# Nursing Services Data Report

# NURSING HOURS UTILIZATION PI 38, PI 39, and PI 44 (Part 2)

## Updated FY25 – FY26

## October 2026

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# Intense Management Needs Review Results (PI 38c, PI 39b, PI 44b)

As identified in Term 44b of the Permanent Injunction, DBHDS is to implement the IMNR process for not less than 70 people annually who have complex medical, behavioral, or adaptive support needs (Tier 4) to include onsite visits, reviews of specific health care documentation, and a factual questionnaire administered by qualified nursing professionals to primary caregivers most familiar with the person's health care needs.

A breakdown of the reviews completed in Fiscal Year 2026 is below in *Table 17*.

*Table 17 – Reviews Conducted in FY26*

| FY26 Reviews | |
|---|---|
| **Review Type** | **Count** |
| Behavioral - 27th Review | **30** |
| Behavioral - 28th Review | **30** |
| Skilled Nursing | **28** |
| Private Duty Nursing/Complex Medical | **6** |
| Adaptive Support | **10** |

## IMNR – Collaboration with ISR Nurses

DBHDS completed the Intense Management Needs Review (IMNR) process reviews for the 28th Study Period on February 27, 2026. These reviews were conducted in regions 1 and 5, focusing on individuals classified as Level 7 (Exceptional Behavioral). Additionally, DBHDS initiated the IMNR review for the 29th Study Period on September 14, 2026, and concluded on September 18, 2026. These reviews were conducted in regions 1, 3, and 4, focusing on individuals classified as Level 5 (Adaptive Needs). Thirty reviews were conducted. The results for the 29th Study Period will be available later.

During the 28th Study Period, a total of 30 reviews were completed by a Registered Nurse Care Consultant (RNCC) from the Office of Integrated Health Supports Networks (OIHNS) in collaboration with a nurse consultant from the Independent Reviewer. The OIHNS team worked closely with DBHDS's Behavioral Supports Network (BSN) and the Department of Justice (DOJ) ISR Review Team to develop targeted questions related to individual behavioral needs. These questions were designed to supplement the existing IMNR questionnaire. Upon conclusion of these reviews, 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.

The remediation plans developed in response to findings from these reviews were finalized and distributed via email to the DD Directors and Support Coordinators. The RNCCs collaborated with the BSN team to ensure that each recommended remediation action appropriately aligns with the individual's identified needs. DBHDS will continue to monitor the implementation of these recommendations until each item is resolved in a manner that benefits 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.

## IMNR Results – Collaboration with ISR Nurses

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.

*Table 18 – Study Period Comparison by Gender (27th and 28th)*

| 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.

*Table 19 – Study Period Comparison by Age Range (27th and 28th)*

| 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.

*Table 20 – Study Period Comparison by Mobility Status (27th and 28th)*

| 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** |

*Table 21 – Study Period Comparison by Type of Residence (27th and 28th)*

| 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.

*Table 22 – Study Period Comparison by Method of Communication (27th and 28th)*

| 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.

*Table 23 – Study Period Comparison by Method of Communication (27th and 28th)*

| 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.

*Table 24 – Study Period Comparison by Physical Exam (27th and 28th)*

| 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.

*Table 25 – Study Period Comparison by Dental Exam (27th and 28th)*

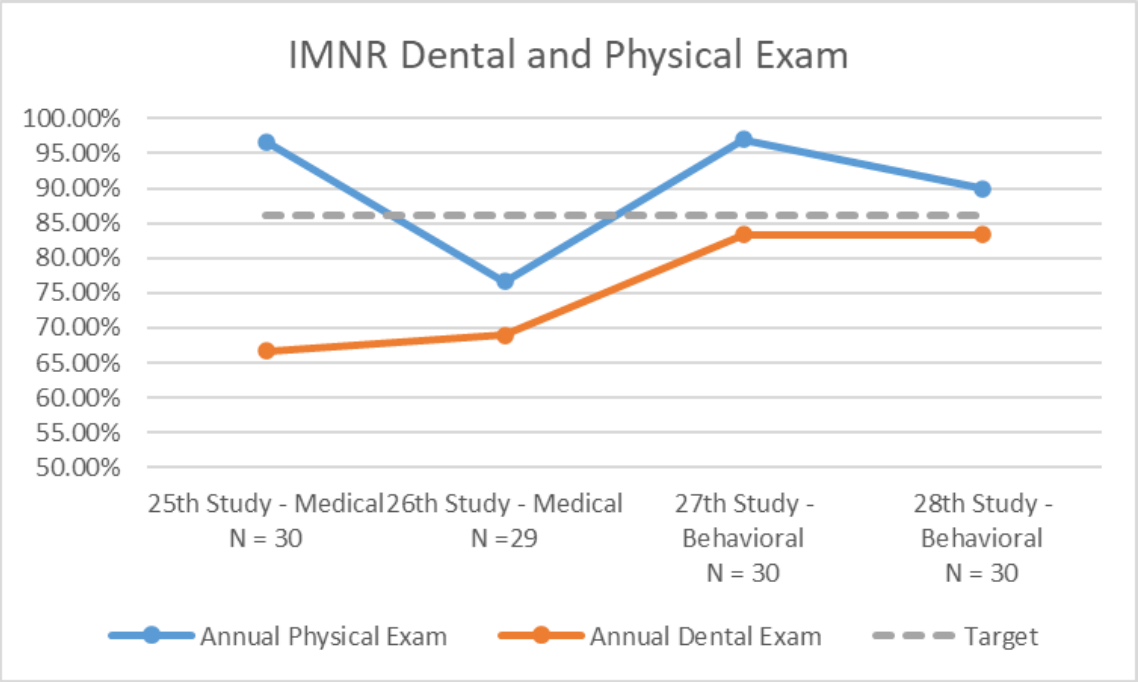
| 27th Study vs. 28th Study | | | | |
|---|---|---|---|---|
| Dental Exam | 27th Study Count | 28th Study Count | 27th Study % | 28th Study % |
| No | 5 | 5 | 16.67% | 16.67% |
| Yes | 25 | 25 | 83.33% | 83.33% |
| **Grand Total** | **30** | **30** | **100.00%** | **100.00%** |

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.

*Table 26 – Annual Medical and Dental Exam Compliance Across Study Periods*

| | 25th Study - Medical | 26th Study - Medical | 27th Study - Behavioral | 28th Study - Behavioral |
|---|---|---|---|---|
| Exam Type | N = 30 | N =29 | N = 30 | 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%** |

*Chart 15 - Annual Exam Performance: Physical vs. Dental (25th–28th Study)*




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

*Table 27 – Study Period Comparison by Nursing Services (27th and 28th)*

| 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%** |

## 28th Study - Behavioral Remediation Plans

All thirty reviews have had remediation plans dispersed. These thirty reviews have resulted in a total of 127 remediation plans generated at the time of this report. Of these 127 plans, all plans have been categorized and emailed for action.

*Table 28* below provides a breakdown of the categorized remediation plans by type.

*Table 28 – 28th Study - Behavioral Remediation Plan Category*

| Remediation Plan Category | Count |
|---|---|
| Adaptive Equipment | 5 |
| Additional Supports/Enhancements | 19 |
| Assessments/Evaluations | 41 |
| Behavioral Supports/Therapeutic Consultation | 10 |
| Commendations | 2 |
| Community Integration | 5 |
| Dental | 7 |
| Documentation/Med Consents | 5 |
| Documentation/Part V | 8 |
| Educational/Other DBHDS Resources | 5 |
| Employment | 1 |
| Environmental Modifications | 2 |
| Finances | 3 |
| Guardianship | 3 |
| Insurance Coverage | 1 |
| Mobile Rehab Engineering | 2 |
| Nursing | 2 |
| Protocols | 1 |
| Psychotropic Meds | 3 |
| Sensory | 1 |
| Support Coordination | 1 |
| Grand Total | 127 |

Of the 127 recommended remediation plans distributed, 89 (70.08%) have been resolved. Two reviews, while needing remediation plans for resolution, also included commendations. One commendation specifically highlighted the use of Onsite Visit Tools (OSVT) for the individual.

Themes of the issues needing resolution included:

- Need to obtain referrals and/or schedule medical appointments such as ophthalmology, optometry, dental, sedation consults, psychiatry, urology, sleep studies, nutrition evaluations, and multiple specialists.
- Referrals needed for Speech Language Pathology (SLP), PT, OT, behavioral therapy, REACH crisis services, ABA, talk therapy, and Functional Behavioral Assessments.
- Revisions to protocols that are either outdated, not person-centered, or have missing parameters.
- Correct or improve nursing documentation.
- Coordinate with DME companies to evaluate, obtain orders and coordinate for new equipment.
- Collaborate with DBHDS MRE Team for assessments on positioning, transfers, safety, and equipment recommendations.
- AT funding recommended for communication devices, security/safety devices, and sensory/mobility equipment.
- Update or maintain documentation around various logs and notes.
- Update ISP as necessary.

- Address safety concerns through environmental modifications, adaptive equipment, and individualized protocols.
- Recommendations for behavioral consultations.

# 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 supplemental 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 IMNR questionnaire 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. 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 all 43 completed reviews are summarized below in this report. Additional findings, including outcomes of remediation plans, are reported on those reviews that only took place in FY26.

Region: As of August 2026, 43 total reviews have been completed across all five regions. The regional breakdown is provided below in *Table 29*.

*Table 29 – Skilled Nursing Review by Region*

| Region | Count |
|---|---|
| Region 1 | 6 |
| Region 2 | 9 |
| Region 3 | 10 |
| Region 4 | 11 |
| Region 5 | 7 |
| Grand Total | 43 |

Gender: The gender breakdown is below in *Table 30*.

*Table 30 – Skilled Nursing Review by Gender*

| Gender | Count |
|---|---|
| Female | 17 |
| Male | 26 |
| Grand Total | 43 |

Age Range: The age range of 43 individuals reviewed is shown below in *Table 31*.

*Table 31 – Skilled Nursing Review by Age Range*

| Age Range | Count |
|---|---|
| Under 22 | 1 |
| 23 - 30 | 6 |
| 31 - 40 | 6 |
| 41 - 50 | 6 |
| 51 - 60 | 11 |
| 61 - 70 | 8 |
| 71 - 80 | 4 |
| 81 - 90 | 1 |
| Grand Total | 43 |

Mobility Status: The mobility status of the 43 individuals is shown below *Table 32*.

*Table 32. – Skilled Nursing Review by Mobility Status*

| Mobility Status | Count | Percent |
|---|---|---|
| Uses wheelchair | 18 | 42.14% |
| Walks with support | 11 | 25.48% |
| Walks without support | 14 | 32.38% |
| Grand Total | 43 | 100.00% |

Type of Residence: The Residency Type of the 43 individuals is shown below in *Table 33*.

*Table 33 – Skilled Nursing Review by Residence Type*

| Residence Type | Count | Percent |
|---|---|---|
| Group home - 4 or fewer | 29 | 68.14% |
| Group home - 5 or more | 4 | 9.51% |
| Own/family home | 4 | 10.03% |
| Sponsored home | 5 | 10.41% |
| Supported apartment | 1 | 1.91% |
| Grand Total | 43 | 100.00% |

Method of Communication: The Method of Communication of the 43 individuals is shown below in *Table 34*.

*Table 34 – Skilled Nursing Review by Method of Communication*

| Method of Communication | Count | Percent |
|---|---|---|
| Spoken language, fully articulates without assistance | 14 | 32.64% |
| Vocalizations | 8 | 17.33% |
| Gestures | 8 | 20.20% |
| Limited spoken language, needs some staff support | 7 | 15.89% |
| Facial expressions | 3 | 6.34% |
| Communication device | 1 | 2.88% |
| ASL | 1 | 2.33% |
| American Sign Language (ASL) | 1 | 2.39% |
| **Grand Total** | **43** | **100.00%** |

***ASL and American Sign Language (ASL) should be combined

Health Indicator Checklist: *Table 35* below shows the number of individuals in the skilled nursing sample with each Health Indicator.

