

Nursing Services Data Report
NURSING HOURS UTILIZATION III.D.I
Yearly Review of FY20
October 2021

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 FY20 data for Nursing Services within the Commonwealth. This time period covers 7/1/19 – 6/30/20. The service authorizations pulled for this review included all authorizations that ran through FY20 including those beginning in FY19 and concluding in FY20 or beginning in FY20 and concluding in FY21.

OVERVIEW OF DATA

DBHDS found 736 unique ID/D individuals (643 at Six Month review) that includes 1857 in total authorizations in DMAS service authorization files with a valid nursing service authorization (i.e. G0493, S9123, S9124, T1002, T1003) open within FY20 (July 1, 2019 – June 30, 2020).

In addition, DBHDS found a total of 128 unique ID/D individuals (230 total authorizations) with new service authorizations that began in FY20.

REPORTING

Timeliness of Service – Individuals with New Authorizations within FY21

GOAL: 70%

There were a total of 128 EPSDT and Waiver recipients combined with new service authorizations that began in FY20. Of that number, a total of 115 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 89.84%, which compares to the goal of 70%.**

- 128 Total Individuals Identified with first time authorizations
- 115 Total Individuals received first service within 30 days

EPSDT Recipient Breakdown

GOAL: 70%

There were a total of 24 EPSDT individuals with new service authorizations within FY20. Of that number, 20 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 83.33%, which compares to the goal of 70%.**

These 24 EPSDT individuals had a total of 55 authorizations within FY20. Of that number, 48 had service delivered within 30 days of the date the need was identified in their ISP. **The rate of these services starting within 30 days was 87.27%.**

- 24 EPSDT Individuals Identified
- 20 EPSDT Individuals received first service within 30 days

Waiver Recipient Breakdown

GOAL: 70%

There were a total of 104 Waiver individuals with new service authorizations within FY20. Of that number, 95 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 91.35%, which compares to the goal of 70%.**

These 104 Waiver individuals had a total of 175 authorizations within FY20. Of that number, 155 had services delivered within 30 days of the date the need was identified in their ISP. **The rate of these services starting within 30 days was 88.57%.**

- 104 Waiver Individuals Identified
- 95 Waiver Individuals received first service within 30 days

NURSING UTILIZATION

ESPDT Recipients Overview

Of the 736 unique individuals identified within FY20, 150 individuals (113 at Six Month Review) were EPSDT recipients. Of the 150 recipients, 77 recipients received 80% or more of their allotted hours.

- 736 Individuals Identified
- 150 Total ESPDT Recipients
- 77 recipients received 80% or more of their allotted hours

Waiver Recipients Overview

Of the 736 unique individuals identified within FY20, 579 individuals were Waiver recipients. Of the 579 recipients, 295 recipients received 80% or more of their allotted hours.

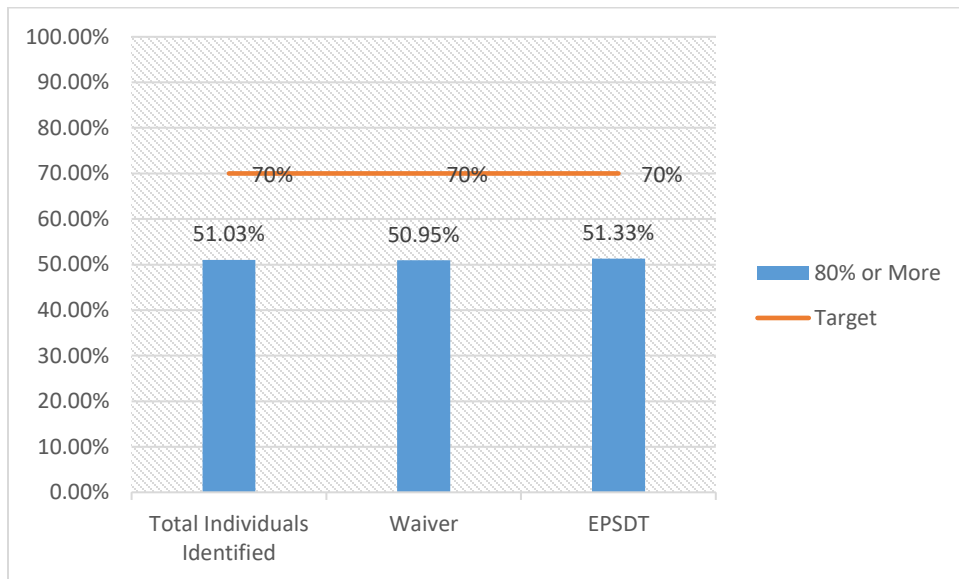
- 736 Individuals Identified
- 579 Total Waiver Recipients
- 295 recipients received 80% or more of their allotted hours

EPSDT and Waiver Recipients Total Utilization

Of the 736 unique individuals identified within FY20, 372 unique individuals received 80% or more of their allotted hours.

