Nursing Services Data Report

NURSING HOURS UTILIZATION PI 38, PI 39, and PI 44

Updated FY19 – FY26 Q1-Q2

April 2026

Updated 4/15/26

Indicator

PI 38
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.

PI 39

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.

PI 44
The Commonwealth, through DBHDS, will collect and analyze data at least annually regarding the management needs of individuals with identified complex behavioral, health, and adaptive support needs to monitor the adequacy of management and supports provided. DBHDS will develop corrective actions based on its analysis as it determines appropriate, track the efficacy of the actions, and revise as it determines necessary to address the deficiency.

Introduction

For the 27th Review, DBHDS performed an updated review of nursing services for Fiscal Years 2019 – 2024. The purpose of this review was to calculate the total fiscal year utilization using the most current attested calculation method, which includes additional billings that were unavailable for previous study periods. The reason additional billing has been received is due to providers having up to a year to bill for their services.

DBHDS also conducted a review of data for FY25 during the 27th Review to get a snapshot of how services were delivered during that period. Providers have until 6/30/26 to bill for FY25 services. Calculations for FY25 have been updated since the 27th Review as new billings have become available. Additionally, FY24 services as additional billings were also received for this billing period. The billing for FY25 will be fully completed upon the conclusion of the 29th Review.

DD Waiver Nursing services are provided for individuals enrolled in the DD Waiver who have serious medical conditions and complex healthcare needs and have used up their home health benefits under the Commonwealth's Medicaid benefit or other benefits available to them.

Overview of Data – FY25 Update from 27th Review

This section of the report highlights all nursing authorizations open in FY25. This data has significantly increased from the 27th Review. As mentioned above, providers have up to a year to bill from the date the services are delivered. It is anticipated that these numbers will continue to progress when the full fiscal year is reported.

DBHDS found 711 unique ID/D individuals in DMAS service authorization files with a valid DD Waivers nursing service authorization (i.e., S9123, S9124, T1002, T1003) in FY25 (July 1, 2024 – June 30, 2025). There was no change in Timeliness of Service from the 27th Review.

Reporting – FY25

Timeliness of Service – Individuals with New Authorizations within FY25

GOAL: 70%

There was a total of 145 EPSDT and Waiver recipients with new service authorizations that began within FY25. Of that number, a total of 136 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 93.8%, which is compared to the goal of 70%.

- 145 Total Individuals Identified with first time authorizations
- 136 Total Individuals received their first service within 30 days

EPSDT Recipient Breakdown – FY25

GOAL: 70%

There has been a total of 17 EPSDT individuals with new service authorizations within FY25. Of that number, 16 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 94.12%, which compares to the goal of 70%.

- 17 EPSDT Individuals Identified
- 16 EPSDT Individuals received first service within 30 days

Waiver Recipient Breakdown – FY25

GOAL: 70%

There has been a total of 128 Waiver individuals with new service authorizations within FY25. Of that number, 120 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 93.75%, which compares to the goal of 70%.

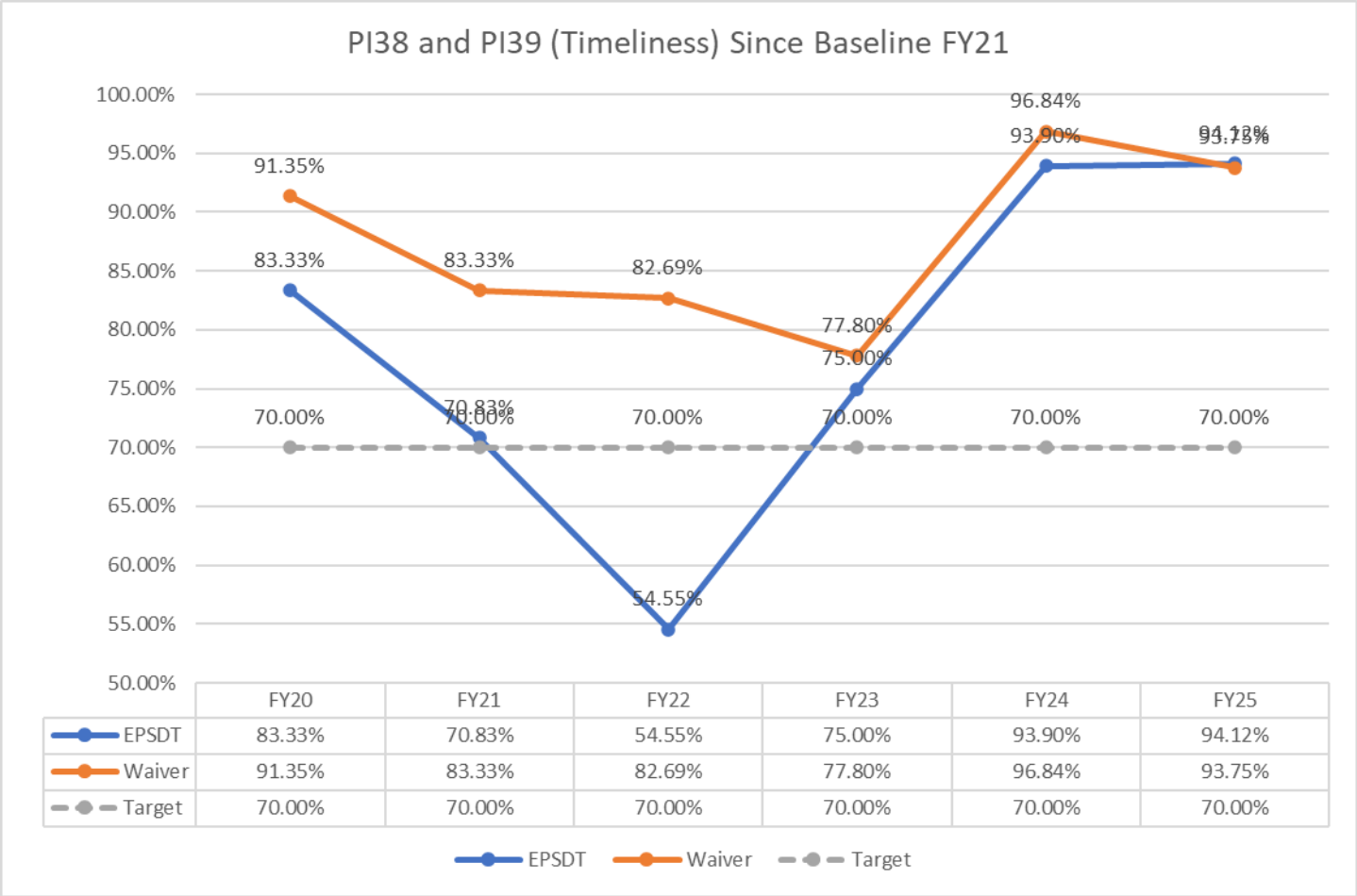
- 128 Waiver Individuals Identified
- 120 Waiver Individuals received their first service within 30 days

MET 70% by SERVICE – FY25

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

Percentage that Met 30 Days of Service	
	Percent
EPSDT	94.12%
Waiver	93.75%

The following chart shows the timeliness of service since the baseline of FY21.



	FY20	FY21	FY22	FY23	FY24	FY25
EPSDT	83.33%	70.83%	54.55%	75.00%	93.90%	94.12%
Waiver	91.35%	83.33%	82.69%	77.80%	96.84%	93.75%
Target	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%

Utilization of Authorizations – FY25

Of the 711 unique individuals identified within FY25, 465 unique individuals received 80% or more of their authorized hours.

Six individuals transitioned from EPSDT to Waiver due to having a birthday during the fiscal year. These individuals are only counted once in total individuals but fall into the EPSDT and Waiver categories and therefore be counted in both categories.

65.40% of unique individuals of both EPSDT and Waiver recipients received 80% or more of their authorized hours.

- 711 Individuals Identified
- 465 Individuals received 80% or more of their authorized hours
- 65.40% received 80% or more of their authorized hours

EPSDT Recipients Overview – FY25

Of the 711 unique individuals identified within FY25, 108 individuals were EPSDT recipients. Of the 108 recipients, 55 recipients received 80% or more of their authorized hours for at least one service in FY25.

- 711 Individuals Identified

- 108 Total EPSDT Recipients
- 55 (50.93%) recipients received 80% or more of their authorized hours

Waiver Recipients Overview – FY25

Of the 711 unique individuals identified in FY25, 615 individuals were Waiver recipients. Of the 615 recipients, 412 recipients received 80% or more of their authorized hours.

- 711 Individuals Identified
- 615 Total Waiver Recipients
- 412 (66.99%) recipients received 80% or more of their authorized hours

Percentage that Met 80% Utilization

Category	Percent
EPSDT	50.93%
Waiver	66.99%

Utilization by Procedure Code – FY25

Procedure Code	Description
S9123	Skilled Nursing, Registered Nurse (RN)
S9124	Skilled Nursing, Licensed Practical Nurse (LPN)
T1002	Private Duty Nursing, Registered Nurse (RN)
T1003	Private Duty Nursing, Licensed Practical Nurse (LPN)

The following table shows the Percentage of Utilization that Met 80% by Procedure Code to date in FY25.

Procedure Code	FY25
S9123	21.43%
S9124	51.15%
T1002	76.05%
T1003	76.13%

Utilization by Region – FY25

The following table shows the Percentage of Utilization that Met 80% to date within FY25. The Regions are determined by the Individual's CSB. This information comes from WaMS. An individual's Region shows as

"Unknown" if the individual is not in WaMS or the "Assigned CSB" field in WaMS is blank when the report was pulled.

REGION	FY25
Region 1	43.16%
Region 2	80.86%
Region 3	32.93%
Region 4	72.17%
Region 5	69.57%
Unknown	44.00%

**Regions are determined by Individual's CSB*

Utilization by SIS Score – FY25

The following table shows the percentage of utilization that Met 80% within F25. This is broken out by the individual's SIS score. An individual's SIS Level shows as "(blank)" if the individual is not in WaMS. An individual's SIS Level shows as "M" if they are Exceptional Medical.

Percentage that Met 80% Utilization by SIS Level	
SIS Level	**FY25**
1	50.00%
2	60.23%
3	38.46%
4	56.20%
5	72.73%
6	71.39%
7	63.33%
B	100.00%
M	65.00%

Snapshot of Data: FY26 Q1-Q2

This section of the report highlights all nursing authorizations open in FY26 Q1-Q2 as of January 2026. This data will appear significantly low as the fiscal year ends June 30, 2026, and services are able to be billed up to a year from the date of service. It is anticipated that these numbers will increase significantly when the full fiscal year is reported.

DBHDS found 693 unique ID/D individuals in DMAS service authorization files with a valid DD Waivers nursing service authorization (i.e., S9123, S9124, T1002, T1003) in FY26 (July 1, 2025 – December 31, 2025).

Two individuals transitioned from EPSDT to Waiver due to having a birthday during the fiscal year. These individuals are only counted once in total but fall into the EPSDT and Waiver categories.

Utilization of Authorizations – FY26 Q1-Q2

Of the 693 unique individuals identified within FY26 Q1-Q2, 300 unique individuals received 80% or more of their authorized hours.

43.29% of unique individuals of both EPSDT and Waiver recipients received 80% or more of their authorized hours.

- 693 Individuals Identified
- 300 Individuals received 80% or more of their authorized hours
- 42.98% received 80% or more of their authorized hours

EPSDT Recipients Overview – FY26 Q1-Q2

Of the 693 unique individuals identified within FY26 Q1-Q2, 85 individuals were EPSDT recipients. Of the 85 recipients, 30 recipients received 80% or more of their authorized hours for at least one service in FY26 Q1-Q2.

- 693 Individuals Identified
- 85 Total ESPDT Recipients
- 30 (35.29%) recipients received 80% or more of their authorized hours

Waiver Recipients Overview – FY26 Q1-Q2

Of the 693 unique individuals identified in FY26 Q1-Q2, 610 individuals were Waiver recipients. Of the 610 recipients, 270 recipients received 80% or more of their authorized hours.

- 693 Individuals Identified
- 610 Total Waiver Recipients
- 270 (44.26%) recipients received 80% or more of their authorized hours

Percentage that Met 80% Utilization

Category	Percent
EPSDT	35.29%
Waiver	44.26%

Overview of Data: FY19 – FY25

DBHDS has continued to refine the process in which data is calculated and reported. To report and trend the most accurate data available, DBHDS recalculated the authorizations for FY24 and FY25 this study period. It is important to remember that providers have up to a year to bill from the date the service is delivered. This most

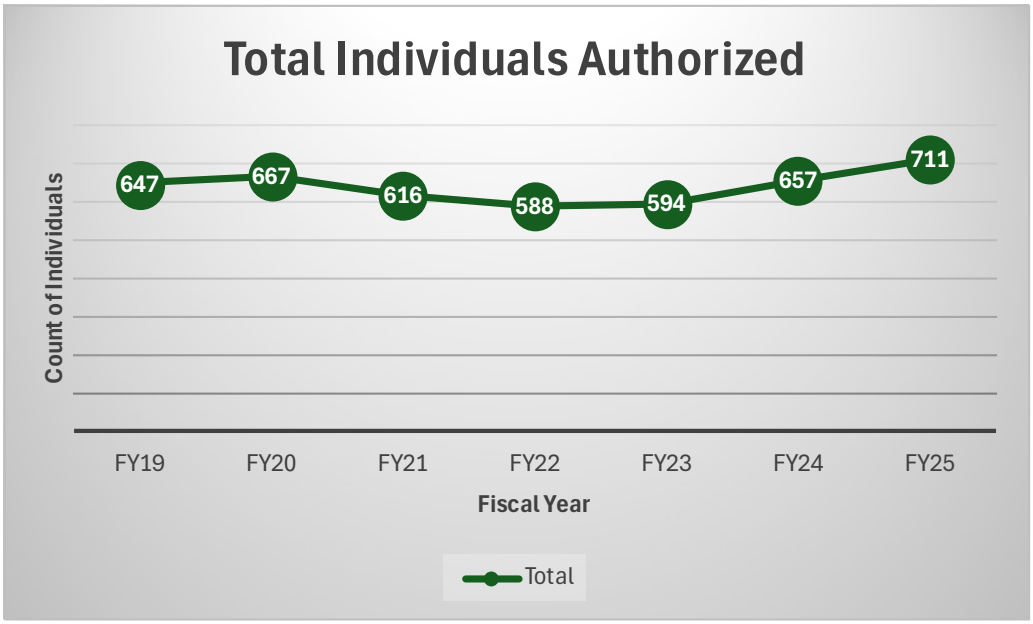
recent billing data was received in January 2026. The results of the recalculation were significant as we now have a firm understanding of the billed utilization year over year. The results are below.

Utilization Reporting: FY19 – FY25

Total Individuals with Authorizations: FY19 – FY25

The graphic below shows the total number of individuals with authorizations between FY19 – FY25. Due to calculating by fiscal year, one individual could show in multiple fiscal years if the authorizations began in one fiscal year and ended in the other.

