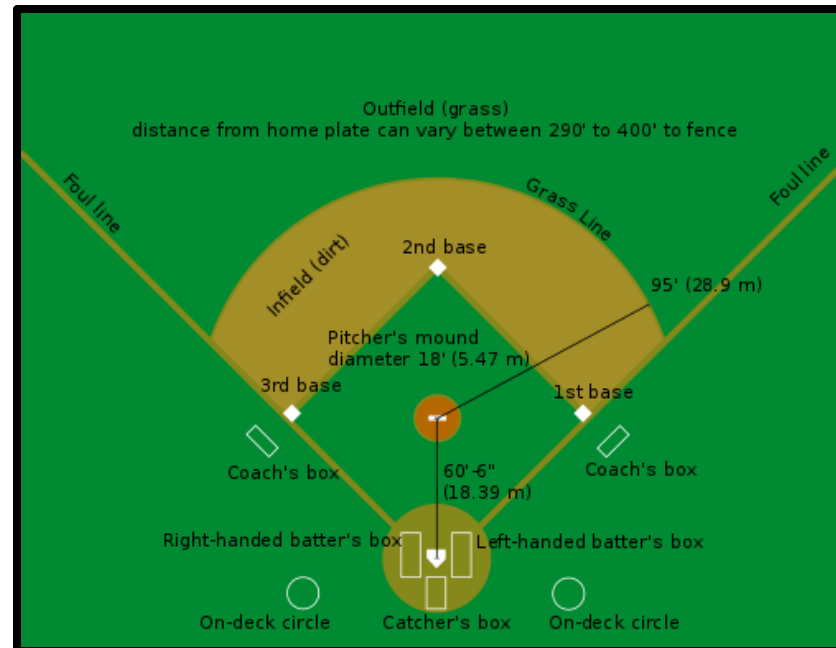




**Dental Referral Form:** <https://dbhds.virginia.gov/wp-content/uploads/2022/09/Dental-Referral-Form.2022.pdf>

# Office of Transition Network Supports

Martin Kurylowski, Director



# Transition Network Supports



- **PASRR / OBRA**
  - Special focus on children in nursing facilities
- **ICF/IIDs**
  - Special focus on children in intermediate care facilities
- **DOJ Settlement Agreement**
  - Includes the DOJ Library Website

# PASRR

**PASRR** is a federally mandated process to ensure that individuals with a Serious Mental Illness (SMI), Intellectual Disability (ID), and/or a Related Condition (RC) are not inappropriately placed in nursing facilities.

- ✓ Virginia has one vendor (MAXIMUS) that administers PASRR assessments across the Commonwealth



- ❖ Community Diversion
- ❖ Community Transition
- ❖ The RST Connection

## A Special Focus on DD Children in Nursing Facilities

In March 2016, Virginia began to increase the focus on the PASRR process involving children to ensure that:

- Children seeking placement in a NF meet the NF level of care criteria
- Children are connected to their area's CSB
- Children and their families have opportunities to explore community-based options.

Today, there are 50 children who reside in the three NF in the Commonwealth that provide care for children.

# OBRA

**OBRA** ensures that adults or children with DD residing in nursing facilities have access to Specialized Services that normally are not provided within the nursing facility. Specifically, services that the individual needs to maximize self – determination and independence.

## Specialized Services can include:

- Assistive Technology
- Day Support
- Community Living Skills
- Transportation
- Education
- Specialized Seating Systems





# Intermediate Care Facilities (ICF) - IID

## ICF-IID Team

- Manages a process to ensure that individuals with a developmental disability (DD) are not inappropriately placed in an ICF
- The VA Individual Developmental Disability Eligibility Survey (VIDES) is a screening tool utilized to establish standard criteria to determine eligibility for a DD Waiver and is utilized to determine eligibility for ICF level of care
- The team provides information and education to families related to more integrated service options available in the community

# Intermittent Care Facilities (ICF)- IDD

## **Virginia's Single Point of Entry ...Part of the Children's ICF Initiative**

**Virginia began Single Point of Entry (SPE) in May 2018**

**As of March 31, 2023, there are 106 children residing in ICF/IIDs.**

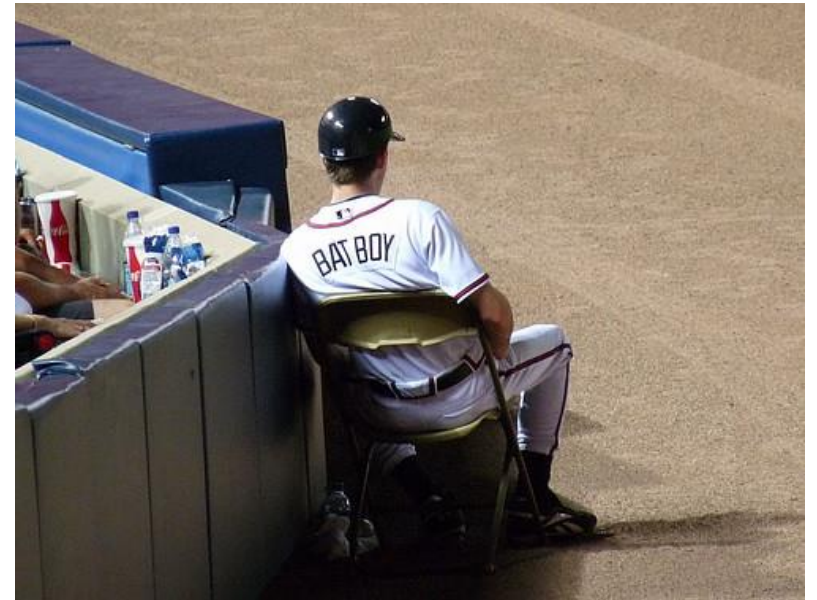
**In SFY 2022, there were 20 children discharged.**

