

Intense Management Needs Review Report

Twenty-Fifth Review Period

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Introduction/Overview

The Intense Management Needs Review (IMNR) process is established to assess and monitor the adequacy of management and supports provided to all individuals whose SIS evaluation results placed them in tier four level six (intense management needs). The purpose is to ensure that individuals needs are being met and that the documentation properly reflects the continuity of care across services.

The Intense Management Needs Review questions were developed utilizing the Individual Service Review Monitoring Questionnaire developed by the Independent a reviewer and his nursing consultants as a guide. The Director of the Office of Integrated Health along with support from Registered Nurse Care Consultants (RNCC) and OIH Project Manager reviewed and provided guidance towards enhancing questions based on firsthand knowledge they have gained from working with the developmentally disabled population within Virginia. Additional questions were added to further assist in determining if an individual is receiving necessary supports. The questions were approved by the Assistant Commissioner of Developmental Services. These questions have been enhanced based on lessons learned and feedback from the first round of reviews.

Methodology

In July 2024, the Independent Reviewer and his consultant selected a sample of 30 individuals plus 6 alternates from the cohort of 732 individuals whose SIS evaluation results placed them in level 6 (complex medical needs) and whose annual ISP meeting was held between July 1, 2023, and September 30, 2023. The regions of focus during this review period included Regions 1, 3 and 5. Ten individuals were selected in each region.

After the sample was selected, the Independent Reviewer Consultant, with assistance from DBHDS, scheduled on-site visits with all primary residential contacts. Visits to each residence were conducted by one of the three Independent Reviewer nurse consultants along with one of three DBHDS Registered Nurse Care Consultants (RNCCs). These reviews took place from August 26 to September 20, 2024. One of the nurse consultants and one of the DBHDS RNCCs completed ten reviews together. All ten reviews were completed at the same time but there was no collaboration on response determinations to ensure the ability to objectively assess the Commonwealth's accurate identification of areas for commendation and in need of improvement/remediation. The intention was to continue to establish validity and reliability of the review process and that responses reflected in the review were consistent across both the nurse consultants and DBHDS RNCCs.

Documentation, including the ISP, the Health Care Plan, and the authorization form (CMS 485) for nursing services, was provided in advance for each person. Supplemental documentation, such as medical consults and medication administration records as well as additional documentation, were examined during the nurses' site visits. During the review, the DBHDS RNCCs completed the paper questionnaire making any necessary notes. Any immediate

concerns were instantly sent to DBHDS leadership for prompt attention, action and follow through. Upon conclusion of the weekly onsite reviews, the DBHDS RNCCs recorded responses into an established electronic monitoring system (Microsoft Forms). Finally, the DBHDS RNCCs established Remediation Plans based on the findings. These are sent to the DD Directors and Support Coordinators by email for each individual reviewed providing feedback that also includes commendations. These Remediation Plans are tracked in an electronic monitoring system (Microsoft Forms/SharePoint Lists) to ensure follow through. The Remediation Plans are reviewed by a Quality Assurance team within DBHDS to ensure they are in line with the purpose of the process. At the conclusion of this process, analysis of responses to the questionnaires was completed to establish overall findings.

Tables summarizing the findings are included below.

Characteristics of the Sample

The cohort for the ISR study was all 30 individuals with SIS level 6 needs (i.e., complex medical) who had ISP meetings between July 1, 2023 – September 30, 2023. The selected sample was stratified across three regions. The DBHDS Regions represented in the randomly selected sample include Region I, Region III and Region V. Region I has 10 individuals (33.3%); Region III has 10 individuals (33.3%) and Region V has 10 individuals (33.3%).

Sixteen females and fourteen males are included in the sample. The largest age group (20%) is comprised of individuals between ages 31 to 40. Four individuals (13.33%) each fell in the following age groups: Under 22, 41 to 50, 51 to 60 and 71 to 80. The age group least represented was ages 61 to 70 (10%). The youngest person in the sample is 14 years old. The oldest person in the sample is 77 years old.

Most of the individuals in the sample (80%) use a wheelchair. Five individuals (16.67%) walk with support and one individual walks without support (3.33%).

