DBHDS

Provider Roundtable

July 23, 2025

Division of Developmental Services

Eric Williams,

Assistant Commissioner, Developmental Services and Director, Provider Development

Developmental Services Updates

- DSP Competencies
- Virginia Informed Choice Form
- Provider Modules
- OPNS Website

DBHDS

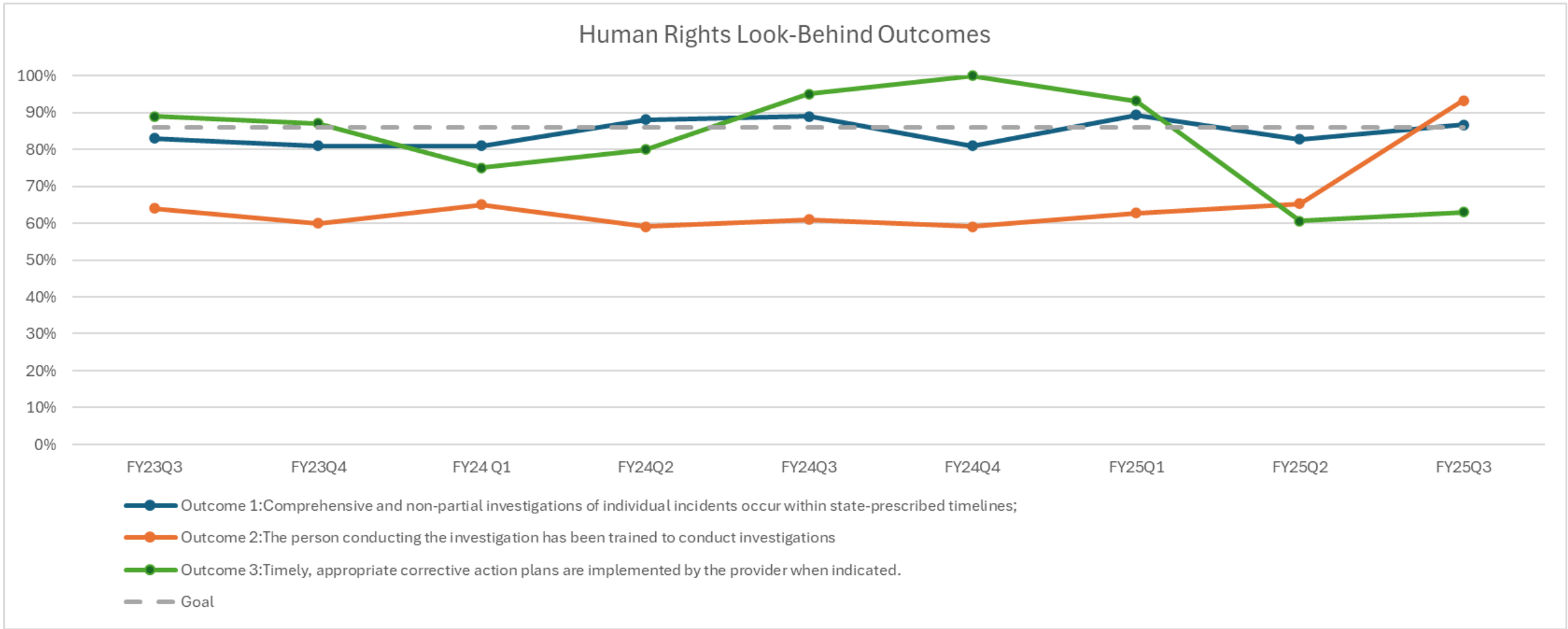
Office of Human Rights

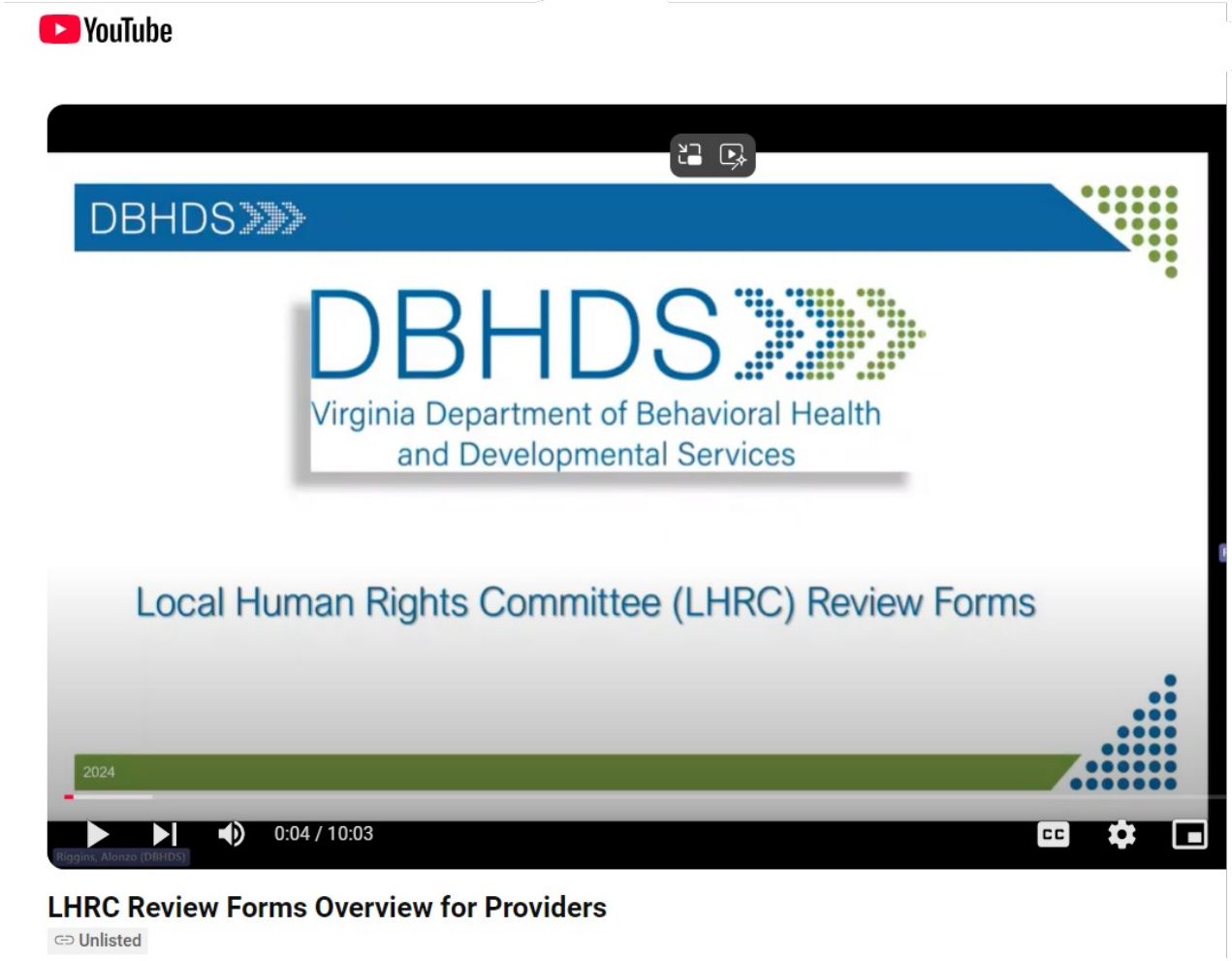
Provider Roundtable Updates

July 2025

DBHDS

Community Look-Behind Data

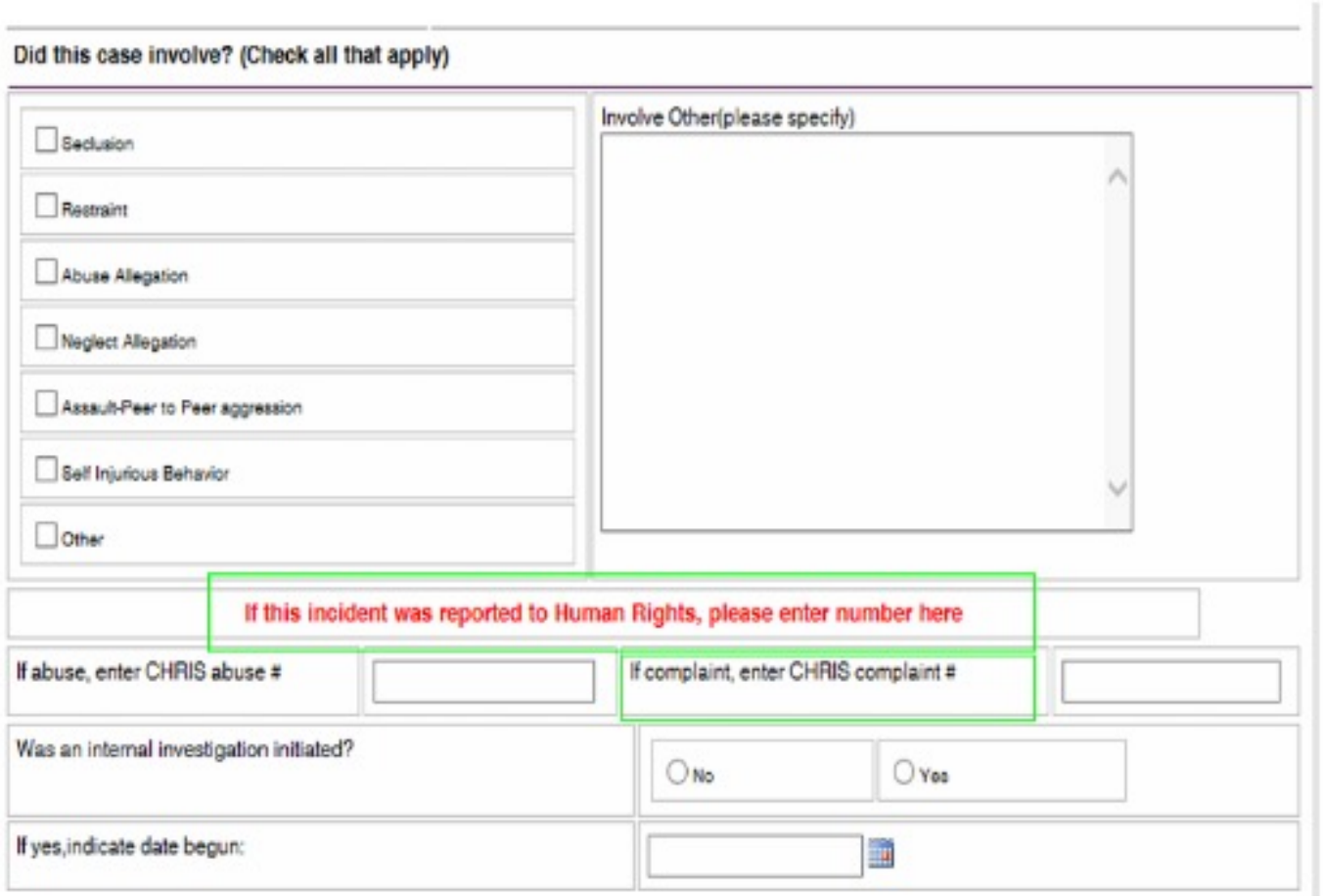




- LHRC Review Forms are needed to:
  - Appoint a Next Friend
  - Request a Variance
  - BTP with Restraint or Time Out
  - Implement Restrictions
- Consider the need for an HCBS Modification
- LHRC approvals and recommendations do not transfer from one provider to another.
- Overview video on YouTube accessible by link on the OHR webpage

Serious Injuries Where Abuse or Neglect is Suspected

When a Serious Incident reported to the Office of Licensing is also reportable to the Office of Human Rights, the Provider should enter the CHRIS Abuse and/or Complaint number (i.e. 2025XXXX), indicate an internal investigation was initiated and the date that investigation started.



2025 Community Provider Training Schedule

Reporting in CHRIS

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

Please register for the course by selecting the link for the corresponding date and time, and completing the registration. Please do not share links received from your registration. Each participant must register individually and attend on the link provided following their registration.

Jan. 9th @ 9a – 12p	March 13th @ 9a – 12p	May 1st @ 9a – 12p	July 10th @ 9a – 12p	Sept. 4th @ 9a – 12p	Nov. 6th @ 9a – 12p
