

Nursing Services Data Report
NURSING HOURS UTILIZATION III.D.I
Yearly Review of FY22
February 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 FY22 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 7/1/21 – 6/30/22. The service authorizations pulled for this review included all authorizations that ran through FY22 including those beginning in FY21 and concluding in FY22 or beginning in FY22 and concluding in FY23.

Overview of Data

DBHDS found 613 unique ID/D individuals in DMAS service authorization files with a valid nursing service authorization (i.e., G0493, S9123, S9124, T1002, T1003) open within FY22 (July 1, 2021 – June 30, 2022). There was a total of 1884 authorizations within FY22.

In addition, DBHDS found a total of 63 unique ID/D individuals with new service authorizations that began in FY22.

Reporting

Timeliness of Service – Individuals with New Authorizations within FY22

GOAL: 70%

There was a total of 63 EPSDT and Waiver recipients combined with new service authorizations that began in FY22. Of that number, a total of 49 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%.

- 63 Total Individuals Identified with first time authorizations
- 49 Total Individuals received first service within 30 days
- 13 Total Individuals did not bill for any claims, three individuals had authorizations for 10 days or less

EPSDT Recipient Breakdown

GOAL: 70%

There was a total of 11 EPSDT individuals with new service authorizations within FY22. Of that number, 6 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 54.55%, which compares to the goal of 70%.

- 11 EPSDT Individuals Identified
- 6 EPSDT Individuals received first service within 30 days
- 5 EPSDT Individuals did not bill any claims
 - One individual was discharged from a Nursing Facility and approved for T1003 for one week. Services were not utilized. Individual began another authorization for T1003 up conclusion of the previous authorization where services were utilized immediately.

Waiver Recipient Breakdown

GOAL: 70%

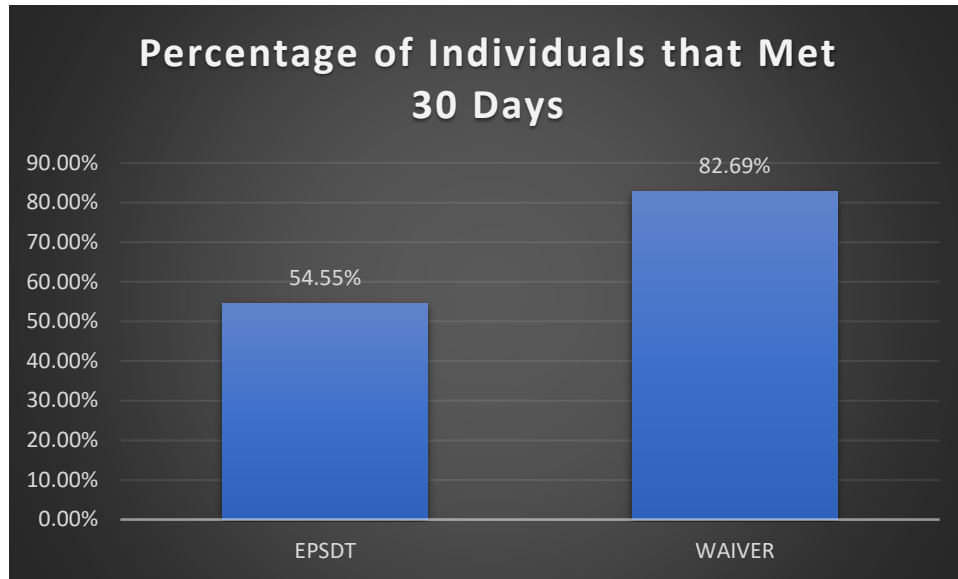
There was a total of 52 Waiver individuals with new service authorizations within FY22. Of that number, 43 Waiver individuals had their first services delivered within 30 days of the date the need was identified in their ISP. The rate of those receiving service within 30 days was 82.69%, which compares to the goal of 70%.

- 52 Waiver Individuals Identified
- 43 Waiver Individuals received first service within 30 days
- 8 Waiver Individuals did not bill any claims; two individuals had authorizations for less than 10 days
- 1 Waiver Individual billed for their first service between 61-90 days

MET 80% by SERVICE - Visuals

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

Percentage that Met 30 Days of Service by Procedure Code	
	Percent
EPSDT	54.55%
Waiver	82.69%



The following table shows the percentage of days in which an individual received their first service from the date the need was identified in their ISP by Service.

Number of Days to 1st Service Categorized by Procedure Code					
	0-30 days	31-60 days	61-90 days	91-120 days	120 days or more
EPSDT	54.55%	0.00%	0.00%	0.00%	45.45%
Waiver	82.69%	0.00%	1.92%	0.00%	15.38%

The following table shows percentage of days in which an individual received their first service of the date the need was identified in their ISP by Procedure Code.

Number of Days to 1st Service Categorized by Days				
Procedure Code	0-30 days	61-90 days	No Billed Claims	Grand Total
S9123	15	1	2	18
S9123 and S9124	2		2	4
S9124	5		2	7
T1002	2			2
T1002 and T1003	3		3	6
T1003	22		4	26
Grand Total	49	1	13	63

Utilization of Authorizations

Of the 613 unique individuals identified within FY22, 208 unique individuals received 80% or more of their allotted hours.

33.93% of unique individuals of both EPSDT and Waiver recipients received 80% or more of their allotted hours.

- 613 Individuals Identified
- 208 Individuals received 80% or more of their allotted hours
- 33.93% received 80% or more of their allotted hours

ESPDT Recipients Overview

Of the 613 unique individuals identified within FY22, 83 individuals were EPSDT recipients. Of the 83 recipients, 18 recipients received 80% or more of their allotted hours for at least one service in FY22.

- 613 Individuals Identified
- 83 Total ESPDT Recipients
- 18 recipients received 80% or more of their authorized hours

Waiver Recipients Overview

Of the 613 unique individuals identified within FY22, 530 individuals were Waiver recipients. Of the 530 recipients, 193 recipients received 80% or more of their allotted hours.

