

Nursing Services Data Report
NURSING HOURS UTILIZATION III.D.I
Six Month Review of FY23
June 2023

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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 – 12/31/22. The service authorizations pulled for this review included all authorizations that ran through FY23 including those beginning in FY22 and concluding in FY23 or beginning in FY23 and concluding in FY24.

Overview of Data

DBHDS found 540 unique ID/D individuals in DMAS service authorization files with a valid nursing service authorization (i.e., G0493, S9123, S9124, T1002, T1003) open within FY23 (July 1, 2022 – December 31, 2023). There was a total of 1267 authorizations to date within FY23.

In addition, DBHDS found a total of 54 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 54 EPSDT and Waiver recipients with new service authorizations that began in FY23. Of that number, a total of 42 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 77.78%, which compares to the goal of 70%.

- 54 Total Individuals Identified with first time authorizations
- 42 Total Individuals received first service within 30 days
- 11 Total Individuals did not bill for any claims
- 1 Individual received their first service at 31 days

EPSDT Recipient Breakdown

GOAL: 70%

There was a total of 12 EPSDT individuals with new service authorizations within FY23. Of that number, 8 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 66.67%, which compares to the goal of 70%.

- 12 EPSDT Individuals Identified
- 8 EPSDT Individuals received first service within 30 days
- 4 EPSDT Individuals did not bill any claims to date

Waiver Recipient Breakdown

GOAL: 70%

There was a total of 42 Waiver individuals with new service authorizations within FY23. Of that number, 34 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 80.95%, which compares to the goal of 70%.

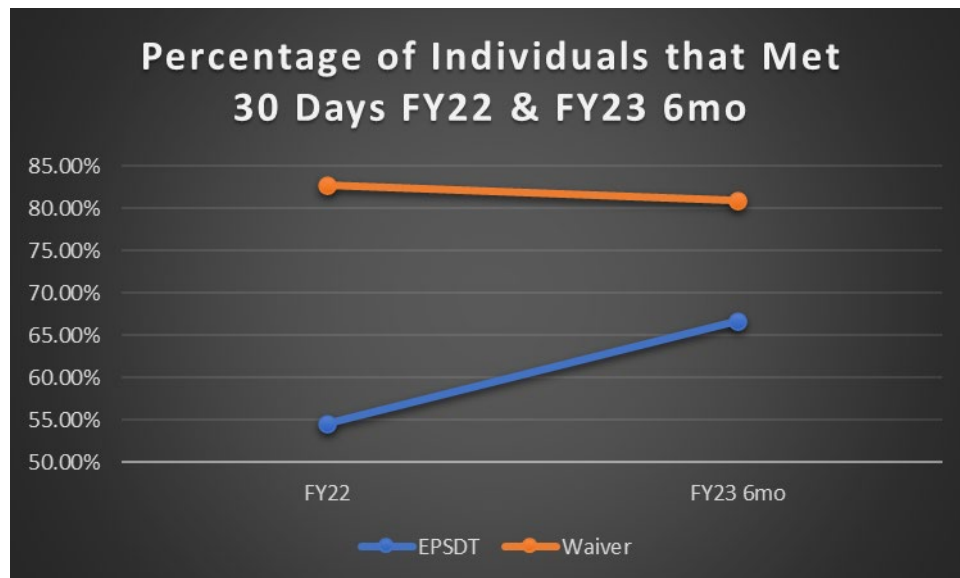
- 42 Waiver Individuals Identified
- 34 Waiver Individuals received first service within 30 days
- 7 Waiver Individuals did not bill any claims to date
- 1 Waiver Individual billed for their first service at 31 days

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	66.67%
Waiver	80.95%

The following chart shows the timeliness of service percent of change from FY22 to FY23 6mo review. EPSDT increased from 54.55% to 66.67%. Waiver decreased slightly from 82.69% to 80.95%. To date (FY23), Waiver has 10 less individuals newly receiving services compared to FY22.



Deep Dive Results – Timeliness of Service

DBHDS reached out to each of the four EPSDT individuals that did not appear to utilize any services to date in FY23. A summary of the calls is below.

Individual contacted was authorized for both Skilled Nursing RN and LPN for one month. This individual appeared to not utilize any services. The provider stated that the individual contracted COVID at the beginning of the authorization which delayed the start of services. The provider stated LPN services were consistently provided upon recovery from COVID. DBHDS will review future billings to determine if they are received for this individual.

Individual that did not appear to utilize any services so far in FY23 was also contacted. DBHDS spoke to both the family as well as Provider. The family stated they have a live in attendant as well as overnight nursing. They went on to express that the provider has staffed well. The only issues they have had with staffing was during a family emergency the nurse needed to attend to. DBHDS also spoke to the provider. The provider stated they are currently providing the nursing service but are behind on their billing.

Individual was authorized for Private Duty LPN for two months. This individual appeared to not utilize any services. DBHDS contacted the Support Coordinator who stated that the provider was not utilized. There were issues with the nursing provider being able to staff as well as not being a good fit for the individual. They utilized Personal Assistance and In-Home Supports. DBHDS also spoke with the

family who stated they had issues getting connected with a provider. They felt the provider did not have the ability to support the needs of the individual. The family has informed that there is no longer a need for nursing services at this time.