Of the 20 children who were discharged:

- 3 hospitalized
- 1 died
- 1 transferred to another ICF
- 2 returned home
- 13 went to a community placement
  - 1 with foster care family
  - 2 with sponsored residential family home
  - 10 went to group home

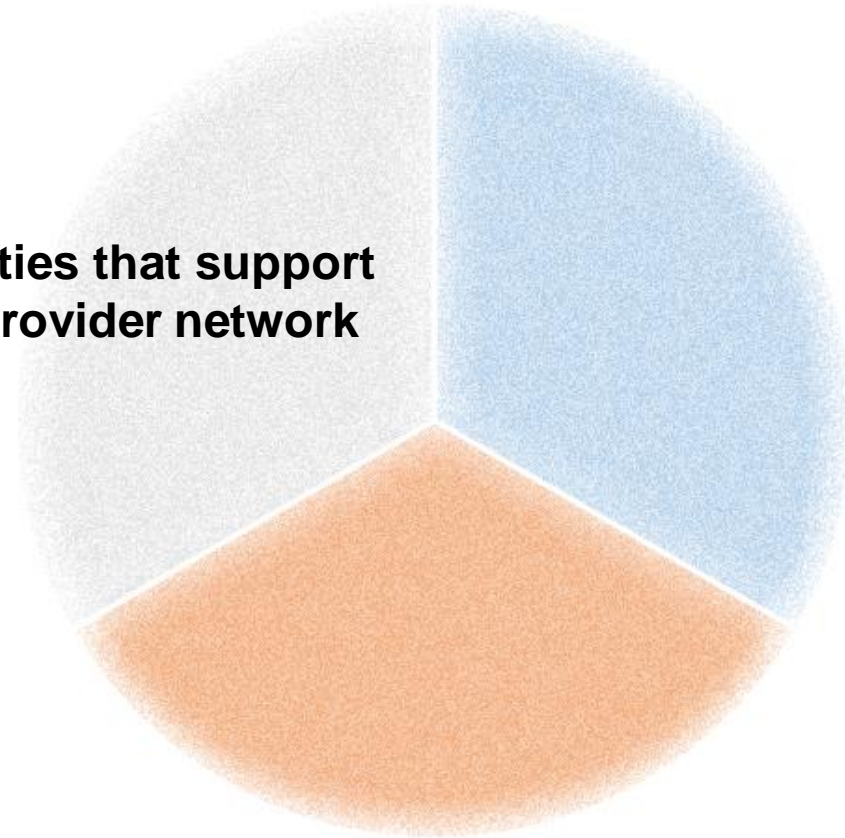
# Office of Provider Network Supports

Eric Williams, Director



# Provider Network Supports

Activities that support  
the provider network



## **Person-centered Practices**

- Individual Support Plan
- PCT Trainers & Mentors
- Charting the Lifecourse
- Person-Centered ISP

## **Network Development**

- Semi-annual gap analysis
- Provider Database
- Provider Designations
- DSP Orientation and Competencies
- DSP Supervisor's Training
- Provider Readiness Program
- Jump-Start Funding
- Quarterly Roundtables
- Listserv

## **Technical Assistance**

- Provider remediation
- Provider service module training
- QRT Remediation for Providers



# Provider Network Supports

## Provider Data Summary

- Semi-annual report and webinar
- 11 measures
- Measures focus on integrated services, provider competence and capacity, and self-determination
- Provision of data to provider community for strategic planning
- Provides a means to track provider development efforts and communicate changes observed in the DD services system over time

PROVIDER DATA SUMMARY MAY 2021

### Provider Data Summary

Semi-Annual Report



### THE STATE OF THE STATE

#### Introduction

This is the sixth Provider Data Summary Report that provides updates on the status of DD Waiver service availability and activities completed by the Office of Provider Development (OPD) in the Division of Developmental Services (DDS) at the Department of Behavioral Health and Developmental Services (DBHDS).

#### Executive Summary

As with previous reports, the focus is on identifying service development needs based on a review of developmental disability (DD) waiver population and authorization data in each locality in Virginia. The "Baseline Measurement Tool (BMT)," which is used by OPD in conducting this review, has been updated to include the data from 11/1/20 to 4/30/21.

Providers are encouraged to review the BMT in conducting market research and in strategic planning efforts. Provider Data Summary webinars continue on a semiannual basis to provide a forum for sharing the results of ongoing analysis of the opportunities for DD services.

