

Becoming a Provider of DD Waiver Services

Provider Module Series

Presented by:

Office of Provider Network Supports
Division of Developmental Services
The Department of Behavioral Health and
Developmental Services



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Becoming a Provider of DD Waiver Services

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Welcome to the Provider Module discussing Becoming a Provider presented by the Office of Provider Network Supports within the Division of Developmental Services at the Department of Behavioral Health and Developmental Services.

About this Module

- Scan QR Codes throughout presentation to access resources.

OR

- Click on embedded links to access resources. 



In this module, you'll encounter QR codes strategically placed on different slides. Simply scan these QR codes using a device equipped with a camera. You'll be directed to the specified resources. Additionally, keep an eye out for a distinctive pointing finger icon throughout the presentation—this signifies an embedded link that will promptly guide you to the specified resource.

Common Acronyms

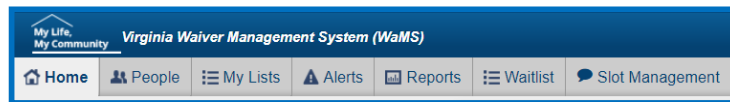
- ADA = Americans with Disabilities Act
- CM = Case Manager
- CMS = Centers for Medicare and Medicaid Services
- CRC = Community Resource Consultant
- DARS = Department of Aging and Rehabilitative Services
- DBHDS = Department of Behavioral Health & Developmental Services
- DD = Developmental Disability
- DDD = Developmental Disability Directors
- DDS = Division of Developmental Services
- DMAS = Department of Medical Assistance Services
- DOJ = Department of Justice
- HCBS = Home and Community Based Services
- OHR = Office of Human Rights
- OL = Office of Licensing
- PCP = Person-centered Practices
- SC = Support Coordinator
- SA = Settlement Agreement
- VDH = Virginia Department of Health

Let's take a moment to familiarize ourselves with some common acronyms you may come across during our training and in your field of work. They are listed on this slide.

Provider Requirements

Waiver Management System (WaMS)

All providers must be enrolled in WaMS prior to providing services under the Building Independence, Community Living, and Family and Individual Support Waivers.



Waiver Management System (WaMS) is a centralized platform that is vital for our operations. All providers must be enrolled in WaMS before we can offer services under these waivers.

Link: https://dbhds.virginia.gov/wp-content/uploads/2025/02/JA_WaMS_NewProvider-Register-for-WaM-032924-1.pdf

Learning Goals

- Providers are knowledgeable about key initiatives and priorities impacting Developmental Disability (DD) Waiver systems and services
- Expand professional knowledge and understanding of the expectations for providers of DD Waiver services
- Providers have information and resources that facilitate their success in becoming quality providers of DD Waiver services

The first learning goal of this module is that providers are knowledgeable about key initiatives and priorities impacting DD waiver systems and services.

The next learning goal is to expand your professional knowledge and understanding of the expectations of providers of DD waiver services.

Finally in this module providers will have information and resources that facilitate their success in becoming a quality provider of DD Waiver services.

It's Bigger Than Us

- Settlement Agreement
- CMS Home and Community Based Regulations



Prior to discussing the process for becoming a provider, it is important for you to know about key initiatives and priorities affecting DD waiver systems and services, including Virginia's Settlement Agreement with the Department of Justice, and the CMS Home and Community Based Settings regulations.

Settlement Agreement

In January 2012, the Commonwealth of Virginia and the Department of Justice (DOJ) entered into a Settlement Agreement. This agreement resolved the DOJ's investigation of Virginia's training centers and community programs, as well as the Commonwealth's compliance with the Americans with Disabilities Act (ADA) and Supreme Court's Olmstead Decision with respect to people who have intellectual and other developmental disabilities.

The agreement is intended to ensure that the Commonwealth offers services to people who have DD in the most integrated setting appropriate to their needs.

In August 2008, DOJ initiated an investigation of Central Virginia Training Center (CVTC) pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA). In April 2010, DOJ notified the Commonwealth that it was expanding its investigation to focus on Virginia's compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court Olmstead ruling. The Olmstead decision requires that individuals be served in the most integrated settings appropriate to meet their needs consistent with their choice. In February 2011, DOJ submitted a findings letter to Virginia, concluding that the Commonwealth fails to provide services to individuals with intellectual and developmental disabilities in the most integrated setting appropriate to their needs.

