

# **PI44 - Intense Management Needs Review Report**

## **27th Review Period**

October 2025

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## Introduction/Overview

The Intense Management Needs Review (IMNR) process is established to assess and monitor the adequacy of management and supports provided to all individuals whose SIS evaluation results placed them in tier four level five, six and seven (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 OIHSN 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. There are supplemental questionnaires to accompany the IMNR questionnaire when conducting reviews for individuals specifically around Skilled Nursing or Behavioral Needs. The Behavioral Network Supports team assisted with question development around the supplemental behavioral questionnaire. Utilizing what was learned from the 25<sup>th</sup> and 26<sup>th</sup> Study Periods, IMNR questions were improved or added to continue determining if an individual's needs are met. The questions were approved by the Assistant Commissioner of Developmental Services. These questions have been enhanced based on lessons learned and feedback from prior reviews.

## Methodology

Similarly, to the 25<sup>th</sup> and 26<sup>th</sup> Study Period, the same process was used to pull a sample of 30 individuals plus alternates for the 27<sup>th</sup> Study Period. This sample included individuals with SIS level 7 needs (extraordinary behavioral needs) who had annual ISP meetings between October 1, 2024 – December 31, 2024. The selected sample was stratified across three regions to include 10 individuals and alternates. The DBHDS Regions represented in the randomly selected sample include Region 1, Region 3 and Region 4.

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). Three teams of two conducted 10 reviews in each of the assigned regions. The reviews for the 27<sup>th</sup> Study Period took place between August 11, 2025, and September 19, 2025. To complete the reviews, the ISR Nurses and DBHDS Nurses continued to conduct the reviews at the same time with each filling out their respective questionnaire. Responses to questions were not discussed between the teams.

As mentioned above, all the reviews from the 27th Study Period 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, as well as Behavioral documentation (only for Level 7) 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. The Behavioral Team reviewed the responses to the behavioral questionnaire and passed along any additional remediation plans to the DBHDS RNCCs. The Remediation Plans are then reviewed by a Quality Assurance team within DBHDS to ensure they are in line with the purpose of the process. These are then sent to the DD Directors and Support Coordinators by email for the cohort 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. 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 – 27<sup>th</sup> Study Period

The cohort for the 27th study included 30 individuals with SIS level 7 needs (extraordinary behavioral needs) who had annual ISP meetings between October 1, 2024 – December 31, 2024. The selected sample was stratified across three regions to include 10 individuals and alternates. The DBHDS Regions represented in the randomly selected sample include Region 1, Region 3 and Region 4.

Some of the results, as it relates to demographics and other terms of the Permanent Injunction, are below.

Gender: 22 (73.33%) of the 30 individuals are male while 8 (26.67%) are female.

Gender	Count	Percent
Female	8	26.67%
Male	22	73.33%
Grand Total	30	100.00%

Age Range: Of the five individuals under 22, three (60%) individuals are still attending school. The two other individuals have graduated. All three individuals attending school have an IEP and are receiving services.

Age Range	Count	Percent
Under 22	5	16.67%
23 - 30	11	36.67%
31 - 40	6	20.00%
41 - 50	1	3.33%
51 - 60	5	16.67%
61 - 70	1	3.33%
81 - 90	1	3.33%
Grand Total	30	100.00%

Mobility Status: 26 (86.67%) of the 30 individuals walk without support.

Mobility Status	Count	Percent
Total assistance with walking	1	3.33%
Uses wheelchair	2	6.67%
Walks with support	1	3.33%
Walks without support	26	86.67%
Grand Total	30	100.00%

Type of Residence: 10 (33.33%) of the 30 individuals live in a Group Home – 4 or fewer while 9 individuals lived in their Own/Family home.

Type of Residence	Count	Percent
Family run sponsored home	2	6.67%
Group home - 4 or fewer	10	33.33%
Group home - 5 or more	1	3.33%
Own/family home	9	30.00%
Sponsored home	8	26.67%
Grand Total	30	100.00%

Method of Communication: 14 (46.67%) of the 30 individual's main form of communication is limited spoken language, needs some staff support while 9 (30%) individuals main form of communication is spoken language, fully articulates without assistance.