PROVIDER DATA SUMMARY

The State of the State

Presented by the Office of Provider Development  
August 4, 2021

Virginia Department of Behavioral Health & Developmental Services

Eric Williams, Provider Development Director

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# Provider Network Supports

## **Regional Support Teams**

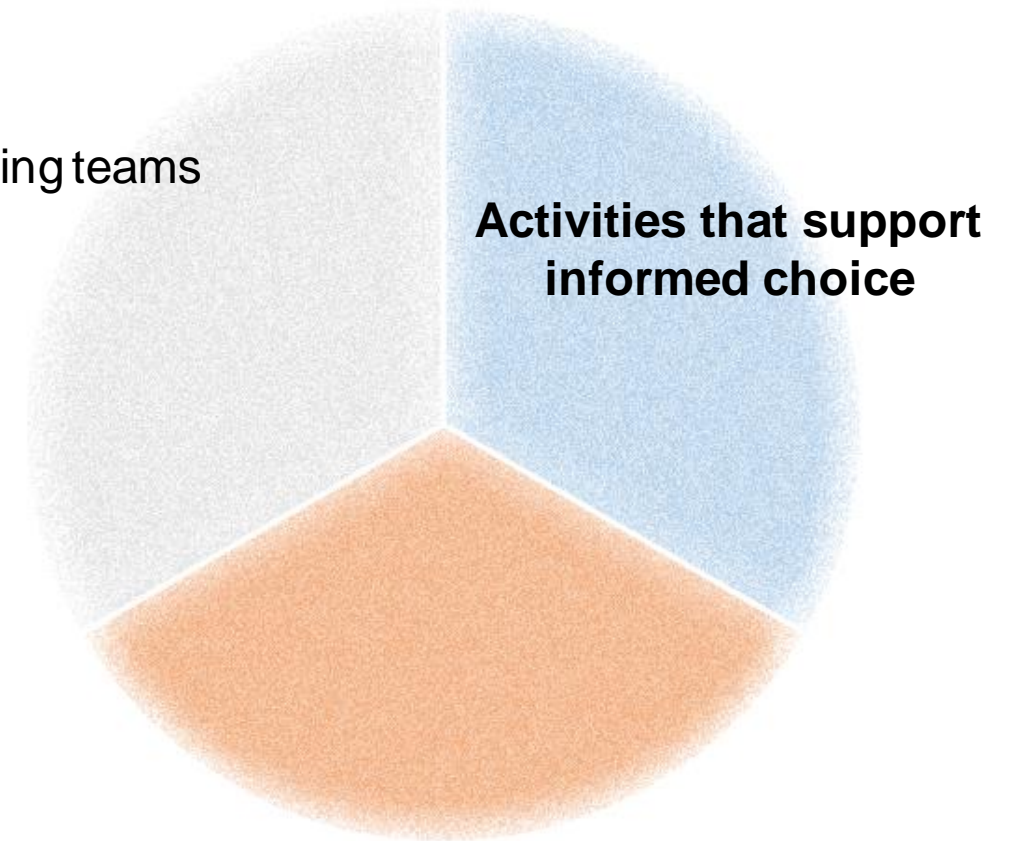
- Confirms informed choice
- Diverse stakeholder involvement
- Provide recommendations to individual planning teams
- Informs gap analysis

## **HCBS Settings Regulations**

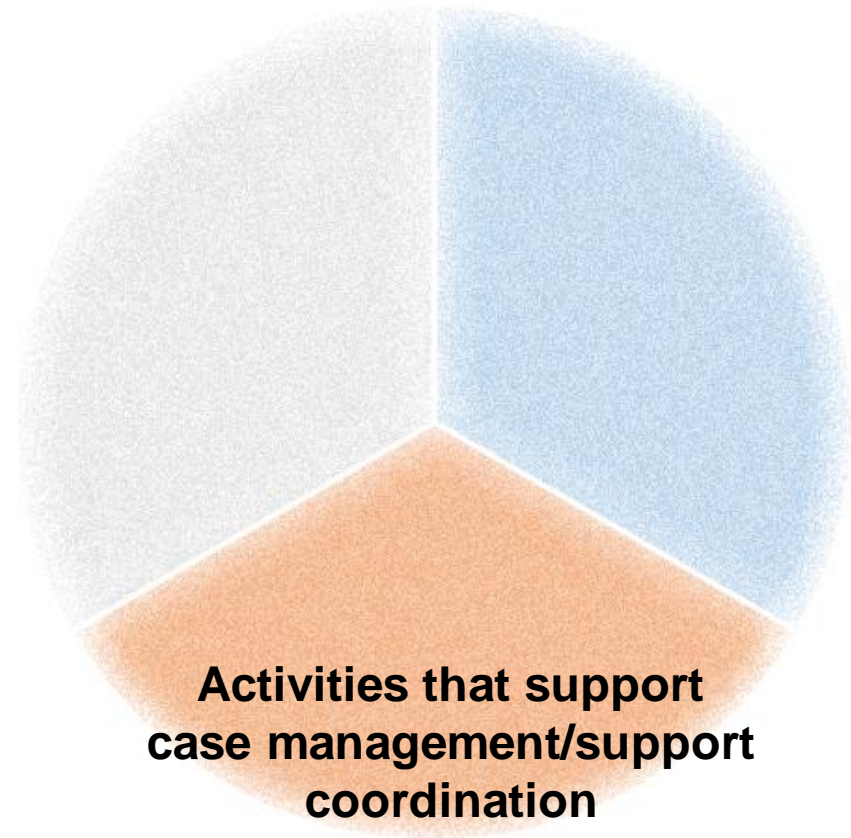
- Assists in settings review to ensure provision of individual rights
- Provides support in operationalizing the requirements