Most of the individuals in the sample (30%) live in either their own/family home or a sponsored home. Group homes – 4 or fewer support eight individuals (26.67%) while Group homes – 5 or more support two individuals (6.67%). Two individuals (6.67%) reside in family run sponsored homes.

A Demographic Table is included below.

Region		
Region 1	10	33.33%
Region 3	10	33.33%
Region 5	10	33.33%

Sex		
Female	16	53.33%
Male	14	46.67%

Age Group		
Under 22	4	13.33%
23 - 30	5	16.67%
31 - 40	6	20.00%
41 - 50	4	13.33%
51 - 60	4	13.33%
61 - 70	3	10.00%
71 - 80	4	13.33%

Mobility Status		
Uses wheelchair	24	80.00%
Walks with support	5	16.67%
Walks without support	1	3.33%

Residence Type		
Family run sponsored home	2	6.67%
Group home - 4 or fewer	8	26.67%
Group home - 5 or more	2	6.67%
Own/family home	9	30.00%
Sponsored home	9	30.00%

Discussion of Major Findings

Many of the individuals within the sample, share several of the same health indicators. For example, 70% have a major seizure disorder; 70% have bowel elimination problems; 60% of the individuals have precautions for choking; 30% are receiving their nutrition via G-Tube; and 23% require some form of suctioning. Two individuals (7%) have had injuries (other than a fall) and three individuals (10%) have been hospitalized two or more times in the past year. The distinct issues related to the health care needs of every person in the sample are described in the questionnaires completed after each site visit.

III.D.1. Compliance Indicator 18.9

III.D.1 18.9 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.

Of the 30 individuals reviewed, nine individuals (30%) were approved for nursing services in some portion of FY24. Of those nine individuals, five individuals received at least 80% or more of their authorized hours at the time of this report.

Approved Nursing Services

Of the nine individuals with approved authorizations, five individuals were approved for Private Duty Nursing (PDN) services, three individuals were approved for Skilled Nursing (SN) services and one individual was approved for both services. Of the five individuals approved for PDN services, one (20%) was approved for just RN services, three (60%) were approved for just LPN services and one (20%) was approved for both RN and LPN services within FY24.

Private Duty Nursing

Of the one individual approved for RN services, that individual received over 80% of their authorized hours for all their authorizations in FY24. Of the three individuals approved for LPN services, one individual received over 80% of their authorized hours for all their authorizations in FY24. One individual received over 80% of their authorized hours for one of their five authorizations while receiving between 40-67% of their authorized hours for their remaining authorizations. This individual identified an issue of finding a nurse to staff shifts on Fridays. The final individual received just over 50% of their authorized hours for the one open authorization they had in FY24. The barrier identified by this individual is living in a rural area with limited cell service where nurses felt unsafe to travel to the area.

Skilled Nursing

Two individuals were approved for RN services within FY24. One individual received over 98% of their authorized hours for both of their authorizations. The other individual received 50% of their authorized hours for their one authorization. The barrier identified for this individual was the difficulty in finding a nurse to staff the hours. These hours were authorized for G-Tube training and oversight. One individual was approved for LPN services within FY24. This individual had no billed services at the time the Nursing Utilization report was pulled. There were also no identified barriers during this individual's review.

The final individual was approved for both Skilled Nursing LPN and Private Duty LPN services within FY24. This individual received 80% or more of their authorized hours for all their open authorizations for both Skilled Nursing LPN and Private Duty Nursing LPN.

DBHDS continues to identify opportunities to resolve access to nursing services; to this end, DBHDS asks a series of questions to try to better identify these opportunities. These questions include the following:

- How many hours per week do you believe your child/the person you support needs?

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

Twelve (40%) of the thirty individuals reviewed were identified by family/support as feeling they would benefit from nursing services. As mentioned above, nine (75%) of the twelve individuals had authorizations for nursing services in Fiscal Year 2024. Three individuals (25%) were identified as needing services but did not have services.

The results of these questions are below.

How many hours per week do you believe your child/the person you support needs?
What are those hours needed for?

