

Nursing Services Data Report
NURSING HOURS UTILIZATION III.D.I
Full Year Review of FY23
February 2024

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Indicator

III.D.1

6. DBHDS established a baseline annual utilization rate for private duty (65%) and skilled nursing services (62%) in the DD Waivers as of June 30, 2018 for FY 2018. The utilization rate is defined by whether the hours for the service are identified as a need in an individual's ISP and then whether the hours are delivered. Data will be tracked separately for EPSDT and waiver funded nursing. Seventy percent of individuals who have these services identified in their ISP (or, for children under 21 years old, have prescribed nursing because of EPSDT) must have these services delivered within 30 days, and at the number of hours identified in their ISP, eighty percent of the time.

Introduction

The Office of Integrated Health (OIH) within DBHDS performed a review of FY23 data for DD Waiver Nursing Service Services within the Commonwealth. DD Waiver Nursing services are provided for individuals enrolled in the DD Waiver who have serious medical conditions and complex healthcare needs and have exhausted their home health benefits under the Commonwealth's Medicaid benefit or other benefits available to the individual and who requires specific nursing care. This time covers 7/1/22 – 6/30/23. The service authorizations pulled for this review included all authorizations that were active in FY23.

Overview of Data

DBHDS found 616 unique ID/D individuals in DMAS service authorization files with a valid DD Waivers nursing service authorization (i.e., G0493, S9123, S9124, T1002, T1003) open within FY23 (July 1, 2022 – June 30, 2023). There was a total of 2050 authorizations to date within FY23.

In addition, DBHDS found a total of 135 unique ID/D individuals with new service authorizations that began in FY23.

Reporting

Timeliness of Service – Individuals with New Authorizations within FY23

GOAL: 70%

There was a total of 135 EPSDT and Waiver recipients with new service authorizations that began in FY23. Of that number, a total of 104 individuals had their first service delivered within 30 days of the date the need was identified in their ISP. The rate of those receiving service within 30 days was 77.04%, which compares to the goal of 70%.

- 135 Total Individuals Identified with first time authorizations
- 104 Total Individuals received first service within 30 days
- 23 Total Individuals did not bill for any claims
- One Individual received their first service at 31 days

EPSDT Recipient Breakdown

GOAL: 70%

There was a total of 36 EPSDT individuals with new service authorizations within FY23. Of that number, 27 EPSDT individuals had their first service delivered within 30 days of the date the need was identified in their ISP. The rate of those receiving service within 30 days was 75%, which compares to the goal of 70%.

- 36 EPSDT Individuals Identified
- 27 EPSDT Individuals received first service within 30 days
- Five EPSDT Individuals did not bill any claims to date
- Four EPSDT Individuals received their first service between 31 – 60 days (One EPSDT Individual billed for their first service at 31 days)

Waiver Recipient Breakdown

GOAL: 70%

There was a total of 99 Waiver individuals with new service authorizations within FY23. Of that number, 77 Waiver individuals had their first services delivered within 30 days of the date the need was identified in their ISP. The rate of those receiving service within 30 days was 77.8%, which compares to the goal of 70%.