Method of Communication	Count	Percent
Gestures	4	13.33%
Limited spoken language, needs some staff support	14	46.67%
Spoken language, fully articulates without assistance	9	30.00%
Vocalizations	3	10.00%
Grand Total	30	100.00%

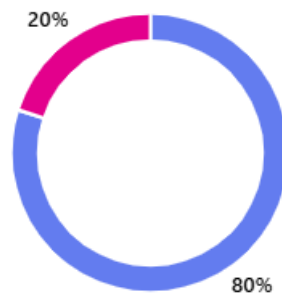
## Behavioral Responses – 27<sup>th</sup> Study Period

The 27th Study Period marked the first completed set of reviews for individuals identified with SIS Level 7 needs, indicating extraordinary behavioral support requirements. This cohort was evaluated using both the Supplemental Behavioral Questionnaire and the Individual Medical and Nursing Review (IMNR) tool. Below are key findings from the Behavioral Questionnaire.

**1. Does the individual engage in any behaviors (e.g., self-injury, aggression, property destruction, pica, elopement, etc. that:**

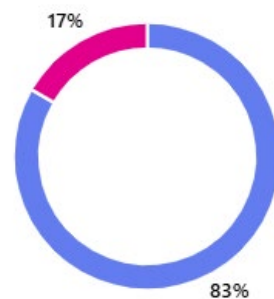
**a. Could result in injury to self or others?**

24 (80%) of the 30 individuals were marked as “Yes”



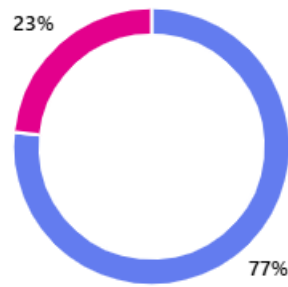
**b. Disrupt the environment?**

25 (83%) of the 30 individuals were marked as “Yes”

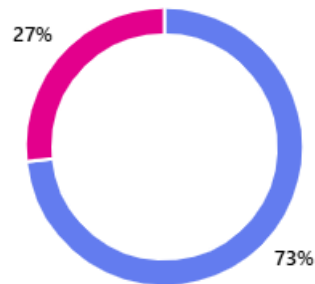


**c. Impede his/her ability to access a wide range of environments (e.g., public markets, restaurants, libraries, etc.)?**

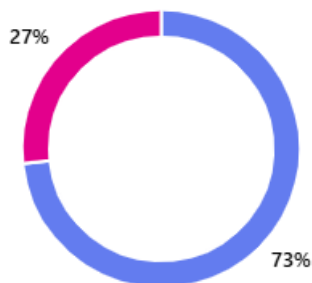
23 (77%) of the 30 individuals resulted in “Yes”



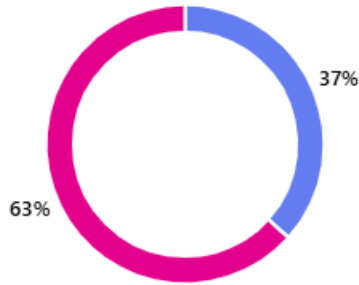
- d. Impede his/her ability to learn new skills or generalize already learned skills?**  
22 (73%) of the 30 individuals resulted in “Yes”



- e. Negatively impact his/her quality of life and greater independence?**  
22 (73%) of the 30 individuals resulted in “Yes”



- f. If yes, does the ISP authorize the need for behavioral services?**  
11 (37%) of the 30 individuals resulted in “Yes”

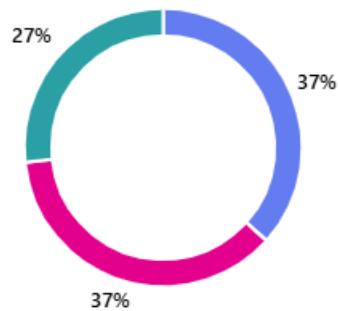


**2. Are behavioral services currently being provided?**

11 (37%) individuals resulted in “Yes”

11 (37%) individuals resulted in “No”

Eight (27%) individuals resulted in “N/A”



**a. If no, are they in the process of being provided?**

Of the 11 individuals that responded “No” to the above question

Two (18%) individuals who responded “Yes” to ‘in the process of being provided’