Some of the needs for nursing services identified include:

- Management of g-tube and nutritional status
 - Feeding
 - Implementation of speech and language therapy recommendations
 - Assessing changes in oral functioning and response to diet modifications
- Skin integrity and infection prevention
 - Repositioning
 - Monitoring for pressure injury
 - Assessing for change in stage of pressure injury
 - Infection monitoring
- Respiratory support
 - Tracheostomy care
 - Ventilator management
 - Suctioning
 - Oxygen therapy
 - Respiratory vest
 - Cough assist
 - Nebulizer treatment
 - Assessment
- Assessment of physical and mental status changes
 - Seizure monitoring
 - Shunt malfunction
 - Pain management
 - Monitoring for bowel obstruction/constipation management
 - Monitoring for aspiration pneumonia
 - Weight management
 - Nutrition management
 - Dialysis monitoring

- Transferring
 - Lifting
 - Management of durable medical equipment
- Medication management
- Training/Oversight
- Attending Physician appointments
- Protocol development

Of the 12 individuals that were identified by family/support as they would benefit from nursing services, nine (75%) individuals had approved nursing service authorizations. Of the other three individuals feeling they would benefit from nursing services, only one individual has had a CMS485 filled out. This individual has been approved for nursing services and began receiving services in early September 2024. One individual in Region 1 identified that they were on a waitlist for nursing services for five years and have been unable to locate a provider. As part of the Remediation Plan for this individual, the Registered Nurse Care Consultant (RNCC) that completed this review, recommended that nursing services continue to be explored. A list of nursing providers in the individual's area has been provided to the Support Coordinator and the RNCC is offering assistance as requested. The other individual, who also resides in Region 1, identified that they are unable to locate a nursing provider due to the location of their home. They also felt when they had a provider, the service was unreliable. Like above, as part of the Remediation Plan for this individual, the RNCC that completed this review has recommended that Waiver Nursing plan development be explored. A list of nursing providers in the individual's area as well as contact information for the Community Resource Consultants has been provided to the Support Coordinator. The RNCC is also assisting this case as requested as well.

Do those needs change? If yes, how, and when?

Eight (66.7%) of the 12 individuals with an identified need for nursing services experienced changes in status.

Some changes in status identified include:

- Illness
 - More intense monitoring and intervention with respiratory support
 - Vomiting
- Seizures
 - Spastic episodes
- Respiratory
 - Status change
 - Additional assessments and suctioning
 - Aspiration precautions
 - Tracheostomy issues
- Feedings
 - Issues related to G-tube
 - Lack of appetite
- Pain Management

- Constipation
- UTIs
- Fluid changes
- Skin breakdown
 - Wound care

How many hours is your child/the person you support authorized for? How many hours is your child/the person you support receiving per week?

Eight (88.9%) of the nine individuals had authorizations for the number of hours requested on the CMS485. In one case the individual requested an increase in nursing hours to 168 up from the previously authorized 112 hours weekly. Service Authorization did not receive documentation to verify change in medical conditions necessitating an increase in hours. Four individuals (44.4%) stated they believe the individual is receiving the number of hours per week that they are approved for. One individual is having a trouble with staffing. Another individual believes they are receiving just under the number of hours necessary as they are unable to staff on Fridays. One individual cancelled their authorization due to inability to staff due to location of the residence and one individual feels they are receiving less hours than they need for support.

What are some of the barriers you have experienced trying to access services?

Some of the barriers identified during the reviews to accessing services are included below:

- Availability
 - Agency unable to staff their nursing needs
 - Staffing
 - Location of individual
- Process
 - Authorization process
 - Lapse in services transitioning from one waiver to another
 - Lack of education for DD licensed providers on the Service Authorization process
- Quality
 - Unreliable nursing services
 - Quality of staff
 - Consistency
 - Lack of communication
 - Limited Options
 - Lack of trust of current nursing staff to provide appropriate care in the event there is a status change
 - Language barriers

If DBHDS could do three things to fix it – what would those things be?

- Consistency with support coordination
 - Consistency with Support Coordination; multiple support coordinators in a short period of time
 - Timeliness of response from Support Coordinators

- Increase the nursing rates
- When reviewing nursing plans, each case should be reviewed on an individual basis rather than the task that is being performed
- Improving the service authorization process
 - System is complicated to understand
 - Provide training on the Service Authorization process to include expectations of documentation requirements of Provider Integrity Unit and Quality Management Review teams
- Increasing the number of providers who accept Medicaid through the waiver
- Support Coordinator caseloads are too much. There should be a limit to the number of cases an SC can cover.
- Unreliable transportation.
- Due to nursing shortage, support coordinators do not report nursing services as being a need as they know or assume services are unavailable.

