

Office of Licensing

Issue V: April 2025

DBHDS Mission Statement:

Supporting individuals by promoting recovery, selfdetermination, and wellness in all aspects of life

DBHDS Vision Statement:

A life of possibilities for all Virginians



The Link to the <u>CONNECT Provider Portal</u> Changed on 3/24/25! Delete any old bookmarked links and use the following link instead: <u>https://vadbhdsv7prod.glsuite.us/GLSuiteWeb/Clients/VADBHDS/Priv</u> <u>ate/LoginDashboard/Login.aspx</u>

Director's Corner

Hello! Spring has sprung! With longer days and warmer weather on the horizon, it's the perfect time to be out and about. It's important to be aware of changing weather conditions and potential hazards. DBHDS licensed providers need to ensure that all employees and contractors are knowledgeable of the provider's emergency preparedness and response plan (12VAC35-105-530). Don't forget to check weather forecasts before heading out and be prepared for sudden shifts in temperature or precipitation. Now is also a good time for providers of residential services to check their three-day supply of emergency food and water to ensure that there is enough for all residents and staff. Remember that emergency food supplies should include foods that do not require cooking and must include one gallon of water per person per day (12VAC35-105-530.H).

First aid kits should be stocked and readily accessible for minor injuries and medical emergencies at each service location and to employees or contractors providing in-home services or traveling with individuals. Now is a good time to check those first aid kits to ensure that they include the minimum requirements: thermometer, bandages, saline solution, band-aids, sterile, gauze, tweezers, instant ice-pack, adhesive tape, first-aid cream, and antiseptic soap (12VAC35-105-550.A). It's essential to review and update emergency medical information when there are changes (12VAC35-105-750). Remember, current emergency medical information must be readily available to employees or contractors wherever program services are provided. Thank you for your commitment to keeping everyone safe and healthy.

Between January 1st and March 31st, 2025, the Office of Licensing approved 180 location modifications and 137 service modifications; and licensed approximately 130 new providers. During that same timeframe, the office also conducted approximately 295 investigations and completed 2,055 inspections. There were 6,166 death or serious incidents (DSIs) reported to the department during this time and of these, 303 met the individual care concern threshold criteria. Additionally, for this timeframe, 96.78% of DSIs were reported on-time. Great work, everyone!



CONNECT Updates

 Beginning March 24th, 2025, the CONNECT System was updated and now requires a new <u>Provider Portal link</u>. Be sure to delete any bookmarked links from before and only use the following link to access CONNECT:

https://vadbhdsv7prod.glsuite.us/GLSuiteWeb/Clients/VADBHDS/Pri vate/LoginDashboard/Login.aspx

- Remember to remove Protected Health Information (PHI) in Corrective Action Plan responses. This includes <u>individual names</u> and <u>staff names</u>. CAPs containing PHI will not be accepted and will need to be edited before approval.
- Before submitting a renewal application, please verify the information on License Addendums (service locations, addresses, expiration dates and bed counts) to ensure accuracy. Location closures must be submitted via an Information Modification.
- It is best practice to submit the renewal application 30 days prior to the expiration date of the license and notify the department in advance of any changes in service or location.
- ✓ Licenses will <u>close</u> on the expiration date. If an application is closed for failure to submit a renewal application, then the provider must apply for a new license.
- ✓ Authorized Contacts in the Provider Portal must be kept up to date so that all CONNECT communications can be managed in a timely manner and to ensure appropriate access to the Provider Portal Dashboard.
- The CONNECT Help Desk can offer support with issues directly related to the CONNECT System. For issues related to licensing, the provider should contact their assigned Licensing Specialist or <u>licensingadminsupport@dbhds.virginia.gov</u>.





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-management/office-of-licensing/</u> and select CONNECT Help Desk

Link to CONNECT Provider Portal:

https://vadbhdsv7prod.glsuite.us/GLSuiteWeb/Clients/VADBHDS/Private/LoginDashboard/L ogin.aspx



Modification Type/Menu	When to Submit This Type of Application							
Add New Service	This type of notification, along with the required supporting documentation, will need to be submitted if a provider wants to add a NEW service/license. This option is found at the top of the Active Licenses on the Provider Portal Dashboard.							
View/Add New Location	This type of modification, along with the required supporting documentation, will need to be submitted if a provider wants to add an additional location to an existing service OR relocate a service requiring a change in physical address from one location to another. *If a provider is changing their address (moving their current location to another physical location), the provider will also need to submit an Information Modification to close the 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</u> <u>Memo</u> . Please use this <u>Updated Sponsored Residential Certification Form</u> when requesting to add additional Sponsored Residential Locations.							
Information Modification	This type of modification, along with the required supporting documentation, must be submitted to make general changes. The appropriate information modification type must be selected for the Office of Licensing to process your request for change. If the correct information modification type is not selected, the Information Modification will be withdrawn 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 or Number of Beds or Capacity Change • Demographic Information Change • Building or Home Modification Change • Close Location • Other Modification (Use for changing Main Authorized Contact) • Other Modification (Use for changing Main Authorized Contact) • This menu option is found to the left of the Provider Portal Dashboard screen in the blue menu box.							