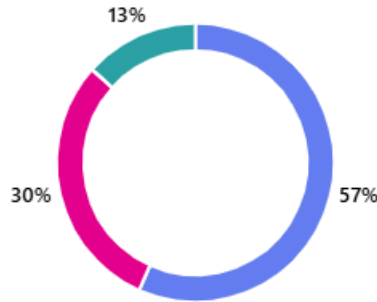
**3. Are the behavioral services wanted by the individual or his/her Guardian/Authorized Representative?**

17 (57%) individuals resulted in “Yes”

Nine (30%) individuals resulted in “No”

Four (13%) individuals responded “N/A”





a. **If no, why not?**

The nine individuals that responded “No” to behavioral services being wanted were asked why they were not interested in these services. A categorized list of responses is below.

**1. Perceived Lack of Need**

These responses suggest that caregivers or providers believe behavioral services are unnecessary due to current stability or manageable behaviors:

- *Behaviors are not frequent and easy to redirect.*
- *Individual is currently stable and skill building activity list has been sufficient to support current behavioral concerns.*
- *Currently behaviors are well managed by provider and day support and felt no active services are needed.*
- *Group Home provider states they are not needed; the individual is mellowing out due to aging, residential Part V has detailed supports for behaviors.*

**2. Negative Past Experiences with Services**

These reflect prior attempts at behavioral services that were not viewed as helpful:

- *Attempted behavioral services years ago and it was not positive. Individual currently is easily directed when presenting with a behavior without escalation.*
- *Sponsored Home provider states it was not helpful.*
- *The school plan was not effective or beneficial.*

**3. Family or Guardian Refusal or Resistance**

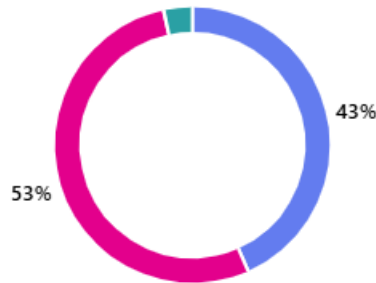
These statements indicate that the family or guardian is not supporting the use of behavioral services:

- *Family does not believe would be beneficial.*
- *Mother/guardian/sponsored provider does not feel her son would benefit from behavioral services.*

- *Mother reports she does not need anything else and does not want another service.*

**4. Is there a behavior plan in place to address the behavior(s) identified above?**

13 (43%) individuals have a behavior plan in place  
 16 (53%) individuals do not have a behavior plan in place  
 One (2%) individual responded "N/A"

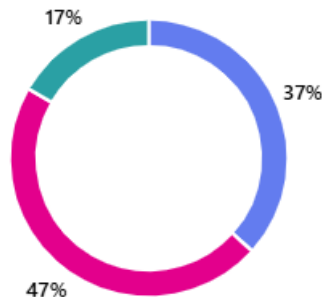


**a. If responded “No”, to having a behavior plan in place, is there a behavior plan in progress because services recently started?**

Of the 16 individuals that responded there is not a behavior plan in place  
 Three (19%) responded that there is a behavior plan in progress.

**5. Is there a functional behavior assessment (FBA) completed in the current setting?**

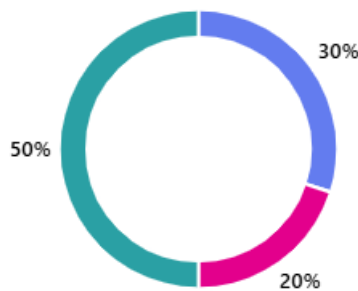
11 (37%) of the individuals responded “Yes”  
 14 (47%) of the individuals responded "No"  
 Five (17%) of the individuals responded “N/A”



**a. If “No” to the FBA question above, is the FBA in progress because the services recently started?**

Of the 14 individuals that responded “No”, zero (0%) responded that the FBA was in progress