In March 2011, upon advice and counsel from the Office of the Attorney General, Virginia entered into negotiations with DOJ in an effort to reach a settlement without subjecting the Commonwealth to a costly and lengthy court case with the federal government. On January 26, 2012, Virginia and DOJ reached a settlement agreement. The agreement resolves DOJ's investigation of Virginia's training centers and community programs and the Commonwealth's compliance with the ADA and Olmstead with respect to individuals with intellectual and developmental disabilities.

Permanent Injunction

- On January 15, 2025, the court terminated the Settlement Agreement Consent Decree and formally signed into a Permanent Injunction. Virginia still has some work to do to come into compliance, so for now we continue with the progress made and work to meet the remaining terms of the Permanent Injunction.
- THANK YOU to everyone who has put all the hard work into the Settlement Agreement over the past 13 years – and to all the new providers joining us!



CMS HCBS Overview

HCBS Regulations require that the setting :



****Additional Requirements for Provider-Controlled or Controlled Residential Settings****

<https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/home-and-community-based-services-toolkit>



In 2013, CMS, the federal Centers for Medicare and Medicaid Services, amended their regulations regarding home and community-based settings and set forth new requirements that apply to all services, but particularly affect certain of Virginia's waiver services, including group home residential, sponsored residential, supported living, group supported employment and group day services. These new regulations require that settings are integrated in the community, provide opportunities for employment, ensure equal access, are chosen by the individual, assure people's rights, optimize autonomy, and facilitate choice. There are also HCBS regulations regarding person-centered planning within this section.

Learning Goals Check

True or False

The Settlement Agreement is to ensure the Commonwealth offers services to individuals in the most integrated setting.

Answer: **True**



All providers must meet the requirements for their services, such as:

- DBHDS License
- DARS Vendor Agreement
- VDH license
- Other license/certification



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And have a DMAS participation agreement

Please review Chapter 2 of the DD Manual which lists requirements for all providers including specific information for each service.

Office of Licensing

- Set up an account and request criminal history and central registry background investigations for identified staff as required by Virginia Code [§37.2-405](#) and submit Child Protective Services reference checks.
- Have an on-site review of the physical plant, to include interviews with applicants about the content of their service description, policies and procedures, compliance with other regulations, copies of forms, and sample individual and personnel records.
- The **Office of Licensing** will notify you when it is time to contact the Office of Human Rights. They will provide you with the [Compliance Verification Form](#) as well as a link to the current human rights regulations.


For more info/resources, click on "Initial Applicants" on the [Office of Licensing](#) webpage

All staff must have criminal history and central registry background checks. Additionally, providers will have an on-site review by the Office of Licensing. OL staff will survey the physical plant, interview staff regarding policies, procedures, and regulations, and review sample forms and records.

OL has a resource/requirements list for the application process on their site found <https://dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/>

Link: <https://dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/>

Office of Human Rights

- The **Provider** must develop policies in accordance with the regulations. When ready, the Compliance Verification Form, as well as your Complaint Resolution Policy **ONLY** are to be submitted to the Office of Human Rights, via mail or email to OHRpolicy@dbhds.virginia.gov. 
- The **Office of Human Rights** will notify you of the status of your Complaint Resolution Policy within 5 working days of receipt of this information. If your policy is approved, you will be referred via email to your assigned advocate. If not approved, guidance for compliance will be provided.

[Office of Human Rights New Provider Information](#)



When it is time, the Office of Licensing will let you know to contact the Office of Human Rights. They will provide you with a compliance verification form and a link to the Human Rights regulations. The Office of Human Rights expects that providers will develop policies in accordance with these regulations. Providers should complete the compliance verification form and submit that, along with their complaint resolution policy, to OHR.

Within 5 working days, the office of Human Rights will notify providers of the status of their complaint resolution policy. They will either approve the policy and refer you to a human rights advocate, or they will provide guidance on policies that were not approved.

