

# **Nursing Services Data Report**

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

**Updated Full Year Review of FY24 and FY25 Six Month**

**March 2025**

**Updated April 18, 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

The Office of Integrated Health (OIH) Supports Network within DBHDS performed an updated review of FY24 data that included additional billings that were previously unavailable during the 25<sup>th</sup> Study Period for DD Waiver Nursing Service within the Commonwealth. Additionally, a review of data for the first six months of FY25 was completed. DD Waiver Nursing services are provided for individuals enrolled in the DD Waiver who have serious medical conditions and complex healthcare needs and have exhausted their home health benefits under the Commonwealth's Medicaid benefit or other benefits available to the individual and who requires specific nursing care. This time covers 7/1/24 – 12/31/24. The service authorizations pulled for this review included all authorizations that were active within that time in FY25.

## FY24

### Overview of Data – FY24

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) during the 25<sup>th</sup> study period. To report the most accurate data available, DBHDS recalculated these authorizations with updated billing data. It is important to remember that providers have up to a year to bill from the date of the service. This data was pulled in January 2025 along with billing data for the first six months of FY25 (7/1/2024 – 12/31/2024). The results of that recalculation were significant as the percentage of utilization increased from the last report. Those results are below.

DBHDS found 630 unique ID/D individuals in DMAS service authorization files with a valid DD Waivers nursing service authorization (i.e., G0493, S9123, S9124, T1002, T1003) open within FY24 (July 1, 2023 – June 30, 2024).

### Reporting – FY24

#### Timeliness of Service – Individuals with New Authorizations within FY24

##### GOAL: 70%

There was a total of 128 EPSDT and Waiver recipients with new service authorizations that began in FY24. Of that number, a total of 123 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 96.09%, which compares to the goal of 70%.

- 128 Total Individuals Identified with first time authorizations
- 123 Total Individuals received first service within 30 days

#### EPSDT Recipient Breakdown – FY24

##### GOAL: 70%

There was a total of 33 EPSDT individuals with new service authorizations within FY24. Of that number, 31 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 93.9%, which compares to the goal of 70%.

- 33 EPSDT Individuals Identified
- 31 EPSDT Individuals received first service within 30 days

#### Waiver Recipient Breakdown – FY24

##### GOAL: 70%

There was a total of 95 Waiver individuals with new service authorizations within FY24. Of that number, 92 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 96.84%, which compares to the goal of 70%.

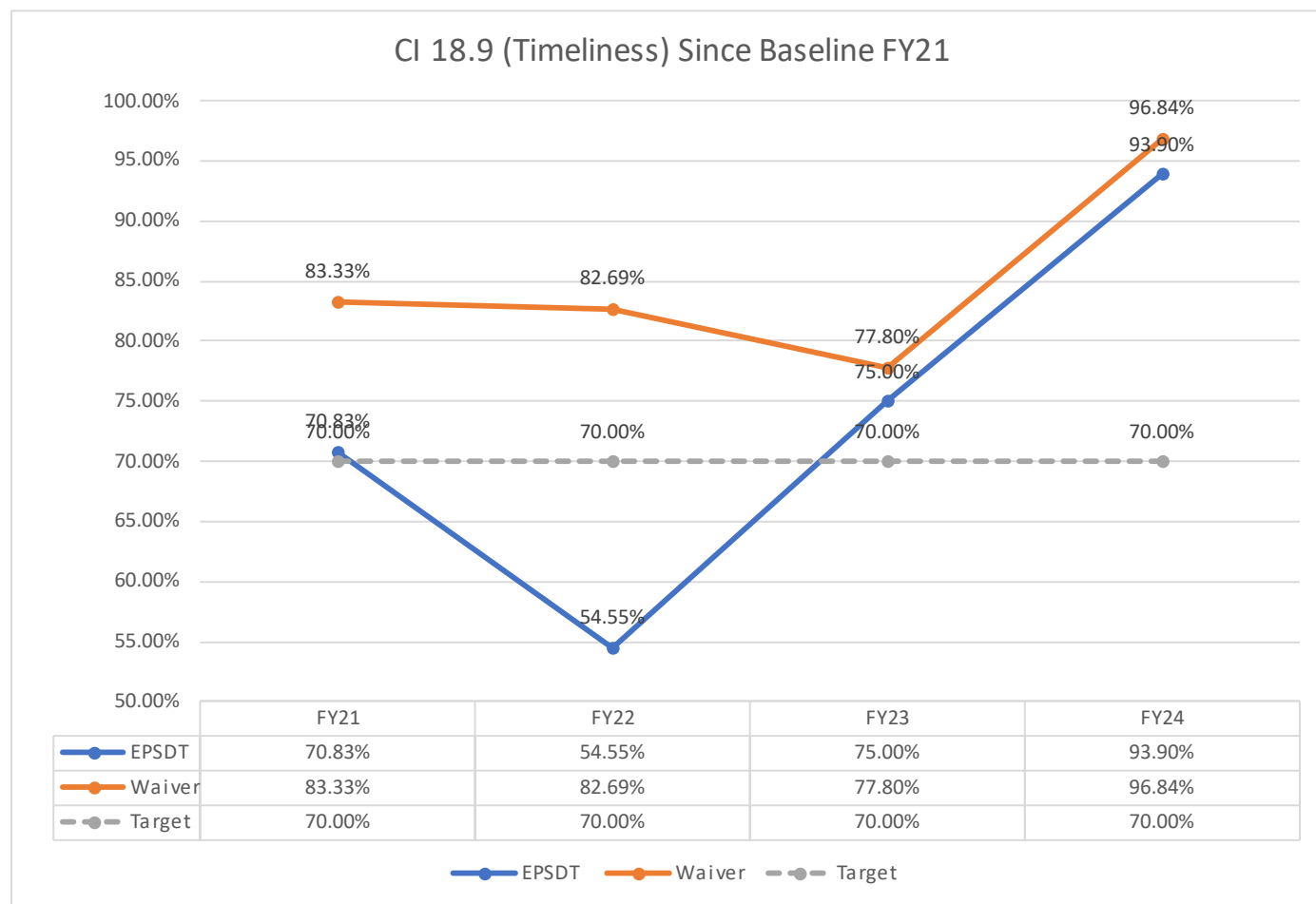
- 95 Waiver Individuals Identified
- 92 Waiver Individuals received first service within 30 days

## **MET 80% by SERVICE – FY24**

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
<b>EPSDT</b>	93.9%
<b>Waiver</b>	96.84%

The following chart shows the timeliness of service since the baseline of FY21. EPSDT increased from 70.83% in FY21 to 93.9% in FY24. Waiver has increased from 83.33% in FY21 to 96.84% in FY24.



### Utilization of Authorizations – FY24

Of the 630 unique individuals identified within FY24, 414 unique individuals received 80% or more of their authorized hours.

65.71% of unique individuals of both EPSDT and Waiver recipients received 80% or more of their authorized hours.

- 630 Individuals Identified
- 414 Individuals received 80% or more of their authorized hours
- 65.71% received 80% or more of their authorized hours

### EPSDT Recipients Overview – FY24

Of the 630 unique individuals identified within FY24, 84 individuals were EPSDT recipients. Of the 84 recipients, 46 recipients received 80% or more of their authorized hours for at least one service in FY24.

