

CONNECT Provider Portal - How Do I Job Aid

How Do I Submit a Corrective Action Plan (CAP) in CONNECT?

When a licensing report is issued by the Office of Licensing following an inspection or an investigation, the provider's Main Authorized Contact (MAC) will receive an email notification. This email will include an attached letter that contains important information for how to complete the Corrective Action Plan (CAP). To respond to a licensing report, the provider will need to log into the provider portal and choose the Corrective Action Plans options from the Menu. All inspections and investigations completed for an organization will display one of the following statuses:

Status	Explanation
Complete-No Violations	An inspection or investigation that did not result in citations will display a "No Violation" CAP and the provider does not need to provide a response. Providers with this status will have a link to view the CAP.
Pending	The inspection or investigation is in progress.
Issued	An inspection or investigation has resulted in citations requiring a Corrective Action Plan and the provider is required to submit a response for each regulatory violation. A CAP will be in this status if it is reissued to a provider due to being partially accepted or not accepted.
Returned	A provider's Corrective Action Plan has been submitted to the department and responses will be reviewed by the licensing specialist to determine if the CAP is approved or not approved. When in this status, it can no longer be viewed by the provider.
Approved	Inspections or investigations that resulted in citations and have approved corrective action plans. Providers with this status will have a link to view the CAP.

Note: A CAP may be partially accepted or not accepted, which will require an additional response from the provider. A provider will be notified if revised corrective actions are necessary.

The following Job Aid provides step-by-step instructions on how to successfully submit a Corrective Action Plan to the Office of Licensing.

- Section 1: View the CAP Correspondence Letter
- Section 2: Request an Extension
- Section 3: Respond to the CAP
- Section 4: Respond to a Re-Issued CAP that was Partially Accepted or Not Accepted
- Section 5: View an approved CAP

Section 1: How Do I view the CAP Correspondence Letter in CONNECT?

Step 1: The provider's MAC will receive an email notification when a Licensing Report has been issued. This email will include an attached letter that contains important information for how to complete a Corrective Action Plan, including the Due Date. The provider will also receive a correspondence through the CONNECT Provider Portal.

Note: The Provider will receive a Response Deadline Email three business days prior to the CAP's Due Date if the Provider has not submitted their CAP.

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Step 2: From the DBHDS Office of Licensing website, click the Log into CONNECT button.

Step 3: From the CONNECT Provider Portal Login page, enter the User Account **Email Address** and **Password**. Click the **Login** button.

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	The Device of A Control of Contro	
	Virginia Department of Behavioral Health and Developmental Services CONNECT Provider Portal Login	
	Welcome to the Virginia Department of Behavioral Health and Developmental Services CONNECT Provider Portal system.	
	The Provider Portal Dashboard provides access to applicant and licensed provider information online and allows direct communication with the Office of Licensing. Only authorized users can complete licensing tasks online includ applications, renewals and modifications, as well as Corrective Action Plan management.	ng submitting
	If you are already registered and know your login information, please enter your email address and password, then click the "Login" button. You are required to reset your password, each diverse and session set with the reset your password as expression of each and a session set. The set of the "Change Login Information" if your password has express, click the "Forget I limit before. The set of the "Change Login Information" if your password is enter the total set. The "Login" button is the set of the "Change Login Information" if your password has expression of the Provide SetCon page, and then on the Dashboard's set of the "Change Login Information". If your password has expression of the Provide SetCon page, and then on the Dashboard set of the "Change Login Information". If your password has expression of the Provide SetCon page, and then on the Dashboard set of the "Change Login Information". If your password has expression of the Provide SetCon page, and then on the Dashboard set of the "Change Login Information". If your password has expression of the Provide SetCon page.	rd, enter your Password?"
	If you are a member of a licensed provider organization and do not have login information, please select the "Request Login - Existing Licensed Providers" button. Once approved as an authorized user for the CONNECT Prov your organization, you will receive a temporary password.	ider Portal by
	If you are a new applicant and you would like to begin the initial application or change of ownership application process, click the "Register - Initial Applicants" button. Please Note: You will need to go through a security check be given access to the Provider Portal Dashboard. This may take 1-2 business days once the request has been processed.	fore you are
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Step 4: From the provider landing page, click the **Dashboard** button to open the Provider Dashboard.