Conclusion

Upon review by the DBHDS RNCCs, it was determined, that three individuals would benefit from nursing services. One individual has been connected and authorized for services that began in September 2024. The other two individuals have been provided with resources and are working with the RNCC and other DBHDS resources to rectify these deficiencies. The issues identified above will be presented to the Nursing Workgroup meeting that will take place in November 2024 to determine what actions may be taken to rectify the identified barriers.

V.8 Compliance Indicator 29.20

V.B. 29.20 At least 86% of the people supported in residential settings will receive an annual physical exam, including review of preventive screenings, and at least 86% of individuals who have coverage for dental services will receive an annual dental exam.

Physical exam data

Evidence about annual physical exams was attained through document review and interviews. There is evidence that 29 (96.7%) of the 30 individuals in the sample had an annual exam. In the one instance the individual did not receive their annual exam within the past year, they have seen numerous providers as well as their PCP, however, has not had an annual exam appointment since March 2023. It was determined that 29 (100%) of the 29 individuals in the sample received all lab work/diagnostic testing as ordered by the physician. One individual did not receive lab work as the physician did not recommend it be completed.

Additionally:

- Seven individuals had an identified need for food monitoring by a physician. All seven individuals had food monitoring in place. Eleven additional individuals had food monitoring in place without an identified need by a physician.

- Six individuals had an identified need for monitoring of tube feeding by a physician. All six individuals had monitoring of tube feeding in place. Eight additional individuals had monitoring of tube feeding in place without an identified need by a physician.
- Nine individuals had an identified need for seizure monitoring by a physician. All nine individuals had seizure monitoring in place. Eleven additional individuals had seizure monitoring in place without an identified need by a physician.
- Eight individuals had an identified need for position monitoring by a physician. All eight individuals had monitoring of positioning in place. Fourteen additional individuals had positioning monitoring in place without an identified need by a physician.
- Two individuals had an identified need for weight monitoring by a physician. Both individuals had weight monitoring in place. Sixteen additional individuals had weight monitoring in place without an identified need by a physician.
- Ten individuals had an identified need for fluid monitoring by a physician. All ten individuals had fluid monitoring in place. Fourteen additional individuals had fluid monitoring in place without an identified need by a physician.

Dental exam data

Evidence about dental exams was attained through document review and interviews. Dental exams were conducted annually for 20 (66.7%) of the 30 individuals in the sample. The residence type of the ten individuals who have not received an annual dental exam within a year is as follows:

- One (10%) individual lives in a family run sponsored home
- Two (20%) individuals live in a group home – 4 or fewer
- Two (20%) individuals live in a group home – 5 or more
- Three (30%) individuals live in their own/family home
- Two (20%) individuals live in sponsored home

Barriers:

- Three individuals expressed issues finding a dentist that will take Medicaid as a barrier. One individual lives in their own/family home. Two individuals live in a group home – 4 or fewer.
- One individual is edentulous and has oral exams by PCP regularly. This individual lives in a group home – 5 or more.
- One individual was in the hospital when their annual visit was due and have yet to reschedule. They last saw the dentist in 8/2023. This individual resides in their own/family home.
- One individual is on the waiting list for the VCU clinic. This individual resides in their own/family home.
- Two individuals require sedation dentistry. One individual resides in a group home – 5 or more and one individual lives in a family run sponsored home.

- Two individuals need to schedule appointments. These individuals reside in sponsored homes.

Eleven of the individuals that have received recommendations from dental providers have moved forward with those recommendations. Seventeen individuals did not have recommendations from a dental provider either due to not having seen a dentist or not having further recommendations. Two individuals are still awaiting follow up on recommendations from the dental provider. One individual is scheduled to have a follow up appointment on 11/15/2024. Another individual is awaiting the DBHDS Dental Team to schedule a follow up appointment as it was recommended, they see a dentist every six months.

All individuals who referenced issues of finding a dentist are being sent resources to locate potential providers and to submit referrals to the DBHDS Dental Team if they meet the eligibility requirements.

