PLAN DEVELOPERS, ASSESSORS AND DEPARTMENT STAFF

These guidelines are intended to assist Plan Developers, residential habilitation providers, nursing services providers, and Department staff in planning for medical care for adults with developmental disabilities and determining whether professional medical oversight is required. In addition, these guidelines assure that the Idaho Department of Health and Welfare complies with rules governing nursing services and continues to meet federal waiver assurances for health and safety.

The definitions below apply to terms used throughout the guidelines:

<u>Assessor</u>: Individuals or organization, contracted through the Department of Health and Welfare, that performs annual assessments and determines participant eligibility.

<u>Professional Nursing Oversight</u>: The intermittent oversight of a participant's medical conditions or health status, and determination of capability of care providers to follow the plan of care. Will include training and/or supervision of these services. Professional nursing oversight may only be provided by a Registered Nurse (RN).

<u>Skilled Nursing Services</u>: Skilled nursing services are constituted when the participant's physical or mental condition necessitate the involvement of technical or professional personnel to meet their needs, promote recovery, and assure their medical safety. Skilled nursing services must be provided by an RN, or an Licensed Professional Nurse (LPN) under the supervision of an RN.

<u>Unlicensed Assistive Personnel (UAP)</u>: In accordance with the Board of Nursing Rules (IDAPA 23.01.01.490), the term unlicensed assistive personnel, also referred to as "UAP", is used to designate unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. The term unlicensed assistive personnel also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond their usual and customary roles and which activities are provided under the direction and supervision of licensed nurses. The training and scope of practice of UAPs are governed by the Board of Nursing Rules.

Immediate family members who provide this care are exempt from UAP requirements.

The provision of nursing services is not limited to the participants or provider's home. Nursing services may be provided in whatever setting participants may be in when the service is needed, as long as services are not a duplication of other services reimbursed by Medicaid or provided at no cost. When a physician recommends nursing services, a nurse may delegate tasks in accordance with the Board of Nursing Rules (IDAPA 23.01.01) and provide nursing oversight.

INITIAL AND ANNUAL INDIVIDUAL SUPPORT PLANS (ISP)

Part of the Person Centered Planning process for individuals with developmental disabilities is to assist them in determining their need for or arranging for medical care. It is the responsibility of the participant and/or guardian and Plan Developer to provide this information at the time of the assessment for DD services. For initial and annual ISPs, a history and physical evaluation (H&P) must be completed by a physician that includes the participant's current medical status, a written recommendation indicating how frequently the participant is to see a physician, and identifies any need/frequency for nursing services and medication assistance. A physician's referral for nursing services and medication assistance is needed for participants on the DD waiver. For initial and annual plans, the Plan Developer must assure that all activities referred by the physician are on the ISP.

If it is determined after the H&P that there are no medical needs requiring oversight or followup, no other action may be needed than to determine how frequently the person should be seen by the physician for routine check-ups.

ASSESSOR ACTIONS

- 1. Completes the date, name of physician, participant name and date needed to be returned to the Care Manager on the physician letter.
- 2. Completes the address and fax number of where the history and physical needs to be forwarded to on the physician letter.
- 3. Sends letter and pre-addressed envelope to the physician.

PLAN DEVELOPER ACTIONS

- 1. Assures a primary care physician is on the ISP. Dental providers should be identified when the participant has one.
- 2. For the initial and annual ISP containing developmental disabilities services, include any identified need for nursing services or other services that require a physician's referral and frequency of future medical intervention.

NURSING SERVICE INDICATORS

The following conditions (A-E) are indicators that participants may need nursing services. Appropriate actions of the PD are listed for each circumstance. Appropriate actions of nursing service providers and other providers are listed at the end of these guidelines.

A. Participant's health or medical conditions are unstable. For example, they have difficulties eating, weight loss, or uncontrolled seizures.

PLAN DEVELOPER ACTIONS:

- 1. When nursing services are identified as a need by the physician, request authorization for these services on the ISP.
- 2. If authorized, assist the participant in arranging for nursing services.
- 3. If an RN delegates nursing services to a UAP, assure that the ISP identifies training specific to the participant.
- 4. If participants live with immediate family, the family may choose to take responsibility for the participant's health condition. In this circumstance, no Plan Developer action is needed.
- **B.** Assistance with medication. For participants to be considered able to administer their medication, they must know the purposes of the medication, be able to identify the times to take it, and be able to take it without the assistance of a provider or other persons.

Medications that are not self-administered may only be administered by a licensed nurse or person exempted from licensure, for example, an immediate family member.

Assistance with medication does not necessarily require nursing services or involve a nurse.

