



# Nursing Services for the Individual Options Waiver

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Medicaid Development and Administration



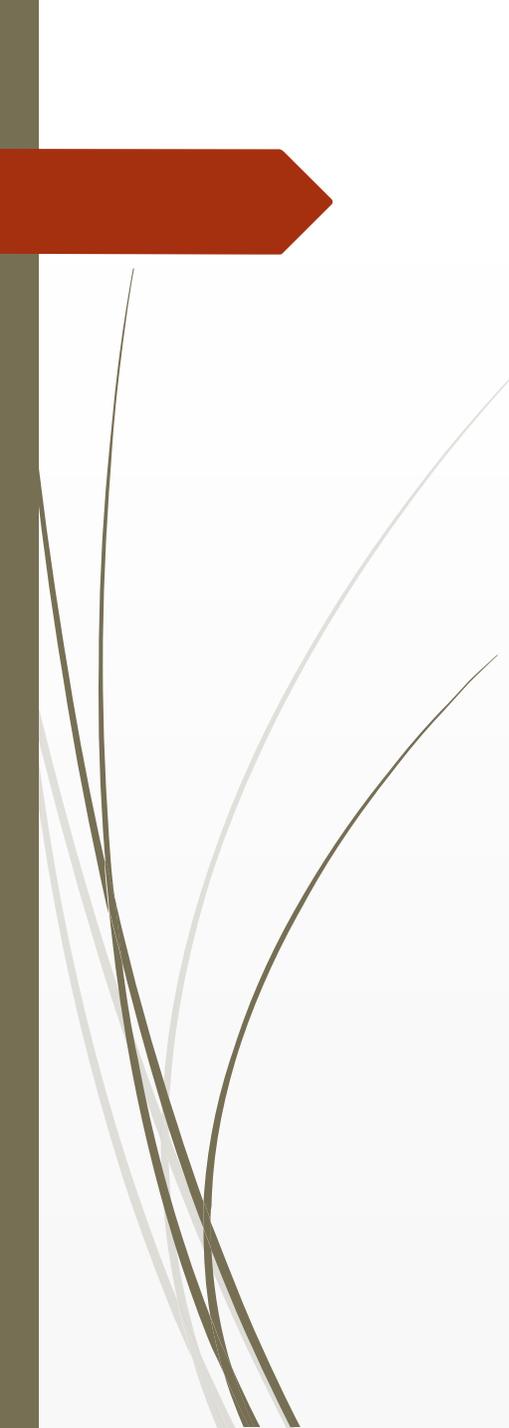
# Waiver Nursing Services

- Services provided to an individual that require the skill of an RN or an LPN, who works at the direction of an RN



# Waiver Nursing Does Not Include:

- RN Assessments
  - RN Consultations
  - Delegated Nursing
  - Health Care Coordination
  - Supervisory Visits
- 



# IO Waiver Nursing Providers

- Medicare Certified Agencies – Type 60
- Other Accredited Agencies – Type 16
- DODD Certified Agencies – Type 45
- Non-agency/Independent Providers – Type 38

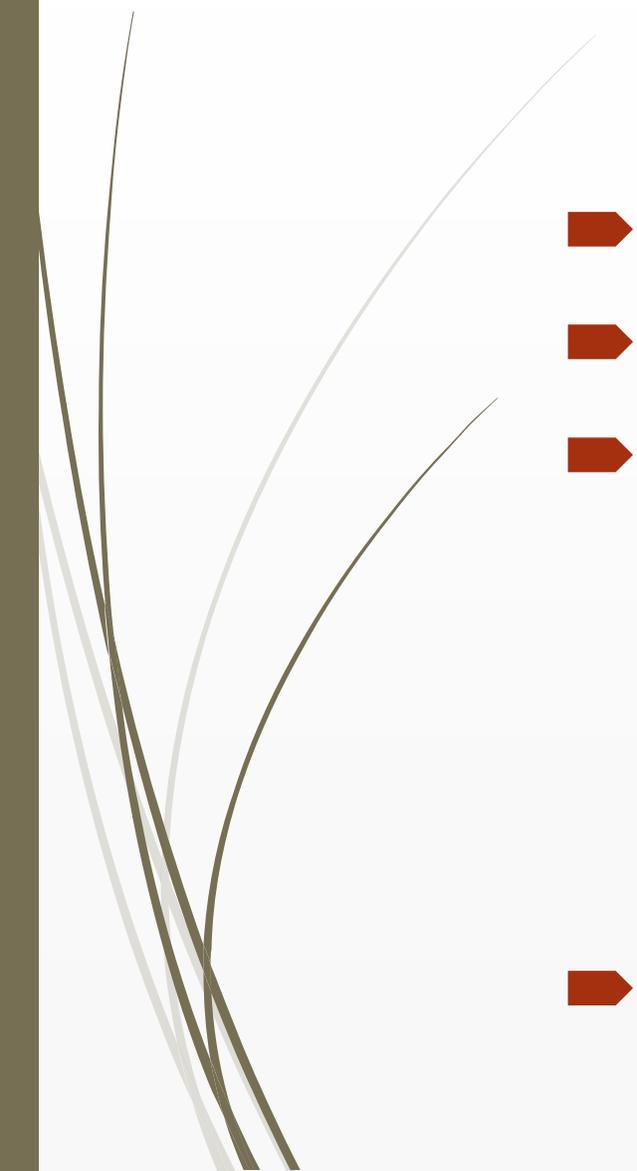
Providers must have Medicaid provider agreements with the Ohio Department of Medicaid who are, or employ RNs or LPNs, working at the direction of the RN