Summary of Individual Findings				
ID #	Type of Residence	Annual Physical Exam	Annual Dental Exam	80% of authorized nursing hours were received - Average
1	Group home - 4 or fewer	Yes	No	N/A
2	Group home - 5 or more	Yes	No	Yes
3	Group home - 4 or fewer	Yes	Yes	N/A
4	Group home - 4 or fewer	Yes	Yes	N/A
5	Group home - 4 or fewer	Yes	Yes	No
6	Own/family home	Yes	Yes	N/A
7	Own/family home	Yes	Yes	N/A
8	Family run sponsored home	Yes	No	Yes
9	Group home - 4 or fewer	Yes	No	Yes
10	Own/family home	Yes	Yes	N/A
11	Sponsored home	Yes	Yes	Yes
12	Sponsored home	Yes	Yes	N/A
13	Family run sponsored home	Yes	Yes	N/A
14	Own/family home	No	No	No
15	Sponsored home	Yes	Yes	N/A
16	Sponsored home	Yes	No	N/A
17	Sponsored home	Yes	Yes	N/A
18	Group home - 5 or more	Yes	No	N/A
19	Sponsored home	Yes	Yes	N/A
20	Sponsored home	Yes	Yes	N/A
21	Own/family home	Yes	Yes	Yes
22	Own/family home	Yes	No	N/A
23	Group home - 4 or fewer	Yes	Yes	No
24	Sponsored home	Yes	No	No
25	Own/family home	Yes	Yes	N/A
26	Own/family home	Yes	Yes	N/A
27	Sponsored home	Yes	Yes	N/A
28	Group home - 4 or fewer	Yes	Yes	N/A
29	Own/family home	Yes	No	N/A
30	Group home - 4 or fewer	Yes	Yes	N/A

Regional Summaries

Region 1

Reviews completed September 16 - September 20, 2024

During the IMNR reviews for Region 1, several families and licensed providers were not aware of the DBHDS Mobile Rehab Engineering (MRE) services. The RNCC who conducted the review provided the DBHDS MRE referral link or completed the MRE referral in these instances. This presents an opportunity for the Office of Integrated Health to provide MRE Training to each CSB DD Support Coordination department.

Of the 10 individuals reviewed, several needed dental services. One individual had not received a dental exam since 2013. The caregiver stated there were no dental providers within a reasonable distance in the network. During the November Regional Nursing meetings, representatives from DMAS and DentaQuest (the Medicaid dental benefit manager) will present information on their search engine that can be utilized to find participating dental providers and how to access the DentaQuest Complex Case Team for assistance when needed.

Locating SN/PDN services remains an ongoing issue. One individual has been requesting nursing for five years with no success. Support Coordinators (SCs) are not including SN/PDN in ISP meetings because the services are unavailable in the individual's area. This results in SN/PDN not being identified as a needed service. Two providers indicated Service Authorization as being a barrier to getting services approved.

Accessing Assistive Technology (AT)/EM funding is too difficult, and the requirements of 3 estimates are a burden for SCs who are already struggling to keep up with documentation. Many families expressed the SCs are not familiar with the AT/EM process which causes delays in service authorization approvals. This could be another training opportunity OIH provides with DD Support Coordination utilizing the OIH staff who are ATP certified.

Two individuals reviewed have either paid out of pocket for PT services and/ or gone to extraordinary lengths to obtain PT services. Medicaid does not cover long-term therapy targeting maintenance of movement and range of movement once goals are attained. The importance of maintaining the individual's level of ROM and movement cannot be dismissed. Coverage for long-term therapy would benefit individuals by decreasing costly hospitalizations, increasing independence, maintaining baseline mobility, and preventing pressure injuries.

There continues to be turnover in Support Coordination positions, which results in a breakdown of continuity of care. One provider expressed SC caseloads should be capped resulting in better outcomes for individuals.

Several individuals expressed dissatisfaction with having to authorize services every year (re-authorization is required every 6 months under the DD Waiver regulations) when needs are chronic and most likely will not improve.