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	ee the provider organization with			ew provider organization record that the license(s) will be issued to after t whip listed below, click the Dashboard link for that organization. Otherwise
Provider Name	Provider Number	Statu	Select	
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Change of Ownership Application				
Logout				
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Step 5: Click the Correspondence Inbox link to view letters received from the Office of Licensing.

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The Manage Authorsed Contacts menu option below advoirs authorized contacts with VA Access' to submit requests to part access to the Provider Portal. Once the request is approved, the user can access the Provider Portal. Portal the operation's Name Authorized Contacts make changes to your access level.	Taote
NOTE: Licenses on a License Status Letter or a Conditional License Type are not eligible for modifications. If an emergency charge is required, please send a message to your Licensing Specialist using the Messa	ige Center
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If you need assistance navigating the processes available to you or the organization, please contact: the organization is prmary contact before contacting the DBHOS Office efficiency or assistance.	
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Step 6: Click the Open link to view the CAP issued letter.

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Communication Center			
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Return to Dashboard Save			

CAP Correspondence Example

Nelson Smith COMMISSIONER	COMMONWEALTH of VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES Past Gives Bas 1797 Radinger VA 11316-1797	Telephone (804) 786-303 Fax (804) 371-663 www.dbhds.virginis.pt
I	December 1, 2022	
	05-001	
CAP: • Refer t specific • Ensure	ew the Licensing Report Response Guidance below to aid in the acco <u>Licensing Report Response Guidance</u> o staff by staff roles, titles and/or employee identifiers referencing the staff names. your responses to the CAP do not violate HIPAA practices, refer to t	HIPAA Form, not by
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Step 7: When finished click Return to Dashboard.

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Section 2: How Do I Request a CAP Extension?

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	Provider Portal Dashtboard
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	Welcome to the Virginia Department of Behavioral Health and Developmental Services Provider Portal.
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	If your organization will be undergoing a change in ownership, please click here to submit a natification to the Office of Licensing. Note: this is not the change of ownership application, It is an alert to the Office of Leensing so they know of the specorring change.
	Communication Center:
	The communication center allows you to correspond with the DBHDS Office of Licensing and manage your organization's contacts and access to this Provider Portal. <u>Correspondence index</u> 200
	Messaging @@
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	Menu:
	You may choose from the various options below to submit applications and modifications, as well as to manage organization contacts and respond to corrective action plans.
	If a menu option is greyed out, then you may not have security access to the process is not available to the Provider Organization at this time – Please hover over the question mark next to each menu option for more details.
	The Manage Authorized Contacts memu cystor below allow subtracted contacts with "Al Access" to submit requests to grant access to the Provider Portal. Once the request is approved. He user can access the Provider Portal. Please contact the organization in Main Authorized Contacts may access and access the Allow access and access the Provider Portal.
	NOTE: Licenses on a License Status Letter or a Conditional License Type are not eligible for modifications. If an emergency change is required, please send a message to your Licensing Specialist using the Message Center above.
	When navigating between screens on the CONNECT Provider Portal, always use the Back and Next buttons on the screen. Do not use the back button on the browser.
	If you need assistance navigating the processes available to you or the organization, please contact the organization's primary contact before contacting the DBHDS Office of Licensing for assistance.
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	Pending Applications: 👌
	Pending Modifications: 🕖

Step 1: From the Provider Portal Dashboard Menu, click the Corrective Action Plans link.

Step 2: From the Inspections History landing page, you will be able to see completed and pending inspections. To request an extension, the CAP must have a status of **Issued.** Click the **View CAP** link.

Note: You may request only **one** extension for the issued CAP. The Office of Licensing will review your request. If your request for extension is approved, a new CAP due date will be updated. Extensions to the 15 business day timeline for submitting a CAP may be granted to a provider only if requested by the provider **PRIOR** to the due date, and only for one additional period of up to 10 business days. The new due date for the CAP will be up to 10 business days from the date the CAP was due, and not up to 10 business days from the date the extension was requested.

Inspection Date	Service	Location	Due Date Status
12/07/2022	07-006 - Outpatient Service /Crisis Stabilization		12/28/2022 Issued
10/31/2022	07-006 - Outpatient Service /Crisis Stabilization	·	Complete - No View CAP Violations

Step 3: Click the Request Extension link.