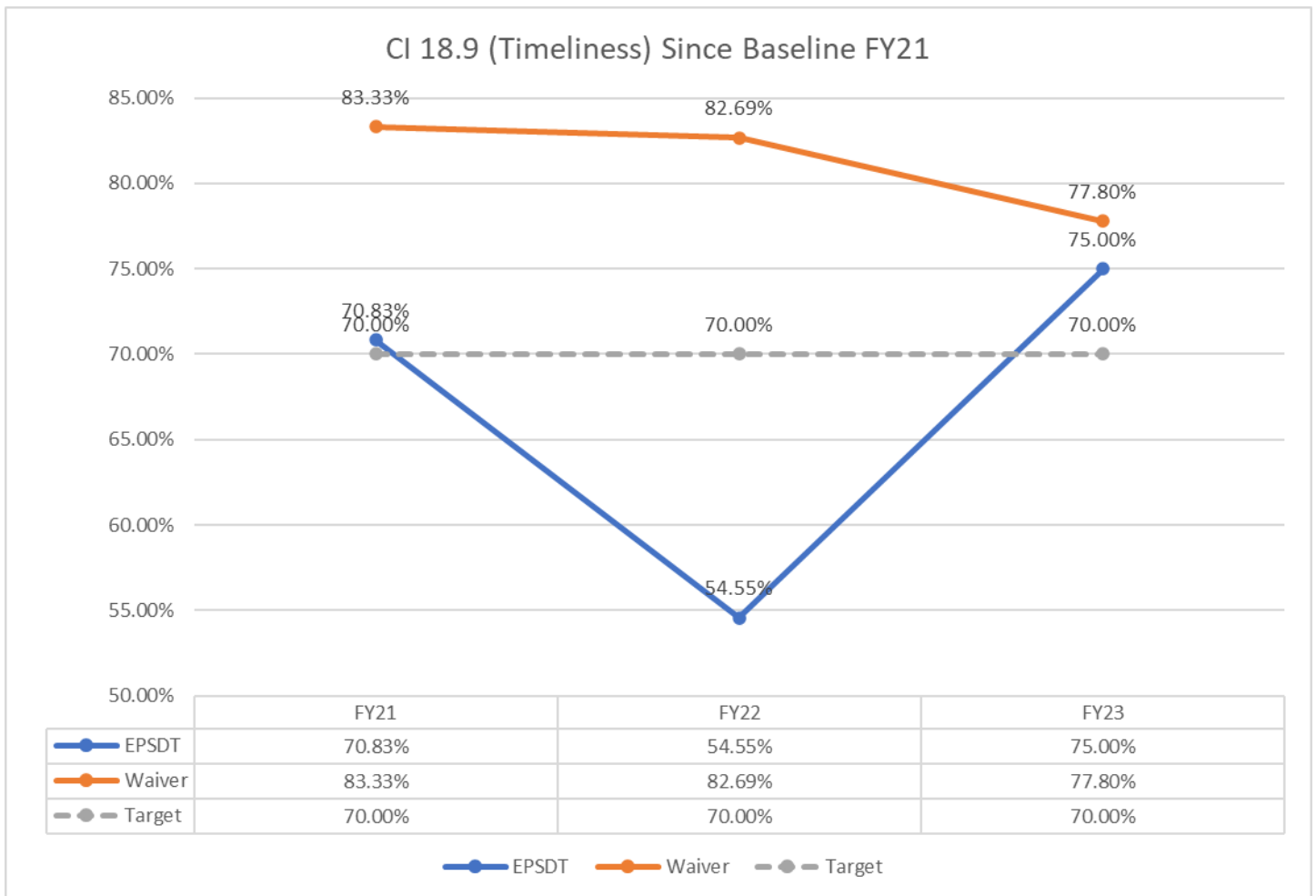
- 99 Waiver Individuals Identified
- 77 Waiver Individuals received first service within 30 days
- 18 Waiver Individuals did not bill any claims to date
- One Waiver Individual billed for their first service at 31 days
- Two Waiver Individuals billed for their first service between 61 – 90 days

MET 80% by SERVICE - Visuals

The following table shows the Percentage of Individuals that received their first service within 30 days of the date the need was identified in their ISP by Service.

Percentage that Met 30 Days of Service	
	Percent
EPSDT	75%
Waiver	77.8%

The following chart shows the timeliness of service since the baseline of FY21. EPSDT increased from 54.55% in FY22 to 75% in FY23. Waiver decreased slightly from 82.69% in FY22 to 77.8% in FY23.



Utilization of Authorizations

Of the 616 unique individuals identified within FY23, 247 unique individuals received 80% or more of their allotted hours.

40.1% of unique individuals of both EPSDT and Waiver recipients received 80% or more of their allotted hours.

- 616 Individuals Identified

- 247 Individuals received 80% or more of their allotted hours
- 40.1% received 80% or more of their allotted hours

EPSDT Recipients Overview

Of the 616 unique individuals identified within FY23, 89 individuals were EPSDT recipients. Of the 89 recipients, 23 recipients received 80% or more of their allotted hours for at least one service in FY23.

- 540 Individuals Identified
- 89 Total ESPDT Recipients
- 23 recipients received 80% or more of their authorized hours

