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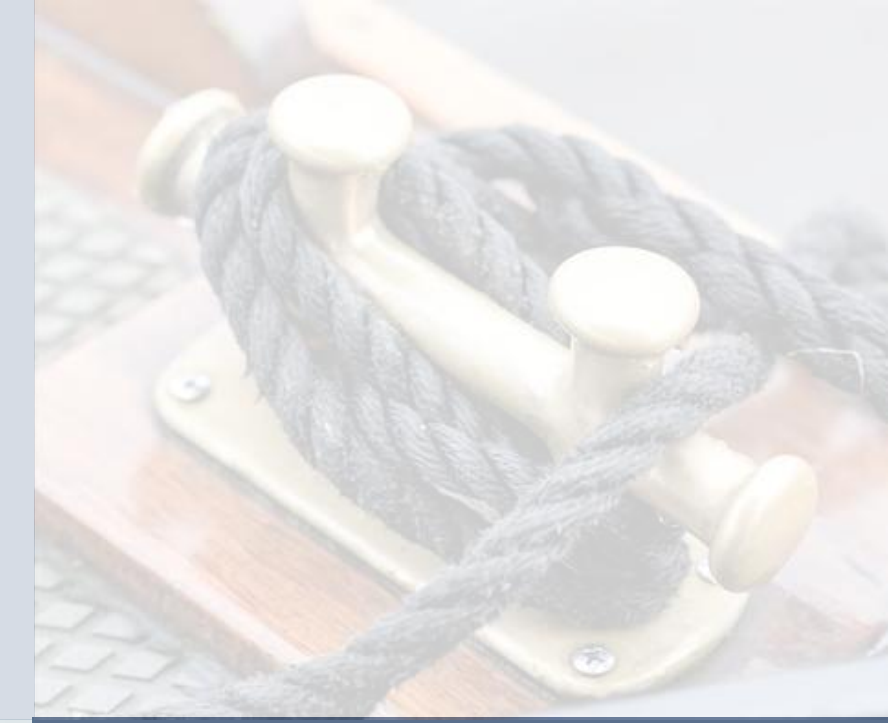
Power in Partnership: State Strategies for Advancing I/DD Supports Through Innovative Technology Collaborations

NASDDDS
National Association of State Directors of Developmental Disabilities Services

Wind in your sails

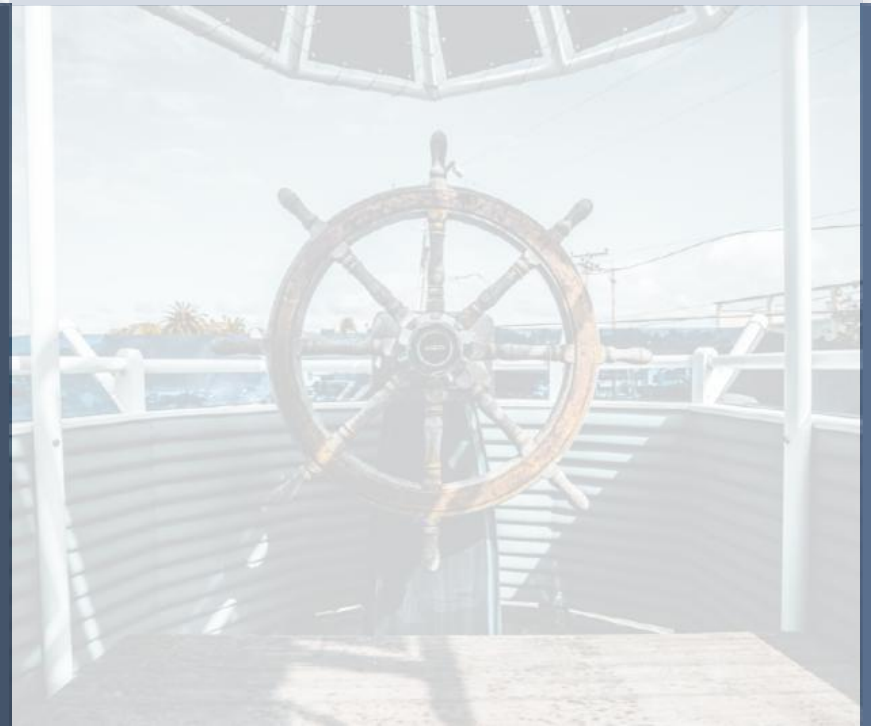
Setting goals, making progress and defining success