Print CAP						
How to Respond to a CAP						
Ground Edward						
CAP Due Date: 12/22/2022		View Due Date History				
License # 1			Date of inspection: 11/30/2022			
Organization Name:			Program Type/Facility Name: 05-001 -			
View ID HIPS A Form			Linker (Recently end of the second			
View Medication HFWA Farm						
Instructions:						
	vie to aide i	In the acceptance of your Corrective Action Plan (CAP). Select the Enter	Beauties had to enter using C2P details			
		previously submitted response as instructed by the Office of Loansing and the specific item requested by the Office of Loansing. Description of Mon-Compliance	Actions to be Taken	Planned	Status	-
12VAC35-105-178 G	Not-		PRI 12432022	Completion Date 13/22/2022	Pending Review	-
G. The provider shall implement these variation connective action plan for each violation cleal by the date of completion identified in the plan.	Compliant	The regulation runs NOT WET as evidenced by The provider was previously cited on 61/2022 related to Regulations 150 5 and 600. Based on the 121/62022 respective the provider failed to implement their approved CAP from the previous unannounced impection called G1/2022	Provide Response to citation			Enter Resource
12VAC35-105-170. H. (1) The provider shall monitor	Non- Compliant	7	PR) 12/02/2022	12/50/2022	Pending Review	Enter Response
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General Comments / Recomment	lations:	· · · · ·				
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Please check that your responses	are comple	te before submitting to the Office of Licensing, ponse once you click the "Submit CAP" button.				
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Step 4: Complete the Reason for Extension response field.

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CAP Extension Request You may request ORE extension of the due date for the CAP response submission. The Office of Licensing will review your request and will notify you of the decision.	
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Note: The provider has the ability to expand the **Reason for Extension** field to display the contents in the field by clicking and dragging the lower right corner.

Commonwealth of Virginia	
	Vojna Operment d Stenins Henth 1 Deslapment Services
	AP Extension Request u may request ONE extension of the due date for the CAP response submission. The Office of Licensing will review your request and will notify you of the decision.
to pro	eson for Extension: e would like to request an extension due to the organization closing for 2 weeks for repairs due to a fire. This unfortunate event impacted our ability fully implement our CAP at the time as one of our key staff members responsible for the CAP was injured as a result of the fire. We are already in the occess of transitioning these duffes to another staff member, however we will need a title more time.
	x Submit Request

Step 5: Once complete, click the Submit Request button.

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	CAP Extension Request
	You may request ONE extension of the due date for the CAP response submission. The Office of Licensing util review your request and will notify you of the decision.
	Reason for Extension: We would like to request an extension due to the organization closing for 2 weeks for repairs due to a fire. This unfortunate event impacted our ability to fully implement our CAP at the time as one of our key staff members responsible for the CAP was hijured as a result of the fire. We are already in the process of transitioning these duties to another staff member, however we will need a little more time.
	* Indicate a required field Boy Submit Request

Step 6: Click the Save and Close button.

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Secured Extension						
CAP Due Date: 19/22/2022		Vev Due Date History	0			
Literse #			Date of Impection: 11/30/2022			
Organization Name			Program Type/Facility Name: 05-001			
Vec @ HPS.4 Fam						
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Standard(s) Cited	Comp	Description of Non-Compliance	Actions to be Taken	Planned Completion Date	Status	
12MiC05-185-178 G G. The powder shall explorest their unities corrective action gian for each vulntum ciled by the date of completion shortfield in the plan.	Non- Complan	This regulation was NOT MET as evolvened by the product was perceivably data on 61/2022 incided to Regulations 155 3 and 688 (Band on the 12/15/2022 inspection: the periodia faced to inglament their approach (2023 can be periodia unanonucced impaction can de Gr2026)	(PR) 12422022 Provide Response to clution	12/22/04/22	Pending Review	Crite: Ressort
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The provide determines that an approved controller action was fully implemented, but did not prevent the mountmost of a regulatory violation or control any systemic declorances. The provider shall 1: Continue implementing the controller actions pain and particle place activities plan and particle place activities measures to prevent the recommon of the chief unitable and address.	ationat					
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Section 3: How Do I Respond to a Corrective Action Plan (CAP)?

Step 1: To view Corrective Action Plans (CAP) click the Corrective Action Plans link in the menu.

