

Nursing Services Data Report

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

Updated FY19 – FY24; FY25

September 2025

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Indicator

PI 38

Private Duty Nursing. The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with private duty nursing identified in their ISP or prescribed under EPSDT receive 80% of the hours identified as needed on the CMS485 or DMAS62 forms.

PI 39

The Commonwealth will work to achieve a goal that 70% of individuals on the DD waiver and children with DD receiving EPSDT with skilled nursing identified in their ISPs or prescribed under EPSDT will have their skilled nursing needs met 80% of the time.

PI 44

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

Introduction

DBHDS performed an updated review of Fiscal Years 2019 – 2024. The purpose of this review was to calculate the total fiscal year utilization using the most current attested calculation method, which includes additional billings that were unavailable for previous study periods. The reason additional bills are now available is due to providers having up to a year to bill for their services.

DBHDS also conducted a review of data for FY25 to get a snapshot of how services were delivered during that period. Providers have until 6/30/26 to bill for FY25 services. Calculations for FY25 will be updated as new billings are available.

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

Overview of Data – FY25

This section of the report is only a snapshot of nursing authorizations open in the first six months of FY25. This data is historically low as authorizations are still open. Additionally, the provider has up to a year to bill for the services. We anticipate that these numbers will continue progress when the full fiscal year is reported.

DBHDS found 691 unique ID/D individuals in DMAS service authorization files with a valid DD Waivers nursing service authorization (i.e., S9123, S9124, T1002, T1003) in FY25 (July 1, 2024 – June 30, 2025). Thirteen individuals have authorizations for both Skilled Nursing and Private Duty Nursing services.

Reporting – FY25

Timeliness of Service – Individuals with New Authorizations within FY25

GOAL: 70%

There was a total of 145 EPSDT and Waiver recipients with new service authorizations that began within FY25. Of that number, a total of 135 individuals had their first service delivered within 30 days of the date the need was identified in their ISP. The rate of those receiving service within 30 days was 93.1%, which is compared to the goal of 70%.

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

EPSDT Recipient Breakdown – FY25

GOAL: 70%

There has been a total of 16 EPSDT individuals with new service authorizations within FY25. Of that number, 15 EPSDT individuals had their first service delivered within 30 days of the date the need was identified in their ISP. The rate of those receiving service within 30 days was 93.75%, which compares to the goal of 70%.

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

Waiver Recipient Breakdown – FY25

GOAL: 70%

There has been a total of 129 Waiver individuals with new service authorizations within FY25. Of that number, 120 Waiver individuals had their first services delivered within 30 days of the date the need was identified in their ISP. The rate of those receiving service within 30 days was 93.02%, which compares to the goal of 70%.

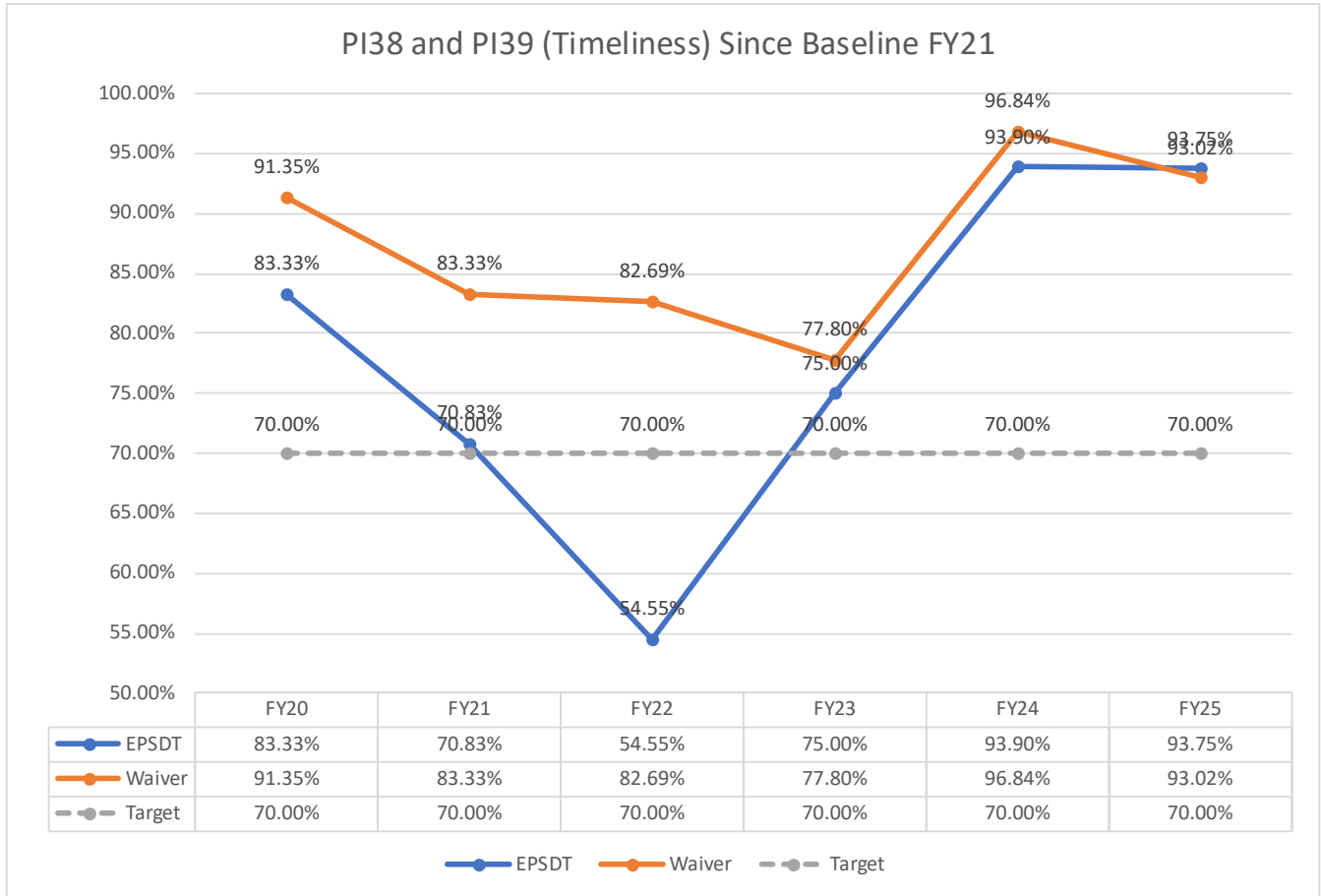
- 129 Waiver Individuals Identified
- 120 Waiver Individuals received their first service within 30 days

MET 70% by SERVICE – FY25

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

Percentage that Met 30 Days of Service	
	Percent
EPSDT	93.75%
Waiver	93.02%

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



Utilization of Authorizations – FY25

Of the 691 unique individuals identified within FY25, 367 unique individuals received 80% or more of their authorized hours.

53.11% of unique individuals of both EPSDT and Waiver recipients received 80% or more of their authorized hours.

- 691 Individuals Identified
- 367 Individuals received 80% or more of their authorized hours
- 53.11% received 80% or more of their authorized hours

EPSDT Recipients Overview – FY25

Of the 691 unique individuals identified within FY25, 79 individuals were EPSDT recipients. Of the 79 recipients, 38 recipients received 80% or more of their authorized hours for at least one service in FY25.

- 691 Individuals Identified
- 79 Total ESPDT Recipients
- 38 (48.10%) recipients received 80% or more of their authorized hours

Waiver Recipients Overview – FY25

Of the 691 unique individuals identified in FY25, 625 individuals were Waiver recipients. Of the 625 recipients, 329 recipients received 80% or more of their authorized hours.

- 691 Individuals Identified
- 625 Total Waiver Recipients
- 329 (52.64%) recipients received 80% or more of their authorized hours

Percentage that Met 80% Utilization by Category	
	Percent
EPSDT	48.10%
Waiver	52.64%

Utilization by Procedure Code – FY25

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

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

Procedure Code	FY25
S9123	20.33%
S9124	43.59%
T1002	67.68%
T1003	59.45%

Utilization by Region – FY25

The following table shows the Percentage of Utilization that Met 80% to date within FY25. The Regions are determined by the Individual’s CSB. This information comes from WaMS. An individual’s Region shows as “Unknown” if the individual is not in WaMS or the “Assigned CSB” field in WaMS is blank when the report was pulled.