CHRIS 1.9.25	CHRIS 3.13.25	CHRIS 5.1.25	CHRIS 7.10.25	CHRIS 9.4.25	CHRIS 11.6.25

Investigating Abuse, Neglect, & Exploitation

This training is designed to provide an overview of the regulatory and investigative process, specific to the investigation of abuse and neglect.

Please register for the course by selecting the link for the corresponding date and time, and completing the registration. Please do not share links received from your registration. Each participant must register individually and attend on the link provided following their registration.

Jan. 23rd @ 9a – 12p	March 27th @ 9a – 12p	May 8th @ 9a – 12p	July 24th @ 9a – 12p	Sept. 18th @ 9a -12	Dec. 11th @ 9a -12p
ANE 1.23.25	ANE 3.27.25	ANE 5.8.25	ANE 7.24.25	ANE 9.18.25	ANE 12.11.25

Overview of the Human Rights Regulations

This training is designed to provide the learner an in-depth review of the Human Rights Regulations. Providers will increase their understanding of the Office of Human Rights processes, and the responsibilities as mandated by the Human Rights Regulations.

Please register for the course by selecting the link for the corresponding date and time, and completing the registration. Please do not share links received from your registration. Each participant must register individually and attend on the link provided following their registration.

Feb. 6th @ 9a – 12p	May 22nd @ 9a – 12p	Aug. 7th @ 9a – 12p	Nov. 13th @ 9a – 12p
HRRs 2.6.25	HRRs 5.22.25	HRRs 8.7.25	HRRs 11.13.25

Restrictions, Behavioral Treatment Plans, & Restraints

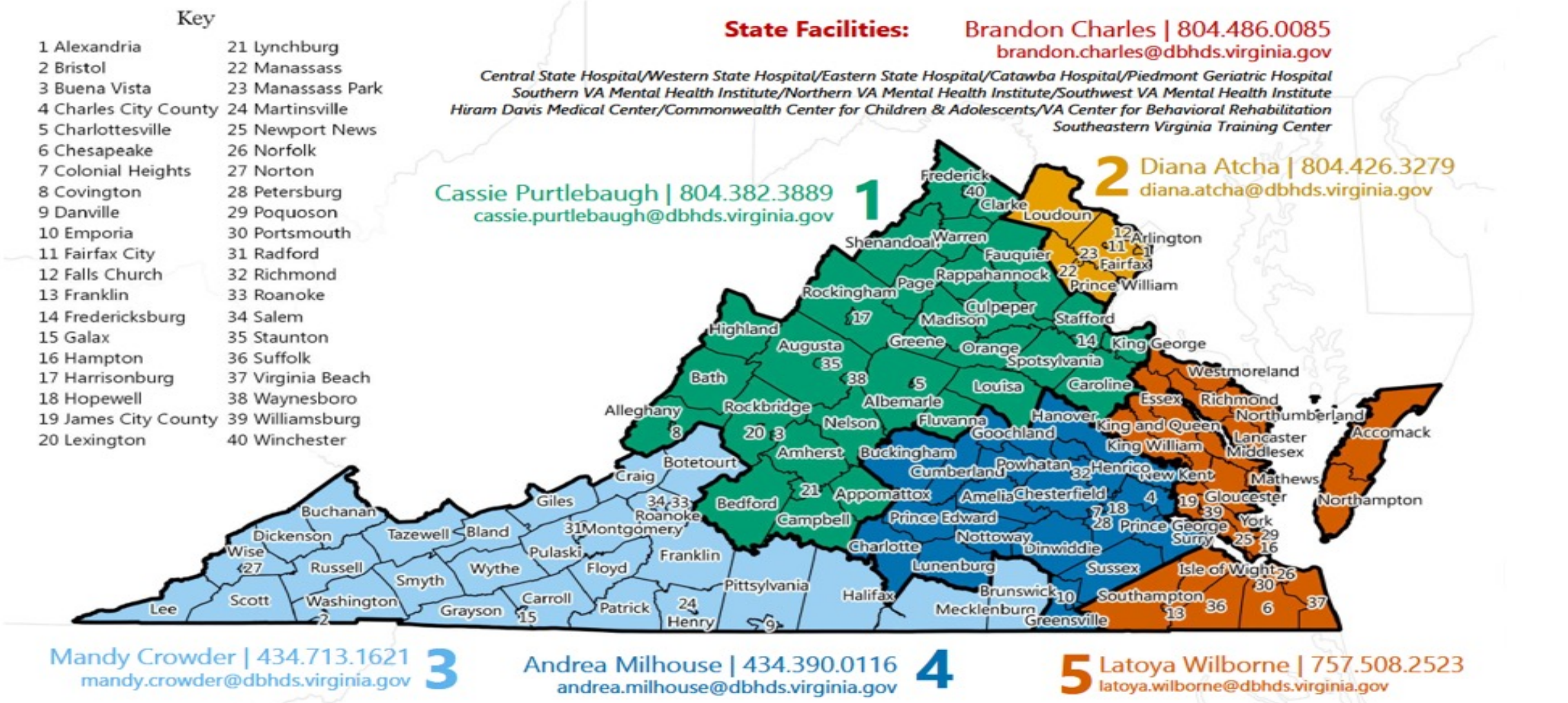
This training is designed to educate providers on regulatory requirements related to the use of restrictions, behavioral treatment plans, and restraints.

