

PI 39 & 44 - Intense Management Needs Review Report

26th Review Period

April 2025

DBHDS Reviews By:

Melissa P. Blevins, BS, RN, CDDN

Katherine Rice, MSN, RN, OCN

Joy Richardson, BSN, RN

Contents

Contents	2
Introduction/Overview	3
Methodology	3
Characteristics of the Sample – 25 th Study Period	4
Characteristics of the Sample – 26 th Study Period	6
Discussion of Major Findings	7
PI 38 and 39 – Private Duty and Skilled Nursing	8
Approved Nursing Services	8
Private Duty Nursing	9
PI 40 and 54 – Annual Dental and Physical Exams	10
Physical exam data	10
Dental exam data	11
PI 40 and 54 Annual Dental and Physical Exams Trend	13
Concluding Comments – Onsite Reviews	13
25 th Study Period Remediation Plan Results	14
Conclusion – Next Steps/Recommendations	14

Introduction/Overview

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

The Intense Management Needs Review questions were developed utilizing the Individual Service Review Monitoring Questionnaire developed by the Independent Reviewer and his nursing consultants as a guide. The Director of the Office of Integrated Health along with support from Registered Nurse Care Consultants (RNCC) and OIH Project Manager reviewed and provided guidance towards enhancing questions based on firsthand knowledge they have gained from working with the developmentally disabled population within Virginia. Additional questions were added to further assist in determining if an individual is receiving necessary supports. Utilizing what was learned from the 25th Study Period, questions were enhanced or added to continue determine if an individual's needs are being met. The questions were approved by the Assistant Commissioner of Developmental Services. These questions have been enhanced based on lessons learned and feedback from the first two rounds of reviews.

Methodology

As mentioned in the IMNR report for the 25th Study Period, in July 2024, the Independent Reviewer and his consultant selected a sample of 30 individuals plus 6 alternates from the cohort of 732 individuals whose SIS evaluation results placed them in level six (complex medical needs) and whose annual ISP meeting was held between July 1, 2023, and September 30, 2023. The regions of focus during this review period included Regions 1, 3 and 5. Ten individuals were selected in each region.

Similarly, to the 25th Study Period, the same process was used to pull another sample of 30 individuals plus alternates for the 26th Study Period. These individuals were pulled from a sample of those whose annual ISP meeting was held between September 1, 2024, and October 31, 2024. The region of focus during the 26th Study Period included Region 2 and 4. Fifteen individuals were selected in each region. Unfortunately, only 29 individuals were able to be participate in the reviews this study period as the Review Team found out at a late notice that an individual was unable to participate. DBHDS and the Independent Reviewer agreed to move forward with 29 individuals for this review.

After the sample was selected, the Independent Reviewer Consultant, with assistance from DBHDS, scheduled on-site visits with all primary residential contacts. Visits to each residence were conducted by one of the three Independent Reviewer nurse consultants along with one of three DBHDS Registered Nurse Care Consultants (RNCCs). The reviews for the 25th Study Period took place from August 26, 2024, to September 20, 2024. The reviews for the 26th Study Period took place from February 24, 2025 to March 20th, 2025. To complete the reviews, one of

the nurse consultants and one of the DBHDS RNCCs completed ten reviews together in the 25th Study Period. During the 26th Study Period, two teams were tasked to conduct ten reviews in each region while one team was tasked to conduct five reviews in each region.

All the reviews from both Study Periods were completed at the same time but there was no collaboration on response determinations to ensure the ability to objectively assess the Commonwealth's accurate identification of areas for commendation and in need of improvement/remediation. The intention was and continues to be to establish validity and reliability of the review process and that the responses reflected in the review were consistent across both the nurse consultants and DBHDS RNCCs.