- 6. Are there target behaviors for decrease?**  
15 (50%) of the individuals responded “Yes”  
Two (7%) of the individuals responded “No”  
13 individuals responded “N/A”
- 7. Are there target behaviors for increase?**  
15 (50%) of the individuals responded “Yes”  
Two (7%) of the individuals responded “No”  
13 individuals responded “N/A”
- 8. Does the behavior plan or the Part V Plan for Supports specify the data to be collected to determine whether planned interventions are working?**  
11 (37%) of the individuals responded “Yes”  
Five (17%) of the individuals responded “No”  
14 individuals responded “N/A”
- 9. Has the data been summarized and reviewed by a qualified behavior clinician?**  
Nine (30%) of the individuals responded “Yes”  
Six (20%) of the individuals responded “No”  
15 (50%) of the individuals responded “N/A”



## IMNR Results – 27<sup>th</sup> Study Period

Many of the individuals within the sample share several of the same health indicators. For example, 43% of the individuals have choking precautions in place, 33% are monitored for constipation, 30% have a major seizure disorder and 20% have had a significant change in health/behavior in past year and 20% have PICA.

Health Indicator Checklist: The table below shows the number of individuals identified with each Health Indicator.

<b>Health Indicator</b>	<b>Count</b>
Choking precautions	13
Constipation	10
Major seizure disorder (if checked list date of most recent seizure)	9
Significant change in health/behavior in past year	6
PICA	6
Hypertension	5
Mobility	4
Difficulty maintaining or losing weight (not within BMI range)	4
Diabetes	4
Pressure injury/skin breakdown	3
Injuries (other than Fall)	2
Dysphagia	4
Bladder Elimination Problems	1
Bowel Elimination Problems - diarrhea	2
Communicable disease	1
Aspiration Pneumonia	1
Recurrent (3 or more a year) respiratory infections	1
Tube feeding (if check, list type of tube feeding)	1
2 or more medical hospitalizations in the past year	1

This highlights the difference between the sample for the 27<sup>th</sup> Study Period for SIS level 7 (extraordinary behavioral needs) individuals versus the sample for the 26<sup>th</sup> for SIS level 6 (extraordinary medical needs) individuals.

<b>Health Indicator</b>	<b>26th Study - Medical</b>	<b>27th Study - Behavioral</b>
Choking Precautions	90%	43%
Major Seizure Disorder	93%	30%
Bowel Elimination Problem	21%	7%
Nutrition via G-Tube	62%	3%
Suctioning	62%	None Indicated
Hospitalization (2 or more times in the past year)	17%	3%
Recurrent respiratory infections (3 or more in the past year)	10%	3%
Significant change in health/behavior in the last year	45%	20%

## 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

Physical Exam within 14 months: 29 (96.67%) of the 30 individuals had a physical examination within the last 14 months.

<b>Physical Exam</b>	<b>Count</b>	<b>Percent</b>
No	1	3.33%
Yes	29	96.67%
<b>Grand Total</b>	<b>30</b>	<b>100.00%</b>

Evidence about annual physical exams was attained through document review and interviews. There is evidence that 29 (96.67%) of the 30 individuals in the sample had an annual exam. In the one instance the individual did not receive their annual exam within the past year, it was indicated that the individual does not have a PCP but is seen at urgent care when needed. A recommendation was made to this individual's Support Coordinator to discuss the importance of healthcare and the importance of establishing and maintaining a PCP. Another individual had

received their annual physical exam, and it was recommended that the individual should have an eye exam. This had not been scheduled at the time of the review and was sent to the individual's support coordinator as a recommended remediation plan. Two individuals were indicated as not having lab work/diagnostic consultants completed timely as ordered by a physician. One individual does not have an established PCP as mentioned above. The other individual must be sedated to obtain labs. Orders are in place for that individual to have vaccines and labs drawn during an upcoming sedation dental appointment. This is also a recommended remediation plan for this individual to ensure that the labs occur.

#### Dental exam data

Dental Exam within 14 months: 25 (83.33%) of the 30 individuals had a dental examination within the last 14 months.

