



## **Developmental Disabilities (DD) Waivers Wait List Review**

September 2022

From May to July 2022, a record review of documentation required for placement on the DD Waiver wait list was conducted by Regional Support Specialists (RSSs) for individuals on the statewide DD Waivers wait list. This was accomplished via an individual record review at each of the 40 Community Services Boards (CSBs) with a random sample of 5% of the individuals on that CSB's portion of the wait list, divided among the three Priority Needs statuses. A total of 786 records were reviewed; this included 182 for Priority 1, 329 from Priority 2, and 272 from Priority 3.

### **Process**

To ensure consistency in the results, the review process, including documentation reviewed and decision-making determinations was standardized in advance of the first review. To reduce divergent decision making, RSSs met to review standards as a team. RSSs collaborated on a portion of the reviews, so that they could consult with each other on specific cases. Cases which raised interpretive questions were reviewed with the entire team. In addition, a look-behind review of the records was completed for each RSS for at least one CSB. CSBs were informed in advance of the documentation that was to be reviewed. CSBs had a choice of methodologies to participate in the review process. Some reviews were completed on-site at the CSB location, some CSBs provided remote access to their EHR, and some CSBs chose to submit records to be reviewed via email.

The basic elements of the review included:

- The presence of documentation affirming a diagnosis of developmental disability such as psychological reports, medical reports, and other professional evaluations
- The presence of a Virginia Individual Developmental Disability Eligibility Survey (VIDES) that affirmed that the person met functional eligibility criteria for placement on the wait list
- Documentation of accurate designation of Priority criteria and status
- Documentation verifying accurate assignment of points on the Critical Needs Summary
- Documentation that the individual and/or caregiver confirmed that they would accept waiver services, if offered, within 30 days.

### **Findings and Recommendations**

The waitlist review is intended to find areas where CSBs can improve their standard operating procedures, as well as understanding of the regulations and documentation requirements associated with the waitlist. It also helps DBHDS identify common spheres of concern and areas where DBHDS can provide additional guidance, training, and clarification. Each CSB received feedback and technical assistance directly from their RSS on the findings at their particular CSB on a standardized form that included particular records which were in need of attention. This report is intended to identify broad



trends and areas of concern across the state. Data tables are at the bottom of the report. Figures within this report and in the data tables represent some rounding and may not always equal 100%.

## **Diagnostic Eligibility**

1. 83% of records reviewed had a diagnosis of a developmental disability, which was clearly supported by documentation from a qualified professional. This was a slight decrease from the previous year's review, where 85% of diagnoses were clearly supported.
2. In 7% of the records reviewed there was no documentation available for review. CSBs should have documentation that supports diagnostic eligibility in their record prior to placing individuals on the waitlist and should maintain that documentation in their record.
3. In 10% of the records reviewed there was not sufficient evidence to determine that the individual meets diagnostic eligibility. In some portion of these cases the documentation clearly does not support a DD diagnosis. Some examples include:
  - Records in which the diagnostic information was supplied by a Special Education teacher, the evaluation was completed by a QMHP-C, and several examples in which the diagnostic evaluation was not signed at all and the reviewer could not determine who completed it. The DD Waiver manual provides guidance about acceptable documentation including "The diagnosis may originate from a medical doctor, Occupational Therapist, Physical Therapist, Speech and Language Therapist, psychologist, or other professional acting within his scope of practice." CSBs need to make sure they are receiving diagnostic information from professionals acting within the scope of practice and that the identity and credentials of the professional are listed.
  - Records in which the diagnosis provided does not qualify as a developmental disability, such as individual's whose only diagnosis is a mental health diagnosis. There were also records reviewed in which there was not a clearly stated diagnosis of any kind.
  - Records in which the diagnosis is ruled out or listed as tentative or needing confirmation. There were several records reviewed where the diagnosis indicated in WaMS is Autism Spectrum Disorder, but the psychological records reviewed clearly ruled out Autism and did not have an alternative diagnosis that might qualify for placement on the wait list. Some other records indicated "possible Autism, which recommendation for further testing" and similar language. Evaluations that do not have a qualifying diagnosis should not lead to placement on the wait list.