Individual contacted was authorized for Private Duty LPN and appeared to not utilize any services to date in FY23. Upon contact, the Provider informed that the case is consistently staffed, and they show over 9000 units have been billed in their system. DBHDS will revisit this authorization over the next few months to determine if these billed units show up on a future report.

Given these results, it's plausible that 10 of the 12 (83.33%) EPSDT individuals received their first service within 30 days of the date the need was identified. These results will continue to be reviewed to see if additional billings are received.

Utilization of Authorizations

Of the 540 unique individuals identified within FY23, 246 unique individuals received 80% or more of their allotted hours.

45.56% of unique individuals of both EPSDT and Waiver recipients received 80% or more of their allotted hours.

- 540 Individuals Identified
- 246 Individuals received 80% or more of their allotted hours
- 45.56% received 80% or more of their allotted hours

EPSDT Recipients Overview

Of the 540 unique individuals identified within FY23, 79 individuals were EPSDT recipients. Of the 79 recipients, 29 recipients received 80% or more of their allotted hours for at least one service in FY23.

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

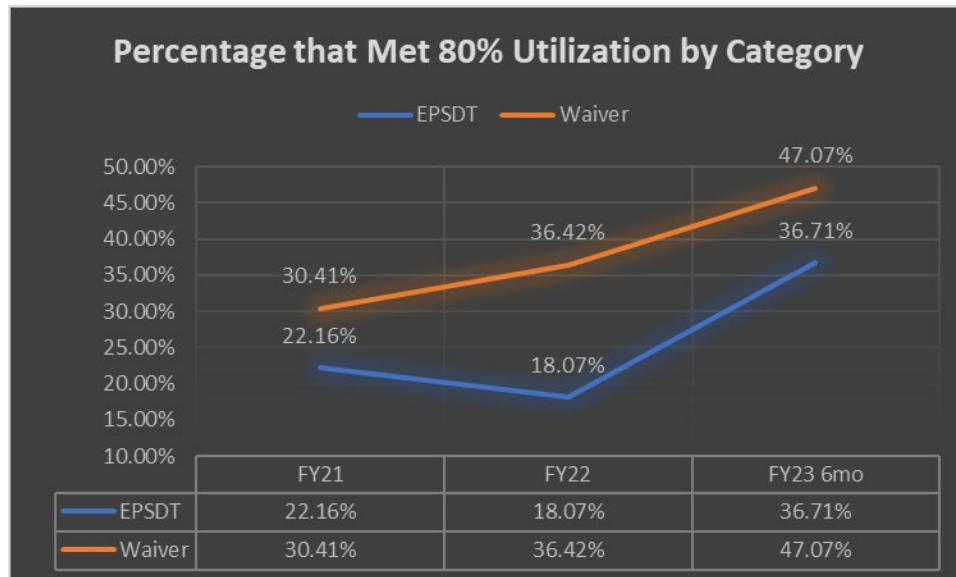
Waiver Recipients Overview

Of the 540 unique individuals identified within FY23, 461 individuals were Waiver recipients. Of the 461 recipients, 217 recipients received 80% or more of their allotted hours.

- 540 Individuals Identified
- 461 Total Waiver Recipients
- 217 recipients received 80% or more of their allotted hours

Percentage that Met 80% Utilization by Category	
	Percent
EPSDT	36.71
Waiver	47.07

The following chart shows the percent of change since FY21 of those that met 80% utilization by EPSDT and Waiver. EPSDT has increased 14.55% since FY21 while Waiver has increased 16.66% since FY21.



The following graphic shows the change in utilization percentage categorized from FY22 to FY23 6-month review. 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 6-month review was 64.56%. This is an increase of 9.14%. 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 6 Month Review was 73.97%. This is an increase of 3.4%.

Utilization Percentage Categorized - FY23 6 Month Review										
	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
EPSDT	18.99%	6.33%	5.06%	5.06%	10.13%	7.59%	11.39%	6.33%	10.13%	36.71%
Waiver	8.68%	5.21%	8.03%	5.86%	9.33%	8.24%	9.54%	7.59%	9.76%	47.07%