NUMBER OF LICENSED DEVELOPMENTAL SERVICES IN VIRGINIA AS OF 4/1/25



640



NUMBER OF LICENSED MENTAL HEALTH SERVICES IN VIRGINIA AS OF 4/1/25

11 **MH ACT Service - Large Team** 116 MH ACT Service - Medium Team 30 **MH ACT Service - Small Team** 45 MH Case Management-Child & Adolescent 46 **MH Case Management-Adults** 2 MH Crisis Receiving Center 23-hr-Child & Adolescent 36 MH Crisis Receiving Center 23-hr-Adults 27 MH Intensive Outpatient-Child & Adolescent **MH Intensive Outpatient-Adults** 16 MH Partial Hospitalization-Child & Adolescent 39 MH Partial Hospitalization-Adults MH Psychosocial Rehabilitation-Adults 3 MH Correctional Facility RTC Service 41 MH Inpatient Psychiatric- Adults MH Intensive In-Home-Child & Adolescent **MH Community Crisis Service** MH Community Supports (Skill Building)-Adults **MH Outpatient Service** MH Residential Crisis Stabilization-Adults 18 MH Residential Supervised Living-Adults 25 **MH Residential Group Home-Adults** 2 MH Sponsored Residential Home Service MH Therapeutic Day Treatment-Child & Adolescent





NUMBER OF LICENSED SUBSTANCE USE SERVICES IN VIRGINIA AS OF 4/1/25





NUMBER OF LICENSED CHILDREN'S RESIDENTIAL SERVICES IN VIRGINIA AS OF 4/1/25

MH Residential Therapeutic Group Home-Child & AdolescentImage: Child & AdolescentMH Psychiatric Residential Treatment Facility-Child & AdolescentImage: Child & AdolescentMH Inpatient Psychiatric-Child & AdolescentImage: Child & AdolescentMH Residential Crisis Stabilization-Child & AdolescentImage: Child & AdolescentDD Sponsored Residential Home-Child & AdolescentImage: Child & AdolescentDD Residential ICF-IID-Child & AdolescentImage: Child & AdolescentDD Residential Group Home-Child & AdolescentImage: Child & Adolescent



NUMBER OF LICENSED BRAIN INJURY RESIDENTIAL TREATMENT SERVICES IN VIRGINIA AS OF 4/1/25





Data Corner

Risk Management and the Developmental Disability Quality Management System

The DBHDS DD Risk Management Review Committee (RMRC) monitors serious incident reports for the DD waiver population from CHRIS on a regular basis. This article will focus on choking serious incidents.

 About choking: Choking occurs when a foreign object gets stuck in the airway blocking the flow of oxygen to the brain. The obstruction can be partial or complete depending on the size and shape of the object (e.g., food, toy, etc.) Choking can happen to anyone. Choking is an emergency situation, brain damage can start to occur within 4 to 6 minutes when an individual cannot breathe, leading to death if nothing is done to clear the airway. (Source: OIH Choking Health and Safety Alert, March 2023.)

Choking is reportable as a Level 2 serious incident for, "any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway or CPR." (Source: <u>Rules and Regulations For Licensing Providers by the Department of Behavioral Health and</u> <u>Developmental Services [12 VAC 35 - 105]</u> and <u>LIC 17: Guidance for Serious Incident Reporting</u> (November 2020). As of January 2023, any choking incident is also a DBHDS Care Concern. This means it is a risk threshold that receives additional attention. Providers who report Care Concerns receive additional follow-up and support from the Office of Integrated Health and other DBHDS offices as appropriate. In SFY2024, there were 120 Level 2 choking serious incidents reported by DD providers, and there have been 49 reported thus far in SFY2025; see Figure 1 below. The rate of choking per 1,000 individuals on the waiver has fluctuated from a low of 2.5 per 1,000 to a high of 8.5 per 1,000; see Figure 2. Figure 3 shows the rate of choking for each DBHDS region since FY2021.