REGION	FY25
Region 1	36.11%
Region 2	66.67%
Region 3	15.00%
Region 4	52.46%
Region 5	58.82%
Unknown	66.67%

**Regions are determined by Individual’s CSB*

Utilization by SIS Score – FY25

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

Percentage that Met 80% of Utilization by SIS Level	
SIS Level	FY25
1	20.00%
2	43.53%
3	25.00%
4	44.88%
5	66.67%
6	57.77%
7	40.00%
M	42.31%

Overview of Data: FY19 – FY25

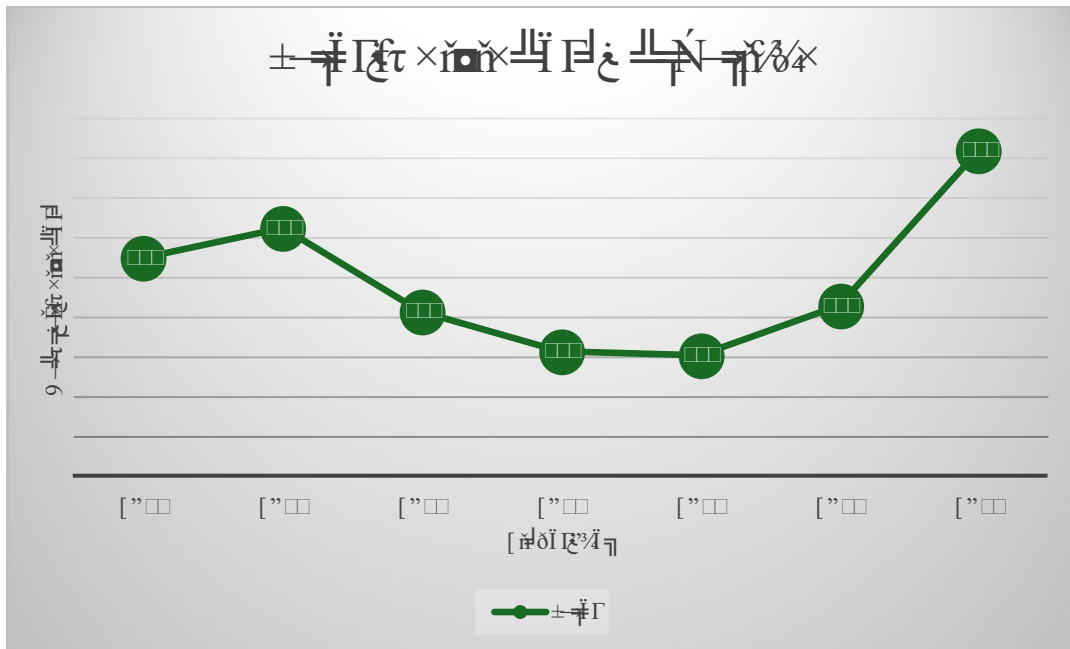
DBHDS has been working to better the process in which data is calculated and reported. DBHDS reported on nursing utilization for FY24 (7/1/2023 – 6/30/2024) and the first half of FY25 (7/1/24 – 12/31/24) during the 26th study period. To report and trend the most accurate data available, DBHDS recalculated these authorizations, along with updated billing data dating back to FY19. It is important to remember that providers have up to a year to bill from the date of the service. This data was received in late August 2025. The results of the recalculation were significant as we now have a firm understanding of the billed utilization year over year. The results are below.

Utilization Reporting: FY19 – FY24

Total Individuals with Authorizations: FY19 – FY25

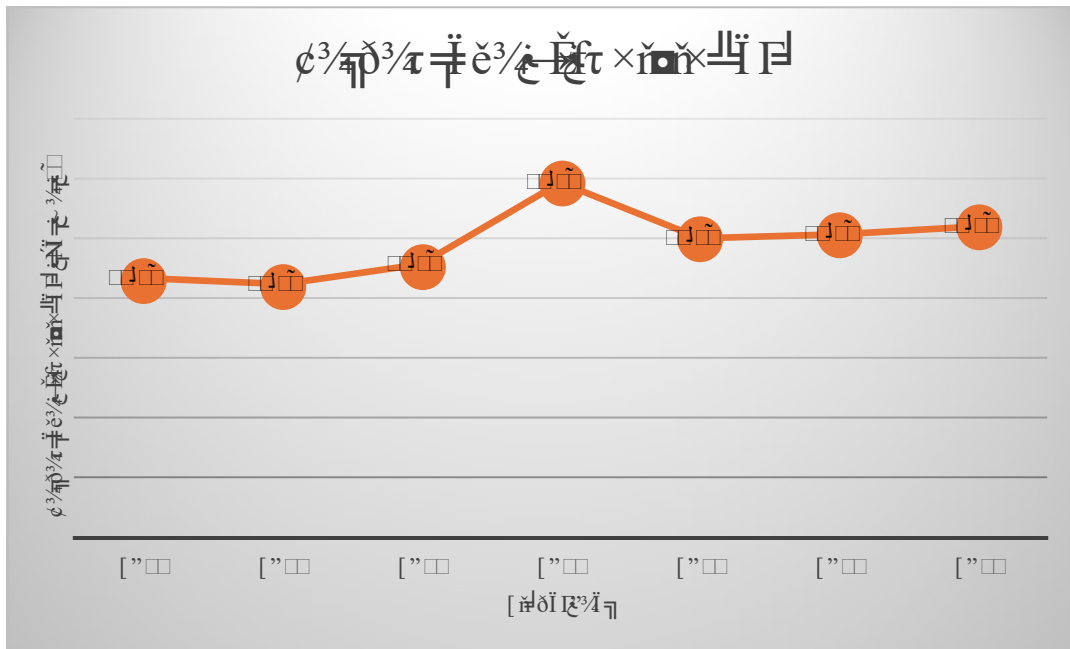
The graphic below shows the total number of individuals with authorizations between FY19 – FY25. Due to calculating by fiscal year, one individual could show in multiple fiscal years if the authorizations began in one fiscal year and ended in the other.

DBHDS started calculating billed nursing services in FY19 (7/1/18 – 6/30/19). The total number of individuals with authorizations was at its highest in FY25 with 704 individuals. The total number of individuals with authorizations was at its lowest in FY23 with 601 individuals, a decrease of 14.14%. The total number of individuals with authorizations began to increase again in FY24 and FY25.



The table and graph below show the number of individuals with authorizations and percentage of those that met 80% from FY19 – FY25. FY19 to FY21 the percentage of individuals that met 80% utilization stayed consistent between 42% - 46%. There was a 13% increase in billed utilization in FY22 along with a major drop in individuals with an authorization in the fiscal year from FY21 to FY23. The billed utilization went back in line closer to the trend from FY19-FY21 in FY23 and FY24 with a slight increase in FY25. The continued increase in number of individuals with authorizations post-FY23 along with the increase in billed utilization might be the beginning of a positive trend. It's important to keep in mind that not all billing data for FY25 has been received.

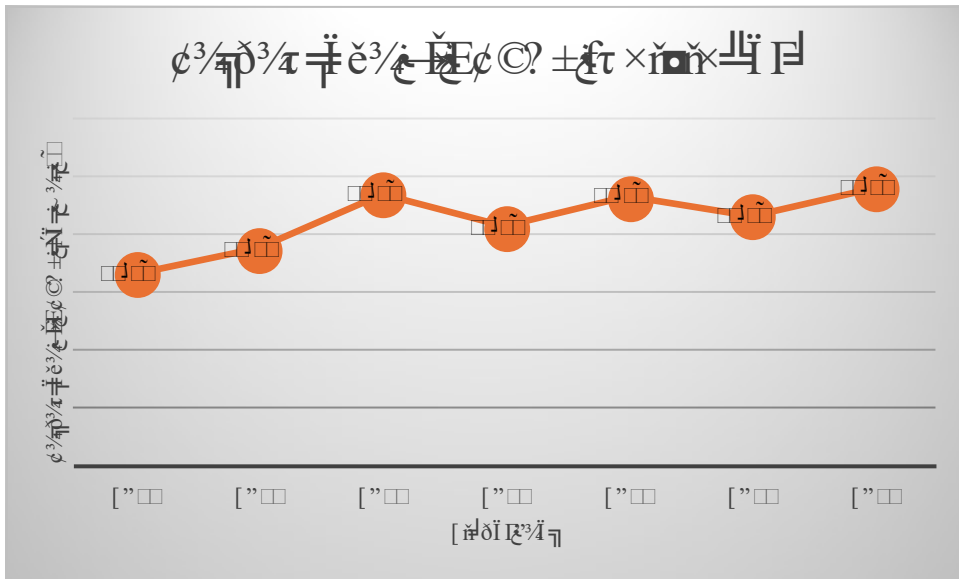
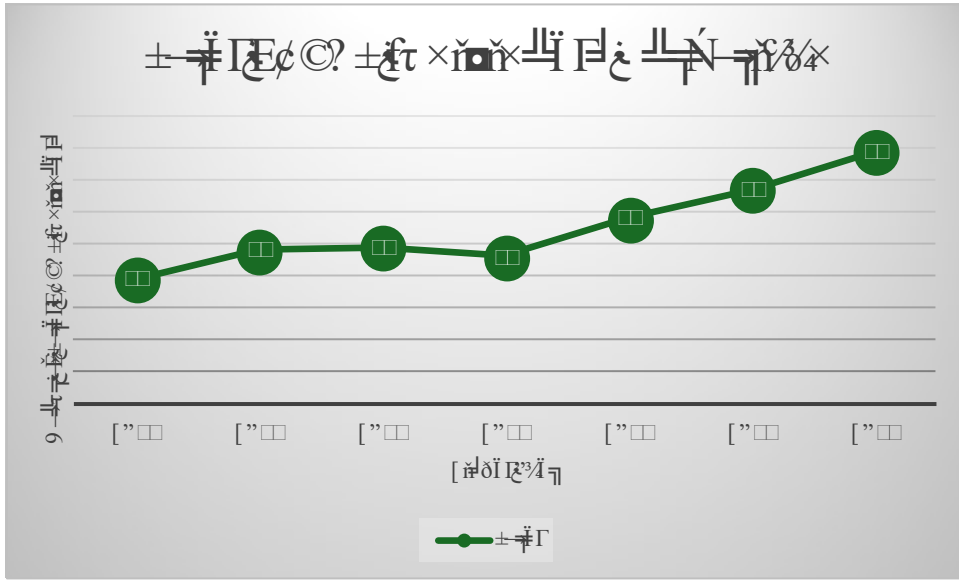
FY	Total	Percentage
FY19	650	43.23%
FY20	665	42.26%
FY21	623	45.59%
FY22	603	59.37%
FY23	601	50.08%
FY24	626	50.80%
FY25	704	52.13%