Documentation, including the ISP, the Health Care Plan, and the authorization form (CMS 485) for nursing services, was provided in advance for each person. Supplemental documentation, such as medical consults and medication administration records as well as additional documentation, were examined during the nurses' site visits. During the review, the DBHDS RNCCs completed the paper questionnaire making any necessary notes. Any immediate concerns were instantly sent to DBHDS leadership for prompt attention, action and follow through. Upon conclusion of the weekly onsite reviews, the DBHDS RNCCs recorded responses into an established electronic monitoring system (Microsoft Forms). Finally, the DBHDS RNCCs established Remediation Plans based on the findings. These are sent to the DD Directors and Support Coordinators by email for each individual reviewed providing feedback that also includes commendations. These Remediation Plans are tracked in an electronic monitoring system (Microsoft Forms/SharePoint Lists) to ensure follow through. The Remediation Plans are reviewed by a Quality Assurance team within DBHDS to ensure they are in line with the purpose of the process. At the conclusion of this process, analysis of responses to the questionnaires was completed to establish overall findings. The RNCCs continue to follow up on Remediation Plans until there is a resolution.

Characteristics of the Sample – 25th Study Period

The cohort for the ISR study was all 30 individuals with SIS level 6 needs (i.e., complex medical) who had ISP meetings between July 1, 2023 – September 30, 2023. The selected sample was stratified across three regions. The DBHDS Regions represented in the randomly selected sample include Region 1, Region 3 and Region 5. Region 1 had 10 individuals (33.3%); Region 3 had 10 individuals (33.3%) and Region 5 had 10 individuals (33.3%).

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

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

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

A Demographic Table is included below.

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

Sex		
Female	16	53.33%
Male	14	46.67%

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

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

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

Characteristics of the Sample – 26th Study Period

The cohort for the ISR study was 29 individuals with SIS level 6 needs (i.e., complex medical) who had ISP meetings between September 1, 2024 – October 31, 2024. The selected sample was stratified across two regions. The DBHDS Regions represented in the randomly selected sample included Region 2 and Region 4. Region 2 had 15 individuals (51.7%) and Region 4 had 14 individuals (48.28%).

Fifteen males and fourteen females are included in the sample. The largest age group (34.5%) is comprised of individuals between ages 23 to 30. Seven (24.14%) individuals fell in the 31 to 40 age range, five (17.24%) individuals each fell in the 41 to 50 age range, three (10.34%) individuals were 22 or under and two (6.9%) individuals were in the 51 to 60 age range. The age groups least represented were 61 to 70 and 81 to 90 with one individual each. The youngest person in the sample is 17 years old. The oldest person in the sample is 85 years old.

Nineteen (65.2%) of the individuals in the sample use a wheelchair. Six individuals (20.69%) walk with support, three individuals (10.34%) walk without support and one individual (3.45%) was confined to bed.

Most of the individuals in the sample (44.8%) live in their own/family home while six individuals (20.69%) live in a sponsored home. One individual (3.45%) lives in a family run sponsored home. Group homes – 4 or fewer support four individuals (13.79%) while Group homes – 5 or more support five individuals (17.24%).

A Demographic Table is included below.

Region

Region	Count	% Count
Region 2	15	51.72%
Region 4	14	48.28%
Total	29	100.00%

Gender

Gender	Count	% Count
Male	15	51.72%
Female	14	48.28%
Total	29	100.00%

Age Range

Age Range	Count	% Count
23 - 30	10	34.48%
31 - 40	7	24.14%
41 - 50	5	17.24%
Under 22	3	10.34%
51 - 60	2	6.90%
61 - 70	1	3.45%
81 - 90	1	3.45%
Total	29	100.00%

Mobility Status

Mobility Status	Count	% Count
Uses wheelchair	19	65.52%
Walks with support	6	20.69%
Walks without support	3	10.34%
Confined to bed	1	3.45%
Total	29	100.00%

Type of Residence

Type of Residence	Count	% Count
Own/family home	13	44.83%
Sponsored home	6	20.69%
Group home - 5 or more	5	17.24%
Group home - 4 or fewer	4	13.79%
Family run sponsored home	1	3.45%
Total	29	100.00%

Discussion of Major Findings

Many of the individuals within the sample, share several of the same health indicators. For example, 77% have a major seizure disorder; 73% have bowel elimination problems; 77% of the individuals have precautions for choking; 43% are receiving their nutrition via G-Tube; and 50% require some form of suctioning. Three individuals (10%) have had two or more falls without injury, three individuals (10%) have been hospitalized two or more times in the past year and two (7%) of the individuals had three or more respiratory infections in the last year. The distinct issues related to the health care needs of every person in the sample are described in the questionnaires completed after each site visit.