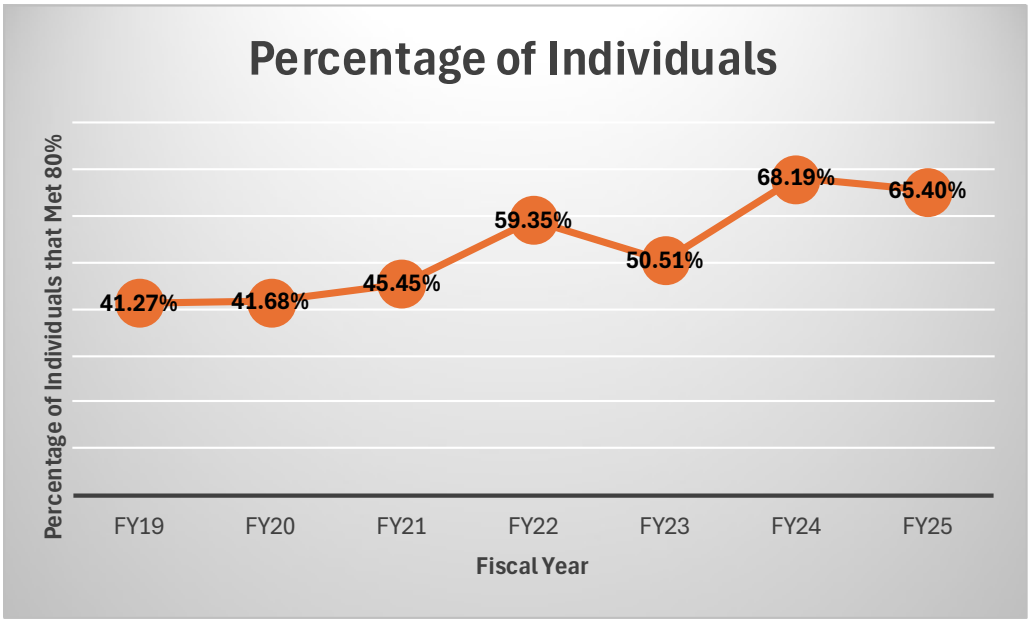
DBHDS started calculating billed nursing services in FY19 (7/1/18 – 6/30/19). The total number of individuals with authorizations was at its highest in FY25 with 711 individuals. The total number of individuals with authorizations was at its lowest in FY22 with 588 individuals, a decrease of 9.12% from FY19. The total number of individuals with authorizations began to increase again in FY23 and continued to increase year over year.



The table and graph below show the number of individuals with authorizations and percentage of those that met 80% from FY19 – FY25. From FY19 to FY21 the percentage of individuals that met 80% utilization stayed consistent between 43% - 46%. There was a 13% increase in billed utilization in FY22 along with a major drop in individuals with an authorization in the fiscal year from FY21 to FY23. The billed utilization increased roughly 5% in FY23 and FY24 as compared to the trend from FY19-FY21 in FY23. FY25 is currently showing roughly 52% of individuals received 80% or more of their authorized hours. The continued increase in number

of individuals with authorizations post-FY23 along with the increase in billed utilization could be the beginning of a positive trend. It's important to keep in mind that not all billing data for FY25 has been received.

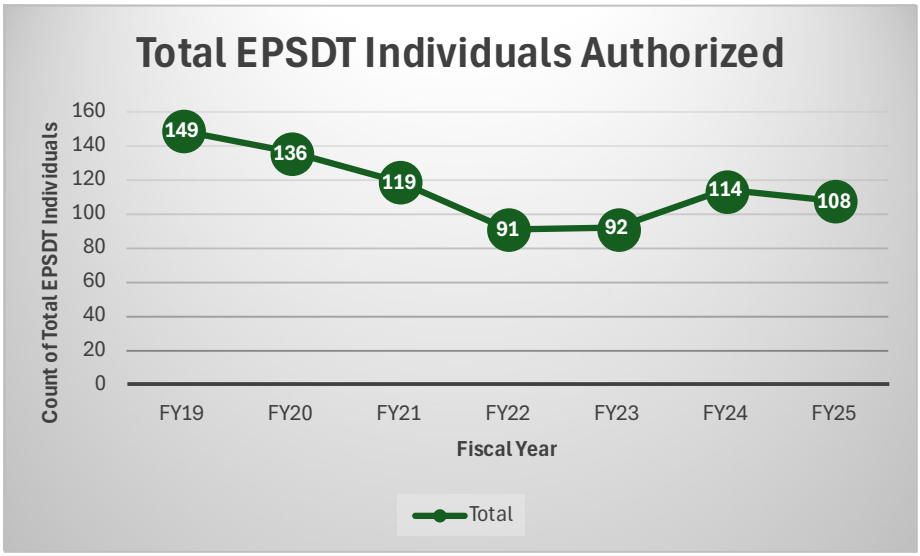
FY	Total	Percentage
FY19	647	41.27%
FY20	667	41.68%
FY21	616	45.45%
FY22	588	59.35%
FY23	594	50.51%
FY24	657	68.19%
FY25	711	65.40%

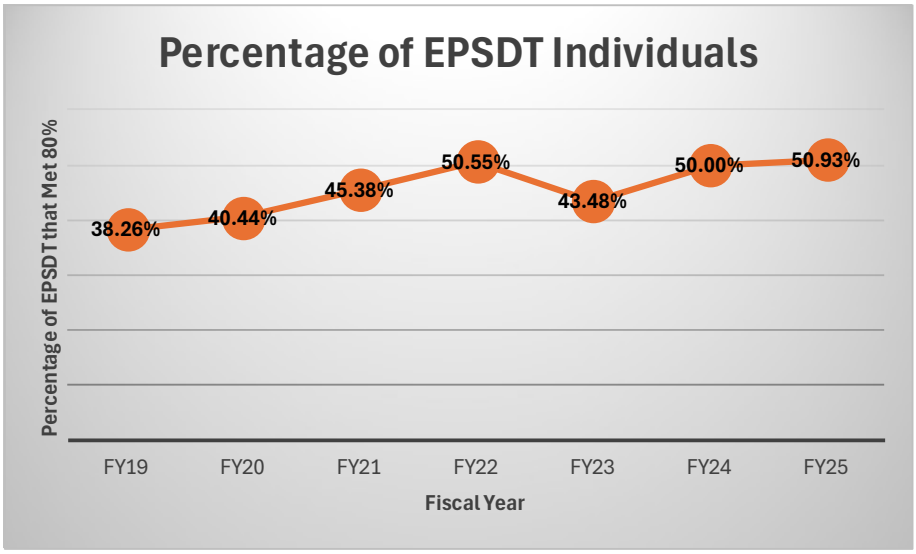


EPSDT Recipients Overview: FY19 – FY25

As mentioned above, of the 711 unique individuals identified within FY25, 108 individuals were EPSDT recipients. Of the 108 recipients, 55 recipients received 80% or more of their authorized hours for at least one service in FY25. Per the table and graph below, you can see the total number of EPSDT individuals with authorized services declined consistently from FY19 to FY22. In FY22, the total number of EPSDT individuals with a service authorization was at its lowest. The total number of EPSDT individuals authorized for services from FY22 to FY24 increased. The authorizations for FY24 and FY25 have stayed consistent. Utilization for EPSDT authorizations for individuals that meet 80% or more increased from FY19-FY22 and had a slight decline in FY23. Utilization fell back in line with previous utilization prior to FY23 in FY24 and FY25. Billing data for FY25 can still be submitted. It's important to note that not all EPSDT individuals are in WaMS therefore it's hard to determine status of the authorizations.

FY	Total	Percentage
FY19	149	38.26%
FY20	136	40.44%
FY21	119	45.38%
FY22	91	50.55%
FY23	92	43.48%
FY24	114	50%
FY25	108	50.93%

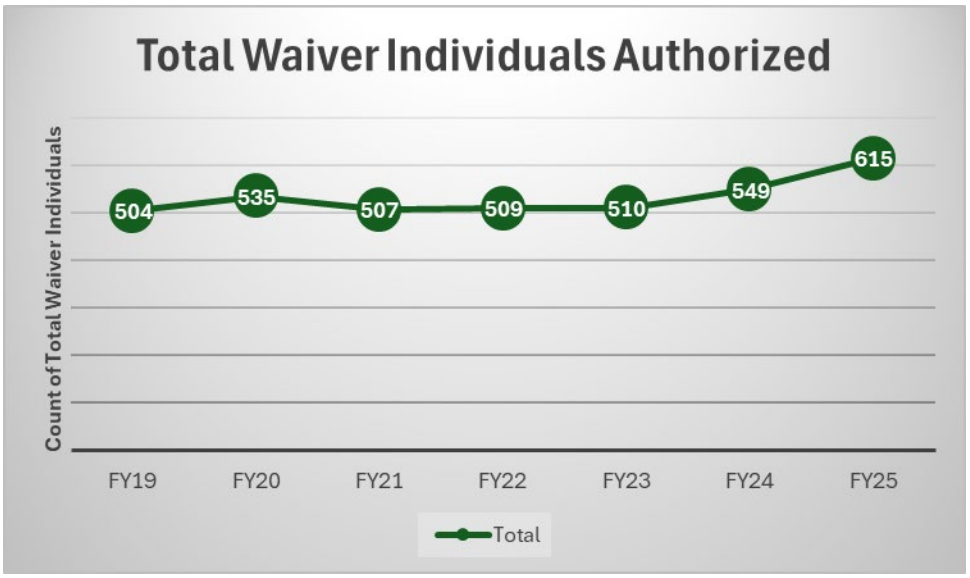


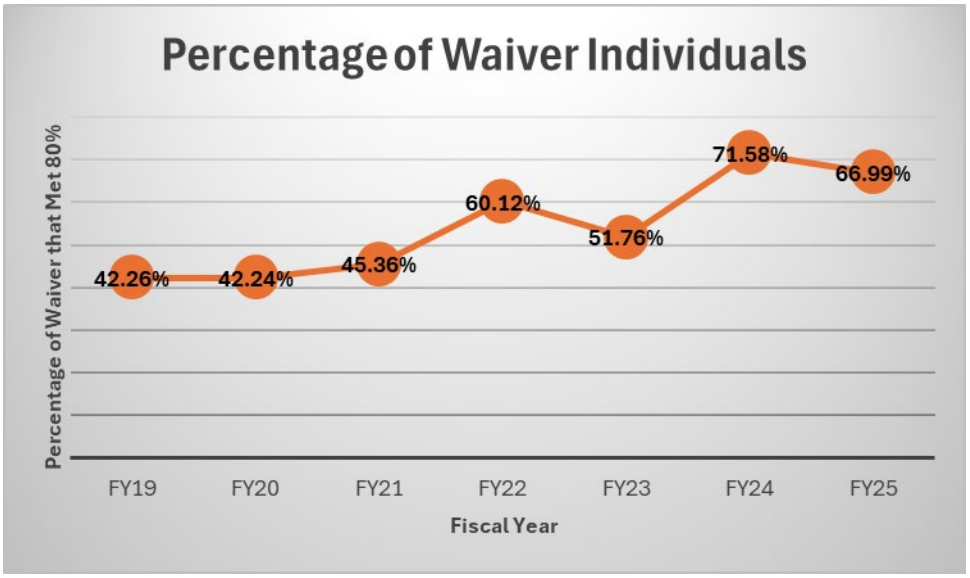


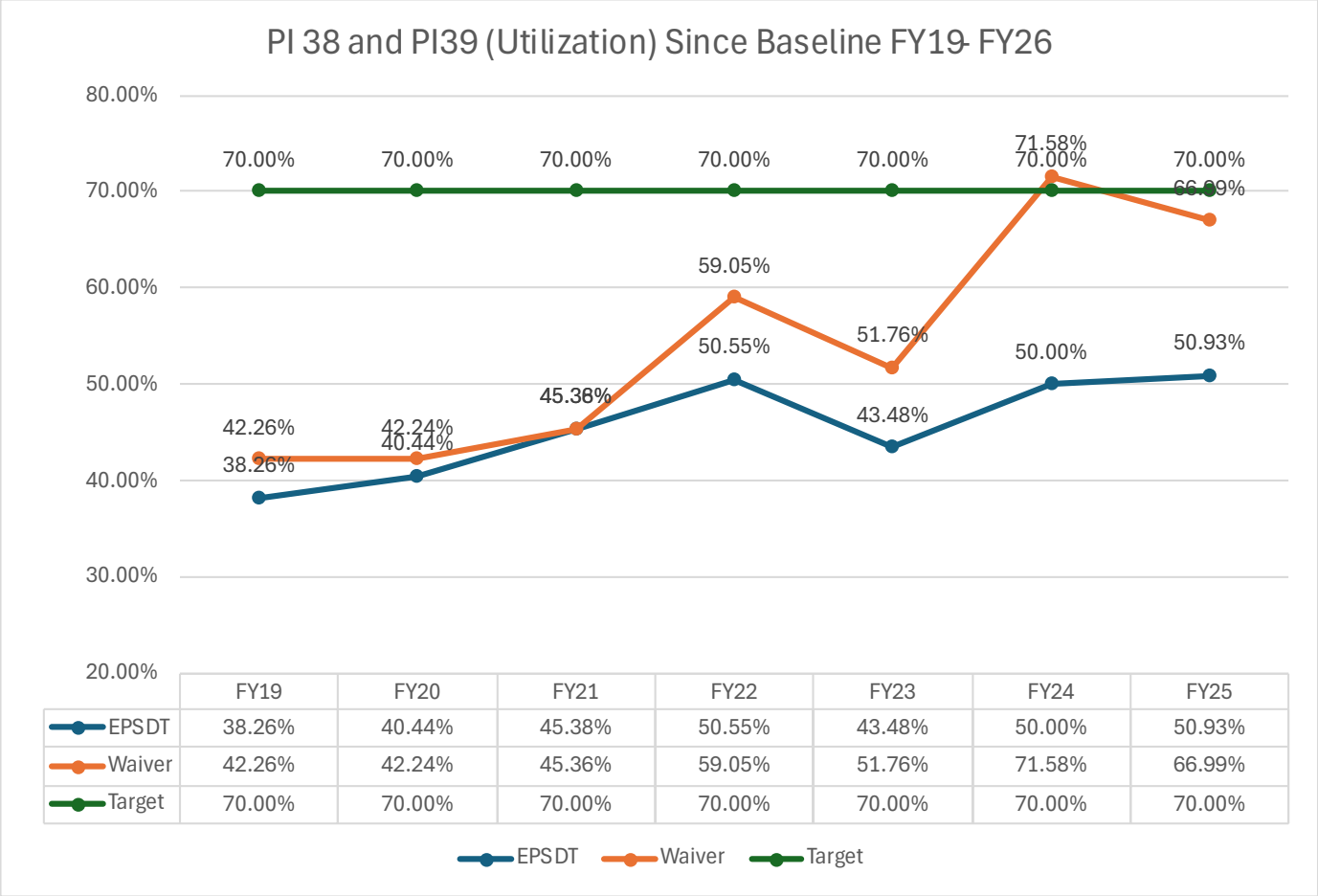
Waiver Recipients Overview

As mentioned above, Of the 711 unique individuals identified in FY25, 615 individuals were Waiver recipients. Of the 615 recipients, 465 recipients received 80% or more of their authorized hours. As indicated in the table and graph below, the Waiver data shows a very different story compared to the EPSDT data. The total number of Waiver individuals with an authorized service remained relatively stable between FY19 to FY23. Those individuals with an authorized service in FY24 and FY25 increased significantly. The percentage of Waiver individuals receiving 80% or more of their authorized hours remained relatively stable between FY19 to FY21. In FY22, the number of Waiver individuals receiving 80% or more of their authorized hours peaked at just under 61%. It then fell back in line with a new normal of roughly 51% in FY23. Utilization increased significantly in FY24 and actual surpassed the 70% target. FY25 is currently trending in a positive direction even with the peak number of Waiver individuals with an authorized service since FY19. It's important to remember that providers have up to a year to bill for FY25 so these numbers will likely change.

