

### Office of Licensing

Issue III: October 2024



**DBHDS Mission Statement:** Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life

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

#### **CONNECT System Maintenance**

In January 2025, CONNECT services will not be accessible for several business days due to routine maintenance. Stay tuned for additional information from the Office of Licensing.

#### \*Director's Corner\*

Dear DBHDS Licensed Providers and Stakeholders,

DBHDS wants to acknowledge the dedication of the provider community during the most recent severe weather event. Providers who were impacted by Hurricane Helene worked diligently to ensure the safety of residents, participants, and employees during this time. Thank you for implementing your emergency preparedness and response plans and ensuring continuity of care for individuals receiving services. Hurricane season lasts through November 30<sup>th</sup> and as we go into the winter months, it is equally as important that providers continue to review, update and practice implementing their emergency preparedness and response plan as outlined in Licensing Regulation 12VAC35-105-530.

The due date for providers who have been delivering 23-hour Crisis Receiving Center services to transition to the new CRC license has been extended from October 17, 2024 to November 15, 2024. Please note, this applies *only* to providers who submitted a completed application by the August 30, 2024 due date. Providers who have submitted after August 30, or submitted incomplete or inaccurate information, may not be licensed by November 15. This may result in an inability to provide this service until properly licensed. Licensing staff have been responding to revisions within a maximum of one to two days. Providers who have received an onsite inspection, and who do not meet staffing or physical site requirements, will require an additional onsite inspection. However, providers ready for their initial onsite inspection will be prioritized.



#### \*Director's Corner Continued\*

As it relates to Crisis Services, please review the <u>Crisis & Priority Service Application</u> <u>Memo</u> (October 2024). It includes updated information related to the processing of crisis service applications, the timeframe for submission, and updated information about priority applications. The department has moved to Phase 2 of processing service modifications for any providers currently licensed for 07-006 license and who have evidence that they have enrolled/billed DMAS or a managed care organization for the CRC service (23-hour crisis receiving center), including those providers that did not submit a claim until after July 17, 2024.

Regarding Sponsored Residential services, the certification form was updated in September and posted on the OL website. When submitting a certification in CONNECT, please make sure that you are using the most current <u>Updated Sponsored Residential Certification Form</u> (September 2024).

Between January 1st and September 30th, the Office of Licensing approved 614 location modifications and 499 service modifications; and licensed approximately 407 new providers. During that same timeframe, the office also conducted approximately 1004 investigations and 3,827 inspections. During this same timeframe, there were 16,820 death or serious incidents (DSIs) reported to the department and of these, 1,016 met the individual care concern threshold criteria. Also, 96.58% of DSIs were reported on-time.

### Jae Benz











Please see the following recorded demonstrations of various actions in the Provider Portal Dashboard.

#### **CONNECT Live Demonstrations**

**CONNECT:** Provider Portal Overview Recorded Webinar CONNECT: Provider Portal Overview PowerPoint CONNECT: Adding Locations Recorded Webinar CONNECT: Adding Locations PowerPoint CONNECT: Adding Services Recorded Webinar CONNECT: Adding Services PowerPoint CONNECT: Corrective Action Plans Recorded Webinar **CONNECT:** Corrective Action Plans PowerPoint CONNECT: Correspondence and Messaging Recorded Webinar CONNECT: Correspondence and Messaging **PowerPoint** CONNECT: Information Modification Recorded Webinar CONNECT: Information Modification PowerPoint **CONNECT:** License Renewals Recorded Webinar CONNECT: License Renewals PowerPoint CONNECT: Managing Contacts Recorded Webinar **CONNECT:** Managing Contacts PowerPoint **CONNECT:** Password Management and Variance Applications Recorded Webinar **CONNECT:** Password Management and Variance **Applications PowerPoint** 

To submit a CONNECT Help Desk ticket, please click here: <u>https://dbhds.virginia.gov/clinical-and-quality-</u> <u>management/office-of-licensing/</u> and select CONNECT Help Desk

