

# **Intense Management Needs Review Report**

## **Twenty-Fourth Review Period**

April 2024

DBHDS Reviews By:

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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 the documentation properly reflects the continuity of care across services is addressing the individual's medical management needs. This process is closely mirrored to the Individual Services Review (ISR) study's process conducted by the Independent Reviewer. The results are designed to help determine if these services comply with the Department of Justice Settlement Agreement for indicator V.D.2.a-d 36.8 and offer supporting information for III.D.1 18.9 and V.B. 29.20.

*V.D.2.a-d 36.8 DBHDS collects and analyzes data (at minimum a statistically valid sample) at least annually regarding the management of needs of individuals with identified complex behavioral, health and adaptive support needs to monitor the adequacy of management and supports provided. DBHDS develops corrective action(s) based on its analysis, tracks the efficacy of that action, and revises as necessary to ensure that the action addresses the deficiency.*

The Intense Management Needs Review questions were developed utilizing the ISR Monitoring Questionnaire 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 intellectually and 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.

## Methodology

In February 2024, the Independent Reviewer selected a sample of 30 individuals plus 6 alternates from the cohort of 754 individuals whose SIS evaluation results placed them in level 6 (intense medical needs) and whose annual ISP meeting was held between April 1, 2023, and September 30, 2023. The regions of focus during this review period included Regions 2, 4 and 5. Ten individuals were selected in each region.

After the sample was selected, the Independent Reviewer, with assistance from DBHDS, scheduled on-site visits with all primary residential contacts. Visits to each residence were conducted by one of the three nurse consultants along with one of three DBHDS Registered Nurse Care Consultants (RNCCs). These reviews took place from March 4 to March 29, 2024. The nurse consultants and DBHDS RNCCs completed ten reviews together. The first five reviews were completed together while collaborating on responses. The final five reviews were completed together but did not collaborate on responses. The intention was to attempt to

establish validity and reliability to 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 abrupt attention, action and follow through. Upon conclusion of the weekly onsite reviews, the DBHDS RNCCs recorded responses into an established electronic monitoring system. The Findings Page of the questionnaire was completed to highlight a health-related matter of concern to be remedied by DBHDS. Finally, the DBHDS RNCCs established Remediation Plans based on the Findings that 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 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 April 1, 2023 – September 30, 2023. The selected sample was stratified across three regions. The DBHDS Regions represented in the randomly selected sample include Region II, Region IV and Region V. Region II has 10 individuals (33.3%); Region IV has 10 individuals (33.3%) and Region V has 10 individuals (33.3%).

Seventeen males and thirteen females are included in the sample. The largest age group (36.67%) is comprised of individuals between ages 21 to 30. The next largest age groups are between ages 31 to 40 (20%) and ages 41 – 50 (20%). Three individuals (10%) fell into the Children and adolescents 21 years old or younger category. The youngest person in the sample is 11 years old. The oldest person in the sample is 74 years old.

Most of the individuals in the sample (73.3%) use a wheelchair. Three individuals (10%) walk without support; two individuals walk with support (6.67%) while two individuals (6.67%) need total assistance while walking. One individual (3.33%) is confined to bed.

Most of the individuals in the sample (46.67%) live in their own/family home. Group homes – 4 or fewer support eight individuals (26.67%) while Group homes – 5 or more support four individuals (13.33%). Four individuals (13.33%) reside in Sponsored homes.

A Demographic Table is included below.

Region		
Region 2	10	33.33%
Region 4	10	33.33%
Region 5	10	33.33%

Sex		
Female	13	43.33%
Male	17	56.67%

Age Group		
Under 21	3	10.00%
21 - 30	11	36.67%
31 - 40	6	20.00%
41 - 50	6	20.00%
61 - 70	2	6.67%
71 - 80	2	6.67%

Mobility Status		
Confined to bed	1	3.33%
Total assistance with walking	2	6.67%
Uses wheelchair	22	73.33%
Walks with support	2	6.67%
Walks without support	3	10.00%

Residence Type		
Group home - 4 or fewer	8	26.67%
Group home - 5 or more	4	13.33%
Own/family home	14	46.67%
Sponsored home	4	13.33%

## Discussion of Major Findings

Many of the individuals within the sample, share several of the same health indicators. For example, 73% of the individuals have choking precautions; 63% have bowel elimination problems; 53% have a major seizure disorder; 50% are being tube-fed; and 37% require some form of suctioning. Two individuals (7%) have had injuries (other than a fall) and one individual (3%) has 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, eight individuals (26.7%) were approved for nursing services in FY23. Each of those eight individuals, were approved for multiple authorizations within FY23.

