



Developmental Disabilities (DD) Waivers Waitlist Review

June 2023

During March and April of 2023, a record review of documentation required for placement on the DD Waiver waitlist was conducted by Regional Support Specialists (RSSs) for individuals on the statewide DD Waivers waitlist. 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 waitlist, divided among the three Priority Needs statuses. A total of 854 records were reviewed; this included 229 for Priority 1, 344 from Priority 2, and 281 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. 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 other CSBs chose to submit records to be reviewed via email.

The basic elements of the review included:

- The adequacy 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 waitlist
- 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.
- A look-behind review of the recommendations from the 2022 Waitlist Review, to determine if CSBs had remediated specific cases where deficiencies in their documentation was reported to them.

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 needed 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. 77% of records reviewed had a diagnosis of a developmental disability, which was clearly supported by documentation from a qualified professional. This was a decrease from the previous year's review, where 83% of diagnoses were clearly supported.
2. In 8% 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 15% of the records reviewed there was not sufficient evidence to determine that the individual met diagnostic eligibility. In some portion of these cases the documentation clearly is not sufficient to support a DD diagnosis. Some specific examples include:
 - Records in which the diagnostic information has no signature or credentials, and it is not clear who is providing the diagnosis. Another record had a "probable Autism" listed by a marriage and family therapist, but without any formal diagnostic instrument or testing. Several records included a history of previous diagnosis completed by a social worker but do not have any diagnostic assessment. One record listed a diagnosis of Intellectual disability, but the supporting documentation was an occupational therapy evaluation which is outside the scope of this profession.
 - Records which clearly do not support the diagnosis listed. There is an individual listed with an Autism diagnosis in which the psychological states "does not support ASD diagnosis", another psychological states "suspects individual is functioning above ID."
 - There is a diagnosis of Intellectual Disability listed, but the documentation does not include any cognitive testing and there is no determination of functional limitations. Both documentation of subaverage intellectual functioning and substantial functional limitations are necessary for diagnostic eligibility.
 - Records in which the diagnosis provided does not qualify as a developmental disability. One individual is on the waiting list with a diagnosis of borderline personality disorder. Several individuals are listed as having borderline intellectual functioning.
 - Records in which the diagnosis is ruled out or listed as tentative or needing confirmation.



- There continue to be individuals who are appropriately placed on the waitlist 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. All 854 individuals reviewed have a VIDES completed. 850 of the 854 (99.5%) individual records reviewed had a VIDES in their record in WaMS that met eligibility. Four cases had a VIDES that indicated that the individual does not meet the functional eligibility criteria.

Comprehensive reporting from WaMS indicates that there is a total of 146 people who are on the Waitlist who do not meet the VIDES criteria. This is up from 67 people a year ago. The Regional Support Unit current distributes to each CSB on a monthly basis a list of individuals on the waitlist that do not meet the VIDES criteria. Now that the public health emergency has ended, these individuals need to be issued appeal rights and removed from the Waitlist. There are an additional 123 people who are on the Waiver who do not meet the criteria on the VIDES that also need to be issued appeal rights.

Priority Needs Checklist

The RSSs reviewed the most recent Priority Needs Checklist (PNC) which was in WaMS. 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 so that these individuals are considered when a review pool is determined.

In ten individual cases RSSs identified individuals who had a Priority 1 checklist completed but did not have a Critical Needs Summary (CNS) Form completed and submitted in WaMS. Every individual needs a CNS completed at the time they qualify for Priority 1. The move to Priority 1 is not effective unless there is a CNS completed and these individuals may be improperly excluded from consideration for a waiver.

RSSs found documentation which supported the selected priority criteria in 87% of cases reviewed. This was an improvement from the 85% of records supported in the 2022 review and 73% in the 2021 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 4% 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). At least a portion of the individuals who do not have adequate documentation are people who were moved to Priority 3 when they could not be contacted during the redetermination of Priorities done in



2021. If there are people on the waitlist who the CSB has lost contact with, they should attempt to reestablish contact with them. If they cannot reestablish good contact information, they should send appeal rights to the last known address and remove from the waitlist.

In 4% of records reviewed the RSSs found that the information in the record did not support the Priority Criteria selected. In about 4% 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. Twice a year DBHDS completes a report identifying people who are 22 years old who are not on Priority 1, and people who have turned 27 but are still listed on Priority 1 under the IDEA Priority Criteria. This report is distributed to CSBs when it is run and can provide it when requested to help CSBs properly identify individuals who have exhausted their IDEA eligibility. In addition, the Regional Support Specialists provide regular trainings on proper application and documentation on the priority criteria.