51.03% of unique individuals of both EPSDT and Waiver recipients received 80% or more of their allotted hours.

- 736 Individuals Identified
- 372 Individuals received 80% or more of their allotted hours
- 51.03% received 80% or more of their allotted hours



RESULTS/ANALYSIS

Similar to the mid-year review of waiver nursing services, a deeper analysis was conducted and is still ongoing to continue to determine what barriers are causing the underutilization of authorized nursing hours for FY20. The first step was to identify the waiver nursing providers (total 107) and then to call each of them and conduct a phone interview. The second step was to code the responses captured to complete a deeper dive regarding these barriers.

Registered Nurse Care Consultants (RNCC) from the Office of Integrated Health, called 107 Waiver/EPSTD nursing providers who were authorized to provide Skilled Nursing (SN), Private Duty Nursing (PDN) and nursing under Waiver/EPSTD. Of the 107 providers, 12 providers were found in the billing records from the Department of Medicaid Assistance (DMAS) to have met the goal of providing 80% of all authorized nursing hours and/or started the service within 30 days of the identified need. The RNCCs have been able to make contact with 78 of the 107 Waiver/EPSTD providers.

When interviewed by phone, Waiver/EPSTD nursing providers reported the following top reasons that most individuals did not either begin their nursing service within 30 days of the date the need was identified in their ISP and/or utilize 80% of their authorized hours (Table 1).

- Workforce Issues
- Utilization of Nursing Hours Fluctuated with the Acuity of the Individual
- Requested More Hours than Needed
- Individual was Hospitalized
- Unsure
- Declined Nursing Hours Due to Concerns About the Potential Risks of Spreading COVID-19

The same six reasons were also the top reasons that most authorizations, in total, did not begin their nursing service within 30 days of the date the need was identified in the ISP and/or utilize 80% of their authorized hours (Table 2).

As can be seen in Table 1 below, it was reported that 74 individuals experienced challenges to accessing nursing services because of workforce issues. These issues included reasons such as the following:

- Individual has both RN and LPN hours and one set of hours had a delayed start
- Low reimbursement rate that results in an hourly rate that is too low and not competitive
- Nursing Shortage
- COVID

Table 2, shows that Staffing Issues impacted 151 specific nursing authorizations. The providers stated that 22 of these 151 affect nursing authorizations were specifically due to COVID-19.

Table 1.

| Reason | Unique Individuals |
|--|--------------------|
| Staffing Issues | 74 |
| Individual utilized one service over the other | 36 |
| Requested more hours than needed | 35 |
| Individual Hospitalized | 27 |
| Unsure | 25 |
| COVID | 22 |
| Family Choice | 9 |
| Agency Closed | 8 |
| No Longer Needed | 7 |
| Authorization Rejected | 5 |
| Dual Agencies | 5 |
| Discharged early due to difficult family | 4 |
| Discharged prior to end of auth | 4 |
| Provider provided and billed for services | 4 |
| Provider records show services were utilized | 4 |
| Couldn't bill RN | 3 |
| Declined services most days | 2 |
| Moved Agencies | 2 |
| Other Help in Home | 2 |
| Authorization process is too complicated | 1 |
| Individual died prior to auth end date | 1 |
| Provider states they never got paid | 1 |
| Uses LPN, unable to bill RN | 1 |

**Definitions for above on Pages 10-11*

Table 1 above shows that 22 unique individuals were directly affected by COVID and therefore were unable to receive their allotted hours. This impacted a total of 38 specific authorizations for nursing hours. In addition to the Staffing Issues above.

As can also be seen in Table 2 below, COVID impacted 38 total authorizations, which resulted in roughly 56,114 total authorized hours that were unable to be provided. The majority of responses stated that either the family declined nursing services during COVID or the individual was authorized for nursing hours at the Day Program and Day Programs were suspended during COVID therefore nursing hours were not needed/provided.