#### **Approved Nursing Services**

All eight of the individuals were approved for Private Duty Nursing services. Of these eight individuals, two (25%) were approved for just RN services, three (37.5%) were approved for LPN services and three (37.5%) were approved for both RN and LPN services within FY23.

Of the two individuals approved for RN services, one individual received over 80% of their authorized hours for all their authorizations in FY23. The other individual received over 80% of their authorized hours for one of their four authorizations within FY23. The other three authorizations within FY23 were received at around 45% of their authorized hours. Staffing was identified as a barrier to receiving services.

Of the three individuals approved for LPN services, one individual received over 80% of their authorized hours for all their authorizations in FY23. One individual received over 80% of their authorized hours for two of their authorizations and roughly 75% of their authorized hours for their other two authorizations. The final individual received over 80% of their authorized hours for one of their authorizations while receiving 30% and 60% of their authorized hours for two other authorizations within FY23. Each of the three individuals received at least 80% or more of their authorized hours for at least one of their authorizations within FY23. Barriers identified for not receiving at least 80% of their authorized hours included staffing shortage and lapse in services transitioning from one waiver to another.

Two individuals were approved for both RN and LPN services within FY23. Both individuals received 80% or more for all their authorizations for both RN and LPN services within FY23. As part of continuing to identify the opportunities for resolution regarding providing nursing services; DBHDS asked a series of questions to try to better identify these opportunities. These questions included 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?

Eleven (36.7%) of the thirty individuals reviewed were identified by family/support as having a need for nursing services. As mentioned above, eight (24.2%) of the thirty individuals had authorizations for nursing services in Fiscal Year 2023.

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 of physical and mental status changes
  - Seizure monitoring
  - Shunt malfunction
  - Pain management
  - Monitoring for bowel obstruction/constipation management
  - Monitoring for aspiration pneumonia
  - Weight management
- Transferring

- Lifting
- Management of durable medical equipment
- Pain management
- Medication management

Of the 11 individuals that were identified as having a need for nursing services, eight (72.7%) individuals had approved nursing service authorizations. One (9.1%) of the 11 individuals does not have an authorization as the group home provides nursing services and does not bill through DMAS. Two (18.2%) of the 11 individuals are not authorized for services. The reasons identified for these two individuals not being authorized for nursing services include:

- Inability to find a home health/nursing agency that could staff the service
- Language barrier making it difficult for families to understand materials
- DD System is complicated to understand

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

Nine (81.8%) of the 11 individuals with an identified need for nursing services experience changes in status.

Some changes in status identified include:

- Illness
  - More intense monitoring and intervention with respiratory support
  - Vomiting
- Seizures
- Shunt malfunctions
- Respiratory
  - Status change
  - Additional assessments and suctioning
  - Aspiration precautions
  - Tracheostomy issues
- Feedings
  - Issues related to G-tube
  - Lack of appetite
- Pain Management
- Constipation
- Fluid changes
- Skin breakdown

**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?**

Five individuals (45.5%) had authorizations for the number of hours they felt they needed. Seven individuals (63.6%) stated they believe the individual is receiving the number of hours



per week that they are approved for. One individual reviewed felt they were not receiving the number of hours per week that they were authorized for. The reasons identified included lack of staffing as well as the quality of the nursing services being provided.