### **CONNECT** Tips

- Providers can submit License Renewals up to 90 days in advance. CONNECT sends an automatic reminder to providers who have a license that expires within 90 days.
- Add the following email addresses to your list of Safe Senders to ensure automated messages from CONNECT are not blocked:
  - noreply-connect@dbhds.virginia.gov
  - smtprelay@glsolutions.com
- Before submitting a renewal application, providers should verify the information on their License Addendums, including service locations, addresses, expiration dates and bed counts.
- This is a good time to review Authorized Contacts to ensure only the intended staff have access to the Provider Portal Dashboard. This can be done by the Main Authorized Contact who would select "Manage Authorized Contacts" in the Provider Portal Dashboard.
- The CONNECT Help Desk is only able to offer support with issues directly related to the CONNECT System. For issues related to licensing, the provider should contact their assigned Licensing Specialist or licensingadminsupport@dbhds.virginia.gov



#### **Data Corner**

#### **Risk Management and the Developmental Disability Quality Management System**

DBHDS uses serious incident data from CHRIS to better understand the risks to individuals in the developmental disabilities (DD) waiver system, and to help providers reduce the risks. Once a provider enters a serious incident into CHRIS, it is reviewed by the Incident Management Unit in the Office of Licensing to determine if it correctly meets reporting criteria and provide additional support. The Office of Human Rights and the Office of Integrated Health area also involved as needed. The data are also compiled and reviewed by the DBHDS Risk Management Review Committee (RMRC) to look at patterns and trends and identify improvements to the system that can help reduce risks. The RMRC examines types of Level II serious incidents, as well as trends in causes, illnesses and conditions.

In State Fiscal Year 2024 (June 1, 2023 – July 31, 2024), the most common type of Level II serious incident was ER visit with a total of 6,949 incidents, followed by unplanned hospitalizations with a total of 1,950 incidents. The trends, by quarter, for Level II serious incidents in FY24 are depicted in Figure 1 in descending order by total. Please note that serious incident reports can be in more than one category.

|  | Q1     |         | Q2     |         | Q3     |         | Q4     |         | Total  |         |
|--|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|
| SeriousIncident - Level2                     | Number | Percent |
| ER Visit                                     | 1664   | 58.43%  | 1737   | 57.19%  | 1681   | 56.87%  | 1867   | 57.18%  | 6949   | 57.40%  |
| Unplanned Hospital Admission                 | 444    | 15.59%  | 509    | 16.76%  | 498    | 16.85%  | 499    | 15.28%  | 1950   | 16.11%  |
| Serious Injury - Requiring Medical Attention | 195    | 6.85%   | 182    | 5.99%   | 278    | 9.40%   | 375    | 11.49%  | 1030   | 8.51%   |
| Other - Level 2                              | 174    | 6.11%   | 186    | 6.1296  | 133    | 4.50%   | 121    | 3.71%   | 614    | 5.07%   |
| Unplanned Psychiatric Admission              | 103    | 3.62%   | 118    | 3.89%   | 120    | 4.06%   | 128    | 3.92%   | 469    | 3.87%   |
| Harm or Threat to Others                     | 92     | 3.23%   | 109    | 3.59%   | 77     | 2.60%   | 94     | 2.88%   | 372    | 3.07%   |
| Missing Individual                           | 65     | 2.28%   | 71     | 2.34%   | 52     | 1.76%   | 70     | 2.14%   | 258    | 2.13%   |
| Choking Incident                             | 34     | 1,19%   | 33     | 1.09%   | 30     | 1.01%   | 24     | 0.74%   | 121    | 1.00%   |
| Decubitus Ulcer                              | 34     | 1.19%   | 34     | 1.12%   | 29     | 0.98%   | 24     | 0.74%   | 121    | 1.00%   |
| Aspiration Pneumonia                         | 17     | 0.60%   | 30     | 0.99%   | 29     | 0.98%   | 28     | 0.86%   | 104    | 0.86%   |
| Bowel Obstruction                            | 19     | 0.67%   | 20     | 0.66%   | 16     | 0.54%   | 24     | 0.74%   | 79     | 0.65%   |
| Ingestion of Hazardous Materials             | 7      | 0.25%   | 8      | 0.26%   | 13     | 0.44%   | 11     | 0.34%   | 39     | 0.32%   |
| Total  | 2848   | 100.00% | 3037   | 100.00% | 2956   | 100.00% | 3265   | 100.00% | 12106  | 100.00% |

Figure 1. Number and Percent of Level II Serious Incidents, SFY24, by Quarter and Year