presented by

DBHDS

Virginia Department of Behavioral Health and Developmental Services



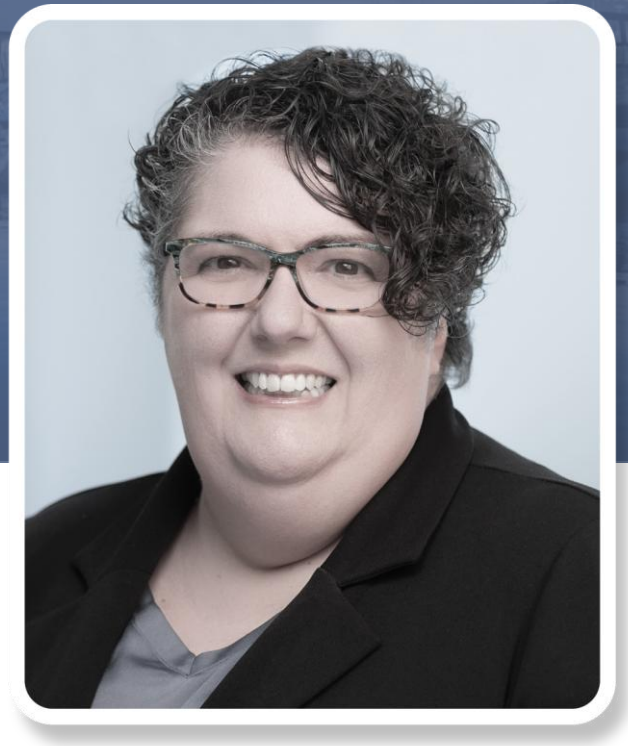
FEI Systems

Welcome aboard

Nicole DeStefano

Director of Waiver Network Supports

Virginia Department of Behavioral Health and Developmental Services



Annie Washington

Account Manager | Virginia WaMS

FEI Systems

A smooth sea never made a skilled sailor

| FRANKLIN D. ROOSEVELT |

We've been here before

1981

Congress creates § 1915(c) of the Social Security Act via the Omnibus Budget Reconciliation Act, authorizing states to provide HCBS waivers as alternatives to institutional care.

1986

Congress amends the HCBS waiver program, giving states the option to offer services to individuals who would otherwise require hospitalization, not just long-term institutional care.

early 1990s

Following revisions to the federal review process, HCBS waiver spending and enrollment increase significantly, particularly for people with intellectual and developmental disabilities.

1997

The Balanced Budget Act (BBA) removes the requirement for prior institutionalization to receive supported employment services under an HCBS waiver, further easing access.

1999

The Supreme Court's landmark *Olmstead v. L.C.* decision rules that the unjustified segregation of people with disabilities in institutions is a form of discrimination under the Americans with Disabilities Act (ADA). This ruling mandates that states provide services in the most integrated setting appropriate to an individual's needs.

2005

The Deficit Reduction Act (DRA) creates new state plan options (Section 1915(i)) that allow states to offer HCBS as a standard Medicaid benefit,

Go live, managing three amended Medicaid DD waivers. Includes enrollment, VIDES (Virginia Individual DD Eligibility Survey), waitlist/slot management, ISPs, service authorization.

SEPT 2016

2016-2017

Phased implementation; features include calendar and service packages. The state strategic plan expected full phase completion by September 30, 2017.

Single Point of Entry process begins for Intermediate Care Facility (ICF) applicants; uses VIDES screening to determine eligibility.

MAY 2018

FY 2022

Updates: new version of the ISP (v3.3) launched; integration work with DMAS core systems (CRMS) for better data exchange; regional support teams development automated.

Ongoing refinements: new role for providers (Provider Organization Owner) introduced; adjustments to provider registration and role-based permissions.

2023-2024

Virginia WaMS currently serves **more than 36,000 members**

Assessing the conditions

Rising demand and limited waiver capacity

Aging populations, disability prevalence and behavioral health needs are outpacing current waiver program capacity.

Fixed slots and capped enrollment limit flexibility in serving more individuals.