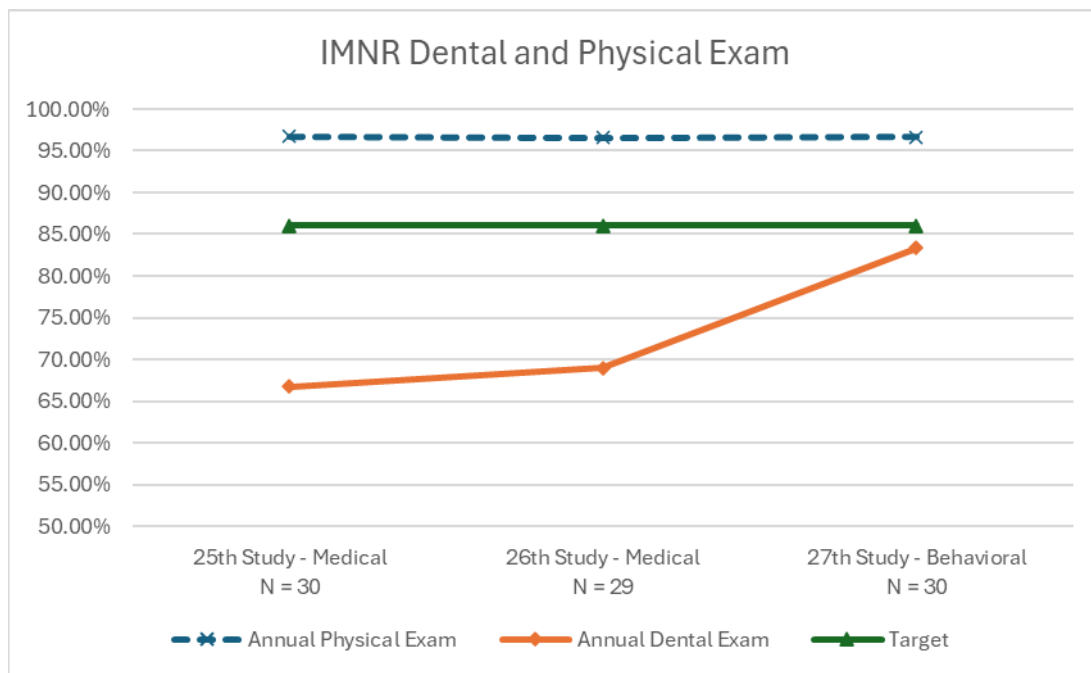
Dental Exam	Count	Percent
No	5	16.67%
Yes	25	83.33%
<b>Grand Total</b>	<b>30</b>	<b>100.00%</b>

Evidence about dental exams was attained through document review and interviews. Dental exams were conducted annually for 25 (83.33%) of the 30 individuals in the sample. Of the five individuals that had not had an annual dental exam within the last 14 months, four of the five individuals had seen a dentist in the last two years. One individual is seen by Carilion and was recommended to return in two years from their last appointment in 2024. Another individual has an appointment scheduled in early 2026 for sedation at UVA while another has had a few appointments scheduled by the dental office but has an appointment in October 2025. Part of the remediation plans will be to ensure these appointments occur. A fourth individual has aged out of their pediatric dentist and is in search of a provider while the final individual has a great fear of the dentist and refuses to go to their appointments. The individuals without a scheduled appointment were sent remediation plans with resources around the DBHDS Dental Team as well as to how to submit a referral for the program. The residence type of the five individuals who have not received an annual dental exam within a year is as follows:

- Three (60%) individual lives in a group home – 4 or fewer
- One (20%) individual lives in a sponsored home
- One (20%) individual lives in their own/family home

## PI 40 and 54 Annual Dental and Physical Exams Trend

Exam	25th Study - Medical N = 30	26th Study - Medical N = 29	27th Study - Behavioral N = 30
Annual Physical Exam	96.70%	96.60%	97%
Annual Dental Exam	66.70%	68.97%	83.33%
Target	86.00%	86.00%	86.00%



## PI 38 and 39 – Private Duty and Skilled Nursing

Nursing Services: None of the individuals in this sample were authorized for nursing services. One individual was identified by the reviewer that Skilled Nursing services would be beneficial. This was sent to the Support Coordinator as a Remediation Plan to discuss with the individual/family the role of Skilled Nursing services and the benefits to health and safety. DBHDS is highly encouraged by this finding during these reviews as it reiterates their performance and they are capturing the necessary support that can assist meeting individual's medical needs.