- 613 Individuals Identified
- 530 Total Waiver Recipients
- 193 recipients received 80% or more of their allotted hours

Percentage that Met 80% Utilization by Category	
	Percent
EPSDT	18.07%
Waiver	36.42%

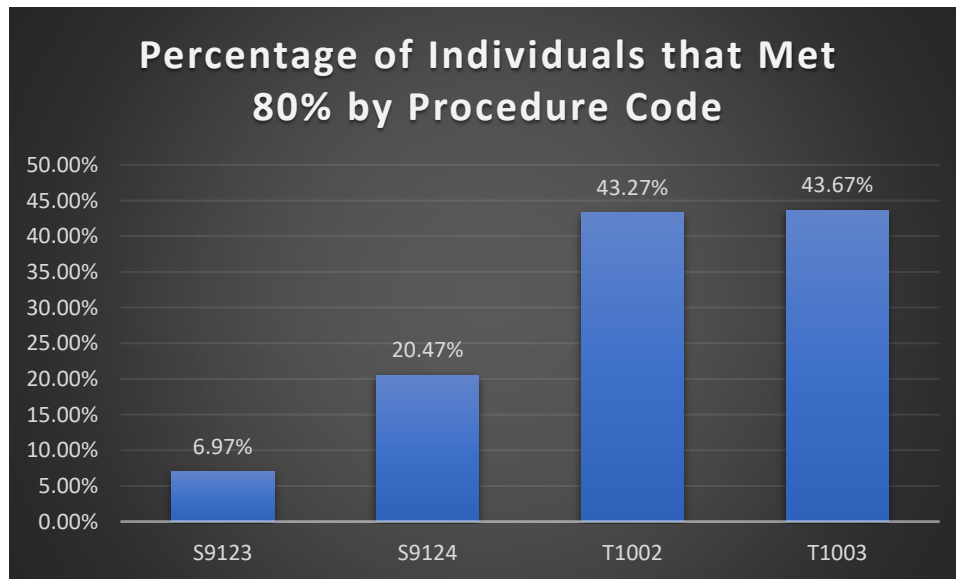
Utilization Percentage Categorized by Category										
	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
EPSDT	16.87%	10.84%	3.61%	4.82%	12.05%	13.25%	16.87%	12.05%	8.43%	18.07%
Waiver	11.32%	4.53%	7.55%	10.38%	10.38%	11.51%	11.51%	10.75%	11.89%	36.42%

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 the individual’s Procedure Code. (For example, 43.27% of Individuals authorized for T1002 received 80% or More of their authorized hours while 6.97% of Individuals authorized for S9123 received 80% or More of their authorized hours.)

Percentage that Met 80% Utilization by Procedure Code	
	Percent
S9123	6.97%
S9124	20.47%
T1002	43.27%
T1003	43.67%



The following table shows the Percentage of Utilization Categorized by the individual’s Procedure Code. (For example, 43.67% of Individuals authorized for T1003 received 80% or More of their Authorized Hours. Just over 71% of Individual’s authorized for T1003 received 50% or More of their Authorized Hours.)

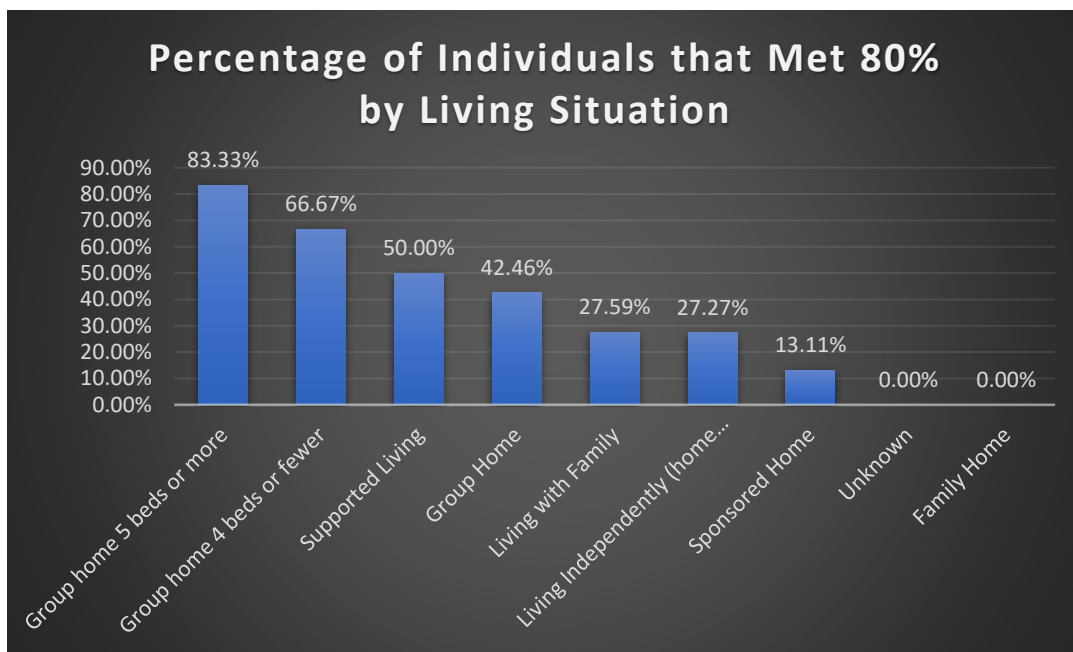
Utilization Percentage Categorized by Procedure Code										
	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
S9123	16.92%	9.95%	13.93%	14.93%	8.46%	5.47%	11.44%	7.46%	4.48%	6.97%
S9124	8.77%	4.09%	4.68%	7.02%	13.45%	14.04%	11.70%	8.77%	7.02%	20.47%
T1002	19.23%	2.88%	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% by the individual’s Living Situation.

(For example, 33.6% of Individuals residing in a Group Home received 80% or More of their authorized hours.)