Difficulty in scaling services to match demographic and health shifts.

Prior authorization delays

Complex, multi-step approval processes delay service delivery.

Denials or delayed authorizations contribute to risk of service disruption.

Variability across managed care organizations (MCOs) and state agencies complicates authorization workflows.

Uncertainty in Federal and State policy environments

Potential changes to Medicaid funding (e.g., block grants or per capita caps) create uncertainty in waiver planning.

Evolving CMS requirements and guidance complicate compliance and long-term strategy.

Changing tides

The CMS Interoperability and Patient Access Rules — particularly the Final Rule CMS-9115-F and the more recent CMS-0057-F — represent a major push toward modernizing healthcare data exchange. The rules aim to empower patients, reduce administrative burdens and improve care coordination.

The Centers for Medicare & Medicaid Services (CMS) released the **Interoperability and Prior Authorization** Final Rule (CMS-0057-F) January 17, 2024. The rule emphasizes the need to improve health information exchange to achieve appropriate and necessary access to health records for patients, healthcare providers, and payers. This final rule also focuses on efforts to improve prior authorization processes through policies and technology, to help ensure that patients remain at the center of their own care.

The maiden voyage

Virginia Waiver Management System (WaMS) is the data management system used by the Department of Behavioral Health and Developmental Services to manage DD waivers. The system:

- facilitates DD waiver program enrollment
- supports waitlist management
- houses Individualized Service Plan (ISP) records/documentation
- serves as the entry point to request service authorization for DD waiver services
- provides a platform for communication between providers, support coordinators and DBHDS.

The first leg of the journey

STREAMLINED WAITLIST MANAGEMENT VIA THE WaMS WAITLIST PORTAL

DBHDS uses the **Waitlist Portal** to simplify and centralize the process for individuals on the **Developmental Disabilities (DD) Waiver Waiting List**. This portal allows individuals or their (families) to:

- **Annually confirm interest** in remaining on the waitlist via the **Virginia Individual Choice Form**.
- **Indicate needed services** through the **Needed Services Form**, which helps DBHDS assess urgency and prioritize individuals for waiver slots.
- These forms are available in **English and Spanish**, and the portal is designed to be accessible and user-friendly.
- Apply for **Individual and Family Support Program Funds (IFSP)** which provides financial assistance to individuals and families awaiting services through one of Virginia's Developmental Disabilities waivers. Individuals on the waitlist may apply for financial assistance to cover eligible costs that support continued living in an independent setting.

The first leg of the journey

REDUCING ADMINISTRATIVE BURDEN

To address barriers such as **complex paperwork and delays**, DBHDS has:

- **Digitized form submission** to reduce manual errors and processing time.
- Enabled **e-signatures** and auto-populated fields (e.g., CSB assignment) to simplify completion.
- Provided **clear instructions and help resources**, including a help desk and email support.
    - Checklists for submission for provider and Support Coordinators
    - Guidance documents

A new port

The journey continues

With new transparency and timeliness standards, we must set sights on modernization efforts that balance compliance, equity and outcomes.

In Virginia, we ‘re focused first on prior authorization
WaMS Auto Approving specific service authorization requests that meet the identified parameters.

Batten down the hatches

PHASED IMPLEMENTATION

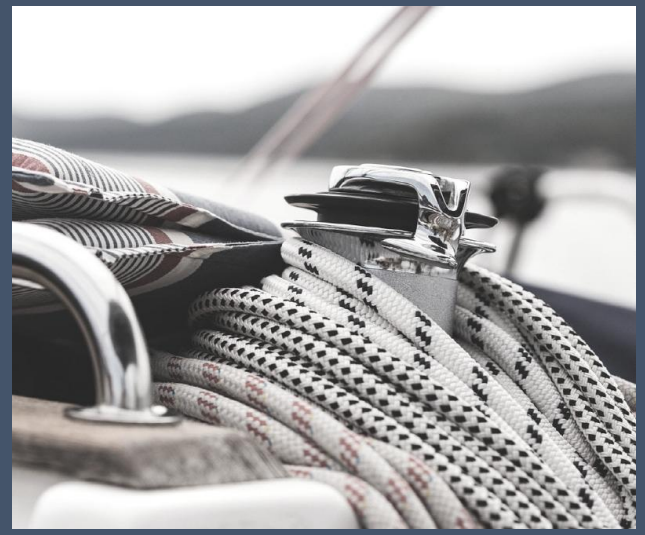
Use staggered timelines (e.g., January 2026 and 2027 deadlines) to allow gradual adoption and testing of systems.