- There continue to be individuals who are appropriately placed on the wait list at a young age with diagnoses such as “global delays”, “significant delays” or other indicators that are appropriate for a young child, but the CSB should continue to request and receive updated diagnostic information as the child ages.

## **Functional Eligibility**

Functional eligibility for the DD waiver is established via the completion of the VIDES. 781 of the 786 (99.3%) individual records reviewed had a VIDES in their record in WaMS that met eligibility. Four cases did not have a VIDES in WaMS and one individual on the wait list had a VIDES that indicated that the individual does not meet the functional eligibility criteria.

The very small number of people on the waitlist without a VIDES in WaMS represent a percentage of the people who were on the wait list prior to the 2016 waiver redesign. Comprehensive reporting from WaMS indicates there are a total of 51 individuals on the wait list who do not have a VIDES in WaMS. The RSS team has been sending reports to CSBs indicating if they have individuals on the wait list without a VIDES. DBHDS is planning to remove any individuals from the wait list who do not have a VIDES confirming functional eligibility when the Public Health Emergency ends.

One growing area of concern is that there are currently 67 people on the wait list whose VIDES indicates that they do not meet the functional eligibility standard. There are an additional 39 people on the waiver whose VIDES indicates that they do not meet the functional eligibility for the waiver. These individuals will need to be issued appeal rights and removed from the wait list or the waiver once the Public Health Emergency ends. RSSs are sending reports to CSBs notifying them of the identity of these specific individuals.

## **Priority Needs Checklist**

A Priority Needs Checklist was present in WaMS for all individuals on the waiting list. When the regulations and wording for the Priority Needs Criteria (PNC) were updated with the adoption of new regulation in 2021, CSBs and DBHDS staff ensured that all individuals on the wait list received a new evaluation on the updated PNC criteria. 100% of the records reviewed had a PNC completed in WaMS, which was an improvement from 89% in the prior year. In a few cases, when RSSs reviewed information in the EHR, they found another, sometimes conflicting version of the PNC in the EHR that had been completed after the PNC in WaMS. PNCs that are in an EHR are not accessible to DBHDS staff and individuals risk not being properly considered for a waiver slot if the proper updated information is not in WaMS. CSBs should make sure that they utilize the WaMS system as the primary place to complete and submit PNCs.

RSSs found documentation which supported the selected priority criteria in 85% of cases reviewed. This was a substantial improvement from the 73% of records supported in the 2021 review and 43% in the 2020 review. RSSs reviewed the information included on the Priority Needs Checklist itself as well as in the EHR to determine the adequacy of information. In many cases, the Priority Needs criteria can be established by entering a complete, comprehensive note in WaMS.



In about 6% of cases there was no documentation to support the priority criteria. This includes a review of both the documentation in WaMS as well as the documentation in the EHR (or submitted by email). Although this is an improvement from the 23% of records unsupported in 2021, all individuals on the wait list should have documentation to support the priority criteria which is marked. CSBs can document that information on a note in WaMS or in a contact note completed at the time a new or updated Priority Needs Checklist is completed. CSBs received a list of individuals who lacked documentation for their Priority Needs Checklist.

In 5% of records reviewed the RSSs found that the information in the record did not support the Priority Criteria selected. In about 3% of records reviewed the RSSs found that the Priority level had not been properly applied and should be changed. The most common source of errors involved application of Priority Criteria 1. d. *The individual is a young adult who is no longer eligible for IDEA services and has expressed a desire to live independently. After individuals attain 27 years of age, this criterion shall no longer apply.* RSSs indicated to all CSBs a list of individuals whose records were not supported or whose Priority Level needed to be changed. In addition, DBHDS will be completing and distributing a report of individuals who meet Priority 1. d. as indicated by age.

### **Critical Needs Summary**

Only individuals in Priority One are required to have a Critical Needs Summary (CNS) form completed. RSSs reviewed the Critical Needs Summary information for the 182 reviewed completed for Priority one individuals. Of the 182 records reviewed, all of them had a CNS completed in WaMS. RSSs did encounter a few cases where there was a PNC completed that indicated the individual was Priority 1 but a CNS had not been completed or had not been submitted. CSBs should be aware that a Priority 1 submission does not take effect in WaMS until the CNS has also been completed and submitted.