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	You may choose from the various options below to submit applications and modifications, as well as to manage organization contacts and respond to corrective action plans.	
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	The Manage Aufwarded Contacts memu opport below above authorized contacts with VA Access* to submit requests to pairl access to the Provider Partial. Once the request is approved, the user can access the Provider Partial. Please central the organization's Main Authorized Contacts in make cherges to your access aver.	
	NOTE: Licenses on a License Status Latter or a Conditional License Type are not eligible for modifications. If an emergency change is required, please send a message to your Licensing Specialist using the Message Center above.	
	When nerigating between screens in the COMNECT Privider Portal, always use the Back and Next builtons on the screen. Do not use the tack builton on the branser.	
	If you need assistance navigating the processes available to you or the organization, please contact the organization's pinnary contact before contacting the DBHOS Office of Licensing for assistance	
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	 Return to Provider Detection Paren 	

Step 2: All inspections completed for your organization will display on this screen with one of the following statuses:

Status	Explanation
Complete-No Violations	An inspection or investigation that did not result in citations will display a "No Violation" CAP and the provider does not need to provide a response. Providers with this status will have a link to view the CAP.
Pending	The inspection or investigation is in progress.
Issued	An inspection or investigation has resulted in citations requiring a Corrective Action Plan and the provider is required to submit a response for each regulatory violation. A CAP will be in this status if it is reissued to a provider due to being partially accepted or not accepted.
Returned	A provider's Corrective Action Plan has been submitted to the department and responses will be reviewed by the licensing specialist to determine if the CAP is approved or not approved. When in this status, it can no longer be viewed by the provider.

Approved	Inspections or investigations that resulted in citations and have
	approved corrective action plans. Providers with this status will have a link to view the CAP.

Note: Only inspections that are in the status of "Issued" or those with a status of "Complete-No Violations" or "Approved" will have the link to **View CAP**.

Step 3: An inspection with an "Issued" status requires a response. Click the **View CAP** link to begin the response process.

Inspection Hi	story			
Inspection Date	Service	Location	Due Date Status	
12/07/2022	07-006 - Outpatient Service /Crisis Stabilization		12/28/2022 Issued	CAF
	07-006 - Outpatient Service /Crisis Stabilization		Complete - No <u>View (</u> Violations	CAF

Step 4: The CAP page will open with key information about the CAP including the date of the inspection, standards cited with the description of non-compliance and the CAP due date. Click the **View ID HIPAA Form** and **View Medication HIPAA Form** links to obtain additional information related to the inspection.

Virginia Department of Behavioral Health & Developmental Services					
Print CAP How to Rescond to a CA	P				
CAP Due Date: 11/29/20	22	View Due Date History			
License # 05-001			Date of Inspection: 10/11/2022		
Organization Name			Program Type/Facility Name: 05-001 -		
View ID HIPAA Form View Medication HIPAA F Instructions:	iorm				
 DO refer to staff by DO ensure your res DO enter any new i DO provide: a state have been or will be stay in compliance • If the Edit Respons made the edit. 	staff roles sponses to information ment of the e implement with the reg se link disp	ance to aide in the acceptance of your Correct and/or employee identifiers referencing the HI the CAP do not violate HIPAA practices, refer after you have edited the previously submitte issue that led to non-compliance; a statemen- ted to ensure you remain in compliance of the guilation; and indicate the frequency for monito lays, edit the previously submitted response a esponse beyond the specific item requested b	PAA Form. to the identifiers in the provided HIPAA F id one by clicking Enter Response, nt of how you corrected the issue, a plan regulation, and include Staff by Title wh ring the plan including how it will be more is instructed by the Office of Licensing and	Forms. of action to address systematic (prociono will monitor the procedures impleminatored).	ess/protocols) that ented to ensure you
Corrective Action Plan			F - 7		
Standard(s) Cited	Comp	Description of Non-Compliance	Actions to be Taken	Planned Completion Date	Status

Note: The HIPAA forms are important to reference when reviewing the description of noncompliance and entering the actions to be taken. Please use the identifiers for staff, individuals, and medications from the HIPAA forms when responding to the citations. If any HIPAA information is included in any actions to be taken, the CAP will not be accepted, and you will be required to edit and remove the HIPAA data.