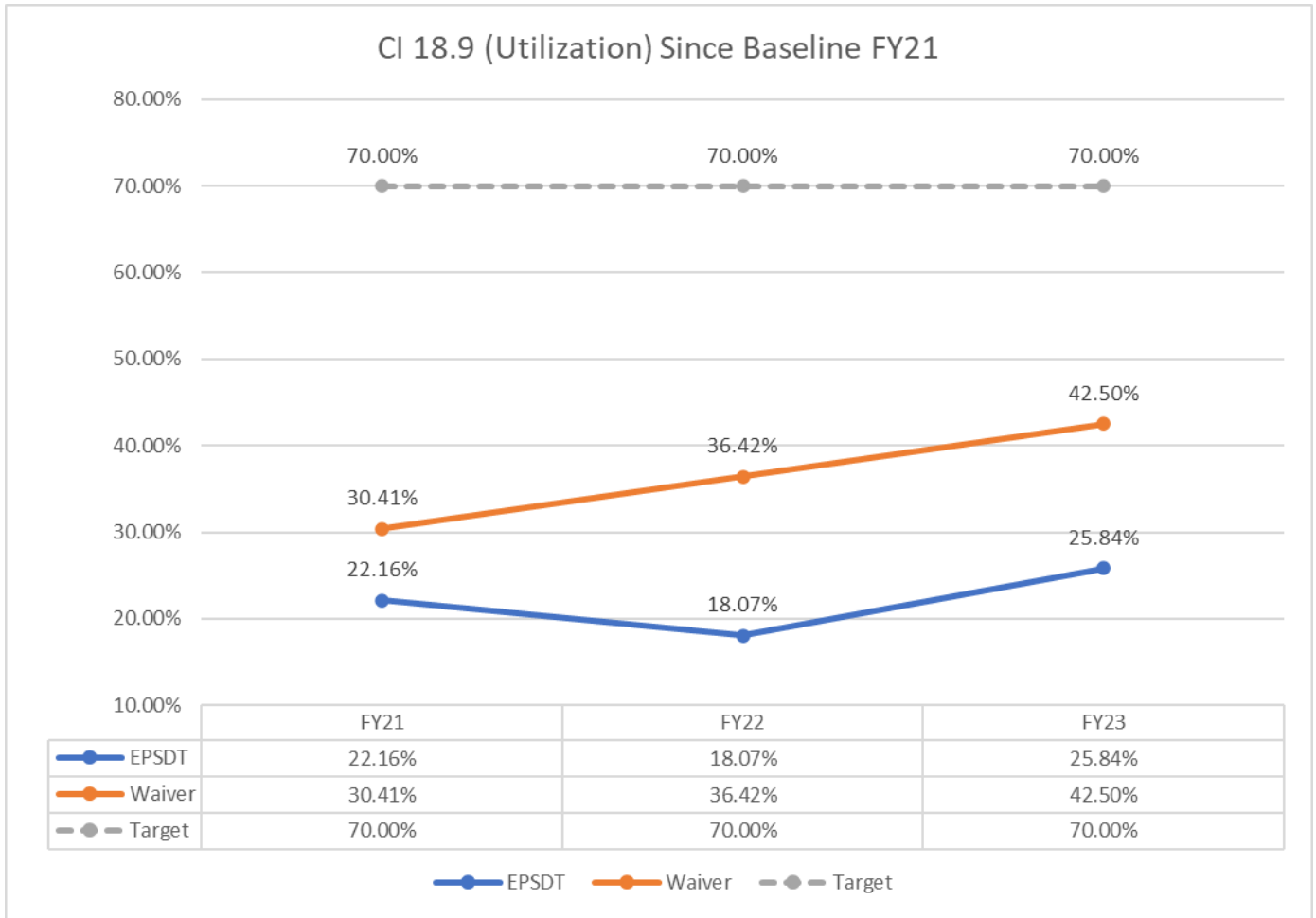
Waiver Recipients Overview

Of the 616 unique individuals identified within FY23, 527 individuals were Waiver recipients. Of the 527 recipients, 224 recipients received 80% or more of their allotted hours.

- 616 Individuals Identified
- 527 Total Waiver Recipients
- 224 recipients received 80% or more of their allotted hours

Percentage that Met 80% Utilization by Category	
	Percent
EPSDT	25.84%
Waiver	42.5%

The following chart shows the percent of those that met 80% utilization since FY21 by EPSDT and Waiver. EPSDT has increased 3.68% since FY21 while Waiver has increased 12.09% since FY21.



The following graphic shows the change in utilization percentage categorized from FY22 to FY23. The percentage of EPSDT individuals that received 50% or more of their services in FY22 was 55.42%. The percentage of EPSDT individuals that received 50% or more of their services in FY23 was 53.93%. This is a slight decrease of 1.49%. The percentage of Waiver individuals that received 50% or more of their services in FY22 was 70.57%. The percentage of Waiver individuals that received 50% or more of their services in FY23 was 76.09%. This is an increase of 5.52%.

Utilization Percentage Categorized - FY23										
	No Billed Claims	0% - 9%	10% - 19%	20% - 29%	30% - 39%	40% - 49%	50% - 59%	60% - 69%	70% - 79%	80% or More
EPSDT	17.98%	6.74%	11.24%	6.74%	11.24%	10.11%	10.11%	7.87%	10.11%	25.84%
Waiver	9.11%	5.50%	7.40%	5.12%	9.49%	7.21%	10.06%	9.30%	14.23%	42.50%