If a physician indicates there is a need for assistance with medications, the following conditions must be in place before agency staff, providers or other persons assist with medications:

- 1. Their health condition is stabilized; and
- 2. Their health status does not require nursing assessment before receiving the medication nor nursing assessment of the therapeutic or side effects after the medication is taken; and
- 3. The medication is a maintenance level drug given at routine times by a non-injectable route; and
- 4. The medication is in the original pharmacy-dispensed container with a proper label and directions or the medication has been removed from the original container and placed in a unit container by a licensed nurse or pharmacist. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container; and
- 5. Written and oral instructions have been given to the designated care provider by a licensed physician, pharmacist or nurse concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency; and
- 6. Instructions are in place advising the care provider whom to call if any doses are not taken, overdoses occur, actual or potential side effects are observed, and documentation requirements.

Medicaid providers who assist participants with medication should refer to the Health and Welfare and/or Medicaid rules governing their specific provider type for additional conditions/qualifications that may apply.

PLAN DEVELOPER ACTIONS:

- 1. Assistance with medication does not necessarily involve a nurse or nurse oversight. Family members may also administer medication. In this circumstance no Plan Developer action is needed.
- 2. If nursing oversight is needed for medication assistance, include this service on the ISP.
- **C. Participants require assistance with non-routine medications.** The dose and/or time of administration may vary depending on the participant's condition, for example, medications used for seizures, behavior disorders, or pain. Agency staff, providers, or other persons may assist with (not administer) routine, non-routine, prescription or over-the-counter medication if the physician indicates there is a need for assistance with medication.

PLAN DEVELOPER ACTIONS

- 1. If the physician has identified the need for nursing oversight of non-routine medication, assure that the ISP identifies nursing oversight.
- 2. If authorized, assist the participant in arranging for nursing services.
- **D.** Nursing services that are performed by agency staff, providers, UAP or other persons. When a nurse delegates a nursing task from the nursing plan of care to a provider or an agency staff person, the individual must be trained and supervised by a professional licensed nurse. Training must be specific to participant and providers and must include any back up or substitute providers of the service. The only persons that can delegate medical services are RNs and physicians in accordance with the Board of Nursing Rules, IDAPA 23.01.01.

PLAN DEVELOPER ACTIONS

- 1. Identify on the ISP the need for RN training and supervision of medical services. Frequency of nursing visits for training and oversight will depend on needs of the participant and skills of the provider.
- 2. Assure ongoing RN training and oversight services are available to alternate caregivers in community-based situations when the primary caregiver or community provider is unable to provide the service.
- 3. Submit a request on the ISP to the Care Manager for authorization of nursing services when nursing oversight is needed.
- 4. If authorized, assist the participant in arranging for nursing services.

E. Services must be provided by a licensed nurse (Skilled Nursing). These nursing services are of such a technical nature that they must be performed by an RN or LPN at the delegation and supervision of an RN. Such services may include but are not limited to N/G tube functions, volume ventilator care, tracheal suctioning, injections, and IV therapy. Specialized nursing services must be ordered by primary physician and provided under a nursing service Plan of Care.

PLAN DEVELOPER ACTIONS

- 1. Identify on the ISP if it is determined that specialized nursing services are needed based on a physician's order for these specialized nursing services.
- 2. If authorized, assist the participant in arranging for nursing services.
- 3. Send a copy of the nursing services plan of care developed by the nursing services provider to the Care Manager. This is usually done after the ISP is authorized.

Nursing Services Provider Actions

- 1. Verify that nursing services have been authorized by the Care Manager on the ISP.
- 2. Evaluate and document situations for which nursing services are indicated and authorized on the ISP.
- 3. If the ISP contains nursing oversight for medication assistance, complete and document a monthly assessment of medication use. Assure that oversight instructions for assistance with the medication are current.
- 4. Develop and delegate an implementation plan/nursing plan of care, which includes all training and instructions to the provider, supervision and/or care to be provided. This may include step by step instructions to the provider on a tube feeding procedure, documentation of dates trained, and instructions on what to do in an emergency.
- 5. Keep documentation and progress notes on all training, supervision or care provided at the service delivery site and with your own records.
- 6. Assure a copy of the implementation plan/nursing plan of care is present in the location the service is to be provided and a copy (including all updates and changes) is submitted to the participant, Plan Developer, and Care Manager.

PROVIDER ACTIONS

- 1. Medicaid providers who assist participants with medication should refer to the Health and Welfare and/or Medicaid rules governing their specific provider type for additional conditions/qualifications that may apply.
- 2. Notify the Plan Developer of any changes in the participant's medications, medical condition or need for a medical service that would require initiating nursing services according to these guidelines if the participant is not already receiving nursing services.
- 3. If nursing services are being received by participants, report any changes in the participant's medical conditions, medications, or inability to follow the nursing services implementation plans as written to the nursing services provider, Plan Developer and Care Manager.