Unlike the TDD Waiver Nursing, parents of minor children will not be permitted to be the paid nursing care provider – as neither an agency, nor non-agency, provider.



# Authorizations

## Payer Sequencing

- Medication Certification
  - Nursing Delegation
  - State Plan Services
    - State Plan Home Health Services
    - State Plan Home Health- HealthChek
    - State Plan Post-Hospital Services
    - State Plan Private Duty Nursing
  - Waiver Nursing
- 



# Authorizations

- IO Waiver nursing will be funded and authorized by DODD
- Only authorized when an individual's needs cannot be met through:
  - Natural supports
  - Other Payer Sources: Private Insurance, Medicare
  - State Plan services & Healthchek
  - Medication administration and HPC (staff with appropriate DODD certification)
  - Delegated nursing

# Medication Certification



- To administer prescribed medications, perform health-related activities, administer food or prescribed medication via stable labeled gastrostomy/jejunostomy tube or administer subcutaneous insulin injection for individuals, DD personnel shall obtain ***the certificate or certificates*** required by the department and issued under ORC 5123.45 and OAC 5123:2-6-06. DD personnel shall administer prescribed medication, perform health-related activities, and perform tube feedings only as authorized by the certificate or certificates held.



# Medication Certifications

- ✓ Level I- give oral or apply topical prescribed medication and perform health-related activities
- ✓ Level II - provide prescribed medication administration or feeding via stable, labeled gastrostomy tube or stable, labeled jejunostomy tube feeding
- ✓ Level III – administer subcutaneous insulin injections



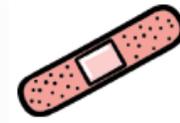
# Nursing Delegation

- ▶ “Delegable nursing task” means a nursing task, which a licensed nurse has determined meets the provisions listed in Chapter 4723-13 of the Administrative Code.
- ▶ "Nursing delegation" means the process established in rules adopted by the board of nursing pursuant to Chapter 4723. of the Revised Code under which a registered nurse or licensed practical nurse acting at the direction of a registered nurse transfers the performance of a particular nursing activity or task to another person who is not otherwise authorized to perform the activity or task.

# Health Related Tasks Allowed



- Taking vital signs
- Application of clean dressings that do not require health assessment
- Basic measurement of bodily intake and output
- Oral suctioning



- Collection of specimens by noninvasive means
- Emptying and replacing colostomy ostomy bags
- External urinary catheter care
- Use of glucometers





# Statute Changes

- Expanded health-related tasks within Certification 1 curriculum
  - Pulse oximetry reading
  - Use of C-PAP or BiPAP for Sleep Apnea
  - Application of percussion vests
  - Use of cough assist devices and insufflators
  - Applications of prescribed compression hosiery
  - Emptying and replacing colostomy/ostomy bags



# Statute Changes

- ▶ Ability for staff with appropriate training to perform additional tasks without delegation and without certification:
  - ▶ Activate vagal nerve stimulator
  - ▶ Use epi-pen to treat anaphylaxis
  - ▶ Administer topical over-the-counter medications for cleaning, protecting, or comforting skin, hair, nails, teeth or oral surfaces

# Nursing Delegation

## List of Nursing Tasks that Can be Delegated





# State Plan Services



# State Plan Services

**State Plan Home Health** (including **HealthChek, Post-Hospital, Increased State Plan Services-adults**) can only be provided by a Medicare-certified Agency

**State Plan Private Duty Nursing** (including **Post-Hospital** benefits) can be provided by Medicare-certified agency, other accredited agency, and/or non-agency provider



# PDN Authorization



- ▶ As of 04/17/16- For those transferring from the TDD Waiver to the I/O Waiver, the PDN Referral Form will not be sent to Ohio Department of Medicaid (ODM) for individuals requiring ongoing nursing care.
- ▶ The Nursing Task Assessment Form will be utilized to explain services required of the individual and the resources for care that have been explored. Service hour needs (hours/days) will identified by the county board.
- ▶ The Nursing Task Assessment form will be reviewed by DODD to determine the authorization of PDN services and service hours.