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PINECAP						
How to Rescond to a CAP						
Repuest Edension						
CAP Due Date: 12/22/2022		View, Dwe, Date Hindon				
License #			Date of Inspection, 11/30/2022			
Organization Name:			Program Type/Facility Name: 05-001			
Ves/ID HIPsA Farm						
View Medication HPAA.Farm						
Instructions:						
If the Edit Response link displa DO NOT change the original res <u>Corrective Action Plan</u>	n. edit the porse beyo	codeses inclemented to answe positive in compliance with the regula periodivity submitted responses as mitturbited by the Office of Licensing and the specific item requested by the Office of Licensing.	alon, and exicute the bearing for monitoring the plan and ansaire you enter a new response indualing you hav Actions to be Taken	ve made the edit	Inne	_
	19.20	Description of Non-Compliance		Planned Completion Date	Statum	-
ISMC35-165-178-0 G. The provider shall inglement their written corrective action plan for each violation class by the state of completion identified in the plan.	Non- Compliant	This regulation was NOT INET as endexced by: The provider was previously lated as \$10,002 related to Regulations 156 S and 680. Based as the 1215/2022 superclar, the provider failed to organized their aground CuP from the previous summonicand measurements and \$2022.	PRIVIDE Response to citation	12/22/04/2	Pending Revolut	Enter Ressor
CDACOS-105-1178 (1) (1) "The provider mainterimities of page- regioneentation and effectiveness of page-need conclone address is part of its capaby improvement pagean measured by TUACOS-105-60.8 (the provide orderemove that an approved conclone address mas fully implemented, builder next fully implemented, builder next page- next concerness of a seguilationy unsider or correct any systems definitions		This regulation rule INOT MET as in-sharped by: The product rule previously plant or 5122 result to Support the production of the two provides the start of the start of the transverse of the two provides the start of the start of the transverse of the two provides the start of the start of the transverse of the two provides the start of the start of the transverse of the two provides the start of the start of the transverse of the start of the start of the start of the transverse of the start of the start of the start of the start region of the start of the start of the start of the start of the transverse of the start of the start of the start of the start of the transverse of the start of the start of the start of the start of the transverse of the start of the start of the start of the start of the transverse of the start of the start of the start of the start of the transverse of the start of the start of the start of the start of the transverse of the start of the transverse of the start of the transverse of the start of the transverse of the start o	PRI) ORDORZE Physitee Response to 2nd Câldon	12/06/0622	Pending Revelor	Ecter Resour
implementing the contective action plan and put into prace additional measures to prevent the recurrence of the clear violation and address identified systemic deficiencies.						
plan and put into place additional measures to prevent the recurrence of the olied violation and address.	dora:					

Step 5: Click the Enter Response link next to the citation.

Step 6: On the response screen you must include the **Final Planned Completion Date** for your actions.

An Agency of the Commonwealth of Virginia			Virginia.gov : Eind an Agency			
	Registrie Department of Reference (Health & Developmental Territore					
	Considering process					
	CAP Response					
	Please enter the response and planned completion date for the below citation, then click save response. Once all citations have been responded to, submit the CAP to the Office of Licensing for review. You may optical suggesting documentation by clicking the Upload Document bulker.					
	If there is more than one planned completion date for	or this response, please enter the final planned completion date, then include the planned dates for each step of the actions to be taken in the response section.				
	MPORTANT Do not include any HPAA informat					
	MPORTANT. If you are editing a previously submitted response, please edit as instructed and do not add additional information to the previously submitted response.					
	Standard Cited:	12/04/236-105-178-0. G. The provider shall implement their written corrective action plan for each violation cited by the date of completion identified in the plan.				
	Description of Non-Compliance:					
		This regulation was NOT MET as evidenced by:				
		The provider was proviously clied on 6/1/2022 related to Regulations 150 5 and 600. Based on the 12/15/2022 Impoction, the provider failed to implement their approved CAP from the provious unannounced impaction dated 6/1/2022				
	Final Planned Completion Date:*	13/22/9622				
	Upload Document					
	CAP Sample Document	Deteta				
	Actions to be Taken: *					
		B J U S K K free → Son → A+ D+ D = 0 = 0 = 0 = 0 = 0				
	Provide Response to citation					
	* Indicates a required field					
	Eack Save Response					

Note: If the actions include multiple completion dates, provide the completion date for each step within the **Actions to be Taken** response field for each standard cited. A final completion date for all actions relevant to the citation will need to be entered in the **Final Planned Completion Date** field.

Step 7: Enter the response in the Actions to be Taken field.

An Agency of the Commonwealth of Veginia			Virginia.cox (Cited.an.Agence
	National Sectors of Sectors		
	CAP Response		
	Please enter the response and planned complete splead supporting decamentation by clicking the	on date for the below clutter, then click save response. Once all citations have been responded to, submit the CAP to the Office of Licensing for review. You may Upload Document butter below	
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	MPORTANT: If you are editing a previously su		
	Standard Cited:	12/NR/25-105-170 G G. The provider shall implement their written connective action plan for each visibilities cleaf by the dete of completent indicated in the state.	
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	Provide Response to statute		
		4	
	* holization a required face:		
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Step 8: Click the **Upload Documents** button to upload any supporting documents with your response (if applicable).