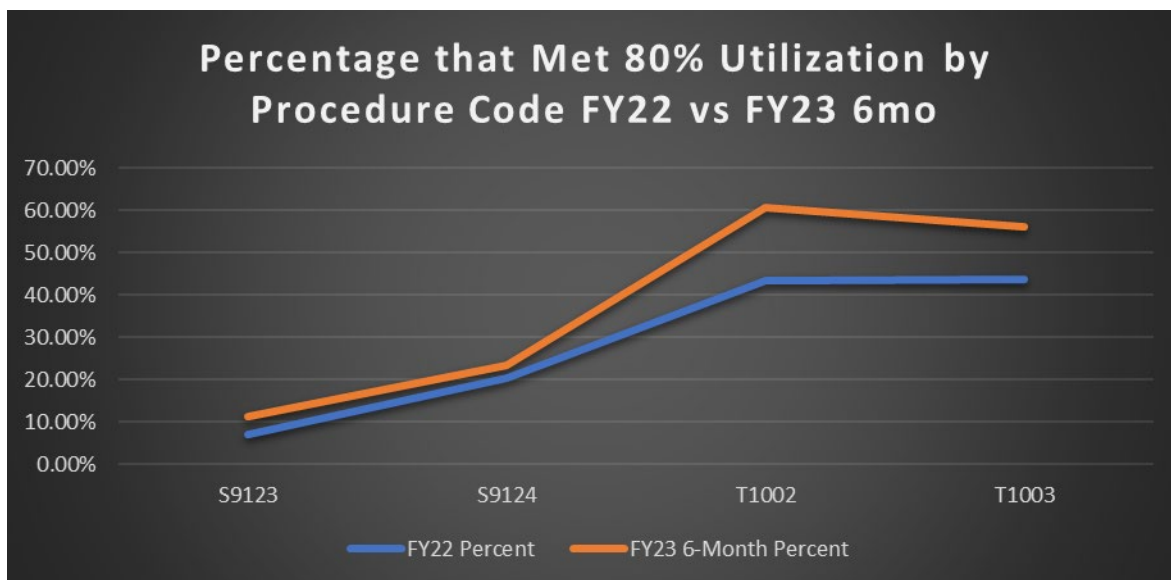
Utilization Percentage Categorized - FY22										
	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
EPSDT	16.87%	10.84%	3.61%	4.82%	12.05%	13.25%	16.87%	12.05%	8.43%	18.07%
Waiver	11.32%	4.53%	7.55%	10.38%	10.38%	11.51%	11.51%	10.75%	11.89%	36.42%

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 6-month review. 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 6mo			
	FY22 Percent	FY23 6-Month Percent	% of Change
S9123	6.97%	11.11%	↑ 4.14%
S9124	20.47%	23.20%	↑ 2.73%
T1002	43.27%	60.61%	↑ 17.34%
T1003	43.67%	56.16%	↑ 12.49%



The following table shows the Percentage of Utilization Categorized by Procedure Code from FY22 to FY23 6-month review.

In FY22, 47.96% of individuals authorized for S9124 received 50% or more of their authorized hours. That has increased to 51.20% of individuals authorized for FY23 6-month review. This is an increase of 3.24%.

In FY22, 71.7% of individuals authorized for T1003 received 50% or more of their authorized hours. That has increased to 81.66% for FY23 6-month review. This is an increase of 9.96%.

In FY22, 30.35% of individuals authorized for S9123 received 50% or more of their authorized hours. That has decreased to 20.74% for FY23 6-month review. This is a decrease of 9.61%.

In FY22, 62.5% of individuals authorized for T1002 received 50% or more of their authorized hours. That has increased to 72.73% for FY23 6-month review. This is an increase of 10.23%.

Utilization Percentage Categorized by Procedure Code - FY23 6-month										
	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
S9123	16.30%	12.59%	17.78%	11.85%	11.85%	8.89%	5.19%	2.96%	1.48%	11.11%
S9124	8.00%	4.00%	5.60%	6.40%	12.80%	12.80%	16.80%	4.00%	7.20%	23.20%
T1002	18.18%	2.02%	5.05%	1.01%	2.02%	1.01%	5.05%	2.02%	5.05%	60.61%
T1003	4.58%	1.72%	1.43%	1.72%	5.16%	4.87%	6.02%	8.60%	10.89%	56.16%

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 and the 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%
Group Home	199	85	42.71%
Living with Family	198	101	51.01%
(blank)	50	22	44.00%
Group home 4 beds or fewer	38	8	21.05%
Sponsored Home	29	18	62.07%
Group home 5 beds or more	12	6	50.00%
Living Independently (home or apartment)	11	5	45.45%
Supported Living	2	1	50.00%
Nursing facility	1		0.00%

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

Living Situation	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
Living with Family	10.55%	3.52%	4.52%	3.52%	8.04%	5.53%	8.54%	10.05%	14.07%	42.71%
Group Home	8.08%	6.57%	9.60%	7.07%	11.62%	10.10%	12.12%	5.05%	6.57%	51.01%
(blank)	22.00%	6.00%	8.00%	2.00%	8.00%	8.00%	8.00%	10.00%	6.00%	44.00%
Sponsored Home	5.26%	15.79%	18.42%	13.16%	10.53%	15.79%	7.89%	5.26%	5.26%	21.05%
Group home 4 beds or fewer	10.34%	0.00%	3.45%	6.90%	6.90%	3.45%	6.90%	6.90%	10.34%	62.07%
Group home 5 beds or more	0.00%	0.00%	0.00%	8.33%	16.67%	16.67%	16.67%	0.00%	0.00%	50.00%
Living Independently (home or apartment)	18.18%	0.00%	9.09%	9.09%	0.00%	0.00%	9.09%	0.00%	27.27%	45.45%
Supported Living	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	0.00%	50.00%
Nursing facility	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%

