

Community Pathways – Revised Draft Proposal

Service Type: Other

Service (Name): Skilled Nursing

Alternative Service Title: NURSE HEALTH CASE MANAGEMENT

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 Health Case Management services provides participants a licensed Registered Nurse (RN) who, when direct support staff are employed by a DDA provider agency to perform health services other than medication and treatment administration: (1) reviews the participant's health services and supports as part of a collaborative process, (2) assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet the participant's health needs, (3) and uses available resources to promote quality participant health outcomes and cost effective care.

B. At a minimum, Nurse Health Case Management services includes:

1. Performance of a comprehensive nursing assessment of the participant identifying his or her health, medical appointment, and nursing needs;
2. Review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in the health of the participant occurs, to assist the participant and the team to understand his or her health needs and to make recommendations to the participant and the team for obtaining services in the community;
3. Completion of the DDA Medication Administration Screening Tool, minimally annually and when any significant changes in the cognitive status of the participant occurs, to determine and/or verify the level of support needed for medication administration;
4. Review the participant's health services and supports delivered by the DDA provider agency direct support staff for safe, appropriate and cost-effective health care as per Maryland Board of Nursing (MBON) definition of case management;
5. Providing recommendations to the team for accessing needed health services that are available in the community and other community resources;
6. Communicating with the participant and his or her person-centered planning team members to ensure the team has all appropriate health information and recommendations related to the provision of health services provided via the DDA community provider agency staff;
7. Develop health care plans and protocols, as needed, that direct the DDA licensed provider staff in the provision of health services to be performed that include (1) Activities of Daily Living (ADL) performance, (2) emergency intervention and (3) other health monitoring provided by the DDA licensed provider staff

8. Completes training, supervision, evaluation and remediation on all health services provided by the DDA licensed provider staff as identified in (1) Nursing Care Plans that direct the provision of health services to include ADL service and health monitoring and (2) emergency health protocols;
 9. Monitoring the health services delivered by the DDA- licensed community staff for compliance with the Nursing Care Plan; and,
 10. Monitoring health data collected by the DDA-licensed community provider staff as directed by the Nursing Care Plan.
- C. In provision of Nurse Health Case Management Services, the RN will collaborate with the DDA licensed provider agency in the development of policies and procedures required for delegation of any nursing tasks in accordance with COMAR 10.27.11.

SERVICE REQUIREMENTS:

- A. The participant may qualify for this service if he or she is: (1) able to perform self-medication and treatments as determined by the Nurse Health Case Manager; or (2) medications and treatments are provided for using the exemption from delegation from the MBON related to the gratuitous provision of care; or (3) direct support staff performing health services are employed by a DDA- licensed community provider.
- B. A participant may qualify for this service if he or she is: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community provider site, including but not limited to residential, day, or employment services; or (2) receiving Personal Support services from a DDA licensed community provider; or (3) enrolled in the Self-Directed Services Program, when direct support staff are employed by a DDA-licensed community provider.
- C. 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 or a nursing facility or rehabilitation facility or when Rare and Expensive Medicine (REM) is providing nursing services that includes staffing.
- D. Prior to initiation of the service, the Nurse Health Case Manager is required to determine that the participant is able to perform self-medication and treatments. If unable to perform self-medication and treatments, the Nurse Health Case Manager is to: (1) verify that the medications and treatments are provided for by unpaid supports; or (2) ensures that the direct support staff are employed by a DDA licensed community provider.
- E. Self-Medication and treatment performance is determined by the Nurse Health Case Management Service using the DDA approved Medication Administration Screening Tool.
- F. If the participant (1) cannot perform self-medication and treatments, or; (2) medications and treatments are provided for by paid direct support staff, or; (3) the direct support staff is not employed by a DDA community provider then this is not an available service option. The Health Case Manager will determine the appropriateness of other nursing-related services (Nurse Health Case Management and Delegation Service or Nurse Consultation service).
- G. The Nurse Health Case Management Services must include documented review of the participant's health needs, including comprehensive nursing assessment and care plans and protocols, every three (3) months and minimally an annual review or completion of the Medication Administration Screening Tool to verify ability to perform tasks of self-

medication. All resulting revisions, recommendations, remediation, and training completed must be documented by the RN.

- H. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Health Case Management services.
- 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.