*Table 35 – Skilled Nursing Review by Health Indicator Checklist*

| Health Indicator Checklist | Count | Percent of Occurrence |
|---|---|---|
| Constipation | 32 | 74.42% |
| Mobility | 28 | 65.12% |
| Dysphagia | 23 | 53.49% |
| Choking precautions | 22 | 51.16% |
| Aspiration Pneumonia | 21 | 48.84% |
| Major seizure disorder | 21 | 48.84% |
| Dehydration | 19 | 44.19% |
| Pressure injury/skin breakdown | 18 | 41.86% |
| Chronic pain | 12 | 27.91% |
| 2 or more medical hospitalizations in the past year | 11 | 25.58% |
| Hypertension | 11 | 25.58% |
| Sepsis | 10 | 23.26% |
| Significant change in health/behavior in past year | 9 | 20.93% |
| Diabetes | 8 | 18.60% |
| Tube feeding (if check, list type of tube feeding) | 7 | 16.28% |
| Bladder Elimination Problems - (i.e., cath, recurrent UTI (3 or more a year), etc.) | 6 | 13.95% |
| Difficulty maintaining or losing weight (not within BMI range) | 6 | 13.95% |
| Recurrent (3 or more a year) respiratory infections | 4 | 9.30% |
| Suction required (if check, list type of suction required) | 4 | 9.30% |
| Injuries (other than Fall) | 3 | 6.98% |
| PICA | 3 | 6.98% |
| Communicable disease - TB/Hepatitis A, B or C, STD, MRSA | 2 | 4.65% |
| Bowel Elimination Problems - colostomy, ileostomy | 2 | 4.65% |
| Falls with injury (2 or more a month) | 2 | 4.65% |
| Bowel Elimination Problems - diarrhea | 1 | 2.33% |

Physical and Dental Exam within 14 months: Of the 43 individuals pulled from the skilled nursing sample, all 43 (100%) individuals have received a physical examination within the past 14 months. Additionally, 35 individuals (82.26%) have undergone an annual dental examination during the same period. See *Table 36* below.

*Table 36. – Skilled Nursing Review by Annual Dental Exam*

| Annual Dental Exam | Count | Percent |
|---|---|---|
| Yes | 35 | 82.26% |
| No | 8 | 17.74% |
| Grand Total | 43 | 100.00% |

**Nursing Authorization:** Of the 43 individuals pulled from the skilled nursing sample, data has been completed for 42 of the individuals.

- *21. Are skilled nursing hours authorized for RN, LPN, or both?*
  - 21 individuals (50%) were authorized for both RN and LPN services
  - 10 individuals (23.81%) were authorized for just RN services
  - 11 individuals (26.19%) were authorized for just LPN services

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:**

There are 31 individuals with RN authorizations (10 individuals) or RN and LPN authorizations (21 individuals).

**Caregiver Perspective**

- *22. How often does the skilled nurse (RN) perform a comprehensive assessment (head to toe)?*
  - Daily=1 (3.23%), Weekly=7 (22.58%), Monthly=6 (19.35%), Bi-Monthly=3 (9.68%), Quarterly=11 (35.48%), Annually=2 (6.45%) Bi-annually=1 (3.23%)

- *22a. Does the RN provide delegation to the LPN?*
  - RN delegation to LPN: Yes=21 (67.74%), No=10 (32.26%)

- *23. Did the skilled nurse (RN) train you to perform tasks specific to the individual's care?*
  - Trained caregivers on specific tasks: Yes=31 (100%)

- *23a. Does the nurse offer follow up training?*
  - Follow-up training offered: Yes=31 (100%)

- *23b. Has the nurse asked you to demonstrate your skills?*
  - Asked caregivers to demonstrate skills: Yes=30 (96.77%), No=1 (3.23%)

- *23c. Has the nurse provided written educational materials?*
  - Provided written educational materials: Yes=30 (96.77%), No=1 (3.23%)

**Summary of Observations/Notes – Caregiver Perspective – RN Training**

1. Use of checklists, binders, written notes, and tip sheets to guide daily care.
2. Health protocols emphasized, including infection control, safety precautions, emergency procedures, and BP monitoring.
3. Person-centered education provided on aspiration prevention, modified diets, proper feeding positioning, transfers, medication needs, constipation, seizures, dehydration, skin integrity, and behavioral supports (SIB, PICA).
4. Nurses supply hands-on training with return demonstration and written educational materials.
5. RN-led oversight of health needs and staff training, including initial, semi-annual, and as-needed sessions; LPNs assist with follow-up and monitoring.
6. Daily RN presence in group homes and monthly/as-needed training reinforce safe care practices.
7. Training materials and educational resources, including OIH protocols, are available onsite for DSPs.
8. Protocols updated after hospitalizations or changes in medical needs.
9. Nursing hours can be flexed depending on illness or shifting care requirements.

**Nurse Perspective**

- *22b. NURSE ONLY: Do you bill your RN skilled nursing hours?*
  - RN billing: Yes=30 (96.77%), Unsure=1 (3.23%)

- *23a. NURSE ONLY - Do you offer follow-up training? (RN)*
  - Yes=30 (96.77%), No=1 (3.23%)

- *23b. NURSE ONLY - Have you asked for the skills to be demonstrated? (RN)*
  - Yes=29 (93.55%), No=2 (6.45%)

- *23c. NURSE ONLY - Have you provided written educational materials? (RN)*
  - Yes=30 (96.77%), No=1 (3.23%)

**Summary of Observations/Notes – Nurse Perspective – RN Training**

1. Use of checklists, binders, and written instructions to support daily care.
2. Regular review of health protocols, including DBHDS Health Alerts and infection control guidelines.
3. RN-led training and oversight, including initial, refresher, and as-needed training; LPNs support with follow-up and monitoring.
4. Ongoing competency evaluations, skill demonstrations, and documentation of staff training.
5. Person-centered education addressing medical risks (aspiration, seizures, constipation, dehydration, skin integrity) and behavioral supports (SIB, PICA).
6. Training provided on feeding safety, modified diets, equipment use, and proper transfers.
7. Educational materials and protocols available on-site for staff.
8. Training delivered monthly and as needed, with daily RN observations reinforcing skills.
9. Staff encouraged to access OIH Health & Safety Alerts and COVLC training modules.
10. Nursing hours can be flexed based on illness or medical changes.

The Caregiver notes compared to the Nurse notes showed many similarities.
Similarities include:

- Use of checklists, binders, and written instructions to guide staff in daily care.
- Regular review of health protocols, including infection control, emergency procedures, and safety precautions.
- Hands-on training provided by nursing staff, often with return demonstrations to confirm competency.
- RN-led oversight of health needs, protocols, and staff training, with LPN support for follow-up and monitoring.
- Person-centered education addressing medical risks (aspiration, constipation, seizures, dehydration, skin concerns) and behavioral needs (SIB, PICA).
- Training on modified diets, feeding safety, equipment uses, and transfers appear across both lists.
- Training materials and educational resources are consistently available onsite for staff.
- Ongoing refresher training and regular competency evaluations are common.
- Daily or routine RN observations help reinforce safe practice.
- Nursing hours can be adjusted based on illness or changing medical needs in both sets.

**Summary**

Both sets of observations highlight consistent practices in how nursing staff support direct care providers. Across both the caregiver and nurse lists, nurses rely on written tools such as checklists, binders, and protocols, while providing hands-on training, return demonstrations, and ongoing competency checks. RNs lead the development and updating of health protocols and collaborate with LPNs for follow-up training and monitoring. Training is offered both routinely and as needed, supported by daily or regular RN observations.
Person-centered education appears in both sets, focusing on medical risks, feeding safety, behavioral supports, and equipment use. Staff consistently have access to training materials and resources, including OIH alerts, ensuring they are prepared to respond to changes in medical needs or new care requirements.

**Questions related to LPN assessment and billing:**

There are 32 individuals with LPN authorizations (11 individuals) or LPN and RN authorizations (21 individuals).

- *24. How often does the skilled nurse (LPN) perform a focal assessment (head to toe)?*
  - Daily=11(34.38%), Weekly=15 (46.88%), Monthly=5 (15.63%), Could Not Determine=1 (9.09%)

- *24a. Does the RN provide delegation to the LPN?*
  - RN delegation to LPN: Yes=30 (93.75%), No=2 (6.25%)

- *25. Did the skilled nurse (LPN) train you to perform tasks specific to the individual's care?*
  - Trained caregivers on specific tasks: Yes=30 (93.75%), No=2 (6.25%)

- *25a. Does the nurse offer follow up training?*
  - Follow-up training offered: Yes=31 (96.88%), No=1 (3.13%)

- *25b. Has the nurse asked you to demonstrate your skills?*
    - Asked caregivers to demonstrate skills: Yes=30 (93.75%), No=2 (6.25%)

- *25c. Has the nurse provided written educational materials?*
    - Provided written educational materials: Yes=30 (93.75%), No=2 (6.25%)

**Nurse Perspective**

- *24b. NURSE ONLY - Do you bill your LPN skilled nursing hours?*
    - LPN billing: Yes=30 (93.75%), No=1 (3.13%), Unsure=1 (3.13%)

**Summary of Observations/Notes – Caregiver Perspective – LPN Training**

1. Nurses provide hands-on training, written materials, and return-demonstration competency checks.
2. Staff receive instruction on vital health tasks: BP checks, skin integrity, seizures, nutrition, wound care, G-tube care, modified diets, transfers, and DME use.
3. Individuals may manage some care independently (blood glucose, BP, insulin) with nurses reinforcing compliance.
4. RN oversees health needs, updates protocols, and provides initial, follow-up, and as-needed training; LPN supports with assessments, medication reviews, and refresher training.
5. Training materials, notes, logs, and protocols are stored in binders for staff reference.
6. Nursing hours can be flexed based on illness or changing needs.
7. Nursing staff are available for consultation and respond quickly to new care requirements.

Additional Questions:

- *26. Does the skilled nurse consult with the individual's PCP and other specialty providers regarding the individual's care?*
    - Yes=37 (88.10%), No=3 (7.14%), Unsure=2 (4.76%)
    - Across all 42 reviews; narrative responses to Question 26a describe routine contact, collaboration, follow-ups, and order clarifications

- *26a. Explain response to #26 here (Themes identified below)*
    - Nurses regularly communicate with PCPs and specialists to coordinate care, clarify orders, and address medication or treatment changes.
    - Consultation occurs through calls, messages, health portals, home visits, and appointment attendance (by RN or LPN).
    - Nurses seek provider input for order renewals, PRN clarification, medication issues, lab results, and diagnostic follow-up.
    - LPNs and RNs collaborate to ensure accurate treatments, manage supplies (e.g., CGM sensors), and keep staff updated on changes.
    - Some providers show limited involvement, with consultation occurring only for signatures or handled mainly by sponsored providers.

  - Training materials and protocols are often updated using guidance from PCPs, specialists, pharmacies, and OIH resources.

- *26b. NURSE ONLY - Do you consult with the individual's PCP and other specialty providers regarding the individual's care?*
  - Yes=36 (85.71%), No=3 (7.14%), Unsure=3(7.14%)
  - Across all 42 reviews; narrative responses to Question 26c describe detailed examples below.
- *26c. NURSE ONLY – Explain response to #26b here (Themes identified below)*
  - Many nurses report regular communication with PCPs and specialists to coordinate treatment, clarify orders, and update care plans.
  - Consultation occurs through appointment attendance, phone calls, electronic health portals, home visits, and follow-up after hospital discharges.
  - Nurses often consult for medication changes, renewed orders, PRN clarification, lab results, and diagnostic follow-up.
  - LPNs frequently collaborate with wound care specialists, pharmacies, and physicians regarding supplies, sensors, and medication management.
  - Some providers note that consultation is limited, occurring mainly for care plan signatures or handled by the sponsored provider instead of the skilled nurse.
  - Nurses prepare for appointments, verify new orders, develop protocols, and request referrals as needed.
  - Several responses emphasize continuous collaboration across PCPs, specialists (e.g., endocrinology, gastroenterology, urology, pulmonology), and the care team when health issues arise.
- *27. Does the skilled nurse attend medical appointments with the individual?*
  - Nurse attends medical appointments from the Caregiver's perspective: Yes=28 (66.67%), No=14 (33.33%)

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

- *27c. NURSE ONLY -Explain response to #27b here*
  - Many skilled nurses do attend medical and specialist appointments, especially for individuals with complex medical needs.
  - Some skilled nurses attend all appointments; others attend only key or complex visits (e.g., endocrinology, wound care, specialty care).
  - In several settings, DSP staff or guardians attend appointments, with skilled nurse available by phone or for follow-up.
  - Some individuals receive in-home PCP visits, with skilled nurse present or involved as needed.
  - LPNs often attend wound care, annual physical, or specific specialty appointments, and collaborate with providers during or after visits.
  - Skilled nurses commonly prepare staff for appointments, provide consultation sheets, and clarify or verify orders afterward.
  - A few providers report limited skilled nursing attendance due to low staffing or minimal authorized hours.

  - Guardian or sponsored providers sometimes serve as the primary attendee, with skilled nurse coordinating care afterward.
  - Skilled nurses frequently engage in post-appointment communication to ensure recommendations, referrals, and new orders are implemented.

- *28. Is the skilled nurse accessible for consultation and intervention?*
  - Yes=41 (97.62%), No=1 (2.38%)

- *28a. If no to #28, why?*
  - LPN does not consult with PCP, but provider consults with PCP or will take individual to the ER.