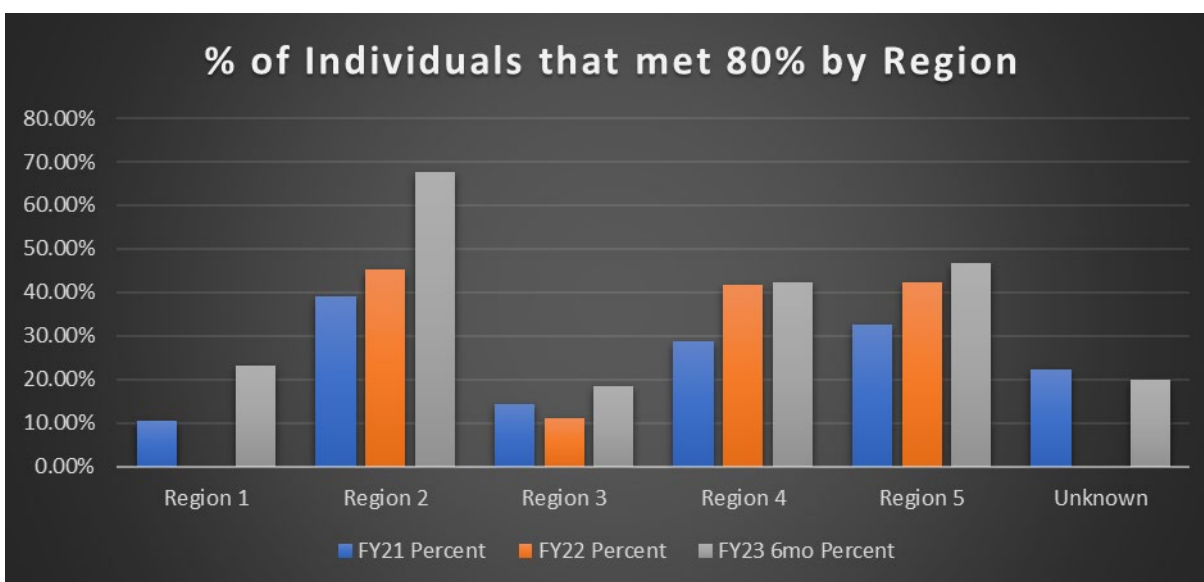
Utilization by Region

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 five individuals.

Percentage that met 80% by Region - FY21, FY22 and FY23 6mo			
REGION	FY21 Percent	FY22 Percent	FY23 6mo Percent
Region 1	10.53%	0%	23.08%
Region 2	39.14%	45.17%	67.65%
Region 3	14.19%	11.11%	18.60%
Region 4	28.69%	41.79%	42.22%
Region 5	32.59%	42.37%	46.79%
Unknown	22.22%	0%	20.00%

**Regions are determined by Individual’s CSB*

The following table shows the Percentage of Utilization Categorized by the individual’s Region 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	10.99%	7.69%	19.78%	13.19%	13.19%	6.59%	10.99%	3.30%	9.89%	23.08%
Region 2	11.76%	1.96%	1.47%	2.45%	4.41%	4.90%	5.88%	6.37%	9.80%	67.65%
Region 3	8.14%	9.30%	12.79%	9.30%	25.58%	15.12%	17.44%	8.14%	9.30%	18.60%
Region 4	8.89%	8.89%	11.11%	2.22%	2.22%	8.89%	20.00%	11.11%	13.33%	42.22%
Region 5	7.34%	4.59%	2.75%	4.59%	5.50%	10.09%	6.42%	10.09%	9.17%	46.79%
Unknown	40.00%	20.00%	20.00%	0.00%	20.00%	0.00%	0.00%	20.00%	0.00%	20.00%

Phone Calls – Deep Dive

As indicated in the FY22 report, DBHDS conducted a deep dive of twenty individuals to further understand barriers and challenges. This includes the four EPSDT individuals above (Page 5) that were newly authorized for nursing services but did not utilize services as well as five individuals that were identified in the FY22 report. The results of that deep dive are below under *Action from FY22 Report* (Page 19). The deep dive analysis, observations, and findings for the remainder of the 11 individuals is below.

- Individual had approved authorizations for Private Duty RN and LPN that were approved to be used at day support, if needed. The individual did not regularly attend day support. These services were not utilized and ultimately not needed. Individual is no longer attending day support. Individual also had an approved authorization for Private Duty LPN services with another provider. This provider provided over 80% of their authorized hours in FY22. The provider provided just over 70% of their authorized

hours within FY23 measured period. The provider stated they felt their hours were down within FY23 as they missed that the authorization was approved and ultimately started providing services late.