# PDN Authorization



- ▶ If DODD denies the PDN services, or authorizes services that are less than requested by the county board, Hearing Rights will be issued by DODD.
- ▶ If the county board determines that nursing needs of the individual could be met through alternate means, other than continuous nursing, then the responsibility for due process falls to the county board.
- ▶ Expectation that county boards explore all potential options for meeting service needs for all individuals, including Natural Support, Nursing Delegation, Homemaker/Personal Care, and State Plan Home Health nursing services.



# State Plan Services

- ▶ Services-At-A-Glance
  - ▶ On Website
  - ▶ Explains Requirements of State Plan Services
  - ▶ Explains Restrictions of State Plan Services
  - ▶ Explains Service Hours/Length of Service Authorization Limitation
  - ▶ Please utilize if in doubt of restrictions as service hours will not be reimbursed to the providers if allocated incorrectly

# Waiver Nursing Services





# Waiver Nursing

- A direct nursing service provided by LPN/RN, not for delegation or health services coordination
- Will be funded and authorized by DODD
- Only authorized when needs cannot be met by other resources
  - Unpaid supports
  - Other payer sources: Private Insurance, Medicare
  - Delegated nursing
  - Staff with appropriate DODD certification
  - State Plan Services



# Waiver Nursing

- A county board, or its contracted agent, shall complete and submit a service authorization request for waiver nursing services to the department for review and approval *at least annually* and *upon identification of a significant change that affects a service authorization*. Each service authorization request shall include:
  - (a) An assessment of resources available to address each skilled nursing task ordered by a physician; and
  - (b) A proposed weekly schedule with corresponding budget.



# Waiver Nursing

- The department shall review a service authorization request to determine whether the requested services are medically necessary.
- The department may approve a service authorization request in its entirety or may partially approve a service authorization request if it determines that the services are medically necessary.
- Within 30 days of submission to DODD, the request will be reviewed to determine whether the services are medically necessary



# Requirements for Service Delivery

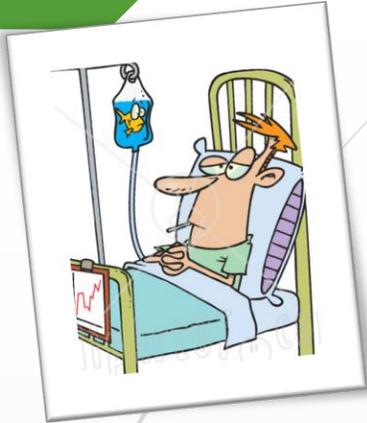
- Waiver nursing services shall be provided pursuant to an individual service plan (ISP)
- Waiver nursing services shall not be provided to an individual during the same time the individual is receiving adult day support, adult family living, adult foster care, residential respite being provided at an intermediate care facility.
- A provider of waiver nursing services shall be identified as the provider and have specified in the individual service plan the number of hours for which the provider is authorized to furnish waiver nursing services.



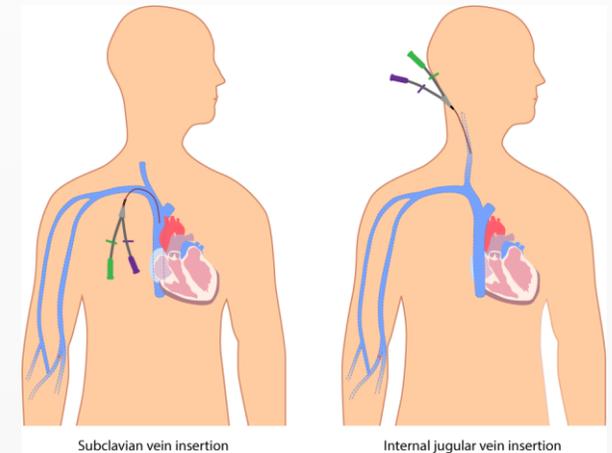
# Requirements for Service Delivery

- A provider of waiver nursing services who is a licensed practical nurse working at the direction of a registered nurse shall *conduct a face-to-face visit with the individual and the directing registered nurse **prior to initiating services and at least once every one hundred twenty days*** for the purpose of evaluating the provision of waiver nursing services, the individual's satisfaction with care delivery and performance of the licensed practical nurse, and to ensure that waiver nursing services are being provided in accordance with the approved plan of care.