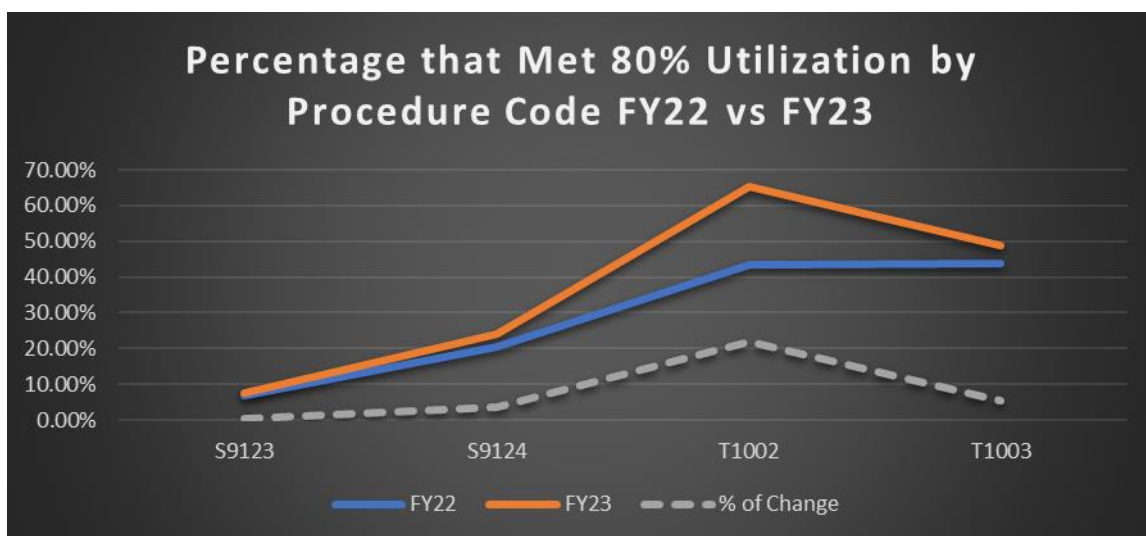
Utilization Percentage Categorized - FY22										
	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
EPSDT	16.87%	10.84%	3.61%	4.82%	12.05%	13.25%	16.87%	12.05%	8.43%	18.07%
Waiver	11.32%	4.53%	7.55%	10.38%	10.38%	11.51%	11.51%	10.75%	11.89%	36.42%

Utilization by Procedure Code

Procedure Code	Description
S9123	Skilled Nursing, Registered Nurse (RN)
S9124	Skilled Nursing, Licensed Practical Nurse (LPN)
T1002	Private Duty Nursing, Registered Nurse (RN)
T1003	Private Duty Nursing, Licensed Practical Nurse (LPN)

The following table shows the Percentage of Utilization that Met 80% by Procedure Code from FY22 to FY23. The percentage of authorizations that met 80% utilization has increased for each procedure code compared to the previous fiscal year.

Percentage that Met 80% Utilization by Procedure Code FY22 vs FY23			
	FY22	FY23	% of Change
S9123	6.97%	7.41%	↑ 0.44%
S9124	20.47%	23.97%	↑ 3.50%
T1002	43.27%	65.32%	↑ 22.05%
T1003	43.67%	48.99%	↑ 5.32%



The following tables show the percentage of utilization categorized by procedure code from FY22 to FY23.

- In FY22, 30.35% of individuals authorized for S9123 received 50% or more of their authorized hours. That has decreased to 23.46% for FY23. This is a decrease of 6.89%.
- In FY22, 47.96% of individuals authorized for S9124 received 50% or more of their authorized hours. That has increased to 58.22% of individuals authorized for FY23. This is an increase of 10.26%.
- In FY22, 71.7% of individuals authorized for T1003 received 50% or more of their authorized hours. That has increased to 79.03% for FY23. This is an increase of 7.33%.

- In FY22, 62.5% of individuals authorized for T1002 received 50% or more of their authorized hours. That has increased to 77.27% for FY23. This is an increase of 14.77%.

Utilization Percentage Categorized by Procedure Code FY23										
	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
S9123	20.37%	11.73%	15.43%	10.49%	8.02%	10.49%	6.79%	4.32%	4.94%	7.41%
S9124	6.16%	5.48%	6.16%	3.42%	15.07%	5.48%	15.75%	8.90%	9.59%	23.97%
T1002	8.87%	0.00%	5.65%	0.00%	3.23%	3.23%	4.84%	4.03%	4.84%	65.32%
T1003	4.80%	2.27%	2.53%	3.03%	5.30%	4.80%	5.56%	8.08%	14.65%	48.99%

Utilization Percentage Categorized by Procedure Code FY22										
	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
S9123	16.92%	9.95%	13.93%	14.93%	8.46%	5.47%	11.44%	7.46%	4.48%	6.97%
S9124	8.77%	4.09%	4.68%	7.02%	13.45%	14.04%	11.70%	8.77%	7.02%	20.47%
T1002	19.23%	2.88%	0.00%	5.77%	3.85%	5.77%	3.85%	6.73%	8.65%	43.27%
T1003	6.20%	1.35%	2.16%	3.50%	5.93%	9.16%	8.09%	8.89%	11.05%	43.67%

Utilization by Living Situation

The following table shows the percentage of utilization that met 80% as well as the total number of individuals that met 80% utilization by the individual's Living Situation. This information comes from WaMS. An individual's Living Situation shows as "(blank)" if the individual is not in WaMS or the "Living Situation" field in WaMS is blank when the report was pulled.

Living Situation	Total Individuals	Met 80%	% Met 80%
(blank)	9	0	0.00%
Building Independence	1	0	0.00%
Group Home	305	146	47.87%
Group home 4 beds or fewer	10	4	40.00%
Group home 5 beds or more	3	2	66.67%
Living Independently (home or apartment)	11	4	36.36%
Living with Family	248	87	35.08%
Sponsored Home	28	3	10.71%
With Parent(s)/relatives	1	1	100.00%

The following table shows the Percentage of Utilization Categorized by the individual's Living Situation.