Summary of Individual Findings - 27th Study							
ID #	Type of Residence	Annual Physical Exam	Annual Dental Exam	80% of authorized nursing hours were received - Average	Does ISP authorize need for behavioral services?	Are behavioral services currently being provided?	Behavioral services are wanted
1	Own/family home	Yes	Yes	N/A	No	N/A	Yes
2	Own/family home	Yes	Yes	N/A	No	No	No
3	Group home - 4 or fewer	Yes	Yes	N/A	No	N/A	No
4	Own/family home	Yes	Yes	N/A	No	N/A	Yes
5	Sponsored home	Yes	Yes	N/A	Yes	Yes	N/A
6	Group home - 4 or fewer	Yes	No	N/A	No	Yes	Yes
7	Sponsored home	Yes	No	N/A	No	N/A	No
8	Sponsored home	Yes	Yes	N/A	Yes	No	Yes
9	Group home - 4 or fewer	Yes	No	N/A	Yes	No	No
10	Sponsored home	Yes	Yes	N/A	No	No	Yes
11	Family run sponsored home	Yes	Yes	N/A	No	No	No
12	Group home - 4 or fewer	Yes	Yes	N/A	Yes	Yes	Yes
13	Group home - 4 or fewer	Yes	Yes	N/A	No	N/A	N/A
14	Group home - 4 or fewer	Yes	No	N/A	Yes	Yes	Yes
15	Sponsored home	Yes	Yes	N/A	No	No	No
16	Group home - 5 or more	Yes	Yes	N/A	Yes	Yes	Yes
17	Sponsored home	Yes	Yes	N/A	No	No	No
18	Group home - 4 or fewer	Yes	Yes	N/A	Yes	Yes	Yes
19	Sponsored home	Yes	Yes	N/A	Yes	Yes	Yes
20	Family run sponsored home	Yes	Yes	N/A	No	No	No
21	Group home - 4 or fewer	Yes	Yes	N/A	No	N/A	N/A
22	Own/family home	Yes	Yes	N/A	No	No	No
23	Sponsored home	Yes	Yes	N/A	Yes	Yes	Yes
24	Own/family home	Yes	Yes	N/A	No	Yes	Yes
25	Group home - 4 or fewer	Yes	Yes	N/A	Yes	No	Yes
26	Own/family home	Yes	Yes	N/A	No	No	N/A
27	Group home - 4 or fewer	Yes	Yes	N/A	Yes	Yes	Yes
28	Own/family home	No	Yes	N/A	No	No	Yes
29	Own/family home	Yes	Yes	N/A	No	Yes	Yes
30	Own/family home	Yes	No	N/A	No	N/A	Yes

## Region 1 – Summary of Visits (Reviewer’s Perspective)

### Positive Observations:

- Sponsored Homes (SH) Observations**

Two shared homes were highlighted as outstanding.

Key positive aspects included:

- Well-furnished and decorated homes, including seasonal decorations and pleasant smells.
- Providers referred to the shared home as "their home" and emphasized the individual was treated as part of the family.
- Rooms were personalized with items reflecting individual interests.
- One home featured a separate room with musical instruments available for the individual's use.

- Group Home Observations:**

One exceptional group home was noted.

Highlights included:



- A lovely interior and exterior, with access to a garden area and a swimming pool.
- Pictures of individuals displayed throughout common areas of the home, not confined to their personal rooms.
- Knowledgeable providers who were well-versed in the individuals' care needs.

#### **Areas Identified as Lacking or Needing Improvement (LACKING):**

- **Respite Services:** The unavailability of respite services was mentioned by the families or providers of two individuals visited.
- **Consumer Directed Personal Assistance (CD-PA) Program Challenges:** Identifying and hiring staff through the CD-PA program continues to be a struggle for families.
  - A single mother suggested assistance with writing job advertisements, brainstorming recruitment strategies, and learning interview techniques would be helpful.
  - Two families reported the current reimbursement rate for CD-PAs is too low and makes it difficult to hire dependable, trustworthy people.
- **General Observations:**
  - Lack of communication between school systems and DD Support Coordination.
  - Difficulty finding PCP providers in community willing to see individuals with DD. One family is using CVS Minute Clinic as the PCP for the individual. While using the Minute Clinic may be acceptable practice, it would not be considered best practice for continuity of care.
  - High turnover in DD Case Management and caseloads.

### **Region 3 - Summary of Visits (Reviewer's Perspective)**

Below are the commendations to highlight in the IMNR report for Region 3, specifically around three individuals and their supports.