#### Data Corner Continued...

**Risk Management and the Developmental Disability Quality Management System** 

The RMRC also looks at 12 illnesses, causes and conditions that are most commonly associated with adverse outcomes for individuals with DD. These are listed in Figure 2, in descending order by total, by quarter for SFY24. These are reported as an annualized rate per 1,000 individuals receiving a DD waiver service. The highest rate was for Fall or Trip, at 74.64 per 1,000 individuals and the lowest rate was for suicide attempt at 4.29 per 1,000 individuals. Upon examining trends in the leading five illnesses, causes and conditions (see Figure 3), the rate of Fall or Trip has gone up and down over the past two years, with the high being 85 per 1,000 individuals during FY24 Q4. The next highest is urinary tract infections (UTIs), followed by seizures, self-injury and dehydration. The trends for these rates have remained relatively stable over the past two years.

| SurveillanceMeasure     | Q1    | Q2    | Q3    | Q4    | Total |
|-------------------------|-------|-------|-------|-------|-------|
| Fall or Trip            | 78.78 | 65.15 | 69.33 | 85.29 | 74.64 |
| Urinary Tract Infection | 43.40 | 42.94 | 42.09 | 40.14 | 42.14 |
| Seizures                | 38.89 | 39.24 | 43.30 | 37.51 | 39.74 |
| Self-injury             | 19.57 | 15.30 | 14.60 | 18.16 | 16.91 |
| Dehydration             | 13.05 | 11.60 | 10.70 | 14.10 | 12.36 |
| Sepsis                  | 6.52  | 9.38  | 8.03  | 10.51 | 8.61  |
| Decubitus Ulcer         | 8.53  | 8.39  | 7.06  | 5.73  | 7.43  |
| Choking                 | 8.53  | 8.14  | 7.30  | 5.73  | 7.43  |
| Aspiration Pneumonia    | 4.26  | 7.40  | 7.06  | 6.69  | 6.35  |
| Sexual Assault          | 4.26  | 7.40  | 4.38  | 5.02  | 5.27  |
| Bowel Obstruction       | 4.77  | 4.94  | 3.89  | 5.73  | 4.83  |
| Suicide Attempt         | 4.01  | 4.69  | 4.87  | 3.58  | 4.29  |
| Total                   | 19.55 | 18.71 | 18.55 | 19.85 | 19.17 |

Figure 2 Rate of Illness, Injury and Condition associated with Serious Incidents in SFY24, by Quarter and Total



The DBHDS Quality Management System subcommittees have implemented three quality improvement initiatives (QIIs) focused on reducing Falls or Trips, and one focused on UTIs. The RMRC is always interested in ideas for how to further reduce risks. Please share your feedback about these data, and ideas for how to support providers across the system to reduce risk by contacting <u>incident management@dbhds.virginia.gov</u>.

Figure 3. Rate of Select Cause/Illness/Condition associated with Serious Incident Reports, per 1,000 individuals on the DD Waiver, SFY23-SFY24



| Modification<br>Type/Menu   | When to submit this type of application:  |
|-----------------------------|---|
| Add<br>New Service          | This type of modification, along with the required supporting documentation, will need to be submitted if a provider wants to add a NEW service/license.<br>This option is found at the top of the Active Licenses on the Provider Portal Dashboard.  |
| View/Add<br>New Location    | This type of modification, along with the required supporting documentation, will need to be submitted<br>if a provider wants to add an additional location to an existing service OR relocate a service requiring<br>a change in physical address from one location to another.<br>*If a provider is changing their address (moving their current location to another physical<br>location), the provider will also need to submit an Information Modification to close the<br>current location/address (see below).   |
|                             | Note for Sponsored Residential Services: If a provider currently holds a license for a sponsored residential service, they will not submit a location modification to add the location. The sponsored provider will need to follow the <u>Sponsored Provider Certification Process Memo</u> . Please use this <u>Updated Sponsored Residential Certification Form</u> when requesting to add additional Sponsored Residential Locations.  |
| Information<br>Modification | This type of modification, along with the required supporting documentation, must be<br>submitted to make general changes. The appropriate information modification type must be<br>selected for the Office of Licensing to process your request for change. If the correct<br>information modification type is not selected, the Information Modification will be withdrawn<br>by the OL and the provider will be advised to resubmit.   |
|                             | The Information Modification can be submitted for the following reasons:   • Provider Name Change (include SCC certificate)   • Organizational Structure Change (include organization chart)   • Close Provider Organization   • Service Description Change   • Geographical Area Served Change   • Population Served Change (Age, Gender, Disability)   • Close Service o Number of Beds or Capacity Change   • Demographic Information Change   • Demographic Information Change   • Close Location   • Other Modification (Use for changing Main Authorized Contact) |