PI 38 and 39 – Private Duty and Skilled Nursing

*PI 38 and 39 – **Private Duty Nursing.** The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with private duty nursing identified in their ISP or prescribed under EPSDT receive 80% of the hours identified as needed on the CMS485 or DMAS62 forms. **Skilled Nursing.** The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with skilled nursing identified in their ISPs or prescribed under EPSDT will have their skilled nursing needs met 80% of the time.*

Of the 29 individuals reviewed, 14 individuals (48%) were approved for nursing services in some portion of FY24. Of those 14 individuals, 11 (79%) individuals received at least 80% or more of their authorized hours at the time of this report.

Approved Nursing Services

Of the 14 individuals with approved authorizations, 14 individuals were approved for Private Duty Nursing (PDN) services and zero individuals were approved for Skilled Nursing (SN). Of the 14 individuals approved for PDN services, three (21%) were approved for just RN services, six (43%) were approved for just LPN services and five (46%) were approved for both RN and LPN services within FY24.

Of the 29 individuals reviewed, 15 individuals were identified as having a nursing need after consulting a qualified health professional during the review. This differed from those that had approved authorizations. All 15 individual's needs resulted in the completion of a CMS 485. One individual did not result in the submission of a Nursing Authorization as they have Home Health and are satisfied with the service. This resulted in 14 individuals having open Nursing Authorizations in FY24. All 14 individuals had previously had nursing authorizations either in FY23 and prior. There were no individuals in the sample newly identified for nursing services.

These 14 individuals all had open authorizations within FY24 for Private Duty Nursing. There were no authorizations for these individuals for Skilled Nursing. There was a total of 48 authorizations in FY24 for the 14 individuals. Of the 14 individuals, 11 individuals received at least 80% of their authorized hours for one or more of their open authorizations. This number could increase as DMAS allows up to a year from the date of service to bill. Of the three individuals who did not receive at least 80% of their authorized hours for any of their services, two individuals reside in Region 2 while one individual resides in Region 4. All reviews in the sample were asked if there were any barriers to accessing or receiving services. One respondent did not identify any barriers to receiving services. Another respondent stated the inability for the agency to staff Friday or Sunday mornings for a few hours as a barrier. That same respondent went on to state that they felt nursing care is consistent, but the longtime nurse is retiring and the agency has been unable to identify a nurse for one day shift and one night shift. The other respondent stated that they are having trouble finding agencies with Trach/Vent trained nurses.

Two of the three respondents indicated that they felt they were receiving the hours necessary to meet the individual's needs.

Private Duty Nursing

Of the three individuals approved for RN services, there were a total of five authorizations. Two individuals had one authorization each where they both received over 80% of their authorized hours in FY24. The third individual received 80% or more of their authorized hours for two of the three authorizations. The authorization that did not meet 80% was utilized at 76% of their authorized hours.

Of the six individuals approved for LPN services, two individuals received over 80% of their authorized hours for all their authorizations in FY24. Three individuals did not receive over 80% of their authorized hours for any of their authorizations. One individual had one authorization that was utilized at 59%. Another individual had two authorizations utilized at 47% each. The final individual had two authorizations. One was utilized at 75% and one at 51%.