Two services, Consumer-Directed Personal Assistance (not a DBHDS licensed service) and Sponsor Home Residential (a DBHDS licensed service) expressed the financial burden of having an individual in the hospital and keeping staff with the individual 24/7, but not being reimbursed for the days hospitalized. Both services provided excellent examples of individuals who are medically complex and extremely vulnerable and who could not be left unattended at a medical hospital. Historically, individuals do not receive turning, repositioning, and mealtime support during hospital stays. Often, new issues such as pressure injuries are discovered upon discharge.

Lastly, PCPs failed to refer individuals for services such as SLP evaluations, Nutritional Assessments, or Registered Dietitians. Several individuals reviewed in Region 1 were recommended to obtain referrals for SLP or Nutritional assessments.

The 25th IMNR review for Region 1 with the DOJ nurse went very smoothly and the collaboration has been successful.

Region 3

Reviews completed September 9 – September 13, 2024

The 25th Study period reviews were overall very positive. This study group was largely comprised of sponsored provider homes, with eight out of ten individuals being supported in sponsored homes. The remaining two individual included one living with family home and other in a group home. For this region, dental services were largely available with only one out of the ten individuals not receiving dental services within the past year. However, there were frustrations voiced from providers regarding difficulty finding dental providers that provide sedation, are within a reasonable distance, accept Medicaid, or that are of good quality which results in the individual/provider paying out of pocket for quality services.

The providers indicate that they can obtain the services needed/required however at times, the process for obtaining these can be overwhelming due to the layers of approval and authorization required. There were several occasions that individuals had specific care/supports needs, such as Diabetes Management and Dietary/Choking precautions, outlined in the ISP and Part Vs however there were no individualized protocols for these. Recommendations were made for providers to develop individualized protocols on these occasions. One individual presented with numerous complex medical needs at initial documentation review and during the onsite visit it was identified that the individual has recently had a decline in his health and developed additional needs. This decline resulted from a hospitalization and lack of services coordinated by the hospital at discharge. This individual was not receiving licensed services; however, it appears the support coordinator provided appropriate supports and coordination of services once they were aware of the decline. Overall providers in Region 3 are satisfied with their services and individuals are receiving the care and services needed.

Region 5

Reviews completed August 26 – August 30, 2024

During the onsite reviews in Region 5 for the Intense Management Needs Review (IMNR), a significant trend emerged regarding the lack of access to annual dental exams for individuals with developmental disabilities. This issue was consistently reported by both families and service providers and presents a critical barrier to healthcare for individuals in the region.

One of the most prevalent issues identified in Region 5 was the inability of individuals with intense management needs to receive routine dental care, specifically annual dental exams. This was primarily due to difficulties in finding dentists who accept Medicaid.

Challenges with Medicaid Acceptance:

Families and providers reported regularly using the DentaQuest search engine, which is designed to help Medicaid recipients locate dentists in their area. However, despite securing appointments through this system, individuals were often turned away once they arrived at the practice, with the dental offices stating that they did not actually accept Medicaid.

Concluding Comments – Onsite Reviews

The Onsite Reviews resulted in Remediation Plans being sent on 28 (93.3%) of the 30 individuals for whom reviews were conducted. Two of the reviews did not warrant the need for a Remediation Plan. Some reviews called for one Remediation Plan while others called for up to ten Remediation Plans. A total of 73 remediation plans were sent as a result of these reviews at the time of this report. In addition to Remediation Plans, DBHDS sent Commendations where they were warranted. All Remediation Plans have been sent to DD Directors and Case Managers as of 10/11/2024. These Remediation Plans include the concerns, the actions recommended to rectify the concern, the date this should be completed by, expectations for follow up with DBHDS and any additional educational resources. These are all tracked in an electronic monitoring tracker. The results of the Remediation Plans will be reported during the next review period.