Link: <https://dbhds.virginia.gov/clinical-and-quality-management/human-rights/>

CMS HCBS Compliance

- All providers of the following Medicaid Home and Community Based Services (HCBS) **MUST** be in full compliance with the additional CMS HCBS Settings regulations before enrolling as a Medicaid provider:
 - Group Home Residential
 - Sponsored Residential
 - Supported Living
 - Group Supported Employment
 - Group Day
- After you receive your license, you must complete the HCBS Provider Self-Assessment. Contact hcbcomments@dmass.virginia.gov to initiate the self-assessment process. This process may take 3 months or longer to complete.



- **You must have a DMAS HCBS compliance letter prior to completing your DMAS enrollment application.**

While all waiver providers must comply with HCBS settings regulations, providers of group home residential, sponsored residential, supported living, group supported employment, and group day services must demonstrate compliance with **additional** HCBS settings requirements prior to enrolling with Medicaid.

After you receive your license, you must complete the HCBS provider self assessment. To initiate this process, send an email to HCBSCOMMENTS@DMAS.VIRGINIA.GOV. Please be aware that this process may take three months or longer to complete, so you must plan accordingly. You cannot start providing services until you receive the HCBS compliance letter and then enroll with DMAS.

You can get more information about this process and expectations in CMS Home and Community Based Settings Regulations Module.

Department of Medical Assistance Services (DMAS)

To obtain a DMAS Provider Participation Agreement

- All providers must meet the requirements for their service, such as:

- DBHDS License
- DARS Vendor Agreement
- VDH License
- Other License/Certification

AND

- Be compliant with HCBS Settings Regulations (as required by service)

The next step in becoming a provider of DD Waiver services is to enroll with the DMAS – the Department of Medical Assistance Services. In order to enroll, providers must meet all of the requirements for their service, such as having the appropriate license, and they must meet HCBS regulations as required by the service. At that point, providers may enroll with DMAS to secure a participation agreement.

Enrolling as a Medicaid Provider

To enroll as a Medicaid provider, you need to register at:

<https://vamedicaid.dmas.virginia.gov/#gsc.tab=0> by clicking on “New Provider Enrollment”



or going to:

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderEnrollment> and choosing the Developmental Disability Waiver.



You must enroll as a Medicaid provider to provide Waiver services. To enroll, you can register on the web at the first link here or go to the Portal and register under the Developmental Disability Waiver area.

You can also download an application from the DMAS website, but make sure you get the correct version to complete.

Enrolling as a Medicaid Provider

Additional Contact Information:

In-State: 1-804-270-5105

Out-Of-State Toll Free : 1-888-829-5373

Fax Toll Free: 1-888-335-8476

Email

Address: VAMedicaidProviderEnrollment@gainwelltechnologies.com



Another option would be to call the Medicaid Provider number here. The fax number and address are also provided for your information.

Enrolling as a Medicaid Provider

Read it before you sign it!

You are agreeing that:

- Medicaid payment constitutes payment in full
- You will comply with all applicable state and federal rules & regulations
- DMAS may terminate your agreement at will if it is determined that you pose a threat to the health, safety, or welfare of individuals you support

... and ten other things!

When you get your DMAS participation agreement, it must be signed and returned to DMAS. When you sign, you are agreeing that:

- Medicaid payment constitutes payment in full – you cannot bill the individual, their family, or any other source for DD waiver services!
- You will comply with all applicable state and federal rules & regulations
- DMAS may terminate your agreement at will if it is determined that you pose a threat to the health, safety or welfare of individuals you support

... and ten other things! Please read it carefully!

Announcing Services

Following DMAS approval:

- You may inform Community Services Boards' (CSBs) Developmental Disability (DD) Directors and DBHDS Community Resource Consultants (CRCs) in writing about your services
- <https://vacsb.org/csb-bha-directory> 
- <https://dbhds.virginia.gov/developmental-services/provider-development> 

Once you are enrolled as a DMAS provider, you can inform the Support Coordinators at your local Community Services Boards that you are open for business. The VACSB website has contact information for all 40 CSBs. You should also let your DBHDS Provider Team Community Resource Consultant know that you are a new provider open for business. Please be aware, however, that you are responsible for your own marketing. Neither DMAS nor DBHDS can market your program or send you referrals.