**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
- Denials
  - Denied additional nursing hours to cover night shift care
- 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
  - Family has had to train nurses
    - New nurses with no professional experience outside of school
    - Nurses with no experience in developmental disabilities
    - Nurses with no experience managing a wide variety of durable medical equipment
    - Nurses with no tracheostomy and ventilator experience
  - 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

## **Conclusion**

Upon review by the DBHDS RNCCs, it was determined, that one individual who currently receives LPN private duty nursing services could benefit from receiving RN private duty nursing services in lieu of the LPN PDN services due to the individual's daily change in status. This recommendation has been relayed to the individual's support coordinator. The issues identified above will be presented to the Nursing Workgroup meeting that will take place in May 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 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 were scheduled to receive their annual exam two weeks after the review was completed. The previous annual exam had taken place 14 months earlier. It was determined that 27 (90%) of the 30 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 as they are just providing comfort care. Another instance, we were unable to determine if the lab work was ordered by the physician or completed as there was not an available copy at the time of the review. The final instance, the lab work was not completed as the physician recommended a pediatric phlebotomist complete the draw and that this be done by July 2024. Additionally, all the following monitoring ordered by the physicians was implemented to include tube feeding, seizure monitoring and positioning protocols. One individual who was recommended by the physician to have monitoring of food intake did not have evidence of being monitored. Another individual who was recommended by the physician to have monitoring of fluid intake did not have evidence of being monitored. Two individuals were recommended by the physician to have monitoring for weight fluctuations.

#### **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. Five individuals state having trouble finding a dentist due to either trouble finding a dentist that

accepts Medicaid or that can provide sedation. Two individuals have not seen a dentist within the last year due to family choice. Another has been given an outside referral and is awaiting the family to make the appointment. The final individual has an upcoming dental appointment in April 2024. Three individuals, two who reside in a family home and one who resides in a group home, who have had a dental exam in the last year have not followed through with the dentist's recommendations within the timeframe recommended. Of the two individuals residing in family homes, one is having trouble finding a dentist/oral surgeon that will assist with sedation. The other instance states that they have not scheduled the follow-up appointment. The individual that lives in a group home has refused to go to their follow up appointment. There is a rescheduled appointment to take place in May 2024.

One review did reference submitting a referral to the DBHDS Dental Team but had not heard a response as of the date of the review. DBHDS Dental Team is currently working to schedule to see this individual. Another individual who has never seen a dentist was immediately referred to DBHDS Leadership and the DBHDS Dental Team. The DBHDS Dental Team is scheduled to see this individual in mid-April. All other individuals who referenced issues are being sent resources to locate potential providers and how 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	Own/family home	Yes	No	N/A
2	Own/family home	Yes	Yes	N/A
3	Own/family home	Yes	Yes	N/A
4	Group home - 4 or fewer	No	Yes	N/A
5	Sponsored home	Yes	No	N/A
6	Own/family home	Yes	Yes	N/A
7	Own/family home	Yes	Yes	N/A
8	Group home - 4 or fewer	Yes	No	N/A
9	Group home - 4 or fewer	Yes	No	N/A
10	Own/family home	Yes	No	No
11	Group home - 5 or more	Yes	Yes	N/A
12	Own/family home	Yes	Yes	No
13	Sponsored home	Yes	Yes	N/A
14	Own/family home	Yes	No	Yes
15	Group home - 4 or fewer	Yes	Yes	Yes
16	Group home - 4 or fewer	Yes	Yes	N/A
17	Own/family home	Yes	Yes	Yes
18	Group home - 5 or more	Yes	Yes	Yes
19	Own/family home	Yes	No	Yes
20	Own/family home	Yes	No	N/A
21	Own/family home	Yes	Yes	N/A
22	Own/family home	Yes	Yes	N/A
23	Group home - 5 or more	Yes	Yes	Yes
24	Group home - 4 or fewer	Yes	Yes	N/A
25	Own/family home	Yes	Yes	N/A
26	Group home - 4 or fewer	Yes	Yes	N/A
27	Group home - 5 or more	Yes	No	N/A
28	Sponsored home	Yes	Yes	N/A
29	Group home - 4 or fewer	Yes	No	N/A
30	Sponsored home	Yes	Yes	N/A
<b>TOTALS</b>		<b>29/30</b>	<b>20/30</b>	<b>6/8</b>

## Concluding Comments – Onsite Reviews

The Onsite Reviews resulted in Remediation Plans being sent to 27 (90%) of the 30 reviews. Three 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 six Remediation Plans. A total of 69 remediation plans were sent as a result of these reviews. 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 4/17/2024. These Remediation Plans include the concerns, the actions to be taken to rectify the concern, the date

this should be completed 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 study period.