Please register for the course by selecting the link for the corresponding date and time, and completing the registration. Please do not share links received from your registration. Each participant must register individually and attend on the link provided following their registration.

Feb. 20th @ 9a – 11:30a	May 29th @ 9a – 11:30a	Aug. 21st @ 9a – 11:30a	Nov. 20th @ 9a – 11:30a
RBTPR 2.20.25	RBTPR 5.29.25	RBTPR 8.21.25	RBTPR 11.20.25

New-Provider Orientation - introduction to OHR processes and expectations for compliance.
Virtual sessions every 4th Wednesday 10A

OHR Regional Manager Contacts and Map



DBHDS

VOLUNTEERS NEEDED

URGENT NEEDS Region 3

- **VA Highlands LHRC**
  - Quarterly Meetings in Jan, April, Aug, Dec
  - 12P Southwestern VA Mental Health Institute

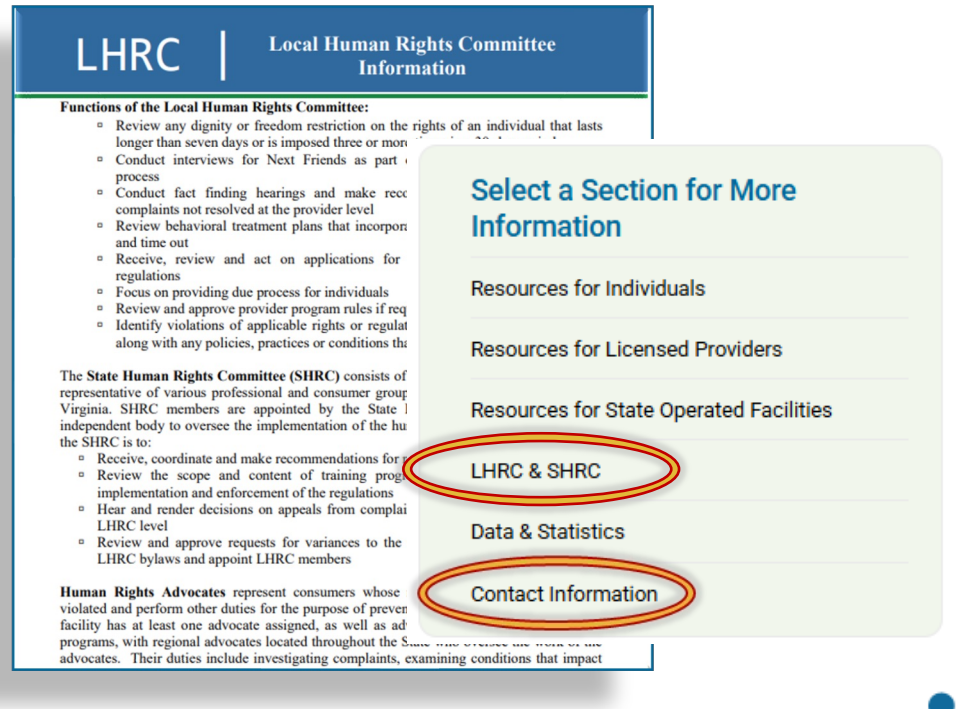
  Abingdon, Marion, Wytheville, Bristol

- **Roanoke-Catawba LHRC**
  - Quarterly Meetings in Mar, June, Oct, Nov
  - 1P Catawba Hospital

  Roanoke, Salem, Botetourt

Contact OHR Regional Manager, Mandy Crowder:
mandy.crowder@dbhds.virginia.gov

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



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

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

Human Rights Regulations

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

DBHDS

Home and Community Base Settings

Provider Roundtable Updates

July 2025

- DBHDS and DMAS are on track to move into “ongoing monitoring” in January 2026. Training will be provided prior to any changes taking place. Please be on the lookout for communication from DBHDS Constant Contact for training dates and other communications.
- DBHDS is currently tasked with following up on reviews completed by the QSR team (HSAG). If you receive communication from a DBHDS reviewer, a response is required. They are only reviewing any area that was deemed out of compliance during the initial QSR review.
- DMAS and DBHDS would like to thank all providers who have worked on meeting compliance. This has been a big lift, and we appreciate the provider community for working with us to accomplish this goal.

Best Practices:

1. Retraining staff on HCBS requirements and values often. This can include staff meetings, agency memos, online videos, etc. DSPs have a great deal of responsibility, so general reminders are always helpful!
2. Ensuring that an individual's home is accessible to them. Accessibility can't be modified so any individual is entitled to full access to all common areas of the home. Common areas are defined as any area that is not another person's bedroom.
3. Removal of any rules from a lease agreement. The lease agreement should resemble a lease or residency agreement that anyone in the general public would sign and must provide the same protections from eviction as the VA Landlord Tennant Act does.

Best Practices (continued):

4. Look for opportunities for individuals to participate in any/all activities that other people in the community do on a regular basis (bank, post office, grocery shopping, recycling center, etc.).

5. Reminding and training staff to remove their own bias when supporting others. As an example, an individual might want to stay up late playing video games and sleep in late- it is not the role of staff to “stop” this behavior. The individual is entitled to make their own schedule and have autonomy.

Reminders!

1. The use of any modification must be based on a health and safety risk.
2. Providers of residential services can not “make” an individual work or attend a day program. This must be their choice.
3. Providers should never take an individual’s personal property away if there is not a health and safety reason to do so. Many providers have had rules around cell phones or tablets being locked away. This is not allowable.
4. Never assume people are stagnant. Just because an individual has gone to day support for years does not mean that they might not be interested in working. People are always evolving.
5. Sign in/out sheets are not required. Most people do not require people to sign in and out of their homes. To keep record of visits, staff can absolutely write the visit into their progress note "John's sister and support coordinator visited today. They went for a walk around the block".

Statewide

Michelle Guziewicz Complex Supports
Michelle.Guziewicz@dbhds.virginia.gov

- State Hospital moves
- Hospital discharges meetings
- Crisis Situations/Complex supports situations
- Constituent concerns

State Hospital Moves

State Hospital Moves

Virginia has several state hospitals across the state and I work closely with all involved to assist the individual with transitioning back to the community once they are discharge ready.

Hospital Discharge Meetings

Hospital Discharge Meetings

Are defined as a stressful time in an individual's life when they experience a breakdown or disruption in their usual or normal daily activities or family functioning. I will work closely when need with all involved to provide resources and help resolve the situation.

DBHDS Crisis Situations/Complex Case Situations

Crisis Situations

Are defined as a stressful time in an individual's life when they experience a breakdown or disruption in their usual or normal daily activities or family functioning. I will work closely with all involved to provide resources and help resolve the situation.

Constituent Concerns

Constituent Concerns

I receive calls and emails of concern from political offices, DMAS, as well as from individuals and community members. I make necessary contacts or provide information and or resources as requested and or necessary to resolve the concern.

DBHDS

Office of Community Housing

Provider Roundtable Updates

July 2025

The DBHDS Office of Community Housing (OCH) is pleased to announce that the DBHDS Housing Resource Referral process will transition to a new online platform—WaitListCheck/AssistanceConnect—effective August 1, 2025. Beginning on this date, DBHDS Housing Resource Referrals will no longer be accepted via email submission; all referrals must be submitted through the new online portal

PHA Name	FY25 Rental Assistance Slots	# of SRAP Slots Remaining by Administrator
Chesapeake	52	0
Fairfax TBRA	158	0
Fairfax PBRA	10	0
Norfolk RHA	70	0
VA Beach DHNP	93	0
Richmond RHA	64	0
Danville RHA	40	1
Region Ten CSB	50	1
Roanoke RHA	30	4
Bristol RHA/Little Ten	10	0
Prince William PBRA	11	0
Prince William TBRA	35	1
Lynchburg RHA	24	0
Petersburg RHA	25	0
Loudoun DFS	45	0
Encompass CS (Rapp- Rap CSB)	42	0
Hopewell RHA	5	3
Hopewell RHA-Richmond	25	0
Valley CSB	15	6
Hampton-Newport News CSB	25	4
Alexandria Office of Housing	12	1
Portsmouth RHA	10	4
James City	10	4
Arlington	10	0
Hanover CSB	10	3
Totals	881	32

SRAP Certificates Available as of 6/23/2025

DBHDS

Office of Community Quality Improvement

Provider Roundtable Updates

July 2025

Opportunity to Get Involved in Quality Improvement of Services Regionally and Statewide!