You can also register for the My Life, My Community database as well:
<https://mylifemycommunityvirginia.org/providers>

Office of Human Rights

DMAS will notify the Human Rights Advocate when you begin **billing** for services as validation can only be completed after services begin. Within 30 days of that time, the advocate will contact you to schedule a visit to:


- Review your human rights policies
- Provide you with information and guidance on the human rights process
- Review program rules, if applicable
- Provide training on CHRIS reporting
- Provide guidance on investigating allegations of abuse and neglect, as well as human rights complaints
- Validate your Home and Community-Based Services self-assessment for HCBS compliance.

Once you begin providing services and submit billing, your Human Rights advocate will schedule a visit with you. This visit will allow the advocate to:

- * review your human rights policies;
- provide you with information and guidance on the human rights process;
- review program rules, if applicable;
- provide training on CHRIS reporting;
- provide guidance on investigating allegations of abuse and neglect, as well as human rights complaints; and
- validate your Home and Community Based Services self-assessment for HCBS compliance.

Values, Principles, and Culture

Providers of DD waiver services are a critical part of the system of services and supports for people with DD in Virginia.

- Quality providers embrace a culture of inclusion, quality, and person-centered practices.
 - Quality providers ensure a person's meaningful experience in community life, individual autonomy and opportunities for personal growth. They recognize that the experience of the person receiving services is a predominant factor when providing services and supports.
 - Quality providers prioritize person centered values, principles and organizational culture.
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Providers of DD waiver services are a critical part of the system of services and supports for people with DD in Virginia. It is expected that quality providers embrace a culture of inclusion, quality and person-centered practices. Your job is to ensure that people have a meaningful life in their community and opportunities for autonomy and growth. Quality providers prioritize person centered values, principles and organizational culture.

Values, Principles, and Culture

- Providers are expected to participate in opportunities for training, development and continuous quality improvement.
- Providers are expected to know and abide by the rules and regulations that govern their services. A provider commits to compliance with rules and regulations when they sign their Medicaid Provider Participation

As a DD waiver provider, the expectation that you commit to quality, integrity and person-centered practices means that you are expected to participate in training and development and know and follow the rules and regulations that you agreed to on your participation agreement.

You should be committed to focusing on **continuous** quality improvement. Continuous quality improvement means that you need to evaluate how you are doing and look for ways to do better - not just once, but on an ongoing basis!

Know the Regulations

- DBHDS Licensing Regulations
- DBHDS Human Rights Regulations
- DMAS (Medicaid DD Waiver Regulations)
- Centers for Medicare and Medicaid Service Home and Community-Based Services settings regulations (HCBS)



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As a provider of Medicaid services receiving Medicaid reimbursement, you are accountable and **MUST** know and follow the regulations. This is your responsibility!

Accountability as a provider means that it is your responsibility to know and follow **all** of the regulations that apply to you, including Department of Behavioral Health and Developmental Services Licensing and Human Rights, Department of Medical Assistance Services DD Waiver, and Centers for Medicare and Medicaid Services and Home and Community Based Settings regulations.

Compliance with LEIE Requirements

Checking Staff Eligibility to Receive Medicaid/Medicare Payment:

All providers must follow these 3 steps to meet federal and Virginia Medicaid List of Excluded Individuals and Entities (LEIE) rules:

1. Check Staff for Exclusion

- Before hiring and regularly while they work for you, check if any employee or contractor is banned from working with Medicaid or Medicare.
- You can check this at: <https://oig.hhs.gov/exclusions>

2. Do Monthly Checks

- Every month, search the LEIE website (List of Excluded Individuals and Entities) by name.
- Make sure all your staff and contractors are allowed to work with federal programs.

3. Report Problems Right Away

If you find someone who cannot work for federal programs, **report to DMAS immediately.**

Send the report in writing and include:

- The person or business name
- Your provider ID (if you have one)
- What you've done so far about it

The information should be sent to: DMAS Attn: Program Integrity/Exclusions 600 E. Broad St, Suite 1300 Richmond, VA 23219 -or- E-mailed to: providerexclusions@dmavirginia.gov

All providers are required to take the following three steps to meet Federal and Virginia Medicaid program integrity requirements:

- a) Screen all new and existing employees and contractors to determine whether any of them have been excluded from participation in Medicaid or Medicare.
(Go to <https://oig.hhs.gov/exclusions/>)
- b) Search the Health and Human Services Office of the Inspector General (HHS- OIG) List of Excluded Individuals and Entities (LEIE) website monthly by name for employees, contractors, and/or entities to confirm their eligibility to work for Federal programs.
- c) Immediately report to DMAS any information discovered that says the person cannot work for federal programs. Such information should be sent in writing and should include the individual or business name, provider identification number (if applicable), and what, if any, action has been taken to date.