- *28b. NURSE ONLY - Are you accessible for consultation and intervention?*
  - Yes=41 (97.62%), No=1 (2.38%)

- *28c. NURSE ONLY – If no to #28b, why??*
  - Coordinator unable to schedule a nurse.

- *29. Is the skilled nurse involved in the development of the individual's medical protocols?*
  - Yes=40 (95.24%), No=2 (4.76%)

- *29a. Are the protocols actively available?*
  - Protocols were actively available for 35 (83.33%) of the 42 reviews.

- *29b. Is the protocol up to date?*
  - Protocols were up to date for 26 (61.90%) of the 42 reviews.
  - Many reasons the protocols the protocols were not up to date were because they were not available on site, were outdated, not individualized/person-centered, need updates, had documentation gaps and/or some sites reported reliance on nursing knowledge rather than maintaining written protocols.

- *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 41 of the 42 individuals reviewed. 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. 35 (83.33%) of the 42 reviews had protocols available.

- *29db. NURSE ONLY - Is the protocol up to date?*
  - The nurse states that protocols are up to date for 29 (69.05%) of the 42 individuals reviewed.

- *29dc. Observations to medical protocol development – Nurses' perspective*

  - Protocols often require updates due to changes in medical status, new risks (e.g., pressure injuries, hypertension), or specialist recommendations such as SLP evaluations.
  - Some protocols are outdated, missing, or not person-centered, lacking individualized details or current parameters for staff guidance.
  - Agencies report actively revising and updating protocols, with nursing staff preparing new versions and awaiting signatures from PCPs or specialists.
  - Nurses—primarily RNs—develop protocols based on assessments, physician orders, and best-practice guidance, collaborating with LPNs, PCPs, and specialists when revisions are needed.
  - Protocol sets vary widely, with some individuals having comprehensive, person-centered protocols in WAMs, while others have gaps in areas such as seizure care, G-tube/fluid plans, constipation, dehydration, safe eating/choking, positioning, pain management, pressure injuries, and fall prevention.
  - In some cases, protocols exist but are duplicated, outdated, or not available on-site, limiting staff access during care.
  - Providers note the need for ongoing review, including annual updates, revision following hospitalizations, and ensuring current RN signatures.
  - Training accompanies protocol development, with staff educated on new or revised protocols to ensure proper implementation.

- *30. Does the skilled nurse review monitoring documentation (i.e., blood sugar logs, bowel monitoring, intake/output, etc.)?*
  - 40 (95.24%) of the 42 reviews indicated that the nurse reviews monitoring documentation. Typical logs that are monitored include blood sugar, blood pressure, wound care checklists, and competency checkoffs.

- *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 what is authorized and notated, is there adequate staffing per the authorized hours?*
  - *Yes=41 (97.6%), No=1 (2.38%)*

- *Based on your review, are the individual's Skilled Nursing needs being met?*
  - *Yes=41 (97.6%), No=1 (2.38%)*

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. Nursing Workforce & Service Authorization**

- Shortage of nurses experienced in waiver nursing and the IDD population.

- Limited staffing capacity (only one RN and one LPN statewide for some providers).
- Concerns about burnout due to high caseloads and extensive skilled needs.
- Authorization processes are difficult, slow, or unclear, with limited communication and short deadlines for submitting additional documentation.
- RN support is sometimes provided but not approved or not reimbursed, causing financial strain.
- Some individuals need increased nursing hours but have been denied or questioned during annual reviews.
- Occasional difficulty securing weekend nursing coverage.
- Agencies struggle to navigate service authorization "pends" with minimal information provided.

**2. Medical & Provider Access Barriers**

- Difficulty obtaining timely orders from PCPs and specialists.
- Problems finding specialists who will treat individuals with IDD (neuro providers, dental providers, sedation dentistry).
- Significant dental access barriers—multiple denials due to wheelchair needs, airway concerns, or Medicaid acceptance.
    - Challenges coordinating care after hospital discharges.

**3. DME & Equipment Barriers**

- Difficulty obtaining the correct equipment from DME vendors.
- Issues with wheelchair access at medical offices.

**4. Coordination & System Navigation Barriers**

- DSPs need additional training to safely support individuals.
- Challenges coordinating supports due to lapsed Medicaid or insurance complexities.
- Guardianship issues: Guardians lack knowledge or is unavailable due to their own health limitations.
- Lack of understanding of behavior support needs.

**5. Individual Needs**

- Individuals with complex health needs require more staff time, and providers feel additional 1:1 supports are needed but have been denied.
- Some individuals require specialized feeding, or therapeutic supports that providers have difficulty accessing.
- Limited resources for nursing coverage, especially in rural or underserved areas.

**6. No Reported Barriers**

- Several providers reported no current barriers, strong nursing support, or stable coverage.
- MCO.

The key opportunities identified above for improvement continue to center on simplifying and standardizing the service authorization process. As identified above, the service authorization process is often difficult to navigate, with unclear guidance, short turnaround times for submitting additional information, and inconsistent communication that leads to delays or denials in obtaining necessary nursing supports. Providers also stressed the shortage of waiver-experienced nurses, high caseloads, and difficulty recruiting nurses. Additionally, more consistent collaboration with DME vendors, the DBHDS MRE Team, and support coordinators can ensure individuals receive appropriate equipment and environmental modifications. Finally, expanding caregiver and DSP training, improving ISP updates, and increasing use of OIH and DBHDS resources represent key system improvements that can enhance safety, continuity of care, and quality of life for individuals served.

## Skilled Nursing Remediation Plans

A total of 42 of 43 reviews have had remediation plans dispersed since beginning the skilled nursing reviews. Twenty-seven reviews were completed in FY26. These 27 reviews have resulted in a total of 112 remediation plans generated at the time of this report. Of these 112 plans, all plans, aside from two, have been categorized and emailed for action.

*Table 37* below provides a breakdown of the categorized remediation plans by type.

*Table 37. – Skilled Nursing Remediation Plan Category*

| Remediation Plan Category | Count |
|---|---|
| (blank) | 2 |
| Adaptive Equipment | 11 |
| Additional Supports/Enhancements | 3 |
| Assessments/Evaluations | 29 |
| Behavioral Supports/Therapeutic Consultation | 2 |
| Dental | 6 |
| Documentation | 3 |
| Documentation/Med Consents | 4 |
| Documentation/Part V | 7 |
| Guardianship | 5 |
| Mobile Rehab Engineering | 3 |
| Nursing | 9 |
| Physical | 2 |
| Protocols | 24 |
| Psychotropic Meds | 2 |
| **Grand Total** | **112** |

**Two plans show (blank) as they need to be categorized*

Of the 112 recommended remediation plans distributed, 84 (75%) have been resolved. Resolutions included scheduling and completing appointments, updating documentation and protocols, completing assessments or evaluations, and repairing adaptive equipment. Additionally, six 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 26 (96.30%) of the 27 individuals are being met. The remediation plans to correct the issue for this individual have all been completed and the individual's needs are now being

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

Themes of the issues needing resolution included:

- Need to obtain referrals and/or schedule medical appointments such as ophthalmology, dental, sedation consults, psychiatry, sleep studies, and multiple specialists.
- Schedule overdue evaluations.
- Create or make revisions to existing protocols that are either outdated, not person-centered, or have missing parameters.
- Provider to ensure adequate nursing hours, advocate for increased LPN/RN support and justify service authorization.
- Ensure documentation consistently reflects required skilled nursing tasks, correct diagnoses, and intervention parameters.
- OT, PT, and SLP evaluations needed across various situations (communication, adaptive equipment, mobility, feeding).
- Collaborate with DBHDS MRE Team for assessments on positioning, transfers, safety, and equipment recommendations.
- Update ISP as necessary.
- Supported Decision-Making consultation where recommended appropriate.

# (PI44b) Ongoing Service Analyses - IMNR - Private Duty Nursing

DBHDS continues to initiate reviews for individuals with complex medical needs and those who are authorized for private duty nursing as identified in Term 44b of the Permanent Injunction. These reviews also include onsite visits, reviews of specific health care documentation, and a factual questionnaire administered by qualified nursing professionals to primary caregivers most familiar with the person's health care needs. The focus is to determine if an individual's medical and private duty nursing service needs are being met. DBHDS is addressing this by implementing the IMNR questionnaire.

## Private Duty Nursing IMNR Results

Results from the completed reviews are summarized below. All six individuals reviewed had a SIS score indicating they had complex medical needs as well as had an authorization for private duty nursing.

Region: As of August 2026, six reviews have been completed across all five regions. The regional breakdown is provided below in *Table 38*.

*Table 38 – Private Duty Nursing Review by Region*

| Region | Count |
|---|---|
| Region 1 | 1 |
| Region 3 | 3 |
| Region 4 | 1 |
| Region 5 | 1 |
| **Grand Total** | **6** |

Gender: The gender breakdown is below in *Table 39*.

*Table 39 – Private Duty Nursing Review by Gender*

| Gender | Count |
|---|---|
| Female | 3 |
| Male | 3 |
| **Grand Total** | **6** |

Age Range: The age range of six individuals reviewed is shown below in *Table 40*.

*Table 40 – Private Duty Nursing Review by Age Range*

| Age Range | Count |
|---|---|
| Under 22 | 2 |
| 23 - 30 | 2 |
| 41 - 50 | 1 |
| 51 - 60 | 1 |
| **Grand Total** | **6** |

Mobility Status: The mobility status of the six individuals is shown below *Table 41*.

*Table 41 – Private Duty Nursing Review by Mobility Status*

| Mobility Status | Count |
|---|---|
| Confined to bed | 2 |
| Total assistance with walking | 1 |
| Uses wheelchair | 3 |
| **Grand Total** | **6** |

Type of Residence: The Residency Type of the six individuals is shown below in *Table 42*.

*Table 42 – Private Duty Nursing Review by Residence Type*

| Residence Type | Count |
|---|---|
| Family run sponsored home | 1 |
| Own/family home | 5 |
| **Grand Total** | **6** |

Method of Communication: The Method of Communication of the six individuals is shown below in *Table 43*.

*Table 43 – Private Duty Nursing Review by Method of Communication*

| Method of Communication | Count |
|---|---|
| Communication device | 1 |
| Facial expressions | 2 |
| nonverbal | 1 |
| Spoken language, fully articulates without assistance | 1 |
| Vocalizations | 1 |
| Grand Total | 6 |

Health Indicator Checklist: *Table 44* below shows the number of individuals in the skilled nursing sample with each Health Indicator.

*Table 44 – Private Duty Nursing Review by Health Indicator Checklist*

| Health Indicator Checklist | Count | Percent of Occurrenc |
|---|---|---|
| Mobility | 6 | 100.00% |
| Constipation | 5 | 83.33% |
| Dysphagia | 5 | 83.33% |
| Major seizure disorder (if checked list date of most recent seizure) | 5 | 83.33% |
| Aspiration Pneumonia | 4 | 66.67% |
| Choking precautions | 3 | 50.00% |
| Suction required (if check, list type of suction required) | 3 | 50.00% |
| Tube feeding (if check, list type of tube feeding) | 3 | 50.00% |
| Dehydration | 2 | 33.33% |
| Difficulty maintaining or losing weight (not within BMI range) | 2 | 33.33% |
| Tracheostomy | 2 | 33.33% |
| Ventilator | 2 | 33.33% |
| Pressure injury/skin breakdown | 1 | 16.67% |
| Sepsis | 1 | 16.67% |

Physical and Dental Exam within 14 months: Of the six individuals pulled from the private duty nursing sample, all six (100%) individuals have received a physical examination within the past 14 months. Additionally, four individuals (66.67%) have undergone an annual dental examination during the same period. See *Table 45* below.

*Table 45 – Private Duty Nursing Review by Annual Dental Exam*

| Annual Dental Exam | Count | Percent |
|---|---|---|
| No | 2 | 33.33% |
| Yes | 4 | 66.67% |
| Grand Total | 6 | 100.00% |

## Complex Medical/Private Duty Nursing Remediation Plans

All six reviews have had remediation plans dispersed. These six reviews have resulted in a total of 21 remediation plans generated at the time of this report. Of these 21 plans, all plans, aside from three, have been categorized and emailed for action.

*Table 46* below provides a breakdown of the categorized remediation plans by type.

*Table 46 – Private Duty Nursing Remediation Plan Category*

| Remediation Plan Category | Count |
|---|---|
| (blank) | 3 |
| Adaptive Equipment | 1 |
| Additional Supports/Enhanceme | 1 |
| Assessments/Evaluations | 7 |
| Dental | 1 |
| Environmental Modifications | 1 |
| Nursing | 4 |
| Protocols | 3 |
| **Grand Total** | **21** |

**Three plans show (blank) as they need to be categorized*

Of the 21 recommended remediation plans distributed, seven (33.33%) have been resolved. One review, while needing remediation plans for resolution, also included a commendation to the nursing provider for being an exceptional advocate for ensuring the individual's needs are met. The family spoke incredibly highly of the nursing services provided and expressed appreciation for the provider's ongoing support and dedication.