- All regions are currently recruiting for Regional Quality Council (RQC) members
  - Family members, self-advocates, and various provider/CSB representative vacancies
    - *Great opportunity for self-advocates wanting to explore more integrated community involvement*
  - RQCs review information regionally and statewide from DBHDS and other external sources and explore service quality improvement efforts based on that information
  - Typically meet virtually, once per quarter with other voluntary workgroups as needed
  - For more information, please contact Ramona DeFonza, **ramona.defonza@dbhds.virginia.gov**

Even if the role you are interested in does not have a current vacancy, we maintain a list of interested individuals and have openings through the year!

OFFICE UPDATES:

- Support Coordinator Quality Review look-behinds begin with CSBs July 14th. SCQR only looks at Case Management, so other service providers are not affected by this review.
  - SCQR Evaluation: Link will be provided to all CSBs at exit meetings. Please share the link to the evaluation with other staff at your CSB that participated in any part of the SCQR. The evaluation is anonymous and will help us improve the process moving forward.
  - Statewide results call for SCQR will take place in mid-October
- Assistant Commissioner for Quality Management and Strategic Outcomes
  - Katherine Means, former Senior Director of the Office Clinical Quality Management, has moved into this role
- New Associate Director role within the Regional Quality Improvement Specialists (Team 1) of OCQI
  - Christi Lambert in new role, will still cover Region 3 QIS duties
- *Britt Welch, continues as Director of the Office of Quality Management/Improvement*

The Individual and Family Support Program (IFSP)

Provider Roundtable

July, 23,2025

What is the IFSP?

IFSP-Funding Program

(DBHDS-supported and administered)

- Financial Resources for Individuals and Families
- Direct Supports to Individuals and Families through Social/Emotional Support and Training
- Supporting Community Action and Additional Support Creation
- Education, Information, and General Referral

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

- Family to Family Program
- Peer to Peer program
- Tech Mentoring

IFSP Community Coordination
(DBHDS-facilitated and staffed)

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

Senior Navigator
(DBHDS-supported)

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

IFSP Funding

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

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

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

WHAT?

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

WHEN? Annually in the Fall. Applicants have 30 days to submit their application in October. Funds are issued 2-3 months after close of application period. Official Funding Announcement is released in August.

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

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

- Please encourage eligible individuals on the WL to apply for funds.

- **For help**, call the My Life, My Community helpline at (844) 603-9248. Operators will help resolve the issue or start a help ticket for support from the IFSP team as needed.

- **Where is the application?** The IFSP-Funding application is in the WaMS WL Portal - www.dbhds.virginia.gov/ifsponline.

- **What do applicants need when they apply?**
  - To log in and apply, an individual's information needs to match what is in WaMS and should be current.
    - **Last Name**
    - **Last 6 digits of Social Security Number**
    - **Date of Birth**

Please ensure information is correct in WaMS prior to October 1, 2025, so applicants may apply.

IFSP Council Recruitment

The Individual and Family Support Program (IFSP) is looking for passionate new members to join our **State and Regional Councils** for 2026**. We need your help to spread the word!**

Who We're Looking For:

- Self-advocates and family members with lived experience
- Individuals who want to strengthen supports for people with DD
- People who are on the DD Waivers Waiting List or currently have a DD Waiver
- People who are interested in growing their leadership skills
- People who are interested in representing the perspectives of people with DD and their families

Why Join?

- Shape decisions that impact services and systems
- Grow as a leader in your community
- Make sure real experiences guide real change

Know someone who fits this description? **Email us** at IFSPCommunity@dbhds.virginia.gov to learn more or to nominate someone today!

The IFSP Annual Notification Message

- The **IFSP's Annual Notification message for people on the DD Waivers Waiting List (WL)** will be released in August.
- We send an electronic message to everyone on the WL who has an email address in WaMS.
- Hard copies are mailed to those with no email address.
- The message includes:
  - An **IFSP-Funding** update announcing the dates for the WaMS IFSP-Funding Application Portal to begin accepting applications
  - The IFSP First Steps Guide, which includes:
  - A one pager promoting Peer and Tech mentoring and Family to Family Supports
  - A postcard with a link to the IFSP's Annual Satisfaction **Survey** and information about our upcoming IFSP Council recruitment.
  - The **IFSP First Steps Guide**, which includes:
    - DD Waivers Overview,
    - Support Coordination and Getting Help,
    - Overview of the Individual and Family Support Program,
    - A full page of free resources offered by the Commonwealth to people with DD and their families

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Thank you!

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

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

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

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

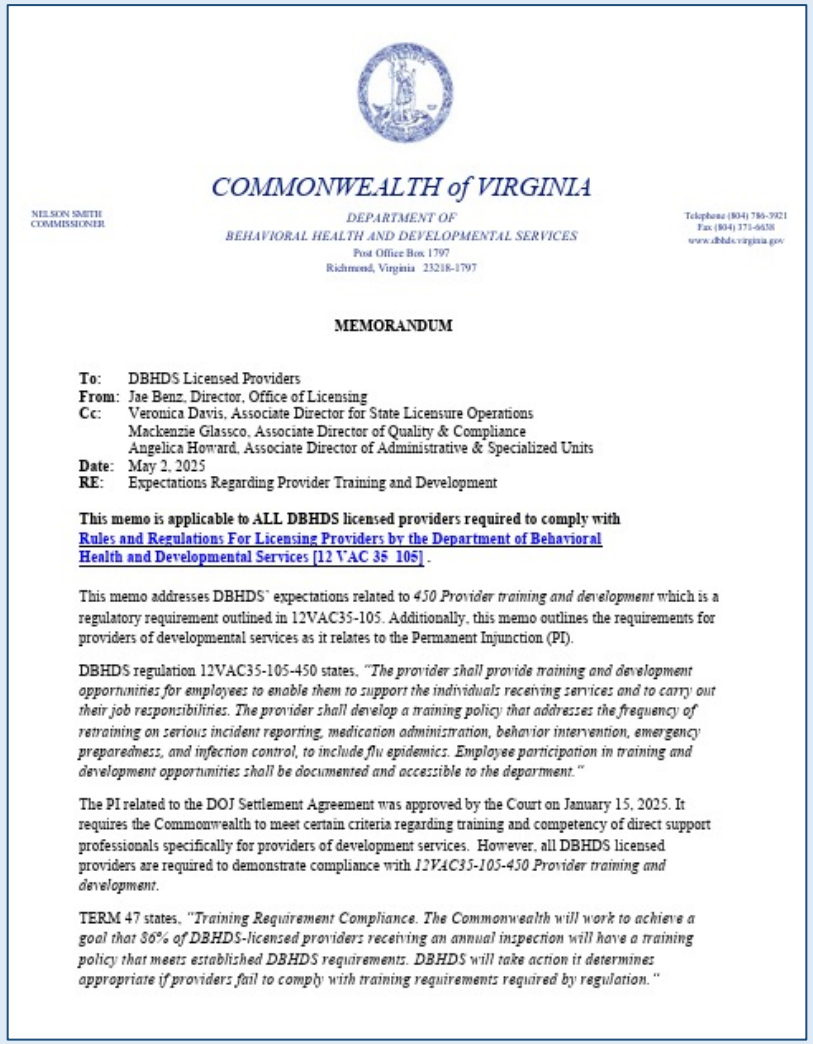
Email us (Funding and general questions): **IFSPSupport@dbhds.virginia.gov**

Provider Roundtable: Office of Licensing Reminders and Updates

July 23, 2025

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

- Expectations Regarding Provider Training and Development Memo (May 2025)
- Noncontroversial Regulatory Reductions Memo per Executive Directive 1 (June 2025)
- Adequacy of Supports Report (1/1/24-12/31/24)
- Reminder: DBHDS Risk Tracking Tools



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

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

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

MEMORANDUM

To: DBHDS Licensed Providers
From: Jae Benz, Director, Office of Licensing
Cc: Veronica Davis, Associate Director for State Licensure Operations
Mackenzie Glassco, Associate Director of Quality & Compliance
Angelica Howard, Associate Director of Administrative & Specialized Units
Date: May 2, 2025
RE: Expectations Regarding Provider Training and Development

This memo is applicable to ALL DBHDS licensed providers required to comply with Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services [12 VAC 35 105] .