- ~~A. Nurse Health Case Management services are nursing service in which Registered Nurses (RN) oversees and manages health issues and interactions with staff and health service providers on behalf of the individual receiving services or DDA licensed agency.~~
- ~~B. Health Case Management service activities including:
 - ~~A. Comprehensive Nursing assessment of the individual including the individual’s health, medical appointments, and nursing needs;~~
 - ~~B. Development of protocols to support the individual, train staff, and access emergency services available in the community;~~
 - ~~C. Completion Review of the Health Risk Screening Tool (HRST) to assist the individual at Level 3 or above to understand his/her health needs and to develop a plan for obtaining service in the community;~~
 - ~~D. Completion of the Medication Administration Screening Tool to determine the level of support needed for medication administration;~~
 - ~~E. Recommendations to the individual receiving services for accessing health services that are available in the community;~~
 - ~~F. Monitoring for compliance with recommendations from health professional;~~
 - ~~G. Recommendations for accessing community resources and needed healthcare services;~~
 - ~~H. Communicating with individual receiving services and team members in the coordination of health care needs and recommendations appropriate to meet the health needs of the individual;~~
 - ~~I. Monitoring health data;~~
 - ~~J. Review of care and supports for cost efficiency and effectiveness as directed in COMAR 10.27.11.03, 10.27.11.04, 10.27.11.05, and 10.27.11.06 to ensure the right service, at the right time, for the right amount;~~
 - ~~K. Development of a nursing care plans, training and supervision of the staff providing the health services including administration of medications and treatments, and activities of daily living (ADL) care/health supports;~~
 - ~~L. Updates and review to the HRST Level 3 or above and Medication Screening Tool when changes in health;~~
 - ~~M. Annual review and update of the HRST at Level 3 or above; and~~
 - ~~N. Annual completion of the Medication Administration Screening Tool.~~~~

~~C. Collaboration with the DDA licensed provider agency in the development of policies and procedures required for delegation~~

SERVICE REQUIREMENTS:

- ~~A. Nurse Case Management Services are available for individual self directed services and individuals receiving services in a DDA licensed site.~~
- ~~B. In order to access services, the individual must be able to self-administer his/her medication and treatments which is determined by a Developmental Disabilities Registered Nurse Case Manager/Delegating Nurse (RN CM/DN) in accordance with the Medication Technician Training Program—Medication Administration Screening Tool.~~
- ~~C. RN assessment of individual, staff, environment, and care plan are done minimally every three (3) months as assessed by the RN. All revisions, recommendations, remediation and training completed must be documented by the RN.~~
- ~~D. Service is not provided in hospital, nursing/rehabilitation facility, residential treatment center or other facility where nursing services are included in the living arrangement.~~
- ~~E. The individual receiving services must be an adult of the age of 21 or older.~~
- ~~F. The program will not reimburse services provided through the school system, foster care, or other resources.~~
- ~~G. Services will not be covered if available under the individual's private insurance, the Medicaid State Plan (including EPSDT benefits), private or public educational services, the Rehabilitation Act, other waiver services, or through other resources. This waiver service is only provided to individuals age 21 and over. All medically necessary Nurse Case Management services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.~~

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

Nurse Health Case Management services are limited to up to 3 hours every 90 days unless otherwise authorized by DDA.

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	<u>Individual – for self-directed services</u> Licensed Registered Nurse
Agency	DDA Licensed <u>Approved</u> Services Provider
Provider Category: Individual	

Provider Type: Individual for participants Self-Directing Services

Provider Qualifications License (specify):

License (specify):

Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license

Certificate (specify):

Other Standard (specify):

The following minimum standards are required of the RN:

1. Be employed by or under contract with the Participant or Licensed Service Provider providing the direct support staff;
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.

The following minimum standards are required:

- a. Successfully complete the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation
- b. Passing a criminal background investigation

2. Individuals in self-directing services, as the employer, determine staff specific requirements and may require additional staffing provider requirements based on their preferences and level of needs such as:

- Training by individual/family on individual specific information
- Be active on the DDA registry of DD RN CM/DNs
- a. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year

Registered Nurse must:

1. Successfully complete the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation
2. Be active on the DDA registry of DD RN CM/DNs
3. Complete the online HRST Rater and Reviewer training
4. Attend mandatory DDA trainings
5. 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 ~~Licensed~~ Approved Services Provider

Provider Qualifications License (specify):

License (specify):

~~DDA Licensed Services Provider as per COMAR 10.22.02~~

Certificate (specify):

Other Standard (specify):

DDA Licensed ~~Approved~~ Services Provider as per COMAR 10.22.02

Registered Nurse must:

1. Be eEmployed or under contract with the Licensed Service Provider;
2. Possess valid Maryland and/or Compact Registered Nurse license;
3. Successfully complete 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;
4. 5. Be active on the DDA registry of DD RN CM/DNs;
5. 6. Complete the online HRST Rater and Reviewer training;
6. 7. Attend mandatory DDA trainings; and
7. 8. 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 Licensed~~ approved provider
- Providers for verification of Registered Nurse licenses, certifications, and training qualifications

Frequency of Verification:

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

Renewal Proposal