Themes of the issues needing resolution included:

- Need to request increased nursing hours as supported by updated clinical documentation.
- Gaps identified in nursing scope.
- Work with the RNCC to assist with authorization and coordination of needed skilled nursing services.
- Revisions to protocols that are either outdated, not person-centered, or have missing parameters.
- Need to obtain referrals and/or schedule medical appointments such as ophthalmology, dental, sedation consults, and multiple specialists.
- Evaluations by PT and/or OT for adaptive supports.
- Request for safety assessments by the OIH MRE Team around various equipment.
- Update or maintain documentation around various logs and notes.

The RNCC reviewers continue to follow up on the open remediation plans to ensure follow through to completion.

# (PI44b) Ongoing Service Analyses - IMNR – Adaptive Support

DBHDS began to implement reviews for individuals with adaptive support needs as identified in Term 44b of the Permanent Injunction. These reviews also include onsite visits, reviews of specific health care documentation, and a factual questionnaire administered by qualified nursing professionals to primary caregivers most familiar with the person's health care needs. The focus is to determine if an individual's medical and private duty nursing service needs are being met. DBHDS is addressing this by implementing the

IMNR questionnaire as well as a supplemental questionnaire around adaptive support needs. This was a pilot as DBHDS prepared for reviews with the ISR Nurses around adaptive support needs in the 29th Study Period.

## Adaptive Support 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: In FY26, ten reviews have been completed. The regional breakdown is provided below in *Table 47*.

*Table 47 – Adaptive Support Review by Region*

| Region | Count |
|---|---|
| Region 1 | 3 |
| Region 3 | 4 |
| Region 5 | 3 |
| Grand Total | 10 |

Gender: The gender breakdown is below in *Table 48*.

*Table 48 – Adaptive Support Review by Gender*

| Gender | Count |
|---|---|
| Female | 5 |
| Male | 5 |
| Grand Total | 10 |

Age Range: The age range of ten individuals reviewed is shown below in *Table 49*.

*Table 49 – Adaptive Support Review by Age Range*

| Age Range | Count |
|---|---|
| Under 22 | 1 |
| 23 - 30 | 4 |
| 31 - 40 | 2 |
| 51 - 60 | 1 |
| 61 - 70 | 2 |
| Grand Total | 10 |

Mobility Status: The mobility status of the ten individuals is shown below *Table 50*.

*Table 50 – Adaptive Support Review by Mobility Status*

| Mobility Status | Count |
|---|---|
| Uses wheelchair | 5 |
| Walks with support | 4 |
| Walks without support | 1 |
| Grand Total | 10 |

Type of Residence: The Residency Type of the six individuals is shown below in *Table 51*.

*Table 51 – Adaptive Support Review by Residence Type*

| Type of Residence | Count |
|---|---|
| Group home - 4 or fewer | 2 |
| Own/family home | 4 |
| Sponsored home | 4 |
| Grand Total | 10 |

Method of Communication: The Method of Communication of the six individuals is shown below in *Table 52*.

*Table 52 – Private Duty Nursing Review by Method of Communication*

| Method of Communication | Count |
|---|---|
| Gestures | 3 |
| Limited spoken language, needs some staff support | 2 |
| Vocalizations | 5 |
| Grand Total | 10 |

Health Indicator Checklist: *Table 53* below shows the number of individuals in the skilled nursing sample with each Health Indicator.

*Table 53 – Adaptive Needs Review by Health Indicator Checklist*

| Health Indicator Checklist | Count | Percent of Occurrence |
|---|---|---|
| Constipation | 8 | 80% |
| Mobility | 8 | 80% |
| Major seizure disorder (if checked list date of most recent seizure) | 6 | 60% |
| Choking precautions | 6 | 60% |
| Dysphagia | 5 | 50% |
| Dehydration | 4 | 40% |
| PICA | 3 | 30% |
| Suction required (if check, list type of suction required) | 2 | 20% |
| Tube feeding (if check, list type of tube feeding) | 2 | 20% |
| Bowel Elimination Problems - colostomy, ileostomy | 1 | 10% |
| Aspiration Pneumonia | 1 | 10% |
| Falls without injury (2 or more a month) | 1 | 10% |
| Chronic pain | 1 | 10% |

Physical and Dental Exam within 14 months: Of the ten individuals pulled from the adaptive needs sample, all ten (100%) individuals have received a physical examination within the past 14 months. Additionally, eight individuals (80%) have undergone an annual dental examination during the same period. See *Table 54* below.

*Table 54 – Adaptive Needs Review by Annual Dental Exam*

| Annual Dental Exam | Count | Percent |
|---|---|---|
| No | 2 | 20.00% |
| Yes | 8 | 80.00% |
| Grand Total | 10 | 100.00% |

## Adaptive Support Needs Remediation Plans

All ten reviews have had remediation plans dispersed, if necessary. One review did not warrant any remediation plans. These ten reviews resulted in a total of 25 remediation plans generated at the time of this report. Of these 25 plans, all plans, aside from three, have been categorized and emailed for action.

*Table 55* below provides a breakdown of the categorized remediation plans by type.

*Table 55 – Adaptive Support Needs Remediation Plan Category*

| Remediation Plan Category | Count |
|---|---|
| (blank) | 1 |
| Adaptive Equipment | 3 |
| Additional Supports/Enhancements | 3 |
| Assessments/Evaluations | 8 |
| Behavioral Supports/Therapeutic Consultation | 1 |
| Commendations | 1 |
| Dental | 2 |
| Documentation/Part V | 2 |
| Educational/Other DBHDS Resources | 2 |
| Nursing | 1 |
| Protocols | 1 |
| **Grand Total** | **25** |

**One plan shows (blank) as they need to be categorized*

Of the 25 recommended remediation plans distributed, ten (40%) have been resolved. One review did not warrant a remediation plan and was sent a commendation for their supports and meeting the needs of the individual.

Themes of the issues needing resolution included:

- Discussion regarding individual's interest in using a communication device.
- OT, PT, and SLP evaluations needed across various situations (communication, adaptive equipment, mobility, feeding).
- Coordinate with DME companies to evaluate, obtain orders and coordinate for new equipment.
- Collaborate with DBHDS MRE Team for assessments on positioning, transfers, safety, and equipment recommendations.
- Request for safety assessments by the OIH MRE Team around various equipment.
- Discussion around pharmacy needs and establishing clearer medication processes.
- Initiate a Functional Behavioral Assessment (FBA) and behavior plan, as needed.
- Need to obtain referrals and/or schedule medical appointments such as ophthalmology, dental, sedation consults, and multiple specialists.
- Request a PASRR Level 1.
- Revisions to protocols that are either outdated, not person-centered, or have missing parameters.
- Consult with OIH Nursing Team to revise documentation to increase LPN hours and support submission of nursing authorization.

The RNCC reviewers continue to follow up on the open remediation plans to ensure follow through to completion.

# IMNR Identified Issues

DBHDS identified issues as a result of IMNR reviews across skilled nursing, complex behavioral, health, and adaptive support needs. The themes identified across all reviews that took place in FY26 are highlighted below.

- Frequent need for scheduling or coordinating appointments such as ophthalmology, optometry, dental, psychiatry, neurology, GI, endocrinology, sleep studies, urology, sedation consults, nutrition evaluations, etc.
- Need for evaluations for SLP, PT, OT, behavioral therapy, ABA, etc.
- Protocols that are outdated, missing, not person-centered, not detailed, or missing entirely.
- Inconsistent or incomplete nursing documentation.
- Inaccurate diagnoses reflected in plans.
- Referrals to DBHDS MRE Team for repairs, positioning, transfers, pressure mapping, bathroom evaluations, and safety assessments.
- Coordination with DME companies needed for orders, evaluations, and replacements.
- Necessary updates to ISP.
- Behavioral consultation needed or need to explore counseling, talk therapy, BCBA supports, and specialized psychiatric care.

# Nursing Provider Database Project

DBHDS has continued the process of building a Nursing Provider Database of nursing service organizations providing DD Waiver nursing services. DBHDS released the database to be utilized internally by Registered Nurse Care Consultants (RNCC), All Developmental Services Directors, Community Resource Consultants (CRC), and Community Integration Manager. The Nursing Provider Database is located in Microsoft Teams with the DBHDS-Developmental Services Team. The channel's name is Nursing Provider Database. There you can find instructions for utilizing the database, the database, and a survey to capture feedback around the database. The work completed to date gathered nursing providers that were authorized for a DD Waiver nursing service 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 with the FY25 data. This is important because the DD Waiver Nursing Manual states that state plan home health nursing services should be exhausted prior to requesting authorization for DD Waiver Nursing. The following is the source for these agencies https://data.cms.gov/provider-data/dataset/6jpm-sxkc Providers that were authorized for a service in FY26 will be added in Q2 of FY27. An external database has also been developed and should be uploaded to the DBHDS OIH website by October 15, 2026.

In FY25, a total of 339 nursing services providers were identified across the Commonwealth, including Home Health Care agencies. Because many nursing providers operate in multiple jurisdictions, obtaining an exact regional count remains challenging. To address this, regions are assigned using a crosswalk database that matches provider zip codes to health planning regions. This database is continuously updated and refined, and an internal feedback survey is used to improve provider records and enhance the accuracy of regional assignments. Based on its most current data, the database reflects the following distribution of providers across health planning regions:

- Region 1 = 50
- Region 2 = 136
- Region 3 = 56
- Region 4 = 55
- Region 5 = 42

# 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

For the 29th Study Period, data was pulled for all individuals who ISP began in FY26 (July 1, 2025 – June 30, 2026), totaling 12,962 ISPs initiated during that period.

*Table 56* with the results of this question are below:

*Table 56 – Are Waiver Nursing Services Needed?*

| Are Waiver Nursing Services Needed? | 29th Study (7/1/25 - 6/30/25) Individual Count |
|---|---|
| A: Yes, referral to be completed within 30 days of ISP | 19 |
| B: Yes, referral(s) already completed and waiting to start services | 20 |
| C: Yes, and the person is connected to this service already | 177 |
| D: Yes, there are needs but individual/SDM declined referral | 27 |
| E: No, needs are addressed by other supports (e.g. ABA, psychology) | 211 |
| F: No, needs do not require these services | 12511 |
| **Total** | **12962** |

Based on these results of individuals with ISP Start Dates between July 1, 2025 – June 30, 2026, 12,511 (96.52%) individuals identified that the individual's needs do not require these services. Additionally, 211 (1.63%) individuals with ISP Start Dates between July 1, 2025 – June 30, 2026, are getting needs addressed by other supports.

From July 1, 2025 – June 30, 2026, there was a total of 315 individuals that identified Waiver Nursing Services were needed. The breakdown of those results is below in *Table 57*.

*Table 57 – Needed Waiver Nursing Services*

| Are Waiver Nursing Services Needed? | Distinct Count | Distinct Count % |
|---|---|---|
| **A: Yes, referral to be completed within 30 days of ISP** | 19 | 7.82% |
| **B: Yes, referral(s) already completed and waiting to start services** | 20 | 8.23% |
| **C: Yes, and the person is connected to this service already** | 177 | 72.84% |
| **D: Yes, there are needs but individual/SDM declined referral** | 27 | 11.11% |
| **Grand Total** | **243** | **100.00%** |

Of the 243 individuals that identified there was a waiver nursing need, 177 individuals (2.84%) identified that they are already connected to a service. Nineteen individuals were identified as needing services and a referral was to be completed within 30 days of the ISP. Also, 20 individuals were identified as needing services, a referral was completed, and they are waiting to start services. There were 27 individuals declined a referral. A deeper dive into those individuals is below.

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

It was identified that 19 individuals (7.82%) need nursing services, and that the referral would be completed within 30 days of the ISP. Of the 19 individuals identified, four (21%) individuals have authorized nursing services. Fifteen individuals do not have authorized nursing services. Of the 15 individuals, two individuals are in region 1, five individuals in region 2, one individual in region 1, and four individuals in region 4 and region 5. Additionally, seven of the 13 individuals live in a family home while five individuals live in a group home, one lives in a Sponsored Home and two live independently.

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

It was identified that 20 individuals (8.23%) need nursing services and that a referral has been completed, and they are waiting to start services. Twelve of 20 individuals had authorizations for nursing services in FY26.

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

It was identified that 27 individuals (11.11%) would benefit from Waiver Nursing Services, but the individual or Surrogate Decision Maker declined the referral.

# Nursing Workplan

As stated in the Permanent Injunction under Term 38 – Private Duty Nursing, the Commonwealth will take the following actions. Actions *a) – c)* are either ongoing or complete.