Of the five individuals approved for both RN and LPN services, one individual had a total of six authorizations in FY24. Three for RN and Three for LPN services. This individual received 80% or more of their authorized hours for all their open authorizations for both Skilled Nursing LPN and Private Duty Nursing LPN. This individual received 80% or more of their authorized hours for each of these authorizations. Another individual also had a total of six authorizations (Three for RN and three for LPN) in FY24. This individual only received 80% of their authorized hours for two of their LPN authorizations. The RN authorizations were utilized at 49%, 54% and 76%. The one LPN authorization that did not meet 80% was utilized at 62%. The third individual had three total authorizations, two for RN and one for LPN. All three authorizations were utilized at 80% or more. A fourth individual had eight authorizations in FY24. Four authorizations for RN and four authorizations for LPN. This individual received 80% or more of their authorized hours for all four RN authorizations. This individual also received 80% or more of their authorized hours for three of their four LPN authorizations. The one LPN authorization that did not reach 80% was utilized at 77% of their authorized hours. The final individual authorized for both PDN RN and LPN services had six authorizations in FY24. This individual had three authorizations for RN and three authorizations for LPN services. This individual received 80% or more of their authorized hours for two of the their three RN authorizations and for all three of their LPN authorizations. The RN authorizations that did not meet 80% were utilized at 44% and 17%.

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

- How many hours per week do you believe your child/the person you support needs?
- What are those hours needed for?
- Do those needs change?
- If yes, how, and when?
- How many hours is your child/the person you support authorized for?
- How many hours is your child/the person you support receiving per week?
- What are some of the barriers you have experienced trying to access services?

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

Fourteen (49%) of the 29 individuals reviewed were identified by family/support as feeling they would benefit from nursing services. As mentioned above, 14 (93%) of the 15 individuals had authorizations for nursing services in Fiscal Year 2024.

Upon completion of the IMNR process reviews of individuals receiving these services, several barriers were identified as well as some positive responses. Summaries of these responses are below.

- Four families/caregivers identified there were no barriers to accessing these services
- One report that services provided are consistent and stable
- Staffing was identified as a barrier. This includes:
 - Lack of consistent nurses
 - Inability to find nurses for certain shifts (day or night)
 - Someone to fill in when the nurse is sick
- Training was identified as a barrier. This includes:
 - Agencies that have Trach/Vent trained nurses
 - Nurses who are trained for this population

This information will be utilized along with other information identified from the Nursing Workplan to attempt to address these issues.

PI 40 and 54 – Annual Dental and Physical Exams

*PI 40 and 54 **Dental Exams.** The Commonwealth will work to achieve a goal that 86% of individuals who are supported in residential settings and have coverage for dental services will receive an annual dental exam. **Annual Physical Exams.** The Commonwealth will work to achieve a goal that 86% of individuals supported in residential settings receive annual physical exams.*

Physical exam data

Evidence about annual physical exams was attained through document review and interviews. There is evidence that 28 (96.6%) of the 29 individuals in the sample had an annual exam. In the one instance the individual did not receive their annual exam within the past year, they have saw their PCP virtually on 2/25/25. They last had an in-person visit in December of 2023. It was determined that 27 (93.1%) of the 29 individuals in the sample received all lab work/diagnostic testing as ordered by the physician. One individual did not receive lab work as they have a new PCP and blood work has not yet been ordered. A recommendation was made to this individual's Support Coordinator to get labs completed. The other individual was unable to able to get a mammogram completed as recommended due to the inability to position for the screening to be completed correctly. A recommendation was made to this individual's Support Coordinator to explore an ultrasound for this to be completed.

Additionally:

- Twelve individuals had an identified need for food monitoring by a physician. All twelve individuals had food monitoring in place. Seven additional individuals had food monitoring in place without an identified need by a physician.
- Fourteen individuals had an identified need for monitoring of tube feeding by a physician. All fourteen individuals had monitoring of tube feeding in place.
- Twenty-one individuals had an identified need for seizure monitoring by a physician. All twenty-one individuals had seizure monitoring in place. Two additional individuals had seizure monitoring in place without an identified need by a physician.
- Nine individuals had an identified need for position monitoring by a physician. All nine individuals had monitoring of positioning in place. Fourteen additional individuals had positioning monitoring in place without an identified need by a physician.
- Two individuals had an identified need for weight monitoring by a physician. Both individuals had weight monitoring in place. Twenty additional individuals had weight monitoring in place without an identified need by a physician.
- Sixteen individuals had an identified need for fluid monitoring by a physician. One individual did not have fluid monitoring in place. All ten individuals had fluid monitoring in place. Eight additional individuals had fluid monitoring in place without an identified need by a physician.