Utilization Percentage Categorized by Living Situation FY23										
Living Situation	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
(blank)	77.78%	22.22%	0.00%	11.11%	0.00%	11.11%	11.11%	0.00%	22.22%	0.00%
Building Independence	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Group Home	10.82%	5.25%	7.87%	4.26%	8.85%	5.90%	11.48%	8.85%	14.10%	47.87%
Group home 4 beds or fewer	20.00%	10.00%	0.00%	0.00%	30.00%	0.00%	0.00%	10.00%	0.00%	40.00%
Group home 5 beds or more	0.00%	0.00%	0.00%	0.00%	33.33%	0.00%	0.00%	0.00%	0.00%	66.67%
Living Independently (home or apartment)	18.18%	0.00%	0.00%	18.18%	0.00%	18.18%	0.00%	9.09%	18.18%	36.36%
Living with Family	7.26%	5.24%	7.66%	6.85%	9.27%	8.87%	9.68%	10.08%	12.10%	35.08%
Sponsored Home	7.14%	7.14%	21.43%	0.00%	17.86%	14.29%	7.14%	7.14%	25.00%	10.71%
With Parent(s)/relatives	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%

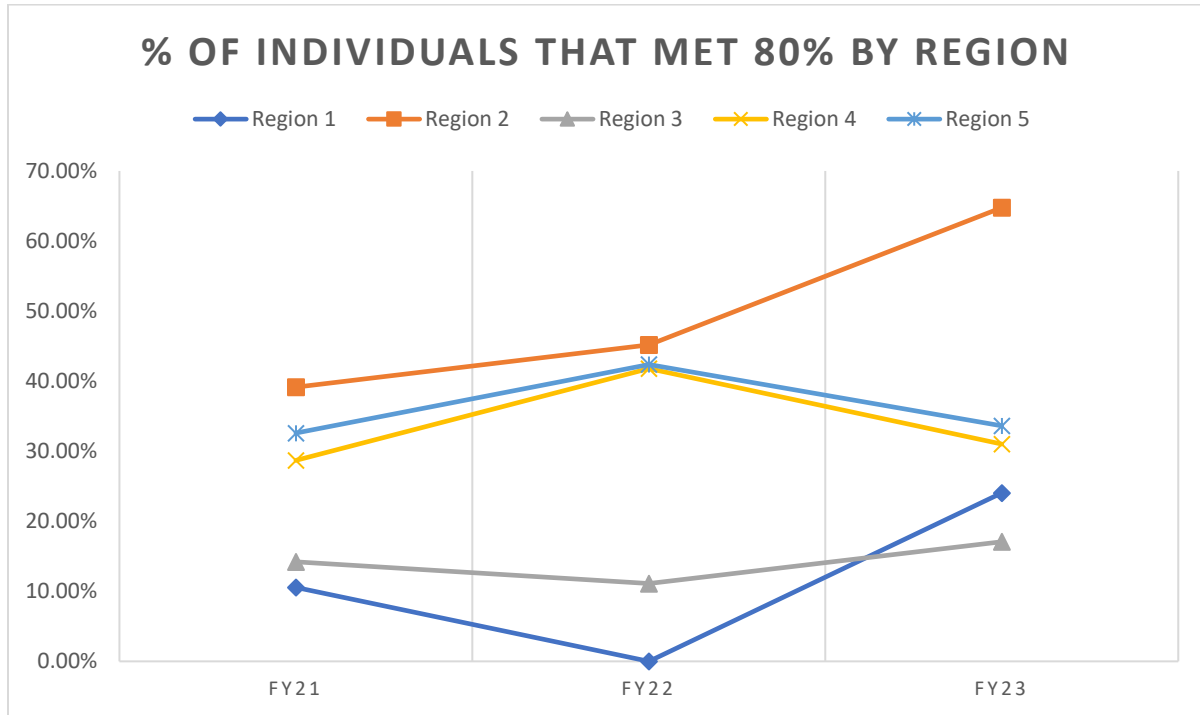
Utilization by Region

The following table shows the Percentage of Utilization that Met 80% broken out by the individual’s Region for each fiscal year since FY21. The Regions are determined by the Individual’s CSB. This information comes from WaMS. An individual’s Region shows as “Unknown” if the individual is not in WaMS or the “Assigned CSB” field in WaMS is blank when the report was pulled. This affects nine individuals.

Percentage that met 80% by Region - FY21, FY22 and FY23			
REGION	FY21	FY22	FY23
Region 1	10.53%	0.00%	24.04%
Region 2	39.14%	45.17%	64.76%
Region 3	14.19%	11.11%	17.07%
Region 4	28.69%	41.79%	31.03%
Region 5	32.59%	42.37%	33.61%
Unknown	22.22%	0.00%	0.00%

**Regions are determined by Individual’s CSB*

The following table shows the Percentage of Utilization Categorized by the individual’s region since FY21. The “Unknown” were not charted. The percentage of those that received 80% or more of their authorized hours has increased for all regions since FY21 with the greatest increase taking place in Region 2 with a 25.62% increase. Region 1 also increased by 13.51% since FY21.