FY	Total	Percentage
FY19	504	42.26%
FY20	535	42.24%
FY21	507	45.36%
FY22	509	60.12%
FY23	510	51.76%
FY24	549	71.58%
FY25	615	66.99%


Total Waiver Individuals Authorized
Count of Total Waiver Individuals
504
535
507
509
510
549
615
FY19
FY20
FY21
FY22
FY23
FY24
FY25
Total


Percentage of Waiver Individuals
Percentage of Waiver that Met 80%
42.26%
42.24%
45.36%
60.12%
51.76%
71.58%
66.99%
FY19
FY20
FY21
FY22
FY23
FY24
FY25
Fiscal Year



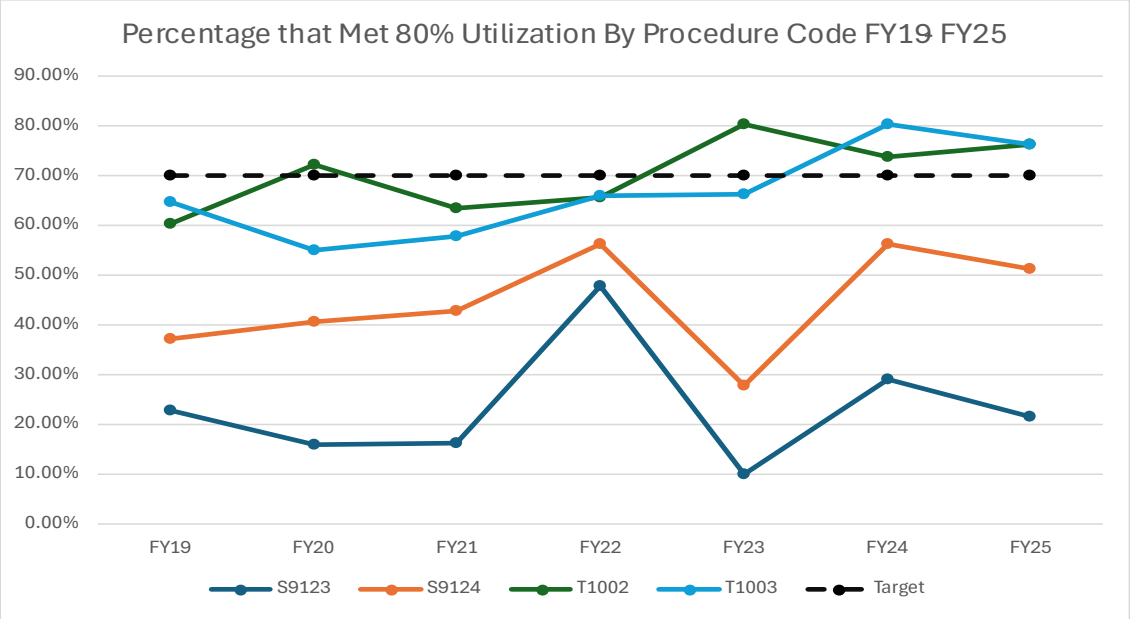
	FY19	FY20	FY21	FY22	FY23	FY24	FY25
EPSDT	38.26%	40.44%	45.38%	50.55%	43.48%	50.00%	50.93%
Waiver	42.26%	42.24%	45.36%	59.05%	51.76%	71.58%	66.99%
Target	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%

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 and graph show the Percentage of Utilization that Met 80% by Procedure Code from FY19 to FY25.

Percentage that Met 80% Utilization by Procedure Code - Updated Billing Data							
Procedure Code	**FY19**	**FY20**	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**
S9123	22.82%	15.74%	16.34%	47.70%	9.85%	28.93%	21.43%
S9124	37.13%	40.48%	42.72%	56.10%	27.86%	56.08%	51.15%
T1002	60.26%	72.06%	63.41%	65.63%	80.17%	73.51%	76.05%
T1003	64.60%	54.83%	57.85%	65.75%	66.06%	80.14%	76.13%



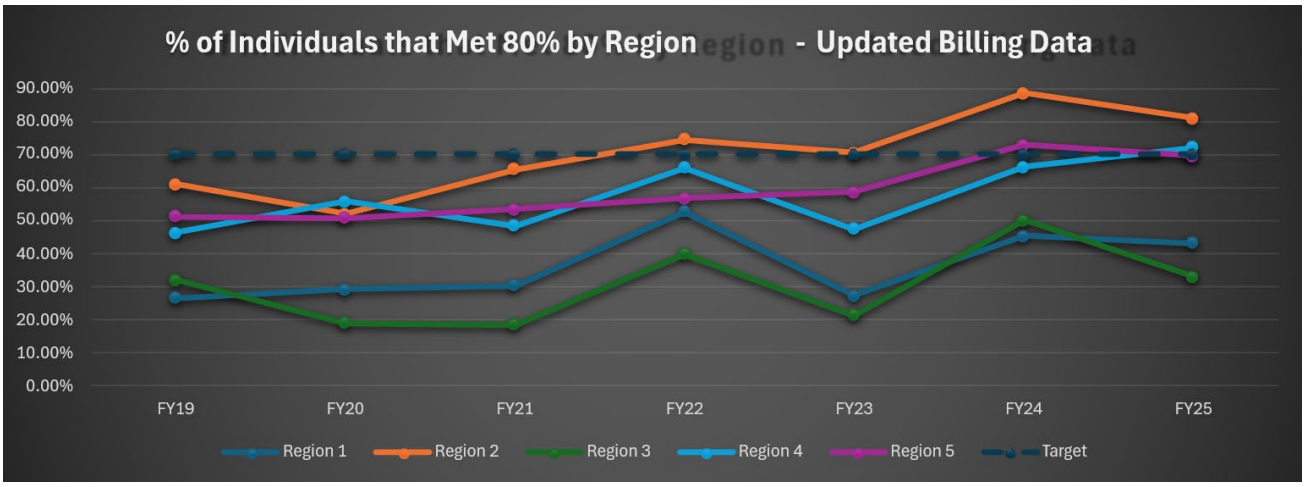
Utilization by Region

The following table shows the Percentage of Utilization that Met 80% broken out by the individual's Region for each fiscal year since FY21. The Regions are determined by the Individual's CSB. This information comes from WaMS. An individual's Region shows as "Unknown" if the individual is not in WaMS or the "Assigned CSB" field in WaMS is blank when the report was pulled.

Percentage that Met 80% of Utilization by Region - Updated Billing Data							
Region	**FY19**	**FY20**	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**
Region 1	26.67%	29.35%	30.53%	52.81%	27.45%	45.45%	43.16%
Region 2	60.99%	52.10%	65.52%	74.59%	70.53%	88.41%	80.86%
Region 3	32.05%	19.12%	18.55%	39.81%	21.36%	50.00%	32.93%
Region 4	46.27%	55.71%	48.48%	66.07%	47.46%	66.25%	72.17%
Region 5	51.22%	50.75%	53.51%	56.64%	58.72%	72.73%	69.57%

**Regions are determined by Individual's CSB*

The following table shows the Percentage of Utilization Categorized by the individual's region since FY19.



Utilization by SIS Score

The following table shows the percentage of utilization that Met 80% broken out by the individual's SIS score. An individual's SIS Level shows as "(blank)" if the individual is not in WaMS. An individual's SIS Level shows as "M" if they are Exceptional Medical.

Percentage that Met 80% of Utilization by SIS Level							
SIS Level	FY19	FY20	FY21	FY22	FY23	FY24	FY25
1	75.00%	66.67%	100.00%	66.67%	50.00%	0.00%	50.00%
2	29.63%	35.59%	31.00%	51.06%	32.26%	51.16%	60.23%
3	37.50%	0.00%	0.00%	0.00%	33.33%	30.00%	38.46%
4	32.46%	35.66%	33.96%	58.49%	38.26%	56.20%	56.20%
5	38.46%	48.48%	43.59%	46.15%	45.16%	68.42%	72.73%
6	46.70%	45.52%	51.17%	60.27%	58.15%	75.63%	71.39%
7	26.67%	18.18%	38.10%	63.16%	26.32%	74.07%	63.33%
B							100.00%
M							65.00%

The SIS scale and supports needs are referenced below.

Virginia Level Assignment Criteria – SIS-A®

Support Need Level	Reimbursement Tier	Sum ABE	Medical Support (SIS Section 1A)	Behavioral Support (SIS Section 1B)
1 Least Daily Support Needs	1	Up to 22	0 to 6	0 to 6
2 Moderate Daily Support Needs	2	23 to 30	0 to 6	0 to 6
3 Least to Moderate Support Needs with Some Behavioral	3	Up to 30	0 to 6	7 to 10
4 High Support Needs		31 to 36	0 to 6	0 to 10
5 Most Daily Support Needs	4	37 to 55	0 to 6	0 to 10
6 Extraordinary Medical Needs		Any	7 to 32 or Verified Medical Risk	0 to 10
7 Extraordinary Behavioral Needs		Any	Any	11 – 26 or Verified Behavioral Risk

+ For the purposes of automatic level assignment, use only the highest value out of questions 16 (Hypertension), 17 (Allergies), 18 (diabetes), and 19 (other) in section 1A

Virginia Level Assignment Criteria – SIS-A®, 2nd Edition

Support Need Level	Reimbursement Tier	SNI	Medical Support (SIS Section 1A)	Behavioral Support (SIS Section 1B)
1 – Low general	1	Up to 86	Less than 9	Less than 11
2 – Moderate general	2	87 – 101	Less than 9	Less than 11
3 – High general	3	102 – 115	Less than 9	Less than 11
4 – Very high general	4	116 and Up	Less than 9	Less than 11
M – Exceptional Medical		Any	9 and Up or Verified Medical Need	Less than 11
B – Exceptional Behavioral		Any	Any	11 and Up or Verified Behavioral Need

Nursing Provider Database Project

DBHDS has continued the process of building a Nursing Provider Database of nursing service organizations providing DD Waiver nursing services. The tool was introduced at the Developmental Serviced All Staff meeting on October 14, 2025. DBHDS has also piloted the new Nursing Provider Database Project to the Nursing Workgroup on two occasions (February 2026 and March 2026). DBHDS is in the final stages of releasing the database to be utilized internally by Registered Nurse Care Consultants (RNCC) and Community Resource Consultants (CRC) upon completion of the Instructions/How To guide to utilize the database. The work completed to date gathered nursing providers actively delivering DD Waiver nursing services in FY25 evidenced by an *Approved* or *Approved and Modified* nursing authorization within the fiscal year. Additionally, Home Health Care agencies within the Commonwealth that have been registered with Medicare were also added to the database.

In total, there were 339 nursing services providers across the Commonwealth identified actively that were providing services under the DD Waiver. Because nursing service providers often provide services in multiple jurisdictions it is difficult to obtain an exact count by region. The regions are identified utilizing a crosswalk database that links the zip code to the region. This database is constantly updated. The current database suggests the following breakdown by health planning region:

- Region 1 = 50
- Region 2 = 136
- Region 3 = 56
- Region 4 = 55

- Region 5 = 42

The overall goal is to increase nursing providers who service individuals under the DD Waiver. The total for FY27 is not yet known. For FY26, DBHDS established a goal to increase the number of DD Waiver Nursing providers across the Commonwealth by 5%. At the conclusion of FY26, progress on this metric will be assessed and factored into the goal for FY27 that begins on July 1, 2026.

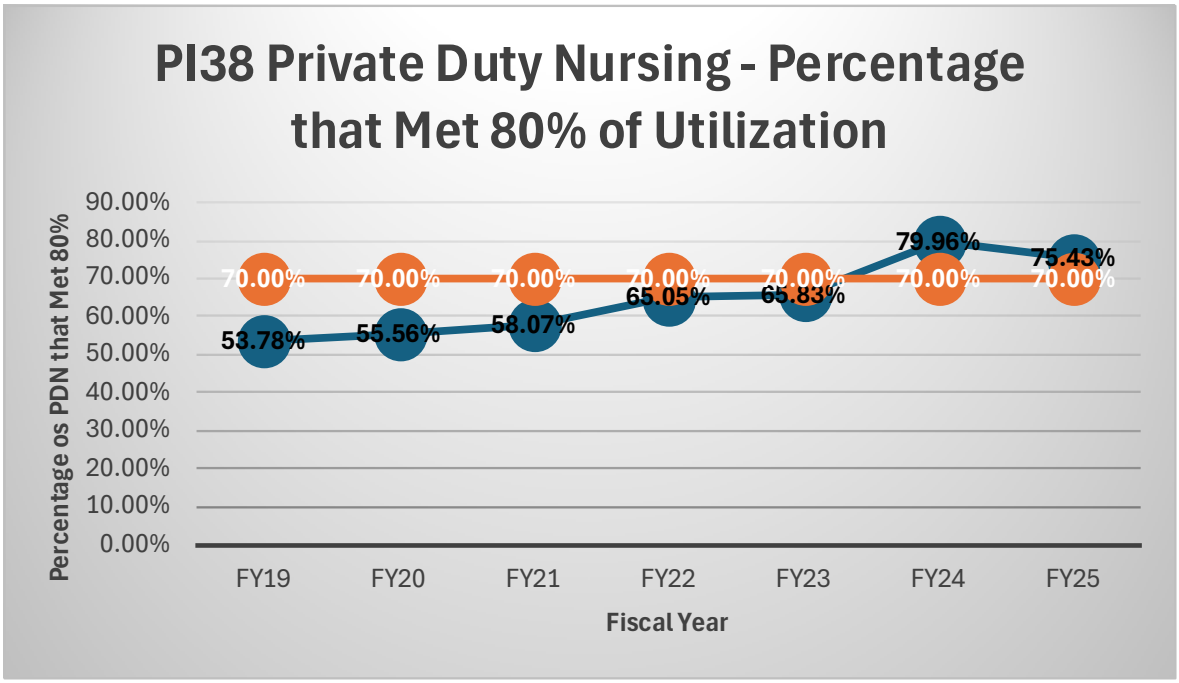
The bulk of this work was completed by the OIHSN Project Manager. Work on the Power App began in October of 2025. A WaMS Data Analyst was also crucial in this process assisting with data providing the providers that provided services in FY25 as well as the crosswalk database to establish the region a provider is located.

This DD Waiver Nursing Provider Database will initially be utilized internally by DBHDS Developmental Services offices of Integrated Health Support Network and Provider Network Supports when providing technical assistance aimed at helping individuals to locate nursing providers in their area. In addition, outside of Community Integration Manager in DBHDS Office of Patient Clinical Services has access to utilize in their work to connect individuals discharging from facilities to community with identified nursing needs. This approach will allow for evaluation of the content and the user experience/tool utility and the collection of recommendations. Once recommendations from these offices are incorporated the database will be made available to the Offices of Human Rights and Licensing in the Division of Provider Management to kick off FY27 on July 1, 2026.

