Questions & Answers from Provider Round Table Presentation

July 26, 2023

Q1. How long do I have to wait for a provider number?
A1. Right now, DMAS enrollment is running behind. Last update our office received was approximately 50 days.

Q2. Can I be added to the email list for these meetings please?
A2. Go to this link and sign up. https://lp.constantcontactpages.com/su/Z8Uy2i7/providernetwork

Q3. Is there a space or support group for providers to network/share resources with each other?
A3. You can reach out to one of Virginia's provider organizations. Contact your CRC Provider Team contact for more information.

Q4. Is there a way we can communicate with the Background Investigations Unit regarding hiring new employees? Many of the candidates that are applying for work have barrier offences that prevent them from working. We are losing monies for background checks and trainings, only to have to let them go.
A4. Contact malinda.roberts@dbhds.virginia.gov to discuss.

Q5. Where can I find the tool kit?
A5. The Toolkit is found under Educational Resources: https://dbhds.virginia.gov/office-of-integrated-health/

Q6. who is the target audience for this toolkit?
A6. This is targeted for caregivers, families, and whomever is assisting individuals with their healthcare visits. They can utilize the documents to help guide them through annual healthcare visits.

Q7. Where can I find a tool kit or guidance for Dignity of Risk Policy?
A7. This is considered a best practice through QSR reviews. If you need resources to better understand dignity of risk, contact your Provider Team CRC or your Human Rights Advocate.

Q8. With future toolkit documents will there be any toolkits for navigating healthcare for non-binary or transgender individuals?
A8. This is not currently on the list but mostly certainly will be passed on to the team as a possible future topic.

Q9. Is Zachary with DBHDS or a specific company? Please provide his contact information. Great information & tools shared by him. Thanks
A9. zachary.bird@principledbehavior.com

Q10. Can providers also see Part 2 at that time on risks... that is very important too. ty for consideration.
A10. Yes. Providers and CSBs will be involved in the process.

Q11. How does that work for CSBs that migrate their PCP from their EHR to WaMS, as far as doing Part 3 before Part 1 and 2?
A11. When CSBs push ISPs through the Data Exchange, Parts I-IV all come through the same file. When the ISP populates WaMS, it is in a pending provider completion status.

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Q12. In reference to the In-Home Support Services Guidance Document, the example of H2014 without a modifier, Jack, and Diane. In the example it states Jack and Diane are two adults living together as roommates. Jack receives IHSS every day from 12pm-6pm because he needs support at home and the community. Diane is independent at home but needs support in the community. Jack and Diane like to go out to eat and go shopping together. The DSP/provider uses the UA modifier while in the home working with Jack, but switches to the U2 modifier when taking Jack and Diane into the community together. It doesn't sound like Diane receives DSP support in the home, only the community and it's my understanding that 1/2 the support for In-home had to be in the home. Can you clarify please?
A12 Reach out to your regional provider team CRC.

Q13. How does putting outcomes directly in WAMS (ahead of time) impact the plan from transferring from an EHR record over to WaMS?
A13. An ISP in any ISP year can only have one method of submission. It can either be directly entered into WaMS or sent through the data exchange.

Q14. How do we report people being dropped at hospitals in crisis without support?
A14. As a mandated reporter, your concerns may be reported to the local Adult Protective Services offices and in accordance with your agency policies to the DBHDS Offices of Licensing and Human Rights.

Q15. Will Medicaid pay for hospital stays?
A15. Yes. See the Medicaid Handbook for a list of exclusions.

Q16. Is there any way we can access to these slides?
A16. Email your CRC for a copy. The recording will be placed online as well.

Q17. Is there an update from DMAS on the re-determination process?
A17. Not at this time, but we will request.

Q18. Can we leave the individual in the hospital after they have been admitted, or do we have to stay with individuals throughout their hospitalization? are you talking about Medical Hospital? Yes, for both medical and or psychiatric.
A18. Residential services are not billable while a person is in the hospital. It is not required for staff to be sent to the hospital. However, that is up to your agency. Some agencies will send staff, even if it is not billable.

Q19. If the part V does not have a section for risk assessment how to we bridge that gap?
A19. Plans are in early development to improve the Part V, so that risk items can be easily included.