*d) Within six months of the date of this Order, in consultation with the five DBHDS Registered Nurse Care Consultants, the Commonwealth will:*

i. *Identify which CSB catchment areas in each Region have the highest nursing shortages for this target population based on objective criteria and data, including how many individuals with private duty nursing receive 80% of their hours;*
ii. *Identify the top three barriers to individuals accessing nursing services in each region based on objective data, including stakeholder data and state and national workforce data and research;*
iii. *Develop a work plan to resolve those barriers that includes measurable goals, specific support activities, and timelines for implementation; and*
iv. *Include the barriers and efforts to resolve them, as well as the factual basis for those barriers and efforts, and results achieved in the semi-annual nursing report that is posted in the Library.*

## Data, Actions, Barriers, and outcomes by Region are below:

### Region 1:

- **FY26 Total Authorization Percentage to include PDN and SN**
  - 61.11%
  - Represents an increase of 6.37% since FY25

- **FY26 bottom two CSBs by PDN authorization (*Term 38 d.i.*)**
  - Alleghany Highlands CSB
  - Harrisonburg-Rockingham CSB

- **The goal was to increase 5% or the equivalent of one DD Waiver Nursing Provider in Region 1 in FY26 over baseline from FY24. (MET)** NOTE: *The statewide increase in DD Waiver Nursing Providers was 17% representing a total of 36 new providers billing for the service.*
    - FY24 – 20 DD Waiver Nursing Providers
    - FY26 – 21 DD Waiver Nursing Providers

- **FY26 Technical Assistance**
    - FY 26 – 3 DD Waiver Nursing Providers were referred from the Service Authorization RN to receive technical assistance (education / training / individualized support) around their nursing requests for authorization that were pended for additional details and justification for nursing care to allow for approval of nursing hours. The three focused on PDN hours.
    - FY 26 – One provider received technical assistance around the application process for FY27 Jump Start Funding opportunities.

## Barriers/Action:

- **Lack of Training**
    - Regional Nursing meetings offering CEUs and general education about IDD from the OIHNS RNCCs.; Virtual training schedule on a variety of nursing specific and general health and safety topics; 1:1 consultation specific to individual or specific health and safety concerns.
        - CEU topics covered in FY26 included:
            - July 2025 When and How to Order a New Wheelchair, the processes and IDD
            - August 2025 Wheelchair and Seating Assessments, Considerations and IDD
            - September 2025 Wheelchair Safety & Maintenance and IDD
            - October 2025 “The My Care Passport” Advocacy and IDD
            - November 2025 Falls and IDD
            - January 2026 Annual Healthcare Visits and IDD
            - February 2026 Heart Disease and IDD
            - March 2026 Wheelchair Transitions, Transportation and IDD
            - April 2026 Healthcare Advocacy and IDD
            - May 2026 Urinary Tract Infections and IDD
        - Nursing Specific and General Training Topics in FY26 included:
            - Falls
            - Pressure Injuries
            - Urinary Tract Infections
            - Seizures
            - Fatal Seven Part 1 & 2
            - Nutrition Part 1 & 2
            - Dysphagia and Modified Diets
            - Diabetes Part 1 & 2

- **Limited Agencies providing service**
    - From FY24 to FY 26 Region 1 experienced a 5% increase in DD Waiver Nursing Providers or the equivalent of one new provider actively billing for the service. The statewide increase in DD Waiver Nursing Providers was 17% representing a total of 36 new providers.
    - Identify training resources for Waiver SN / PDN Authorization. Identify training resources for Nurses about IDD.
        - Continue the OIHNS monthly regional community nursing meetings to provide opportunities for nurses caring for people with DD to network, ask questions and obtain CEUs and general education about IDD from the OIHNS RNCCs.
        - Rutgers University School of Social Work in NJ has a DD certification that RNs can complete. Four of the OIHNS RNCCs are completing this program which will help to inform the development of future training. LINK: https://socialwork.rutgers.edu/
        - Saint John Fisher University, Golisano Institute for Developmental Disability Nursing (NY). This is the most comprehensive, structured training resource specifically designed for DD/IDD nursing. It is an ANCC-accredited continuing education module (e.g., Pain Assessment, Behavioral Health, Communication) and a full certificate program. Features the Golisano Fellowship—a 12-month leadership development program in IDD nursing. LINK: https://www.sjf.edu/institutes/golisano-institute
        - Developmental Disabilities Nurses Association (DDNA) Certification Pathway
        - University of Southern California (USC) UCEDD – Offers a free, virtual Certificate in I/DD Nursing for Nurses.
          LINK: https://uscucedd.org/projects/virtual-certificate-i/dd-training-program-for-nurses
        - While not a training program, DDNA offers certification for nurses who have: An RN license and at least 2 years of experience working with individuals with developmental or intellectual disabilities. NOTE: Content has not been updated in 15+ years.
          LINK: https://ddna.org/
          New York State ID/DD Nurses Association (NYSIDDDNA)
          LINK: https://www.nysidddna.org
        - Other Online learning and CEU Options:
            - IntellectAbility – "Curriculum in IDD Healthcare eLearn" that covers six modules (IDD basics, healthcare fundamentals, behavior, etc.) and offers 5 CME / 6 CEU credits for nurses, with cross-disciplinary relevance.
              LINK: https://replacingrisk.com/curriculum-in-idd-healthcare-elearn-2/
        - Net CE – "Caring for the Adult with Developmental Disability" which is a self-study course offering 5 ANCC contact hours (plus pharmacology CE) that focuses on aging, quality care, and ethics.
          LINK: https://www.netce.com/course/overview/caring-for-the-adult-with-developmental-disability/36645/3125
        - UPMC Center for Continuing Education – "Meeting the Needs of Patients with IDD" an online enduring activity providing 1 ANCC contact hour, designed for interprofessional teams including nurses.

LINK: https://cce.upmc.com/164942-meeting-needs-patients-intellectual-developmental-disabilities-enduring

- **Limited access due to perceived risks of denial of authorization**
    - Providing technical assistance to help DBHDS licensed providers and Home Health companies add DD Waiver Nursing.
        - OIHNS RNCCs provide technical assistance when referred by the Service Authorization Nurse to providers with nursing authorizations that have been pended due to needs for improved documentation or expanded justification to reduce the risk of denial.
        - Providing technical assistance to help DBHDS licensed providers and Home Health companies add DD Waiver Nursing and developed the skilled nursing part V required in the individual's Individual Service Plan (ISP).
        - The Office of Waiver Operations developed a training / resource slide deck on the SA process for all DD Waiver services. The section on DD Waiver Nursing was approved by DMAS in FY27Q1, will be added to the OIHNS 2027 SN / PDN Training that fully explains the services and allowable activities under both SN and PDN. The 2027 training is planned to be offered collaboratively on a regular monthly cadence by OIHNS RNCCs and the Service Authorization Nurse beginning in January 2027 (FY27Q3).
        - 8/10/2026 Director of Waiver Operations presented to the August Regional Community Nursing Meeting statewide virtual meeting to explain the DD Waiver Nursing authorization process and the implementation of the improved 7 day turn around for authorization approval.

## Region 2:

- **FY26 Total Authorization Percentage to include PDN and SN**
    - 87.06%
    - Decrease of .44% from FY25
- **FY26 bottom two CSBs by PDN authorization (*Term 38 d.i.*)**
    - Alexandria CSB
    - Arlington County CSB
- **The goal was to increase 5% or the equivalent of four DD Waiver Nursing Provider in FY26 over baseline from FY24. (MET)** NOTE: *The statewide increase in DD Waiver Nursing Providers was 17% representing a total of 36 new providers billing for the service.*
    - FY24 – 81 DD Waiver Nursing Providers
    - FY26 – 92 DD Waiver Nursing Providers
- **FY26 Technical Assistance**
    - FY 26 – 18 DD Waiver Nursing Providers were referred from the Service Authorization RN to receive technical assistance (education / training / individualized support) around their nursing requests for authorization that were pended for additional details and justification for nursing

care to allow for approval of nursing hours. Sixteen focused on PDN hours, one SN and one PDN / SN.

- FY 26 – One provider received technical assistance around the application process for process for FY27 Jump Start Funding opportunities and an additional were four providers actively exploring utilization of this targeted funding opportunity.

## Barriers/Action:

- **Don't understand the service**
  - Continue the OIHNS monthly regional community nursing meetings to provide opportunities for nurses caring for people with DD to build understanding about the DD waiver Nursing Service, network with the OIHNS RNCCs, meet the Regional Nurse Leader (a community nurse volunteer), ask questions and arrange for 1:1 technical assistance.
  - Continue to provide 1:1 technical assistance upon request to help providers build understanding of the service.
  - The OIHNS SN / PDN Training fully explains the services and allowable activities under both SN and PDN. The updated training will include slides developed by the Office of Waiver Operations on the SA process for all DD Waiver services. The section on DD Waiver Nursing was approved by DMAS in FY27Q1, will be added to the OIHNS 2027 updated training that is planned to be offered collaboratively on a regular monthly cadence by OIHNS RNCCs and the Service Authorization Nurse beginning in January 2027 (FY27Q3).
  - The OIHNS Nurses developed training focused on an overview of health and safety concerns affecting individuals with Intellectual and Developmental Disabilities (IDD) for Support Coordinators which can contribute to the foundation of knowledge and understanding what needs can be met with nursing support and the DD Waiver Nursing service. This training was delivered virtually across the Commonwealth on following dates in FY26: 9/30/25; 11/18/25; 1/6/2026; 4/16/2026 and in FY27 Q1 on 8/11/2026.

- **Don't understand JumpStart funding**
  - The OIHNS SN / PDN Training fully explains the services and allowable activities under both SN and PDN. This includes the possibility of utilizing the Jump Start Funding program if expanding into an underserved area. The updated training will include slides developed by the Office of Waiver Operations on the SA process and approved by DMAS in FY27Q1. The Training that is planned to be offered collaboratively on a regular monthly cadence by OIHNS RNCCs and the Service Authorization Nurse beginning in January 2027 (FY27Q3).
  - OIHNS created a tri-fold brochure with basic information on the DD Waiver Nursing services that includes Jump Start Funding to be shared at meetings and conferences such as OIHNS Regional Nursing meetings, the Rural Health Conference, and other community events.

  - Tri Fold brochure is shared during 1:1 technical assistance around DD waiver Nursing plans, meetings and conferences such as OIHNS Regional Nursing meetings, the Rural Health Conference, and other community events alongside other OIHNS team brochures as appropriate.
  - OIHNS mailed brochure and introduction letter to 224 Home Care Agencies and the 139 DD Waiver Nursing providers who billed in FY25 for a total of 363 nursing providers across the Commonwealth. Because Nursing providers often serve multiple regions a broad approach was taken. As of August 2026, there were four providers in Region 2 actively exploring utilization of this targeted funding opportunity.

- **Unaware of Group Homes**
  - Identify existing resources that explain DD waiver Group Home.
  - Continue the OIHNS monthly regional community nursing meetings to provide opportunities for nurses caring for people with DD to build understanding about the DD waiver Nursing Service, network with the OIHNS RNCCs, meet the Regional Nurse Leader (a community nurse volunteer), ask questions and arrange for 1:1 technical assistance.
  - Continue to provide 1:1 technical assistance upon request to help providers build understanding of the service, encourage access to the "My Life My Community" website and share the OIHNS DD "Waiver Tip Sheet" as a resource to simplify the complexity of the waivers increase understanding of the services available.

## Region 3:

- FY26 Total Authorization Percentage to include PDN and SN
  - 70.15%
  - Increase of 25.03% from FY25
- FY26 bottom two CSBs by PDN authorization (*Term 38 d.i.*)
  - Cumberland Mountain CSB
  - New River Valley CSB

- The goal was to increase 5% or the equivalent of one DD Waiver Nursing Provider in FY26 over baseline from FY24. **(NOT MET –** Technical Assistance activities are actively addressing this metric**)** NOTE*: The statewide increase in DD Waiver Nursing Providers was 17% representing a total of 36 new providers billing for the service.*
  - FY24 – 15 DD Waiver Nursing Providers
  - FY26 – 15 DD Waiver Nursing Providers

- **FY26 Technical Assistance**
  - FY 26 – 1 DD Waiver Nursing Providers were referred from the Service Authorization RN to receive technical assistance (education / training / individualized supports) around their nursing requests for authorization that were pended for additional details and justification for nursing care to allow for approval of nursing hours. The one case focused on PDN hours.

- FY 26 – 2 DD DBHDS licensed providers who received technical assistance added DD Waiver Nursing as a new service to their NPI and are exploring the possibility of Jump Start Funding for further growth potential. The utilization will be captured in FY27 billing data establishing them as new DD Waiver Providers.