## **Constituent Concerns & Crisis**

- State hospital moves to community settings
- Emergent situations to stabilize and locate services
- Mandatory Provider Remediation and technical assistance



# Provider Network Supports



## Case Management Steering Committee

- Framework for improving the case management system
- Cross departmental involvement
- Two subgroups (Data and SCQR)
- On-site Visit Tool and Process
- DD Support Coordination Handbook
- QRT Remediation for SCs

## Data

- Provides monthly and quarterly data to CSBs
- CSB Performance Letters Semi-Annually
- Annual Support Coordinator Quality Review Cycle

## Reporting

- Presentations to QIC and RQCs quarterly
- Recommendations to Commissioner Semi-annually





# Specialized Investigation Unit-MRC Doc Submission



**Angelica Howard**

Acting Associate Director of Administrative and Specialized Units

**Nanshill Wilson**

Acting Specialized Investigation Unit (SIU) Manager

# Specialized Investigation Unit: “SIU”

## The Specialized Investigation Unit or “SIU”

- Completes investigations for all DD deaths reported to the department.
- Completes investigations for all DD complaints reported to the department.



Licensing Specialists are no longer assigned to complete any DD death investigations and/or DD complaint investigations.

SIU and Licensing Specialists may consult on investigations as needed.

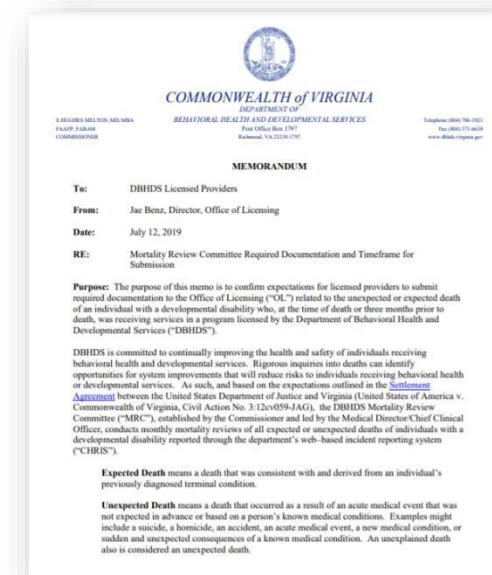
# DD Deaths-MRC Memo on DBHDS Website

- Per Office of Licensing Memo dated July 12, 2019, titled *Mortality Review Committee Required Documentation and Timeframe for Submission*:
  - As of August 1, 2019, providers who are serving an individual with a developmental disability at the time of his/her death, **as well providers who were serving an individual with a developmental disability within 3 months prior to an individual's death** must submit required documentation, via encrypted email, within 10 business days following a death to [mrc\\_documents@dbhds.virginia.gov](mailto:mrc_documents@dbhds.virginia.gov).

The Memo along with the Mortality Review Committee “MRC” checklist can be found on the DBHDS Office of Licensing website under Mortality Review Committee section:

## MORTALITY REVIEW COMMITTEE

- [Mortality Review Committee Submission Checklist \(July 2022\)](#)
- [Mortality Review Document Submission Process \(May 2021\)](#)
- [Mortality Review Committee Document Submission Memorandum \(July 2019\)](#)
- [Contacting 911 Emergency Services \(December 2019\)](#)



# Reminders Regarding Level III DD Death Reporting

- When reporting a Level III DD Death, please remember to click on the links in CHRIS that go directly to the Mortality Review Record Submission Checklist and MRC Process memo that are on the OL website.
- Remember to select the button “By checking here, I acknowledge responsibility for providing these documents”