FiscalYear	2024										2025			
	Q1		Q2		Q3		Q4		Total		Q1		Q2	
SeriousIncident - Level2	Number	Percent												
ER Visit	1636	60.71%	1701	59.87%	1649	58.50%	1844	58.71%	6830	59.41%	1782	58.50%	1738	57.04%
Unplanned Hospital Admission	444	16.47%	505	17.78%	495	17.56%	499	15.89%	1943	16.90%	462	15.17%	505	16.57%
Serious Injury - Requiring Medical Attention	175	6.49%	165	5.81%	268	9.51%	361	11.49%	969	8.43%	331	10.87%	369	12.11%
Unplanned Psychiatric Admission	103	3.82%	115	4.05%	119	4.22%	127	4.04%	464	4.04%	105	3.45%	102	3.35%
Other - Level 2	97	3.60%	81	2.85%	67	2.38%	59	1.88%	304	2.64%	79	2.59%	75	2.46%
Harm or Threat to Others	65	2.41%	79	2.78%	53	1.88%	71	2.26%	268	2.33%	96	3.15%	73	2.40%
Missing Individual	65	2.41%	71	2.50%	52	1.84%	69	2.20%	257	2.24%	56	1.84%	47	1.54%
Decubitus Ulcer	34	1.26%	34	1.20%	29	1.03%	24	0.76%	121	1.05%	30	0.98%	43	1.41%
Approximente	17	0.60%	- 20	1.00%	20	0.00%	20	0.00%	103	0.00%	- 20	1.25%	22	1.05%
Choking Incident	34	1.26%	32	1.13%	30	1.06%	24	0.76%	120	1.04%	28	0.92%	21	0.69%
Bowel Obstruction	19	0.71%	20	0.70%	16	0.57%	24	0.76%	79	0.69%	22	0.72%	30	0.98%
Ingestion of Hazardous Materials	6	0.22%	8	0.28%	13	0.46%	11	0.35%	38	0.33%	17	0.56%	12	0.39%
Total	2695	100.00%	2841	100.00%	2819	100.00%	3141	100.00%	11496	100.00%	3046	100.00%	3047	100.00%

Figure 1. Number of Level 2 Serious Incidents, SFY2024 and SFY2025 to date.



Data Corner

Continued

While choking incidents represent only about 1% of all reported incidents, the RMRC has focused attention on these incidents because of the morbidity and mortality associated with these events. In SFY2023 the DBHDS Mortality Review Committee (MRC) identified choking as the leading cause of potentially preventable death with four identified deaths. This decreased to only one potentially preventable choking death in SFY2024. The overall rate of choking incidents has been trending downward since SFY2024 Q1 (Figure 2).

Figure 2. Rate of Choking, Falls and UTI Serious Incident Reports per 1,000 individuals on the DD waiver, FY2021(Q1)-FY2025(Q2)



Figure 3. Rate of Choking by DBHDS Region, FY2021(Q1)-FY2025(Q2)





Data Corner

Continued

The RMRC encourages providers to understand the various conditions that can increase an individual's risk of choking, ensure that all individuals who are at risk have an appropriate plan to reduce the likelihood of a choking episode, and that staff are trained on how to handle a choking emergency.

The DBHDS Office of Integrated Health has the following educational resources to help providers and their staff recognize risk for choking, know what steps to take to help reduce the risk for individuals, and increase knowledge and skills regarding how to ensure safety measures are in place and respond in case of a choking emergency:

- "Choking and Airway Obstruction in Individuals with Intellectual and Developmental Disabilities Training" on the Commonwealth of Virginia Learning Center (COVLC)
 - The instructions for setting up an account on the COVLC are at https://dbhds.virginia.gov/wp-content/uploads/2023/09/COVLCINSTRUCTIONS.09.23.02.pdf
- Choking Health & Safety Alert April 2023
- Nut Butters and Choking Health & Safety Alert December 2021
- <u>Choking Training Activity Case Studies with Instructions and Answers</u>
- <u>Common Medical Emergencies with Scenarios August 2024</u>
- <u>Regional Speech-Language Pathologist Resources List</u>

Should a choking event occur, please remember that state regulations require that providers report choking related serious incidents in CHRIS, conduct root cause analysis, implement appropriate mitigating strategies, and track and review choking incidents as part of quarterly serious incident review. Regarding serious incidents that meet the Individual Care Concern thresholds (which for choking incidents is one event), the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. Providers may want to review the results of root cause analyses completed on behalf of this individual. In addition, it is recommended that the provider take this time to determine the appropriateness of making systemic changes such as revisions to policies or procedures and/or re-evaluating and updating the risk management and/or quality improvement plan.

For more information, contact communitynursing@dbhds.virginia.gov.



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

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