Living Situation	Percent
Group home 5 beds or more	83.33%
Group home 4 beds or fewer	66.67%
Supported Living	50.00%
Group Home	42.46%
Living with Family	27.59%
Living Independently (home or apartment)	27.27%
Sponsored Home	13.11%
Unknown	0.00%
Family Home	0.00%



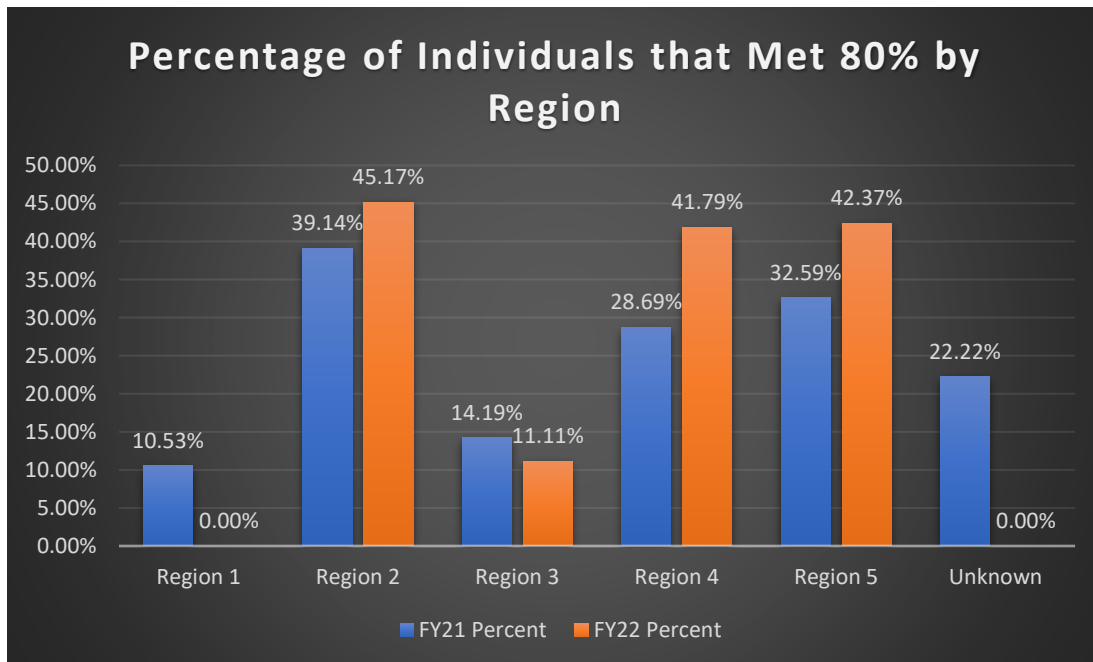
Utilization by Region

The following table shows the Percentage of Utilization that Met 80% broken out by the individual’s Region for each fiscal year. The Regions are determined by the Individual’s CSB.

(For example, 39.14% of Individuals residing in Region 2 received 80% or More of their authorized hours in FY21 and 45.17% in FY22. This is an increase in 6.03%.)

Percentage that Met 80% by Region in FY21 and FY22			
REGION	FY21 Percent	FY22 Percent	Difference
Region 1	10.53%	0.00%	↓ -10.53%
Region 2	39.14%	45.17%	↑ 6.03%
Region 3	14.19%	11.11%	↓ -3.08%
Region 4	28.69%	41.79%	↑ 13.10%
Region 5	32.59%	42.37%	↑ 9.78%
Unknown	22.22%	0.00%	↓ -22.22%

**Regions are determined by Individual’s CSB*



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

(For example, 39.14% of Individuals residing in Region 2 received 80% or More of their Authorized Hours. Just over 76% of Individual’s residing in Region 2 received 50% or More of their Authorized Hours.)

Utilization Percentage Categorized by Region										
	No Billed Claims	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or More
Region 1	9.09%	20.45%	22.73%	18.18%	27.27%	18.18%	2.27%	9.09%	11.36%	0.00%
Region 2	13.51%	1.93%	3.09%	1.16%	6.18%	5.41%	16.22%	13.51%	17.37%	45.17%
Region 3	12.82%	10.26%	12.82%	22.22%	16.24%	23.08%	14.53%	11.11%	5.98%	11.11%
Region 4	8.96%	4.48%	4.48%	10.45%	2.99%	16.42%	13.43%	7.46%	11.94%	41.79%
Region 5	10.17%	3.39%	5.93%	11.02%	11.86%	10.17%	5.08%	6.78%	4.24%	42.37%
Unknown	14.29%	0.00%	0.00%	28.57%	28.57%	0.00%	0.00%	28.57%	0.00%	0.00%

Utilization by Provider

The following table shows the Providers Utilization categorized by percentage for all authorizations. The highest percentage for each provider is highlighted in Orange.

(For example, “Provider 1” delivered 80% or more of their total authorized hours to 56% of their total authorizations. “Provider 14” delivered 80% or more of their authorized hours to 100% of their total authorizations. “Provider 33 delivered 0-9% of their authorized hours to 71% of their authorizations and delivered 10-19% of their authorized hours to 29% of their authorizations.)

PROVIDER	No Billed Claims in FY22	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80% or more
PROVIDER 1	14.71%	2.94%	8.82%	5.88%	8.82%	8.82%	2.94%	2.94%	5.88%	38.24%
PROVIDER 2	16.67%	0.00%	0.00%	0.00%	0.00%	16.67%	0.00%	8.33%	0.00%	58.33%
PROVIDER 3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.50%	0.00%	87.50%
PROVIDER 4	5.56%	0.00%	0.00%	0.00%	0.00%	2.78%	0.00%	0.00%	2.78%	88.89%
PROVIDER 5	12.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	87.50%
PROVIDER 6	3.13%	3.13%	9.38%	25.00%	12.50%	10.94%	9.38%	12.50%	10.94%	3.13%
PROVIDER 7	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.00%	75.00%
PROVIDER 8	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%	0.00%	0.00%	0.00%	66.67%
PROVIDER 9	16.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	83.33%
PROVIDER 10	17.39%	0.00%	0.00%	0.00%	0.00%	0.00%	4.35%	0.00%	0.00%	78.26%
PROVIDER 11	14.81%	0.00%	0.00%	0.00%	3.70%	7.41%	0.00%	7.41%	7.41%	59.26%
PROVIDER 12	54.55%	0.00%	0.00%	9.09%	0.00%	0.00%	0.00%	0.00%	9.09%	27.27%
PROVIDER 13	21.43%	0.00%	0.00%	0.00%	7.14%	0.00%	0.00%	7.14%	14.29%	50.00%