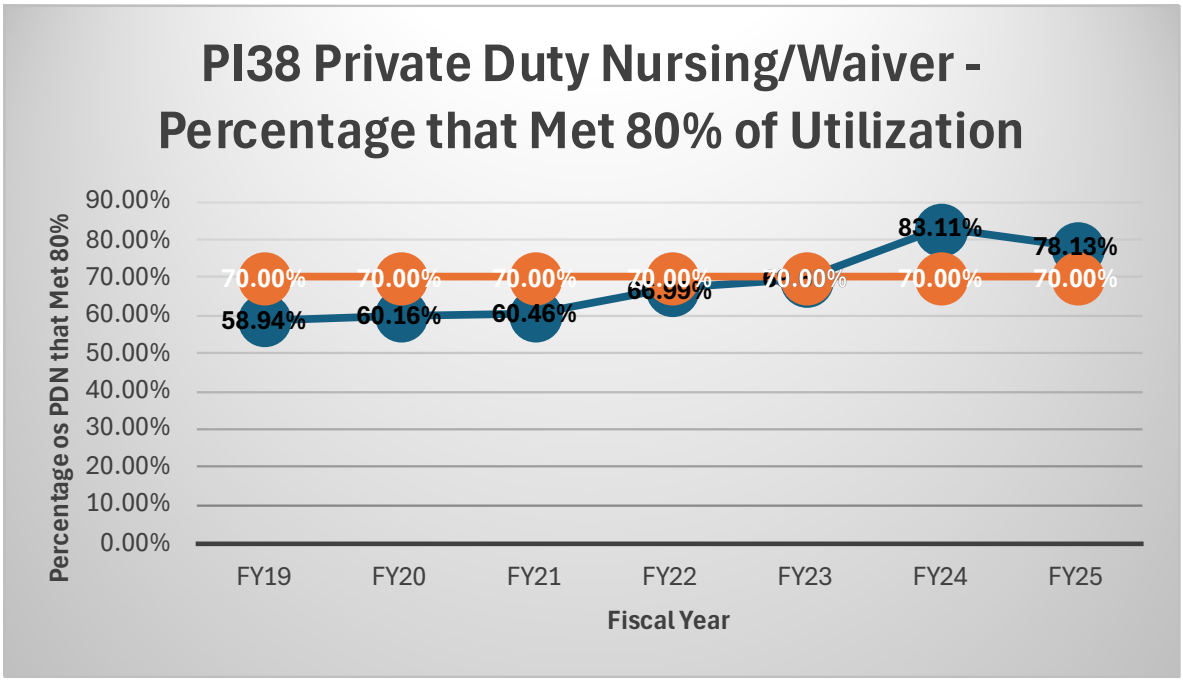
Private Duty Nursing (PI 38)

As noted above, DBHDS calculated data back to fiscal year 2019 using the most current attested calculation method. The chart below presents private duty nursing trends over a seven-year period, from FY19 through FY26 Q1–Q2. As expected, billing totals for FY24 and FY25 increased once end-of-year data became fully available. Private Duty Nursing performance for FY24 and FY25 currently exceeds the target of 70 percent of individuals receiving 80 percent or more of their authorized hours.

PI38 Private Duty Nursing - Percentage that Met 80% Utilization				
Fiscal Year	with private duty nursing that received 80% of their hours	Number of individuals with private duty nursing that received 80% of their hours	Number of individuals identified with private duty nursing	Since FY19
FY19	53.78%	185	344	-
FY20	55.56%	200	360	1.78%
FY21	58.07%	205	353	4.29%
FY22	65.05%	242	372	11.27%
FY23	65.83%	262	398	12.05%
FY24	79.96%	367	459	26.18%
FY25	75.43%	399	529	21.65%
FY26	50.09%	265	529	-3.69%



PI38 Private Duty Nursing/Waiver - Percentage that Met 80% Utilization				
Fiscal Year	**Percentage of individuals with private duty nursing that received 80% of their hours**	**Number of individuals with private duty nursing that received 80% of their hours**	**Number of individuals identified with private duty nursing**	**Since FY19**
FY19	58.94%	145	246	-
FY20	60.16%	154	256	1.22%
FY21	60.46%	159	263	1.52%
FY22	66.99%	205	306	8.05%
FY23	69.60%	229	329	10.66%
FY24	83.11%	315	379	24.17%
FY25	78.13%	350	448	19.19%
FY26	52.80%	236	447	-6.14%

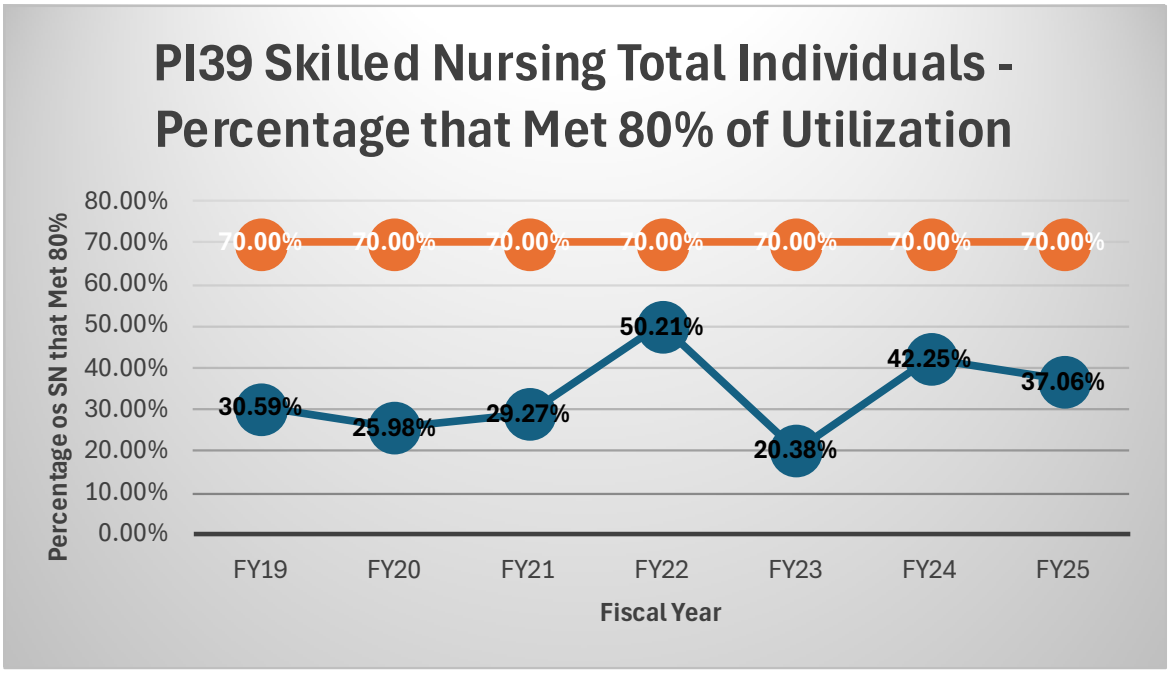


Skilled Nursing (PI 39)

Like Private Duty Nursing above, DBHDS calculated data back to fiscal year 2019 using the most current attested calculation method. The chart below presents skilled nursing trends over a seven-year period, from FY19 through FY26 Q1–Q2. As expected, billing totals for FY24 and FY25 increased once end-of-year data became fully available. Skilled Nursing performance for FY24 increased from 27.27% to 42.25% (increase of almost 15%) and FY25 increased from 31.25% to 37.06%.

PI39 Skilled Nursing Total Individuals - Percentage that Met 80% Utilization				
Fiscal Year	Percentage of individuals with skilled nursing that received 80% of their hours	Number of individuals with skilled nursing that received 80% of their hours	Number of individuals identified with skilled nursing	Since FY19
FY19	30.59%	108	353	-
FY20	25.98%	86	331	-4.61%
FY21	29.27%	84	287	-1.32%
FY22	50.21%	121	241	19.62%
FY23	20.38%	43	211	-10.21%
FY24	42.25%	90	213	11.66%
FY25	37.06%	73	197	6.47%
FY26	21.84%	38	174	-8.75%

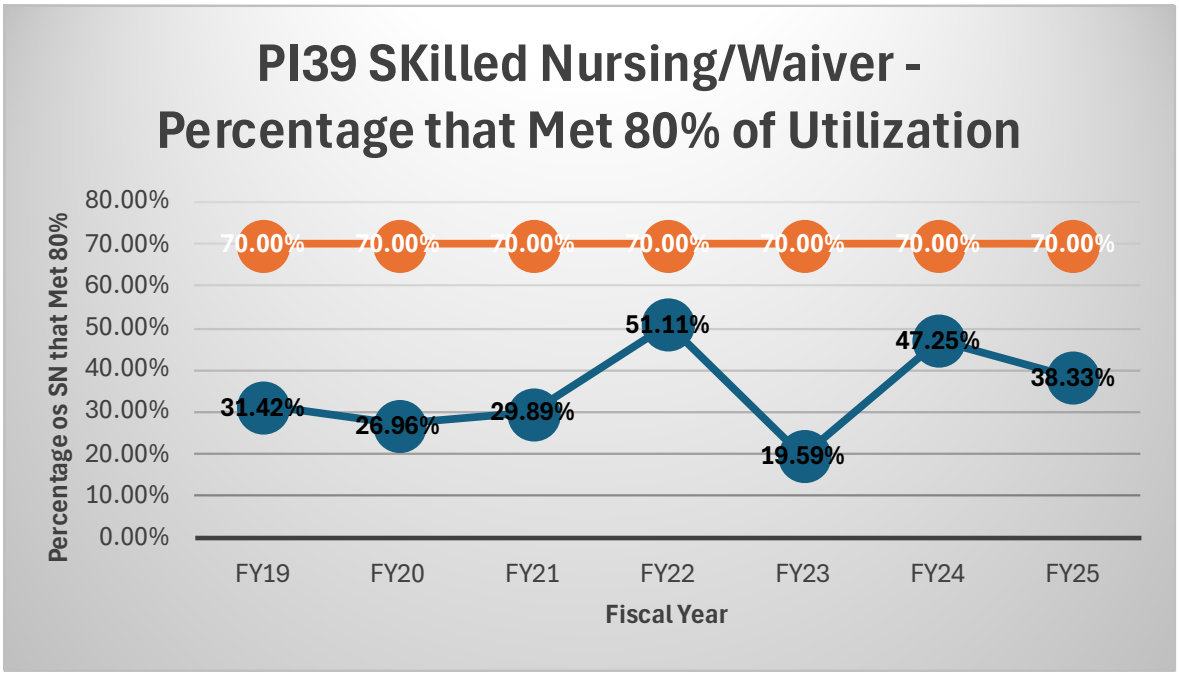
**Updated 4.15.26 due to calculation issue*



**Updated 4.15.26 due to calculation issue*

PI39 Skilled Nursing/Waiver - Percentage that Met 80% Utilization				
Fiscal Year	**Percentage of individuals with skilled nursing that received 80% of their hours**	**Number of individuals with skilled nursing that received 80% of their hours**	**Number of individuals identified with skilled nursing**	**Since FY19**
FY19	31.42%	93	296	-
FY20	26.96%	79	293	-4.46%
FY21	29.89%	78	261	-1.53%
FY22	51.11%	115	225	19.69%
FY23	19.59%	38	194	-11.83%
FY24	47.25%	86	182	15.83%
FY25	38.33%	69	180	6.91%
FY26	22.02%	37	168	-9.40%

**Updated 4.15.26 due to calculation issue*



**Updated 4.15.26 due to calculation issue*

Intense Management Needs – Skilled Nursing (PI 39c)

DBHDS initiated an IMNR review process around Skilled Nursing in April 2025 that assists with assessing if individuals have unmet nursing or other medical needs. The focus determines if an individual's skilled nursing service needs are being met. DBHDS is addressing this by adding a set of Skilled Nursing–related questions to the IMNR questionnaire, and the nurses conducting the review will also interview the nurse providing care to the individual when available. DBHDS reviews a random sample of 10% of the individuals with Skilled Nursing authorizations annually (roughly 250 per year) to determine if their needs are being met.

DBHDS completed the process titled *DOJ Process PI 39 and PI 44 Skilled Nursing V.004* along with the questionnaire titled *IMNR Skilled Nursing Questionnaire Review Final* in March 2025. These processes should once again be uploaded to the CLO folder within Teams. The first random sample of individuals was pulled by a Data Analyst within DBHDS the week of March 24, 2025. As stated in the 27th review, the OIHSN Nurses completed the first Skilled Nursing review on April 25, 2025. Reviews have continued monthly since April 2025. To ensure the most accurate representation of an individual's status, reviews are completed within two months of the start of the skilled nursing authorization. For example, the random sample selected in June 2025 is reviewed in August 2025. A remediation plan and technical assistance from DBHDS continue to be provided whenever concerns are identified that need to be addressed, even when the individual's skilled nursing needs are otherwise being met. This ensures ongoing quality improvement.

Skilled Nursing IMNR Results

Results from the completed reviews are summarized below. Additional findings, including outcomes of remediation plans, will be available in the next study period.

Region: As of the 27th review, 18 reviews had been completed across all five regions, and a total of 31 reviews have now been completed with the conclusion of the 28th review period. The regional breakdown is provided below.

Region	Count
Region 1	4
Region 2	7
Region 3	8
Region 4	8
Region 5	4
Grand Total	**31**

Gender: Among the 31 individuals reviewed, 19 (61.29%) were male and 12 (38.71%) were female.

Gender	Count
Female	12
Male	19
Grand Total	**31**

Age Range: The age range of the 31 individuals reviewed is shown below.

Gender	Count
Under 22	1
23 - 30	3
31 - 40	5
41 - 50	4
51 - 60	9
61 - 70	5
71 - 80	3
81 - 90	1
Grand Total	**31**

Mobility Status: Twelve (38.71) of the 31 individuals uses a wheelchair while 11 individuals walk without support and eight individuals walks with support.

Mobility Status	Count	Percent
Uses wheelchair	12	38.71%
Walks without support	11	35.48%
Walks with support	8	25.81%
Grand Total	**31**	**100.00%**

Type of Residence: 64.52% of the 31 individuals reside in a Group home – 4 or fewer.

Type of Residence	Count	Percent
Group home - 4 or fewer	20	64.52%
Group home - 5 or more	3	9.68%
Own/family home	2	6.45%
Sponsored home	5	16.13%
Supported apartment	1	3.23%
Grand Total	**31**	**100.00%**

Method of Communication: Eleven of the 31 individuals in the skilled nursing sample communicate with spoken language being able to fully articulate without assistance. This skilled nursing stands out from other samples as two (6.45%) of the 31 individuals communicate utilizing American Sign Language.

Method of Communication	Count	Percent
Spoken language, fully articulates without assistance	11	35.48%
Vocalizations	7	22.58%
Limited spoken language, needs some staff support	4	12.90%
Gestures	4	12.90%
Facial expressions	3	9.68%
American Sign Language (ASL)	1	3.23%
ASL	1	3.23%
Grand Total	**31**	**100.00%**

Health Indicator Checklist: The table below shows the number of individuals in the skilled nursing sample with each Health Indicator.