During this review period, there were some emergent issues identified that needed prompt attention. One of these issues was in response to a visit that revealed discrepancies in documentation for G-Tube nutrition and physician orders. As a result, the DBHDS RNCC immediately contacted the supervisor and the group home area manager. The discrepancies were requested to be clarified promptly and revised documentation be submitted. The provider responded quickly by addressing with the physician and obtaining new orders. Another individual with a G-Tube and other medical issues reported difficulties with obtaining appointments and understanding plan of care due to language barrier. RNCC contacted supervisor who contacted DD supervisor at the CSB for collaboration.

Another urgent concern presented itself during an onsite review in Region 2. The individual presented with concerning physical symptoms indicative of Cushing Syndrome. It was reported to interviewers the primary care provider mentioned Cushing Syndrome as a potential cause of the symptoms present but no formal diagnosis was given nor testing performed. Untreated, Cushing syndrome can lead to numerous medical complications which can be fatal. In addition to concerns of the individual having untreated Cushing Syndrome, there had been issues with transportation to necessary medical appointments. An annual physical was missed due to the scheduled transportation not providing the appropriate mode of transportation or medical support therefore the individual was unable to be transported to the appointment. The DBHDS RNCC contacted the individual's Support Coordinator and the individual's Managed Care Organization's Case Manager. By the following week, the Managed Care Organization rectified the transportation issues with the medical transportation company. The individual was transported without incident to their annual physical appointment and testing was ordered to evaluate for Cushing Syndrome.

## Desk Audits – SIS Level 5 and Level 7

### Introduction/Overview

The Intense Management Needs Review (IMNR) process is utilized as the basis to assess and monitor the adequacy of management and supports provided to all individuals with identified complex behavioral, health and adaptive support needs. DBHDS conducts “desk audits” or “paper only” review of individuals whose SIS evaluation results placed them in tier four level five (Maximum Support Needs) and tier four level seven (Intensive Behavioral Support Needs). The purpose of the paper only review is to ensure the documentation properly reflects the continuity of care across services is addressing the individual's management and support needs. This process is closely mirrored to the process referenced above but is only conducted by DBHDS RNCCs. These results also are designed to help determine if these services comply with the Department of Justice Settlement Agreement for indicator V.D.2.a-d 36.8 and offer supporting information for III.D.1 18.9 and V.B. 29.20.

*V.D.2.a-d 36.8 DBHDS collects and analyzes data (at minimum a statistically valid sample) at least annually regarding the management of needs of individuals with identified complex behavioral, health and adaptive support needs to monitor the adequacy of management and supports provided. DBHDS develops corrective action(s) based on its analysis, tracks the efficacy of that action, and revises as necessary to ensure that the action addresses the deficiency.*

## Methodology

In February 2024, in conjunction with the process above, DBHDS selected a random sample of 30 individuals whose SIS evaluation results placed them in level five and level seven and whose annual ISP meeting was held between April 1, 2023, and September 30, 2023. All regions were included for this random sample.

After the sample was selected, ten reviews from the level five sample and ten reviews from the level seven sample were assigned to each of the three DBHDS RNCCs conducting the reviews. These reviews began in February and took place through early April and were conducted along with the On-Site Reviews.

The documentation utilized to conduct these reviews included all available information within the WaMS to include but not limited to the ISP, the Health Care Plan, and the authorization form (CMS 485) for nursing services. Supplemental documentation, such as medical consults and medication administration records as well as additional documentation, were not available for this review. During the review, the DBHDS RNCCs completed the same paper questionnaire utilized in the process above making any necessary notes. Some questions on the questionnaire had to be omitted as it was difficult to respond to certain questions without being onsite. These questions were answered CND or “Could Not Determine”. Any immediate concerns were instantly sent to DBHDS leadership for abrupt attention, action and follow through. Upon conclusion of the reviews, the DBHDS RNCCs recorded responses into an established electronic monitoring system. The Findings Page of the questionnaire was completed to highlight a health-related matter of concern to be remedied by DBHDS. Finally, the DBHDS RNCCs established Remediation Plans based on the Findings that will be sent to the DD Directors and Support Coordinators by email for each individual reviewed providing feedback to include commendations. These Remediation Plans are tracked in an electronic monitoring system to ensure follow through. In addition, analysis of responses to the questionnaires was completed to establish overall findings.