PROVIDER 14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%
PROVIDER 15	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 16	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%	33.33%
PROVIDER 17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	50.00%
PROVIDER 18	27.78%	0.00%	8.33%	0.00%	2.78%	8.33%	11.11%	8.33%	11.11%	22.22%
PROVIDER 19	6.67%	0.00%	0.00%	0.00%	6.67%	20.00%	20.00%	13.33%	20.00%	13.33%
PROVIDER 20	7.14%	0.00%	7.14%	0.00%	0.00%	0.00%	7.14%	14.29%	7.14%	57.14%
PROVIDER 21	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 22	42.86%	0.00%	0.00%	0.00%	0.00%	9.52%	4.76%	4.76%	4.76%	33.33%
PROVIDER 23	0.00%	0.00%	0.00%	0.00%	7.69%	7.69%	7.69%	15.38%	0.00%	61.54%
PROVIDER 24	18.18%	13.64%	13.64%	4.55%	4.55%	2.27%	4.55%	9.09%	13.64%	15.91%
PROVIDER 25	60.00%	0.00%	20.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.00%
PROVIDER 26	0.00%	0.00%	0.00%	0.00%	50.00%	25.00%	0.00%	0.00%	0.00%	25.00%
PROVIDER 27	6.67%	0.00%	6.67%	0.00%	0.00%	0.00%	6.67%	0.00%	13.33%	66.67%
PROVIDER 28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 29	12.50%	0.00%	0.00%	0.00%	0.00%	0.00%	25.00%	0.00%	0.00%	62.50%
PROVIDER 30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 31	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 32	46.15%	0.00%	7.69%	15.38%	0.00%	7.69%	0.00%	23.08%	0.00%	0.00%
PROVIDER 33	22.62%	4.76%	3.57%	4.76%	5.95%	9.52%	9.52%	13.10%	11.90%	14.29%
PROVIDER 34	24.24%	9.09%	0.00%	12.12%	9.09%	18.18%	9.09%	12.12%	6.06%	0.00%
PROVIDER 35	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 36	42.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	57.14%
PROVIDER 37	11.11%	11.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	77.78%
PROVIDER 38	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 39	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 40	20.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.00%	20.00%	40.00%

PROVIDER 41	12.50%	0.00%	0.00%	37.50%	0.00%	12.50%	12.50%	0.00%	12.50%	12.50%
PROVIDER 42	6.25%	0.00%	0.00%	0.00%	6.25%	0.00%	6.25%	0.00%	6.25%	75.00%
PROVIDER 43	9.09%	0.00%	0.00%	0.00%	0.00%	0.00%	9.09%	9.09%	18.18%	54.55%
PROVIDER 44	0.00%	0.00%	8.33%	0.00%	8.33%	0.00%	8.33%	0.00%	8.33%	66.67%
PROVIDER 45	13.46%	0.00%	1.92%	5.77%	23.08%	15.38%	7.69%	9.62%	9.62%	13.46%
PROVIDER 46	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	0.00%	0.00%	0.00%	50.00%
PROVIDER 47	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 48	0.00%	0.00%	0.00%	14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	85.71%
PROVIDER 49	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.00%	12.50%	62.50%
PROVIDER 50	30.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.00%	60.00%
PROVIDER 51	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 52	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 53	5.88%	0.00%	5.88%	5.88%	17.65%	11.76%	5.88%	0.00%	0.00%	47.06%
PROVIDER 54	14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	85.71%
PROVIDER 55	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%	16.67%	50.00%	0.00%
PROVIDER 56	23.33%	0.00%	0.00%	0.00%	8.89%	3.33%	5.56%	10.00%	10.00%	38.89%
PROVIDER 57	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	0.00%	0.00%	50.00%
PROVIDER 58	12.50%	0.00%	0.00%	12.50%	0.00%	12.50%	12.50%	0.00%	12.50%	37.50%
PROVIDER 59	40.00%	0.00%	0.00%	0.00%	0.00%	20.00%	0.00%	0.00%	20.00%	20.00%
PROVIDER 60	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 61	16.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.67%	0.00%	66.67%
PROVIDER 62	25.00%	0.00%	0.00%	12.50%	18.75%	6.25%	0.00%	12.50%	6.25%	18.75%
PROVIDER 63	25.00%	0.00%	0.00%	0.00%	25.00%	25.00%	0.00%	0.00%	25.00%	0.00%
PROVIDER 64	14.29%	18.80%	19.55%	16.54%	11.28%	8.27%	3.76%	2.26%	3.01%	2.26%
PROVIDER 65	12.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	87.50%
PROVIDER 66	2.78%	0.00%	0.00%	0.00%	5.56%	5.56%	11.11%	2.78%	22.22%	50.00%
PROVIDER 67	16.78%	7.38%	3.36%	7.38%	7.38%	14.77%	10.74%	6.71%	8.05%	17.45%

PROVIDER 68	33.33%	16.67%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 69	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 70	20.00%	0.00%	0.00%	0.00%	40.00%	0.00%	0.00%	40.00%	0.00%	0.00%
PROVIDER 71	41.67%	0.00%	8.33%	8.33%	8.33%	0.00%	0.00%	8.33%	25.00%	0.00%
PROVIDER 72	25.00%	0.00%	0.00%	25.00%	25.00%	25.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 73	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 74	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 75	28.57%	0.00%	14.29%	0.00%	0.00%	0.00%	0.00%	14.29%	14.29%	28.57%
PROVIDER 76	15.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.69%	23.08%	53.85%
PROVIDER 77	15.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	81.82%
PROVIDER 78	10.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	90.00%
PROVIDER 79	20.00%	0.00%	0.00%	0.00%	20.00%	0.00%	0.00%	0.00%	0.00%	60.00%
PROVIDER 80	33.33%	0.00%	16.67%	16.67%	0.00%	0.00%	0.00%	16.67%	16.67%	0.00%
PROVIDER 81	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 82	22.22%	0.00%	0.00%	22.22%	0.00%	11.11%	11.11%	22.22%	0.00%	11.11%
PROVIDER 83	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%	33.33%	0.00%
PROVIDER 84	0.00%	0.00%	0.00%	0.00%	6.25%	6.25%	0.00%	12.50%	25.00%	50.00%
PROVIDER 85	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 86	20.00%	0.00%	0.00%	5.00%	10.00%	20.00%	25.00%	5.00%	10.00%	5.00%
PROVIDER 87	13.33%	0.00%	0.00%	0.00%	6.67%	0.00%	13.33%	0.00%	6.67%	60.00%
PROVIDER 88	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 89	50.00%	0.00%	0.00%	0.00%	25.00%	0.00%	0.00%	0.00%	25.00%	0.00%
PROVIDER 90	9.01%	0.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.70%	87.39%
PROVIDER 91	0.00%	0.00%	12.50%	25.00%	0.00%	0.00%	0.00%	0.00%	12.50%	50.00%
PROVIDER 92	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%	33.33%	0.00%	33.33%
PROVIDER 93	10.00%	0.00%	10.00%	0.00%	0.00%	20.00%	0.00%	0.00%	20.00%	40.00%
PROVIDER 94	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%