Health Indicator Checklist	Count	Percent
Constipation	23	74.19%
Mobility	19	61.29%
Aspiration Pneumonia	15	48.39%
Dysphagia	15	48.39%
Pressure injury/skin breakdown	14	45.16%
Choking precautions	14	45.16%
Dehydration	13	41.94%
Hypertension	10	32.26%
Major seizure disorder (if checked list date of most recent seizure)	10	32.26%
Significant change in health/behavior in past year	7	22.58%
Sepsis	7	22.58%
2 or more medical hospitalizations in the past year	7	22.58%
Tube feeding (if check, list type of tube feeding)	6	19.35%
Chronic pain	5	16.13%
Diabetes	5	16.13%
Major seizure disorder (if checked, list date of most recent seizure)	4	12.90%
Suction required (if check, list type of suction required)	4	12.90%
Difficulty maintaining or losing weight (not within BMI range)	3	9.68%
Injuries (other than Fall)	3	9.68%
Bladder Elimination Problems - (i.e., cath, recurrent UTI (3 or more a year), etc.)	3	9.68%
Bowel Elimination Problems - colostomy, ileostomy	2	6.45%
PICA	2	6.45%
Falls with injury (2 or more a month)	2	6.45%
Recurrent (3 or more a year) respiratory infections	2	6.45%
Communicable disease - TB/Hepatitis A, B or C, STD, MRSA	1	3.23%

Physical and Dental Exam within 14 months: Of the 31 individuals pulled from the skilled nursing sample, all 31 (100%) individuals have received a physical examination within the past 14 months. Additionally, 25 individuals (80.65%) have undergone an annual dental examination during the same period.

Annual Dental Exam	Count	Percent
Yes	25	80.65%
No	6	19.35%
Grand Total	**31**	**100.00%**

Disclaimer: One additional individual's results regarding Skilled Nursing has been completed and analyzed that were not available when the data above was analyzed. This data will better align for the 29th Study Period.

Nursing Authorization: Of the 32 individuals pulled from the skilled nursing sample, data has been completed for 32 of the individuals.

- *21. Are skilled nursing hours authorized for RN, LPN, or both?*
  - 17 individuals (53.1%) were authorized for both RN and LPN services
  - Eight individuals (25%) were authorized for just RN services
  - Seven individuals (21.9%) were authorized for just LPN services

Four individuals were newly enrolled in services since the inception of the Skilled Nursing reviews. All four individuals began receiving their first service within 30 days of authorization.

During the Skilled Nursing reviews, the reviewer asks questions of both the Caregiver and Nurse separately to get an understanding if there are any gaps from either perspective. Those results are below as it relates to RN and LPN services.

Questions related to RN assessment and billing:

RN/Both Cases N = 25

Caregiver Perspective

- *22. How often does the skilled nurse (RN) perform a comprehensive assessment (head to toe)?*
  - Daily=1 (4%), Weekly=7 (28%), Monthly=5 (20%), Bi-monthly=2 (8%), Quarterly=9 (36%), Bi-annually=1 (4%)

- 22a. Does the RN provide delegation to the LPN?
  - RN delegation to LPN: Yes=17 (68%), No=8 (32%)

- *23. Did the skilled nurse (RN) train you to perform tasks specific to the individual's care?*
  - Trained caregivers on specific tasks: Yes=25 (100%)

- *23a. Does the nurse offer follow up training?*
  - Follow-up training offered: Yes=25 (100%)

- *23b. Has the nurse asked you to demonstrate your skills?*
  - Asked caregivers to demonstrate skills: Yes=25 (100%)

- *23c. Has the nurse provided written educational materials?*
  - Provided written educational materials: Yes=25 (100%)

Summary of Observations/Notes – Caregiver Perspective – RN Training

1) Written materials & binders are widely used (checklists, tip sheets, protocol binders)
Caregivers frequently report receiving written materials and binders that consolidate protocols, checklists, and training tips. This shows strong emphasis on documentation the DSPs can reference at the point of care.

2) Hands-on training with return demonstration and competency checks
Caregivers describe practical, skills-based coaching, including being asked to demonstrate tasks and undergoing competency verification.

3) Person-centered clinical content (risk areas & preventive strategies)
Notes frequently emphasize individualized risk topics: aspiration/safe eating, seizure management, skin integrity/pressure injury, hydration/constipation, positioning/transfers, infection control, and disease-specific care (e.g., wound care, diabetes)

4) Use of standardized/external training resources (OIH, Relias, COVLC)
Several entries explicitly reference OIH Health Alerts, Relias, and COVLC modules, indicating use of standardized curricula and state resources

5) Regular cadence / ongoing training & reinforcement
Caregivers note scheduled and as-needed trainings (monthly, semi-annual) and routine observations in the home.

6) Trigger-based refreshers (new orders, hospitalizations, protocol updates)
Training is sometimes initiated or refreshed when care conditions change—new MD orders, device changes, or post-hospitalization protocol updates.

7) Self-management support (for individuals who perform their own tasks)
Where individuals' self-manage (e.g., diabetes), caregivers report RN reinforcement of correct technique, logs, and adherence.

Nurse Perspective

- *22b. NURSE ONLY: Do you bill your RN skilled nursing hours?*
  - RN billing: Yes=24 (96%), Unsure=1 (4%)

- *23a. NURSE ONLY - Do you offer follow-up training? (RN)*
  - Every RN reported offering follow-up training (25)

- *23b. NURSE ONLY - Have you asked for the skills to be demonstrated? (RN)*
  - All RNs indicated that they ask caregivers to return-demonstrate skills (25)

- *23c. NURSE ONLY - Have you provided written educational materials? (RN)*
  - Written educational materials were universally provided by RNs (25).

Summary of Observations/Notes – Nurse Perspective – RN Training

1) Written resources & point-of-care documentation (binders, checklists, instructions)
Nurses consistently describe providing or maintaining written materials that caregivers and DSPs can reference during care (protocol binders, checklists, step-by-step instructions).

2) Hands-on instruction, return demonstration & competency tracking
Nurses describe demonstrating tasks, requiring return demonstrations, and tracking competency (logs, checkoffs, evaluations).

3) Use of external/standardized training resources (OIH, Relias, COVLC)
Nurses explicitly reference state and standardized content frameworks to support training.

4) Scheduled cadence & ongoing reinforcement (plus PRN refreshers)
Nurses outline routine schedules (monthly, semi-annual) plus as-needed refreshers—often paired with daily observation in some settings.

5) Person-centered risk content & condition-specific skills
Nurses detail training focus on individual risks and specialized procedures (e.g., wound vac, diabetes CGM, safe eating/aspiration).

The Caregiver notes compared to the Nurse notes showed many similarities.

Similarities include:

- Written materials (checklists, tip sheets and on-site materials) and binders
- Hands-on practice and return demonstration to include training with return demonstration and competency verification
- Person-centered focus to include risk-specific content
- Use of standardized resources to include OIH resources and the COVLC
- Ongoing cadence to include regular schedules and as-needed refreshers

Summary of RN

A review of the RN-only review questions shows complete compliance across all evaluated questions. In every case where RN-specific training responsibilities were assessed, nurses consistently met expectations. All RNs reported providing follow-up training, all confirmed that they require caregivers to demonstrate skills, and all indicated that they supply written educational materials to support caregiver competency. This 100% result reflects strong adherence, in the sample to date, to training standards and demonstrates a uniform commitment to ensuring caregiver preparedness and quality of care.

Questions related to LPN assessment and billing:

LPN/Both RN & LPN Cases N = 24

- *24. How often does the skilled nurse (LPN) perform a focal assessment (head to toe)?*

  - Daily=10 (41.67%), Weekly=11 (45.83%), Monthly=3 (12.5%)

- *24a. Does the RN provide delegation to the LPN?*
  - RN delegation to LPN: Yes=23 (95.83%), No=1 (4.17%)

- *25. Did the skilled nurse (LPN) train you to perform tasks specific to the individual's care?*
  - Trained caregivers on specific tasks: Yes=24 (100%)

- *25a. Does the nurse offer follow up training?*
  - Follow-up training offered: Yes=24 (100%)

- *25b. Has the nurse asked you to demonstrate your skills?*
  - Asked caregivers to demonstrate skills: Yes=24 (100%)

- *25c. Has the nurse provided written educational materials?*
  - Provided written educational materials: Yes=24 (100%)

Nurse Perspective

- *24b. NURSE ONLY - Do you bill your LPN skilled nursing hours?*
  - LPN billing: Yes=23 (95.83%), Unsure=1 (4.17%)

Summary of Observations/Notes – Caregiver Perspective – LPN Training

1. Training Materials Are Provided and Accessible
Many caregivers state that the LPN supplies written guides, binders, protocols, or instructional notes to help them complete health-related tasks. These materials are referenced during care. Caregivers repeatedly describe easy-to-access materials that help reinforce learning outside direct instruction.

2. Hands-On, Demonstration-Based Training
Caregivers often report that training is practical, involving hands-on instruction and opportunities to practice tasks directly under LPN supervision. Caregivers consistently highlight *doing*, not just watching LPNs provide tactile, skill-focused teaching.

3. Person-Centered Clinical Skills Training
Training is tailored to the individual's specific medical needs: wound care, diabetes care, bowel protocols, seizure management, aspiration precautions, BP checks, hygiene, etc. Caregivers perceive LPN training as highly individualized, centered on the person's condition and risks.

4. LPN Reinforcement, Coaching, and Follow-Up
Several caregivers note that LPNs re-teach, review, and provide follow-up on previously trained topics, especially when issues arise or when a new need develops. Training is ongoing, LPNs return to topics whenever care needs evolve.

5. Clear Step-By-Step Instructions for Complex Equipment
Caregivers mention that LPNs provide explicit do/don't steps, especially for equipment and procedures requiring precision.

6. Use of Notes, Logs, and Documentation for Training
Caregivers describe LPNs training them on completing logs (blood sugar, BP, wound tracking, etc.) and using documentation as part of the education process.

Additional Questions:

- *26. Does the skilled nurse consult with the individual's PCP and other specialty providers regarding the individual's care?*
    - Across all 32 reviews; narrative responses to Question 26a describe routine contact, lab follow-ups, and order clarifications

- *26a. Explain response to #26 here (Themes identified below)*
    - Routine, proactive communication with PCP/specialists
    - Trigger-based outreach tied to changes in health status or orders
    - Use of portals, phone, and pharmacy for fast coordination
    - Appointment preparation & attendance integrated with consultation
    - In-home provider collaboration (PCP visits at residence)
    - Complex-case coordination and escalation
    - Family/sponsored provider role in consultations (shared or delegated contact)
    - Constraints in hours acknowledged (consultation still occurs)
    - Post-consult documentation & protocol alignment

- *26b. NURSE ONLY - Do you consult with the individual's PCP and other specialty providers regarding the individual's care?*
    - Across all 32 reviews; narrative responses to Question 26c describe detailed examples to include coordination on abnormal labs, MyChart messaging, and pharmacy consultations.
    -
- *26c. NURSE ONLY – Explain response to #26b here (Themes identified below)*
    - Routine, proactive communication with PCP/specialists
    - Trigger-based outreach (changes in status, abnormal labs, new meds)
    - Multi-channel coordination (phone, portal messaging, pharmacy)
    - Consultation tied to appointments (prep, attendance, follow-through)
    - In-home collaboration (PCP visits at residence)
    - Complex-case coordination & specialist escalation
    - Shared roles with family/sponsored providers
    - Documentation loop: orders → protocols → staff training
    - Acknowledged constraints (hours) but consultation maintained

- *27. Does the skilled nurse attend medical appointments with the individual?*
    - Nurse attends medical appointments from the Caregiver's perspective: Yes=27 (84.38%), No=5 (15.63%)

- *27b. NURSE ONLY - Do you attend medical appointments with the individual?*
  - This mirrors the response above to Question 27

- *28. Is the skilled nurse accessible for consultation and intervention?*
  - Caregiver has identified that the nurse is accessible across all 32 reviews, often being available 24/7

- *28b. NURSE ONLY - Are you accessible for consultation and intervention?*
  - Nurse has identified that they are accessible across all 32 reviews often with on-call coverage and rapid response documented.

- *29. Is the skilled nurse involved in the development of the individual's medical protocols?*
  - Caregiver has identified that the Nurse is involved in all 32 reviews.

- *29a. Are the protocols actively available?*
  - Protocols were actively available for 27 (84.38%) of the 32 reviews.

- *29b. Is the protocol up to date?*
  - Protocols were up to date for 22 (68.75%) of the 32 reviews.
  - Many reasons the protocols were not available or were out of date were because protocols were not individualized/person-centered, written protocols were not available, or protocols were out of date.

- *29d. NURSE ONLY - Are you involved in the development of the individual's medical protocols?*
  - The Nurse is involved in the development of medical protocols across all 32 reviews. It has been frequently stated that the RN writes most of the protocols with MD sign-ff where indicated.

- *29da. NURSE ONLY - Are the protocols actively available?*
  - This mirrors the caregiver response above for Question 29a. 27 (84.38%) of the 32 reviews had protocols available.

- *29db. NURSE ONLY - Is the protocol up to date?*
  - This response also mirrors the caregiver response above for Question 29b. 22 (68.75%) of the 32 reviews had protocols up to date. It was identified for those that were not up to date that person-centered updates were needed or revisions were in process.

- *30. Does the skilled nurse review monitoring documentation (i.e., blood sugar logs, bowel monitoring, intake/output, etc.)?*
  - 31 (96.88%) of the 32 reviews indicated that the nurse reviews monitoring documentation. Typical logs that are monitored include blood sugar, blood pressure, wound care checklists, and competency checkoffs. It is unclear what the issue is for the one review that responded “No” and a deeper dive will be conducted.

- *30a. NURSE ONLY - Do you review monitoring documentation (i.e., blood sugar logs, bowel monitoring, intake/output, etc.)?*
    - This mirrors the response above in Question #30

- *Based on the need of authorization, is the individual's health improving, maintaining, or declining?*
    - *Maintaining=20 (62.5%), Improving=6 (18.75%), Declining=4(12.5%), (blank)=2 (6.25%)*
      *The (blank) is due to data still being entered from the reviewers
        - Reasons for four individuals who were identified as "declining" health
            - Individual 17SN is having neurological events and signs of early onset dementia while having trouble accessing a Neurologist
            - Individual 23SN due to declining health status would benefit from Private Duty Nursing and an increase in hours. A service authorization was requested and approved for Private Duty Nursing as recommended. Currently working with service authorization to get 24/7 coverage for this individual
            - Individual 21SN due to the individual's progressive condition and gradual decline over the years as mobility has decreased, a problematic g-tube site. Nursing provides support for the individual and provider to manage this decline in health.
            - Individual 34SN health conditions are declining as the family has chosen to avoid progressive treatment options. Hospice support was set to begin in late March 2026. The combination of the Residential provider nursing staff and Hospice will help ensure the individual's needs continue to be met.

- *Is the individual's medication being administered on schedule and per the physician's orders?*
    - *Yes=29 (90.63%), No=1 (3.13%), (blanks)=2 (6.25%)*
      *The (blank) is due to data still being entered from the reviewers

- *Based on what is authorized and notated, is there adequate staffing per the authorized hours?*
    - *Yes=30 (93.75%), (blank)=2 (6.25%)*
      *The (blank) is due to data still being entered from the reviewers

- *Based on your review, are the individual's Skilled Nursing needs being met?*
    - *Yes=30 (93.75%), (blank)=2 (6.25%)*
      *The (blank) is due to data still being entered from the reviewers

During the Skilled Nursing reviews, all respondents are asked if they have experienced any barriers trying to access services to include gaps in service or inconsistent schedule. (*20. What are some barriers you have experienced trying to access services to include gaps in service or inconsistent schedule?)*

A themed list of barriers identified is below.

1. Service Authorization and Reimbursement

- Pends with minimal/no rationale, difficult communication and short timelines.
- Start dates not reverted to original request after additional info is submitted.
- Uncertainty about reimbursement while services are being provided.