- 630 Individuals Identified
- 84 Total EPSDT Recipients

- 46 recipients received 80% or more of their authorized hours

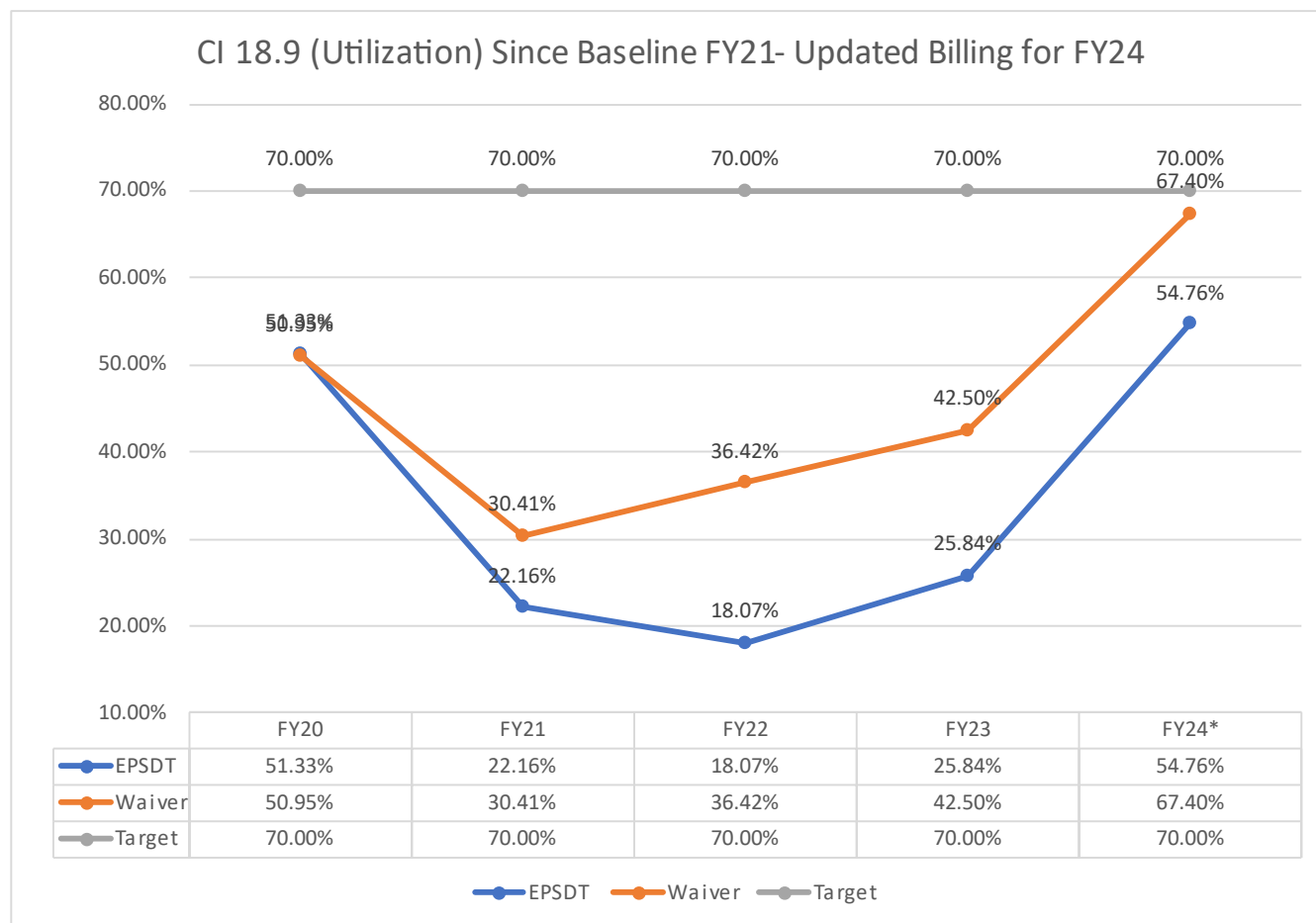
## Waiver Recipients Overview – FY24

Of the 630 unique individuals identified within FY24, 546 individuals were Waiver recipients. Of the 546 recipients, 368 recipients received 80% or more of their authorized hours.

- 630 Individuals Identified
- 546 Total Waiver Recipients
- 368 recipients received 80% or more of their authorized hours

Percentage that Met 80% Utilization by Category	
	Percent
<b>EPSDT</b>	54.76%
<b>Waiver</b>	67.4%

The following chart shows the percent of those that met 80% utilization since FY21 by EPSDT and Waiver. EPSDT has increased 32.6% since FY21 while Waiver has increased 36.99% since FY21.

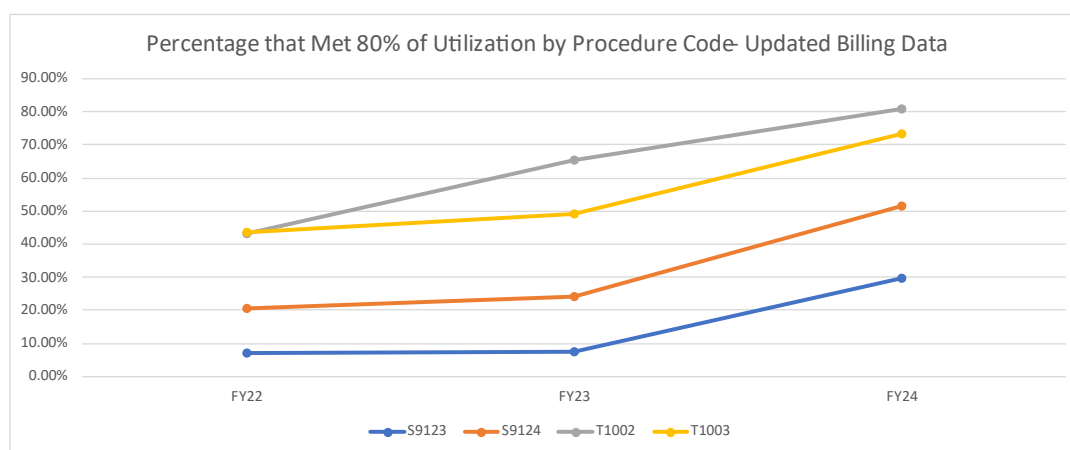


## Utilization by Procedure Code – FY24

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 shows the Percentage of Utilization that Met 80% by Procedure Code from FY22 to FY24.

Percentage that Met 80% of Utilization by Procedure Code - Updated Billing Data			
Procedure Code	FY22	FY23	FY24
S9123	6.97%	7.41%	29.63%
S9124	20.47%	23.97%	51.52%
T1002	43.27%	65.32%	80.85%
T1003	43.67%	48.99%	73.13%