PROVIDER 95	50.00%	0.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 96	75.00%	0.00%	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 97	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.00%	50.00%
PROVIDER 98	25.00%	0.00%	8.33%	0.00%	8.33%	0.00%	0.00%	8.33%	16.67%	33.33%
PROVIDER 99	0.00%	0.00%	0.00%	0.00%	0.00%	66.67%	33.33%	0.00%	0.00%	0.00%
PROVIDER 100	0.00%	0.00%	0.00%	0.00%	0.00%	40.00%	0.00%	40.00%	20.00%	0.00%
PROVIDER 101	34.78%	15.22%	0.00%	6.52%	2.17%	13.04%	2.17%	10.87%	8.70%	6.52%
PROVIDER 102	21.05%	0.00%	5.26%	0.00%	0.00%	0.00%	0.00%	0.00%	5.26%	68.42%
PROVIDER 103	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
PROVIDER 104	6.25%	0.00%	9.38%	6.25%	6.25%	12.50%	9.38%	18.75%	12.50%	18.75%
PROVIDER 105	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 106	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 107	6.67%	3.33%	23.33%	13.33%	13.33%	6.67%	6.67%	6.67%	6.67%	13.33%
PROVIDER 108	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PROVIDER 109	16.95%	11.86%	8.47%	8.47%	11.86%	22.03%	6.78%	1.69%	8.47%	3.39%
PROVIDER 110	57.14%	14.29%	0.00%	0.00%	0.00%	28.57%	0.00%	0.00%	0.00%	0.00%
PROVIDER 111	16.67%	0.00%	0.00%	0.00%	0.00%	16.67%	33.33%	0.00%	16.67%	16.67%
PROVIDER 112	25.53%	2.13%	4.26%	8.51%	12.77%	14.89%	12.77%	6.38%	6.38%	6.38%

Phone Calls – Potential Barriers/Reason

DBHDS endeavored to call both Providers and Support Coordinators in attempt to determine any potential barriers or reasons that authorized hours were not being utilized. DBHDS asked both the Providers and Support Coordinators the following questions:

- **Are you aware that the individual did not utilize all authorized hours?**
 - DBHDS received responses for 293 individuals from Providers, 249 (85%) individuals received responses that they were aware all authorized hours were not utilized
 - DBHDS received responses for 298 individuals from Support Coordinators, 154 (52%) individuals received responses that they were aware all authorized hours were not utilized

- **Were the individual’s nursing support needs met?**
 - DBHDS received responses for 292 individuals from Providers, 255 (87%) individuals received responses that the individual’s nursing support needs were met
 - DBHDS received responses for 278 individuals from Support Coordinators, 239 (86%) individuals received responses that the individual’s nursing support needs were met
- **What are the barriers and/or reasons for not utilizing services?**
 - DBHDS was able to contact and receive feedback from Support Coordinators for 280 individuals (46%). The top 10 reasons given from Support Coordinators are below.

SUPPORT COORDINATORS	
REASON	COUNT
Staffing Issues	107
Unsure	43
Individual was Hospitalized	30
Provider records show services were utilized	21
Requested more hours than needed	11
Provider provided and billed for services	10
Authorization process is too complicated	7
Individual Moved	6
Services were No Longer Needed	5
COVID	5
Family Choice	5

- DBHDS was able to contact Providers for 296 individuals (48%). This covers 57 providers. The top 10 reasons given from Providers are below.

PROVIDERS	
REASON	COUNT
Staffing Issues	112
Requested more hours than needed	56
Provider records show services were utilized	24
Provider provided and billed for services	21
Individual was Hospitalized	18
Services are No Longer Needed	17
COVID	8
Family Choice	8
Discharged prior to end of auth	6
Authorization process is too complicated	5
Agency Closed	5

- The main barriers and/or reasons do not differ from previous follow up identified by Providers. Staffing Issues continues to be identified as the biggest barrier to providing services. In addition,

an individual being hospitalized as well as requesting additional hours should the need arise continue to also be identified as a top barrier. COVID does appear to be declining as a top barrier.

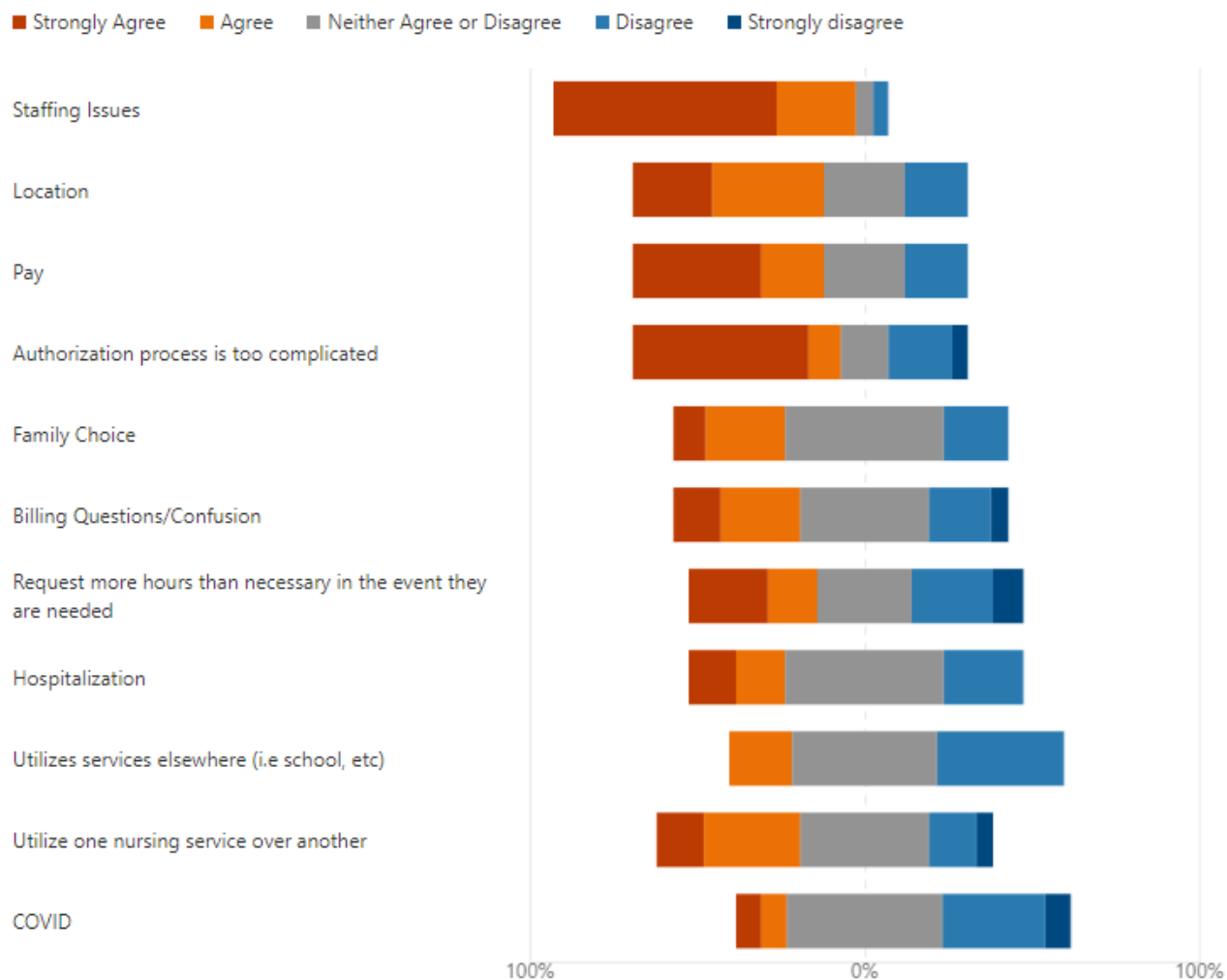
- **Are you willing to fill out an anonymous survey regarding Skilled Nursing and Private Duty Nursing?**
 - DBHDS received roughly 90 responses stating they would be willing to fill out the survey
 - Results of the survey, to date, are below