Q20. QMR is usually presented. Where can I find it?
A20. The are listed under #22 on the agenda that went out through the List Serv

Q21. Are there any specific guidance on the hospital unsupported supports? have not had this issue but have heard in other meetings that providers state "residential services end once at the hospital."

A21. If the individual in the hospital, then you cannot bill during that time. So, there is not a requirement that staff is sent to the hospital to sit with the individual. However, that is up to your agency.

Q22. Can a provider change an existing outcome after the ISP is locked?
A22. Providers can revise the outcomes; however, they need to do so with the individual/the person's substitute decision maker and the support coordinator's involvement. These changes are submitted through WaMS on a revised Part V. Once the SC approves the revisions in the system, the "locked" Part III does change to reflect the approval.

Q23. What kind of situation would warrant a provider adding an outcome in WaMS? Also, if something is written incorrectly on a shared outcome the SC enters, may the provider fix this on WaMS after discussing the error with the SC?
A23. In instances where health and safety need are missed, where key steps assigned are not within allowable activities, where outcomes do not reflect the person's need, areas identified in extensive medical and behavioral needs in the SIS are not addressed in Part 3, new needs or interests are identified after the annual, etc. Providers can make changes to the Part V through the revision process at any time.

Q24. Are you aware of a proposed change to the CL waiver that will limit a parent from providing sponsored residential services for their children/adult?
A24. None apart from temporary allowances that were put in place during the pandemic.

Q25. Would you need key steps for the outcome you add?
A25. Yes.

Q26. If a person's schedule changes but the outcomes do not change, does the entire direct entry needs to be revised or can you go in and just revise the schedule.
A26. You will need to update the schedule to reflect the change however, if changes affect the frequency in the part V, you will need to update the Part V as well.

Q27. Where can you find a list of barriers crimes?
A27. https://dbhds.virginia.gov/assets/document-library/BIU/09082017/attachment-2-barriercrimes.pdf

Q28. Are there any plans to review barrier offences that prevents new hires? Many of recent new hires are unable to work because of background issues. It continues to pose severe challenges on staffing/staff retention.
A28. Contact malinda.roberts@dbhds.virginia.gov to discuss.

Q29. When giving justification for overnight hours, does the overnight explanation have to be a separate plan or more into the plan where it speaks on safety and risk?
A29. A separate plan is not needed. Supports should reflect the needs in the Part V and justification would be submitted to service authorization per usual.

Q30. Does anyone know of an agency or trainer that offers documentation training advice, examples, support?
A30. Reach out to your Provider Team CRC

Q33. This week, I had a SC leave Res/Day Support off a health and safety outcome, but we are listed in the Key steps. I have been instructed that I would have to wait until the plan starts and enter as an interim plan. Although I have it listed in GS within WaMS and shows as the outcome within my Part V's. Can I just add the missing outcome in the interim plan? Hope this makes sense.
A33. You can add the missing outcomes to your standard Part V through a revision process. You would not do an interim Part V when you have a standard Part V.

Q34. Are you able to give a quick ex. on required details for daily notes? The vague support instructions were not very helpful.
A34. https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section120/4e

Q35. As a provider we have been following DMAS grace period for quarterly review submission date, in our past two licensing reviews we have been told that OL does not recognize the grace period and Quarterlies need to be completed by the last day of the quarter. Please clarify as interpretation of regulations are different in two oversight departments.
A35. You must operate to the stricter regulation. In this instance that is the 10 days allowed under Medicaid Waiver. Contact your Licensing specialist to discuss.

Q36. For Peer Mentoring services, can an individual use these services while living in the group home.
A36. Yes.

Q37. What is code section you are showing?
A37. 12VAC30-122-120. Provider requirements.

Q38. The Regulation number on the notes can you show that on the screen?
A38 "12VAC30-122-120. Provider requirements.
https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section120/"

Q39. It is not possible to create a complete quarterly review until the end of the quarter, so having a quarterly completed and submitted by the last day of the quarter will result in an incomplete quarterly review.
A39. Any content not reported can be reported in the next review.

Q40. Are you aware of any rate changes for this year?
A40. Current waiver rate information is available online at https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/.