## Utilization by Region – FY24

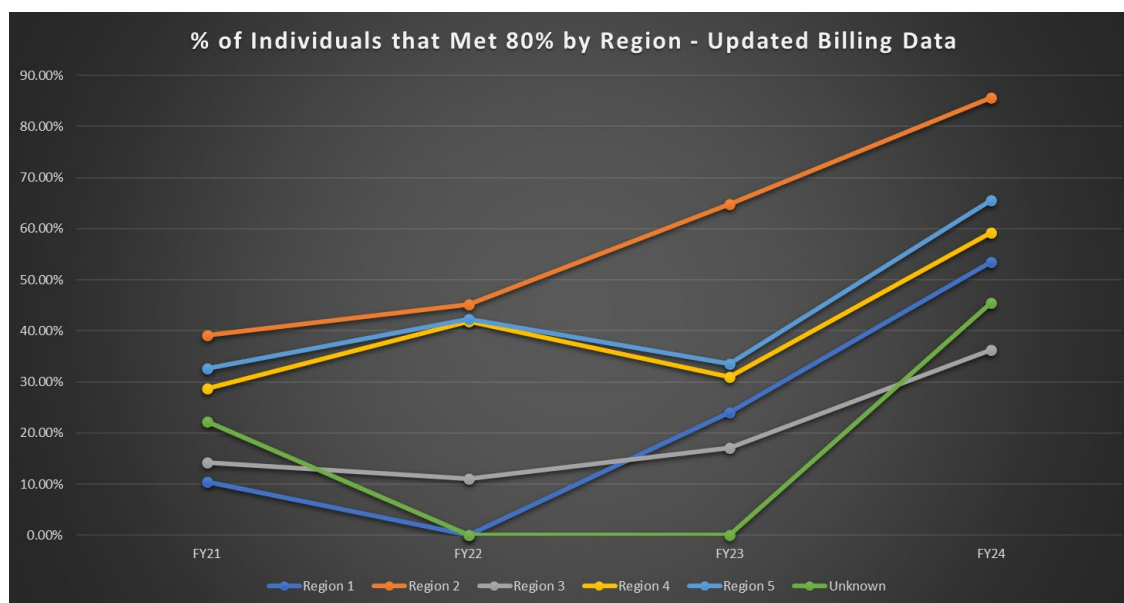
The following table shows the Percentage of Utilization that Met 80% broken out by the individual's Region for each fiscal year since FY21. The Regions are determined by the Individual's CSB. This information comes from WaMS. An individual's Region shows as "Unknown" if the individual is not in WaMS 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	FY21	FY22	FY23	FY24
Region 1	10.53%	0.00%	24.04%	53.49%
Region 2	39.14%	45.17%	64.76%	85.59%
Region 3	14.19%	11.11%	17.07%	36.26%
Region 4	28.69%	41.79%	31.03%	59.21%
Region 5	32.59%	42.37%	33.61%	65.55%
Unknown	22.22%	0.00%	0.00%	45.45%

*\*Regions are determined by Individual's CSB*

The following table shows the Percentage of Utilization Categorized by the individual's region since FY21. The percentage of those that received 80% or more of their authorized hours has increased for all regions since FY21. The greatest increase took place in Region 2.










## Utilization by SIS Score – FY24

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 “D2” if they are new to the Waiver and have not yet had a SIS completed.

Percentage that Met 80% of Utilization by SIS Level		
SIS Level	FY23	FY24
(blank)	0.00%	45.50%
1	50.00%	0.00%
2	26.47%	68.00%
3	0.00%	50.00%
4	33.06%	64.22%
5	37.93%	68.18%
6	44.44%	68.02%
7	47.62%	66.67%
D2	44.44%	57.14%

The SIS scale and supports needs are referenced below.

Reimbursement Tier 1		<b>Mild Support Needs</b> Individuals have some need for support, including little to no support need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance.
Reimbursement Tier 2		<b>Moderate Support Needs</b> Individuals have modest or moderate support needs, but little to no need for medical and behavioral supports. They need more support than those in Level 1, but may have minimal needs in some life areas.
Reimbursement Tier 3		<b>Mild/Moderate Support Needs with Some Behavioral Support Needs</b> Individuals have little to moderate support needs as in Levels 1 and 2. They also have an increased, but not significant, support needed due to behavioral challenges.
		<b>Moderate to High Support Needs</b> Individuals have moderate to high need for support. They may have behavioral support needs that are not significant but range from none to above average.
Reimbursement Tier 4		<b>Maximum Support Needs</b> Individuals have high to maximum personal care and/or medical support needs. They may have behavioral support needs that are not significant but range from none to above average.
		<b>Intensive Medical Support Needs</b> Individuals have intensive need for medical support but also may have similar support needs to individuals in Level 5. They may have some need for support due to behavior that is not significant.
		<b>Intensive Behavioral Support Needs</b> Individuals have intensive behavioral challenges, regardless of their support needs to complete daily activities or for medical conditions. These adults typically need significantly enhanced supports due to behavior.

## FY25 6mo

### Overview of Data – FY25 6mo

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 511 unique ID/D individuals in DMAS service authorization files with a valid DD Waivers nursing service authorization (i.e., S9123, S9124, T1002, T1003) open within the first six months of FY25 (July 1, 2024 – December 31, 2024).

### Reporting – FY25 6mo

#### Timeliness of Service – Individuals with New Authorizations within FY25

##### GOAL: 70%

There has been a total of 61 EPSDT and Waiver recipients with new service authorizations that began within the first 6 months of FY25. Of that number, a total of 58 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 95.08%, which compares to the goal of 70%.

- 61 Total Individuals Identified with first time authorizations
- 58 Total Individuals received first service within 30 days

#### EPSDT Recipient Breakdown – FY25 6mo

##### GOAL: 70%

There has been a total of 11 EPSDT individuals with new service authorizations within the first six months of FY25. Of that number, 11 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 100%, which compares to the goal of 70%.

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

#### Waiver Recipient Breakdown – FY25 6mo

##### GOAL: 70%

There has been a total of 50 Waiver individuals with new service authorizations within the first six months of FY25. Of that number, 47 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 94%, which compares to the goal of 70%.

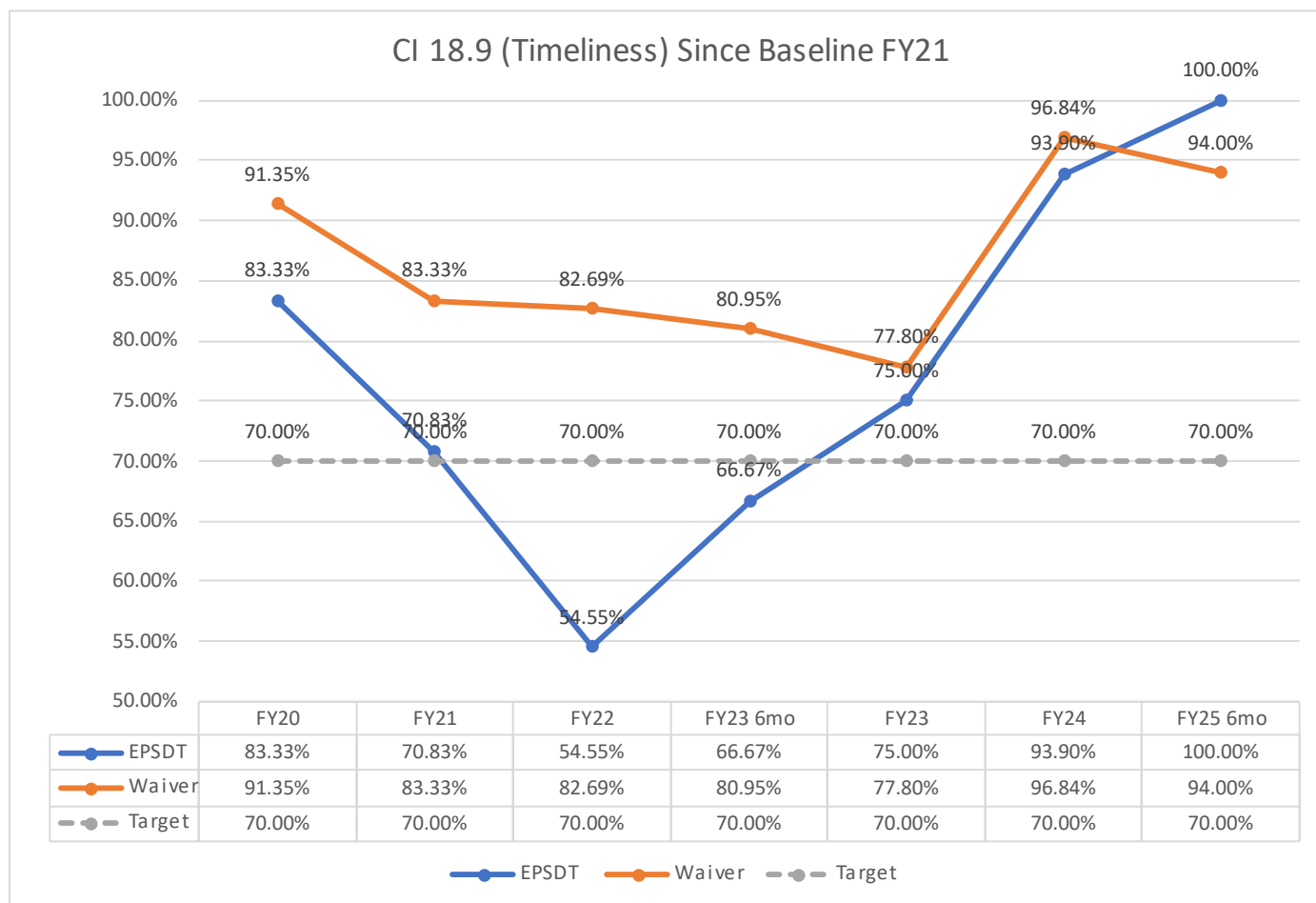
- 50 Waiver Individuals Identified
- 47 Waiver Individuals received first service within 30 days