EPSDT Recipients Overview: FY19 – FY25

Of the 683 unique individuals identified within FY25, 79 individuals were EPSDT recipients. Of the 79 recipients, 38 recipients received 80% or more of their authorized hours for at least one service in FY25.

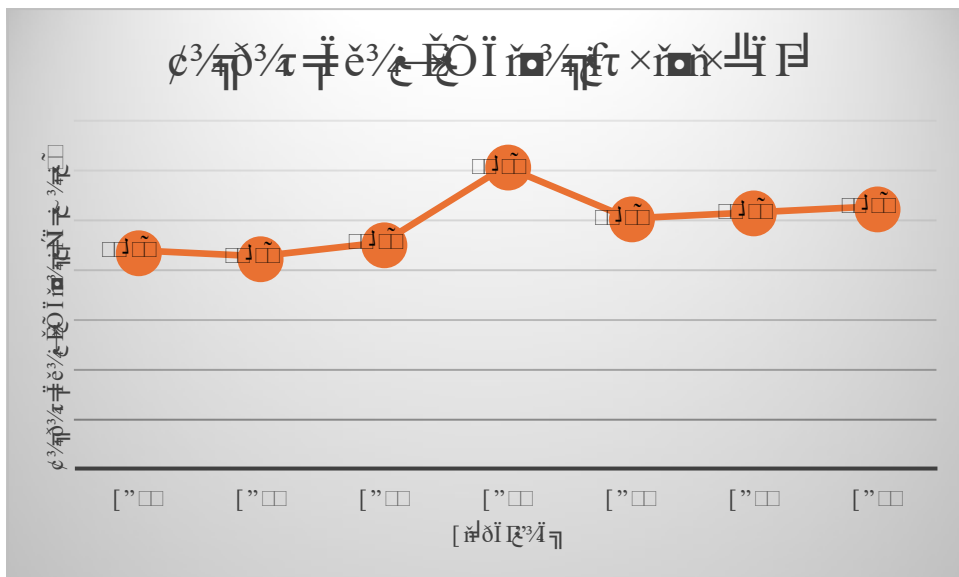
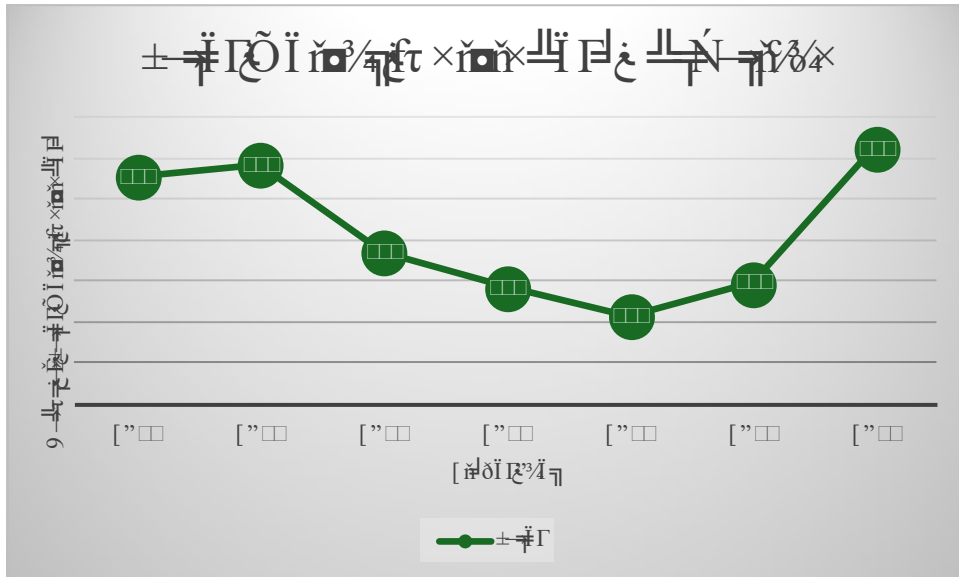
FY	Total	Percentage
FY19	39	33.33%
FY20	48	37.50%
FY21	49	46.94%
FY22	46	41.30%
FY23	58	46.55%
FY24	67	43.28%
FY25	79	48.10%

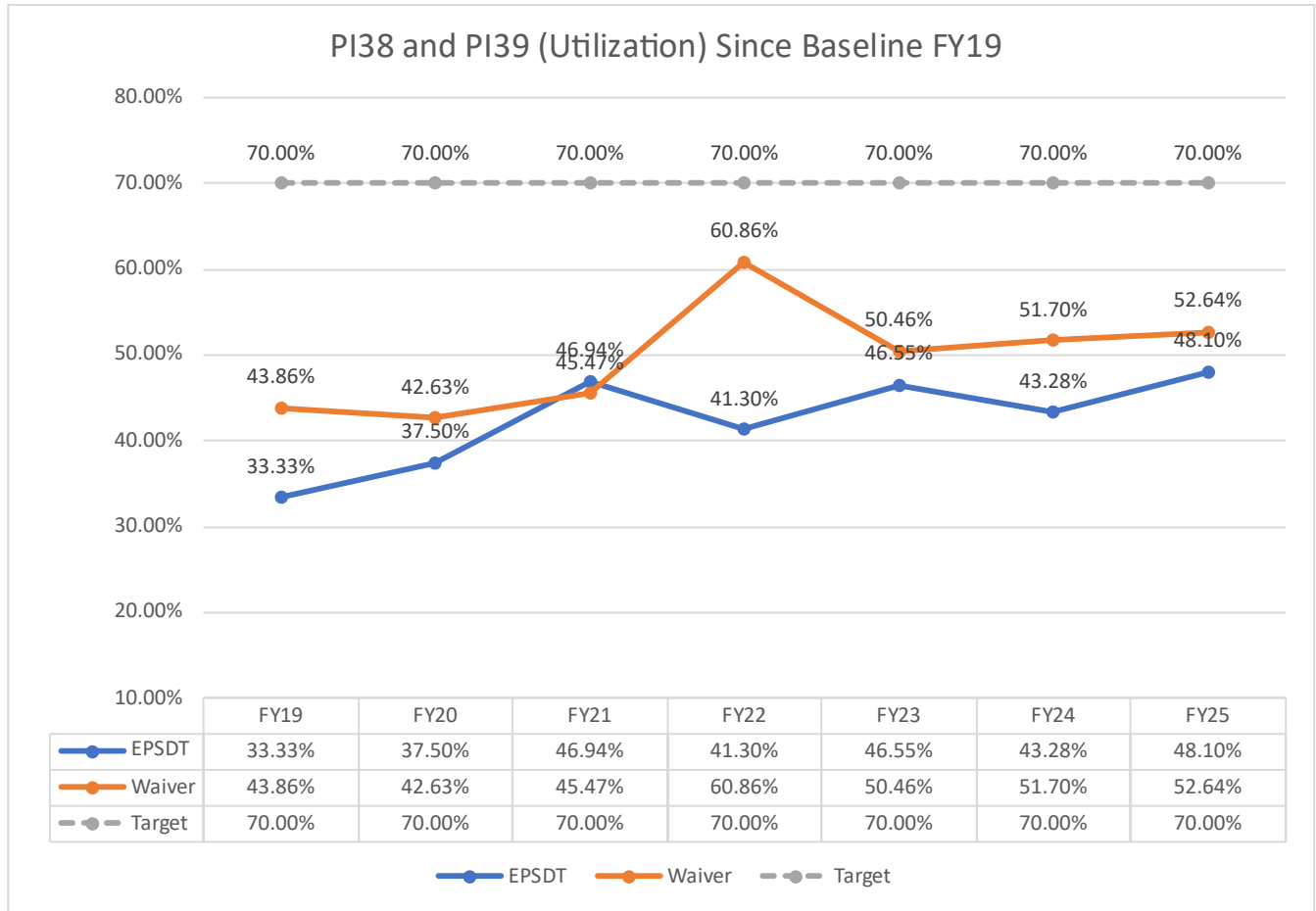


Waiver Recipients Overview – FY24

Of the 691 unique individuals identified within FY25, 625 individuals were Waiver recipients. Of the 625 recipients, 329 recipients received 80% or more of their authorized hours.