Providers' compliance with LEIE requirements will be checked during DMAS provider reviews. Billing for services delivered by unqualified staff may result in billing retractions.

Orientation and Competencies

- All DSPs and DSP supervisors of certain DD Waiver services are required to meet training and competency requirements established by DBHDS. When services and supports are provided to individuals with the most intensive needs, *advanced* competency observation and documentation requirements also apply.
- Information on DSP and Supervisor Orientation Training and Competencies can be found on the DBHDS website. Use the link below to find more information under **DSP and Supervisor Orientation Training and Competencies**:

<https://dbhds.virginia.gov/developmental-services/provider-development/ctp-pd/ctp-required-training/>



Competencies are reaffirmed annually!

Information on DSP and Supervisor Orientation Training and Competencies can be found on the DBHDS website under Centralized Training for Providers – Required Training.

Providers of the following services licensed by DBHDS must meet training and competency requirements:

- Agency-directed Personal Assistance
- Agency-directed Companion
- Agency-directed Respite
- Center-based Crisis Services
- Group Day Services
- Group Home Residential
- Independent Living
- In-Home Support Services
- Community-based Crisis Services
- Crisis Support Services
- Community Engagement
- Community Coaching
- Sponsored Residential
- Supported Living Residential
- Workplace Assistance

These providers when licensed by DBHDS must meet training and competency requirements.

NOTE: Workplace Assistance staff must meet these requirements only when they are providing the service as a DBHDS-licensed provider. If a DARS vendor, these requirements do not apply.

Orientation and Competencies

The following providers ***not*** licensed by DBHDS must meet training and competency requirements:

- Agency-directed Personal Assistance
- Agency-directed Companion
- Agency-directed Respite

Information on DSP and Supervisor Orientation Training and Competencies can be found on the DBHDS website under Centralized Training for Providers – Required Training.

Orientation and Competencies

The following providers **not** licensed by DBHDS must meet training, testing, and assurance requirements. Observed competency requirements are met through CARF accreditation:

- Individual Supported Employment
- Group Supported Employment
- Workplace Assistance (non-DBHDS-licensed)

Information on DSP and Supervisor Orientation Training and Competencies can be found on the DBHDS website under Centralized Training for Providers – Required Training.

CARF = Commission on Accreditation of Rehabilitation Facilities

Provider Qualifications

Licensing Required Staff Training



DBHDS Licensed Providers:

Training required per OL regulations

- 12 VAC 35-105-440--460, 510

The Office of Licensing requires a number of trainings for staff. Examples include: Emergency preparedness; infection control; medication administration; behavior management; Emergency First Aid/CPR.

Supervisors Must Have

All supervisors must meet the requirements outlined in the DD Waiver regulations ([12VAC30-122-120](#) #19) and the previously mentioned Orientation & Competencies requirements (for certain services)

AND EITHER

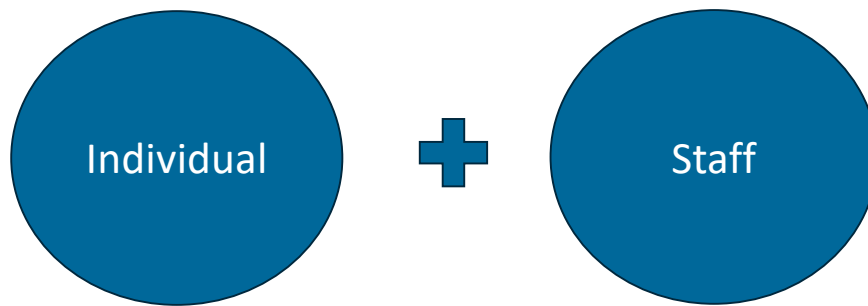
- DBHDS Licensing regulations [12VAC35-105-590](#) D:
 - BA/BS in a human services field or experience substituted for education
 - 1 year experience working directly with individuals with ID or DD

OR

- The established governing requirements for non-DBHDS licensed providers

Information on DSP and Supervisor Orientation Training and Competencies can be found on the DBHDS website under Centralized Training for Providers – Required Training.