- RN not approved; expectation to recruit LPNs despite market constraints.
- Requirement to exhaust SPO/Home Health before Waiver Nursing requests.
- Providers absorbing costs (including up to 24 hrs/day nursing).
- "Additional nursing support provided yet not billed."

2. Staffing and Coverage

- General staffing strain.
- Weekend nursing coverage gaps.
- Difficulty recruiting LPNs; more RNs available but not approved.
- Providers absorbing overtime/extended coverage.
- Positives
    - None, nursing service has been great
    - RN provides a consistent schedule of supports
    - Occasionally need a nurse to fill in; have a backup nursing agency

3. Workforce Competency and Training

- Nurses who understand Waiver nursing are scarce.
- DSPs need more training; higher competency standards desired.
- New diagnosis driving higher staff time; 1:1 DSP denied

4. Access to Clinicians/Specialists

- Difficulty getting orders from PCPs.
- Finding specialists (neuro) who understand IDD.
- SLP access constrained by insurance acceptance

5. Insurance eligibility and network barriers

- Medicaid lapsed which caused difficulty getting services authorized (services continued but harder)
- SLP that will accept individual insurance (network acceptance)
- Eligibility lapses (Medicaid) causing authorization delays.
- Ran into issues getting nutritional supplements currently covered, no issues.

6. Equipment services (DME)

- Receiving the appropriate equipment from DME vendors
- Issues with getting wheelchair services. DBHDS recommended the OIHSN Mobile Rehab Engineering Team for support and technical assistance.

7. Physical accessibility and provider willingness

- Accessibility for wheelchair entering medical office.

- Dental: 20+ denials (no new patients, unwilling to treat individuals while in wheelchair, concerns about choking/airway)

8. Guardianship and Care Consent/Knowledge

- Guardianship issues with parents who lack knowledge of treatments which could be beneficial

9. Positive/Stable Responses

- No gaps in services at provider; staff secure and knowledgeable.
- Nursing tasks well-managed (e.g., wound vac tasks appropriately assigned).
- Back-up nursing agency in place; consistent RN schedules.
- Multiple entries of "None", "N/A" (no current issues).

Additionally, all respondents are asked if DBHDS could do three things to fix these barriers, what would they be? (*21. If DBHDS could do three things to fix these barriers – what would they be?)*

1. Service Authorization and Communication

- Approve more nursing hours (including more RN hours; allow LPN to attend medical appointments).
- Simplify and streamline the service authorization process; consistency on Part V content expectations.
- Improve service authorization communication (clearer guidance, faster response, more direct contacts).
- Reduce service authorization recertification frequency or burden (every six months is administratively heavy).
- Alerts for service authorization actions—notify only the assigned Support Coordinator on their caseload; ensure CSBs are alerted when SA needs action.

2. Insurance, Rates, Billing and Reimbursement

- Increase nursing rates / higher reimbursement rates.
- Customized rate approvals are long and tedious—simplify.
- Allow billing for RN when no LPN available (coverage continuity).
- Include travel time and plan development in reimbursement.
- Allow billing for staff orientation of hospital teams during hospitalization.
- Gap funding when an Authorized Representative misses requirements and Medicaid lapses.
- Coverage for medical supplies (gauze, syringes, saline); dental sedation denials; G-tube kits quantity increase (from 2/year to ~6/year).
- Gap funding went authorized representative misses deadlines causing Medicaid loss.

3. Training and Workforce Development

- Fund a role dedicated to training nurses on Waiver Nursing, Part V plan writing, and SA requirements.
- DBHDS information dissemination—centralize/streamline; avoid scatter.
- Advanced DSP training; resources and funding (e.g., College of Direct Support).

- Detailed training on skilled and private duty nursing.
- Educate physicians on the Waiver system and documentation requirements.
- Educate hospital staff on care and discharge processes for individuals with IDD.
- OIH services awareness for house staff.
- Assist healthcare providers (PCPs) to understand the importance of participating in provider orders.

4. Documentation Burden and Standardization

- Standardize nursing documentation; expectations are unclear.
- Reduce duplicate and lengthy documentation.
- ISP 4.0: too long / not intuitive—improve flow; consolidate where possible.
- Streamline documentation to one area.

5. ADA, Accessibility, and Transportation

- Enforce ADA and locate willing dentists; address dental sedation coverage.
- Increase PT supports at day programs.
- Interpreters (Sign Language) access.
- Mobile Primary Care for urgent care (access alternative).
- Address transportation reliability and work transportation safety/cost changes..

6. Durable Medical Equipment, Assistive Technology, Supplies and Coverage

- Improve DME obtaining process; providers report challenges with approvals/fulfillment.
- AT funding process too complex; historical denials.
- Supplies coverage gaps (gauze, syringes, saline) via MCO.
- G-tube kits annual quantity insufficient.

7. Service Model Suggestion

- Consider DD Waiver Nursing as a stand-alone service (not contingent on active residential license; not a home health agency).

8. Positive/Stable Situations

- Services are being met
- Multiple entries of “No barriers noted”, “N/A”, “No Recommendations”, “No issues/concerns”
- Continue Skilled Nursing Reviews (noted as very helpful).

The key opportunities identified above for improvement center on simplifying and standardizing the service authorization process, including clearer communication, consistent expectations for Part V, reduced recertification cycles, and targeted alerts sent only to assigned support coordinators to prevent delays. Providers also emphasized the need for reimbursement structures that reflect real work, such as higher rates, billable travel and plan-development time, hospital orientation support, and flexibility to bill RN services when LPN coverage

is not feasible. Strengthening training and communication across the system—through centralized guidance, consistent education for nurses, DSPs, physicians, and hospital staff, and **continuation of Skilled Nursing Reviews—was identified as a significant multiplier for quality**. Documentation requirements remain burdensome, and there is strong support for standardized nursing documentation, eliminating baseline "no event" entries, improving ISP 4.0 usability, and consolidating documentation into a single location. Additional system gaps include ADA and dental accessibility, limited PT and interpreter availability, and the need for mobile primary care solutions. Providers also highlighted operational barriers in AT, DME, and supply processes, including inadequate coverage and insufficient G-tube kit allowances. Ensuring eligibility continuity through gap funding would help prevent service interruptions caused by Medicaid lapses and exploring a stand-alone nursing option under the DD Waiver could increase capacity and flexibility while reducing licensing constraints.

The recommendations identified above will be reviewed by the Nursing Workgroup which takes place quarterly. The next meeting is scheduled to take place on April 17th. The last Nursing workgroup meeting was held on March 6, 2026, and the next one is scheduled for April 17, 2026.

Skilled Nursing Remediation Plans

All 31 reviews resulted in at least one remediation plan, with a total of 128 remediation plans generated across the 31 individuals at the time of this report. Of these 128 plans, 111 plans have been categorized and emailed for action. There are seventeen remediation plans that were in progress at the time of this report. The table below provides a breakdown of the categorized remediation plans by type.

Remediation Plan Category	Count
Assessments/Evaluations	29
Documentation	20
Protocols	18
Adaptive Equipment	11
Nursing	8
Dental	6
Psychotropic Meds	4
Physical	3
Additional Supports/Enhancements	3
Guardianship	3
Documentation/Part V	3
Human Rights	1
Behavioral Supports/Therapeutic Consultation	1
Mobile Rehab Engineering	1
Grand Total	**111**

Of the 111 recommended remediation plans distributed, 93 (83.78%) have been resolved. Resolutions included scheduling and completing appointments, updating documentation and protocols, completing assessments or evaluations, and repairing adaptive equipment. Additionally, three remediation plans were resolved due to Family/Individual choosing not to move forward with a recommendation.

Based on comprehensive assessments conducted by the OIH Registered Nurse Care Consultants, it was determined that the skilled nursing needs of 30 of the 32 individuals are being met. Two additional individuals are still completing final review and data collection and are therefore considered "unknown" at the time of this report.

DBHDS continues to review this process and refine its questions to more effectively assess whether individuals' skilled nursing needs are being met.

Intense Management Needs Review Results (PI 38c, PI 39b)

DBHDS initiated the Intense Management Needs Review (IMNR) process reviews for the 28th Study Period on February 16, 2026, concluding them on February 27, 2026. These reviews were conducted in Regions 1 and 5, focusing on individuals classified as Level 7 (Exceptional Behavioral).

A total of 30 reviews were completed by a Registered Nurse Care Consultant (RNCC) from the Office of Integrated Health Supports Networks (OIHSN) in collaboration with a nurse consultant from the Independent Reviewer. The OIHSN team worked closely with DBHDS's Behavioral Supports Network (BSN) and the Department of Justice (DOJ) to develop targeted questions related to individual behavioral needs. These questions were designed to supplement the existing IMNR questionnaire.

DBHDS has just begun the data analysis of these reviews. The OIHSN RNCCs are working with the BSN team to ensure the recommendations for remediation are appropriate for the individual's needs. The Remediation Plans for recommendations based on findings from these reviews have been reviewed and have been dispersed via email to the DD Director's and Support Coordinators. The OIHSN nurses are already working with some individuals providing support and technical assistance for emergent findings during the initial review. DBHDS will follow each of these recommendations until there is a resolution to benefit the individual. If there is no response, DBHDS has identified an escalation process to ensure timely response and action that will involve the Assistant Commissioner of Developmental Services and the Deputy Commissioner, Community Services, if necessary.

Additionally, the DBHDS RNCC Review Team, DBHDS Behavioral Services Team, DBHDS Community Resource Consultants, and the ISR Review Team met on March 26th to discuss concerns regarding individuals identified as emergent. The teams reconvened on April 9th to review and summarize overall findings from this study period, as well as to assess remediation efforts from the previous study period.

IMNR Results

Some of the results, as it relates to demographics and other terms of the Permanent Injunction, are below. Additional results will be available in the IMNR report.

Gender: 28th Study: 19 (63.33%) of the 30 individuals are male while 11 (36.67%) are female.

27th Study vs. 28th Study				
Gender	27th Study Count	28th Study Count	27th Study %	28th Study %
Male	22	19	73.33%	63.33%
Female	8	11	26.67%	36.67%
Grand Total	**30**	**30**	**100.00%**	**100.00%**

Male representation declined by 10 percent with a net change decrease of three individuals from the 28th Study to 27th Study. Female representation increased by 10 percent with a net change increase of three individuals from the 28th Study to the 27th Study.

Age Range: Of the six individuals Under 22 within the 28th Study, two individuals are still attending school. Two individuals have graduated with one of those individuals attending their first year of college. Another individual does not attend school as she is home schooled and has an in-home tutor. This compares to the 27th Study where of the five individuals under 22, three (60%) individuals were still attending school. The two other individuals have graduated. All three individuals attending school have an IEP and are receiving services. All individuals in both studies who are still attending school have an IEP receive services.

27th Study vs. 28th Study				
Age Range	27th Study Count	28th Study Count	27th Study %	28th Study %
Under 22	5	6	16.67%	20.00%
23 - 30	11	8	36.67%	26.67%
31 - 40	6	9	20%	30.00%
41 - 50	1	5	3.33%	16.67%
51 - 60	5	2	16.67%	6.67%
61 - 70	1	0	3.33%	0.00%
81 - 90	1	0	3.33%	0.00%
Grand Total	**30**	**30**	**100.00%**	**100.00%**

The sample in the 28th Study skews older in the 31 – 40 and 41 – 50 age groups, with notable declines in the 23 – 30 and 51 – 60 age groups. Additionally, there was no one over 60 years of age in the 28th Study compared to two individuals over 60 years of age in the 27th Study.

Mobility Status: 26 (86.67%) of the 30 individuals walk without support from the 27th Study while 27 (90%) of the 30 individuals walk without support from the 28th Study Period. There was a decrease in individuals utilizing wheelchairs or using wheelchairs while showing an increase in those walking with and without support

as you compare the 27th Study to the 28th Study.

27th Study vs. 28th Study				
Mobility Status	27th Study Count	28th Study Count	27th Study %	28th Study %
Total Assistance with walking	1	0	3.33%	0
Uses wheelchair	2	0	6.67%	0
Walks with support	1	3	3.33%	10%
Walks without support	26	27	86.67%	90%
Grand Total	**30**	**30**	**100.00%**	**1**

Type of Residence:

27th Study vs. 28th Study				
Type of Residence	27th Study Count	28th Study Count	27th Study %	28th Study %
Family run sponsored home	2	1	6.67%	3.33%
Group home - 4 or fewer	10	8	33.33%	26.67%
Group home - 5 or more	1	0	3.33%	0.00%
Own/family home	9	11	30.00%	36.67%
Sponsored home	8	10	26.67%	33.33%
Grand Total	**30**	**30**	**100.00%**	**100.00%**

The 28th Study showed a slight shift away from group homes and more towards sponsored homes and own/family homes.

Method of Communication:

27th Study vs. 28th Study				
Method of Communication	27th Study Count	28th Study Count	27th Study %	28th Study %
Communication device	0	2	0.00%	6.67%
Gestures	4	3	13.33%	10.00%
Limited spoken language, needs some staff support	14	4	46.67%	13.33%
Spoken language, fully articulates without assistance	9	19	30.00%	63.33%
Vocalizations	3	2	10.00%	6.67%
Grand Total	**30**	**30**	**100.00%**	**100.00%**

The 28th Study showed a significant shift towards spoken language, fully articulated without assistance and a notable decline in limited spoken language, needing staff support. There was also the addition of two individuals who utilize communication devices.

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

27th Study vs. 28th Study		
Health Indicator	27th Study	28th Study
(blank)	2	1
2 or more medical hospitalizations in the past year	1	0
Aspiration Pneumonia	1	0
Bladder Elimination Problems - (i.e., cath, recurrent UTI (3 or more a year), etc.)	1	1
Bowel Elimination Problems - diarrhea	2	4
Choking precautions	17	10
Chronic pain	1	4
Communicable disease - TB/Hepatitis A, B or C, STD, MRSA	1	3
Constipation	9	14
Dehydration	0	3
Diabetes	5	8
Difficulty maintaining or losing weight (not within BMI range)	5	8
Dysphagia	4	1
Falls with injury (2 or more a month)	0	1
Falls without injury (2 or more a month)	0	2
Hypertension	5	9
Injuries (other than Fall)	2	2
Major seizure disorder (if checked list date of most recent seizure)	9	13
Mobility	3	8
PICA	7	6
Pressure injury/skin breakdown	3	2
Recurrent (3 or more a year) respiratory infections	1	0
Significant change in health/behavior in past year	6	3
Tube feeding (if check, list type of tube feeding)	1	1

A total of 104 health indicators were identified in the 28th Study, compared to 86 indicators in the 27th Study. The increases in the 28th Study primarily reflect a rise in documented health needs, with notable growth in areas such as mobility, hypertension, constipation, diabetes, weight-related difficulties, and chronic pain. Several indicators decreased, including choking precautions, dysphagia, significant changes in health or behavior within the past year, and PICA. Additionally, hospitalizations, aspiration pneumonia, and recurrent respiratory infections, which appeared in the 27th Study, were not present in the 28th Study.