Nursing Utilization Survey

In addition to calling providers, DBHDS asked Providers and Support Coordinators if they would be willing to fill out an anonymous survey regarding barriers and/or reasons for not utilizing authorized hours. The intention is to review the responses identified to DBHDS versus the responses to the anonymous survey to determine if there are any gaps or trends. To date, DBHDS has received responses from roughly 25% of those willing to fill out the survey.

DBHDS asked various questions based on responses to the survey. These questions and results, to date, are below.

1. **Are you aware of the Skilled Nursing/Private Duty Nursing training provided by DBHDS?**
81% of responses to this question indicated they were aware of the Skilled Nursing/Private Duty Nursing training
2. **Have you participated in the Skilled Nursing/Private Duty Nursing training by DBHDS?**
71% of the responses to this question indicated they have participated in this training
3. **If you have not participated in this training, would you like additional information in regards to this training and/or other trainings?**
67% of the responses to this question indicated they would like additional information regarding training
4. **Are you aware of the JumpStart Funding program that can be used to expand services to other counties in Virginia?**
62% of the responses to this question indicated they were unaware of the JumpStart Funding program
5. **What do you feel are the greatest barriers or reasons for not utilizing all authorized nursing hours?** (DBHDS utilized a Likert scale with the top barriers indicated from the calls)



Barriers/Reasons	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Staffing Issues	66.70%	23.80%	4.80%	4.80%	
Authorization process is too complicated	52.40%	9.50%	14.30%	19.00%	4.80%
Pay	38.10%	19.00%	23.80%	19.00%	
Location	23.80%	33.30%	23.80%	19.00%	
Request more hours than necessary in the event they are needed	23.80%	14.30%	28.60%	23.80%	9.50%
Billing Questions/Confusion	14.30%	23.80%	38.10%	19.00%	4.80%
Family Choice	9.50%	23.80%	47.60%	19.00%	
Hospitalization	14.30%	14.30%	47.60%	23.80%	
Utilize one nursing service over another	14.30%	28.60%	38.10%	14.30%	4.80%
COVID	7.70%	7.70%	46.20%	31%	7.70%
Utilizes services elsewhere (i.e. school, etc)		15.80%	47.40%	36.80%	

Staffing Issues continues to be identified as the primary barrier or reason for not utilizing services. The authorization processes being too complicated, pay rate, location where services are needed and family choice round out the remaining top 5 barriers or reasons identified.

6. **To your knowledge, has the reimbursement rate increase been beneficial in nursing retention and hiring?**
57% of the responses to this question indicated that they do believe the reimbursement rate increase has been beneficial in nursing retention and hiring; 29% are unsure
7. **Are you aware of any individual in your service who has an open service authorization for skilled nursing or private duty nursing that is not being utilized? If yes, please provide an example.**
90% of the responses to this question indicated they are not aware of any individual in their service who has an open service authorization for SN or PDN that is not being utilized. The only example of a situation provided to date indicates a staffing issue as a barrier to not utilizing services.
8. **Do you request more skilled nursing and/or private duty nursing hours than potentially needed should the need arise? If yes, please provide an example as to why additional hours may be requested.**
43% of responses to this question indicated they do request more skilled nursing and/or private duty nursing hours than potentially needed should the need arise. The responses indicated that additional hours are often requested due to the complex needs of the individual increasing and/or decreasing. Responses also indicated trying to add additional hours, should the need arise (decline in health) becomes challenging, and could result in the loss of a nurse.
9. **Please list any other barriers or reasons for not utilizing any or all authorized nursing hours.**
Responses continue to identify that location and distance are a barrier. The responses also continue to highlight various staffing issues and billing confusion.
10. **What region of the state are your services impacting the most?**
Region 1 – 0%
Region 2 – 15%
Region 3 – 15%
Region 4 – 46%
Region 5 – 23%

Action from FY21 Report

In the FY21 (7/1/2020 – 6/30/2021) report, DBHDS set forth “Next Steps” to be reviewed and taken upon completion of the FY22 report. These next steps as well as findings and actions are below.

Follow up with Providers and Families by phone and email during the review for FY22 to determine barriers that existed to providing services for both FY21 as well as FY22. This will assist DBHDS to understand the challenges that were faced in FY21 and how (or if) they were rectified in FY22.