## **MET 70% by SERVICE – FY25 6mo**

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
<b>EPSDT</b>	100%
<b>Waiver</b>	94%

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



## Utilization of Authorizations – FY25 6mo

Of the 511 unique individuals identified within the first six months of FY25, 123 unique individuals received 80% or more of their authorized hours.

24.07% of unique individuals of both EPSDT and Waiver recipients received 80% or more of their authorized hours.

- 511 Individuals Identified
- 123 Individuals received 80% or more of their authorized hours
- 24.07% received 80% or more of their authorized hours

## EPSDT Recipients Overview – FY25 6mo

Of the 511 unique individuals identified within the first six months of FY25, 62 individuals were EPSDT recipients. Of the 62 recipients, 18 recipients received 80% or more of their authorized hours for at least one service in the first six months of FY25.

- 511 Individuals Identified

- 62 Total ESPDT Recipients
- 18 recipients received 80% or more of their authorized hours

## Waiver Recipients Overview – FY25 6mo

Of the 511 unique individuals identified within the first six months of FY25, 449 individuals were Waiver recipients. Of the 449 recipients, 105 recipients received 80% or more of their authorized hours.

- 511 Individuals Identified
- 449 Total Waiver Recipients
- 105 recipients received 80% or more of their authorized hours

Percentage that Met 80% Utilization by Category	
	Percent
<b>ESPD</b>	29.03%
<b>Waiver</b>	23.39%

## Utilization by Procedure Code – FY25 6mo

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 from FY22 to FY25.

Percentage that Met 80% of Utilization by Procedure Code - Updated Billing Data				
Procedure Code	FY22	FY23	FY24	FY25 6mo
<b>S9123</b>	6.97%	7.41%	29.63%	5.19%
<b>S9124</b>	20.47%	23.97%	51.52%	13.92%
<b>T1002</b>	43.27%	65.32%	80.85%	27.62%
<b>T1003</b>	43.67%	48.99%	73.13%	26.63%

## Utilization by Region – FY25 6mo

The following table shows the Percentage of Utilization that Met 80% within the first six months of FY25. This is 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	FY21	FY22	FY23	FY24	FY25 6mo
Region 1	10.53%	0.00%	24.04%	53.49%	14.67%
Region 2	39.14%	45.17%	64.76%	85.59%	30.54%
Region 3	14.19%	11.11%	17.07%	36.26%	12.70%
Region 4	28.69%	41.79%	31.03%	59.21%	21.62%
Region 5	32.59%	42.37%	33.61%	65.55%	27.96%
Unknown	22.22%	0.00%	0.00%	45.45%	0.00%

*\*Regions are determined by Individual's CSB*

## Utilization by SIS Score – FY25 6mo

The following table shows the percentage of utilization that Met 80% within the first six months of 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 "D2" if they are new to the Waiver and have not yet had a SIS completed.

Percentage that Met 80% of Utilization by SIS Level			
SIS Level	FY23	FY24	FY25 6mo
(blank)	0.00%	45.50%	
1	50.00%	0.00%	100.00%
2	26.47%	68.00%	18.75%
3	0.00%	50.00%	
4	33.06%	64.22%	23.26%
5	37.93%	68.18%	17.65%
6	44.44%	68.02%	23.78%
7	47.62%	66.67%	16.67%
D2	44.44%	57.14%	36.00%

## SN vs PDN

Percentage that Met 80% Utilization by Nursing Type	
FY24	Percent
Skilled Nursing	45.41%
Private Duty Nursing	74.33%

Percentage that Met 80% Utilization by Nursing Type	
FY25	Percent
Skilled Nursing	11.90%
Private Duty Nursing	27.91%

## Nursing Provider Database Project

DBHDS has begun the process of building a Nursing Provider Database. This tool will initially be utilized internally to attempt to assist individuals to locate nursing providers in their area. Utilizing the nursing authorizations from FY24, the OIH Nurses attempted to contact the providers from this data who had an Approved or Approved and Modified nursing authorization within the fiscal year. A series of questions were asked of the nursing service provider, and the data was captured in a Microsoft Form. The results of the calls to date are below. These results will be used to assist with identifying the barriers to individuals accessing nursing services.

There was a total of 125 providers that were approved for nursing services in FY24. Of those 125 providers, DBHDS has been able to contact 60 providers.

The following questions were asked, and responses collected in a Microsoft Form:

- Provider Name
- Provider NPI
- Provider Contact Name
- Provider Contact Email
- Provider Contact Number plus an alternative
- Provider Address, City and Zip
- Services Provided
- Any specialized Needs
- Ages Serviced
- Do you have challenges delivering services?
- If yes, what are those challenges?
- If answered yes to staffing challenges, what positions?
- What barriers do you encounter?
- Do you document the reason(s) nursing hours are not utilized?
- If yes, what documentation methods do you utilize?



DBHDS has contacted 60 providers and made a total 78 total entries. This is because seven nursing service providers that have been contacted have multiple locations, therefore, resulting in multiple entries. The providers contacted to date are in the following locations.