FY	Total	Percentage
FY19	611	43.86%
FY20	617	42.63%
FY21	574	45.47%
FY22	557	60.86%
FY23	543	50.46%
FY24	559	51.70%
FY25	625	52.64%



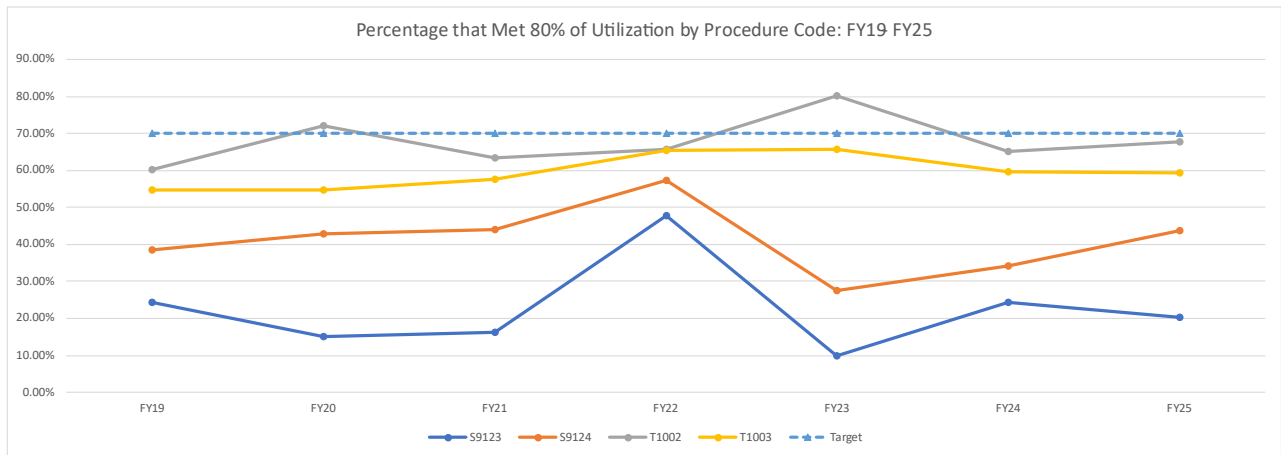


Utilization by Procedure Code – FY24

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

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

Percentage that Met 80% of Utilization by Procedure Code - Updated Billing Data							
Procedure Code	FY19	FY20	FY21	FY22	FY23	FY24	FY25
S9123	24.34%	15.05%	16.33%	47.65%	10.00%	24.41%	20.33%
S9124	38.46%	42.70%	43.92%	57.42%	27.48%	34.19%	43.59%
T1002	60.26%	72.06%	63.41%	65.63%	80.17%	65.03%	67.68%
T1003	54.60%	54.83%	57.56%	65.47%	65.54%	59.58%	59.45%



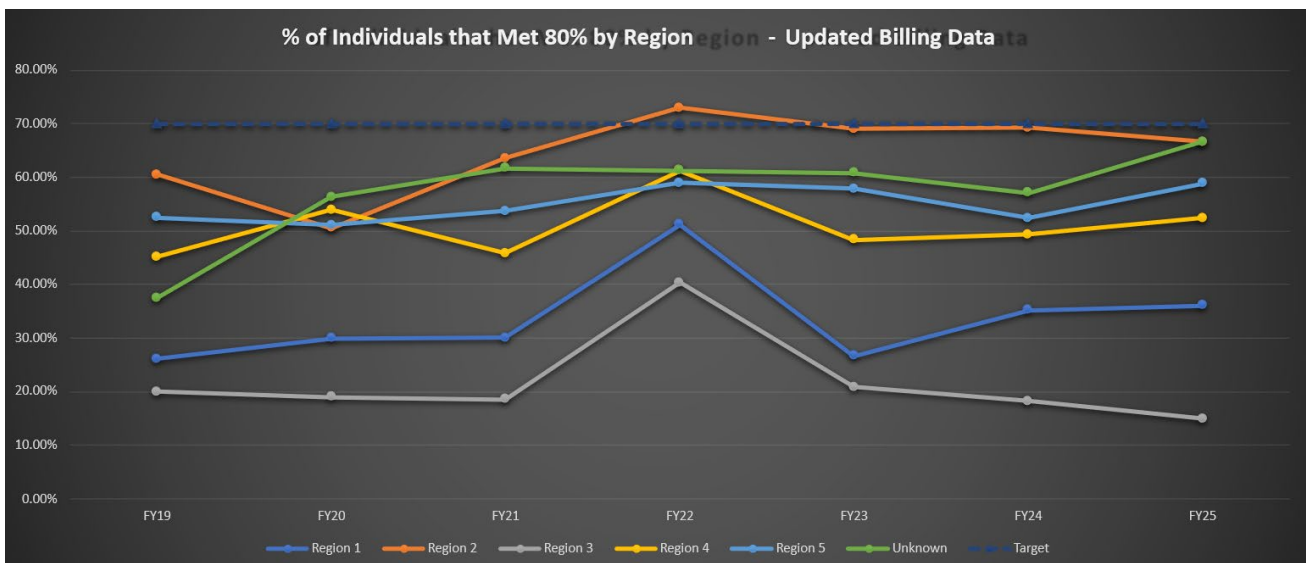
Utilization by Region – FY25

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

Percentage that Met 80% of Utilization by Region - Updated Billing Data							
REGION	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Region 1	26.09%	30.00%	30.11%	51.16%	26.73%	35.23%	36.11%
Region 2	60.49%	50.59%	63.54%	73.06%	69.05%	69.30%	66.67%
Region 3	20.00%	18.98%	18.55%	40.37%	20.88%	18.28%	15.00%
Region 4	45.21%	53.95%	45.83%	61.29%	48.39%	49.37%	52.46%
Region 5	52.50%	51.09%	53.78%	59.02%	57.89%	52.42%	58.82%
Unknown	37.50%	56.36%	61.76%	61.29%	60.87%	57.14%	66.67%

**Regions are determined by Individual’s CSB*

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



Utilization by SIS Score – FY25

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

Percentage that Met 80% of Utilization by SIS Level							
SIS Level	FY19	FY20	FY21	FY22	FY23	FY24	FY25
1	75.00%	66.67%	100.00%	66.67%	50.00%	0.00%	20.00%
2	27.12%	36.00%	28.89%	50.00%	30.51%	51.85%	43.53%
3	37.50%	0.00%	0.00%	0.00%	33.33%	33.33%	25.00%
4	32.46%	35.66%	33.96%	58.49%	38.26%	42.34%	44.88%
5	38.46%	48.48%	43.59%	46.15%	45.16%	62.96%	66.67%
6	46.17%	45.52%	51.17%	61.10%	58.15%	53.69%	57.77%
7	26.67%	18.18%	38.10%	63.16%	26.32%	45.83%	40.00%
M							42.31%

The SIS scale and supports needs are referenced below.

Virginia Level Assignment Criteria – SIS-A®

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

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

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

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

Nursing Provider Database Project

DBHDS continues the process of building a Nursing Provider Database of nursing service organizations providing DD Waiver nursing services. The team consulted with the Director of Behavioral Services regarding the process utilized to build the searchable database for Board Certified Behavioral Analysts (BCBA). Although the outcome and goals are similar, the number and complexity of fields that need to be built within the nursing database to ensure functionality is much more complex. The work completed to date gathered nursing providers

actively delivering DD Waiver nursing services in FY24 evidenced by an Approved or Approved and Modified nursing authorization within the fiscal year. This approach is being applied to the FY25 nursing authorization data from FY25 to capture new DD Waiver Nursing Providers, remove any that have closed, and then contact any from FY24 who are no longer providing services in FY25 to offer technical assistance aimed at supporting them to accept DD waiver Nursing cases in the future.