Staff ratios must be appropriate to...



When you are developing your staff schedules, it is very important to remember that your staff ratios must be appropriate to both your service and the needs of the individuals you are supporting. Also, be aware of the knowledge, skills and abilities of your staff and your agency. Do not accept referrals for people whose needs are beyond what you are capable of safely and effectively supporting. This put everybody at risk!

Be an Informed Provider

- Join the DBHDS [*Provider Network Listserv*](#) 
- Pay close attention to DBHDS announcements
- Pay close attention to DMAS Medicaid Memos and Bulletins

Know and follow your own policies

12VAC35-105-150.5

“The provider... shall comply with... the provider’s own policies.”

To be a quality provider, you must be an informed provider. This means paying close attention to DBHDS announcements and DMAS Medicaid Memos and Bulletins.

It is highly recommended that you also join the DBHDS Provider Network listserv in order to receive new information as it comes out.

Additionally, the Office of Licensing expects that you know and follow your own policies! Your staff should be trained on your policies and procedures and be aware of the expectations.

Link: <https://lp.constantcontactpages.com/su/Z8Uy2i7/providernetwork>

Learning Goals Check

True or False

All service providers need to be licensed by DBHDS.

Learning Goals Check

Answer: **False**



Role of the Support Coordinator

- Support Coordinators (SCs) assist people in gaining access to needed medical, social, educational and other supports essential for living in the community and in developing their desired lifestyles.
- The SC provides assessments, coordination of services, monitoring the implementation of the ISP, and monitoring the quality of services and supports.

Support Coordinators (sometimes called case managers) have an important role in supporting people. SCs assist people in gaining access to needed medical, social, educational and other supports essential for living in the community and in developing his or her desired lifestyle.

The SC provides assessments, coordination of services, monitoring the implementation of the ISP, and monitoring the quality of services and supports. Part of the SCs' monitoring of services includes visiting program sites and reviewing documentation, so please work closely and in cooperation with SCs when they visit you and ask to see your records.

Role of the Support Coordinator

All providers must “assure freedom of choice to individuals in seeking medical care from any institution, pharmacy, practitioner, or other provider qualified to perform the service(s) required and participating in the Medicaid Program at the time the service is performed.”

Federal and state regulations require that Medicaid services are provided only when people have an informed choice. All providers must assure freedom of choice to individuals in seeking medical care from any institution, pharmacy, practitioner, or other provider qualified to perform the services required and participating in the Medicaid Program at the time the service is performed. This means that we empower people to make choices about their services based on their needs and preferences; providers are not entitled to make decisions for people.

Informed Choice



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Support Coordinators are required to have signed documentation of informed choice of providers:

- Annually
- At the time of enrollment into one of the DD Waivers
- When there is a request for change in waiver providers
- When new services are requested

Support Coordinators must document a person's informed choice annually, at the time of enrollment into one of the DD Waivers, when a person requests a change in waiver providers, and when they request new services. This conversation is captured in the Virginia Informed Choice form (VIC).

Informed Choice

Some other examples of when choice needs to be offered:

- When a group home is increasing capacity
- When a program is moving physical addresses
- When converting a program's services (for example, converting a sponsored residential home to group home)

Some other examples of when choice needs to be offered are when a group home is increasing capacity, when a program is moving their physical addresses, and when a program is converting their license for services (for example, converting a sponsored residential home to group home).

As a provider, it is very important that you communicate with the people you support as well as the Support Coordinators anytime these things are happening.