This memo addresses DBHDS' expectations related to *450 Provider training and development* which is a regulatory requirement outlined in 12VAC35-105. Additionally, this memo outlines the requirements for providers of developmental services as it relates to the Permanent Injunction (PI).

DBHDS regulation 12VAC35-105-450 states, *"The provider shall provide training and development opportunities for employees to enable them to support the individuals receiving services and to carry out their job responsibilities. The provider shall develop a training policy that addresses the frequency of retraining on serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control, to include flu epidemics. Employee participation in training and development opportunities shall be documented and accessible to the department."*

The PI related to the DOJ Settlement Agreement was approved by the Court on January 15, 2025. It requires the Commonwealth to meet certain criteria regarding training and competency of direct support professionals specifically for providers of development services. However, all DBHDS licensed providers are required to demonstrate compliance with *12VAC35-105-450 Provider training and development.*

TERM 47 states, *"Training Requirement Compliance. The Commonwealth will work to achieve a goal that 86% of DBHDS-licensed providers receiving an annual inspection will have a training policy that meets established DBHDS requirements. DBHDS will take action it determines appropriate if providers fail to comply with training requirements required by regulation."*

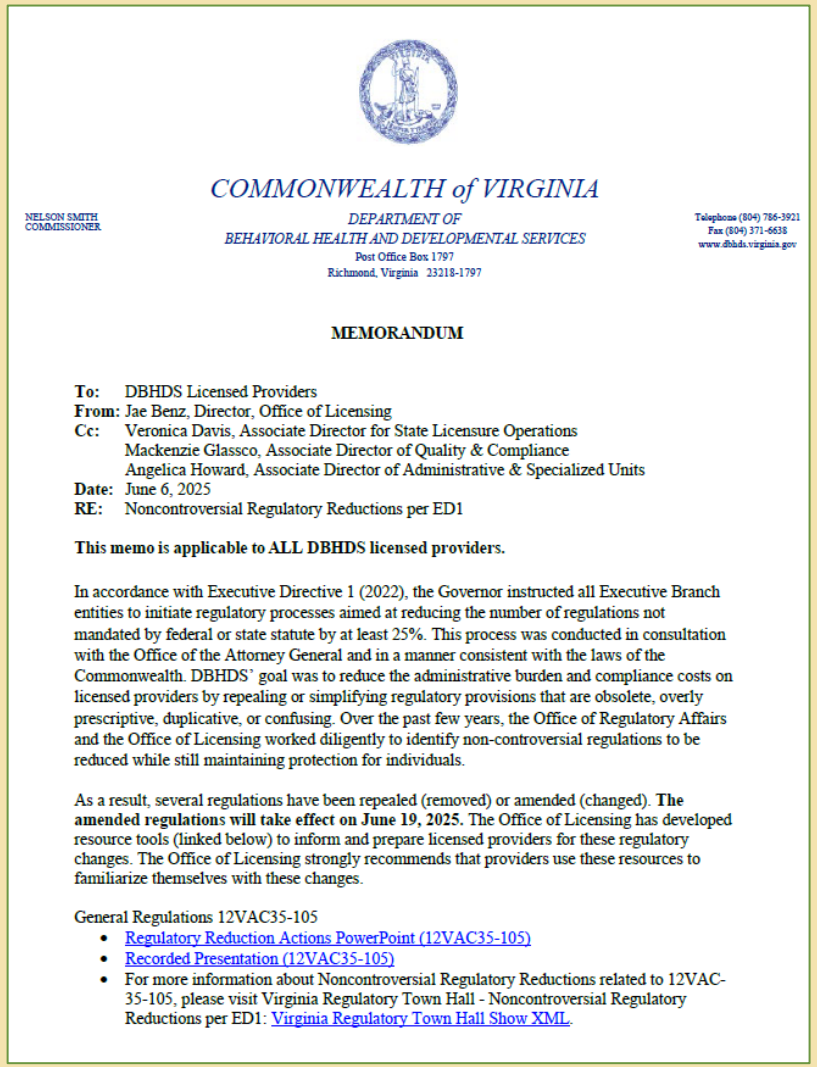
Expectations Regarding Provider Training and Development Memo (May 2025)

Sample Templates:

Employee Orientation, Training and Development Policy Template 12VAC35-105

Orientation Form Template 12VAC35-105-440

Training and Development Form Template 12VAC35-105-450, 460



COMMONWEALTH of VIRGINIA

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MEMORANDUM

To: DBHDS Licensed Providers
From: Jae Benz, Director, Office of Licensing
Cc: Veronica Davis, Associate Director for State Licensure Operations
Mackenzie Glassco, Associate Director of Quality & Compliance
Angelica Howard, Associate Director of Administrative & Specialized Units
Date: June 6, 2025
RE: Noncontroversial Regulatory Reductions per ED1

This memo is applicable to ALL DBHDS licensed providers.

In accordance with Executive Directive 1 (2022), the Governor instructed all Executive Branch entities to initiate regulatory processes aimed at reducing the number of regulations not mandated by federal or state statute by at least 25%. This process was conducted in consultation with the Office of the Attorney General and in a manner consistent with the laws of the Commonwealth. DBHDS' goal was to reduce the administrative burden and compliance costs on licensed providers by repealing or simplifying regulatory provisions that are obsolete, overly prescriptive, duplicative, or confusing. Over the past few years, the Office of Regulatory Affairs and the Office of Licensing worked diligently to identify non-controversial regulations to be reduced while still maintaining protection for individuals.

As a result, several regulations have been repealed (removed) or amended (changed). **The amended regulations will take effect on June 19, 2025.** The Office of Licensing has developed resource tools (linked below) to inform and prepare licensed providers for these regulatory changes. The Office of Licensing strongly recommends that providers use these resources to familiarize themselves with these changes.

General Regulations 12VAC35-105

- Regulatory Reduction Actions PowerPoint (12VAC35-105)
- Recorded Presentation (12VAC35-105)
- For more information about Noncontroversial Regulatory Reductions related to 12VAC-35-105, please visit Virginia Regulatory Town Hall - Noncontroversial Regulatory Reductions per ED1: Virginia Regulatory Town Hall Show XML.

Noncontroversial Regulatory Reductions Memo per Executive Directive 1 (June 2025)

General Regulations 12VAC35-105:

Regulatory Reduction Actions PowerPoint (12VAC35-105)

Recorded Presentation (12VAC35-105)

For more information about Noncontroversial Regulatory Reductions related to 12VAC-35-105, please visit Virginia Regulatory Town Hall - Noncontroversial Regulatory Reductions per ED1: Virginia Regulatory Town Hall Show XML.

Children's Residential Regulations 12VAC35-46:

Regulatory Reduction Actions PowerPoint (12VAC35-46)

Recorded Presentation (12VAC35-46)

For more information about Noncontroversial Regulatory Reductions related to 12VAC-35-46, please visit Virginia Regulatory Town Hall - Noncontroversial Regulatory Reductions per ED1: Virginia Regulatory Town Hall Show XML.

Adequacy of Supports

5th Annual Trend Report
January 1, 2024 – December 31, 2024

Stability: DD Providers of Non-Case Management Services

"The Division of Crisis Services measures stability as the number of individuals with IDD who were *not* discharged by their residential services provider around the same general time of their crises *and* were either admitted to a CTH or to a psychiatric hospital."

Goal is 25% or less have had to move from their original residential location.

Between January 1, 2024 and December 31, 2024, **3.87%** of individuals had to move from their original residential location.