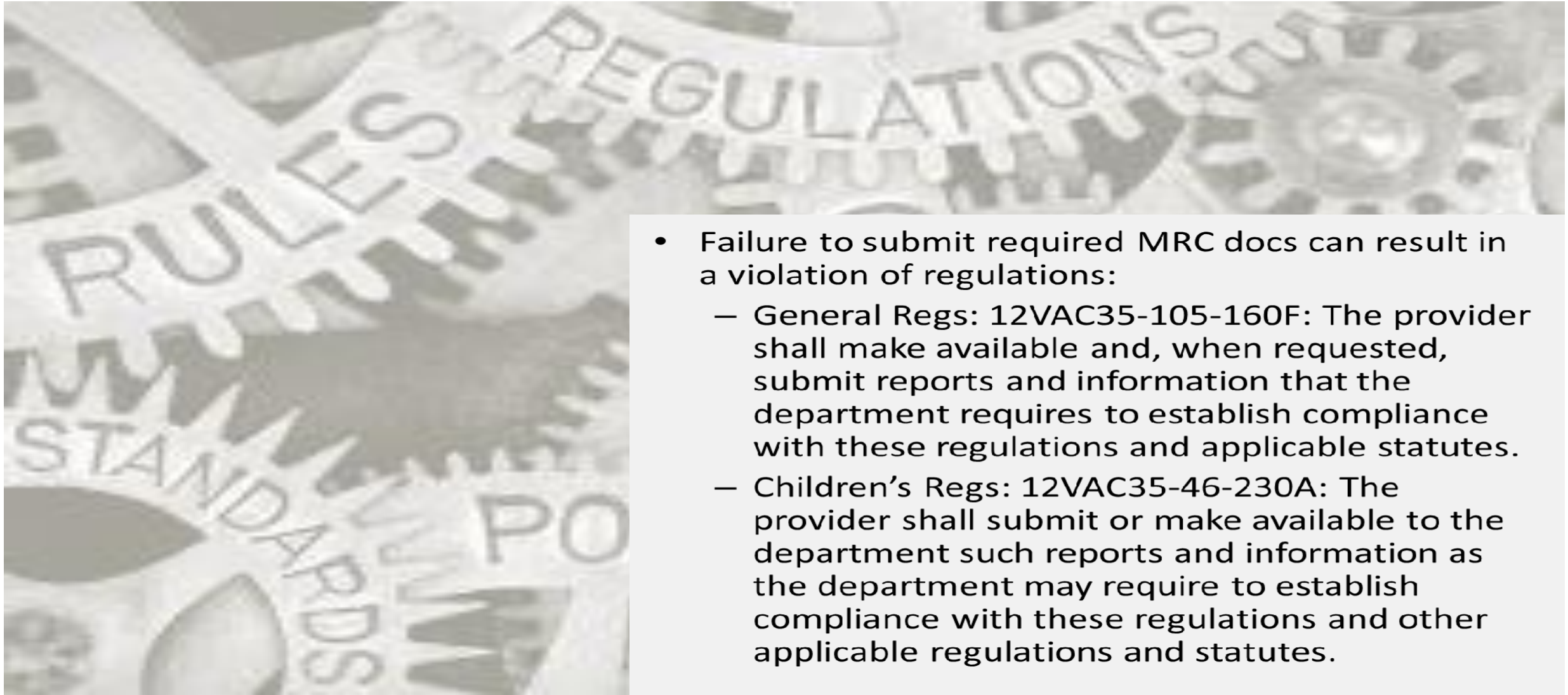
\* For cases of DD death, providers are responsible for submitting the required documentation listed on the [Mortality Review Record Submission Checklist](#), within 10 business days following a death. By checking here, I acknowledge responsibility for providing these documents per the [Process](#) instituted by DBHDS for all cases of DD Death. I further acknowledge that any documentation containing the Protected Health Information of the deceased individual will be submitted in a secure fashion to ensure compliance with federal and state privacy laws.

By checking here, I acknowledge responsibility for providing these documents.

This was not a DD death and therefore the regulation does not apply.

- Submission of MRC docs is required for ALL deaths of individuals with developmental disabilities, regardless if the individual has a waiver or not.

## DD-Deaths: Submission of MRC Docs



- Failure to submit required MRC docs can result in a violation of regulations:
  - General Regs: 12VAC35-105-160F: The provider shall make available and, when requested, submit reports and information that the department requires to establish compliance with these regulations and applicable statutes.
  - Children’s Regs: 12VAC35-46-230A: The provider shall submit or make available to the department such reports and information as the department may require to establish compliance with these regulations and other applicable regulations and statutes.

## DD-Deaths: Submission of MRC Docs

- Providers have **10 business days** from date of discovery of the death to submit all required MRC documents to the MRC email address:
  - [mrc\\_documents@dbhds.virginia.gov](mailto:mrc_documents@dbhds.virginia.gov) (note there is an underscore “\_” between mrc\_documents)
  - No MRC documents should be sent directly to any licensing specialist and/or SIU investigator. Providers may cc SIU investigators when emailing the MRC email, but it is not required.
- SIU Investigators may reach out to providers to schedule interviews with staff and may ask for additional documents to be submitted as part of the investigation. In those cases, providers can send those additional documents directly to the requesting investigator.



# DD-Deaths: MRC Checklist

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.

Part \_\_\_ of \_\_\_

Office Of licensing - DBHDS  
MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS  
(PLEASE READ PRIOR TO SENDING RECORDS)

<u>Provider Name:</u>	<u>Date of Death:</u>	<u>CHRIS #:</u>
_____	_____	_____
<u>Individual's Last Name:</u>	<u>First Name:</u>	<u>Admission Date:</u>
_____	_____	_____

Each individual's record should be scanned and saved using the below naming convention:

Provider name\_ Last name\_First name\_Title of document category  
**Example:** ABCGroupHome\_Doe\_Jane\_MedicalRecords

- Each completed packet must include the **INDIVIDUAL RECORD SUBMISSION CHECKLIST** to verify the documents that are included in that scanned submission.
- To verify the number of scanned record sets for each individual (multiple scanned sets may be required due to size of the individual's record), complete Part \_\_\_ of \_\_\_\_\_. If an individual's complete record (all documents listed below as applicable) is included in one scanned submission; this section should indicate Part 1 of 1. If multiple scanned submissions are required for one individual's record, then this checklist should be completed with each submission and the section should indicate Part 1 of 2, Part 2 of 2 etc., to ensure that we have received the complete record submission.

