

Community Pathways – Revised Draft Proposal

Service Type: Other

Service (Name): Skilled Nursing

Alternative Service Title: NURSE CONSULTATION

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver

Service Definition:

- A. Nurse Consultation services provides participants, who are able to perform and train on self-medication and treatment administration, a licensed Registered Nurse who: (1) reviews information about the participant's health, (2) based on this review, provides recommendations to the participant on how to have these needs met in the community, and (3) in collaboration with the participant, develop care protocols for the participant to use when the participant trains staff.
- B. In the event the person is not able to perform and train on self-medication and treatment administration but all health needs including medication and treatment administration are performed gratuitously, the Nurse Consultant: (1) reviews information about the participant's health needs; (2) based on this review, provides recommendations to the participant and gratuitous caregivers on how to have these needs met in the community; and (3) in collaboration with the participant and gratuitous care givers, develop care protocols for the participant and gratuitous care givers that describes the health services to be delivered gratuitously.
- C. At a minimum, Nurse Consultation services must include:
1. Performs a Comprehensive Nursing Assessment to identify health issues and assist the participant, and his or her gratuitous caregivers, to understand the participant's health needs and risks in order to develop health protocols that guide the participant and or gratuitous care provider in performing health tasks.
 2. Completion of the Medication Administration Screening Tool, both on an annual basis and when the Nurse Consultant is notified of any changes in the cognitive status of the participant to determine the level of support needed for medication administration;
 3. Review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in health of the participant occurs, to assist the participant to understand his or her health needs and to develop recommendations for obtaining service in the community;
 4. Provides recommendations to the participant, and his or her gratuitous caregivers, for accessing health services that are available in the community and other community resources.

- D. In addition, Nurse Consultation services may also include as appropriate to address the participant's needs:
1. Reviewing and developing communication systems the participant may need to communicate effectively with all health care providers working to ensure the health of the participant (licensed and unlicensed) and the community to ensure community awareness of the lifesaving medical equipment in use by the participant in the event of an emergency or power loss.
 2. Developing emergency protocols, as needed, to guide the participant and his or her staff in responding to an emergency, including accessing emergency services available in the community.

SERVICE REQUIREMENTS:

- A. To qualify for this service, the participant must:
1. Be an adult;
 2. Live in his or her own home or the family home;
 3. Receives gratuitous provision of care to meet health needs; or
 4. Is assessed as able to perform and train on treatments of a routine nature and self-medications; and
 5. Employs own staff.
- B. This service cannot be provided in a DDA-licensed residential or day site.
- C. A participant may qualify for this service if he or she is either: (1) enrolled in Self-Directed Services Program; or (2) receiving Supported Living services from a DDA-licensed provider in his or her own home or family home. However, the services the participant receives under either the Self-Directed Services or Supported Living services model must be exempt from delegation of nursing tasks as identified above in 1-5 qualifications as per COMAR 10.27.11.01B (gratuitous health services).
- D. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including but not limited to a hospital, a nursing or rehabilitation facility or when Rare and Expensive Medicine is providing staff for the provision of nursing and health services.
- E. The Nurse Consultation services must include documented review of participant's health needs, including comprehensive nursing assessment and protocols, no more frequently than every three (3) months. All resulting revisions to protocols and recommendations completed must be documented by the RN.
- F. If the participant was identified in previous assessments to be able to meet criteria for Nurse Consultation but is found during the administration of the Medication Administration Screening Tool to no longer meet criteria (i.e., is unable to self-medicate), and care needs are not able to be met gratuitously, then the DDA will determine if the participant's health care needs can be met through Nurse Health Case Management and Delegation, another nursing-related waiver service.
- G. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Consultation services.
- H. Nurse Consultation services may be provided before the effective date of the participant's eligibility for waiver services for participants interested in the Self-Directed Services Program based on preauthorization from the DDA.

- I. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted. These efforts must be documented in the participant’s file.
- J. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Assessment and document revisions and recommendations of the participant’s health needs, protocols, and environment are limited to up to a four (4) hour period within a three (3) month period.

Service Delivery Method (check each that applies)

- Participant Directed as specified in Appendix E
- Provider Managed

Specify whether the service may be provided by (check all that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Individual – for self-directed services
Agency	DDA Approved Services Provider

Provider Category: Individual

Provider Type: Individual for participants Self-Directing Services

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

Other Standard (specify):

The following minimum standards are required:

1. Be employed by or under contract with the Participant;
2. Possess valid Maryland and/or Compact Registered Nurse license;
3. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;
4. Pass a criminal background investigation and any other required background checks and credential verifications as provided in Appendix C-2-a;
5. Be active on the DDA registry of DD RN CM/DNs;
6. Complete the online HRST Rater and Reviewer training;
7. Attend mandatory DDA trainings; and
8. Attend a minimum of two (2) DDA provided nurse quarterly meetings per Fiscal Year.

Verification of Provider Qualifications Entity

Responsible for Verification:

- Fiscal Management Services Provider

Frequency of Verification:

- Prior to service delivery and annually thereafter

Provider Category: Agency

Provider Type: DDA Approved Agency

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

Other Standard (specify):

DDA Approved Services Provider

Registered Nurse must:

1. Possess valid Maryland and/or Compact Registered Nurse license;
2. Successfully complete the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;
3. Pass a criminal background investigation and any other required background checks and credential verifications as provided in Appendix C-2-a;
4. Be active on the DDA registry of DD RN CM/DNs;
5. Complete the online HRST Rater and Reviewer training;
6. Attend mandatory DDA trainings; and
7. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for verification of DDA Approved provider
- Providers for verification staff members' licenses, certifications, and training

Frequency of Verification:

- DDA - annually
- Providers – prior to service delivery and annually thereafter

Renewal Proposal