DBHDS received responses from 59 providers when making calls to attempt to identify potential barriers or reasons to not utilizing all authorized nursing hours. These trends did not differ greatly when questioning Providers and Support Coordinators if the barriers from FY21 were rectified in FY22. Staffing Issues is still identified as being the primary barrier to individual's not receiving their first service within 30 days of the date identified or in utilizing all authorized hours. The second most popular barrier or reason identified for not utilizing all authorized hour was "Requested more hours than needed." COVID was a significant barrier in FY21 that is easing up but was still a barrier for some individuals and providers.

The top 10 primary reasons identified when calling Providers and Support Coordinators regarding the FY22 data include:

- Staffing Issues
- Requested more hours than needed
- Provider provided and billed for services and/or Provider records show services were utilized
- Services were no longer needed
- Individual was hospitalized
- COVID
- Family choice
- Authorization process is too complicated

What barriers did Individuals residing in DBHDS licensed settings and private home settings face to receiving their authorized hours? Did these numbers increase in FY22 over FY21?

The barriers to individuals receiving their authorized hours by living situation did not differ from the top reasons identified above. Staffing Issues was the primary barrier or reason for each living situation type identified in the chart above on pages 7-8.

DBHDS was able to breakdown Living Situation a little more in depth for FY22 than FY21. A quick comparison, while not apples to apples, will show an increase in individual's receiving 80% or more of their authorized hours in Group Homes, Living Independently, Living with Family and Sponsored Home. DBHDS will be interested to compare FY22 data to the report due in July that will cover the first half of FY23 to get a better representation of the Living Situation trend.

Living Situation	FY21	FY22	Difference
Group home 5 beds or more		83.33%	
Group home 4 beds or fewer		66.67%	
Supported Living		50.00%	
Group Home	33.60%	42.46%	8.86%
Living with Family	26.29%	27.59%	1.30%
Living Independently (home or apartment)	0.00%	27.27%	27.27%
Sponsored Home	6.67%	13.11%	6.44%
Unknown	16%	0.00%	-16.00%
Family Home	16.67%	0.00%	-16.67%

What barriers did Individuals or Providers in all DBHDS regions face to receiving their authorized hours? Did this trend continue in FY22 over FY21?

The utilization percentage and trend by Region is charted and graphed on Page 9 above. A chart is below. This data shows a drop in utilization from FY21 in both Regions 1 and 3.

Upon review of the responses identified by the providers in Region 1, the primary barrier or response for not utilizing all hours was identified as “Requested more hours than needed.” This was identified as the barrier for utilizing services for 41.76% of the individuals they serve. The other two major issues were identified as “Staffing Issues” (26.37%) and “Authorization was no longer needed” (15.38%).

Upon review of the responses identified by the providers in Region 3, the primary barrier or response for not utilizing all hours was identified as “Staffing Issues.” This was identified as the barrier for utilizing services for 38.40% of the individuals they serve. Some of the other main issues were identified “Requested more hours than needed” (31.20%), “Authorization was no longer needed” (11.20%) and “Individual was Hospitalized” (6.4%).

Some of these providers serve individuals in multiple regions. DBHDS will attempt to break this data down to determine if these are potentially provider issues in that region or if it’s just a regional issue in general.

Percentage that Met 80% by Region in FY21 and FY22			
REGION	FY21 Percent	FY22 Percent	Difference
Region 1	10.53%	0.00%	↓ -10.53%
Region 2	39.14%	45.17%	↑ 6.03%
Region 3	14.19%	11.11%	↓ -3.08%
Region 4	28.69%	41.79%	↑ 13.10%
Region 5	32.59%	42.37%	↑ 9.78%
Unknown	22.22%	0.00%	↓ -22.22%

Are there specific providers who consistently have been unable to provide hours requested and authorized?

There are a total of 105 providers with authorizations within FY22. Of that 105, DBHDS reviewed the top 20 providers with the most authorizations in FY22 and compared them to their utilization in FY21. Upon completion of the review, it was determined that thirteen (13) of the providers provided a lower percentage of authorizations at 80% or More than they did in FY21. Six (6) providers provided a higher percentage of authorizations at 80% or More than they did in in FY21. One (1) provider stayed even. Upon further review there are three (3) providers who provided 80% or More of their authorized hours to 10% or less of their authorizations in both FY21 and FY22. When reviewing the feedback from these providers, the top barriers, or reasons for not providing authorized hours included:

- Requested more hours than needed (53.52%)
- No Longer Needed (16.90%)
- Staffing Issues (8.45%)

- Provider provided and billed for services (4.23%)
- Individual discharged prior to end of authorization (4.23%)
- Individual Hospitalized (4.23% %)

87% of these authorizations were for Skilled Nursing (S9123 and S9124) authorizations for Registered Nurse (RN) and Licensed Practical Nurse (LPN). DBHDS will attempt to determine the correlation between being authorized for Skilled Nursing services, the purpose of the authorizations and requesting more hours than needed.

Are there certain providers who request additional hours (above what might be needed routinely) to have them available if there is a change in status that presents the need for more nursing attention?

This observation appears to potentially be true given the observations from the question above as well as the number of providers that identified that they often request more hours than needed. In addition to calling providers, DBHDS asked providers if they would be willing to fill out an anonymous survey regarding barriers and/or reasons for not utilizing authorized hours. The intention is to review the responses identified to DBHDS versus the responses to the anonymous survey to determine if there are any gaps or trends. One survey question inquires if providers request more hours than may potentially be needed should the need arise. As of 2/13/23, 33% of the respondents replied “Yes” to this question. If an individual responded “Yes”, DBHDS asked for examples as to why they might make this decision. A few responses are below:

“PCP requests a range of hours (5 - 10) to allot for increased supports due to medical history. Hours MUST be requested for highest point but only used when individual is in crisis. When stable baseline hours are used to support. For example - repeated hospitalizations or new staff requiring new training would require higher hours. Staff who stay are trained and health issues stabilizing would be reasons use of hours would decrease”

“If a client needs more hours but does not have nursing availability at the time of the request (we may be actively looking for more nurses for that case)). I will sometimes ask for more hours. This is totally based on client need.”

“There are some individuals with complex needs that will increase and decrease as things occur. This would mean that nursing supports may have to increase from time to time to ensure the health of that individual and their needs. Once the needs stabilize, the nursing can decrease.

DBHDS will endeavor to look at the hours utilized by allowable activities of each service as well as the purpose of the authorization. For example, the Skilled Nursing hours must be intermittent care and cannot exceed 21 hours a week. Only Skilled Nursing RN can be provided concurrently with Private Duty Nursing, which is to provide for continuous nursing care, for only the purpose of Nurse Delegation activities and still only to a maximum of 21 hours a week.