Region	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
Region 1	9.62%	11.54%	17.31%	13.46%	17.31%	8.65%	5.77%	7.69%	4.81%	24.04%
Region 2	8.81%	2.20%	3.96%	1.32%	4.41%	5.29%	9.25%	6.17%	11.01%	64.76%
Region 3	12.12%	9.09%	12.12%	8.08%	13.13%	14.14%	19.19%	13.13%	15.15%	17.17%
Region 4	10.34%	5.17%	8.62%	6.90%	15.52%	5.17%	8.62%	12.07%	17.24%	31.03%
Region 5	10.08%	3.36%	4.20%	3.36%	7.56%	6.72%	8.40%	10.92%	23.53%	33.61%
Unknown	44.44%	22.22%	0.00%	0.00%	11.11%	11.11%	11.11%	11.11%	11.11%	0.00%








- Region 1 - 42.31% of individuals received 50% or more of their services
- Region 2 – 91.19% of individuals received 50% or more of their services
- Region 3 – 64.65% of individuals received 50% or more of their services
- Region 4 – 68.97% of individuals received 50% or more of their services
- Region 5 – 76.47% of individuals received 50% or more of their services

Utilization by SIS Score

The following table shows the percentage of utilization that Met 80% broken out by the individual’s SIS score. An individual’s SIS Level shows as “(blank)” if the individual is not in WaMS. This affects a total of 11 individuals. An individual’s SIS Level shows as “D2” if they are new to the Waiver and have not yet had a SIS completed. This is a default assignment. This affects 18 individuals.

Percentage that met 80% by SIS Level		
SIS Level	Total Individuals	% Met 80%
(blank)	11	0.00%
1	2	50.00%
2	34	26.47%
3	2	0.00%
4	121	33.06%
5	29	37.93%
6	378	44.44%
7	21	47.62%
D2	18	44.44%

The SIS scale and supports needs are referenced below.

Reimbursement Tier 1		Mild Support Needs Individuals have some need for support, including little to no support need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance.
Reimbursement Tier 2		Moderate Support Needs Individuals have modest or moderate support needs, but little to no need for medical and behavioral supports. They need more support than those in Level 1, but may have minimal needs in some life areas.
Reimbursement Tier 3		Mild/Moderate Support Needs with Some Behavioral Support Needs Individuals have little to moderate support needs as in Levels 1 and 2. They also have an increased, but not significant, support needed due to behavioral challenges.
		Moderate to High Support Needs Individuals have moderate to high need for support. They may have behavioral support needs that are not significant but range from none to above average.
Reimbursement Tier 4		Maximum Support Needs Individuals have high to maximum personal care and/or medical support needs. They may have behavioral support needs that are not significant but range from none to above average.
		Intensive Medical Support Needs Individuals have intensive need for medical support but also may have similar support needs to individuals in Level 5. They may have some need for support due to behavior that is not significant.
		Intensive Behavioral Support Needs Individuals have intensive behavioral challenges, regardless of their support needs to complete daily activities or for medical conditions. These adults typically need significantly enhanced supports due to behavior.

Phone Calls – Deep Dive

DBHDS completed a deep dive for all 616 individuals that received nursing services within FY23. Four nurses within the Office of Integrated Health attempted to make contact by phone and/or email with Support Coordinators, Providers and sometimes families that support and/or care for each individual that received services in FY23. The nurses asked the same questions from the Intense Management Needs Review (IMNR) process regarding nursing utilization. These questions include:

1. How many hours per week of nursing do you believe your child/the person you support needs?
2. What are those hours needed for?
3. Do those needs change? If yes, how, and when?
4. How many hours is your child/the person you support authorized for?
5. How many hours is your child/the person you support receiving per week?
6. What are some of the barriers you have experienced trying to access services?
7. If DBHDS could do three things to fix it – what would they be?

Of the 616 individuals who received services in FY23, DBHDS was able to contact a representative for 363 individuals. DBHDS did not receive a response from a representative for 98 individuals, contact information was unavailable or incorrect for representatives of 70 individuals and attempts had not been made for 37 individuals at the time of the report. The resulting themes of these calls are below.

Most of the representatives contacted believed the individual was receiving adequate nursing supports at this time and most of the individuals who are receiving nursing support hours had chronic conditions and were assessed to be high SIS levels with the majority in Teir 3 Level 4 and Teir 4 Level 6.