STAKEHOLDER COLLABORATION

Engage providers, payers, and tech vendors early to align on standards, workflows, and expectations.

INVESTMENT IN INFRASTRUCTURE

Allocate resources to upgrade legacy systems for automated service authorization decisioning.



Headwinds and waves

Technical integration

Data security and privacy

Operational disruption

Provider engagement

Compliance and reporting

Charting the course

July – Sept 2024

Data Collection & Research

- Strategic Planning of expectations
- Timeline
- Research Data needed
- Review Data
- Identify Key Players & Collaborators
- Start Waiver Updates bimonthly meetings

Oct – Dec 2024

Formulating & Planning

- Identifying SA process and WaMS improvements based on data
- Utilize SA Consistency Workgroup to identify parameters for services
  - Begin to build out Checklists / Automation
- Meet with SA to gather data on improvements small or large and on restructuring

Jan – Mar 2025

Manual Implementation & General Assembly Session

- Manual Implementation of Improvements to test parameters for approvals and Manual backend reviews for accuracy and consistency
- Build out Power Bi Dashboard for on demand review of timeliness
- Request for new added staff positions in GA session

Apr – June 2025

Change Request Development & New Staff Positions Approved

- Process Change Request with FEI for clarification and development
- FEI & DBHDS develop change requests for WaMS multiple levels and prioritization of Change Requests
- Received Approval of 8 new staff positions for SA unit.

July – Sept 2025

Post for Position Vacancies & Process Changes

- Post, Hire, and Train new staff hired
- Discuss Restructure options for SA
- SA/CRC/DMAS develop process changes in Business Rules
  - Limit “Pends” from 2 with 30-day timeline to 1 pend with 3-day timeline

Oct – Dec 2025

Continued Communication & Community Training

- Work through Change Requests for each prioritized change
- Communication out to community monthly via listserv, social media, direct marketing to CSBs, Providers, etc.
- Regional Training for Providers, CSB specific training

Jan – Apr 2026

SA WaMS Implementation

- Implement SA WaMS changes for Beta and live production.
- Solicit feed back from CSB & Providers on 3 month go-live date
- Make any final tweaks

Testing the waters

MANUAL AUTO APPROVAL

Analyzed all DD services

- Which service is requested the most
- Which service has provided the most stability for the individual over a period of time

Identified services into categories

- Residential services
- Day services
- Other

Determined what was an acceptable parameter with the least change in individual's lives.

- Residential: Has a service authorization with the same residential provider for more than 3 years.
- Day services: Has had stable employment, requesting 40 hours or less of supports and not exceeding a combination of all day services of 66 hours per week.

criteria

Service category	Individual	HCBS-compliant location	Provider has a current DBHDS annual or triennial license
CONGREGATE RESIDENTIAL			
Group home Sponsored residential Supported living	Individual has lived in same licensed provider for 3 years or more with no interruption of services	X	X
DAY SERVICES			
Group day Community Engagement	A combination of requested hours for ALL day services listed on this chart are 40 hours or less per week **total overall hours remain at 66 across all day services.*	X	X
Group supported employment Individual supported employment		X	
OTHER			
Personal assistance Companion	Any combination of Personal Assistance and Companion services (AD and/or CD) that are 40 hours or less per week		X
Respite	All respite for 480 hours or less not exceeding the 2-year authorization period with an unpaid primary caregiver	if a licensed provider	if a licensed provider

Set sail

PRIOR AUTHORIZATION TRACKING

While the Waitlist Portal focuses on waitlist management, WaMS itself includes features for **service authorizations**, allowing providers and DBHDS staff to:

- Track **authorization status** – approve, approve and modify, pend, deny, reject, etc.
  - WaMS processes +/- 1,350 authorizations per month, on average.
- View **notes and reports** related to service needs.
- Manage **roles and permissions** to ensure secure and appropriate access.