- Individual had an approved authorization for Private Duty LPN that began in FY22 and ended in FY23. This authorization was utilized at 71%. The individual then had an approved authorization for Private Duty LPN for one week that was utilized at 54%. Authorizations for Private Duty RN and LPN were then approved for the next six months. In the measured period, the Private Duty RN hours have not been utilized in the measured period, and Private Duty LPN has been utilized at 80% in the measured period. The provider stated the individual did have some hospitalizations which could lead to providing less than the authorized hours.
- Individual had an approved authorization for Skilled Nursing RN that began in FY22 and ended in FY23. This authorization was utilized at 31% during the measured period. The individual then had an authorization approved for Skilled Nursing RN that began in FY23 and ended in FY24. Per billing data, this authorization was not utilized in the measured period. The provider stated they have had some staffing issues and are unable to provide skilled nursing service until they are able to acquire another RN. They requested that the most recent nursing service for this individual be ended early due to staffing issues.
- Individual had an approved authorization for Private Duty RN for four weeks at the beginning of FY23. This authorization was utilized at 30%. This authorization was followed by another authorization for Private Duty RN for two months that was utilized at 37%. An authorization for Private Duty LPN was approved to begin in the middle of the authorization approved for Private Duty RN and run concurrently. This authorization was utilized at 17%. Authorizations for both Private Duty RN and LPN were then approved for four months. There were three months within the FY23 measured period. The RN authorization was utilized at 54% while the LPN authorization was utilized at 5%. DBHDS learned that this individual was on hospice and unfortunately passed away shortly after the FY23 measured period.
- Individual went from CCC+ to waiver at the beginning of FY23. The individual already had an established nurse prior to FY23 where they received over 80% of their Skilled Nursing RN services. At the establishment of the waiver, the individual was approved for authorizations for Private Duty RN and LPN for six months with the same provider they were receiving skilled nursing. The RN service was utilized at 81% and the LPN was utilized at less than 1%. The individual continued to receive the care they were previously receiving with CCC+.
- Individual is EPSDT and had approved authorizations for Skilled Nursing RN and LPN that began in FY22 and ended in FY23. The RN services were not utilized. The LPN services were utilized at 89%. Upon conclusion of these authorizations, authorizations for Skilled Nursing RN and LPN were approved

for six months within FY23. There was one month within the FY23 measured period for this report. The RN services have not been utilized. The LPN services have been utilized at 51%. The provider stated they always request RN and LPN services but primarily utilize three LPNs. They did state they have had some billing issues and generally bill monthly.

- Individual is EPSDT and had approved authorizations for Skilled Nursing RN and LPN that began in FY22 and ended in FY23. The RN services were not utilized. The LPN services were utilized at 56%. Upon conclusion of these authorizations, authorizations for Skilled Nursing RN and LPN were approved for six months within FY23. There was one month within the FY23 measured period for this report. The RN services have not been utilized. The LPN services have been utilized at 57%. The provider stated that the LPN works consistently but was out due to a family emergency. The nurse works 40 hours. They utilize additional nurses, if available, to fill the other 16 hours. The provider stated that staffing shortages is an issue. The Support Coordinator stated that there has been a consistent nurse working with the individual but did experience a family emergency and was unavailable at times. The Support Coordinator felt that the individual was receiving adequate nursing support and that the family would voice their dissatisfaction if there was an issue.
- Individual is EPSDT and had approved authorizations for Skilled Nursing RN and LPN that began in FY22 and ended in FY23. The RN services were utilized at 11%. The LPN services were not utilized. Upon conclusion of these authorizations, authorizations for Skilled RN and LPN were approved for a month and a half with reduced hours. The RN services were utilized at 3% and the LPN services were utilized at 24%. The provider stated they requested that the plan be reduced due to their staffing issues. They felt their utilization was down due to staffing issues and the individual being away with family and not receiving services.
- Individual is EPSDT and had approved authorizations for Skilled Nursing LPN that began in FY22 and ended in FY23. This provider (Provider 1) provides care Thursday - Friday. This service was provided at 100%. Additional authorizations were approved for Skilled Nursing RN and LPN that also began in FY22 and ended in FY23 with another provider (Provider 2) that ran concurrently with Provider 1. Provider 2 provided care Monday – Wednesday. The RN service was not utilized, and LPN service was utilized at 81%. Provider 2 also stated that the family would often send the nurse home early as they would be home to care for the individual. Provider 2 also stated that they dealt with staffing issues from June 2021 – December 2022.
- Individual is EPSDT and had approved authorizations for Skilled Nursing RN and LPN that began and ended in FY23. This authorization was for just under two months. The RN services were not utilized. The LPN services were utilized at 53%. The provider provides services during the night Sunday – Thursday. The family has an aide on the weekends that has been with them for many years. The nurse

providing the care also went on vacation during this time for 15 days and the family refused a substitute which could also have led to lower utilization.

This deep dive continues to highlight reasons/barriers highlighted in previous reports such as:

- Staffing issues
- EPSDT can only bill for one service
- Request services in case there is a need
- Hospitalization
- Family choice/care; additional in-home supports

Skilled Nursing/Private Duty Nursing Trainings

DBDHS presented trainings on March 9th, 2023, and June 8th, 2023. The next training is scheduled for September 7th, 2023.

Training Attendance and Poll Results

The training that took place on March 9th, 2023, had a total of 39 participants. Of the 39 participants, 23 participated in a survey at the end of the presentation. The breakdown of the participants that responded to the survey is a below.

March 9, 2023 SN/PDN Training	
Role	Percent
Agency Nurse	17.39%
DBHDS Staff	4.35%
Direct Support Professional	21.74%
Group Home Manager	13.04%
Provider Agency Administrator	13.04%
Service Coordinator	13.04%
Sponsored Residential Provider	17.39%
Grand Total	100.00%

Another question asked upon conclusion of the training is “Do you believe the individuals you support medical needs are met?” Of the 39 participants, 23 participants responded. The results are below.