Tables summarizing the findings are included below.

Region		
Region 1	8	26.67%
Region 2	7	23.33%
Region 3	5	16.67%
Region 4	1	3.33%
Region 5	9	30.00%

Sex		
Female	18	60.00%
Male	12	40.00%

Age Group		
Under 21	4	13.33%
21 - 30	7	23.33%
31 - 40	8	26.67%
41 - 50	3	10.00%
51 - 60	5	16.67%
61 - 70	2	6.67%
71 - 80	1	3.33%

Mobility Status		
Uses wheelchair	14	46.67%
Walks with support	10	33.33%
Walks without support	6	20.00%

Residence Type		
Group home - 4 or fewer	7	23.33%
Group home - 5 or more	2	6.67%
Own/family home	10	33.33%
Sponsored home	11	36.67%

## SIS Level 5 – Maximum Support Needs

### Characteristics of the Sample

The cohort for this portion of the study was the 30 randomly selected individuals with SIS level 5 needs who had ISP meetings between April 1, 2023 – September 30, 2023. SIS Level 5 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. The selected sample was stratified across all five regions. Region I has 8 individuals (26.67%), Region II has 10 individuals (23.33%); Region III has five individuals (16.67%), Region IV has 1 individual (3.33%) and Region V has nine individuals (30%).

Twelve males (40%) and eighteen females (60%) are included in this sample. The largest age group (26.67%) is comprised of individuals between ages 31 to 40. The next largest age group is between ages 21 to 30 (23.33%) followed by ages 51 to 60 (16.67%) and those under 21 (13.33%). Age groups of 41 to 50 (10%) are next followed by ages 61 to 70 (6.7%) and ages 71 to 80 (3.33%). The youngest person in the sample is 14 years old. The oldest person in the sample is 71 years old.

Most of the individuals in the sample (46.67%) use a wheelchair. Ten individuals (33.33%) walk with support while six individuals (20%) walk without support.

Most of the individuals in the sample (36.67%) live in a sponsored home. Ten individuals (33.33%) live in their own or family home while seven individuals (23.33%) live in a group home of four or fewer. Two individuals (3.33%) live in a group home of 5 or more.

### Discussion of Major Findings

Many of the individuals within the sample, share a few of the same health indicators as those from the SIS level six sample above. For example, 53% of the individuals have choking precautions and 50% have bowel elimination problems. They differ in that 73% of the individuals in this sample have a major seizure disorder and two individuals are being tube-fed. None of the individuals in this sample require any form of suctioning. The distinct issues related to the health care needs of every person in the sample are described in the questionnaires completed after each review.

#### *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 in this sample, two individuals (6.67%) were approved for nursing services within FY23. One individual had one authorization for RN skilled nursing services. This is approved for two hours per month for support, education, oversight and management of a G-tube in coordination with LPN home providers. There were no billed claims received for this service. The other individual had two authorizations for LPN skilled nursing services. These authorizations were approved for ten hours per week. One authorization was for a year that ended in May 2023. This authorization was utilized at 78%. The other authorization began in May 2023 and was utilized at 90% within FY23. Upon review by the DBHDS RNCCs, it was determined, based upon documentation, that at least two individuals could potentially benefit from nursing services. This recommendation will be made upon conclusion of the reviews.



*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 physical exams was attained through document review. There is evidence that 26 (86.67%) of the 30 individuals in this sample had an annual exam. Three of the four individuals who did not have an annual exam within the last year last had a physical exam in 2022. The other individual last had a physical exam in 2021 but has had visits to their PCP since. Per the notes within the ISP, the guardian is going to schedule the individual's annual physical exam.