Dental exam data

Evidence about dental exams was attained through document review and interviews. Dental exams were conducted annually for 20 (69%) of the 29 individuals in the sample. The residence type of the nine individuals who have not received an annual dental exam within a year is as follows:

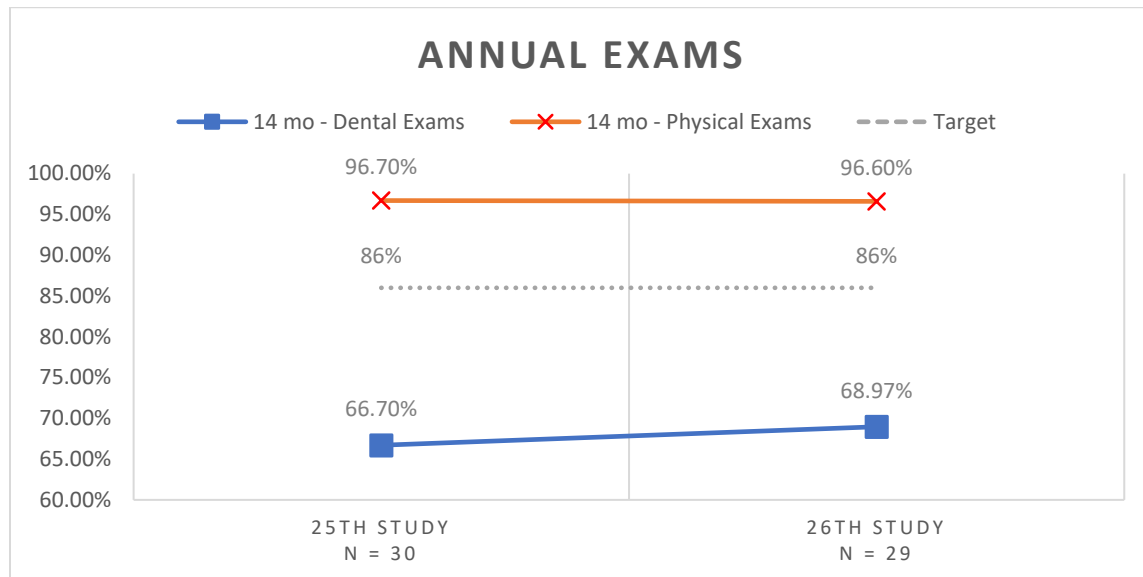
- One (11%) individual lives in a group home – 5 or more
- Three (33%) individuals live in sponsored home
- Five (56%) individuals live in their own/family home

Recommendations were sent to the Support Coordinators of all nine individuals to put in a referral to the Dental Team to be seen in the mobile unit. The Dental Team was also proactive in reaching out to the Support Coordinators to get these referrals in to ensure they get scheduled as soon as possible.

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

PI 40 and 54 Annual Dental and Physical Exams Trend

	25th Study N = 30	26th Study N = 29
14 mo - Dental Exams	66.70%	68.97%
14 mo - Physical Exams	96.70%	96.60%
Target	86%	86%



Concluding Comments – Onsite Reviews

The Onsite Reviews resulted in Remediation Plans being sent to 27 (93.1%) of the 29 individuals for whom reviews were conducted. Two of the reviews did not warrant the need for a Remediation Plan. Some reviews called for one Remediation Plan while others called for up to eight Remediation Plans. A total of 104 remediation plans were sent as a result of these reviews. In addition to Remediation Plans, DBHDS sent Commendations where they were warranted. All Remediation Plans have been sent to DD Directors and Case Managers as of 3/31/2025. The requested date of response for a plan of action was 4/14/2025. These Remediation Plans include the concerns, the actions recommended to rectify the concern, the date the plan should be completed, expectations for follow up with DBHDS, and any additional educational resources. These are all tracked in an electronic monitoring tracker. The results/outcomes of the Remediation Plans will be reported during the next review period as.