During this review period, there was one emergent issue identified that needed prompt attention. This issue was in response to a visit that revealed an individual had several hospitalizations within a short time frame. While hospitalized, this individual received a pressure injury. As a result, the DBHDS RNCC immediately had a discussion with the Support Coordinator and family member regarding the individual's urgent needs. This included the following: contacting the wound care clinic to reschedule previously cancelled appointment due to the hospitalization, recommended 1) contacting the Office of Integrated Health PT who is Wound Care certified (CWS) for assistance with navigating the pressure injury and mobility issues; 2) a discussion with a home health nursing or wound care clinic regarding the previous order for the specialty mattress that had not been obtained; 3) a discussion with the Home Health PT regarding the need for aggressive therapy to regain use of mobility and independence; 4) recommend a discussion with the PCP or wound clinic about a protein supplement for increased protein intake to promote wound healing and 5) recommended contacting a Speech Language Pathologist to revisit the use of the Tobii eye gaze device. In addition, the RNCC contacted her direct supervisor as well as a fellow RNCC to update them on this case. The fellow RNCC contacted a nursing agency to see if they were able to staff this particular case. The provider was willing to meet with the individual and family member to discuss their ability to staff this case. Meetings were also held between the RNCC and OIH PT/CWS regarding this case as well as between the RNCC, her direct supervisor, a physician within DBHDS and another fellow RNCC to discuss the case and any immediate recommendations. The RNCC continued to follow up with the individual's support coordinator and family to continue to get updates and offer assistance.

24th Study Period Remediation Plan Results

There was a total of 86 recommended remediation plans at the conclusion of the previous review (December 2023). Of the 86 remediation plans sent out, a total of 78 (90.1%) plans have been completed as requested by DBHDS. The RNCCs that completed the reviews with remediation

plans that are still open continue to follow up and offer assistance where necessary. The top five reasons for remediation plans in the previous period as categorized by DBHDS include:

1. Needed Assessments
2. Adaptive Equipment repairs
3. Dental exams/visits
4. Documentation in need of being updated
5. Protocols in place or updated

The consultant Nurses that conducted the reviews alongside DBHDS are completing a look behind to validate a sample of the remediation plans that were sent as recommendations and the actions taken as part of those plans.

Conclusion – Next Steps/Recommendations

This continues to be an incredibly collaborative and informative experience for the staff involved. The plan to work side by side with the independent nurse consultants and be able to compare observations and assessments of individual support plans allowed for an in-depth discussion about possible system improvements.

As we move forward, DBHDS will work towards improving the process utilizing lessons learned from the processes executed during these two review periods. For instance, DBHDS will enhance some questions on the questionnaire to ensure clarity. We will also modify our guidelines around the responses for those questions. DBHDS will also attempt to enhance the information that is being produced from the desk reviews of the SIS Level 5 and 7 individuals by requesting additional medical documentation that is not readily available in WaMS. This will ensure a more accurate portrayal of the individual's support needs and the management and support of those needs. The results will also assist with enhancing and developing educational resources for DBHDS licensed providers, nursing, and medical professionals. In addition, at the conclusion of the review period, the DBHDS RNCCs, Independent Nurse Consultants, Director of the Office of Integrated Health Supports Network and Independent Nurse Lead will be meeting to collaborate and discuss lessons learned from the reviews conducted during this review.

Additional data and information in response to the Remediation Plans will be presented in the next report. DBHDS is already receiving positive feedback based on the plans that have been sent out. In addition to the emergent resolutions mentioned above, the DBHDS Mobile Rehab Engineering (MRE) Team as well as the DBHDS Dental Team have already acted on many of the findings based on the result of these reviews. This includes making immediate repairs or custom adaptations to durable medical equipment in need of repair to scheduling emergent dental issues for evaluations.

Other initiatives in place include:

- Presenting the findings from this review as it relates to compliance indicator 18.9 to the Nursing Workgroup in November 2024.

- Lessons learned will be utilized to update the Skilled Nursing/Private Duty Nursing training for FY2025.
- The Desk Audits for SIS Level 5 and Level 7 individuals are nearing completion and results will be available in the upcoming weeks.
- Present findings to the Mortality Review Committee Quality Improvement work group on the utilization of Managed Care Organization (MCO) Care Coordination services, if necessary.
- Present findings to the Case Management Steering Committee to determine other opportunities in the workflow of a CSB Support Coordinator/Case manager to offer recommendations to individuals and their support teams inclusive of updating of the Onsite Visit Tool Process (OSVT).
- Collaborate with the DBHDS Medical Director for DD around opportunities in this review for improved communication and care in acute in-patient settings or specialty outpatient settings.
- It should be noted that during the previous review period it was learned that there was no way to capture needed nursing services if there was no provider available. DBHDS updated the ISP to capture additional data around nursing needs to ensure a comprehensive gap analysis can be completed and additional work can be done to address this need.