Making headway

AUTO APPROVAL TO ENSURING TIMELY ACCESS TO SERVICES

Reducing Pend options from 2 pends to 1 pend

- In past this could hold a SA request up for over a month dependent on when the Provider and Support Coordinator returned it to DBHDS. The original state date was held during this time.

Providing immediate approval when a Service Authorization request meets the parameters.

- This will reduce the SA request from sitting in the SA Consultants queue for up to 7 calendar.

Provide immediate denials for when SA requests sit in provider or Support Coordinator queue more than a set amount of time if pended for additional information.

Key provisions/requirements under the Access Rule include:

- Patient access to health data
- Provider access API
- Payer-to-payer data exchange
- Prior authorization reform
- FHIR-based API standardization
- Scope and purpose
- Grievance / complaint process
- Person-centered plan review
- Critical incidents, incident reporting, electronic incident management
- Quality measure reporting (HCBS)
- Waitlist and timeliness reporting
- Payment transparency / rate disclosures
- Direct care worker compensation floor
- Advisory committees / beneficiary councils

On the horizon

RATE TRANSPARENCY

- Rate Study wrapped up Sept. 2025

NEW INCIDENT MANAGEMENT

- Internal IT is building a new Incident Management System

GRIEVANCE PROCESS IN FFS HCBS

- Investigating what specifics are needed to be gathered, how to triage, and monitor for reports and improvements

The right crew

As we modernize our programs, the technology we choose – and the people we build it with – are critical to success.

A strong partner understands the unique challenges of waiver management, person-centered planning, and service delivery.

The right team helps us turn information into insights we can act on — improving outcomes, reducing wait times, and supporting staff in the field.

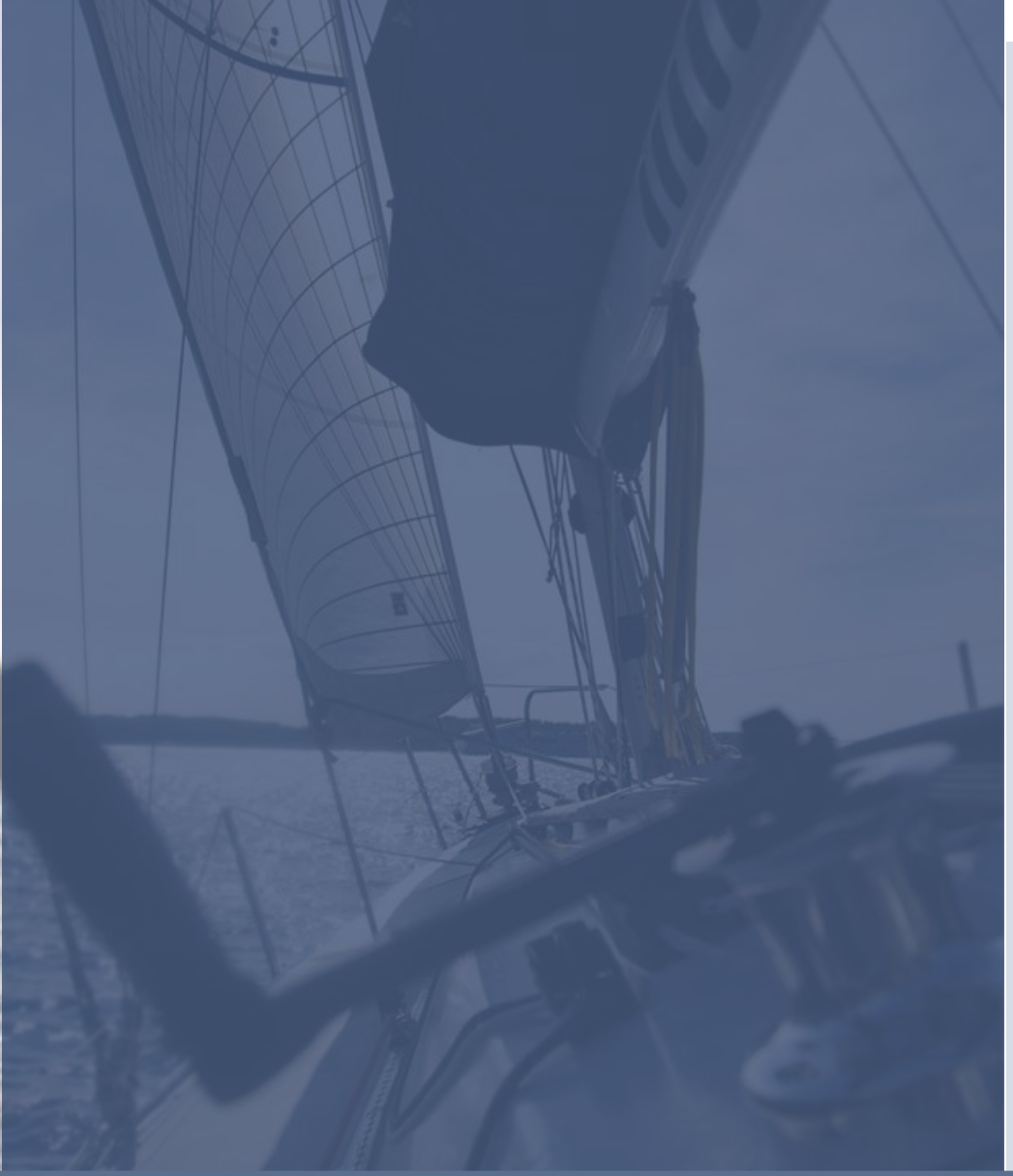
Systems built with flexibility and compliance in mind keep us ready for policy changes, funding shifts, and evolving community needs.