March 9, 2023 SN/PDN Training	
Response	Percent
No	21.74%
Yes	78.26%
Grand Total	100.00%

A breakdown of responses by role is also included below.

March 9, 2023 SN/PDN Training			
Needs Met?	Response		
Role	No	Yes	Grand Total
Agency Nurse	0.00%	100.00%	100.00%
DBHDS Staff	0.00%	100.00%	100.00%
Direct Support Professional	0.00%	100.00%	100.00%
Group Home Manager	0.00%	100.00%	100.00%
Provider Agency Administrator	66.67%	33.33%	100.00%
Service Coordinator	66.67%	33.33%	100.00%
Sponsored Residential Provider	25.00%	75.00%	100.00%
Grand Total	21.74%	78.26%	100.00%

As part of the presentation, DBHDS polled the participants on various questions to try to learn a little more about who was participating as well as some of the barriers participants are seeing in delivering services. Each poll question varied in the number of respondents.

Poll Questions:

- 1. Are you aware of the JumpStart Funding program that can be used to expand Developmental Disability Waiver services in Virginia?*

This question received responses from 22 participants. Of the 22 responses, 27% indicated that they are aware of JumpStart Funding.

- 2. Have you participated in the Skilled Nursing/Private Duty Nursing training by DBHDS previously?*

This question received responses from 22 participants. Of the 22 responses, 27% indicated that they have participated in the SN/PDN Training previously.

3. *What do you feel are the top 3 barriers or reasons for not utilizing all authorized nursing hours?*

This question received responses from 24 participants. The breakdown of responses is below. Some respondents indicated more than three barriers. Those responses are also captured in the calculations below. Staffing Issues was indicated as a top barrier by 83% of the respondents. Authorization process is too complicated was indicated as a top barrier by 50% of respondents.

Top Barriers/Reasons	Percent
Staffing Issues	83%
Authorization process is too complicated	50%
Pay	46%
Billing Questions/Confusion	25%
Family Choice	25%
Location	25%
Utilize one nursing service over another	21%
Utilizes services elsewhere (i.e school, etc)	17%
Request more hours than necessary in the event they are needed	13%
Hospitalization	4%

4. *As a DD Waiver Nursing provider, do you request more skilled nursing and/or private duty nursing hours than potentially needed should the need arise?*

This question received responses from 24 participants. 29% of the respondents indicated that they do request more skilled nursing and/or private duty nursing hours than potentially needed should the need arise.

5. *Looking at the map provided, which area of the state are your services impacting the most?*

This question received responses from 20 participants. 35% of the respondents impact Region 3, 30% of the respondents impact Region 2, 20% of the respondents impact Region 5, 5% of the respondents impact Region 4, 5% of the respondents impact Region 1 and 5% of the respondents impact both Regions 1 and 3.

6. *To your knowledge, has the reimbursement rate increase been beneficial in nursing retention and hiring?*

This question received responses from 19 participants. 26% of the respondents felt that the reimbursement rate increase was beneficial in nursing retention and hiring. 16% of the respondents felt that the reimbursement rate increase was not beneficial in nursing retention and hiring. 58% of respondents felt the question did not apply to them.

The training that took place on June 8th, 2023, had a total of 173 participants. Of the 173 participants, 55 (32%) participated in the survey at the end of the presentation. The breakdown of the participants that responded to the survey is a below.

June 8, 2023 SN/PDN Training	
Role	Percent
Agency Provider	16.36%
DBHDS Employee	9.09%
Individual	1.82%
Nurse	29.09%
Support Coordinator	43.64%
Grand Total	100.00%

This training did not have a poll initiated in the training. The poll will be reinstated during the September training.

Training Key Points

- Skilled Nursing (SN) service means one-to-one nursing services that are provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in the form of intermittent care, up to, but not to exceed 21 hours per week as detailed in the individual’s ISP.
- SN services are provided for individuals enrolled in the DD waiver who have serious medical conditions and complex health care needs and have exhausted their home health benefits under the Commonwealth’s Medicaid benefit or other benefits available to the individual and who require specific nursing care.
- The allowable activities for the SN service may include
 - Administering medications and other medical treatments by medical professionals ordered specifically for the individual’s care.
 - Skilled training of family members, caregivers, and other relevant persons regarding the nursing care of the individual.
 - Monitoring an individual's medical status including assessment and observation related to the individual’s nursing care and treatment needs specific to the medical orders, desired health outcomes, and the support activities outlined in the individual’s ISP
 - Providing consultation and guidance to DSPs or family members/caregivers related to the individual’s nursing care and treatment needs specific to the desired health outcomes and recommendations for ongoing care and support activities outlined in the individual’s ISP.