Table 2.

| Reason | Total Authorizations |
|--|----------------------|
| Staffing Issues | 151 |
| Individual utilized one service over the other | 75 |
| Requested more hours than needed | 54 |
| Individual Hospitalized | 53 |
| Unsure | 46 |
| COVID | 38 |
| Unable to reach | 20 |
| Agency Closed | 13 |
| Declined services most days | 11 |
| Family Choice | 11 |
| No Longer Needed | 11 |
| Other Help in Home | 9 |
| Discharged prior to end of auth | 8 |
| Discharged early due to difficult family | 7 |
| Provider provided and billed for services | 6 |
| Authorization Rejected | 5 |
| Couldn't bill RN | 5 |
| Dual Agencies | 5 |
| Provider records show services were utilized | 5 |
| Moved Agencies | 2 |
| Authorization process is too complicated | 1 |
| Individual died prior to auth end date | 1 |
| Provider states they never got paid | 1 |
| Uses LPN, unable to bill RN | 1 |

**Definitions for above on Pages 10-11*

Additional information on potential barriers identified include:**Authorization Process**

- *Agency unaware of the service authorization*
- *Authorization process being too complicated*
- *Issues with the plan of care*

Staffing Issues & Agency Viability

- *Staffing in the specific home*
- *Staffing in general*
- *Retention and inability to keep an RN to maintain the service*
- *COVID*

Billing Issues

- *Billing private insurance instead of waiver*
- *Couldn't bill RN service*
- *Provider record shows they provided Authorized service and billed for services*
- *Requested more hours than were needed*
- *They were told they could only bill for one service*
- *Provider never got paid*
- *Uses LPN therefore unable to bill the RN authorized hours*

A sample of responses that were captured in the narratives is as follows:

- “The individual died prior to authorization end date”
- “The individual's family declined due to COVID”
- “The individual was hospitalized numerous times which created staffing issues post hospitalization”
- “The individual only received nursing hours through their day support program and day support was closed due to COVID”
- “The individual lost waiver level of care”
- “The individual moved out of service area”
- “The individual utilized one service over the other”
- “The individual only utilized nursing while at day support to administer medications”
- “The individual declined services most days making it difficult to maintain staff”
- “The individual was discharged prior to the end of the authorization”
- “The individual only utilized services at night as the parents provided care during the daytime hours”
- “The individual no longer needed nursing supports and was discharged”
- “The individual only accepted services on Saturdays”
- “The individual only used services on weekdays.”
- “The individual chose to utilize nursing on weekdays and used less hours.”
- “The individual chose other help in the home.”

RECOMMENDATIONS/NEXT STEPS

The Office of Integrated Health RNCCs are continuing to receive feedback from FY20 nursing service providers. This additional feedback will be included in a final update prior to the start of the FY21 review.

The results of this review will be provided to the Nursing Services Work Group to be included in their development of interventions to target the expansion and access to Waiver and EPSDT nursing services.

I. Nursing Services Work Group

Continue the work group focused on developing improvement strategies / quality initiatives regionally and/or statewide to increase access and utilization of nursing services.

- The primary work group is currently comprised of Registered Nurse Care Consultants from the Office of Integrated Health and Community Resource Consultants from Provider Development.

Phase 1

In the first phase of work the Nursing Services Work Group work group analyzed the challenges in providing DD Waiver nursing services through – out the Commonwealth.

Workgroup Actions Completed:

- ✓ Reviewed the Skilled and Private Duty Utilization Data – FY 19
- ✓ Completed a survey of DD Waiver Nursing Providers (not CSBs)
 - The work group conducted a survey of the 92 DD Waiver Nursing Services as identified through Waiver Nursing Authorization data from FY19. The focus of the survey was to; 1) gain a better understanding from nursing providers of the use of nursing services in the community, 2) to help DBHDS identify ways to increase access to nursing services and 3) to identify the supports Nursing providers need to consider increasing service capacity. Results of the survey were incorporated into the content outline for training.
 - Developed a training in collaboration with Service Authorization on “How to Provide DD Waiver Nursing Services in Virginia” designed to improve stakeholder understanding of the process and increase utilization that will support the information presented in the DMAS DD Provider Manual.
- ✓
 - The Service Authorization Nurse and the OIH RNCCs have developed a training that focuses on the why and how to deliver DD Waiver Nursing services, consistent with the new regulations and addressing barriers to utilization through - out the training. The training will be presented virtually on a routine schedule once the DMAS Provider manual has been finalized.
- ✓ Established a plan to present the virtual training that coincides with release of the DMAS DD Provider Manual. NOTE: The DMAS DD Provider Manual is currently posted on the Commonwealth Town Hall for public comment through 11/04/2021. Formal training dates will

be posted when the manual is approved.

<https://townhall.virginia.gov/L/ViewNotice.cfm?gnid=1333>

Phase 2

In the second phase of work, the Nursing Services Work Group will focus on FY20 utilization in comparison to FY19 and consider regional differences. The group will consider expanding to include consistent representation from the DD Waiver Nursing providers.