Many providers delivered well under 50% of their authorized hours. Does this trend continue in FY22?

In FY21, 65 providers delivered 50% or less of their authorized hours where 38 providers delivered 50% or less of their authorized hours in FY22. More providers appear to have delivered 50% or more of their authorized hours in FY22. DBHDS will endeavor to further analyze the trends of hours delivered by Provider to identify any gaps or trends. It appears that some providers are solely providing skilled nursing or private duty nursing care.

Is there a correlation between the number of hours delivered to an individual that is approved for two DD Waiver nursing services at the same time?

There are 532 individuals with multiple authorizations throughout FY22. Here is a breakdown as to the number of individuals and the number of authorizations within FY22:

- 81 individuals had 1 authorization within FY22
- 436 individuals had 2-4 authorizations within FY22
- 70 individuals had 5-7 authorizations within FY22
- 21 individuals had 8-9 authorizations within FY22
- 3 individuals had 10-11 authorizations within FY22
- 2 individuals had 12 or more authorizations within FY22

Of the 81 individuals that have one authorization in FY22, 37 individuals are authorized for S9123, 14 individuals are authorized for S9124 and 30 individuals are authorized for T1003. Of these 81 individuals with one authorization in FY22, just under 19% received 80% or more of their authorized hours. 21 of the 82 individuals did not or have not yet billed for services.

Of the 436 individuals with 2-4 authorization within FY22, 206 individuals (47%) met 80% or more of their authorized hours for at least one authorization. 129 individuals (30%) did not bill or have not yet billed for at least one service they were authorized for within FY22.

Of the 70 individuals with 5-7 authorizations within FY22, 54 individuals (77%) met 80% or more of their authorized hours for at least one authorization. 43 individuals (61%) did not bill or have not yet billed for at least one service they were authorized for within FY22.

Of the 21 individuals with 8-9 authorizations within FY22, 16 individuals (76%) met 80% or more of their authorized hours for at least one authorization. 17 individuals (81%) did not bill or have not yet billed for at least one service they were authorized for within FY22.

Of the 3 individuals with 10-11 authorizations within FY22, 1 individual (33%) met 80% or more of their authorized hours for at least one authorization. All 3 individuals (100%) did not bill or have not yet billed for at least one service they were authorized for within FY22.

Of the 2 individuals with 12 or more authorizations within FY22, 0 individuals (0%) met 80% or more of their authorized hours for at least one authorization. 2 individuals (67%) did not bill or have not yet billed for at least one service they were authorized for within FY22.

A total of 292 (48%) individuals met 80% or more utilization for at least one service within FY22. 215 individuals (35%) did not bill or have not yet billed for at least one service they were authorized for within FY22.

DBHDS reviewed a sample of ten (10) individuals who had 2-4 authorizations for multiple services within FY22. Upon review, here are the results.

- 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.
- 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.
- 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.
- 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 one measurable month in FY22. The provider has not yet billed for these two services.
- 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.
- 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%.
- 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%.

- 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.
- 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%.
- 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 FY22 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 will end in FY23. These two authorizations have four measurable months in FY22. Both authorizations were utilized at 15%.

DBHDS will further analyze these ten individuals to determine the purpose of the authorizations as well as identify any potential barriers present that may assist in telling a bigger story. DBHDS will also continue to highlight these individuals in the FY23 report to identify any potential trends.

Is there a correlation between the first date of service and the number of hours received?

It appears we may still need more information to determine this. There was one individual that received their first service outside of the first 30 days of the date identified. The remaining individuals that did not meet the timeliness indicator did not do so because they have not yet billed for services or were unable to utilize the services. The one individual received their first service 61 days after the need the date was identified. This service was for S9123. There was one measurable month of utilizing within FY22. The individual utilized 17% of their services. DBHDS would like to find out more about the individuals that had services that were not billed or were unable to utilize.

Will continue to present the Skilled Nursing and Private Duty Nursing Training at least quarterly for multiple different stakeholder groups. The training was most recently presented live at the 3rd Annual Community Nursing Conference on October 13, 2022 and will be presented virtually on December 13, 2022.

DBDHS presented trainings at the Annual Community Nursing Conference in October 2022 where there were 90 attendees as well as virtually on December 2022 where there were 23 attendees. The next training is scheduled for March 9th, 2023 where as of 2/13/23 there are 58 participants signed up.

Will reconvene the Nursing Services Workgroup to review the FY22 data and analysis and establish next steps beyond the DD waiver skilled and Private Duty Nursing training.

The Nursing Services Workgroup will reconvene in February 2023 to review the FY22 data, analysis, barriers, and survey results to establish additional observations, recommendations, and next steps.

Next Steps and Recommendations

As we continue to move forward, DBHDS will:

- Complete next report by July 1st
 - Review and follow up on all individuals that did not submit any billed claims for FY22 authorizations, determine if billing is received in FY23 data and/or any potential barriers and/or reasons to not utilizing services
 - Follow up on the ten individuals previously mentioned on Pages 24-25 to learn more about their utilization to include the purpose of their authorizations and any potential barriers or reasons for not utilizing all authorized hours
 - Review the individuals identified by Support Coordinators and Providers as not having their nursing support needs met to determine any potential barriers
 - Focus on Provider's utilization rate and determine any potential trends from FY21 into FY23; we have identified providers that solely provide skilled nursing or private duty nursing; what does this tell us?
 - Further explore the appearance that there is a distinct difference in the purpose of Skilled Nursing under the DD Waiver and the allowable activities which may have a direct correlation to the number of utilized hours
 - Continue to refine data and review potential trends by Region and Living Situation as well as any new criteria that becomes available to assist in digging deeper into this data
- Refine the Skilled Nursing/Private Duty Nursing survey to continue to analyze into the issues identified; Continue to urge Providers and Support Coordinators to fill out the Skilled Nursing/Private Duty Nursing survey
- Nursing Services Workgroup will reconvene in February 2023 to review the FY22 data, analysis, barriers, and survey results to establish additional observations, recommendations, and next steps. The Nurse who handles Service Authorizations is a member of the workgroup and will assist in determining the barriers in the service authorization process. A Community Resource Consultant (CRC) is also a member of the workgroup to assist in educating on the JumpStart Funding.