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Varyan barat and d Maniari Kawada Sanatayanang Sanatay			
CAP Response			
Please enter the response and planned uplead supporting documentation by cl	completion date for the below chation, then click save response. Once all citations have been responded to, submit the CAP to the Office of Licensing for review. You may cking the Upload Document button below.		
If there is more than one planned comp	letion date for this response, please enter the final planned completion date, then include the planned dates for each step of the actions to be taken in the response section.		
MPORIANE Do not include any HIP	AA information in the response below. This includes Staff Names, Individual Names and any other personally identifying information.		
MPORIANI : If you are editing a pre-	MPORTANE If you are editing a previously submitted response, please edit as instructed and do not add additional information to the previously submitted response.		
Standard Clud:	12VAC15-105-170. G G. The provider shall implement their written corrective action plan for each violation cited by the date of completion identified in the plan.		
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Actions to be Taken: *			
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Ball Save Response			

Step 9: Enter the description of the document in the **Document Description** field.

An Agency of the Commonwealth of Virginia	
	Virginia Department of Behavioral Health & Developmental Services
	Document Description:" Sample
	Choose File No filosen
	* Indicates a required field
	Cancel Save Changes

An Agency of the Commonwealth of Virginia
Virginia Department of Behavioral Health & Developmental Services
Document Description:* Sample
Choose File No filosen
* Indicates a required field
Cancel Save Changes

Step 10: Click the Choose File button to select the document from your computer to upload.

An Agency of the Commonwealth of Virginia	
	Virginia Department of Behavioral Health & Developmental Services
	Document Description:* Sample
	Choose File SAMdocx
	* Indicates a required field
	Cancel Save Changes

Step 11: Click the Save Changes button when finished uploading documents.

Note: Multiple documents may be uploaded by repeating these steps.

Step 12: Once the Actions to be Taken section is complete, click the Save Response button.

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	No format a
	CAP Response
	Please where the response and planned completion date for the below clubtor, then clubt save response. Once all clubtors have been responded to, submit the CLP to the Office of Licensing for review. You may uplicat supporting documentation by clubtor documentation by clu
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	MECKIAN. If you are editing a previously submitted response, pisase edit as instructed and do not add additional information to the previously submitted response.
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	The provider was previously other on 6/10/22 vestiled to Regulators 155 5 and 608. Based on the 12/16/2022 inspection, the provider failed to inglement their approved CAP from the previous unannounced regulation dated 6/12/022.
	Fuel Pannet Completion Date: 12222002
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	Sangle Doument Ltd. Comm CVP Sangle Doument Ltd. Comm
	Actions to be Takes: "
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Note: Continue this process for each standard cited. The Provider will not be able to submit the CAP until <u>all</u> citations associated with the licensing report have a response entered in the Actions to be Taken section. Responses will be saved, and the CAP can continue to be edited as needed until the CAP is complete and submitted.

Step 13: To submit the completed CAP to the Office of Licensing, click the Submit CAP button.

Note: You will not be able to see the **Submit CAP** button until <u>all</u> citations have a response entered. You will not be able to edit responses once you submit the CAP. If there is a need to stop entering responses and return to the document later, the provider will need to click the **Save and Close** button.

Participation Description of P						
PHOLOGY						
How to Rescond to a CAP						
Result Extension						
CAP Due Date: 12/22/2022		View Due Date Histor				
License # 1			Date of impection 11/30/2022			
Organization Name			Program Type/Facility Name 05-001			
View ID HERA Form						
View Medication HIRSA Form						
instructions:						
Review the Office of Licensing guidan	ce to aide i	n the acceptance of your Corrective Action Plan (CAP). Select the Enter	Response link to enter your CAP details.			
 If the Edit Response link displa 	15.000 20	ocidures implemented to ensure you stay is compliance with the regul pervicuity, submitted response as instructed by the Office of Licensing and the specific item requested by the Office of Licensing. I Description of Non-Compliance	Actions to be Taken	Planned	Status	-
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deliveres sur inscrime autoris as parameters inscrimed by TAXICSIS (ISS.650 H) the provide celetrative states and approved celetrative action was fully implementation, sur die negatative violation or correct any systemic declored the provide state 1. Continue the provide state 1. Continue the provide state 1. Continue and the state of the states and provide the state and address alternities systemic decloreces.		The product was previously client on 5122 existed to Regulations 1055 and 600 Execution on network of the product Quality Improvement Plans, The product of client client and prevention of the memory of the product of client of the product of the product of the memory of the product of the quality improvement program request by 1214C26-105-820				
General Comments / Recommend	ations!					
Optimist Committies - NeComments	No. ATR.					
Please check that your responses - You may NUT make changes to you Save and Case. Sales CAP	er CAP Ret	te before submitting to the Office of Liceewing, porse once you click the "Submit CAP" button.				