Quarter/dates	***# of crisis calls for adults & children combined (REACH Crisis Calls)***	***# of people discharged from their residence***	***% discharged from residential provider***	***% NOT discharged from residential provider***
FY24Q3 (1/1/24-3/31/24)	Adult crisis calls: 612 Child crisis calls: 356 **TOTAL: 968 crisis calls**	Discharged during psychiatric hospital stay: 12 Discharged during CTH stay: 11 **TOTAL: 23**	22/968 = .0237 or **approximately 2.3% were discharged**	945/968 = .976 or **approximately 97.6 % were <u>not</u> discharged from their residential provider**
FY24Q4 (4/1/24 – 6/30/24)	Adult crisis calls: 602 Child crisis calls: 374 **TOTAL: 976 crisis calls**	Discharged during psychiatric hospital stay: 34 CTH stay: 6 **TOTAL: 40**	40/976 = .0409 or **approximately 4 % were discharged**	936/976 =.959 or **approximately 95.9% were <u>not</u> discharged from their residential provider**
FY25Q1 (7/1/24-9/30/24)	Adult crisis calls: 650 Child crisis calls: 402 **TOTAL: 1052 crisis calls**	Discharged during psychiatric hospital stay: 40 Discharged during CTH stay: 17 **TOTAL: 57**	57/1052 = .05 or **approximately 5% were discharged**	995/1052 = .95 or **approximately 95% were <u>not</u> discharged from their residential provider**
FY25Q2 (10/1/24 – 12/31/24)	Adult crisis calls: 578 Child crisis calls: 390 **TOTAL: 968 crisis calls**	Discharged during psychiatric hospital stay: 20 CTH stay: 16 **TOTAL: 36**	36/968 = .04 or **approximately 4 % were discharged**	932/968 =.96 or **approximately 96% were <u>not</u> discharged from their residential provider**

Compliance by Domain: Non-Case Management Services

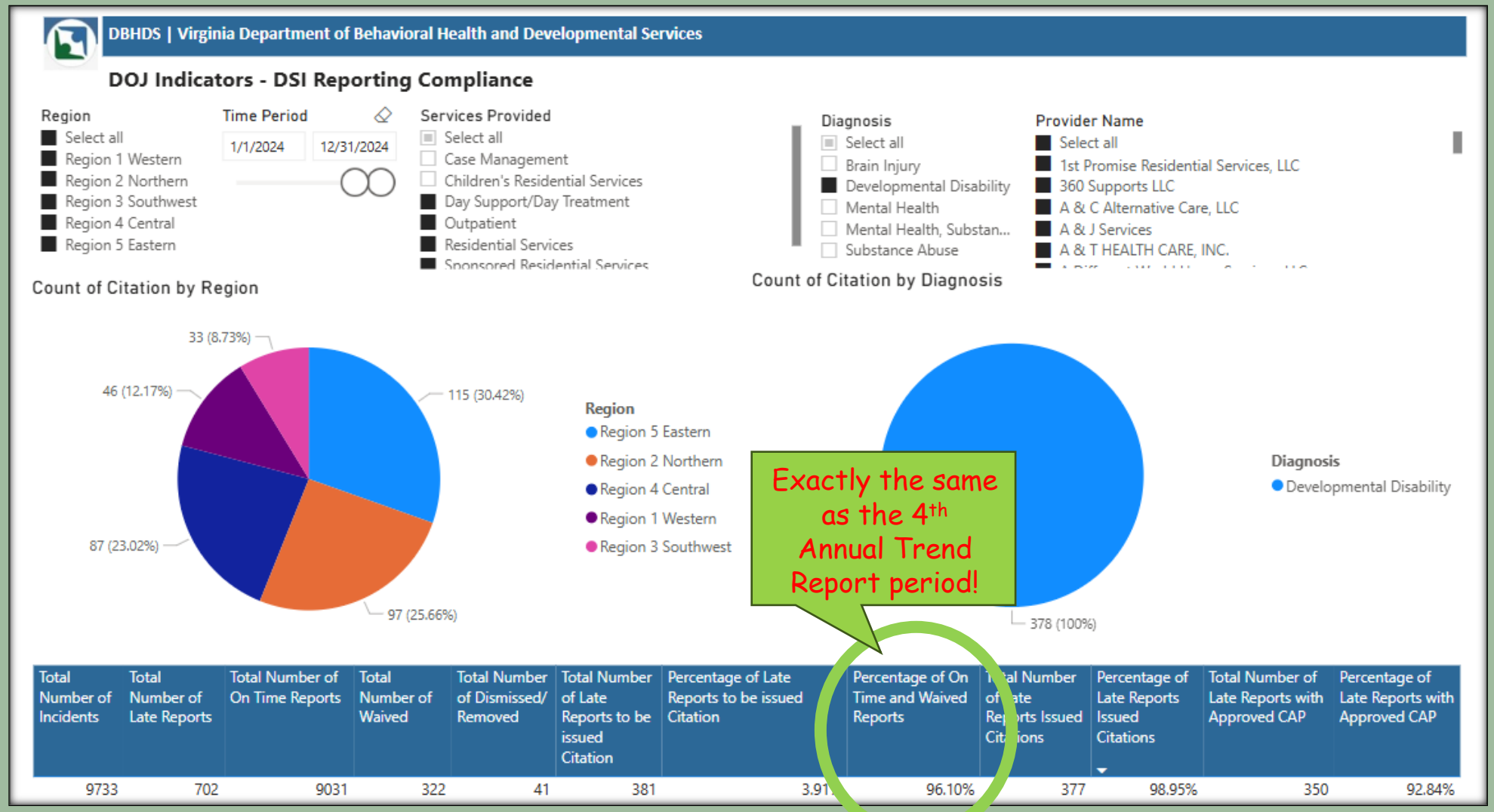
Domain	Number Compliant	Total Reviewed	Provider Percentage Compliant Over Reviewed
Access to Services	5868	6701	87.57%
Avoiding Crises	644	676	95.27%
Choice and self-determination	4359	4949	88.08%
Community Inclusion	1055	1089	96.88%
Physical, mental & behavioral health and well-being	4048	4436	91.25%
Provider Capacity	2142	2835	75.56%
Safety & Freedom From Harm	11778	13630	86.41%
Total	**29894**	**34316**	**87.11%**

Regulatory Compliance Below 86%: Non-Case Management Services

Domain	Regulation Number	Number of Compliant	Total Reviewed	Provider Percentage Compliant Over Reviewed
Safety & Freedom From Harm	12VAC35-105-160. C.	964	1192	80.87%
Safety & Freedom From Harm	12VAC35-105-160. D. (2)	1518	1900	79.89%
Safety & Freedom From Harm	12VAC35-105-160. E. (2a)	1030	1208	85.26%
Provider Capacity	12VAC35-105-450.	1100	1559	70.56%
Access to Services	12VAC35-105-645. B. (5)	1000	1194	83.75%
Safety & Freedom From Harm	12VAC35-105-665. A. (6)	998	1204	82.89%
Provider Capacity	12VAC35-105-665. D.	1042	1276	81.66%
Choice and self-determination	12VAC35-105-675. D. (3)	1003	1243	80.69%

Regulation Number	Regulatory Text
12VAC35-105-160. C.	C. The provider shall collect, maintain, and review at least quarterly all serious incidents, including Level I serious incidents, as part of the quality improvement program in accordance with 12VAC35-105-620 to include an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents.
12VAC35-105-160. D. (2)	D. The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.
12VAC35-105-160. E. (2a)	E. A root cause analysis shall be conducted by the provider within 30 days of discovery of Level II serious incidents and any Level III serious incidents that occur during the provision of a service or on the provider's premises. 2. The provider shall develop and implement a root cause analysis policy for determining when a more detailed root cause analysis, including convening a team, collecting and analyzing data, mapping processes, and charting causal factors, should be conducted. At a minimum, the policy shall require for the provider to conduct a more detailed root cause analysis when: a. A threshold number, as specified in the provider's policy based on the provider's size, number of locations, service type, number of individuals served, and the unique needs of the individuals served by the provider, of similar Level II serious incidents occur to the same individual or at the same location within a six-month period;
12VAC35-05-450.	The provider shall provide training and development opportunities for employees to enable them to support the individuals receiving services and to carry out their job responsibilities. The provider shall develop a training policy that addresses the frequency of retraining on serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control, to include flu epidemics. Employee participation in training and development opportunities shall be documented and accessible to the department.

Regulation Number	Regulatory Text
12VAC35-105-645. B. (5)	B. The provider shall maintain written documentation of an individual's initial contact and screening prior to his admission including the: 5. Disposition of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.
12VAC35-105-665. A. (6)	A. The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: 6. A safety plan that addresses identified risks to the individual or to others, including a fall risk plan;
12VAC35-105-665. D.	D. Employees or contractors who are responsible for implementing the ISP shall demonstrate a working knowledge of the objectives and strategies contained in the individual's current ISP, including an individual's detailed health and safety protocols.
12VAC35-105-675. D. (3)	D. The provider shall complete quarterly reviews of the ISP at least every three months from the date of the implementation of the comprehensive ISP. 3. For goals and objectives that were not accomplished by the identified target date, the provider and any appropriate treatment team members shall meet to review the reasons for lack of progress and provide the individual an opportunity to make an informed choice of how to proceed. Documentation of the quarterly review shall be added to the individual's record no later than 15 calendar days from the date the review was due to be completed, with the exception of case management services. Case management quarterly reviews shall be added to the individual's record no later than 30 calendar days from the date the review was due.