- Delegation of nursing tasks to unlicensed paid caregivers (i.e., DSPs) in accordance with nurse delegation regulations in 18VAC90-19 240 –280.
- The allowable activities for PDN may include:
 - On-going monitoring of an individual's medical status as it relates to the specific medical and nursing needs.
 - Administering medications and other medical treatments ordered specifically for the individual's care.
 - Assisting with activities of daily living in conjunction with medical treatment and care.
 - Training of family members or other caregivers regarding the nursing care of the individual per the plan for supports.
- PDN cannot be provided concurrently (i.e., during the same billing unit timeframe) with skilled nursing services, personal assistance services, respite services, or companion services.
- Individuals receiving PDN services may not be authorized for skilled nursing services except when skilled nursing is required for nurse delegation responsibility activities in accordance with 18VAC90-19-280 and are authorized and included in the individual's ISP.
- Private duty nursing service shall not be covered under the waiver if the individual who is younger than 21 years of age is eligible for private duty nursing service covered through Medicaid's Early and Periodic Screening, Diagnostic and Treatment program.
- EPSDT is utilized by children who do not have DD waiver and therefore authorized through KEPRO. Private duty nursing (PDN) services are authorized by DMAS as an EPSDT service for children not enrolled in the DD waiver.
- A single PDN service authorization may allow RN and LPN services to be included in the same authorization. ONLY 56 total hours can be billed. Nursing authorizations need to align with the ISP date.
- DMAS allows more than one provider to provide Private Duty Nursing to a single individual. Each agency must coordinate their services to ensure that the individual's service needs are met. Each agency must provide a distinct POC which includes a detailed schedule of the nursing services they provide. Both providers must perform monthly supervisory visits and send all verbal orders to the co-sharing agency. Weekly communication between agencies in shared cases is encouraged regarding PDN hours, billing, and health, safety, or welfare issues. In the event one agency releases a portion of or all approved hours to a different agency, the Medicaid LTSS Communication form (DMAS-225) must be completed by the releasing agency specifying the other PDN agency as well as the number of hours. The receiving agency must include this form when submitting their authorization request.

Action from FY22 Report

In the FY22 (7/1/2021 – 6/30/2022) report, DBHDS set forth “Next Steps” to be reviewed and taken upon completion of the FY23 report. These next steps as well as findings and actions are below.

DBHDS reviewed a sample of ten (10) individuals who had 2-4 authorizations for multiple services within FY22. Upon review, here are the results and findings from FY22 compared to FY23 to date (7/1/22 – 12/31/22).

- ***FY22 findings:*** Individual A had authorizations for S9123 and S9124 that ran concurrently. These two authorizations began in FY21 and were ended in FY22. There were two measurable months within FY22. They also had an authorization for S9123 that began upon completion of the S9123 in FY21. This authorization began in FY22 and was ended in FY22. The provider has not billed for any of these services.

FY23 findings: Individual A was not authorized for any nursing authorizations as they have passed away.

- ***FY22 findings:*** Individual B had authorizations for S9123 and S9124 that ran concurrently. These two authorizations began in FY21 and were ended in FY22. These two authorizations had four measurable months within FY22. The provider has not billed for any of these services.

FY23 findings: Individual B has not been authorized for any nursing authorizations to date.

- ***FY22 findings:*** Individual C had authorizations for S9123 and S9124 that ran concurrently. These two authorizations began in FY22 and ended in FY22. The provider has not billed for any of these services. In addition, this individual had authorizations that began upon completion of the previous authorizations. These authorizations also began and ended in FY22. The individual billed for 49% of their authorized hours for S9123 and the provider has not billed for any services for S9124.

FY23 findings: Individual C has not been authorized for any nursing authorizations to date.

- ***FY22 findings:*** Individual D had authorizations for S9123 and S9124 that ran concurrently. These two authorizations began in FY21 and ended in FY22. Both services were utilized at over 90%. Upon completion of these services, the individual began authorizations for T1002 and T1003 that began in FY22 and concluded in FY23. These authorizations have four measurable months in FY23. The provider has not yet billed for these two services.

FY23 findings: Individual D had authorizations for T1002 and T1003 continued from FY22 that ended in October of FY23. These two authorizations were billed at 100% for FY23. Upon completion of these authorizations, there were two new authorizations for T1002 and T1003 that

began and ended in FY23. The authorization for T1002 was utilized at 100% and the authorization for T1003 was utilized at 98%. DBHDS spoke with the Provider who stated that they have provided all services and just conducted an audit and received payment for all billings.

- ***FY22 findings:*** Individual E had two authorizations for S9123 and S9124 that ran concurrently. These two authorizations began in FY21 and ended in FY22. These two authorizations had six measurable months within FY22. S9123 was utilized at just under 100% and S9124 was utilized at 88%. Upon completion of these authorizations, the individual began authorizations for T1002 and T1003. These two authorizations began in FY22 and ended in FY22. These authorizations had three measurable weeks from beginning to end. The individual utilized 68% of T1003 and the provider has not yet billed for services for T1002.

FY23 findings: Individual E has not been authorized for any nursing authorizations to date.

- ***FY22 findings:*** Individual F had two authorizations for S9123 and S9124 that ran concurrently. These authorizations began in FY21 and ended in FY22. There were four measurable months in FY22. S9123 was utilized at 23% and S9124 was utilized at 68%.