Physical Exam within 14 months: As shown below, annual physical exam completion declined in the 28th Study, dropping from 96.67% to 90%. Among the three individuals who did not have a documented physical exam within the past 14 months, one has significant anxiety related to medical appointments, which has limited

their ability to attend. Another individual lost access to their primary care provider when the provider stopped accepting their insurance; they are currently working with their insurance company to establish care with a new PCP. The third individual has attended several specialist appointments, completed diagnostic testing, and followed up with their PCP after an emergency room visit, but a formal physical exam is not documented in their record.

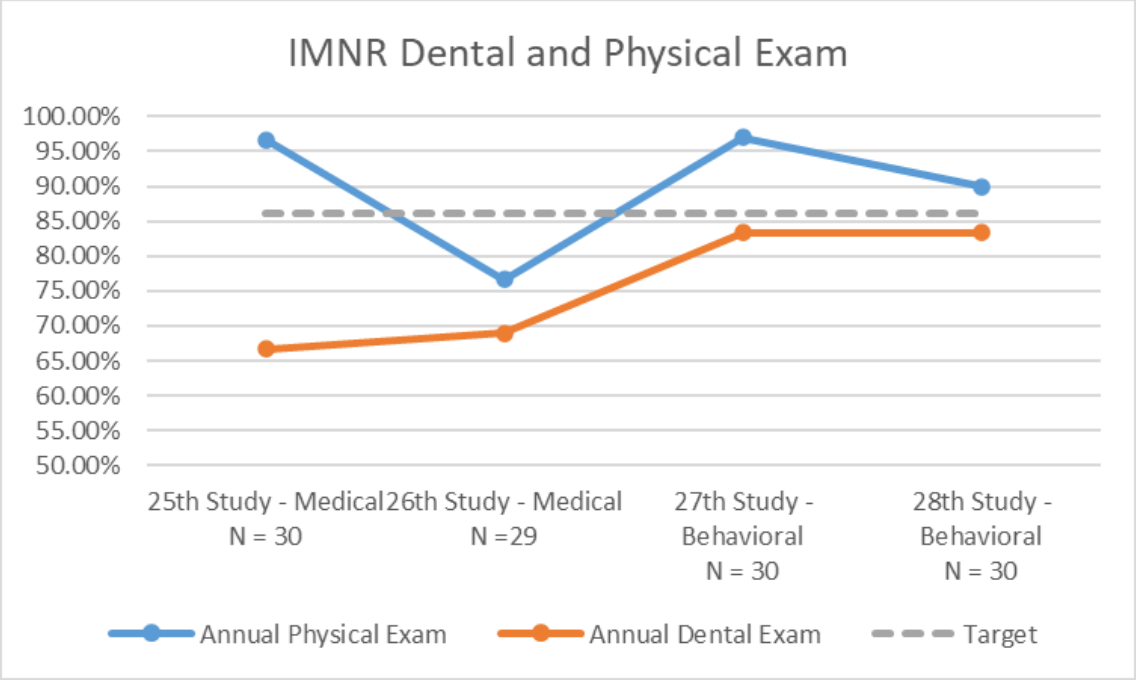
27th Study vs. 28th Study				
Physical Exam	27th Study Count	28th Study Count	27th Study %	28th Study %
No	1	3	3.33%	10.00%
Yes	29	27	96.67%	90.00%
Grand Total	**30**	**30**	**100.00%**	**100.00%**

Dental Exam within 14 months: As shown below, annual dental exam completion remained consistent between the 27th and 28th Studies. Among the five individuals who did not receive an annual dental exam, one had not seen since 2023 due to a lapse in Medicaid coverage. Another lost their dentist in 2024 when the provider retired and is currently searching for a new dentist who can accommodate their anxiety. A third individual recently transitioned to a new placement and has not yet established dental care. One was referred to the DBHDS Mobile Dental Team, but the family declined services. The final individual is having trouble finding a dentist who accepts their insurance but has submitted a referral to the DBHDS Mobile Dental Team for assistance.

27th Study vs. 28th Study				
Dental Exam	27th Study Count	28th Study Count	27th Study %	28th Study %
No	5	5	16.67%	16.67%
Yes	25	25	83.33%	83.33%
Grand Total	**30**	**30**	**100.00%**	**100.00%**

Annual Physical and Dental Exam Trend: Annual physical exam completion met or exceeded the 86% target in three of the four studies. The largest dip came in the 26th Study but also included one less review. Annual dental exam completion has not yet reached the 86% target though it did improve as reviews transitioned from high medical needs to behavioral needs populations.

Exam Type	25th Study - Medical N = 30	26th Study - Medical N =29	27th Study - Behavioral N = 30	28th Study - Behavioral N = 30
Annual Physical Exam	96.70%	76.60%	97.00%	90.00%
Annual Dental Exam	66.70%	68.97%	83.33%	83.33%
Target	**86.00%**	**86.00%**	**86.00%**	**86.00%**



Nursing Utilization: None of the individuals in the 27th study were identified as needing nursing services. In the 28th study, one individual was identified as requiring nursing services and currently has an active authorization.

27th Study vs. 28th Study				
Nursing Services	27th Study Count	28th Study Count	27th Study %	28th Study %
No	30	1	100.00%	96.67%
Yes	0	29	0.00%	3.33%
Grand Total	**30**	**30**	**100.00%**	**100.00%**

Summary of Technical Assistance and IMNR Utilization

Ongoing technical assistance has been provided to multiple providers across regions to strengthen understanding and implementation of Skilled Nursing (SN) requirements under the DD Waiver. This includes direct support to Caring4People (Portsmouth), Journey House (Chesterfield), Counseling and Advocacy Associates (Regions 1 and 4), Timeless Dedication (Region 4), and Mount Rogers Community Services (Region 3). Technical assistance efforts have focused on service authorization requirements, development and alignment of Skilled Nursing Part V/outcomes, documentation practices, person-centered protocols, and ensuring compliance with DMAS and DBHDS expectations.

Additionally, the IMNR process was utilized to evaluate an individual transitioning from EPSDT to the DD Waiver. This review supported clinical justification for continued RN-level services, as the individual was at risk of losing long-term, clinically competent nursing supports. **Through comprehensive record review and assessment of medical needs, the IMNR process helped ensure continuity of care and appropriate service authorization aligned with the individual's health and safety needs.**

Review of Nursing Needs Data (PI 38b)

DBHDS began reporting the results of questions around nursing needs that were added to the ISP in September 2024. The questions added state, "Are Nursing Waiver Services Needed?" and "If yes, specify Nursing Need". The following options below are the available responses to the Nursing Waiver Services Needed question:

A. Yes, referral to be completed within 30 days of ISP
B. Yes, referral(s) already completed and waiting to start services
C. Yes, and the person is connected to this service already
D. Yes, there are needs, but individual/SDM declined referral
E. No, needs are addressed by other supports (e.g., ABA, psychology)
F. No, needs do not require these services

The results for these questions were analyzed during the 27th Study Period, which included all individuals whose ISP began in the second half of FY25 (January 1, 2025 – June 30, 2025). A total of 9,022 ISPs were initiated during this timeframe.

For the 28th Study Period, data was pulled for all individuals whose ISP began in the first half of FY26 (July 1, 2025 – December 31, 2025), totaling 10,072 ISPs initiated during that period.

A table with the results of this question is below:

Are Waiver Nursing Services Needed?	27th Study (1/1/25 - 6/30/25) Individual Count	28th Study (7/1/25 - 12/31/25) Individual Count
(blank)	7	0
A: Yes, referral to be completed within 30 days of ISP	20	19
B: Yes, referral(s) already completed and waiting to start services	31	21
C: Yes, and the person is connected to this service already	275	272
D: Yes, there are needs but individual/SDM declined referral	22	22
E: No, needs are addressed by other supports (e.g. ABA, psychology)	200	178
F: No, needs do not require these services	8467	9560
Total	**9022**	**10,072**

**(blank) is a result of any ISP that was opened for editing prior to 9/15/2024. The new question was unavailable.*

Based on these results of individuals with ISP Start Dates between January 1, 2025 – June 30, 2025, 93.85% (8467) of the individuals identified that the individual's needs do not require these services. This compares to individuals with ISP Start Dates between July 1, 2025 – December 31, 2025, 94.92% (10,072) of the individuals identified that the individual's needs do not require these services.

Additionally, 200 (2.22%) individuals with ISP Start Dates between January 1, 2025 – June 30, 2025, are getting needs addressed by other supports while 178 (1.77%) individuals with ISP Start Dates between July 1, 2025 – December 31, 2025, are getting needs addressed by other supports.

From January 1, 2025 – June 30, 2025, there was a total of 348 individuals that identified Waiver Nursing Services were needed. The breakdown of those results is below.

Are Waiver Nursing Services Needed?	Distinct Count	Distinct Count %
A: Yes, referral to be completed within 30 days of ISP	20	5.75%
B: Yes, referral(s) already completed and waiting to start services	31	8.91%
C: Yes, and the person is connected to this service already	275	79.02%
D: Yes, there are needs but individual/SDM declined referral	22	6.32%
Grand Total	**348**	**100.00%**

Of the 348 individuals that identified there was a waiver nursing need, 275 individuals (79.02%) identified that they are already connected to a service. Twenty individuals were identified as needing services and a referral to be completed within 30 days of the ISP. Additionally, 31 individuals were identified as needing services, a referral was completed, and they are awaiting to start services. There were 22 individuals that either declined a referral or were in the process of completing referrals or starting services. A deeper dive into those individuals is below.

A: Yes, referral to be completed within 30 days of ISP

It was identified that 20 individuals (5.75%) need nursing services, and that the referral would be completed within 30 days of the ISP. Of the 20 individuals identified, seven (35%) individuals have approved nursing services. Thirteen individuals do not yet have approved nursing services. DBHDS is reaching out regarding these 13 individuals to determine any barriers to those services. DBHDS reviewed the region these individuals are located to determine if they were concentrated in one region over another. Of the 13 individuals, six individuals are in region 4, three individuals in region 1 and region 2 and one individual in region 3. Additionally, eight of the 13 individuals live in a family home while five individuals live in a group home. As mentioned in the report for the 26th Study Period, some Support Coordinators inadvertently selected this choice. Additional information on these 13 individuals will be available in the next report.

B: Yes, referral(s) already completed and waiting to start services

It was identified that 31 individuals (8.91%) need nursing services and that a referral has been completed, and they are waiting to start services. There was no additional information specified in the comments for these individuals. Upon a deeper analysis of these individuals, 23 of the 31individuals have approved nursing authorizations in FY25. There are eight individuals in which DBHDS will attempt to contact to determine any barriers to starting services.

D: Yes, there are needs, but individual/SDM declined referral

It was identified that 22 individuals (6.32%) would benefit from Waiver Nursing Services, but the individual or Surrogate Decision Maker declined the referral. There was no additional information specified in the comments for these individuals. Upon a deeper analysis of these individuals, one of the 22 individuals have approved nursing authorizations.

In June 2025, the OIHSN Nurses began a formal process to work in collaboration with Service Authorization to provide technical assistance around nursing authorizations. The technical assistance provided is specifically around authorizations that are pended to assist the DD Waiver Nursing Services provider in being approved to provide nursing services identified as needed. To date, the OIHSN Nurses have assisted with 12 formal technical assistance requests. Ten of these requests have been completed. The other two requests are still in progress. Some of the technical assistance provided includes Justification Review, 485 Review, Part V Review, phone conversations with the provider and coordination of team meetings to come to a resolution.

Rate Study

The Virginia Department of Medical Assistance Services (DMAS) commissioned a comprehensive rate study in 2025 to evaluate whether reimbursement rates for DD Waiver services were adequate to meet the requirements of the Permanent Injunction in U.S. v. Commonwealth of Virginia. The study was designed to:

1) Assess whether current DD Waiver rates were sufficient to ensure provider capacity, service quality, and compliance with the federal court injunction. 2)
2) Develop benchmark rates that reflect the true cost of delivering high-quality services.
3) Incorporate stakeholder feedback, including providers, advocacy groups, individuals with disabilities, families, and state agencies.

Beginning July 1, 2025, DD Waiver rates increased by 3% for a wide range of services that included Private Duty and Skilled Nursing.

The study also set the stage for ongoing rate monitoring and future adjustments however, Virginia did not commission a new DD Waiver rate study in 2026.

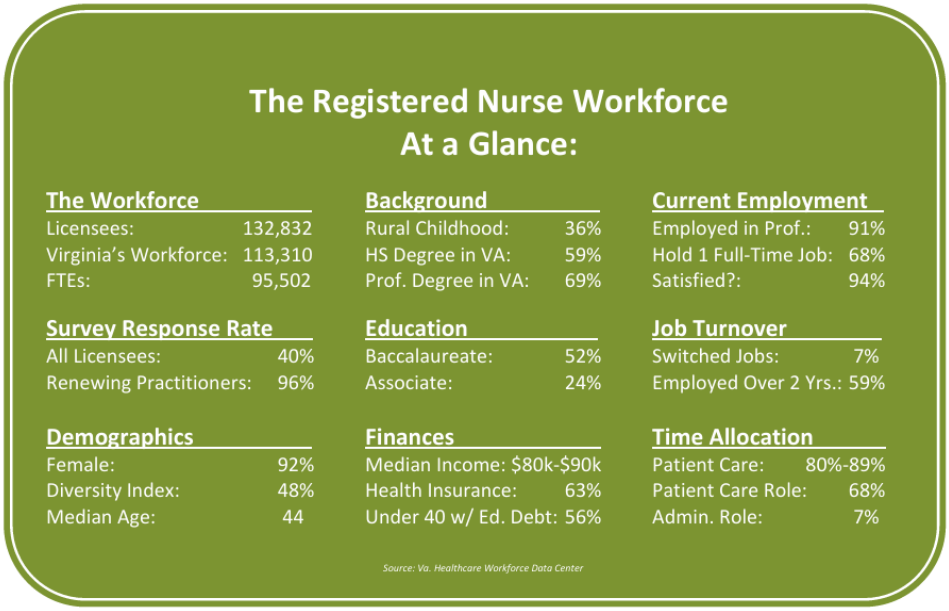
Nursing Workforce Challenges

The lack of nurses in the workforce is a frequent challenge reported by healthcare providers. The Virginia State Office of Rural Health in their November – December 2022 report found that Virginia (VA) was among one of the states with the lowest registered nurse (RN) to patient ratio (10.5 RNs to 1,000 patients), and our rural regions suffered disproportionately compared to the more metropolitan areas of the Commonwealth. They included that the Department of Health and Human Services (HHS) reported that 18% of VA hospitals were critically understaffed (Holmes, 2022). At that time, hospitals in VA were actively recruiting for more than 11,000 posted job openings (VHHA, 2022). Nationally, they highlighted that there were 30 more RNs per 10,000 people in metropolitan cities than nonmetropolitan in 2020 (Sablik, 2022). The three reasons for the nursing shortage they identified was 1) Pandemic Burnout One of the biggest reasons for the nursing shortage was burnout from the pandemic; 2) Educational Obstacles was identified and the American Association of Colleges of Nurses reported that more than 80,000 qualified nursing applicants were turned away in 2020 because of a lack of clinical sites, faculty, and other resources to educate future nurses. Oftentimes, a nurse switching to an academic setting and teaching role means taking a pay cut, so there is not much incentive for nurses to become nursing instructors (Sablik, 2022); 3) Retirement because the median age of a RN was 46, and the national average age of a RN was 50, which suggests an upcoming large wave of retirement leading to a decrease in the number of nurses in the workforce (Sablik, 2022).