One agency and their sponsored residential providers were commended for the exceptional quality of care and dedication demonstrated in supporting two individuals during this review period. A small summary for both individuals is below:

- The sponsor providers have shown remarkable awareness of the individual's behavioral triggers and early warning signs. Their consistent use of a calm, neutral tone and patient

redirection during tense community situations has been instrumental in maintaining stability. Through their steady and compassionate approach, the individual has achieved the longest and most successful placement he has ever experienced. This has resulted in a significant reduction in behavioral episodes and increased engagement in community activities.

- The sponsor providers have exhibited outstanding patience and commitment in supporting this individual, who has a history of severe behavioral challenges that previously compromised her safety and that of others. Their collaborative efforts with the behaviorist, psychiatrist, and medical specialists have resulted in remarkable progress, evidenced by improved stability, more positive interactions, and visible happiness. The reviewer, who had prior familiarity with this individual, was deeply impressed by the transformation and level of care demonstrated.

The dedication, skill, and teamwork shown by this agency exemplify best practices in person-centered behavioral support. Their providers serve as excellent models for others working with individuals who present complex behavioral and emotional needs. It is recommended that these sponsor providers be considered as mentors for other providers supporting individuals with challenging behaviors.

Another group home provider was commended for their proactive and compassionate support of an individual living with dementia. The group home's house manager was invited to attend the OIHSN Dementia Caregiver Training presented by DBHDS, which was held the week following the review, and she attended. This demonstrates this group home's strong commitment to continuing education and professional development for their staff, as well as their dedication to providing high-quality, person-centered care for individuals with dementia and intellectual and developmental disabilities.

## Region 4 – Summary of Visits (Reviewer's Perspective)

In Region 4, the reviewers visited three group homes, one supported living home, five private homes, and one sponsored residential home.

### **Presence of Behavioral Supports**

Three of the individuals were not actively receiving behavioral services and their caregivers are well versed in managing their extensive needs and behaviors when they arise. There were three individuals with dual developmental disabilities and mental health diagnoses that were in significant need of additional services to receive dual support for their diagnoses. The families supporting their family members in their private homes are to be commended. They are providing high level behavioral supports full time in most cases. They are advocating for the needs of their family members while also providing these supports. Families utilizing CD-PA services verbalized frustrations around the difficulty hiring outside providers full time due to both the number of authorized hours that can be billed and the reimbursement rate.

## **School System**

There were three individuals still in the school system or recently graduated. Their families/guardians expressed frustrations with the school systems, services, and behavioral supports received through the school system. Each family voiced frustrations with the quantity of transition supports received (or currently being received) and reported that those supports did not seem sufficient to prepare them for transitioning to adult services. Two of the three families voiced frustration with the level of behavioral services the individuals receive and expressed the need for additional services outside of the school system. However, they reported that the behavioral services outside of the school system were not consistent or did not meet the individual's needs.

## **Excellence in Advocacy**

It is important to note the three group home providers were fabulous providers and advocates for their individuals. Each of these individuals has been with their group homes for at least five years and their homes and providers are their family. The providers know the individuals very well and can manage their needs very well. When needs outside of their abilities arise, they are strong advocates in seeking assistance to ensure they are safe and receive the care they need.

## **Remediation Plan Results – 27<sup>th</sup> Study Period**

At the conclusion of the 27th Study Period, a total of 134 remediation plans were recommended, addressing concerns related to 29 individuals. Notably, one individual in Region 3 did not require any remediation.

In October 2025, these plans—along with accompanying educational materials—were distributed to Support Coordinators and Developmental Disability (DD) Directors. The DBHDS RNCCs are currently collaborating with Support Coordinators and DD Directors to ensure timely and effective resolution of the identified issues.