In FY24, there were 172 nursing services providers across the Commonwealth identified actively that were providing services under the DD Waiver. Because nursing service providers often provide services in multiple jurisdictions it is difficult to obtain an exact count by region. The current database suggests the following breakdown by health planning region:

- Region 1 = 20
- Region 2 = 81
- Region 3 = 15
- Region 4 = 24
- Region 5 = 24
- Region 5 = 32

The overall goal is to increase nursing providers who service individuals under the DD Waiver. The total for FY25 is not yet known. For FY26, the goal is to increase the number of DD Waiver Nursing providers across the Commonwealth by 5%.

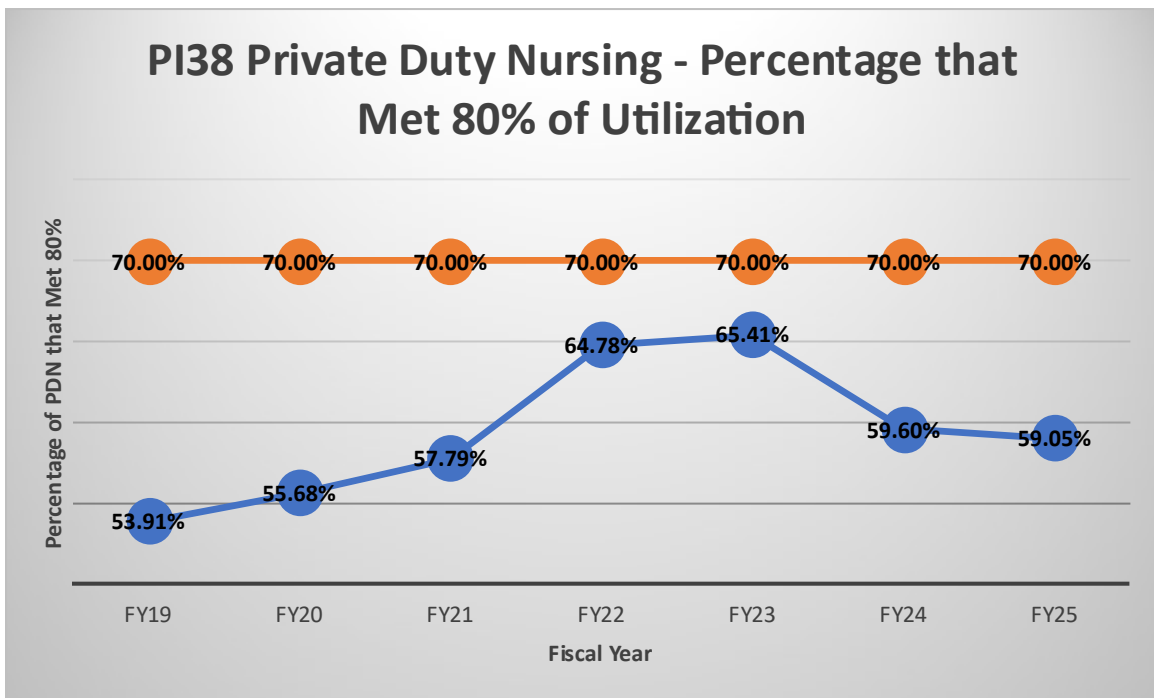
OIHSN has hired a part-time Administrative Assistant that will join the team of Registered Nurse Care Consultants on October 10, 2025, working on this project and assist the OIHSN Project Manager to build the Power BI tool that will drive the search engine as the database is populated each cycle by the OIHSN RNCCs. The Administrative Assistant interned with OIHSN over the summer where she assisted with streamlining the Mobile Rehab Engineering (MRE) Referral Process and reporting.

This DD Waiver Nursing Provider Database will initially be utilized internally by DBHDS Developmental Services offices when providing technical assistance aimed at helping individuals to locate nursing providers in their area. This approach will allow for evaluation of the content and the user experience / tool utility. The tool will be introduced at the Developmental Services All Staff meeting on October 14, 2025, and then a link will be provided to user groups.

Private Duty Nursing (PI 38)

As mentioned above, DBHDS calculated data back to fiscal year 2019 utilizing the most current attested calculation method. The chart below shows private duty nursing over a seven-year period, from FY19 to FY25.

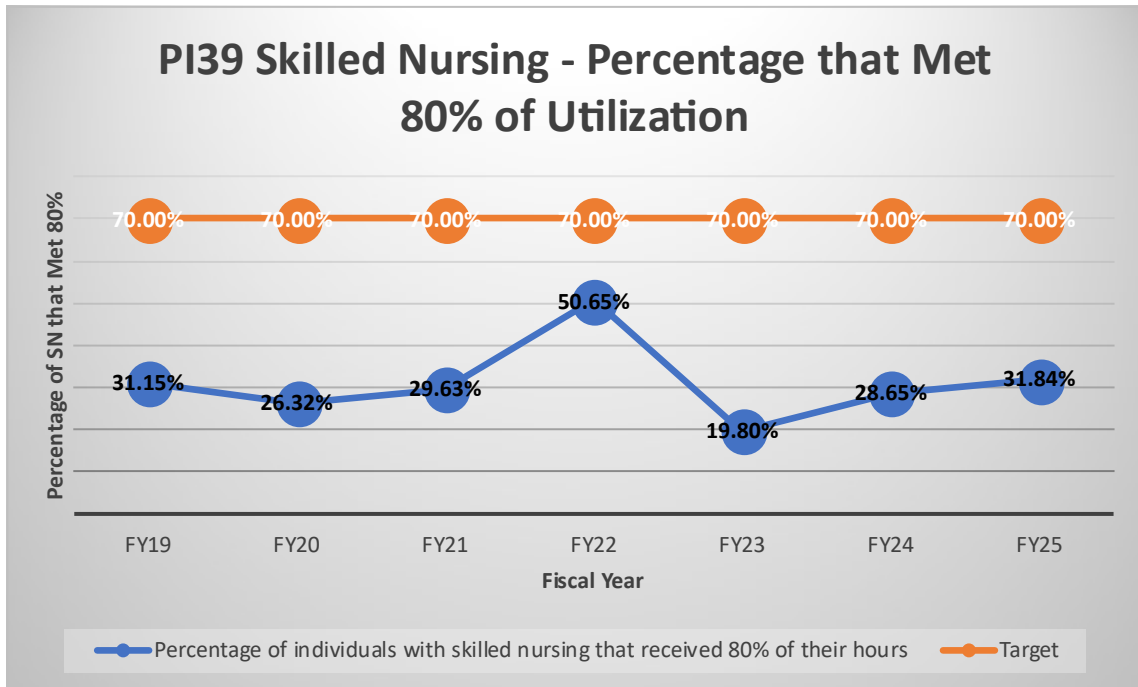
PI38 Private Duty Nursing - Percentage that Met 80% of Utilization				
Fiscal Year	Percentage of individuals with private duty nursing that received 80% of their hours	Number of individuals with private duty nursing that received 80% of their hours	Number of individuals identified with private duty nursing	Since FY19
FY19	53.91%	186	345	-
FY20	55.68%	201	361	1.77%
FY21	57.79%	204	353	3.88%
FY22	64.78%	241	372	10.87%
FY23	65.41%	261	399	11.50%
FY24	59.60%	267	448	5.69%
FY25	59.05%	310	525	5.13%



Skilled Nursing (PI 39)

Like Private Duty Nursing above, DBHDS calculated data back to fiscal year 2019 utilizing the most current attested calculation method. The chart below shows private duty nursing over a seven-year period, from FY19 to FY25.

PI39 Skilled Nursing - Percentage that Met 80% of Utilization				
Fiscal Year	Percentage of individuals with skilled nursing that received 80% of their hours	Number of individuals with skilled nursing that received 80% of their hours	Number of individuals identified with skilled nursing	Since FY19
FY19	31.15%	95	305	-
FY20	26.32%	80	304	-4.83%
FY21	29.63%	80	270	-1.52%
FY22	50.65%	117	231	19.50%
FY23	19.80%	40	202	-11.35%
FY24	28.65%	51	178	-2.50%
FY25	31.84%	57	179	0.70%



Intense Management Needs – Skilled Nursing (PI 39c)

DBHDS initiated an IMNR review process around Skilled Nursing in April 2025 that will assist with assessing if individuals have unmet nursing or other medical needs. The focus will determine if an individual’s skilled nursing service needs are being met. DBHDS is doing that by adding a series of questions to the IMNR questionnaire around Skilled Nursing. In addition, the nurses conducting the review will also be interviewing the nurse providing the care to the individual. DBHDS is reviewing 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.001* along with the questionnaire titled *IMNR Skilled Nursing Questionnaire Review Final* in March 2025. These processes have

been 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. The OIHSN Nurses completed the first review on April 25, 2025. Reviews have continued monthly since April. To get the most accurate depiction of the individual’s status, reviews are completed within two months of the start of the skilled nursing authorization. For example, the random sample for June 2025 is pulled and reviews are conducted in August 2025. Eighteen reviews have been completed as of the date of this report. A remediation plan and technical assistance from DBHDS is still sent for an individual even if it is determined that the individual’s needs are met. This ensures continued quality improvement.