Step 14: The CAP will now show a **Status** of **Returned** and cannot be viewed again until the Office of Licensing completes their review of the provider's responses and re-issues to the provider. The Office of Licensing will review to determine if CAP responses are Accepted, Partially Accepted or Not Accepted. If a CAP is Partially Accepted or Not Accepted, it will be re-issued to the provider.

Inspection Date	Service	Location	Due Date	Status	
12/07/2022	07-006 - Outpatient Service /Crisis Stabilization			Returned	
10/31/2022	07-006 - Outpatient Service /Crisis Stabilization			Complete - No Violations	View CAP

Section 4: How Do I Respond to a Re-Issued CAP that was Partially Accepted or Not Accepted?

CAP responses are reviewed by the licensing specialist to determine if the CAP is Approved, Partially Accepted or Not Accepted. If one or more responses are Partially Accepted or Not Accepted, the CAP will be re-issued, and the CAP response process begins again. The Provider will be notified through email that the CAP has been issued requiring revisions as indicated by the Office of License.

Step 1: To respond to the Corrective Action Plan (CAP) click the **Corrective Action Plans** link in the menu.

An Agency of the Commonwealth of Virginia	
	Review Internet A
	Developmenta Services
	Provider Portal Dashboard
	Provider Portal Lashboard
	Log Out
	Welcome to the Virginia Department of Behavioral Health and Developmental Services Provider Portal.
	теропіс то вно таули веринністи о велитони поши вно ветекритони зелися то тока.
	View Web List
	If your organization will be undergoing a change in ownership, please click tests to submit a notification to the Office of Licensing. Note, this is not the change of ownership application, it is an alert to the Office of Licensing so they know of the upcoming change.
	Communication Center:
	The communication center allows you to correspond with the DBHDS Office of Licensing and manage your organization's contacts and access to this Provider Portal.
	Correspondence Inbox 😳
	Messaging @@
	Locin Revuet ⊘9
	Menu:
	You may choose from the various options below to submit applications and modifications, as well as to manage organization contacts and respond to corrective action plans.
	If a menu option is greyed out, then you may not have security access to the process, or the process is not available to the Provider Organization at this time - Please hover over the question mark next to each menu option for more details.
	The Manage Authorized Contacts menu option below allows authorized contacts with "All Access" to submit requests to grant access to the Provider Portal. Once the request is approved, the user can access the Provider Portal. Please contact the organization's Man Authorized Contacts until to make drages to your access (see).
	Autoricute Canada to make it may be your access when
	When navigating between screams on the CONFCT Provider Portal, wave use the Back and Next burles on the screen. Do not use the back buttor on the browser.
	If you need assistance anvigating the processes available to you or the organization, please contact the organization's primary contact before contacting the DBHDS Office of Licensing for assistance.
	 Initial Province Acquired to Control OF Initial Province Acquired to OF
	minai rovod rupotatorny Sedential Provider Application bickerse Sedential Provider Application
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	≻ Information Modification ●
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	≻ License Renewal⊗
	Construction Plans
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	Return for Viola's Selection Page
	Pending Applications: 👩
	Pending Modifications: 🕤

Step 2: From the Inspections History landing page, you will see completed and pending inspections. Click the **View CAP** link for those with a status of **Issued**.

Inspection Hi	story		
Inspection Date	Service	Location	Due Date Status
12/07/2022	07-006 - Outpatient Service /Crisis Stabilization		12/28/2022 Issued View CA
10/31/2022	07-006 - Outpatient Service /Crisis Stabilization		Complete - No View CA Violations

Step 3: The provider will need to submit additional information to the Office of Licensing for CAPs that were Partially Accepted or Not Accepted. Click the **Enter Response** link to enter the required response.



Step 4: Repeat the steps in Section 3," How Do I Respond to a Corrective Action Plan (CAP)?", starting at Step 3 to respond to the re-issued CAP.