During this review period, there were no issues that resulted in emergent action.

25th Study Period Remediation Plan Results

There was a total of 82 recommended remediation plans at the conclusion of the previous review. These findings were sent to Support Coordinators and DD Directors in September – October 2024. Of the 82 remediation plans sent out, a total of 78 (95%) plans have been completed as requested by DBHDS. One individual still has two open remediation plans. One of the plans includes a recommendation to be seen by the DHBDS Mobile Dental Unit. This individual is due to be seen by the Mobile Dental Team the last week of April. The other open plan for this individual is the recommendation for a Occupational Therapist. This appointment has not been scheduled. The RNCC overseeing this plan was last in contact with the Support Coordinator in late March. Another individual's remediation plan remains open as they have not seen a dentist in quite some time. Unfortunately, the individual does not meet the age requirement to be seen in the Mobile Dental Unit. This individual is on the waitlist at VCU. Additional resources as well as some recommendations of dentists to see have been passed along to the parent/guardian. The final remediation plan includes providing additional documentation training for the provider. The RNCC is still waiting to confirm that this training was completed. The RNCCs that completed these reviews with remediation plans that are still open continue to follow up and offer assistance. The top five reasons for remediation plans in the previous period as categorized by DBHDS include:

1. Needed Assessments/Evaluations
2. Adaptive Equipment repairs
3. Individualized protocols
4. Dental exams/visits
5. Nursing needs

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

Conclusion – Next Steps/Recommendations

As we head into future studies, this continues to be an incredibly collaborative and informative experience for the staff involved. As we move forward, DBHDS will continue to work towards improving the process utilizing lessons learned from the processes executed during the last three review periods. There have been many improvements to this process as we have progressed. DBHDS will continue to enhance some questions on the questionnaire to ensure clarity among reviewers and those being reviewed. The guidelines will also be updated to ensure accuracy around the responses for those questions. The results will also assist with enhancing and developing educational resources for DBHDS licensed providers, nursing, and medical professionals. In addition, at the conclusion of the 26th Review Period, the DBHDS RNCCs, Independent Nurse Consultants, Director of the Office of Integrated Health Supports Network

and Independent Nurse Lead will be meeting to collaborate and discuss lessons learned from the reviews conducted during this review.

Additional data and information in response to the Remediation Plans for the 26th Study will be presented in the next report. DBHDS has already received some positive feedback based on the plans that have been sent out. In addition to the emergent resolutions mentioned above, the DBHDS Mobile Rehab Engineering (MRE) Team as well as the DBHDS Dental Team have already acted on many of the findings based on the result of these reviews. Most MRE repairs have been completed and a few individuals have scheduled clinic dates to see the Dental Team.

Other initiatives in place include:

- Lessons learned will be utilized to update the Skilled Nursing/Private Duty Nursing training moving forward.
- Present findings to the Mortality Review Committee Quality Improvement work group on the utilization of Managed Care Organization (MCO) Care Coordination services, if necessary.
- Present findings to the Case Management Steering Committee to determine other opportunities in the workflow of a CSB Support Coordinator/Case manager to offer recommendations to individuals and their support teams inclusive of updating of the Onsite Visit Tool Process (OSVT).
- Collaborate with the DBHDS Medical Director for DD around opportunities in this review for improved communication and care in acute in-patient settings or specialty outpatient settings.
- It should be noted that during the previous review period it was learned that there was no way to capture needed nursing services if there was no provider available. DBHDS updated the ISP on September 15, 2024, to capture additional data around nursing needs to ensure a comprehensive gap analysis can be completed and additional work can be done to address this need. A sample of this work was included in the Nursing Services report.
- The Regional Summaries of the results from each of the reviewers will be included in the next IMNR report.