Submit scanned records for all identified individuals via encrypted email to:  
[MRC\\_Documents@dbhds.virginia.gov](mailto:MRC_Documents@dbhds.virginia.gov) **no later than 10 business days following a death.**



# DD-Deaths: MRC Checklist

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.

Part \_\_\_\_ of \_\_\_\_

Office Of licensing - DBHDS  
MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS  
(PLEASE READ PRIOR TO SENDING RECORDS)

Provider Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_ CHRIS #: \_\_\_\_\_

Each individual's record should be scanned and saved using the below naming convention:

Provider name\_ Last name\_ First name\_ Title of document category

Example: ABCGroupHome\_Doe\_Jane\_MedicalRecords

- Each completed packet must include the **INDIVIDUAL RECORD SUBMISSION CHECKLIST** to verify the documents that are included in that scanned submission.

size of the individual's record), complete Part \_\_\_\_ of \_\_\_\_\_. If an individual's complete record (all documents listed below as applicable) is included in one scanned submission; this section should indicate Part 1 of 1. If multiple scanned submissions are required for one individual's record, then this checklist should be completed with each submission and the section should indicate Part 1 of 2, Part 2 of 2 etc., to ensure that we have received the complete record submission.

Submit scanned records for all identified individuals via encrypted email to:  
[MRC\\_Documents@dbhds.virginia.gov](mailto:MRC_Documents@dbhds.virginia.gov) **no later than 10 business days following a death.**





# DD-Deaths: MRC Checklist

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.

Part ...

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MORTALITY REVIEW SUBMISSIO  
(PLEASE READ PRIC

Provider Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Individual's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Each individual's record should be scan

Provider name\_ Last name\_ First name\_ Title of docu  
**Example:** ABCGroupHome\_Doe\_Jane\_MedicalRec

- Each completed packet must include the **INDE** verify the documents that are included in that scan
- To verify the number of scanned record sets for e size of the individual's record), complete Part \_\_\_\_ listed below as applicable) is included in one scan multiple scanned submissions are required for one with each submission and the section should indic received the complete record submission.

Submit scanned records for all identified individuals  
[MRC\\_Documents@dbhds.virginia.gov](mailto:MRC_Documents@dbhds.virginia.gov) **no later tha**

Document(s)	Included: Yes/No/Not Applicable(N/A)
<b>Most recent annual Individual Support Plan (ISP)</b> <ul style="list-style-type: none"> <li>All sections of ISP (Parts I-V) and protocols as identified in the ISP</li> <li>Updates made to the ISP during the planning year</li> <li>Current Decision maker/Authorized Representative/POA if known</li> </ul>	
<b>Assessments:</b> <ul style="list-style-type: none"> <li>Current Provider Specific Assessment (ex. Fall Risk Assessment, Comprehensive Assessment if separate from the ISP, etc.);</li> <li>Current SIS and VIDES;</li> <li><b>(CASE MANAGEMENT ONLY):</b> Annual Risk Assessment, On-Site Visit Tool (last 3 months); Risk Awareness Tool; Crisis Risk Assessment Tool</li> </ul>	
<b>Quarterly Report:</b> Last quarterly report (Individual Support Plan review)	

MRC Checklist Page 1 of 2 Updated 07/01/22

# DD-Deaths: MRC Checklist

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.

Office of Licensing - DBHDS

## MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS

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MORTALITY REVIEW SUB

**Progress Notes:** Most recent **3 months** of progress notes for applicable service: case manager notes, residential progress notes, day support progress notes, etc.

**Medical records for past 3 months preceding death:**

- Provider medical visit summary forms;
- Hospital discharge summaries (Please document the names of hospital(s));
- Physician case notes and nurses notes if available;
- MARs (Medication Administration Records);
- Medication orders maintained onsite;
- I/DD level (mild, moderate, severe, profound) documentation;
- Any provider specific treatment forms (bowel movement forms, nutrition/fluid tracking sheets, repositioning forms, records of vitals, etc.); and
- Task analysis/support logs

**Annual Physical Exam:** Most current physical exam

**Emergency Medical Information:** Emergency Medical Form and/or documentation inclusive of 12VAC35-105-750.A.1-9. Please submit the DNR/DDNR/DNI or other advanced directive document if available.

**Incident Reports:** All Level I, II, and III incident reports for the three months preceding the individual's death, and documentation of any analyses into the circumstances of the incident and improvement actions taken.

**Agency Policies:** Please submit policies pursuant to:

- 12VAC35-105-700 (Crisis or Emergency Interventions);
- 12VAC35-105-720 (Health Care Policy);
- 12VAC35-105-770 (Medication Management);
- 12VAC35-105-780 (Medication Errors and Drug Reactions); and
- 12VAC35-105-790 (Medication Administration and Storage or Pharmacy Operation)

Please circle "yes" or "no" to indicate if an autopsy is planned/requested (if known).