The barriers identified by the representatives contacted covered a wide variety of topics that addressed the full scope of challenges accessing DD Waiver Nursing, obtaining the bi-annual authorization, and then maintaining the service once it has been established. These barriers broke down into the following categories:

1. Nursing Shortage and Practice Related
2. Physician Related
3. School Transition Related
4. Service Authorization Related
5. Support Coordinator and WAMs Related
6. Medicaid Billing Related

Nursing Shortage and Practice Related Barriers

These specific barriers centered around workforce challenges many of which are well documented national issues regarding there not being enough nurses in the workforce and lack of understanding regarding the Virginia Nurse Practice Act which results in a lack of nursing providers especially in less populated areas of the Commonwealth. Some of the specific barriers reported include:

- Not enough nursing agencies to allow for individual choice.
- Not enough nursing agencies willing to do skilled nursing hours.
- The availability of nurses to work all shifts (day, evening, & night).
- No nursing agencies or nurse availability in rural areas or too few nursing agencies or nurse availability in rural areas of the state.
- No shift differential for evening, night, and weekend hours, making it more difficult to get consistent nursing during those shifts.
- Limited pool of nurses available in the community who provide PDN and SN nursing services.
- Nurses not available to accompany individual to Day Support.
- Lack of nursing coverage when a nurse calls out resulting in family providers providing intermittent support while always functioning as back-up in the event of no nursing coverage.
- There is a lack of understanding of the role of the RN in establishing the competency for LPNs and unlicensed paid caregivers.
- There is a lack of understanding related to the DD Waiver RN role as SN and as PDN.

Physician Related Barriers

These specific barriers centered around limited amount of information medical providers have regarding the needs of individuals with DD, the services available to support them in the community and how to access those services. Some of the specific barriers reported include:

- Difficulty getting signed paperwork back from physicians in a timely manner.
- Lack of education among physicians regarding DD Waiver nursing service authorization requirements.

School Transition Related Barriers

These specific barriers centered around limited amount of information medical providers have regarding the needs of individuals with DD, the services available to support them in the community and how to access those services. Some of the specific barriers reported include:

- Transition planning from school aged supports that results in individuals with DD whose individual plan results in a gap in nursing care when school ends and they are in the family home or provider setting 24/7.

Service Authorization Related Barriers

These specific barriers are centered around the semi – annual authorization process and the complex administrative process that requires both clinical knowledge and a comprehensive understanding of the DD Waiver and EPSDT authorization process. Some of the specific barriers reported include:

- The Service Authorization requirement of completing paperwork semi-annually for chronically ill individuals whose condition will not improve in the next six months is burdensome to Support Coordinators and nursing service providers.

- The confusion around Service Authorization pending, denying and / or reducing nursing hours which had been previously approved with or without any change in the individual’s condition which had been previously approved.
- Lack of clarity in the requirements for documentation to justify the request for DD Waiver or EPSDT nursing hours.
- Difficulty with communication to and from Service Authorization both via phone and messages posted in WaMS.

Support Coordinator and WAMs Related Barriers

These specific barriers are centered around Support Coordinators wanting / needing more education and training around the medical needs, writing the justification and the semi – annual authorization process for nursing services. Some of the specific barriers reported include:

- “We are not nurses.”
- SCs change frequently, and they differ in how they want to develop, change the plan.
- SCs do not know how to do a nursing service authorization.
- SCs do not know what is required for submission to SA for a DD Waiver Nursing authorization.

Medicaid Billing Related Barriers

- Billing in 15-minute increments is adding to confusion with documentation of services and billing.
- Two or more individuals with nursing services have intermittent need for direct nursing and need the nurse to be available for changes with an individual, delivery of nursing care, care coordination tasks, ensuring on-going DSP competency.

Review of Status of Service Authorizations

DBHDS completed a review of all nursing authorizations that were in the following statuses:

- Approved and Modified
- Denied
- Rejected
- Unknown

The purpose is to attempt to identify any reoccurring themes for these statuses. There were a total of 2129 authorizations. The findings are below.

MMIS Status <input type="text"/>	Count	Percentage
Approved	1421	66.71%
Approved and Modified	621	29.20%
Cancelled	2	0.10%
Denied	15	0.72%
Rejected	66	3.11%
Unknown	4	0.17%
Grand Total	2129	100.00%

Approved and Modified

DBHDS reviewed the authorizations in “Approved and Modified” status to determine if the modification resulted in a change in the number of units that were requested. This was done by reviewing the “Requested Units” compared to the “Authorized Units”. The notes of the authorization were then reviewed to determine the change.

Of the 621 authorizations in “Approved and Modified” status, a total of 55 authorizations resulted in a change. Of the 55 authorizations that had a change from the requested hours, a total of 30 (54.5%) authorizations were changed as the requested units did not match the requested units on the CMS-485.

A total of 12 (21.8%) authorizations were modified as it was determined that the supporting documentation did not justify the number of hours requested.

These were the two main themes found when conducting the review of authorizations in “Approved and Modified” status. A handful of other modifications were made on a case-by-case basis and did not show up as themes. Some of these reasons include the provider requesting a modification in hours, the DMAS Medical Support Unit Physician reducing hours due to supporting documentation, requested hours being increased and hours being reduced due to service overlap.