Provider	Count
Abingdon	1
Alexandria	2
Annadale	1
Annandale	2
Ashburn	1
Bedford	1
CHANTILLY	2
Charlottesville	1
Chesapeake	2
Chester	1
CHRISTIANSBURG	1
Danville	1
Dumfries	1
Fairfax	3
Falls Church	1
Farmville	1
Floyd	1
Fredericksburg	1
Glen Allen	1
Leesburg	1
Lynchburg	1
Manassas	5
Newport News	1
Norfolk	1
North Chesterfield	5
Portsmouth	6
Richmond	2
Roanoke	2
Salem	1
Springfield	1
Stafford	2
Staunton	1
Sterling	3
Suffolk	2
Tazewell	1
Vienna	2
Virginia Beach	3
Woodbridge	12
Wytheville	1
Grand Total	78

Of the total providers contacted, below is a breakdown of the number of providers and the services they provide:

- Two providers offer S9123 – Skilled Nursing, RN ONLY
- Three providers offer S9123 & S9124 – Skilled Nursing, RN and LPN ONLY
- Three providers offer S9124 & T1003 – Skilled Nursing, LPN and Private Duty Nursing, LPN
- Fourteen providers offer T1002 & T1003 – Private Duty Nursing, RN and LPN
- Three providers off ALL SERVICES (S9123, S9124, T1002, T1003)

One provider contacted offers varying services based on location while other providers offer all nursing services (S9123, S9124, T1002, T1003). Other providers offer just Skilled Nursing, RN (S9123) and Private Duty Nursing, RN & LPN (T1002, T1003) or just Private Duty, RN and LPN (T1002, T1003) services.

Below are some observations from the phone calls:

### ***Do you have challenges delivering services?***

Of the 60 providers contacted, 29 providers stated they did not have challenges delivering services while 31 providers stated they did have challenges delivering services. One provider stated both yes and no depending on the area they were serving.

DBHDS received 66 responses as to the reasons they had challenges delivering services from the providers expressing they had challenges.

The reasons below are the top responses:

- Staffing shortage at the nursing agency
- Difficulty with paperwork (i.e., getting orders signed from the doctor, getting service authorizations for nursing care approved, providing documentation to insurance companies, etc.)
- Coordinating schedules with nurse availability
- Home environment concerns (i.e., rural locations that are difficult for nurses to reach, unsafe neighborhoods, aggressive/intimidating pets)
- Extreme behaviors of the individual

Some other reasons specified include:

- Not able to be competitive with RN pay in their area
- Language barriers
- Difficult to predict exact number of hours needed accurately for a year d/t changing needs, system designed after home health model instead of chronic care model
- Authorizations for RN or LPN must be separately vs. instead of being shared.
- Difficulty getting RN authorizations approved
- Reimbursement rates are not sufficient for RNs
- Lack of nursing experience to care for the individual's needs
- Difficulty scheduling nursing visits to coincide with the individual's schedule
- Authorization codes are not interchangeable
- Confusion around the coordination of Personal and Respite Care
- It's difficult to get RN authorizations. They can only mostly get LPN authorizations, but there are more RNs throughout the state and it's difficult to find an LPN
- Difficult to deliver nursing care that involves shorter time frames such as 1 or 2 hours. The nurses prefer longer shifts (10-16 hours)
- Challenges providing overnight care

There were 19 providers that responded regarding staffing challenges. These providers were asked what positions they had trouble staffing. Of the 19 responses, 13 providers stated they had trouble staffing both RN and LPN positions while 3 providers stated LPN and 3 providers stated RN.

When asked the **barriers to staffing**, the following responses were given:

- Process to obtain approval of RN authorizations and reimbursement rates for RNs
- The care the individual needs the staff is unable to provide due to nurse skills and aging workforce (many people not applying for positions in this field of nursing)
- Difficult to find nurses for rural locations (i.e., Fredericksburg vs Manassas)
- They have nurses, it's just that the hours are there if needed, but they can't always use those hours. "Adding more nursing is not the solution. Being able to accurately predict hours needed is the issue"
- High turnover rate, not enough nurses applying for openings
- Lack of competitive pay; reimbursement rate. Hospitals pay 30% more.
- LPN shortage. Have lots of RNs applying for positions but even though nursing agencies will pay RNs more out of pocket, RNs still cannot provide the LPN duties
- Only have an authorization for an LPN, but an RN is the only nurse available

### ***Do you document the reason(s) nursing hours are not utilized?***

Of the 60 providers contacted, 28 providers indicated that they did document the reason nursing hours were not utilized while 27 providers responded that they did not document the reason nursing hours were not utilized. Seven providers were unsure. One other provider responded in each one of the areas depending on the location.

### ***If yes, what documentation methods do you utilize?***

It appears there are various forms of methodologies utilized. Many providers utilize some form of electronic charting whether it be EVV, eMAR, spreadsheet or other tracking log. Others stated utilizing paper records, staff schedules, nursing notes and missed visit notes to track.

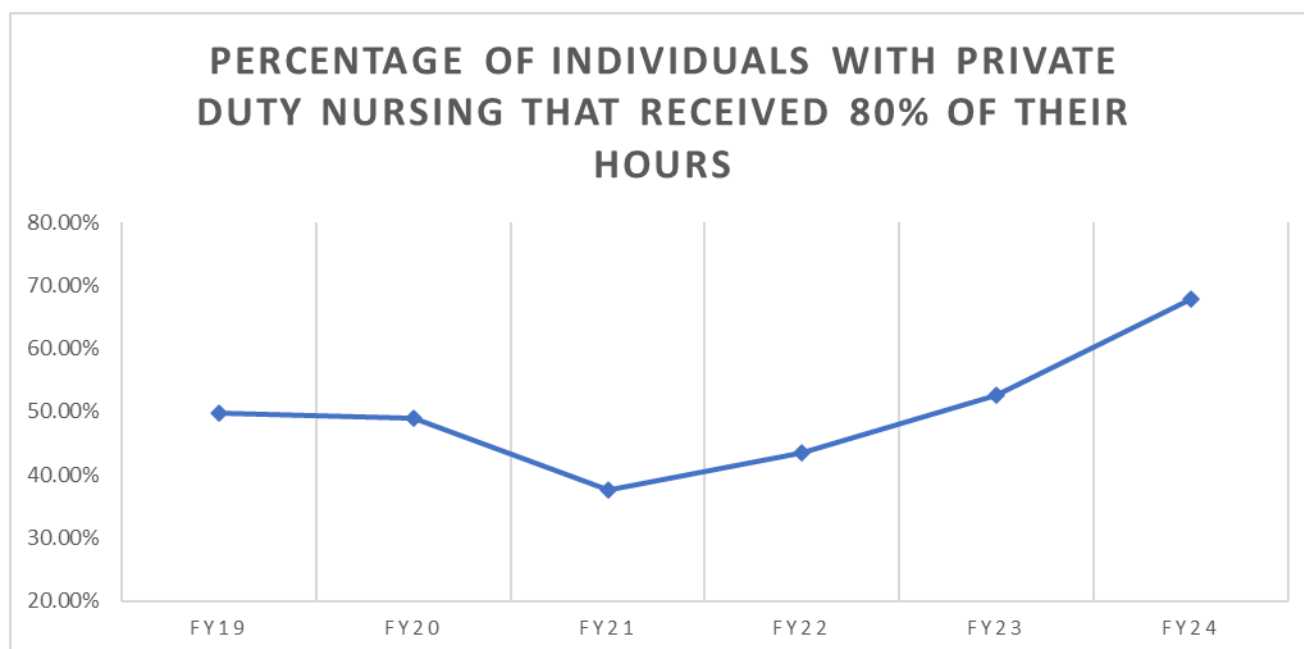
### **Quality Improvements**

After completing Phase One, OIHSN discovered some quality improvements to be made to this process. Additional questions need to be added to receive more accurate and searchable responses. For instance, a question should be added to request the areas the provider serves. Another question should be added to ask if they serve the community or accept outside referrals (Home Health or Residential Service Providers). In addition, a column should also be added denoting the status of the contact with the provider (i.e., Billed, Confirmed, Not Confirmed, etc.). Where do you advertise for your open positions? OIH will be utilizing the *Behavioral Providers Search Engine* to assist with process improvement.