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 227 reviews completed for Priority one individuals. As mentioned above 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, in a few cases the RSS identified a different version of the CNS in the electronic health record. CSBs should utilize WaMS as the primary place to complete the CNS, as forms and scores which are available only in the EHR are not effective for identifying which individuals should be considered for waiver slot assignments. Of the individuals reviewed, 4 did not have enough documentation to review the record. In 72% of cases the CNS criteria selected was supported by documentation. This was down slightly from the 75% in the 2022 review sample, but a substantial improvement from the 51% in the 2021 review.

In 24% 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 3 records (1.3%) 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.

DBHDS provides regular trainings on proper application and documentation of the Critical Needs Summary criteria.



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 waitlist, unless that box is checked. As a result, 100% of individuals on the waitlist 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.

2022 Look Behind

When DBHDS completed the annual waitlist review the RSS meets with the CSB and provides a list of records which need attention in specific areas. Although DBHDS has provided that feedback for several years, DBHDS has not reviewed the rate at which boards were remediating these records. In 2023 DBHDS selected a total of 3 records per board for which remediation was recommended. Since not all CSBs had three records, this identified a total of 99 records which DBHDS then reviewed again in 2023 to see if the 2022 suggestions were addressed and corrected. DBHDS was only able to make a determination for 71 of these records as some individuals had been closed or received waiver slots or otherwise changed status in a way that made those recommendations no longer applicable. Of the 71 records DBHDS was able to make a determination for, 29 of those records had received remediation and 41 of them had not received remediation. CSBs need to address and make corrections to records in which there are errors or insufficient documentation in a timely manner.

Next Steps

1. Mandatory update of the PNC and CNS in 2021 means that all individuals on the waitlist have PNCs completed in WaMS and all P1 individuals have CNSs completed in WaMS. Since the completion of those forms, the Waitlist review no longer checks to see if these forms are completed in the EHR and therefore only see them when they happen to run across them. All CSBs need to utilize WaMS as the primary record for individuals on the waitlist so that those individuals are properly considered for waiver slots. Overall documentation for the Priority Needs Checklist and Critical Needs Summary remains at high levels.
2. The largest area of deficiency is in the area of diagnostic eligibility for the waiver. About 22% of individuals on the waitlist lack adequate documentation of a developmental disability. DBHDS also receives periodic requests for clarification of diagnostic criteria (often when individuals are transferring CSBs). We have identified this as an area where there is a need for better guidance and training to have better consistency and application of the standards.
3. 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 review a sample of these records when the next Waitlist review is completed to see if these records have been remediated.



4. The RSS team provides regular reports to CSBs help identify areas where actions may be needed. We will be holding a consultation later this year to see if there is additional reporting that may be needed or other ways that we can better supports CSBs in managing the waitlist.

5. CSBs should ensure that they are clearly documenting all of the needed information for people who are on the waitlist. 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. The RSSs will continue to provide regular trainings. These trainings are recommended for new staff who will have responsibilities for completing waitlist forms and as a periodic refresher training for continuing staff members. Although generally these trainings are provided online, RSSs will come and provide onsite training if requested. RSSs are also available for consultation on an as needed basis.

DATA TABLES

Diagnosis

Finding	Count (Total 853)	Percentage of Total Reviewed
There is substantiating documentation in the record which supports eligibility	660	77.2%
Documentation is unclear or does not support diagnosis	125	14.6%
No documentation	68	7.9%

VIDES

Finding	Count (Total 854)	Percentage of Total Reviewed
Meets VIDES Criteria	850	99.5%
Does not meet VIDES criteria	4	.5%



Priority Needs Criteria

Finding	Count (Total 854)	Percentage of Total Reviewed
Documentation supports Priority Needs scores	747	87.4%
Documentation not available	33	3.8%
Priority Level is not Supported	31	3.6%
Priority Level Needs Changed	38	4.4%

Critical Needs Scoring for Priority 1 Individuals

Finding	Count (Total 854)	Percentage of Total Reviewed
Priority 1 individuals in review sample	227	26.5% <i>(Requirement for this effort's sample was 5% of individuals on a CSBs P1 waitlist with no fewer than 3 records...</i>
Documentation supports Critical Needs ratings assigned	165	72.1%
Documentation partially supports CNS ratings assigned	55	24%
Documentation does not support CNS ratings	3	<1%