Denied

Of the 2129 authorizations, there were a total of 15 in “Denied” status. Of the 15 authorizations that were denied, a total of seven (46.67%) authorizations were denied due to DMAS policy requiring pre-authorization prior to rendering services. A total of four (26.67%) authorizations were denied due to the requested service not meeting DMAS policy criteria for reimbursement. Some of those reasons include: Per DD waivers regulation 12VAC30-122-480 (A): "PDN shall be provided on a one-to-one basis, and cannot be provided concurrently with skilled nursing services, personal assistance services, respite services, or companion services." and 12VAC30-122-520(C)(4) states, “Individuals enrolled in the waiver shall not be authorized to receive waiver skilled nursing service when private duty nursing service is authorized except in cases that require nurse delegation.” A total of two (13.33%) authorizations were denied because the medical documentation submitted

did not justify the request. This could be a request from the provider due to the nursing services schedule overlaps with another nursing service or an increase from a previous authorization is requested without new medical documentation. Another reason for denial was due to the DMAS MSU Physician denying the request because the documentation provided did not meet medical necessity criteria under EPSDT.

Rejected

Of the 2129 authorizations, there were a total of 36 in “Rejected” status. Of 36 authorizations that were rejected, 14 (38.9%) were rejected as the request was a duplicate request from the same provider. A total of eight (22.2%) authorizations were rejected due to the authorization being cancelled and the request be resubmitted if appropriate. This generally happens because a provider requests that the authorization be rejected due to an error, or an authorization for one service, such as RN, being rejected and another service, such as LPN, being approved as it’s more appropriate. Some other reasons that authorizations were rejected include: provider not enrolled on the dates of service requested, lapse in Medicaid enrollment and improper documentation. These generally result in new authorizations being submitted and authorized.

Unknown

Of the 2129 authorizations, there were a total of four in “Unknown” status. This means that the status was blank at the time the report was pulled. This generally occurs when an authorization request is added to a service authorization number that is no longer housed in VAMMIS.

The intent is to continue to complete a deep dive into the status of all authorizations that are in Approved and Modified, Rejected, Denied and Unknown status at each review. The hope is that we can continue to identify themes that can be taken to the Nursing Workgroup to implement for process improvement.

Initiatives, Next Steps and Recommendations

As we continue to move forward, DBHDS will:

- Continue to present the Skilled Nursing and Private Duty Nursing Training quarterly and for Providers and other stakeholders as requested. This training was completed five times in FY23 with a total of 312 attendees.
- Continue to poll and survey participants (Providers, Nursing Agencies, Service Coordinators, Direct Support Professionals, etc.) of the Skilled Nursing and Private Duty Nursing Training to further understand barriers that they face.
- Working to automate the Nursing Utilization process with Data Analyst. Once automated, a look behind of Nursing Utilization with updated billing data will be completed for FY21, FY22 and FY23.
- In January 2024, the Office of Integrated Health began monthly meetings with a specific DD Waiver nursing service provider to discuss authorization concerns and provide technical assistance.

- In addition to the DD Waivers Nursing in VA training, OIH is holding face to face and virtual meetings with providers which are in the process of providing DD Waivers nursing services and provide hands on technical assistance with required documentation.
- Continue to collaborate with Service Authorization (SA) and the SA Nurse on pended authorizations to assist the DD Waiver Nursing Services provider in being approved for requested nursing services.
- Hold the 5th Annual Statewide Nursing Conference where participants are provided with CNEs for attendance and participation. The 4th Annual Statewide Nursing Conference was held in October 2023 and had 167 participants.
- Incorporate the results from the IMNR process (36.8) as it pertains to Nursing Utilization.
- Recommend that the Case Management (Support Coordination) Steering Committee consider the barriers identified for Support Coordination for updates or additions to existing SC training.
- Recommend that the work group established by the Department of Education to address transition planning for students with disabilities consider the barriers identified in the category of school transition planning to ensure the need for nursing services is considered in post-secondary education planning.
- Recommend that the Office of Provider Network Support review the actions to promote Jump Start funding, the rate of requests for expansion of DD Waiver Nursing Services and determine additional steps to promote the funding source in FY25.
- Nursing Services Workgroup for FY24 to include key stakeholders from both DBHDS and DMAS will meet next in May 2024 to 1) Review recent Nursing Utilization Reports and identify any additional areas of focus for the next nursing Utilization review; 2) identify specific questions to include in the next deep dive; 3) Identify additional topics that should be included in a DD Waiver Nursing Practice Training to bridge the gap between what is learned in nursing education and what is needed to know in the providing of nursing in a DD waiver licensed setting and 4) work with the WaMS managers to explore opportunities to enhance the usability of WaMS with regards to authorizations.
- Collaborate with the new (part time) Medical Director for DD in the Office of the Chief Clinical Officer around identifying approaches to ensuring the health and safety needs identified in the individual's ISP are met.