## Barriers/Action:

- **No incentives**
  - Rate Study Implementation and review of other incentives
    - Increase salaries: DMAS commissioned a comprehensive rate study in 2025 RE: reimbursement rates for DD Waiver services. The study was designed to:
      - Assessing adequacy of current DD Waiver rates for provider capacity, service quality, and compliance with the federal court injunction.
      - Develop benchmark rates reflecting true cost of delivering high-quality services.
      - Engage stakeholders, including providers, advocacy groups, individuals with disabilities, families, and state agencies—mirroring prior expectations
      - July 1, 2025, DD Waiver rates increased by 2% for Personal Care, Respite, Companion. While approving a 3% across a wide range of services, including:
        - Group Residential (Group Home, Sponsored, Supported Living)
        - Independent/In-Home Supports, Community Engagement/Coaching, Therapeutic Consultation
        - Private Duty Nursing & Skilled Nursing
        - Group Day Support, Supported Employment, Workplace Assistance, Community Guide, Benefits Planning.
      - Virginia did not commission a new DD Waiver rate study in 2026. The 2026 rate updates derive from and implement findings from the October 2025 study, satisfying biennial injunction requirements

- Other Initiatives center on strengthening the overall nursing pipeline, these incentives benefit providers serving individuals with DD.
  - Virginia State Loan Repayment Programs - Virginia offers loan repayment awards to attract nurses to underserved communities. These programs help repay educational loans for licensed health professionals working in shortage areas.
  - On March 31, 2026, Governor Spanberger signed bipartisan legislation as part of her *Affordable Virginia Agenda*, to create the VNWC and streamline grant funding that had not previously been reaching prospective students due to unnecessary red tape and continue to address the shortage of 17,000 registered nurses in Virginia reported in 2025.
  - The Virginia Nursing Workforce Center (VNWC) is offering a Nurse Preceptor Incentive Program (NPIP) to provide financial rewards at fixed milestones for licensed clinicians (RN, LPN, APRN, PA, MD/DO) who precept nursing students.

    - On October 8, 2026, Governor Spanberger announced on that the Virginia Nursing Workforce Center total funding for scholarships will top nearly $1.3 million supporting approximately 350 prospective nursing students statewide.
    - Mary Marshall Nursing Scholarships for LPNs and RNs: typically, $1,000–$2,000, offered for 2026 cycle.

- **Unaware of JumpStart funding**
    - OIHNS created Tri Fold brochure on Jump Start Funding focused on Nursing Services
    - OIHNS mailed brochure and introduction letter to 224 Home Care Agencies and the 139 DD Waiver Nursing providers who billed in FY25 for a total of 363 nursing providers across the Commonwealth. Because Nursing providers often serve multiple regions a broad approach was taken. As of August 2026, there were two providers considering utilization of this targeted funding opportunity.
    - Tri Fold brochure is shared during 1:1 technical assistance around DD waiver Nursing plans, meetings and conferences such as OIHNS Regional Nursing meetings, the Rural Health Conference, and other community events alongside other OIHNS team brochures as appropriate.
    - The OIHNS SN / PDN Training that fully explains the services and allowable activities under both SN and follow-up include the possibility of utilizing the Jump Start Funding program if expanding into an underserved area. The updated training will include slides developed by the Office of Waiver Operations on the SA process and approved by DMAS in FY27Q1. The Training that is planned to be offered collaboratively on a regular monthly cadence by OIHNS RNCCs and the Service Authorization Nurse beginning in January 2027 (FY27Q3).

- **Don't know about DD Waiver**
    - Identify existing resources that explain DD Waivers.
    - Continue the OIHNS monthly regional community nursing meetings to provide opportunities for nurses caring for people with DD to build understanding about the DD waiver Nursing Service, network with the OIHNS RNCCs, meet the Regional Nurse Leader (a community nurse volunteer), ask questions and arrange for 1:1 technical assistance.
    - Continue to provide 1:1 technical assistance upon request to help providers build understanding of the service, encourage access to the "My Life My Community" website and share the OIHNS DD "Waiver Tip Sheet" as a resource to simplify the complexity of the waivers increase understanding of the services available.

## Region 4:

- FY26 Total Authorization Percentage to include PDN and SN
    - 87.07%
    - Increase of 7.07% from FY25
- FY26 bottom two CSBs by PDN authorization (*Term 38 d.i.*)
    - District 19 CSB
    - Hanover County CSB

- The goal was to increase 5% or the equivalent of one DD Waiver Nursing Provider in FY26 over baseline from FY24. **(MET)** NOTE: *The statewide increase in DD Waiver Nursing Providers was 17% representing a total of 36 new providers billing for the service.*
    - FY24 – 24 DD Waiver Nursing Providers
    - FY26 – 43 DD Waiver Nursing Providers

- **FY26 Technical Assistance**
    - FY 26 – 10 DD Waiver Nursing Providers were referred from the Service Authorization RN to receive technical assistance (education / training / individualized support) around their nursing requests for authorization that were pended for additional details and justification for nursing care to allow for approval of nursing hours. Eight focused on PDN hours and 2 SN.
    - FY 26 – Five providers received technical assistance around the application process for process for FY27 Jump Start Funding opportunities. One application is currently in process to be approved.

## Barriers/Action:

- **Lack of DD Training**
    - Continue the OIHNS monthly regional community nursing meetings to provide opportunities for nurses caring for people with DD to network, ask questions and obtain CEUs and general education about IDD from the OIHNS RNCCs.
    - Gather and share as requested opportunities for DD specific training such as:
        - Rutgers University School of Social Work in NJ has a DD certification that RNs can complete. Four of the OIHNS RNCCs are completing this program which will help to inform the development of future training. LINK: https://socialwork.rutgers.edu/
        - Saint John Fisher University, Golisano Institute for Developmental Disability Nursing (NY). This is the most comprehensive, structured training resource specifically designed for DD/IDD nursing. It is an ANCC-accredited continuing education module (e.g., Pain Assessment, Behavioral Health, Communication) and a full certificate program. Features the Golisano Fellowship—a 12-month leadership development program in IDD nursing. LINK: https://www.sjf.edu/institutes/golisano-institute
        - Developmental Disabilities Nurses Association (DDNA) Certification Pathway
        - University of Southern California (USC) UCEDD – Offers a free, virtual Certificate in I/DD Nursing for Nurses. LINK: https://uscucedd.org/projects/virtual-certificate-i/dd-training-program-for-nurses
        - Developmental Disability Nursing Association (DDNA) offers certification for nurses who have: An RN license and at least 2 years of experience working with individuals

with developmental or intellectual disabilities. NOTE: Content has not been updated in 15+ years. LINK: https://ddna.org/

- New York State ID/DD Nurses Association (NYSIDDDNA) LINK: https://www.nysidddna.org

- Other Online learning and CEU Options:
  - IntellectAbility – "Curriculum in IDD Healthcare eLearn" that covers six modules (IDD basics, healthcare fundamentals, behavior, etc.) and offers 5 CME / 6 CEU credits for nurses, with cross-disciplinary relevance. LINK: https://replacingrisk.com/curriculum-in-idd-healthcare-elearn-2/
  - Net CE – "Caring for the Adult with Developmental Disability" which is a self-study course offering 5 ANCC contact hours (plus pharmacology CE) that focuses on aging, quality care, and ethics. LINK: https://www.netce.com/course/overview/caring-for-the-adult-with-developmental-disability/36645/3125
  - UPMC Center for Continuing Education – "Meeting the Needs of Patients with IDD" an online enduring activity providing 1 ANCC contact hour, designed for interprofessional teams including nurses. LINK: https://cce.upmc.com/164942-meeting-needs-patients-intellectual-developmental-disabilities-enduring
  - Offer Nursing CEUs in Regional Nursing meetings; Annual Conference and / or Provider Innovations Conference collaboration with the Office of Provider Network Supports; provide 1:1 consultation for Nurses in DD settings; identify and share other resources for learning

- **Don't understand the Waiver process**
  - Identify training resources for Nurses about IDD, SN/PDN Authorization.
    - Continue the OIHNS monthly regional community nursing meetings to provide opportunities for nurses caring for people with DD to build understanding about the DD Waiver Nursing Service, network with the OIHNS RNCCs, meet the Regional Nurse Leader (a community nurse volunteer), ask questions and arrange for 1:1 technical assistance.
    - On 8/10/2026, Director of Waiver Operations presented to the August Regional Community Nursing Meeting statewide virtual meeting to explain the DD Waiver Nursing authorization process and the implementation of the improved 7 day turn around for authorization approval.
    - The OIHNS SN / PDN Training fully explains the services and allowable activities under both SN and PDN. The updated training will include slides developed by the Office of Waiver Operations on the SA process for all DD Waiver services. The section on DD

Waiver Nursing was approved by DMAS in FY27Q1, will be added to the OIHNS 2027 updated training that is planned to be offered collaboratively on a regular monthly cadence by OIHNS RNCCs and the Service Authorization Nurse beginning in January 2027 (FY27Q3).

- Continue to provide 1:1 technical assistance upon request to help providers build understanding of the service, encourage access to the "My Life My Community" website and share the OIHNS DD "Waiver Tip Sheet" as a resource to simplify the complexity of the waivers increase understanding of the services available.

- **Not enough LPNs**
  - The ability of LPNs to care for patients in any setting is dependent upon having RNs to 1) provide clinical oversight, 2) complete all patient assessments and 3) ensure the competence of the LPN assigned to the patient. Therefore, all efforts in Virginia to address the shortage of RNs reported in 2025 as 17,000 and the lack of service providers that is affected by the lack of nurses, is applicable.
  - The Virginia Healthcare Workforce Data Center (under DHP) annual report, including a "Licensed Practical Nurse Workforce" report for 2025 counted 17,040 LPNs in Virginia. The 2026 report has not yet been released publicly.
  - Identify strategies / initiatives in Virginia to promote LPNs and determine ways to share.
    - KPA Work groups focus group on Staffing Shortages meets quarterly largely focused on the workforce challenges around Direct Support Professionals (DSPs) but strategies to reduce overall workforce challenges are discussed. Such as: The concept of a registry such as: https://www.phinational.org/wp-content/uploads/2024/07/PHIs-DCW-State-Index_report_web.pdf
    - Mary Marshall Nursing Scholarships (LPN & RN) Provides up to $2,000 for eligible LPN students. Application period for 2026 closed April 2026. Flier: https://www.vdh.virginia.gov/content/uploads/sites/76/Virginia-Nursing-Scholarship-Programs-3-2026.png The number of scholarships awarded has not been made public. These programs aim to reduce financial barriers and strengthen the nursing pipeline statewide. LINK: https://www.vdh.virginia.gov/health-equity/nursing-scholarship-programs-lpn-rn/

    - Long-Term Care Nursing Scholarships that offer up to $2,000 to students preparing for work in long-term care settings—an area closely connected to DD services, where LPNs are often key providers. LINK: https://vanwc.org/scholarships

    - Virginia Nursing Loan Repayment Program (LPN Track) LPNs can receive up to $5,000 in loan repayment support, with a required two-year service obligation in Virginia. This program targets workforce shortages and encourages LPNs to stay in-state. RE: https://vanwc.org/loan-repayment

- Virginia State Loan Repayment Program (VA-SLRP) Broad healthcare loan repayment program available to nursing providers working in federally designated shortage areas—LPNs included in eligible facility types. Offers substantial multi-year loan repayment awards. Virginia offers student loan repayment assistance programs aimed entirely at health care. The biggest awards go to primary care, dental, and behavioral health providers through the Virginia Department of Health, while nurses now apply through the new Virginia Nursing Workforce Center after a 2026 law moved those programs. Teachers, lawyers, and everyone else should start with federal forgiveness programs, where the bigger dollars are. LINK with updates based on 2026 Virginia Law Changes: https://thecollegeinvestor.com/student-loan-forgiveness-programs-by-state/virginia-student-loan-forgiveness-programs/

- Supporting the DOE implementation of a DSP learning pathway in High schools…the results will be monitored on-going

- Earn to Learn (ETL) – Paid Clinical Apprenticeships for LPN Students Virginia's General. The Earn-to-Learn initiative funds health systems and educational institutions to create paid apprenticeships and clinical training pathways for nursing students, including LPNs. Programs can receive up to $400,000 per partnership to build structured workforce pipelines, easing clinical placement shortages and increasing training capacity.
    - In September 2024, the Earn-to-Learn program supported 13 educational institutions across Virginia, including community colleges, universities, and nursing colleges, each forming partnerships with clinical providers to offer paid nursing apprenticeships.
    - In September 2026, the Virginia Nursing Workforce Center allocated nearly $4.8 million across up to 12 partnerships, with each eligible to receive up to $400,000 over two years through 2028.

- LPN apprenticeship pathways, but they are not advertised through typical job boards. They are offered through Registered Apprenticeship programs overseen by the Virginia Department of Labor & Industry (DOLI) and supported by Virginia Works.