The top five reasons for remediation plans during this study period categorized by DBHDS and DOJ include:

- Assessments/Evaluations
- Behavioral Supports/Therapeutic Consultation
- Additional Supports Enhancements
- Adaptive Equipment/Mobile Rehab Engineering
- Documentation

## **Remediation Plan Results – 26<sup>th</sup> Study Period**

There was a total of 101 recommended remediation plans at the conclusion of the reviews for the 26<sup>th</sup> Study Period. These plans were sent to Support Coordinators and DD Directors in March 2025. Of the 101 remediation plans sent out, a total of 83 (82%) plans have been completed as requested by DBHDS. One individual still has two open remediation plans. The DBHDS RNCCs are still in communication with 11 individuals that still have open remediation lines from the 26<sup>th</sup> Study Period. Most open lines remain open as they wait for appointments or evaluations to take place or for protocols/documentation to be updated. The top five reasons for remediation plans during this study period categorized by DBHDS and DOJ include:

- Assessments
- Adaptive Equipment Issues
- Dental Issues
- Protocols
- Documentation

At the beginning of the 27<sup>th</sup> Study Period, the ISR Nurses began conducting a review of a sample of remediation plans from the 26<sup>th</sup> Study Period. A sample of 10% of the plans in each of the designated categories was pulled. Any individual that was pulled in the random sample that had multiple remediation plans, had all remediation plans followed up during the look behind. For example, if an individual made the sample based on a dental issue and had plans for adaptive equipment and assessments, all issues were included in the sample. In total, 14 total individuals and 56 remediation plans were included in the sample. DBHDS is awaiting the results from that Look Behind.

## 25<sup>th</sup> Study Period Remediation Plan Results

There was a total of 82 recommended remediation plans at the conclusion of the 25<sup>th</sup> study period. These findings were sent to Support Coordinators and DD Directors in September – October 2024. Of the 82 remediation plans sent out, a total of 81 (99%) plans have been completed as requested by DBHDS. One individual still has one open remediation plan. 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

## Conclusion – Next Steps/Recommendations

At the conclusion of this study period, the DBHDS Review Team will begin compiling results from the 25th, 26th, and 27th studies, along with findings from Skilled Nursing reviews, to identify emerging themes and trends that reflect meaningful change. The strength of this analysis lies in the breadth of data collected—spanning multiple SIS levels and geographic regions—which provides a robust foundation for drawing informed conclusions and guiding future improvements.

The insights gained over the past three review periods have been invaluable, offering critical lessons that will shape the direction of future studies. This process has remained highly collaborative and informative for all involved.

As we move forward, DBHDS will continue to refine the review process by incorporating lessons learned, enhancing the clarity of questionnaire items, and updating guidelines to ensure consistency and accuracy in responses. These results will also support the development of targeted educational resources for DBHDS-licensed providers, nursing staff, and medical professionals.

Additionally, at the end of the study period, the DBHDS RNCCs, Independent Nurse Consultants, Director of the Office of Integrated Health Supports Network, Behavioral Supports Network team, and Independent Nurse Lead will convene to reflect on the reviews and share key takeaways.

Further data and updates related to Remediation Plans from the 26th and 27th studies will be included in the next report.

Other initiatives in place include:

- Lessons learned will be shared with the DBHDS Waiver Management Office to be considered in their development of the training modules focused on how to obtain authorization for Behavioral Support under Therapeutic Consultation.
- The compiled results from the 25th, 26th, and 27th studies, along with findings from Skilled Nursing reviews that identify emerging themes and trends and reflect meaningful change will be shared with the DBHDS Medical Director for DD and the Met and Unmet Needs Workgroup to contribute to and guide future improvements and quality initiatives.
- OIHSN will provide these findings to the Case Management Steering Committee for use in their work to determine other opportunities in the workflow of a CSB Support Coordinator/Case manager to offer recommendations to individuals and their support teams and the updating of the Onsite Visit Tool Process (OSVT).
- OIHSN will continue offering its new training for Support Coordinators titled “Overview of Health and Safety Concerns Affecting Individuals with Intellectual and Developmental

Disabilities (IDD).” This training emphasizes the importance of recognizing changes in an individual’s status to ensure timely and appropriate support.

- OIHSN will present these findings to the DMAS Division of High Needs Supports for consideration in their oversight of the Consumer Directed Personal Care Assistance and Service Facilitation that manages the authorized services.
- The DBHDS Office of Director of Behavioral Services and Projects will review the results to inform their work around promoting quality behavioral analysis and support plans under the DD Waiver.
- The Regional Summaries of the results from each of the reviewers will be included in each IMNR report going forward focused on either complex behavioral or complex medical needs.