How to Receive Authorization

- DBHDS is the DMAS designated agency tasked to approve all Service Authorization (SA) requests for the DD Waivers.
- “Service authorization” means the process to approve specific services for a person who is enrolled in Medicaid by a DMAS service authorization designee prior to service delivery and reimbursement in order to validate that the service requested is medically necessary and meets DMAS requirements for reimbursement. Service authorization does not guarantee payment for the service

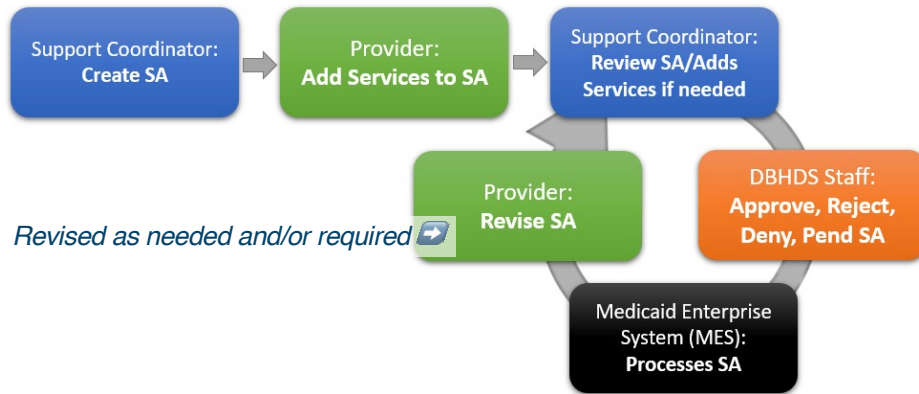
In order to be reimbursed by Medicaid for waiver services rendered, you must receive authorization prior to starting services for every person.

DBHDS is the DMAS designated agency tasked with approving all Service Authorization (SA) requests for the DD Waivers.

Service authorization is the process to approve specific services for a person who is enrolled in Medicaid by a DMAS service authorization designee prior to service delivery and reimbursement in order to validate that the service requested is medically necessary and meets DMAS requirements for reimbursement.

It is important to note that Service authorization does not guarantee payment for the service.

Service Authorization Process



In order to receive service authorization, after the team has met and the plan has been developed, the Support Coordinator creates the service authorization request in WaMS.

Next, the provider adds services and their Part 5 of the Individualized Service Plan or ISP, and the Support Coordinator reviews it. The SC may ask the provider for changes or more information at this point. It is important to work as a team to ensure that the service authorization request both meets requirements and reflects the person's plan, needs, and preferences.

Once the authorization request is ready, the SC submits it through WaMS. At that point, the DBHDS Service authorization consultant may reject, deny, or pend the request for more information, in which case the provider may need to revise and resubmit to the SC.

If the request is approved, it is sent to MES, the Virginia Medicaid Enterprise System used for billing and claims, for processing.



Finally let's transition to our Competency Evaluation phase, where we'll assess the knowledge and skills acquired during this training

Learning Goals Check

The following agencies have regulations which providers must meet to provide services:

- A. DBHDS Office of Human Rights
- B. Centers for Medicare and Medicaid Services
- C. DMAS
- D. DBHDS Office of Licensing
- E. All of the above

Learning Goals Check

Answer:

E) All of the above



Learning Goals Check

True or False

Service authorizations do not need to be submitted prior to the start date for services.

Learning Goals Check

Answer: **False**



Learning Goals Check

Support Coordinators review informed choice at which of the following times:

- A. Quarterly
- B. At the time of enrollment
- C. After a change in provider
- D. Each time the Support Coordinator meets with the individual

Learning Goals Check

Answer:

B) At the time of enrollment



Also annually and when requesting a new service

Learning Goals Check

True or False

Staffing ratios are the same for all services.

Learning Goals Check

Answer: **False**



Learning Goals Check

Quality providers demonstrate the following traits except:

- A. Embrace a culture of inclusion and quality
- B. Prioritize person-centered values and principles
- C. Have no need to participate in training and quality improvement
- D. Know and follow rules and regulations that apply to their service

Learning Goals Check

Answer:

C) Have no need to participate in training and quality improvement



Additional Resources

DBHDS

Virginia Department of Behavioral Health
and Developmental Services

- **Division of Community Services**
- **Offices of Licensing and Human Rights**

Visit the website:

[Virginia Department of Behavioral Health and
Developmental Services](#)[Contact your Community Resource Consultant](#)

Please use the links above for additional resources and information.

*Thank
You*