Based on the documentation in review of lab work/diagnostic testing, we were able to determine that six (20%) of the 30 individuals in the sample received all lab work/diagnostic testing as ordered by the physician. One individual (3.33%) did not have orders for lab work/diagnostic testing, and we were unable to determine for the remainder 23 (76.67%) individuals if testing had been completed.

Additionally, based upon available documentation, the following determinations have been made regarding monitoring per physician's orders. Twenty-two individuals have been diagnosed with a major seizure disorder. Of those 22 individuals, there was clear documentation that 17 individuals (77.3%) had seizure monitoring in place. One of those 17 individuals lives in a family home and the family is aware and monitors. There was one individual (4.5%) that did not have monitoring for seizures in place and four individuals (18.2%) that were unclear if they had orders or were monitoring for seizures.

There were also four individuals within the sample that had a health indicator of pressure injury/skin breakdown. Of those four individuals, there was clear documentation that there was position monitoring for two individuals (50%). It was not clear for the other two individuals whether there was position monitoring in place. An additional seven other individuals had documentation of position monitoring.

Two individuals within the sample had a diagnosis of dehydration. There was clear documentation that both individuals were being monitored for fluid intake. Additionally, two individuals have difficulty maintaining or losing weight. There is clear documentation for one individual that food intake is being monitored but documentation does not reflect monitoring for weight fluctuations. The other individual has clear documentation stating that weight monitoring is ordered by the physician and taking place while it is unclear based on documentation if monitoring for food intake was ordered by the physician or being monitored.

Only two individuals (7%) within this sample are being tube fed and none require any form of suctioning.

Eight individuals (36.7%) within this sample experienced an emergency room visit or unexpected medical hospitalization. Four (50%) of the eight individuals experienced more than one emergency room visit or unexpected medical hospitalization. Upon review by the DBHDS RNCCs, based upon documentation, that two of these individuals could benefit from nursing services. DBHDS will be making these recommendations at the conclusion of the review process.

#### Dental exam data

Evidence about dental exams was attained through document review. Dental exams were conducted annually for 15 (50%) of the 30 individuals in the sample. Of the 15 individuals that have not had an annual dental exam; seven individuals last saw the dentist in 2021. Six individuals last saw the dentist prior to 2021. It is unclear when the final two individuals last saw the dentist. One of those individuals is edentulous and has their mouth/gums examined during doctor's appointments. The other has stated that numerous trips have been attempted but were unsuccessful. This was due to difficulty transferring to the dental chair and not willing to be sedated. One family has been in contact with the UVA Dental Clinic and is currently on a waitlist.

These fifteen individuals will be sent resources to assist with finding a dental provider and the information to request assistance from the DBHDS Dental Team.

Summary of Individual Findings				
ID	Type of Residence	Annual Physical Exam	Annual Dental Exam	80% of authorized nursing hours were received - Average
31	Sponsored home	Yes	Yes	N/A
32	Sponsored home	Yes	No	N/A
33	Own/family home	Yes	Yes	N/A
34	Sponsored home	Yes	Yes	No
35	Group home - 5 or more	Yes	No	N/A
36	Sponsored home	Yes	Yes	N/A
37	Group home - 4 or fewer	No	No	N/A
38	Group home - 4 or fewer	Yes	No	N/A
39	Own/family home	Yes	No	N/A
40	Own/family home	No	No	N/A
41	Own/family home	Yes	Yes	N/A
42	Sponsored home	Yes	Yes	N/A
43	Group home - 4 or fewer	Yes	Yes	N/A
44	Own/family home	Yes	No	N/A
45	Own/family home	Yes	Yes	N/A
46	Sponsored home	Yes	Yes	N/A
47	Sponsored home	Yes	Yes	N/A
48	Group home - 4 or fewer	No	No	N/A
49	Sponsored home	Yes	Yes	N/A
50	Group home - 4 or fewer	Yes	No	Yes
51	Own/family home	Yes	No	N/A
52	Own/family home	Yes	Yes	N/A
53	Group home - 4 or fewer	Yes	No	N/A
54	Sponsored home	Yes	No	N/A
55	Sponsored home	Yes	Yes	N/A
56	Own/family home	Yes	No	N/A
57	Group home - 4 or fewer	Yes	Yes	N/A
58	Sponsored home	Yes	No	N/A
59	Group home - 5 or more	No	No	N/A
60	Own/family home	Yes	Yes	N/A
<b>TOTALS</b>		<b>26/30</b>	<b>15/30</b>	<b>1/2</b>