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

A total of 18 reviews have been completed across all five regions. The regional breakdown is provided below.

Region	Count
Region 1	1
Region 2	5
Region 3	7
Region 4	3
Region 5	2
Grand Total	18

Among the 18 individuals reviewed, 11 (61.11%) were male and 7 (38.89%) were female.

Gender	Count
Female	7
Male	11
Grand Total	18

The age range of the 18 individuals reviewed is presented below.

Age Range	Count
23 - 30	2
31 - 40	2
41 - 50	4
51 - 60	6
61 - 70	2
71 - 80	2
Grand Total	18

Additional data is available for 16 of the 18 individuals reviewed. Review data for the remaining two individuals has not yet been entered into the data tracker. Among the 16 individuals with available data, all have received a physical examination within the past 14 months. Additionally, 12 individuals (75%) have undergone an annual dental examination during the same period.

A breakdown from the Health Indicator Checklist is below.

Condition	Count	Percent
Constipation	12	75.00%
Mobility	10	62.50%
Choking precautions	9	56.25%
Dysphagia	8	50.00%
Pressure injury/skin breakdown	6	37.50%
Aspiration Pneumonia	6	37.50%
Dehydration	5	31.25%
Major seizure disorder (if checked, list date of most recent seizure)	5	31.25%
Sepsis	4	25.00%
Hypertension	4	25.00%
Significant change in health/behavior in past year	4	25.00%
Tube feeding (if check, list type of tube feeding)	3	18.75%
Bladder Elimination Problems - (i.e., cath, recurrent UTI, etc.)	3	18.75%
Suction required (if check, list type of suction required)	2	12.50%
Injuries (other than Fall)	2	12.50%
Recurrent (3 or more a year) respiratory infections	2	12.50%
2 or more medical hospitalizations in the past year	2	12.50%
Diabetes	2	12.50%
Falls with injury (2 or more a month)	1	6.25%
Chronic pain	1	6.25%
PICA	2	12.50%
Difficulty maintaining or losing weight (not within BMI range)	1	6.25%
Communicable disease - TB/Hepatitis A, B or C, STD, MRSA	1	6.25%

The skilled nursing authorizations for these 18 individuals consist of five individuals authorized for Registered Nurse (RN) services, three individuals authorized for Licensed Practical Nurse (LPN) and 10 individuals for both RN and LPN. Two individuals were newly enrolled in services. Both began receiving their first service within 30 days of authorization.

All respondents were asked if they encountered any barriers to accessing services. A categorized list of the barriers is below.

1. Service Authorization & System Navigation

- Authorization process is laborious and frustrating.
- Short timelines for submitting additional information.
- Communication through the system is difficult; hard to contact someone directly.
- Service Authorization will not approve RN.
- Justification required for exhausting SPO/Home Health before Waiver Nursing.
- Navigating service authorization pends.
- Delays in determination; uncertainty about reimbursement.

2. Staffing & Provider Availability

- Challenge with finding nurses that understand Waiver nursing.
- Occasional challenges with weekend nursing coverage.
- Occasionally need a fill-in nurse; use of back-up agency.
- Provider absorbs cost to ensure 24-hour coverage.
- Staffing difficulties.

3. Medical & Clinical Access

- Difficulty in obtaining orders from PCP.
- Challenges finding a neurologist familiar with IDD.
- Receiving appropriate equipment from DME vendors.
- Insurance issues with nutritional supplements (no current issues).

4. Guardianship & Family Involvement

- Guardianship issues with parents lacking knowledge of beneficial treatments.

5. Direct Support Professional (DSP) Training

- DSPs need more training.
- Higher standards for DSP competency.

Some respondents stated they did not currently have any barriers to accessing services.

Additionally, all respondents were asked to identify what DBHDS could do to fix these barriers.

1. Insurance & Reimbursement Issues

- Medicaid not paying for supplies (gauze, tape, syringes, saline).
- Dental sedation coverage is sometimes denied, leaving a balance.
- Insurance not covering nutritional supplements (mentioned earlier).
- Travel time and plan development not included in reimbursement rate.
- Allow billing for RN when no LPN is available.
- Customized rate process is long and tedious.
- Increase the nursing rate.

2. Transportation Challenges

- Transportation is unreliable.
- Transportation provider cutting work hours and requiring unsafe central pickup location.

3. Service Authorization & System Navigation

- Service Authorization process is too complicated.
- Need for more nursing hours to allow LPNs to attend medical appointments.
- Simplify the Service Authorization process.
- Improve communication with the authorization team.
- Allow billing for staff supports during hospital orientation.
- Improve guardianship processes and AT funding.
- Improve DME procurement process.
- Justification for exhausting SPO/Home Health before Waiver Nursing.
- Educate physicians on Waiver system and documentation requirements.

4. Communication & Information Access

- Information from DBHDS is scattered; needs to be streamlined.
- Improve dissemination of DBHDS updates and guidance.

5. Staffing & Training

- Funding for a nurse trainer on Waiver Nursing Services and plan writing.
- DBHDS should require and fund advanced DSP training.
- DSPs need more training and higher competency standards.

6. Healthcare Provider Engagement

- Difficulty getting PCP orders.
- Help healthcare providers understand the importance of participating in provider orders.
- Connect with mobile primary care providers.

7. Positive Feedback / No Barriers

- SN IMNRs are helpful and should continue.
- No barriers noted; staff are content.
- No recommendations at this time.

The recommendations above will be reviewed by the Nursing Workgroup.

All 18 reviews resulted in at least one remediation plan, with a total of 79 remediation plans generated across the 18 individuals. Of these, 71 plans have been categorized. The table below provides a breakdown of the categorized remediation plans by type.

Remediation Plan Category	Count
Adaptive Equipment	5
Additional Supports/Enhancements	3
Assessments/Evaluations	13
Behavioral Supports/Therapeutic Consultation	1
Dental	3
Documentation	20
Guardianship	2
Human Rights	1
Nursing	8
Physical	1
Protocols	11
Psychotropic Meds	3
Grand Total	71

Of the 79 reviews conducted, 46 have been resolved. Resolutions included scheduling and completing appointments, updating documentation and protocols, completing assessments or evaluations, and repairing adaptive equipment.

Based on comprehensive assessments conducted by the OIH Registered Nurse Care Consultants, it was determined that the skilled nursing needs of all 18 individuals are being met.

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

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

DBHDS initiated the Intense Management Needs Review (IMNR) process reviews for the 27th Study Period on August 11, 2025, concluding them on September 19, 2025. These reviews were conducted in Regions 1, 3, and 4, focusing on individuals classified as Level 7 (Exceptional Behavioral).

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

DBHDS has just begun the data analysis of these reviews. The OIHSN RNCCs are working with the BSN team to ensure the recommendations for remediation are appropriate for the individual’s needs. The Remediation Plans for recommendations based on findings from these reviews are being reviewed and will be dispersed via email to the DD Director’s and Support Coordinators shortly. The OIHSN nurses are already working with

some individuals providing support and technical assistance. DBHDS will follow each of these recommendations until there is a resolution to benefit the individual.

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

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

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

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

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

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

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

Type of Residence:

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

Method of Communication:

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

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

Health Indicator	Count
Choking precautions	17
Constipation	9
Major seizure disorder (if checked list date of most recent seizure)	9
PICA	7
Significant change in health/behavior in past year	6
Hypertension	5
Diabetes	5
Difficulty maintaining or losing weight (not within BMI range)	5
Dysphagia	4
Pressure injury/skin breakdown	3
Mobility	3
Injuries (other than Fall)	2
Bowel Elimination Problems - diarrhea	2
(blank)	2
Aspiration Pneumonia	1
Recurrent (3 or more a year) respiratory infections	1
Tube feeding (if check, list type of tube feeding)	1
2 or more medical hospitalizations in the past year	1
Chronic pain	1
Communicable disease - TB/Hepatitis A, B or C, STD, MRSA	1
Bladder Elimination Problems - (i.e., cath, recurrent UTI (3 or more a year), etc.)	1

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

Physical Exam	Count	Percent
No	1	3.33%
Yes	29	96.67%
Grand Total	30	100.00%

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

Dental Exam	Count	Percent
No	5	16.67%
Yes	25	83.33%
Grand Total	30	100.00%

None of the individuals in this sample were authorized for nursing services or were identified by the reviewer as needing nursing services.