FY23 findings: Individual F has not been authorized for any nursing authorizations to date.

- ***FY22 findings:*** Individual G had two authorizations for S9123 and S9124 that ran concurrently. These authorizations began in FY21 and ended in FY22. There were just under four measurable months in these authorizations. S9123 was utilized at 13% and S9124 was utilized at 17%. Upon completion of these authorizations, the individual began authorizations for S9123 and S9124 that ran concurrently. These authorizations began in FY22 and ended in FY23. There were 8 measurable months for these authorizations. S9123 was utilized at 28% and S9124 was utilized at 45%.

FY23 findings: Individual G continued with the authorizations for S9123 that was utilized at 28% at the conclusion of the FY22 report. The individual received 40% of their authorized units within FY23 for this authorization. The individual also continued with the authorization for S9124 that was utilized at 45% at the conclusion of the FY22 report. The individual received 60% of their authorized units within FY23 for this authorization. Seven days upon completion of the above authorizations, the individual received authorizations for S9123 and S9124 that ends in April, 2023. To date for this report (measuring 7/1/22 – 12/31/22), the individual has utilized 14% of S9123 and 47% of S9124. Upon speaking to the provider, DBHDS was informed that the provider had tried a different blood sugar monitoring system that did not require sensors that needed to be changed as frequently. This would result in the number of authorized units to be utilized less frequently. Unfortunately, this system did not work for the individual and requires more frequent sensor changes as well as weekly injections. This will result in the number of utilized units to increase. This

provider also builds in PRN hours into plans for when individuals have increased issues. The provider also informed DBHDS that they have had some staffing shortages but had recently completed hiring. They also informed that they bill monthly.

- ***FY22 findings:*** Individual H had one authorization for S9123 that began in FY21 and ended in FY22. There were eight measurable months in FY22. This authorization was utilized at 28%. Upon completion of this authorization, the individual began authorizations for S9123 and S9124 that ran concurrently. These authorizations began in FY22 and will end in FY23. S9124 was utilized at 34% and the provider has not yet billed for S9123.

FY23 findings: Individual H continued with the authorizations for S9123 and S9124 through February 2023. There were eight measurable months within FY23. The authorization for S9123 did not have any billed hours at the conclusion of the report for FY22. Through 12/31/22, 15% of authorized hours for S9123 have been utilized. The authorization for S9124 was utilized at 34% at the conclusion of the report for FY22. Through 12/31/22, 23% of authorized hours for S9124 have been utilized. Upon speaking to the provider, DBHDS was informed that the individual left the agency in September 2022. Often the caregiver would schedule visits and the individual would not be present upon the nurses scheduled arrival time.

- ***FY22 findings:*** Individual I had two authorizations for S9123 and S9124 that ran concurrently. These authorizations began in FY21 and ended in FY22. There were nine measurable months in FY22. S9123 was utilized at 56% and S9124 was utilized at 71%.

FY23 findings: Individual I had two authorizations for S9123 and S9124 that started in July 2022 and ended in March 2023. Through 12/31/22, S9123 has not been billed. S9124 has been utilized at 39% through 12/31/22. Upon speaking to the provider, they informed DBHDS that they did not have a nurse in that area for a while. They reiterated that nursing shortage has been a factor to delivering services especially regarding RN. Per the nurses' notes, LPN has been delivered at over 80%. They are going to investigate billing compared to what was provided.

- ***FY22 findings:*** Individual J had one authorization for S9124 that began in FY21 and ended in FY22. This authorization had 8 measurable months in FY22 and was utilized at 34%. The individual also had an authorization for S9123 that began in FY22 and ended in FY22. This authorization had two measurable months within FY23 and was utilized at 17%. Upon completion of these authorizations, the individual began authorizations for S9123 and S9124 that run concurrently. These authorizations began in FY22 and ended in FY23. These two authorizations have four measurable months in FY22. Both authorizations were utilized at 15%.

FY23 findings: Individual J continued the authorizations for S9123 and S9124 that began in FY22 and concluded in FY23. There are six measurable months through 12/31/22. S9123 has been utilized

at 26% and S9124 has been utilized at 46%. Upon speaking to the provider, DBHDS was informed that a nursing shortage is the reason the individual has not received 80% of their authorized hours.

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.
- Continue to complete a deep dive on individuals, particularly those not utilizing services, to further determine the challenges and barriers that face individuals and providers.
- Examine rate of incident reporting to include identification of Care Concerns for individual's, particularly those not utilizing services receiving Skilled Nursing and Private Duty Nursing, to determine any trends in the delivery of services hours as compared to the incidence of a reportable adverse events.
- Review FY23 Quarter 1 and 2 billing data once again to determine if additional billing has been received.
- 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.
- Nursing Services Workgroup for FY24 to include key stakeholders from both DBHDS and DMAS will meet in August 2023 to 1) Review recent Nursing Utilization Reports and identify any additional areas of focus for the next nursing Utilization review, 2) Identify activities to educate about and promote the Jump Start Funding opportunity, and 3) Identify 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 proving of nursing in a DD waiver licensed setting.
- 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.