### Number of Licensed Developmental Services in Virginia as of 10/1/24





### Number of Licensed Mental Health Services in Virginia as of 10/1/24



- ACT SERVICE (LARGE TEAM)
- ACT SERVICE (MEDIUM TEAM)
  - ACT SERVICE (SMALL TEAM)
- CHILDREN AND ADOLESCENTS MH CASE...
- ADULT MH CASE MANAGEMENT SERVICE
- MH CORRECTIONAL FACILITY RTC SERVICE
- MH SPONSORED RESIDENTIAL HOMES SERVICE OUTPATIENT SERVICE /CRISIS STABILIZATION
  - OUTPATIENT MH SERVICE
- INTENSIVE IN-HOME SERVICE FOR CHILDREN AND... PSYCHIATRIC UNIT SERVICE

MENTAL HEALTH COMMUNITY SUPPORTS SERVICE

- MH INTENSIVE OUTPATIENT SERVICE
- THERAPEUTIC DAY TREATMENT SERVICE FOR... 60
  - MH PARTIAL HOSPITALIZATION SERVICE
    - MH PSYCHOSOCIAL REHABILITATION
  - MH CRISIS STABILIZATION RESIDENTIAL
    - MH SUPERVISED LIVING SERVICE
      - MH GROUP HOME



### Number of Licensed Substance Use Services in Virginia as of 10/1/24





### Number of Licensed Children's Residential Services in Virginia as of 10/1/24

ICF-IID FOR CHILDREN AND ADOLESCENTS DD CHILDREN GROUP HOME RESIDENTIAL... DD SPONSORED RESIDENTIAL HOMES... DD RESIDENTIAL RESPITE SERVICE MH CHILDREN GROUP HOME RESIDENTIAL... LEVEL C - MH CHILDREN RESIDENTIAL... PSYCHIATRIC UNIT SERVICE - CHILDREN



### Number of Licensed Brain Injury Residential Treatment Services in Virginia as of 10/1/24





Office of Licensing

Issue III: July - September 2024

### How to reach the Office of Licensing for CONNECT Help and other Support Issues

| Type of Question  | Contact  | Report an Issue  |  |  |  |  |
|---|--|--|--|--|--|--|
| Questions related to your<br>licensed services(s)   | Licensing Specialist                               | Please navigate to the <u>DBHDS</u> Office of Licensing's webpage,<br>and find the <u>Office of Licensing Staff Contact Information</u>  |  |  |  |  |
| Questions related to the<br>CONNECT licensing system or if<br>you are the Main Authorized<br>Contact (MAC) in need of a<br>password reset | CONNECT Help Desk                                  | Please navigate to the <u>DBHDS</u> Office of Licensing's webpage,<br>and find the <b>CONNECT Help Desk</b> button to report an issue or<br>email: <u>licensingconnectinquiry@dbhds.virginia.gov</u> |  |  |  |  |
| Questions related to reporting<br>a serious incident  | Office of Licensing<br>Incident Management<br>Unit | Please contact the Incident Management Unit<br>at: <u>incident_management@dbhds.virginia.gov</u>   |  |  |  |  |
| Questions related to<br>background checks   | Office of Background<br>Investigation Unit         | Please contact the DBHDS Background Investigations Unit at:<br>malinda.roberts@dbhds.virginia.gov or<br>belinda.turner@dbhds.virginia.gov  |  |  |  |  |
| Questions related to licensing<br>regulations & policy inquiry  | Office of Licensing<br>Administrative Support      | Please contact the Office of Licensing at:<br>licensingadminsupport@dbhds.virginia.gov   |  |  |  |  |
| Complaints  | Office of Licensing Legal<br>& Regulatory          | Please use the <u>CONNECT portal</u> to submit a complaint related to a DBHDS licensed provider.   |  |  |  |  |
| Questions related to the<br>Computerized Human Rights<br>Information System (CHRIS)   | Delta Production                                   | Please contact a DELTA Security Officer at:<br>deltaprod@dbhds.virginia.gov<br>12  |  |  |  |  |