Trusted partners listen, co-design and stay accountable for outcomes — just like we do with the people we serve.

purpose | commitment • focus

At FEI, our mission is to be the most trusted provider of solutions that advance the efficient and effective delivery of health and human services for those who need them most – empowering our clients to expand access, better serve individuals, improve outcomes and make a positive impact through their programs and services.

We operate under the premise that barrier-free health and human services should be accessible to all, and our technology solutions deliver on that commitment. As a purpose-driven team, we advocate for our work, for each other, for our clients and ultimately, for the people and communities they serve.



questions

DBHDS
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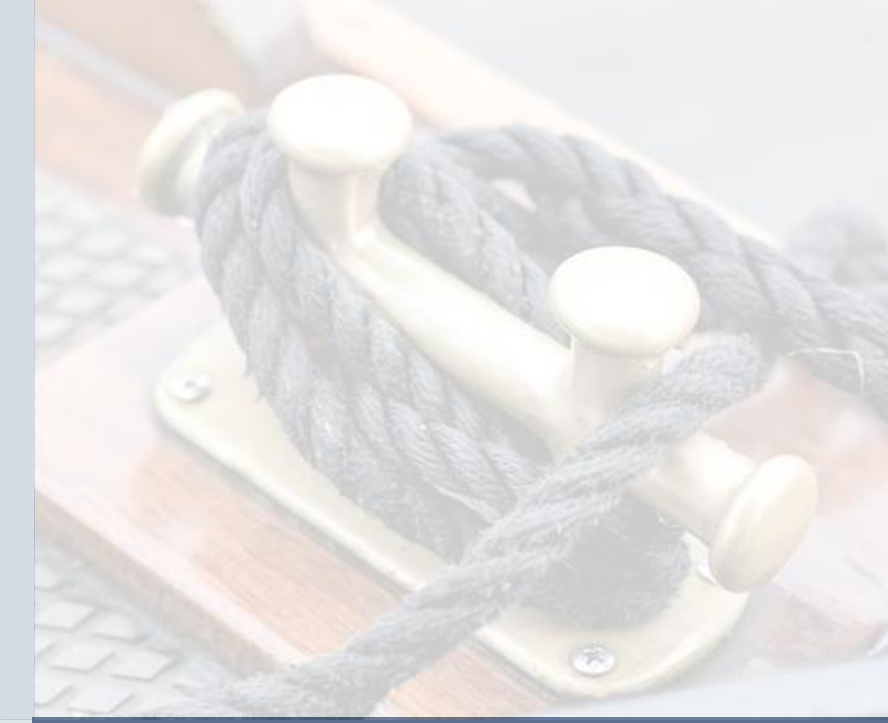

Thank you

DBHDS

Virginia Department of Behavioral Health and Developmental Services

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