## Region 5:

- FY26 Total Authorization Percentage to include PDN and SN
    - 81.3%
    - Increase of 6.12% from FY25
- FY26 bottom two CSBs by PDN authorization (*Term 38 d.i.*)
    - Chesapeake Integrated Behavioral
    - Norfolk CSB

- The goal was to increase 5% or the equivalent of one DD Waiver Nursing Provider in FY26 over baseline from FY24. **(MET)** NOTE*: The statewide increase in DD Waiver Nursing Providers was 17% representing a total of 36 new providers billing for the service.*
    - FY24 – 32 DD Waiver Nursing Providers
    - FY26 – 47 DD Waiver Nursing Providers

- **FY26 Technical Assistance**
    - FY 26 – 10 DD Waiver Nursing Providers were referred from the Service Authorization RN to receive technical assistance (education / training / individualized support) around their nursing requests for authorization that were pended for additional details and justification for nursing care to allow for approval of nursing hours. Seven focused on PDN hours, 2 SN and 1 Consumer Directed Personal Assistance.
    - FY 26 – Three providers received technical assistance around the application process for process for FY27 Jump Start Funding opportunities. Two additional providers are exploring the possibility of Jump Start to expand services but have not decided if they can meet criteria and whether to move forward.

## Barriers/Action:

- **Lack of DD Training**
    - See Region 4 Barriers and Actions section on Lack of DD Training.
- **Inconsistent staffing**
    - Inconsistent staffing is impacted by many variables, some of which include:
        - Funding and reimbursement limitations → Poor pay → High turnover
            - See Region 3 Section on Incentives, Rate Study
        - Burnout and stress amplified by workforce shortage
            - See Region 1 Section on limited agencies providing the service
            - See Region 4 Section on lack of LPNs
        - Rural/underserved settings struggling with workforce coverage
            - From FY24 to FY 26 Region 5 experienced a 5% increase in DD Waiver Nursing Providers or the equivalent of one new provider actively billing for the service. The statewide increase in DD Waiver Nursing Providers was 17% representing a total of 36 new providers.
            - See Region 1 Section on limited agencies providing the service
            - See Region 4 Section on lack of LPNs
        - Inadequate training/apprenticeship infrastructure and clinical preceptors
            - See Region 4 Section on Lack of DD Training

        - See Region 4 Section on lack of LPNs specifically the information on LPN apprenticeship pathways
        - See Region 3 Section on No Incentives specifically Other Initiatives about the Virginia Nursing Workforce Center (VNWC) is Nurse Preceptor Incentive Program (NPIP)
    - Internal agency attributes: small size, limited benefits, poor retention practices
        - See Region 3 Section on Incentives, Rate Study
- **Not enough LPNs**
    - See Region 4 Section on lack of LPNs

# 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. They engaged Guidehouse Inc. to conduct a comprehensive review and cost analysis of 11 DD waiver services (e.g., Community Coaching, Private Duty Nursing, Skilled Nursing, etc.), aligning with injunction requirements. LINK: https://rga.lis.virginia.gov/Published/2025/RD620/PDF

The study was designed to:

- Assessing adequacy of current DD Waiver rates for provider capacity, service quality, and compliance with the federal court injunction.
- Develop benchmark rates reflecting true cost of delivering high-quality services.
- Engage stakeholders, including providers, advocacy groups, individuals with disabilities, families, and state agencies—mirroring prior expectations

The study's methodology included:

- Provider Cost & Wage Survey: Guidehouse provided training and support sessions (e.g., April 17, 2025) to collect cost data across covered service areas. [dbhds.virginia.gov], [vaaccses.org]
- Data analysis leveraging:
    - Survey responses
    - DMAS administrative and claims data
    - Public labor benchmarks
    - Peer state rate comparisons

As a result of the study the Virginia Legislature took the following actions:

- July 1, 2025, DD Waiver rates increased by 2% for Personal Care, Respite, Companion. While approving 3% across a wide range of services, including:
    - Group Residential (Group Home, Sponsored, Supported Living)

- Independent/In-Home Supports, Community Engagement/Coaching, Therapeutic Consultation
- Private Duty Nursing & Skilled Nursing
- Group Day Support, Supported Employment, Workplace Assistance, Community Guide, Benefits Planning.

Virginia did not commission a new DD Waiver rate study in 2026.

# Nursing Workforce Challenges

The shortage of nurses in the healthcare workforce continues to be a persistent challenge for providers across Virginia. The Virginia State Office of Rural Health reported in late 2022 that Virginia had one of the lowest registered nurse (RN)–to-patient ratios in the nation, with only 10.5 RNs per 1,000 patients, and that rural regions were disproportionately affected compared to metropolitan areas. The U.S. Department of Health and Human Services further noted that 18% of Virginia hospitals were critically understaffed at that time (Holmes, 2022). Concurrently, hospitals across the Commonwealth were actively recruiting to fill more than 11,000 vacancies (VHHA, 2022). National comparisons showed similar disparities: in 2020, metropolitan areas had 30 more RNs per 10,000 residents than non-metropolitan regions (Sablik, 2022).

The Office of Rural Health identified three primary drivers of the nursing shortage:

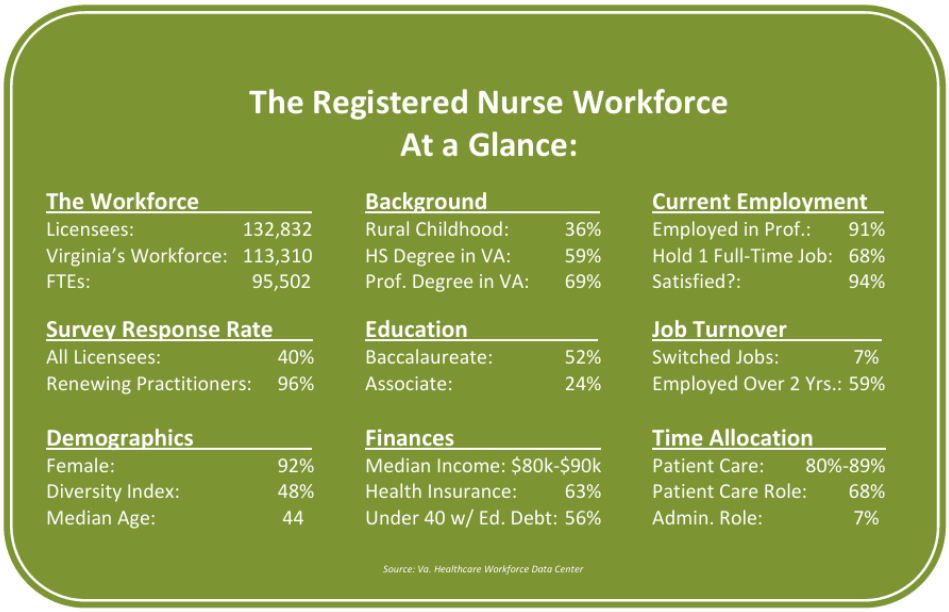
1. Pandemic Burnout – The COVID-19 pandemic significantly accelerated burnout among nurses, prompting many to reduce hours or leave the profession entirely.
2. Educational Barriers – More than 80,000 qualified nursing school applicants were turned away in 2020 due to insufficient faculty, clinical training sites, and educational resources. Transitioning from clinical practice to academia often requires a pay cut, providing little incentive for experienced nurses to become instructors (Sablik, 2022).
3. Retirement Trends – With a median RN age of 46 and a national average age of 50, the profession is facing a substantial wave of upcoming retirements, further reducing the available workforce (Sablik, 2022)

The Virginia Workforce Connection reports that the Commonwealth is projected to need a substantial number of new nurses each year to meet workforce demands. Their Occupational Projections dashboard indicates that between 2016 and 2026, Virginia is expected to have approximately 4,433 annual job openings for Registered Nurses (RNs), with that figure increasing slightly to 4,502 openings annually between 2018 and 2028. For Licensed Practical Nurses (LPNs), the dashboard shows an estimated 2,029 annual openings between 2016 and 2026, with a modest decrease to 2,003 annual openings projected for 2018 to 2028. These projections highlight the continued need to strengthen Virginia's nursing pipeline across both RN and LPN roles. The Occupational Projections dashboard is available at: https://virginiaworks.com/Occupational-Projections

The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) released its 2025 report on the state of the health professions workforce, which includes results from the 2025 Registered Nurse (RN) and Licensed Practical Nurse (LPN) surveys. In total, 53,538 RNs and 11,374 LPNs voluntarily participated in the survey. HWDC administers this survey during the license renewal process, which occurs on a two-year renewal cycle aligned with each licensee's birth month. As a result, approximately half of all RNs and

LPNs in Virginia have the opportunity to respond in any given year. The 2025 respondents represent 40% of the 132,832 licensed RNs and 40% of the 28,777 licensed LPNs practicing in the Commonwealth.

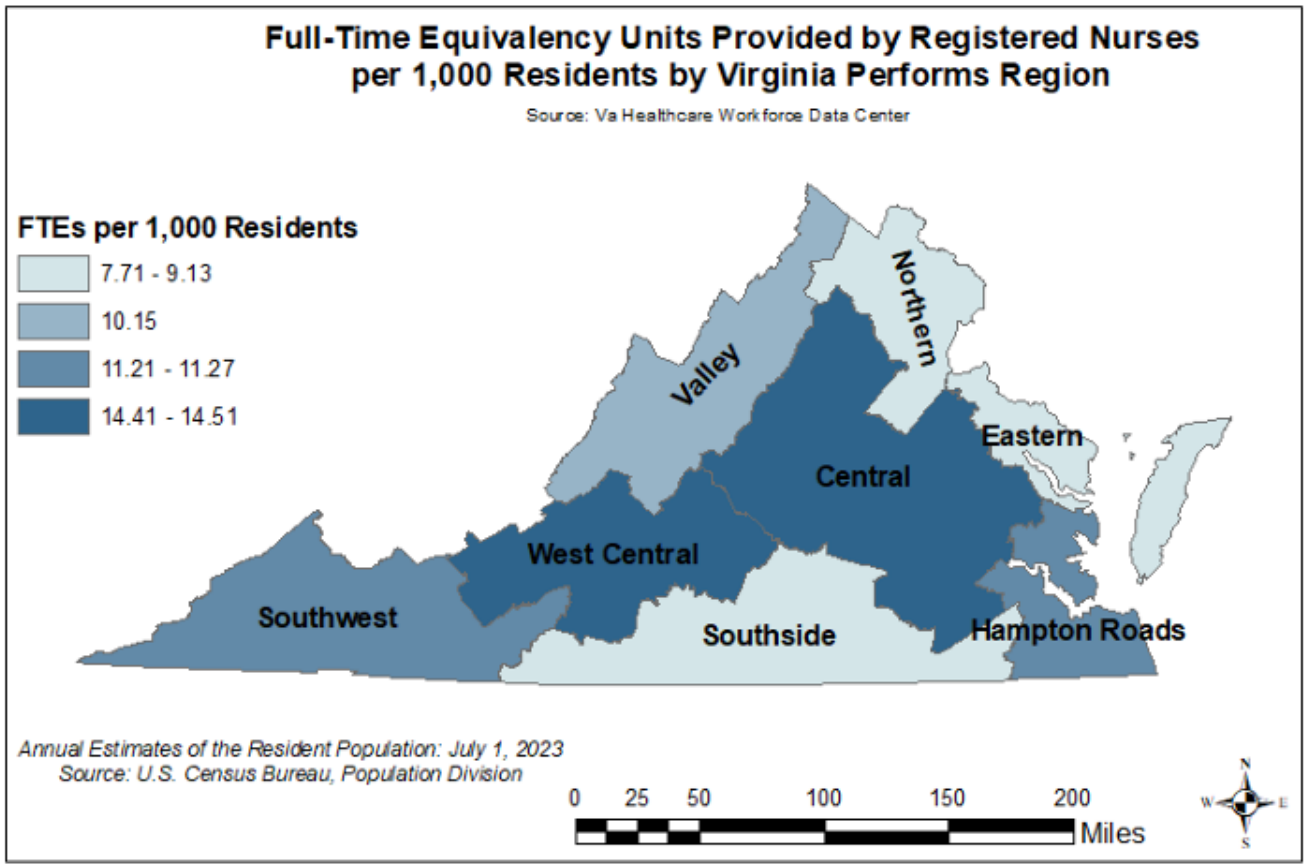
The following graphics present a summary of the survey of Registered Nurses:







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**

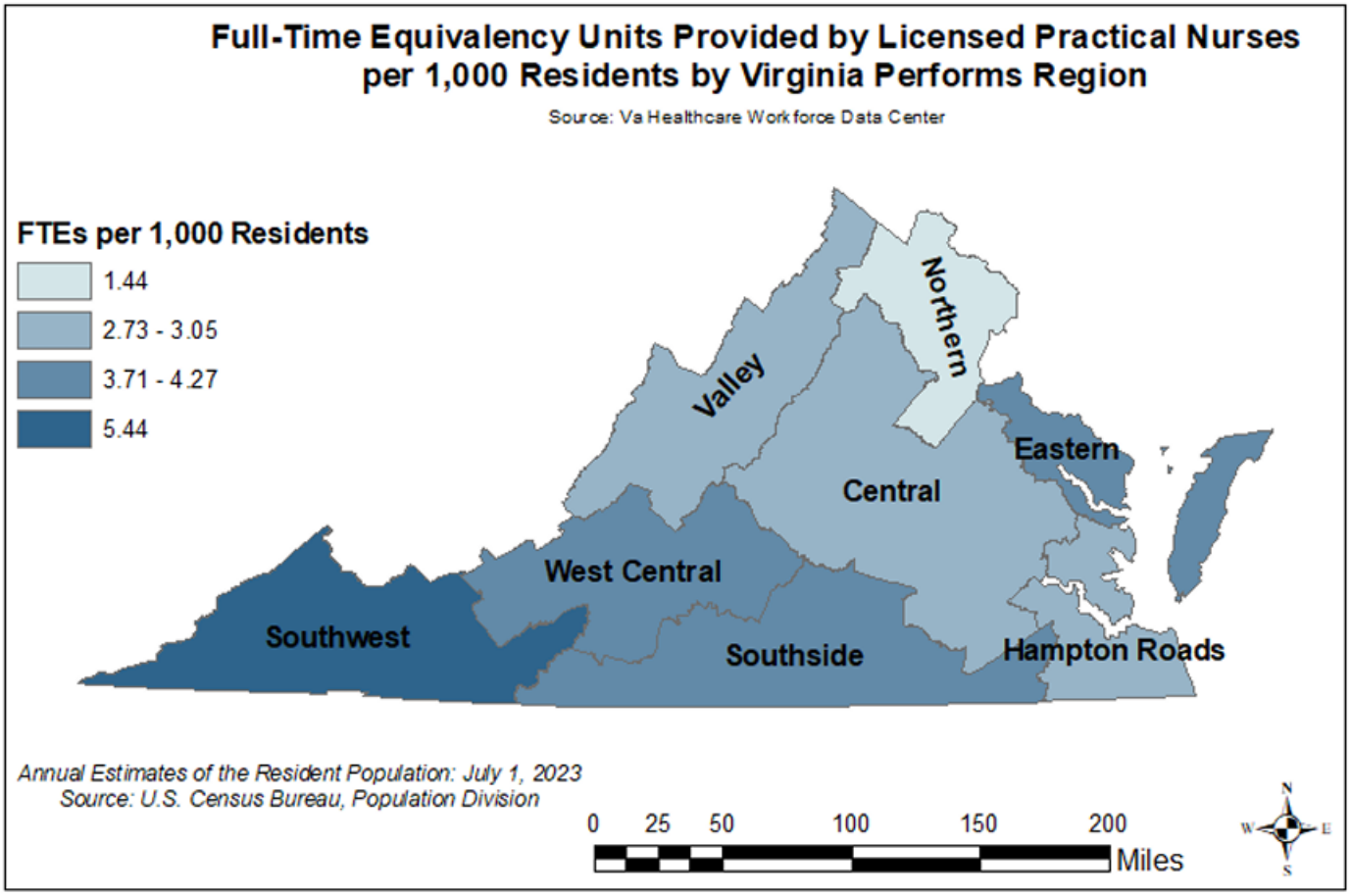
| | |
|---|---|
| Under 65: | 21% |
| Under 60: | 3% |

**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:

- Virginia State Loan Repayment Programs
    - Virginia offers loan repayment awards to attract nurses to underserved communities. These programs help repay educational loans for licensed health professionals working in shortage areas.
- Affordable Virginia Agenda that helps streamline accessibility of grant funding

    - On March 31, 2026, Governor Spanberger signed bipartisan legislation as part of her Affordable Virginia Agenda, to create the VNWC and streamline grant funding that had not previously been reaching prospective students due to unnecessary red tape and continue to address the shortage of 17,000 registered nurses in Virginia reported in 2025.
- Nurse Preceptor Incentive Program (NPIP)
    - The Virginia Nursing Workforce Center (VNWC) is offering the NPIP to provide financial rewards at fixed milestones for licensed clinicians (RN, LPN, APRN, PA, MD/DO) who are preceptors for nursing students.
- Increased funding for Scholarships.
    - On October 8, 2026, Governor Spanberger announced that the VNWC total funding for scholarships will top nearly $1.3 million supporting approximately 350 prospective nursing students statewide.
- Mary Marshall Nursing Scholarships
    - Financial Assistance for LPNs and RNs: typically, $1,000–$2,000, offered for 2026 cycle. Application window ended in April 2026.
    - Available funds and application window for the 2027 cycle have not been announced.

Overall, because of these efforts Virginia has experienced steady growth in its nursing workforce over the past decade. The Department of Health Professions reports that the number of registered nurses increased from about 99,802 in 2024 to more than 120,000, reflecting a consistent upward trend in the RN workforce. LINK: https://cdn.ymaws.com/virginianurses.com/resource/resmgr/2023fc/examining_va_nursing_workfor.pdf Despite this growth, Virginia still faces a substantial shortfall—an estimated deficit of 17,000 registered nurses—highlighting that workforce increases have not kept pace with rising demand for healthcare services across the state.

# Initiatives, Next Steps and Recommendations

As we continue to move forward, DBHDS will:

- The Office of Integrated Health Support Network (OIHNS) Project Manager will continue to work with a WaMS Data Analyst to refine the automation of the calculations used for the Nursing Utilization reporting and determine improved ways to present the visualizations of the authorized nursing services utilization across the Commonwealth.
- OIHNS Nurses will contact individuals and / or their support teams based on review of the Nursing Needs report from FY26 and offer technical assistance when necessary; determine trends.
- OIHNS Nurses will complete the update the Skilled Nursing and Private Duty Nursing Training with the Service Authorization slides that have been approved by DMAS.
- OIHNS Nurses will work to achieve 5% increase in FY27 over the FY26 number of DD Waiver nursing providers billing in each region. The statewide equivalent of 25 % (NOTE: FY26 data totaled 17%)
- OIHNS Nurses will contribute to the update of the Support Coordinator Handbook Chapter 10 on Health and Safety to include identifying when Nursing needs are not met and accessing those supports.

- OIHNS Nurses will provide feedback, as requested, to DMAS regarding the EPSDT PDN Manual Updates with a focus on ensuring processes do not create additional barriers to access and utilization.
- OIHNS Nurses will collaborate with the Service Authorization Nurse to present the updated Skilled Nursing and Private Duty Nursing training monthly for Providers and for each of the CSBs with the lowest utilization rates in their region:
    - Region 1
        - Alleghany Highlands CSB
        - Harrisonburg-Rockingham CSB
    - Region 2
        - Alexandria CSB
        - Arlington County CSB
    - Region 3
        - Cumberland Mountain CSB
        - New River Valley CSB
    - Region 4
        - District 19 CSB
        - Hanover County CSB
    - Region 5
        - Chesapeake Integrated Behavioral
        - Norfolk CSB
- OIHNS and the Service Authorization Nurse will include polling questions and a survey for participants to further understand and to update in real time the barriers that they currently face across the Commonwealth and in each region as applicable.
- OIHNS Nurses will continue to collaborate with Service Authorization (SA) Nurse and to offer technical assistance when authorizations are pended starting with a referral for the provider to take the SN PDN Training.
- OIHNS will continue to complete the IMNR and Skilled Nursing IMNR process ongoing. Specifically identifying:
    - Which CSB areas in each region have the highest nursing shortages.
    - The top three barriers to individuals accessing nursing services in each region.
    - Actions to resolve those barriers.
- OIHNS will continue complete IMNR reviews focused on Private Duty Nursing.
    - DBHDS will continue to select a random sample of individuals who used 25% or less of their Private Duty Nursing authorizations in the preceding fiscal year, complete the IMNR and findings.
- OIHNS will update the external and for internal searchable Nursing Provider Databases annually when the Utilization data is received and current providers delivering nursing care and billing under DD Waiver are identified. In addition, the CMS listing of Medicaid participating Home Health companies will be updated within the database via this link: https://data.cms.gov/provider-data/dataset/6jpm-sxkc Ensuring annually there is an accurate reflection of active providers.

- OIHNS will continue monthly meetings with specific DD Waiver nursing service providers and DMAS when appropriate to discuss authorization concerns and provide technical assistance and invite them to join the Nursing Workgroup.
- In addition to offering SN and PDN Training, OIHNS Nurses 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.
- OIHNS Nurses will continue to work with Office of Provider Network Support to follow – up with Nursing Providers who express interest in the Jump Start funding program.
- The two open RNCC positions will be filled and one of the positions will be trained to monitor and assist Nursing providers interested in DD Waiver and / or Jump Start funding through the process.
- OIHNS Nursing Workgroup will continue to identify actions they can take to address the challenges and barriers to accessing DD Waiver Nursing identified during IMNR reviews.
- OIHNS Nursing will continue to collaborate with the DBHDS Medical Director for Community Services around identifying approaches to ensuring the health and safety needs identified in the individual's ISP are met and changes in status are recognized and medical / nursing assessments are obtained.
- OIHNS will review the results of the IMNR and DD Waiver Nursing utilization with the Unmet and Unidentified Needs Key Performance Area workgroup activities to aid in making determinations for quality improvement in initiatives that can aid in ensuring access to nursing support in community settings.
- OIHNS will review the results of the IMNR, DD Waiver Nursing utilization and feedback from the new SN and PDN Training with the Nursing Services workgroup to continue to build resources to support nurses serving the individuals with DD in community settings, identify topics for Nursing CEUs and develop additional resource tools. The next Nursing Services Workgroup comprised of representatives from DBHDS (OIHNS, Waiver Operations, Nursing Service Authorization, Provider Network Supports) and DMAS is on October 23, 2026. The main agenda item is the report for the 29th Study and finalizing the plan for the updated SN and PDN Training.
- OIHNS will collaborate with the IFSP Team and post the Nursing Access Survey of the individual and their families / natural supports on the DD Waiver waitlist to gain additional understanding of the barriers to accessing community nursing services. In addition, to elicit a better survey response, the OIHNS Nurses will join an IFSP virtual meeting to talk about the purpose and value of the survey. Survey questions are as follows:

    1. Our family member, who is on the IFSP waitlist: *(You may choose more than one.)*
        a. Has never needed nursing services.
        b. Doesn't need nursing services currently but may need them in the future.
        c. Probably needs nursing services but has not received any because we don't know how to access them.
        d. Has experienced a negative health impact due to a lack of nursing services.

    2. The impact of not being able to find nursing services for our family member most closely falls into the following category or categories: *(You may choose more than one, none, all or other.)*
        a. Extended hospital stays.

b. Readmission to the hospital.
c. Added stress to family members.
d. Worsening health or health complications.
e. Loss of a family member's job.
f. None of the above.
g. All the above.
h. Other: _____

3. Navigating complex insurance policy requirements has negatively impacted our ability to find nursing services for our family members.
   a. True b. False

4. Even when nursing service hours are approved for payment, we have struggled to find nurses to fill those hours.
   a. True b. False

5. In my opinion, our struggle to find nurses to fill the nursing service hours needed is most closely related to the following reasons: *(You can choose more than one.)*
   a. School calendar related scheduling difficulties.
   b. Scheduled family vacation time.
   c. Lack of nursing service agencies in our area.
   d. Inability to find the right nurse.
   e. The nurses the agency has available lack the nursing experience needed.
   f. The nursing service agencies in our area do not have enough nurses available.
   g. Our rural or remote location.
   h. The individual's behavioral issues.
   i. Other: _____

6. The person filling out this survey can be best described as:
   a. A parent.
   b. Another family member (grandparent, aunt, uncle, etc.)
   c. A legal guardian.
   d. The individual on the IFSP waitlist.
   e. Other: _____.

- OIHNS Nurses will begin to plan for the 6th DD Community Nursing Conference targeting FY28 with a focus on bringing new DD Waiver Nursing Providers into the community of DD providers through continuing education and networking.
- OIHNS Nurses will continue to update and provide training targeting Support Coordinators focused on an overview of health and safety concerns affecting individuals with Intellectual and Developmental Disabilities (IDD) for Support. Feedback from these sessions will provide recommendations for the update to Chapter 10 on Health and Safety of the Support Coordinator Handbook.
- The OIHNS Project Manager and Program Specialist will continue to leverage Microsoft Forms, SharePoint Lists and Power Automate to create a consultation request portal that organizes and sends requests directly to the Community Nursing email. This portal will handle requests for OIHNS Nursing,

DBHDS DD Medial Director and Pharmacy Manager consultation from individuals, support teams, community providers, etc.

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