Review of Nursing Needs Data (PI 38b)

As mentioned in the 26th Study Period, DBHDS updated the ISP in September 2024, to allow for collection of nursing needs data identified by the Risk Awareness Tool. The question added states “Are Nursing Waiver Services Needed?” There is also an additional field to specify any additional information. A sample of ISPs was pulled and reported on during the 26th Study Period to include all individuals with an ISP that started between November 2024 and February 2025. There was a total of 5,024 ISPs initiated within this timeframe. This same report was reviewed for the 27th Study Period to include all individuals with an ISP that started in the second half of FY25 (1/1/25 - 6/30/25). There was a total of 9,022 ISPs initiated within this timeframe.

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

A table with the results of this question is below:

Are Waiver Nursing Services Needed?	Distinct Count	Distinct Count %
(blank)	7	0.08%
A: Yes, referral to be completed within 30 days of ISP	20	0.22%
B: Yes, referral(s) already completed and waiting to start services	31	0.34%
C: Yes, and the person is connected to this service already	275	3.05%
D: Yes, there are needs but individual/SDM declined referral	22	0.24%
E: No, needs are addressed by other supports (e.g. ABA, psychology)	200	2.22%
F: No, needs do not require these services	8467	93.85%
Grand Total	9022	100.00%

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

Based on this sample, 93.85% (8467) of individuals with ISP Start Dates between January 1, 2025 – June 30, 2025, identified that the individual’s needs do not require these services. Additionally, 200 (2.22%) individuals are getting needs addressed by other supports.

There was a total of 348 individuals that identified Waiver Nursing Services were needed. The breakdown of those results is below.

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

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

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

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

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

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

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

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

In June 2025, the OIHSN Nurses began a formal process to work in collaboration with Service Authorization to provide technical assistance around nursing authorizations. The technical assistance provided is specifically around authorizations that are pending to assist the DD Waiver Nursing Services provider in being approved to provide nursing services identified as needed. To date, the OIHSN Nurses have assisted with 12 formal technical assistance requests. Ten of these requests have been completed. The other two requests are still in

progress. Some of the technical assistance provided includes Justification Review, 485 Review, Part V Review, phone conversations with the provider and coordination of team meetings to come to a resolution.

Rate Study

As of the date of this report, the final Rate Study report is under review by the Office of Attorney General. It is expected to be submitted to the Judge by October 15, 2025.

Nursing Workforce Challenges

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

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

Virginia Department of Health Professions Healthcare Workforce Data Center produced their 2024 report on the state of the health professions workforce. The report contains the results of the 2024 Registered Nurse (RN) and Licensed Practical Nurse (LPN) survey. Among all licensed RNs, 51,918 and 11,454 LPNs voluntarily participated in this survey. The Virginia Department of Health Professions’ Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of RNs and LPNs have access to the survey each year. These survey respondents represent 40% of the 130,126 RNs and 40% of the 28,970 LPNs who are licensed in the state and 95 and 96% respectfully of renewing practitioners.

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

The Registered Nurse Workforce At a Glance:

<u>The Workforce</u>		<u>Background</u>		<u>Current Employment</u>	
Licenses:	130,126	Rural Childhood:	36%	Employed in Prof.:	91%
Virginia's Workforce:	109,670	HS Degree in VA:	59%	Hold 1 Full-Time Job:	68%
FTEs:	91,394	Prof. Degree in VA:	70%	Satisfied?:	94%
<u>Survey Response Rate</u>		<u>Education</u>		<u>Job Turnover</u>	
All Licensees:	40%	Baccalaureate:	51%	Switched Jobs:	7%
Renewing Practitioners:	96%	Associate:	24%	Employed Over 2 Yrs.:	58%
<u>Demographics</u>		<u>Finances</u>		<u>Time Allocation</u>	
Female:	92%	Median Income: \$80k-\$90k		Patient Care:	80%-89%
Diversity Index:	46%	Health Insurance:	65%	Patient Care Role:	67%
Median Age:	44	Under 40 w/ Ed. Debt:	57%	Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RNs

Under 65:	42%
Under 60:	16%

RNs 50 and Over

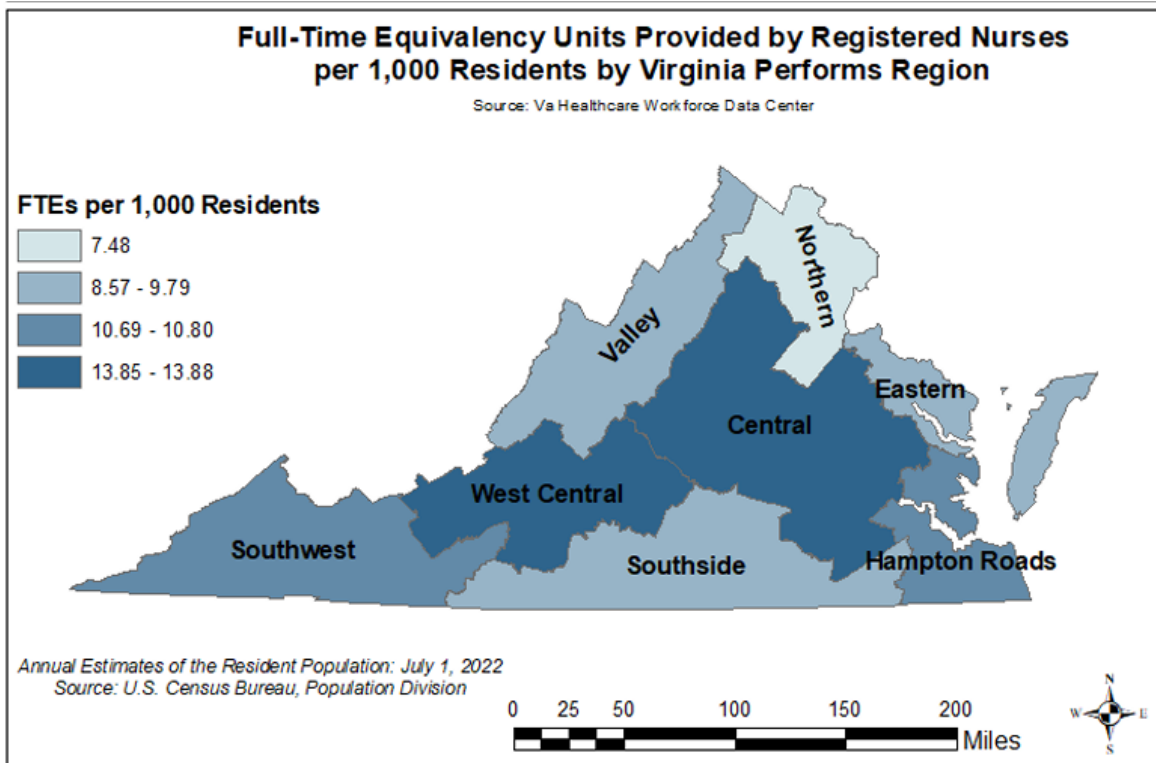
Under 65:	28%
Under 60:	5%

Time Until Retirement

Within 2 Years:	7%
Within 10 Years:	21%
Half the Workforce:	By 2049

Source: Va. Healthcare Workforce Data Center

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. 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.