## Private Duty Nursing (PI 38di. - ii. – Deep Dive)

DBHDS has begun a process of 1) identifying the top three barriers to individuals accessing nursing services in each Region and then identifying interventions directed to reducing the identified barrier(s) and 2) identifying the CSB or CSBs that have the lowest utilization and targeting technical assistance and training to support them to increase utilization or authorized nursing services. A Nursing Access Work Plan has been developed and is available for review. As part of that work plan, DBHDS will be attempting to contact providers/support coordinators, by email and/or phone, for individuals that received less than 80% of their authorized Private Duty Nursing hours in FY24. If the individual also has an authorization in FY25, DBHDS will ask if there are any barriers to the services they are currently receiving. There are a total of 401 individuals that DBHDS will be attempting to contact. These contacts will begin on April 7, 2025, and the results will be reported in the next report.

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	49.87%	184	369	-
FY20	49.07%	184	375	↓ -0.80%
FY21	37.50%	144	384	↓ -12.37%
FY22	43.57%	166	381	↓ -6.30%
FY23	52.55%	206	392	↑ 2.68%
FY24	67.76%	288	425	↑ 17.89%



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

*\*Updated 4/18/2025*

DBHDS began the reviews for the Intense Management Needs Review (IMNR) process for the 26<sup>th</sup> Study Period on February 24, 2025. These reviews concluded on March 20, 2025. The reviews took place in regions 2 and 4. Twenty-nine reviews were completed by a Registered Nurse Care Consultant (RNCC) from the Office of

Integrated Health Supports Networks alongside a nurse consultant of the Independent Reviewer. DBDHDS has just begun the data analysis of these reviews. The Remediation Plans of recommendations based on findings from these reviews were dispersed via email to the DD Director's and Support Coordinators on March 31, 2025. DBHDS expects that the communication will be acknowledged and regular updates on the progress of these plans returned as progress is made. DBHDS will follow each of these recommendations until there is a resolution benefitting the individual.

The results of these reviews as it pertains to Nursing Utilization are below.

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

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

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

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

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

It is important to note that during this IMNR process the training of two additional RNCCs to execute the IMNR was begun.

## **Intense Management Needs – Skilled Nursing (PI 39c)**

DBHDS has initiated an IMNR review process around Skilled Nursing that will assist with assessing if individuals have unmet nursing or other medical needs. The focus will determine if an individuals' skilled nursing services 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 attempting to interview the nurse providing the care to the individual. DBHDS will conduct a randomized sample of 10% of individuals with Skilled Nursing authorizations 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. The randomized sample of individuals was pulled by a Data Analyst within in DBHDS the week of March 24, 2025. The OIHSN Nurses have begun the process of scheduling these reviews and gathering all necessary information with the hopes for the first review to take place by April 25, 2025, pending the availability of necessary parties to complete a successful review. These processes have been uploaded to the CLO folder within Teams.

## **Review of Nursing Needs Data (PI 38b)**

In September 2024, DBHDS updated the ISP 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 were pulled 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.

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 %
A: Yes, referral to be completed within 30 days of ISP	10	0.20%
B: Yes, referral(s) already completed and waiting to start services	13	0.26%
C: Yes, and the person is connected to this service already	130	2.59%
D: Yes, there are needs but individual/SDM declined referral	11	0.22%
E: No, needs are addressed by other supports (e.g. ABA, psychology)	150	2.99%
F: No, needs do not require these services	4338	86.35%
NULL	372	7.40%
<b>Grand Total</b>	<b>5024</b>	<b>100.00%</b>

\*NULL 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, 86.35% (4338) of individuals with ISP Start Dates between November 1, 2024 – February 28, 2025, identified that the individual's needs do not require these services. Additionally, 2.99% (150) individuals are getting needs addressed by other supports.

There was a total of 164 individuals that identified Waiver Nursing Services were needed. A 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	10	6.10%
B: Yes, referral(s) already completed and waiting to start services	13	7.93%
C: Yes, and the person is connected to this service already	130	79.27%
D: Yes, there are needs but individual/SDM declined referral	11	6.71%
<b>Grand Total</b>	<b>164</b>	<b>100.00%</b>

Of the 164 individuals that identified there was a waiver nursing need, 130 individuals (79.27%) identified that they are already connected to a service. There were an additional 34 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.

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

It was identified that eleven individuals (6.71%) 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, two of the eleven have approved nursing authorizations. One individual is approved for Private Duty Nursing, RN and LPN. The other individual is approved for Private Duty Nursing, LPN. It appears that this individual is new to the Waiver and was receiving services with Anthem prior to the DD waiver.

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

It was identified that thirteen individuals (7.93%) need nursing services and that a referral has been completed, and they are awaiting to start services. There was no additional information specified in the comments for these individuals. Upon a deeper analysis of these individuals, eight of the thirteen individuals have approved nursing authorizations. There are five individuals in which DBHDS has attempted to contact to further research to determine any barriers to starting services. Of the five individuals, one Support Coordinator identified that the incorrect box was selected, and the individual did not require nursing services. Another individual just began receiving services. A third individual has made a referral to a provider, but the authorization is currently pending.

due to the allowable activities and justifications. An RNCC within OIHSN made contact with the nursing service provider for this individual and has scheduled a meeting to provide technical assistance to assist with writing the plan to justify the hours. A fourth individual has completed a referral for a provider, but the agency is currently unable to staff at the moment. Unfortunately, the final individual recently passed away.

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

It was identified that ten individuals (6.10%) need nursing services, and that the referral would be completed within 30 days of the ISP. There were varying comments added for these individuals to include who would be initiating the referral, who the provider would be and some potential next steps. Of the ten individuals identified, six individuals have approved nursing services. Four individuals do not yet have approved nursing services. DBHDS reached out regarding these four individuals and determined that one Support Coordinator inadvertently selected that choice, another Support Coordinator indicated that the ISP was completed by another staff member and was unsure why that box was selected. The family of the third individual identified there was a need for a referral, however, the family has not completed the paperwork to get the services started. The final individual has made a referral to a provider and are awaiting the provider to input the plan into service authorization.

DBHDS determined that this review has led to positive outcomes overcoming barriers receiving nursing services. DBHDS will do a trial of this process pulling the sample monthly with the intention of offering technical assistance to breakdown those barriers. In addition, there was a question added that asks if there “Are supports or services needed that are not available?” This question will be included in the monthly sample moving forward.