Total Number of Incidents	Total Number of Late Reports	Total Number of On Time Reports	Total Number of Waived	Total Number of Dismissed/ Removed	Total Number of Late Reports to be issued Citation	Percentage of Late Reports to be issued Citation	Percentage of On Time and Waived Reports	Total Number of Late Reports Issued Citations	Percentage of Late Reports Issued Citations	Total Number of Late Reports with Approved CAP	Percentage of Late Reports with Approved CAP
9733	702	9031	322	41	381	3.91	96.10%	377	98.95%	350	92.84%

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

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

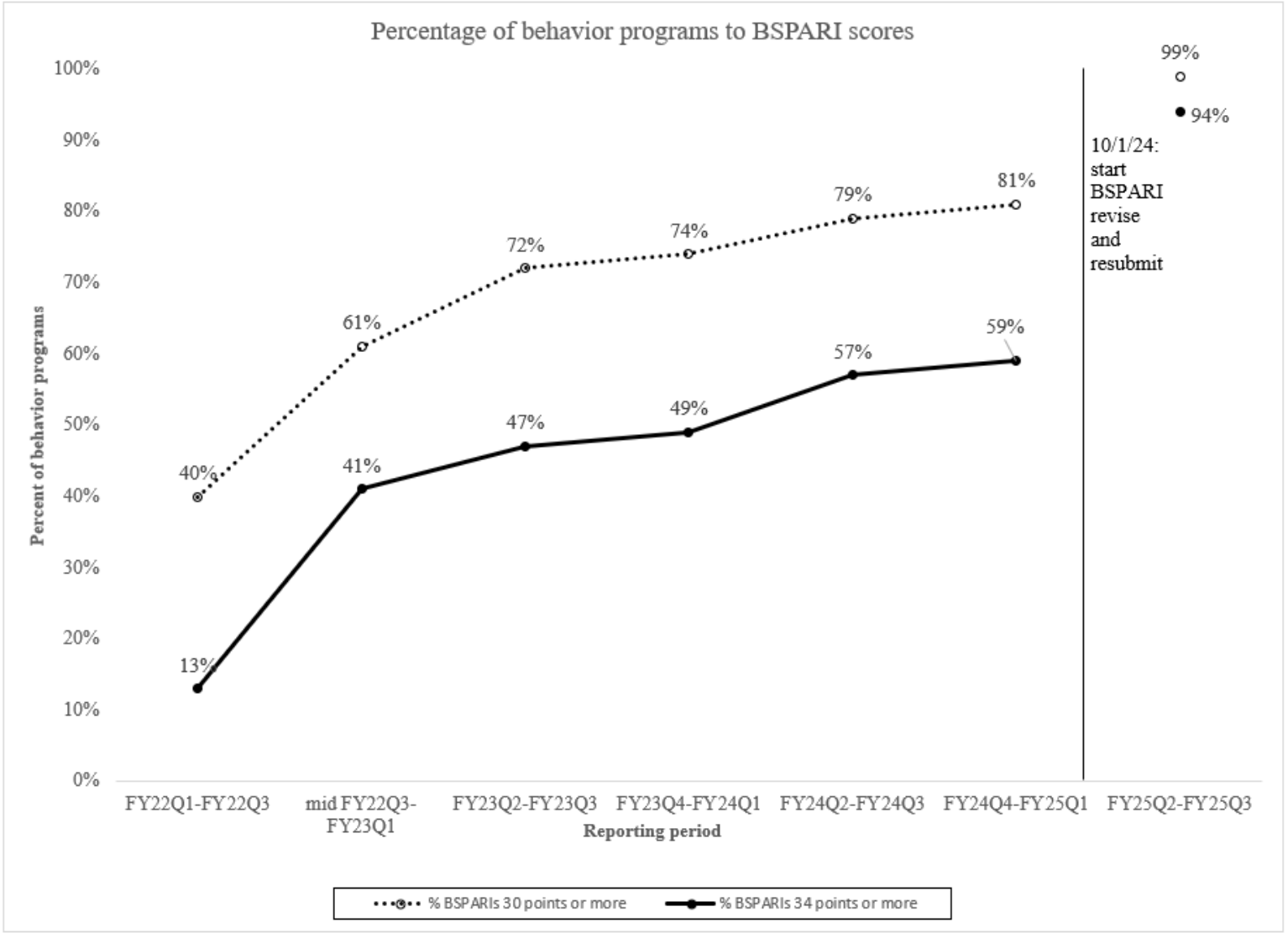
Therapeutic Behavioral Consultation

July 2025 Updates

Quality assurance

- DBHDS continues to use the BSPARI for quality assurance reviews of behavioral programs.
- 26th study results are posted here
  - DOJ-Commonwealth Settlement Agreement Library Record Index Reporting Page
  - Two overarching Terms: Term 33 (timely connection to services) and 34 (quality assurance of behavior programs)
    - Neither Term is met, but several actions are noted as “in progress” or “completed”
- BSPARI uses weighted scoring system, 0-40 possible points
  - 34 points or more = adherence to DBHDS/DMAS Practice Guidelines for Behavior Support Plans, 30-33 points = adequate plan
  - Most recent data: significant increasing trend, resulting from providers revising and resubmitting behavioral programs

Quality assurance data via BSPARI scores



Term 34 compliance calculation is based on BSPARI scores and utilization data for people needing this service: see pg. 194 of 26th study period report

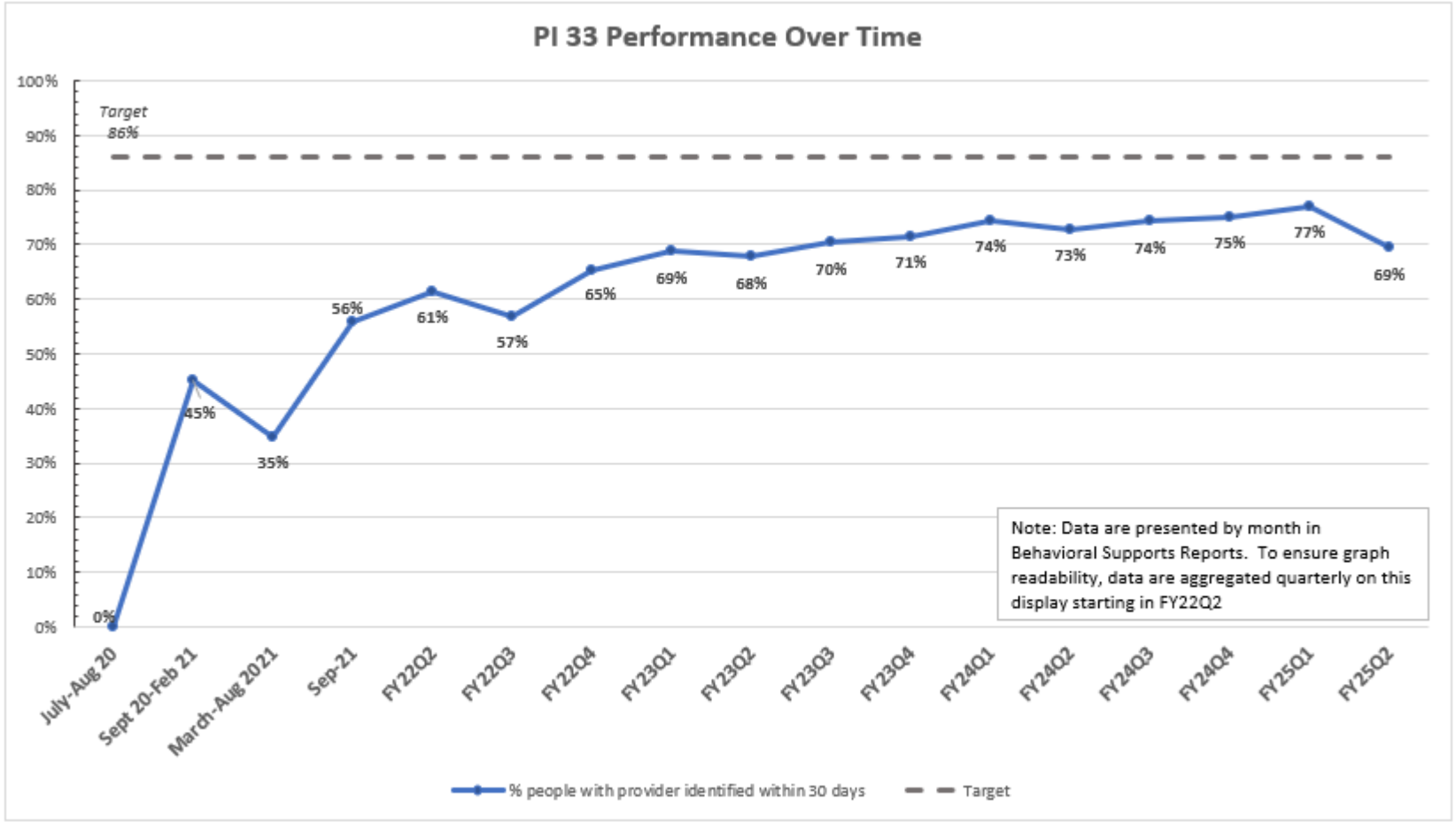
Timely connection to services

Target:

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

Continued improvement over time, though decrease in most recent quarter

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



Key info and other updates

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

Questions or feedback: Nathan.habel@dbhds.virginia.gov

Common Quality Management Review (QMR) Citations for Providers

July 2025

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

Progress Notes

Requirement:

12VAC30-122-120 (A) (12) (e)

“Providers shall prepare and maintain unique person-centered written documentation in the form of progress notes or supports checklist as defined by the service. These shall be in each individual's record about the individual's responses to supports … Such documentation shall be written, signed, and dated …”

QMR citations include progress notes not being signed / dated, and not including the person’s response to the supports.

Progress Notes

Daily notes must include, at a minimum:

- Confirmation of attendance
- What did the person do?
- What did the staff do?
- What was the person's response to the supports?
- Other information as required by service.
- Signature / Date

The Office of Integrated Health Supports Network (OIHSN) UPDATE

July 2025

MRE Health & Safety Alert Series

2025	Health & Safety Alert Title
May	Mobile Rehab Engineering Team Services Overview https://dbhds.virginia.gov/wp-content/uploads/2025/04/May-2025-Pt-1-MRE-Team-Services.pdf
July	How to Order a New Customized Wheelchair https://dbhds.virginia.gov/wp-content/uploads/2025/06/July-2025-Obtain-a-New-Customized-Wheelchair.pdf
August	**Wheelchair Assessment Considerations**
September	**Wheelchair Safety and Maintenance**
October	**Overview of Commonly Used Assistive Technology (AT) for Individuals with Developmental Disabilities (IDD)**
November	**Overview of Commonly Used Durable Medical Equipment (DME) for Individuals with IDD**
January	**Wheelchair Transitions and Transportation Best Practice Overview**
February	**Transferring Individuals from One Surface to Another Surface Best Practice Overview**

DBHDS

Summer/Fall Training Schedule

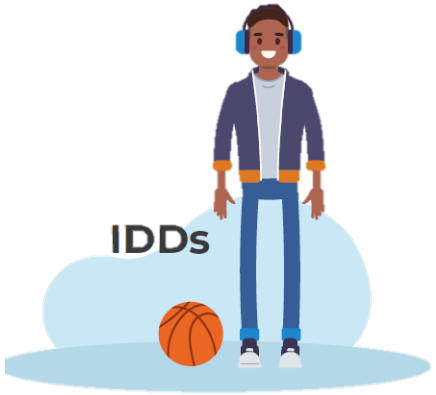
Training	Date/Time	Link
Fatal Seven Part 1	Tuesday August 5, 2025 10:00 – 11:30 am.	https://events.gcc.teams.microsoft.com/event/36c1c4db-70fc-405a-b3f2-bd8e4876ecdf@620ae5a9-4ec1-4fa0-8641-5d9f386c7309
Fatal Seven Part 2	Tuesday August 12, 2025 10:00 – 11:30 am.	https://events.gcc.teams.microsoft.com/event/968499a8-a607-4832-bb21-766eb330c873@620ae5a9-4ec1-4fa0-8641-5d9f386c7309
Fatal Seven Part 1	Tuesday September 9, 2025 1:00 – 2:30 pm.	https://events.gcc.teams.microsoft.com/event/ecdd8e46-bdc2-48c9-a0f3-4b80a5667ce3@620ae5a9-4ec1-4fa0-8641-5d9f386c7309
Fatal Seven Part 2	Thursday September 18, 2025 1:00 – 2:30 pm.	https://events.gcc.teams.microsoft.com/event/7cf70e4b-d1cf-4d4d-9710-85cb377dad50@620ae5a9-4ec1-4fa0-8641-5d9f386c7309
Fatal Seven Part 1	Thursday October 9, 2025 10:00 – 11:30 am.	https://events.gcc.teams.microsoft.com/event/e0c42f58-7dc2-4b08-a9c8-fa4df90ae7ee@620ae5a9-4ec1-4fa0-8641-5d9f386c7309
Fatal Seven Part 2	Thursday October 16, 2025 10:00 – 11:30 am.	https://events.gcc.teams.microsoft.com/event/6bb89b67-d3ac-4393-afc0-d5f0abef5409@620ae5a9-4ec1-4fa0-8641-5d9f386c7309
Fatal Seven Part 1	Thursday November 13, 2025 1:00 – 2:30 pm.	https://events.gcc.teams.microsoft.com/event/00ed9442-e21b-4b00-a608-e65ef684e264@620ae5a9-4ec1-4fa0-8641-5d9f386c7309
Fatal Seven Part 2	Thursday November 20, 2025 1:00 – 2:30 pm.	https://events.gcc.teams.microsoft.com/event/5f42eecb-53b5-49f8-aba5-b6eca4b4f37f@620ae5a9-4ec1-4fa0-8641-5d9f386c7309

Region 1 - Quality Improvement Initiative (QII)

- OIHSN collaborated with the Office of Community Quality Improvement to conduct two in-person training sessions in Staunton, two in Waynesboro and one virtual training on Choking Red Flags.
- A total of 272 support persons from Region 1 attended and learned more about how to lower choking risk and recognize a choking emergency.
- The resources from the Region 1 QII Choking Red Flags Trainings are on the OIHSN website under the Educational Resources button.

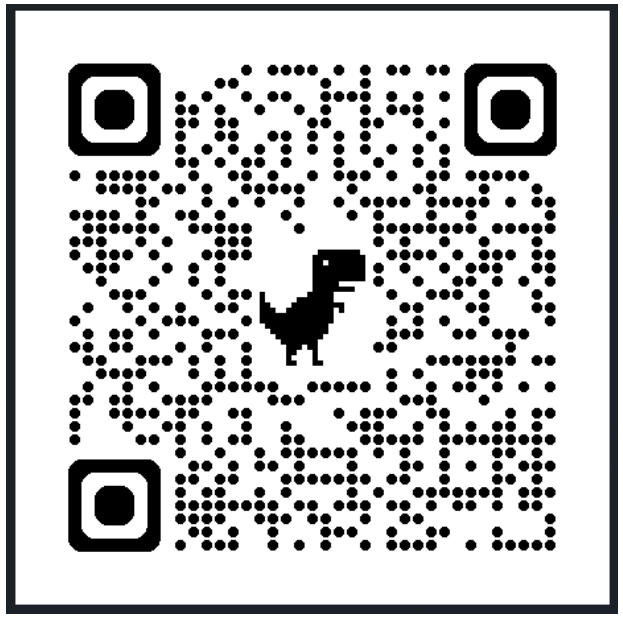
Coming this Fall…

OIHSN is currently collaborating with Old Dominion University to create a Substance Use Disorder (SUD) curriculum for individuals with Intellectual and Developmental Disabilities (IDD) to be released in the Fall of 2025.



If you know anyone who is diagnosed with an intellectual or developmental disability who you suspect might be struggling with a substance use disorder, please contact the Registered Nurse Care Consultants at communitynursing@dbhds.virginia.gov

Use your smart phone to scan the QR Code below to link you to the **Office of Integrated Health Supports Network website** where you will find all our resources for Nursing, Dental, Physical Therapy, Wound Care And The Mobile Rehab Engineering



To scan the QR code, open your cell phone camera and aim it at the QR code, then tap the link that pops up.
Then be sure to bookmark the link.

DBHDS

Q&A on the Departmental Updates (see below)