Similar to the PNC, the adoption of an updated set of CNS criteria and guidance necessitated completion of new CNS forms for all individuals on Priority 1 and these were completed by a combination of CSB and DBHDS staff within the past year. Only two individuals did not have enough documentation to review the record. In 75% of cases the CNS criteria selected was supported by documentation. This is a substantial improvement from the 51% in the 2021 review.

In 20% of records reviewed the CNS score was partially supported, which means that some of the scores on the CNS were well documented and other scores lacked sufficient documentation. CSBs can document how an individual meets each criteria within the CNS document in WaMS or in a contact note in their EHR, but documentation should include enough detail to indicate how the individual meets each criteria selected. In 8 records (4%) the CNS criteria selected were contraindicated by the documentation, indicating that the individual should not have received the points scored. CNS errors can impact who is reviewed at a WSAC and consequently who receives available slots. CSBs received a list of individuals whose CNS scores needed substantiation or correction.

### **Slot Acceptance**

When DBHDS updated the PNC and CNS forms in WaMS, a checkbox was included that the Support Coordinator must check that indicates that the individual or family would accept waiver services within



30 days of a slot being assigned. A PNC cannot be completed, and thus an individual cannot be added to the wait list, unless that box is checked. As a result, 100% of individuals on the wait list had documentation that they would accept waiver services within 30 days. CSBs should make sure they are confirming this willingness to accept services with individuals and families and not simply checking the box when completing the form.

## **Next Steps**

1. Overall the review indicated substantial improvements in both completion of documentation and the quality of the documentation provided. Mandatory update of the PNC and CNS drove completion rates to 100%. Since individuals cannot be added to the waitlist or to Priority 1 without the completion and submission of these forms, these rates will remain high. The addition of text boxes within WaMS provided an additional place for CSBs to document the criteria marked.
2. RSSs have reviewed results individually with each CSB using a standardized feedback form which indicates specific records for which documentation needed attention in each area of review. RSSs will continue to send monthly reports about the VIDES and will send a report indicating which individuals need evaluation under Priority 1. d. In addition, RSSs will be providing training on the waitlist and waitlist criteria. The RSSs provided some training in the spring of 2021 when the new criteria went into effect but recognize the need for ongoing training for new SCs and for refreshers for experienced SCs.
3. CSBs should ensure that they are clearly documenting all of the needed information for people who are on the wait list. There is no one prescribed method for documentation, but two simple, straightforward methods are to document on the forms in WaMS or to keep a clear, complete contact note in the EHR at the time forms are completed or updated.
4. RSSs will reach back out to CSBs that had areas of serious concern (i.e., individuals without adequate documentation of DD diagnosis, missing VIDES, improper prioritization) during the late summer months to ensure that these issues have been remediated.
5. DBHDS will conduct the next review in spring 2023.



## DATA TABLES

### Diagnosis

Finding	Count (Total 786)	Percentage of Total Reviewed
There is substantiating documentation in the record which supports eligibility	651	82.8%
Documentation is unclear or does not support diagnosis	76	9.7%
No documentation	59	7.5%

### VIDES

Finding	Count (Total 786)	Percentage of Total Reviewed
VIDES in WaMS	786	100%
Meets VIDES Criteria	785	99%
Does not meet VIDES criteria	1	<1%

### Priority Needs Criteria

Finding	Count (Total 786)	Percentage of Total Reviewed
Priority Needs Checklist completed in WaMS	786	100%
Documentation supports Priority Needs scores	651	82.8%
Documentation not available	46	5.8%
Priority Level is not Supported	44	5.4%



Priority Level Needs Changed	23	3.0%
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### Critical Needs Scoring for Priority 1 Individuals

Finding	Count (Total 786)	Percentage of Total Reviewed
Priority 1 individuals in review sample	182	23% <i>(Requirement for this effort's sample was 5% of individuals on a CSBs P1 waitlist with no fewer than 3 records...)</i>
Priority 1 individuals with Critical Needs Summary in WaMS	182	100%
Documentation supports Critical Needs ratings assigned	139	75%
Documentation partially supports CNS ratings assigned	36	19.8%
Documentation does not support CNS ratings	8	4.4%