**The following items may be submitted within responsible for ensuring the documentation i**

**Discharge Summary** from your agency

**Root Cause Analysis (RCA):** All RCAs completed for individual's death.

<b>Progress Notes:</b> Most recent <b>3 months</b> of progress notes for applicable service: case manager notes, residential progress notes, day support progress notes, etc.	
<b>Medical records for past 3 months preceding death:</b>	
<ul style="list-style-type: none"> <li>• Provider medical visit summary forms;</li> <li>• Hospital discharge summaries (Please document the names of hospital(s));</li> <li>• Physician case notes and nurses notes if available;</li> <li>• MARs (Medication Administration Records);</li> <li>• Medication orders maintained onsite;</li> <li>• I/DD level (mild, moderate, severe, profound) documentation;</li> <li>• Any provider specific treatment forms (bowel movement forms, nutrition/fluid tracking sheets, repositioning forms, records of vitals, etc.); and</li> <li>• Task analysis/support logs</li> </ul>	
<b>Annual Physical Exam:</b> Most current physical exam	
<b>Emergency Medical Information:</b> Emergency Medical Form and/or documentation inclusive of 12VAC35-105-750.A.1-9. Please submit the DNR/DDNR/DNI or other advanced directive document if available.	
<b>Incident Reports:</b> All Level I, II, and III incident reports for the three months preceding the individual's death, and documentation of any analyses into the circumstances of the incident and improvement actions taken.	
<b>Agency Policies:</b> Please submit policies pursuant to:	
<ul style="list-style-type: none"> <li>• 12VAC35-105-700 (Crisis or Emergency Interventions);</li> <li>• 12VAC35-105-720 (Health Care Policy);</li> <li>• 12VAC35-105-770 (Medication Management);</li> <li>• 12VAC35-105-780 (Medication Errors and Drug Reactions); and</li> <li>• 12VAC35-105-790 (Medication Administration and Storage or Pharmacy Operation)</li> </ul>	
Please circle "yes" or "no" to indicate if an autopsy is planned/requested (if known).	<input type="checkbox"/> Yes <input type="checkbox"/> No

# DD-Deaths: MRC Checklist

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.
  - Please ensure that documentation of I/DD level is submitted
    - This may be included with any psychological/psychiatric evaluations, medical documentation mentioning ID/DD level, CSB documentation of wavier status to include ID/DD level, etc.

Office of Licensing - DBHDS

MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS

<b>Progress Notes:</b> Most recent <b>3 months</b> of progress notes for applicable service: case manager notes, residential progress notes, day support progress notes, etc.	
<b>Medical records for past 3 months preceding death:</b> <ul style="list-style-type: none"> <li>• Provider medical visit summary forms;</li> <li>• Hospital discharge summaries (<u>Please document the names of hospital(s);</u></li> <li>• Physician case notes and nurses notes if available;</li> <li>• MARs (Medication Administration Records);</li> <li>• Medication orders maintained onsite;</li> <li>• I/DD level (mild, moderate, severe, profound) documentation;</li> <li>• Any provider specific treatment forms (bowel movement forms, nutrition/fluid tracking sheets, repositioning forms, records of vitals, etc.); and</li> <li>• Task analysis/support logs</li> </ul>	
<b>Annual Physical Exam:</b> Most current physical exam	

# DD-Deaths: MRC Checklist

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.

Part \_\_\_ of \_\_\_

Office of Licensing - DBHDS  
MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS

Progress Notes: Most recent 3 months of progress notes for applicable service case

manager notes

Medical records

- Provider
- Hospital
- Physician
- MARs
- Any patient tracking
- Task assignments

Annual Physical

Incident Report for the individual incident and incident

Please check if planned/requested

The following items may be submitted within 30 days following the individual's death. The provider is responsible for ensuring the documentation is submitted.

Discharge Summary from your agency	
Root Cause Analysis (RCA): All RCAs completed for the three months preceding the individual's death.	

MRC Checklist Page 2 of 2 Updated 4/20/21

The following items may be submitted within 30 days following the individual's death. The provider is responsible for ensuring the documentation is submitted.

Discharge Summary from your agency

Root Cause Analysis (RCA): All RCAs completed for the three months preceding the individual's death.



# DD Deaths-Submission of MRC Docs

- Reminder that per the MRC checklist, providers have 30 days following the individual's death to submit the **Discharge Summary from their agency** and the **Root Cause Analysis (RCAs)**.
  - It is imperative that providers submit these required documents

<b>The following items may be submitted within 30 days following the individual's death. The provider is responsible for ensuring the documentation is submitted.</b>	
<b>Discharge Summary from your agency</b>	
<b>Root Cause Analysis (RCA): All RCAs completed for the three months preceding the individual's death.</b>	

- Please take time to review all files **BEFORE** submission to ensure they are legible and/or do not contain cut off information, etc.

# DD-Deaths: Submission of MRC Docs: Encrypted Emails Only

- All emails sent to the MRC email address with documents **MUST BE SENT VIA ENCRYPTED EMAIL.**
  - If a provider does not have an encrypted email system, a provider may submit an email to the MRC email address requesting that an encrypted email be sent to them for submission of MRC docs.
  - **Each individual file must be less than 25MB per file.** If the files are larger than 25MB, the files may not come thru or may be resized to be 25MB and there is no way to determine what information may have been inadvertently removed.



# DD Deaths-Submission of MRC Docs

- It is **IMPERATIVE** that providers are following the file naming convention as listed on page 1 of the MRC checklist.