Section 5: How Do I View an Approved CAP?

An Agency of the Commonwealth of Virginia	
	The start beam of the start of
	Provider Portal Dashboard
	Log Out
	Velocine to the Vriginia Department of Behavioral Health and Developmental Services Provider Partal.
	Vee Wat List
	If your organization will be undergoing a change in ownership, please click here to submit a notification to the Office of Licensing. Note: this is not the change of ownership application, it is an alert to the Office of Licensing so they know of the upcoming change.
	Communication Center:
	The communication center allows you to correspond with the DBHDS Office of Licensing and manage your organization's contacts and access to this Provider Portal.
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	Menu:
	You may choose from the various options below to submit applications and modifications, as well as to manage organization contacts and respond to corrective action plans.
	If a menu option is greyed out, then you may not have security access to the process, or the process is not available to the Provider Organization at this time – Please hover over the question mark next to each menu option for more details.
	The Manage Authorized Contacts menu option below allows authorized contacts with 'All Access' to submit requests to grant access to the Provider Portal. Once the request is approved, the user can access the Provider Portal. Please contact the organization's Main Authorized Contact to make changes to your access level.
	NOTE: Licenses on a License Status Letter or a Conditional License Type are not eligible for modifications. If an emergency change is required, please send a message to your Licensing Specialist using the Message Center above.
	When navigating between screens on the CONNECT Provider Portal, always use the Back and Next buttons on the screen. Do not use the back button on the browser.
	If you need assistance navigating the processes available to you or the organization, please contact the organization's primary contact before contacting the DBHDS Office of Licensing for assistance.
	> Manace Authorized Contacts♥
	Inital Provder Application® Chatters Repetation® Chatters Repetation® Chatters Repetation®
	 interior is response in recovery Activities
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	≻ Information Modification – Children's Residential@
\rightarrow	Conscience Renewale Conscience Action Plane Monte Conscience Action Plane
	≻ Change Login Information ●
	➤ Return to Provider Selection Page
	Pending Applications: 🙍
	Pending Modifications:

Step 1: From the Provider Portal Dashboard, click the Corrective Action Plans link in the menu.

Step 2: Click the View CAP link to view the approved CAP.

ency of the Commonwealth of Virginia				
Virginia Department Behavioral Health & Developmental Servi	of			
Inspection Histor	ry			
Inspection Date	Service	Location Due Dat	e Status	
11/30/2022	05-001 - Intensive In-Home Service for Children and Adolescents		Approved	View CAP
	05-001 - Intensive In-Home Service for Children and Adolescents		Approved	View CAP
	05-001 - Intensive In-Home Service for Children and Adolescents		Approved	View CAP
	05-001 - Intensive In-Home Service for Children and Adolescents		Approved	View CAP
	05-001 - Intensive In-Home Service for Children and Adolescents		Approved	View CAP
	05-001 - Intensive In-Home Service for Children and Adolescents		Complete - No Violations	View CAP
	05-001 - Intensive In-Home Service for Children and Adolescents		Complete - No Violations	View CAP
	05-001 - Intensive In-Home Service for Children and Adolescents		Complete - No Violations	View CAP
	05-001 - Intensive In-Home Service for Children and Adolescents		Complete - No Violations	View CAP
	05-001 - Intensive In-Home Service for Children and Adolescents		Complete - No Violations	View CAP
1				
	-			
Return to Dashboard	d			
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Step 3: The approved CAP will have an updated status of "Accepted" for each citation.

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Percap					
How to Research to a CAP					
CAP Due Date: 12/30/2022		(New Date Cate History			
Laanse -05-001			Take of Impaction: 1100/2022		
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View CO HIPS & Farm					
View Medication MIRA Party					
Instructions:					
Review the Office of Licensing guidance	a to select a	the acceptance of your Corrective Action Plan (CAP). Select the Enter Resp	oraa link to antier your CAP details		
DO NOT change the original resp Corrective Action Plan Standard(s) Cited	Comp	In the specific item requested by the Office of Loarning. Description of Non-Compliance	Actions to be Taken	Plasted Completion Date	Batus
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G The provider shall implement their written corrective action plan for each	Complian	This regulation was NOT MET as enderced by	Provide Response to chalton		
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Step 4: Click the Save and Close button once you have finished reviewing the Approved CAP.

This completes the **How Do I Respond to My Corrective Action Plan (CAP) in CONNECT?** job aid.