Actions to complete

- Complete a review of nursing services utilization data report of FY20 utilization.
NOTE: To be on going year after year.
- Develop a work plan for review of the Skilled and Private Duty Nursing Utilization for FY21 that can specifically look at unique challenges involving:
 - Home Health Care Agencies specifically
 - Workforce/staffing
- Work with Service Authorization (WAMs Managers) to determine if a deeper dive is needed, identify additional interventions to reduce the identified barriers and develop additional resources or training materials aimed at reducing this barrier and the negative impact on community access.
- Research Nurse Retention programs/interventions and determine what initiative DBHDS might engage to promote nurse retention in the community.
 - The Office of Integrated Health began supporting provider retention of nursing staff by adding the benefit of FREE Continuing Education Units to each of the monthly regional nursing meetings. This is an offering that began in January 2020.
- Determine a method to assess the impact of the increase in nursing rates that is anticipated in FY 22.
 - The first step was for the Commonwealth to increase the nursing rates. On 09/17/21, DMAS issued a memo announcing an increase in nursing rates. *"In accordance with Item 313.DDDD of the 2021 Virginia Acts of Assembly, skilled and private duty nursing rates will be increased to 80% of the benchmark rate developed by Burns and Associates. The skilled and private duty nursing rate update applies to DD Waivers, CCC Plus, and EPSDT programs for Fee-For-Service as well as Managed Care."*

II. DMAS Initiative to create a NEW allowable category for Nursing Authorization under EPSDT

- The DBHDS Office of Integrated Health and Waiver Operations (Service Authorization) will continue to participate in the DMAS work group focused on an initiative to develop a new certification in Virginia for Certified Nursing Assistants (CNA) that would include additional training topics such as medication aide training. This new CNA role would function under the supervision of Registered Nurses and aid in addressing the need for nursing care in those specific

cases where LPN Private Duty Nursing (PDN) is currently provided but a CNA with additional training and regular supervision could meet the needs identified in the individual's nursing care plan.

- This initiative requires legislative action, which DMAS is pursuing.

DEFINITIONS FOR TABLE 1 & 2

Staffing Issues – Provider unable to staff or retain staff for a position with appropriate nursing personnel

Family Choice – Family only utilized services on select days; Family declined services; Individual has other help in the home

Individual lost waiver level of care – DMAS identified in the billing as moved into Nursing Facilities or ICFs; Medicaid denied services; No longer met criteria for Waiver nursing per DMAS regulations

Billing Private Insurance – Nursing provided by and paid for by Individual’s MCO provider

Individual died prior to Authorization end – Individual passed away prior to the end of their authorization and authorization was not closed in a timely manner

Individual hospitalized – Individual was hospitalized during authorization period

Authorization process is too complicated – Service authorization process considered overwhelming and/or confusing for Provider agency to submit/re-submit service authorizations for nursing

Individual lost Medicaid eligibility – Individual no longer a candidate for Waiver nursing services.

Location – Staffing with appropriate nursing personnel difficult due to geographical location

Provider provided and billed services – Provider staffed service with appropriate nursing personnel but failed to bill for those services

Dual Agency – Multiple providers are providing the same individual the same services during the same authorization period

Individual utilized one service over the other – Individual with one or more active Waiver nursing service authorizations but utilized one Waiver service over another (*Ex: Individual has approved services for both Skilled Nursing – RN (S9123) and Skilled Nursing – LPN (S9124) but mainly utilizes Skilled Nursing – LPN (S9124) services*)

Agency unaware of SA – Agency was unaware of the service authorization

Couldn’t bill RN – Agency provided RN support and oversight but unable to bill for those services since the Individual had an active LPN authorization for the same service

Discharged early due to difficult family – Family preference made staffing service difficult

Individual moved – Individual relocated to an area where provider agency was unable to staff service

Provider only did nursing in the day program – Waiver nursing services were only provided during Day Program and not in residential setting

Requested more hours than needed – Individual requested more hours than necessary (*Ex: Individual may receive nursing services at school but requests additional hours in case the individual is unable to attend school*)

Shows services were utilized – Agency is showing that an individual utilized their hours on their end, unsure why it is not showing in our data

Unsure – Agency was unsure as to why an individual did not utilize all of their hours

Agency Closed – Agency is now closed; unable to make contact

PROCEDURE CODES

| Skilled Nursing | |
|------------------------|---|
| Code | Description |
| G0493 | Skilled Services of a Registered Nurse (RN) for the observation and assessment of the patient's condition; up to 15 min |
| S9123 | Nursing care; in the home; by registered nurse (RN); per hour |
| S9124 | Nursing care; in the home; by Licensed Practical Nurse (LPN); per hour |
| Private Duty | |
| Code | Description |
| T1002 | Registered Nurse (RN) services; up to 15 min |
| T1003 | Licensed Practical Nurse (LPN)/Licensed Vocation Nurse (LVN); up to 15 min |