Each individual's record should be scanned and saved using the below naming convention:

**Provider name\_ Last name\_ First name\_ Title of document category**

**Example: ABCGroupHome\_Doe\_Jane\_MedicalRecords**

- MRC receives a high volume of MRC docs; thus, it is important that each file submitted by providers follows the file naming convention.
  - Some files that may be larger in size, may have to be separated to ensure they are less than 25MB. For example, progress notes may have to be split up into several files.
    - ABCGroupHome\_Doe\_Jane\_JulyProgressNotesPart1of2
    - ABC GroupHome\_Doe\_Jane\_JulyProgressNotesPart2of2
- Please convert any WORD files to PDF files before submitting

# Specialized Investigation Unit “SIU” Contacts

- **Note:** SIU staff are responsible for investigation of all DD Deaths reported and all DD complaints received by the Office of Licensing. SIU Contacts and Map are posted on the OL website.
- <https://dbhds.virginia.gov/quality-management/office-of-licensing/>
- Any questions regarding MRC document submission or process can be sent to [mrc\\_documents@dbhds.virginia.gov](mailto:mrc_documents@dbhds.virginia.gov)
  - Note there is an underscore “\_” between mrc and documents.



## OFFICE OF LICENSING CONTACT INFORMATION

P.O. Box 1797  
Richmond, VA 23218  
Office (804) 786-1747

Fax (804) 692-0066

[Office of Licensing Staff Contact Information](#)

[Licensing Regional Contacts](#)

[Incident Management Unit Regional Contact](#)

[Specialized Investigation Unit Regional Contact](#)





# Wrap Up: Post Assessment

## Help US to Help YOU!

- At the conclusion of today's Seminar, you will receive an email with this link to a brief survey about today's training:  
[Survey- Licensed Provider Coaching Seminar II](#)
- You can also scan this QR code to complete the Post Assessment on your mobile device ----->
- Completing the Post Assessment provides an opportunity for you to share your feedback and assists us with improving future training events.



# Wrap Up: The Final Inning



Thank you for attending  
Licensed Provider  
Coaching Seminar II!



## REMINDERS:

- FAQs and Slides from today's Seminar will be posted on the OL website after the conclusion of Seminar III.
- Don't forget to join us for Seminar III on Friday, July 14! Visit the OL website for registration information.

# Helpful Resources: Seminar I

- Websites:

- [Office of Licensing Website](#)
- [Prioritization List](#)
- [Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#)
- [Regulations for Children's Residential Facilities](#)
- [DBHDS CONNECT Provider Portal System](#)

- Forms:

- [CONNECT Blast Newsletter \(June 2023\)](#)

- Videos:

- [How Do I Submit a Service Modification?](#)
- [How Do I Submit an Application to Add a Location to an Existing Service?](#)

# Helpful Resources: Seminar II

- Websites:

- [Office of Licensing Website](#)
- [DELTA](#)
- [OHR Web Page](#)
- [Human Rights Regulations](#)
- [OHR Email/Memo Sign Up](#)
- [HCBS Toolkit](#)
- [Medicaid Provider Enrollment](#)
- [CSB Directory](#)
- [Provider Development](#)
- [DSP & Supervisor Orientation Training & Competencies](#)
- [Community Nursing Team List](#)

- Forms:

- [Guidance Documents](#)
- [LIC 17: Guidance for Serious Incident Reporting \(November 2020\)](#)
- [2023 Care Concern Threshold Criteria Memo \(February 2023\)](#)
- [IMU Care Concern PowerPoint Training \(February 2023\)](#)
- [Risk Triggers and Threshold Handout \(February 2023\)](#)
- [Mobile Rehab Engineering Request Form](#)
- [Physical Therapy Request Form](#)
- [Dental Referral Form](#)

- Email Addresses

- [DeltaProd@dbhds.virginia.gov](mailto:DeltaProd@dbhds.virginia.gov)
- [incident\\_management@dbhds.virginia.gov](mailto:incident_management@dbhds.virginia.gov)
- [Office of Licensing Staff Contact Information](#)
- [Licensing Regional Contacts](#)
- [Incident Management Unit Regional Contact](#)
- [Specialized Investigation Unit Regional Contact](#)
- [taneika.goldman@dbhds.virginia.gov](mailto:taneika.goldman@dbhds.virginia.gov) (State Human Rights Director)
- [customerservice@myfieldprint.com](mailto:customerservice@myfieldprint.com) (Fieldprint Help Desk)
- [backgroundinvestigations@dbhds.virginia.gov](mailto:backgroundinvestigations@dbhds.virginia.gov) (DBHDS BIU)
- [crs\\_operations@dss.virginia.gov](mailto:crs_operations@dss.virginia.gov) (DSS OBI Central Registry Unit)
- [hcbcomments@dmas.virginia.gov](mailto:hcbcomments@dmas.virginia.gov) (to initiate HCBS Provider Self-Assessment)
- [communitynursing@dbhds.virginia.gov](mailto:communitynursing@dbhds.virginia.gov)
- [mailto:mrc\\_documents@dbhds.virginia.gov](mailto:mailto:mrc_documents@dbhds.virginia.gov) (questions about Mortality Review Committee documentation)



Thank you for being part of our Team!