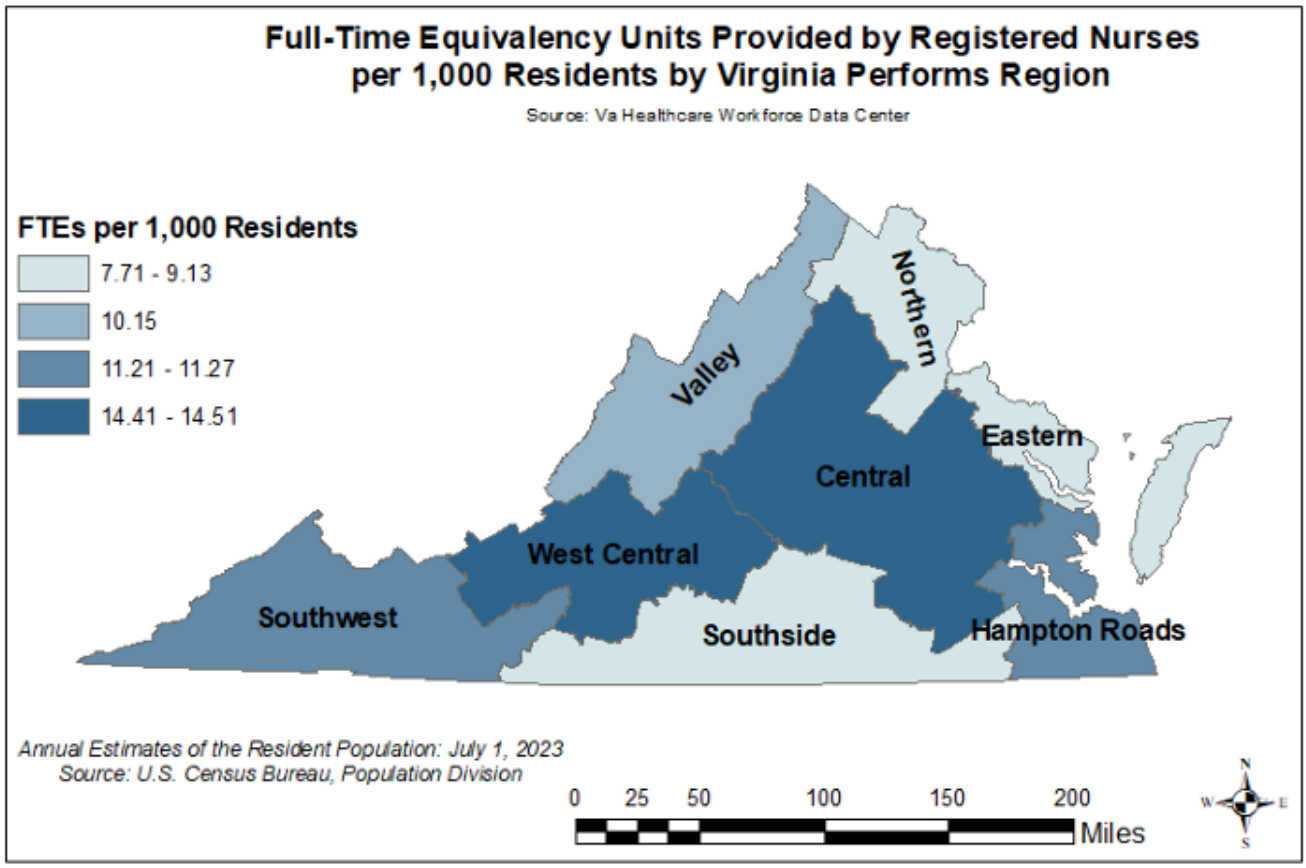
The Virginia Workforce Connection, an agency of the Commonwealth of Virginia's reported via their dashboard that between 2016 – 2026 they expect 4,433 open positions for Registered Nurses (RNs) annually with an anticipated rise to 4,502 between 2018 - 2028. Their dashboard reported for that between 2016 – 2026 they anticipate 2,029 open positions for Licensed Practical Nurses (LPNs) annually with an anticipated minimal decrease to 2,003 between 2018 - 2028. The dashboard can be found at this link: Occupational Projections

Virginia Department of Health Professions Healthcare Workforce Data Center produced their 2025report on the state of the health professions workforce. The report contains the results of the 2025 Registered Nurse (RN) and Licensed Practical Nurse (LPN) survey. Among all licensed RNs, 53,538 and 11,374 LPNs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of RNs and LPNs have access to the survey each year. These survey respondents represent 40% of the 132,832 RNs and 40% of the 28,777 LPNs who are licensed in the state.

The following graphics present a summary of the survey of Registered Nurses:



The graphic below shows the distribution of RNs across Virginia. The key reflects one full-time RN per 1,000 citizens. The area that has the largest number of RNs per 1,000 citizens is Central Virginia and a section toward Southwest Virginia (West Central). The lowest number per 1,000 citizens is a section of Northern Virginia. Nearly three out of every four RNs work in Central Virginia, Northern Virginia, or Hampton Roads.



Overall, as compared to 2015, the number of licensed RNs in Virginia has increased by 44% (132,832 vs. 92,381). In addition, the size of Virginia's RN workforce has increased by 49% (113,310 vs. 76,093), and the number of FTEs provided by this workforce has grown by 42% (95,502 vs. 67,045). A higher percentage of Virginia's renewing RNs responded to this survey (96% vs. 80%).

The following graphics present a summary of the survey of Licensed Practical Nurses:

The Licensed Practical Nurse Workforce At a Glance:

The Workforce

Licensees:	28,777
Virginia's Workforce:	26,108
FTEs:	23,155

Survey Response Rate

All Licensees:	40%
Renewing Practitioners:	95%

Demographics

Female:	95%
Diversity Index:	59%
Median Age:	46

Background

Rural Childhood:	47%
HS Degree in VA:	72%
Prof. Degree in VA:	87%

Education

LPN Diploma/Cert.:	95%
Associate:	5%

Finances

Median Income:	$60k-$70k
Health Insurance:	56%
Under 40 w/ Ed. Debt:	60%

Current Employment

Employed in Prof.:	89%
Hold 1 Full-Time Job:	68%
Satisfied?:	95%

Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	54%

Time Allocation

Patient Care:	80%-89%
Patient Care Role:	67%
Admin. Role:	8%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPNs

Under 65:	31%
Under 60:	11%

LPNs 50 and Over

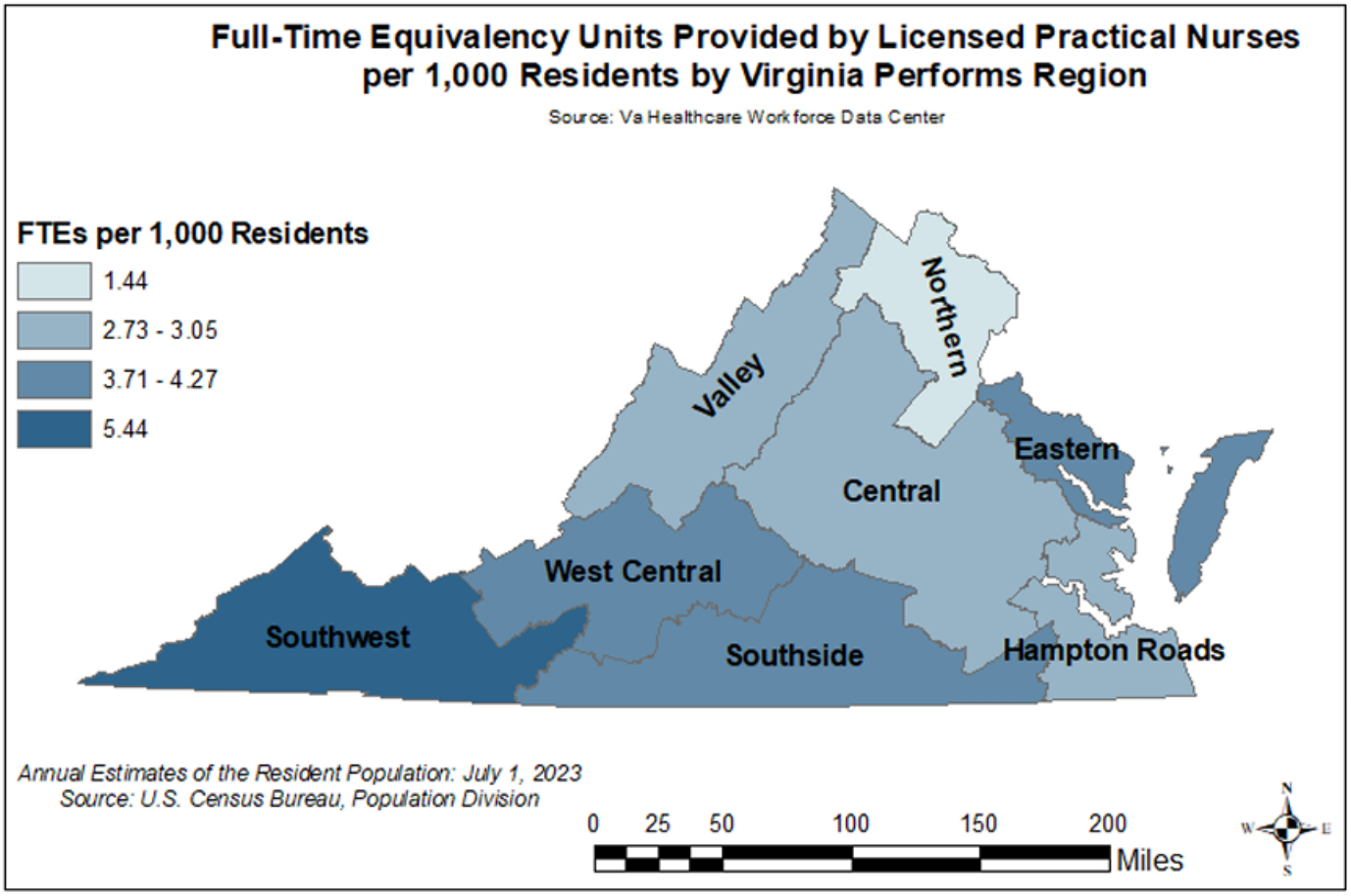
Under 65:	21%
Under 60:	3%

Time Until Retirement

Within 2 Years:	7%
Within 10 Years:	21%
Half the Workforce:	By 2050

Source: Va. Healthcare Workforce Data Center

The graphic below shows the distribution of LPNs across Virginia. The key reflects one full-time LPN per 1,000 citizens. The area that has the largest number of LPNs per 1,000 citizens is a section of Southwest Virginia. The lowest number per 1,000 citizens is a section of Northern Virginia.



Overall, as compared to 2015, the number of licensed LPNs in Virginia has increased by 4% (28,777 vs. 27,550). At the same time, the size of Virginia's LPN workforce has increased by 11% (26,108 vs. 23,493), while the number of FTEs provided by this workforce has remained essentially constant (23,155 vs. 23,138). Virginia's renewing LPNs are more likely to respond to this survey (95% vs. 73%).

There are a number of initiatives being led across the Commonwealth focused on growing the nursing workforce. One focus has been reducing the financial burden on students. The following are examples

Virginia offers a wide range of financial programs to attract and retain nurses, especially in underserved areas.

These programs serve to reduce financial barriers and help keep nurses in the state's highest-need communities. Major programs include:

- Mary Marshall Nursing Scholarships for LPNs, RNs, and CNAs
- Virginia State Loan Repayment Program for nurses serving in shortage areas
- Nurse Practitioner / Nurse Midwife / Nurse Educator Scholarships
- Virginia Nursing Preceptor Incentive Program (supports clinical preceptors)

- Long-Term Care Facility Scholarship Program
- Behavioral Health Loan Repayment Program

The impact of these and other efforts is seen in the 2025 Nursing Workforce Reports that show continued growth in the number of licensed nurses in Virginia. Virginia's Nursing Education Program reports show stable or slightly increasing enrollment, but faculty shortages remain a challenge. The bottom line is that nursing work force shortages are a long-term problem, but Virginia's nursing-workforce initiatives are showing early positive effects.

Initiatives, Next Steps and Recommendations

As we continue to move forward, DBHDS will:

- The Office of Integrated Health Support Network (OIHSN) Project Manager along with a WaMS Data Analyst have been working thoroughly to automate the calculations of the Nursing Utilization process. This has been completed and was utilized to recalculate new billings data for F19 – FY26.
- The OIHSN Project Manager and WaMS Data Analyst will continue to work together to determine the most accurate way to reflect the utilization of authorized nursing services.
- OIHSN Nurses will contact individuals and / or their support teams based on review of the Nursing Needs report from FY25 and offer technical assistance when necessary; determine trends.
- OIHSN Nurses will continue to update the Skilled Nursing and Private Duty Nursing Training to ensure it is consistent with any updates DMAS may have made to the DD Waiver Manual and any training being developed by the Waiver Operations Office at DBHDS
- OIHSN Nurses will continue to offer Skilled Nursing and Private Duty Nursing training for Providers and other stakeholders as requested and include polling and survey questions for participants (Providers, Nursing Agencies, Service Coordinators, Direct Support Professionals, etc.) to further understand the challenges and barriers that they currently face.
- Continue to collaborate with Service Authorization (SA) and the SA Nurse and to offer technical assistance when authorizations are pended.
- Continue to complete the IMNR and Skilled Nursing IMNR process, identifying which CSB areas in each region have the highest nursing shortages, identifying the top three barriers to individuals access nursing service in each region and working towards resolving these barriers.
- Complete 10 IMNR reviews—two in each region—focused on Private Duty Nursing. DBHDS will select a random sample of individuals who used 25% or less of their Private Duty Nursing authorizations in FY25, and findings will be reported in the 29th Review.
- OIHSN will expand access for internal users to the searchable Nursing Provider Database until all DBHDS Community Services Offices have access.
- OIHSN Administrative Assistant will work with Registered Nurse Care Consultants and OIHSN Project Manager to build the Power BI tool that will drive the search engine as the Nursing Provider Database is populated each cycle by the OIHSN RNCCs.
- Continue monthly meetings with a specific DD Waiver nursing service providers to discuss authorization concerns and provide technical assistance and invite them to join the Nursing Workgroup.

- In addition to the DD Waivers Nursing in VA training, OIH will continue to offer face to face and virtual meetings with providers which are in the process of providing DD Waivers nursing services and provide hands-on technical assistance with required documentation.
- Continue to incorporate the results from the IMNR process (PI 38, 39, 44) as it pertains to Nursing Utilization.
- Recommend that the Case Management (Support Coordination) Steering Committee consider the barriers identified for Support Coordination for updates or additions to existing SC training to address knowledge about the scope and benefits of nursing services and the authorization process for DD Waiver nursing services.
- Continue to work with Office of Provider Network Support to follow – up with Nursing Providers who responded to the mailing sent in March of 2026 to have express interest in the Jump Start funding program.
- Continue work with the Nursing Workgroup as identified in the Nursing Workplan.
- Continue to collaborate with the Medical Director for DD around identifying approaches to ensuring the health and safety needs identified in the individual's ISP are met.
- Work with the OIHSN Project Manager and Program Specialist to leverage Microsoft Forms, SharePoint Lists and Power Automate to create a consultation request portal that organizes and sends requests direct to the Community Nursing email. This portal will handle requests for OIHSN Nursing, DBHDS DD Medial Director and Pharmacy Manager consultation from individuals, support teams, community providers, etc.

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