## SIS Level 7 – Intensive Behavioral Support Needs

### Characteristics of the Sample

The cohort for this portion of the study was the 30 randomly selected individuals with SIS Level 7 needs who had ISP meetings between April 1, 2023 – September 30, 2023. SIS Level 7

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. The selected sample was stratified across all five regions. Region I has 10 individuals (33.3%), Region II has three individuals (10%), Region III has five individuals (16.7%), Region IV has six individuals (20%) and Region V has six individuals (20%).

Twenty males (66.67%) and ten females (33.33%) are included in the sample. The largest age group (40%) is comprised of individuals between ages 21 to 30. The next largest age group is between ages 31 to 40 (20%) followed by those Under 21 (13.3%) and ages 51 to 60 (10%). Age groups of 41 to 50 and 61 to 70 (6.7%) were next. Finally, age groups 71 to 80 had one individual (3.3%). The youngest person in the sample is 17 years old. The oldest person in the sample is 71 years old.

Most of the individuals in the sample (73.3%) walk without support. Five individuals (16.7%) walk with support while three individuals (10%) use a wheelchair.

Most of the individuals in the sample (43.33%) live in a group home of 4 or fewer. Nine individuals (30%) live in their own or family home while seven individuals (23.33%) live in a sponsored home. One individual (3.33%) lives in a group home of 5 or more.

A Demographic Table is included below.

Region		
Region 1	10	33.33%
Region 2	3	10.00%
Region 3	5	16.67%
Region 4	6	20.00%
Region 5	6	20.00%

Sex		
Female	10	33.33%
Male	20	66.67%

Age Group		
Under 21	4	13.33%
21 - 30	12	40.00%
31 - 40	6	20.00%
41 - 50	2	6.67%
51 - 60	3	10.00%
61 - 70	2	6.67%
71 - 80	1	3.33%

Mobility Status		
Uses wheelchair	3	10.00%
Walks with support	5	16.67%
Walks without support	22	73.33%

Residence Type		
Group home - 4 or fewer	13	43.33%
Group home - 5 or more	1	3.33%
Own/family home	9	30.00%
Sponsored home	7	23.33%

## Discussion of Major Findings

Many of the individuals within this sample share some of the same health indicators as those above in the SIS level 6 cohort, while others differed. For example, 43% of the individuals have choking precautions; 37% have a major seizure disorder and 27% have bowel elimination problems. None of the individuals are being tube-fed and only one individual (3%) requires suction. The distinct issues related to the health care needs of every person in the sample are described in the questionnaires completed after each review.

### *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 in this sample, none of the individuals were approved for nursing services in FY23. Upon review by the DBHDS RNCCs, it was determined, based upon documentation, that none of the individuals would benefit from nursing services at this time.

### *V.B. 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 physical exams was attained through document review. There is evidence that 27 (90%) of the 30 individuals in this sample had an annual exam. For the three individuals who did not have an annual exam within the last year, it was noted that two individuals last had a physical in 2022; while one individual last had an exam in 2021.

In review of lab work/diagnostic testing, we were able to determine that four (13.33%) of the 30 individuals in the sample received all lab work/diagnostic testing as ordered by the physician. Five individuals (26.7%) did not have orders for lab work/diagnostic testing, and we were unable to determine for the remainder 21 (70%) individuals if it had been completed.

Additionally, based upon available documentation, the following determinations have been made regarding monitoring per physician's orders. Eleven individuals have been diagnosed with a major seizure disorder. Of those eleven individuals, there was clear documentation that eight individuals (72.7%) had seizure monitoring in place. One of those eight individuals lives in a family home and the family is aware and monitors. There were two individuals (18.2%) that were unclear if they had orders or were monitoring for seizures. There were twenty individuals (66.67%) within this sample of thirty that did not have monitoring for seizures per physician's orders.