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

The Licensed Practical Nurse Workforce At a Glance:

<u>The Workforce</u>		<u>Background</u>		<u>Current Employment</u>	
Licenses:	28,970	Rural Childhood:	49%	Employed in Prof.:	89%
Virginia's Workforce:	26,326	HS Degree in VA:	72%	Hold 1 Full-Time Job:	69%
FTEs:	23,632	Prof. Degree in VA:	88%	Satisfied?:	94%
<u>Survey Response Rate</u>		<u>Education</u>		<u>Job Turnover</u>	
All Licenses:	40%	LPN Diploma/Cert.:	94%	Switched Jobs:	8%
Renewing Practitioners:	95%	Associate:	5%	Employed Over 2 Yrs.:	53%
<u>Demographics</u>		<u>Finances</u>		<u>Time Allocation</u>	
Female:	95%	Median Income: \$50k-\$60k		Patient Care:	80%-89%
Diversity Index:	57%	Health Insurance:	57%	Patient Care Role:	66%
Median Age:	46	Under 40 w/ Ed. Debt:	58%	Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPNs

Under 65:	32%
Under 60:	11%

LPNs 50 and Over

Under 65:	22%
Under 60:	3%

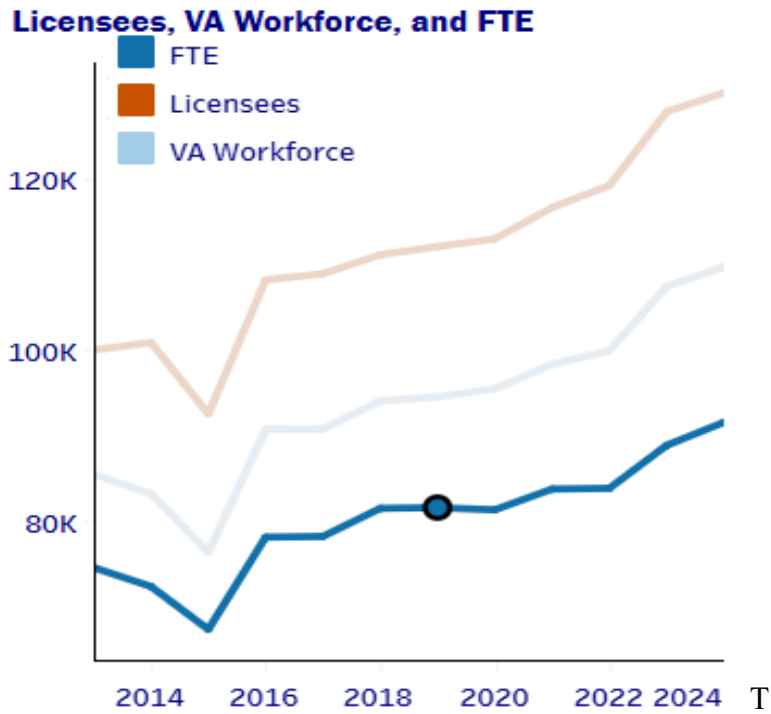
Time Until Retirement

Within 2 Years:	6%
Within 10 Years:	21%
Half the Workforce:	By 2049

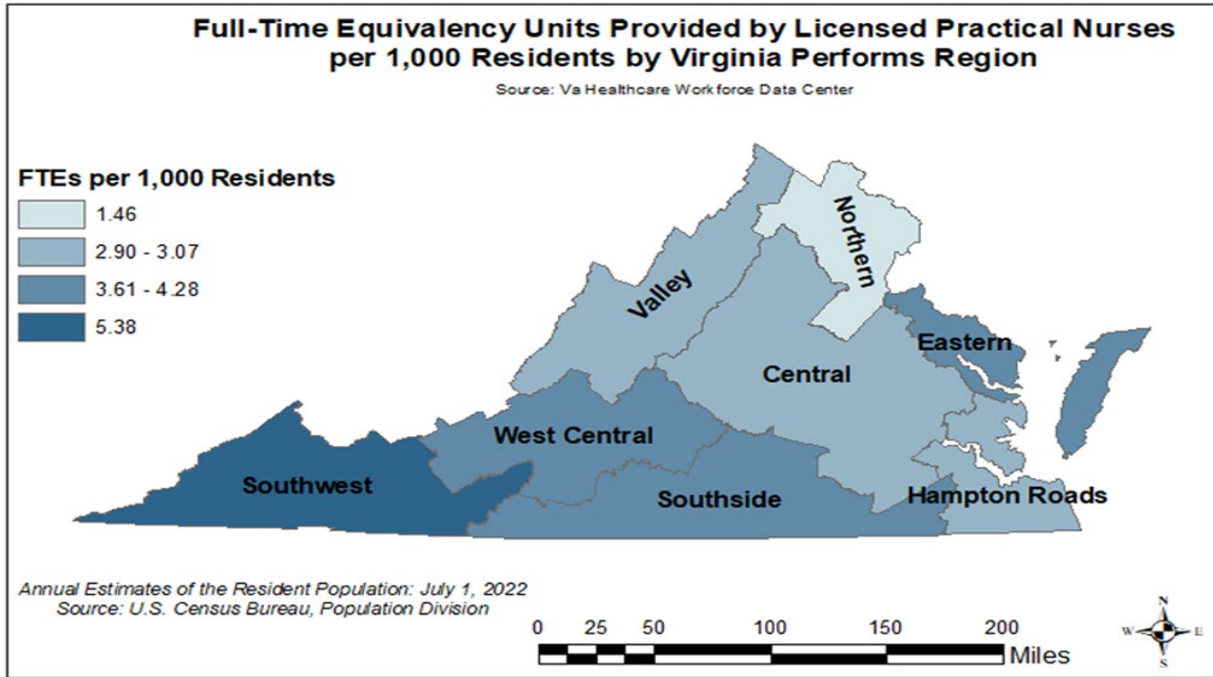
Source: Va. Healthcare Workforce Data Center

The graph below shows steady increases since a low in 2015 in the number of RNs who hold licenses, actively work and who hold full time jobs.

- 130,126 RN licenses held in Virginia
- 190,670 RNs in the workforce
- 91,394 RNs working full equivalent hours



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.



Initiatives, Next Steps and Recommendations

As we continue to move forward, DBHDS will:

- The Office of Integrated Health Support Network (OIHSN) Project Manager along with a WaMS Data Analyst have been working thoroughly to automate the calculations of the Nursing Utilization process. This has been completed and was utilized to recalculate new billings data for F19 – FY24.
- The OIHSN Project Manager and WaMS Data Analyst will continue to work together to determine the most accurate way to reflect the utilization of authorized nursing services.
- DBHDS continues to work towards an internal dashboard to present and review themes and trends as it pertains to CSBs, Regions, Providers, etc.
- OIHSN Nurses will contact individuals and / or their support teams based on review of the Nursing Needs report from FY25 and offer technical assistance when necessary; determine trends.

- OIHSN Nurses will continue to update the Skilled Nursing and Private Duty Nursing Training to ensure it is consistent with any updates DMAS may have made to the DD Waiver Manual and any training being developed by the Waiver Operations Office at DBHDS
- OIHSN Nurses will continue to offer Skilled Nursing and Private Duty Nursing training for Providers and other stakeholders as requested and include polling and survey questions for participants (Providers, Nursing Agencies, Service Coordinators, Direct Support Professionals, etc.) to further understand the challenges and barriers that they currently face.
- Continue to collaborate with Service Authorization (SA) and the SA Nurse and to offer technical assistance when authorizations are pended.
- Continue to complete the IMNR and Skilled Nursing IMNR process, identifying which CSB areas in each region have the highest nursing shortages, identifying the top three barriers to individuals access nursing service in each region and working towards resolving these barriers.
- The OIHSN will continue to refine the Nursing Provider database project and produce an internal directory to find nursing providers.
- OIHSN Administrative Assistant that will work with Registered Nurse Care Consultants OIHSN Project Manager to build the Power BI tool that will drive the search engine as the DD Waiver nursing provider database is populated each cycle by the OIHSN RNCCs.
- Continue monthly meetings with a specific DD Waiver nursing service provider to discuss authorization concerns and provide technical assistance and invite them to join the Nursing Workgroup.
- In addition to the DD Waivers Nursing in VA training, OIH will continue to offer face to face and virtual meetings with providers which are in the process of providing DD Waivers nursing services and provide hands-on technical assistance with required documentation.
- Continue to incorporate the results from the IMNR process (PI 38, 39, 44) as it pertains to Nursing Utilization.
- Recommend that the Case Management (Support Coordination) Steering Committee consider the barriers identified for Support Coordination for updates or additions to existing SC training.
- Continue to support the Office of Provider Network Support review the actions to promote Jump Start funding, determine additional steps to promote the funding source in FY25 and FY26.
- Continue work with the Nursing Workgroup as identified in the Nursing Workplan.
- Continue to collaborate with the new (part time) Medical Director for DD in the Office of the Chief Clinical Officer around identifying approaches to ensuring the health and safety needs identified in the individual's ISP are met.
- Expand the current and informal process involving the Community Nursing email designed as an access point to request assistance to development of a consultation request process and on – line request portal for nursing and medical consultation with OIHSN Nurses, PT and the DBHDS DD Medial Director and Pharmacy Manager.

VHHA. (2022, October 31). VHHA Launches On Board Virginia Health Care Workforce Recruiting Website, Promotional Campaign. Virginia Hospital and Healthcare Association. Retrieved November 18, 2022, from <https://www.vhha.com/communications/vhha-launches-on-board-virginia-health-care-workforce-recruiting-website-promotional-campaign>

Sablik, T. (2022). The Rural Nursing Shortage | Richmond Fed. Federal Reserve Bank of Richmond. Retrieved November 18, 2022, from https://www.richmondfed.org/publications/research/econ_focus/2022/q1_feature_