## Nursing Workforce Challenges

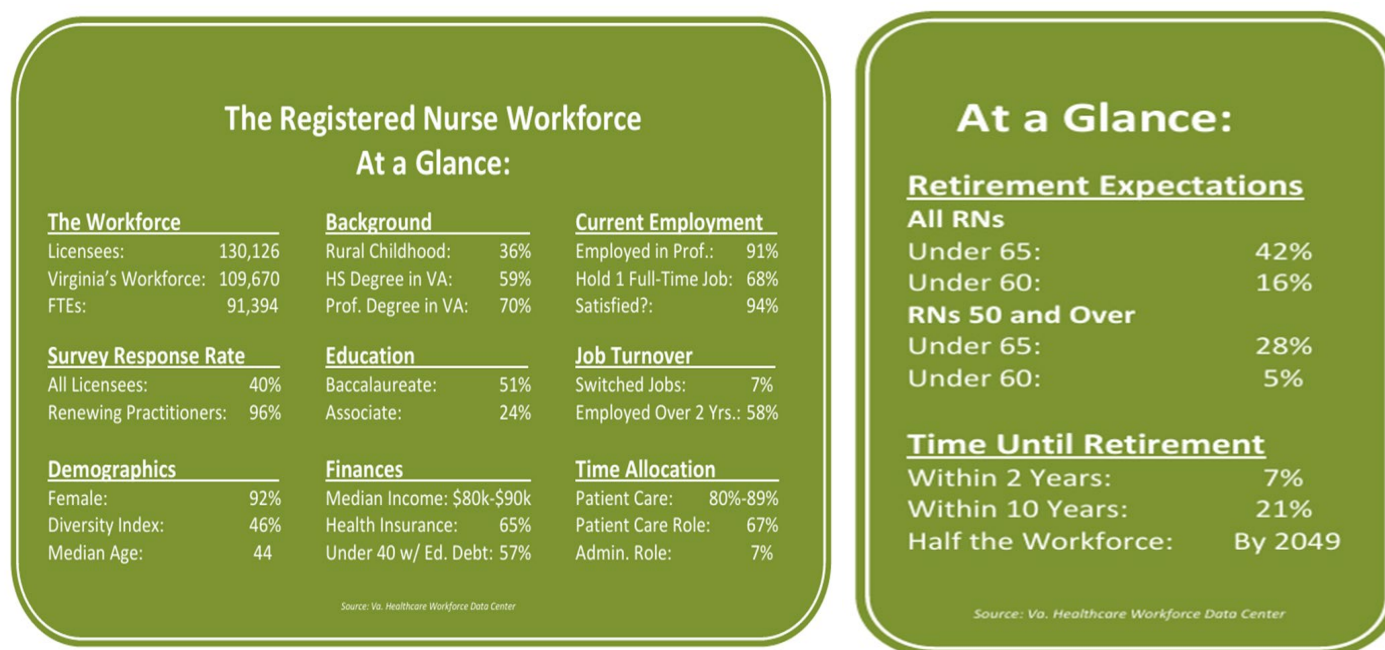
The lack of nurses in the workforce is a frequent challenge reported by healthcare providers. The Virginia State Office of Rural Health in their November – December 2022 report found that Virginia (VA) was among one of the states with the lowest registered nurse (RN) to patient ratio (10.5 RNs to 1,000 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).



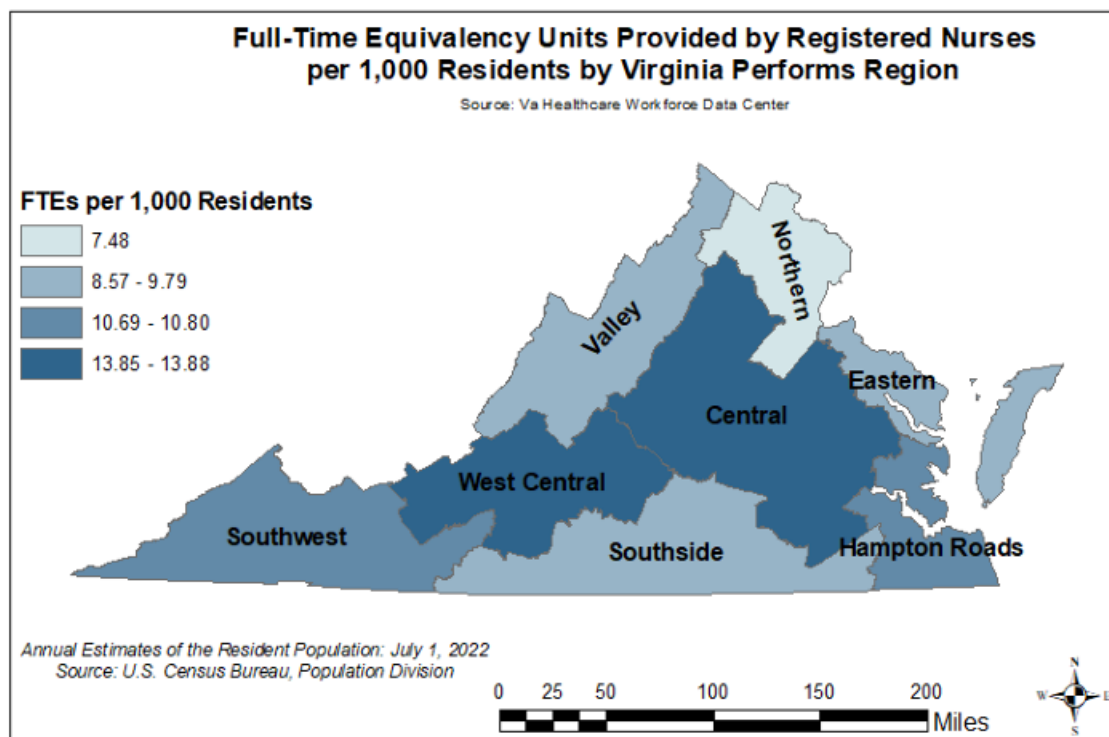
The Virginia Workforce Connection, an agency of the Commonwealth of Virginia's dashboard reported on March 31, 2025, that there were 5,885 jobs posted online seeking Registered Nurses. The dashboard did not identify for LPNs.

Virginia Department of Health Professions Healthcare Workforce Data Center produced their report on the state of the health professions workforce in October 2024. 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.

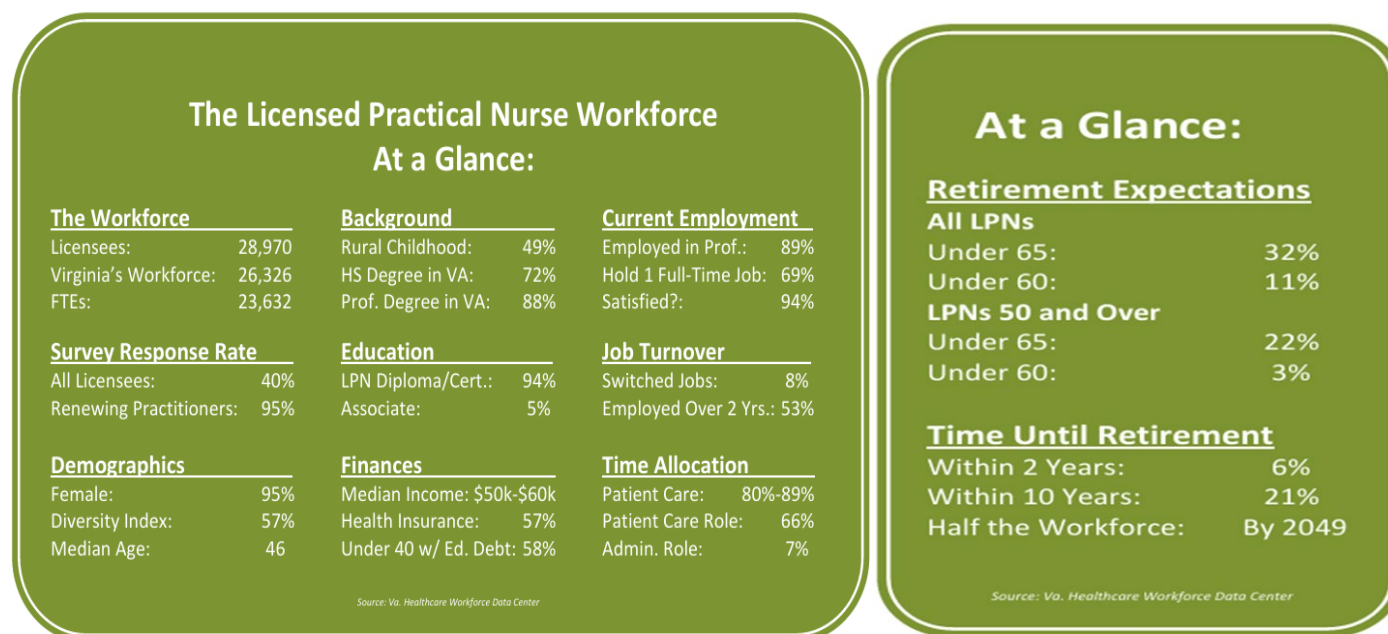
The following graphics present a summary of the survey of Registered Nurses:



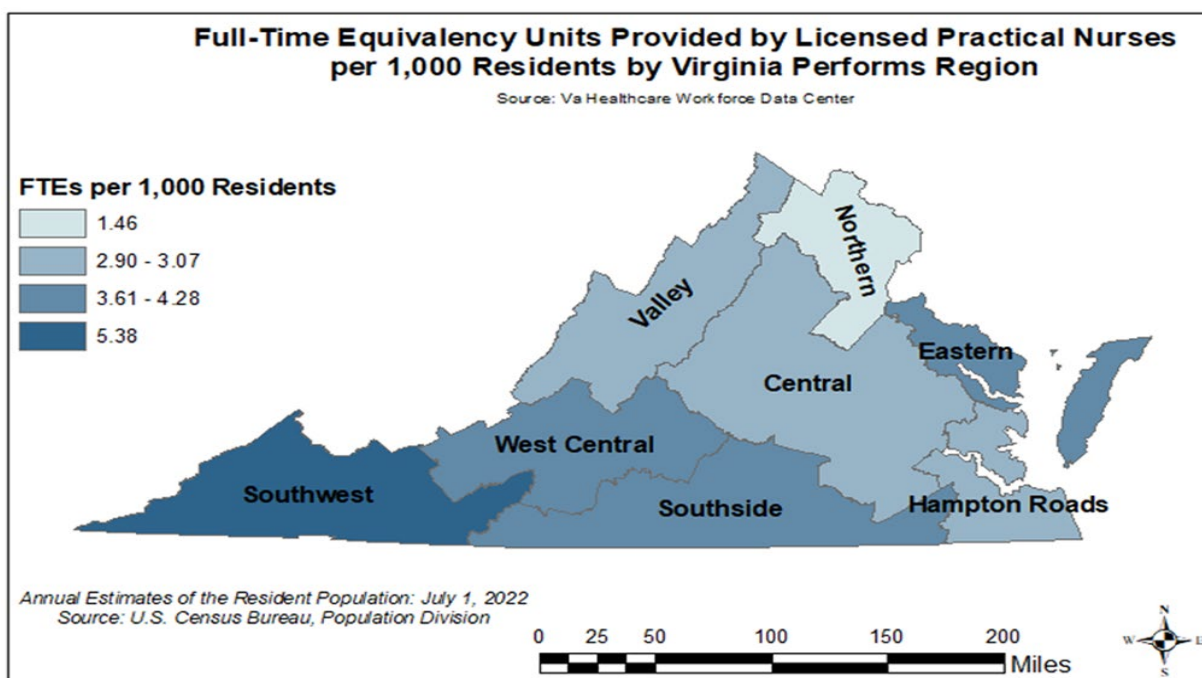
The graphic below shows the distribution of RNs across Virginia. The key reflects one full-time RN per 1,000 citizens. The area that has the largest number of RNs per 1,000 citizens is Central Virginia and a section toward Southwest Virginia. The lowest number per 1,000 citizens is a section of Northern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



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



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 Project Manager along with a WaMS Data Analyst has been working diligently to automate the calculations of the Nursing Utilization process. This has been completed and was utilized to recalculate new billings data for FY24 as well as to calculate FY25 data. The next steps include recalculations of FY21, FY22, FY23, FY24 and FY25. The Project Manager and Data Analyst also continue to work together to determine the most accurate way to reflect the utilization. DBHDS continues to work towards an internal dashboard to review themes and trends as it pertains to CSBs, Regions, Providers, etc.
- Review the Nursing Needs sample on a monthly basis and offer technical assistance when necessary; determine trends.
- Update the Skilled Nursing and Private Duty Nursing Training and resume offering the training quarterly and for Providers and other stakeholders as requested.
- Continue to poll and survey participants (Providers, Nursing Agencies, Service Coordinators, Direct Support Professionals, etc.) of the Skilled Nursing and Private Duty Nursing Training to further understand the challenges and barriers that they face.

- Create a survey targeting the experience of families and individuals with Skilled and Private Duty Nursing from authorization through delivery of services to further understand the challenges and barriers that they face.
- Continue to collaborate with Service Authorization (SA) and the SA Nurse and develop a process for SA to refer to OIHSN for technical assistance when authorizations are pended to assist the DD Waiver Nursing Services provider in being approved to provide for nursing services identified as needed for / by the individual.
- The 5<sup>th</sup> Annual Statewide Nursing Conference was held in October 2024 where participants are provided with CNEs for attendance and participation. This Conference was focused on Urinary Tract Infections. There were 160 participants.
- Participate in the organization and delivery of the 2<sup>nd</sup> Provider Innovations Conference with the office of Provider Network Supports adding breakout sessions focused on Healthcare Advocacy to reduce frequent acute care admissions and demonstrations targeting rehab engineering and oral health.
- Continuing to complete the IMNR process, identifying which CSB areas in each region have the highest nursing shortages, identifying the top three barriers to individuals access nursing service in each region and working towards resolving these barriers: complete reviews similar to the IMNR process with questions targeting Skilled Nursing allowable services.
- The Office of Integrated Health Supports Network (OIHSN) will continue to refine the Nursing Provider database project. After some process improvement, the OIHSN will continue to contact Nursing Providers to ensure contact information is current, the services provided, the provider's specialties and the areas they service. In addition, while contacting the providers, OIH will also be asking a series of questions to determine any barriers to providing services and if they have a process in place to document unutilized hours.
- 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.
- Nursing Services Workgroup for FY25 to include key stakeholders from both DBHDS (OIHSN RNCCs, Medical Director for DD, Service Authorization and WaMS) and DMAS (High needs team) will meet next in May 2025 to: 1) Review recent Nursing Utilization Reports and the results of the IMNR to identify any additional areas of focus for the next nursing Utilization review; 2) identify specific questions to include in the next deep dive; 3) Identify additional topics that could be included in a DD Waiver SN and PDN training 4) Identify additional topics that could be included in a DD Waiver Nursing practice training or orientation to bridge the gap between what is learned in nursing education and what is needed to know in the provision of nursing in a DD waiver licensed setting and 5) work with

the WaMS managers to explore opportunities to enhance the usability of WaMS with regards to authorizations.

- 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.

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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\\_](https://www.richmondfed.org/publications/research/econ_focus/2022/q1_feature_)