There were also four individuals within the sample that had a health indicator of pressure injury/skin breakdown. Of those four individuals, there was clear documentation that there were positioning monitoring for three individuals (75%). It was not clear for one individual whether there was position monitoring in place.

Two individuals within the sample had a diagnosis of dehydration. There was clear documentation that both individuals were being monitored for fluid intake. Additionally, two individuals have difficulty maintaining or losing weight. There is clear documentation that food intake is being monitored for one individual while it is not clear if the physician ordered monitoring for the other. None of the individuals in this sample are tube fed.

### Dental exam data

Evidence about dental exams was attained through document review. Dental exams were conducted annually for 19 (63.33%) of the 30 individuals in the sample. Two of the eleven individuals who had not had an annual dental exam within the last year last saw the dentist in 2015. One individual has documentation clearly stating that they will not cooperate, and the family has requested that the individual not be sedated as they have bad reactions to sedation. This individual will be referred to the DBHDS Dental Team for evaluation. The other individual needs sedation dentistry. There had been a challenge trying to find an area dentist that will accept Medicaid and perform sedation. This individual recently went through DBHDS dental services and a provider has been designated. Another individual last saw the dentist in 2019

where it was determined they would need sedation. This individual is also being referred to the DBHDS Dental Team for evaluation. The eight remaining individuals last saw the dentist in 2020 or sooner. Of those eight individuals, one is edentulous and has dentures but should still receive oral exams. Another has not been to the dentist since 2022 due to family choice. These eight individuals will be sent resources to assist with finding a dental provider and the information to request assistance from the DBHDS Dental Team

Summary of Individual Findings				
ID #	Type of Residence	Annual Physical Exam	Annual Dental Exam	80% of authorized nursing hours were received - Average
61	Group home - 4 or fewer	Yes	No	N/A
62	Group home - 4 or fewer	Yes	Yes	N/A
63	Sponsored home	Yes	Yes	N/A
64	Own/family home	Yes	No	N/A
65	Group home - 5 or more	Yes	Yes	N/A
66	Sponsored home	Yes	Yes	N/A
67	Own/family home	Yes	No	N/A
68	Group home - 4 or fewer	Yes	No	N/A
69	Own/family home	No	No	N/A
70	Group home - 4 or fewer	Yes	Yes	N/A
71	Sponsored home	Yes	Yes	N/A
72	Own/family home	Yes	No	N/A
73	Group home - 4 or fewer	Yes	Yes	N/A
74	Group home - 4 or fewer	Yes	No	N/A
75	Sponsored home	Yes	No	N/A
76	Group home - 4 or fewer	Yes	Yes	N/A
77	Group home - 4 or fewer	Yes	Yes	N/A
78	Own/family home	Yes	Yes	N/A
79	Own/family home	Yes	Yes	N/A
80	Group home - 4 or fewer	Yes	Yes	N/A
81	Group home - 4 or fewer	No	No	N/A
82	Sponsored home	Yes	Yes	N/A
83	Group home - 4 or fewer	Yes	Yes	N/A
85	Group home - 4 or fewer	Yes	Yes	N/A
86	Own/family home	Yes	Yes	N/A
87	Sponsored home	Yes	Yes	N/A
88	Own/family home	No	Yes	N/A
89	Own/family home	Yes	No	N/A
90	Group home - 4 or fewer	Yes	No	N/A
TOTALS		26/30	18/30	0/0

## Conclusion – Next Steps/Recommendations

This was an incredibly collaborative and informative experience for the DBHDS RNCC reviewers. The opportunity to work side by side with the independent nurse consultants and compare

observations and assessments of individual support plans allowed for more discussion about possible system improvements.

As we move forward, DBHDS will work towards improving the process utilizing lessons learned from the current process. 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 study 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 study period.

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 May 2024
- Lessons learned will be utilized to update the Skilled Nursing/Private Duty Nursing training for FY2025