Nursing tasks performed ONLY by an RN include but are not limited to:



- IV insertion, removal, or discontinuation
- IV medication administration
- Pump programming to deliver meds including but not limited to, epidural, subcutaneous, and IV (except routine doses of insulin through a programmed pump)
- Insertion or initiation of infusion therapies
- Central line dressing changes; and
- Blood product administration





# Plan of Care

- ▶ A copy of the initial and all subsequent plans of care, specifying the type, frequency, scope, and duration of the waiver nursing services being performed. When waiver nursing services are performed by a licensed practical nurse working at the direction of a registered nurse, the record shall include documentation that the registered nurse has reviewed the plan of care with the licensed practical nurse. *The plan of care shall be certified by the treating physician initially and recertified at least annually thereafter, or more frequently if there is a significant change in the individual's condition.*



# IO Waiver Nursing Rate Structure

- ▶ **Base rate** = the amount paid for the first thirty-five to sixty minutes of service delivered
- ▶ **Unit rate** = the amount paid for each fifteen minutes of service delivered when the visit is greater than sixty minutes in length or less than or equal to thirty-four minutes in length
- ▶ The provider shall be paid a maximum of one unit if the service is equal to or less than fifteen minutes in length and a maximum of two units if the service is sixteen to thirty-four minutes in length



# Waiver Nursing Pay Structure

## Provider

- ▶ Independent Provider - Registered Nurse
- ▶ Independent Provider - Licensed Practical Nurse  
Working at the Direction of a Registered Nurse

## Pay Rate

- ▶ T1002 Base = \$38.60
- ▶ T1002 Unit = \$ 6.96
- ▶ T1003 Base = \$31.65
- ▶ T1003 Unit = \$ 5.57



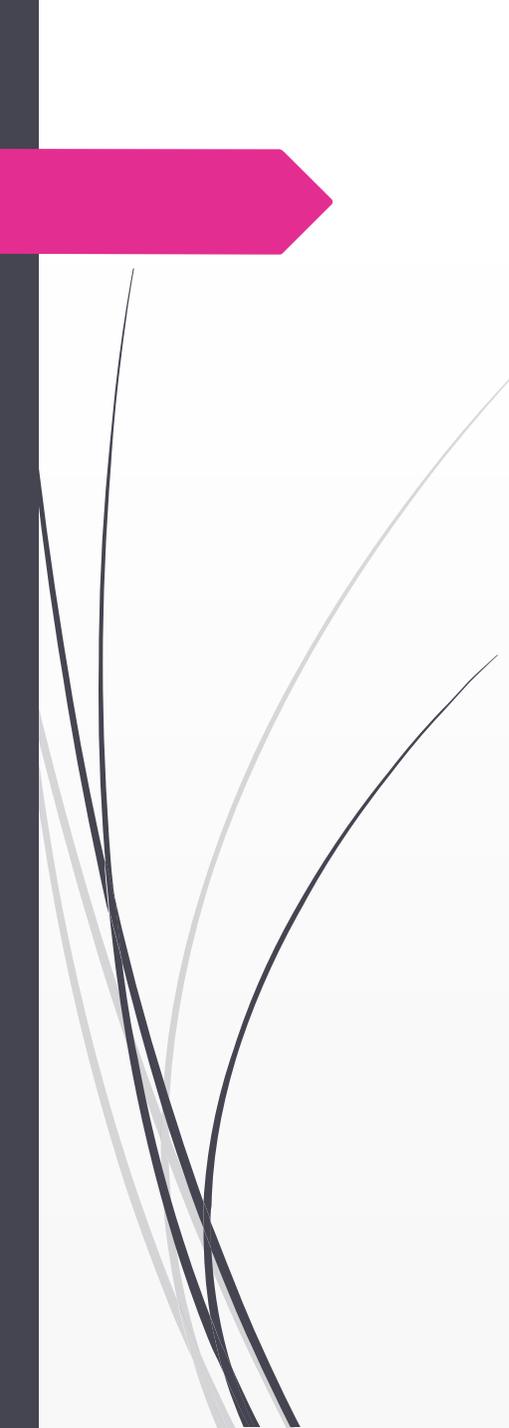
# Waiver Nursing Pay Structure

## Provider

- Employee of Agency Provider Who is a Registered Nurse
- Employee of Agency Provider Who is a Licensed Practical Nurse

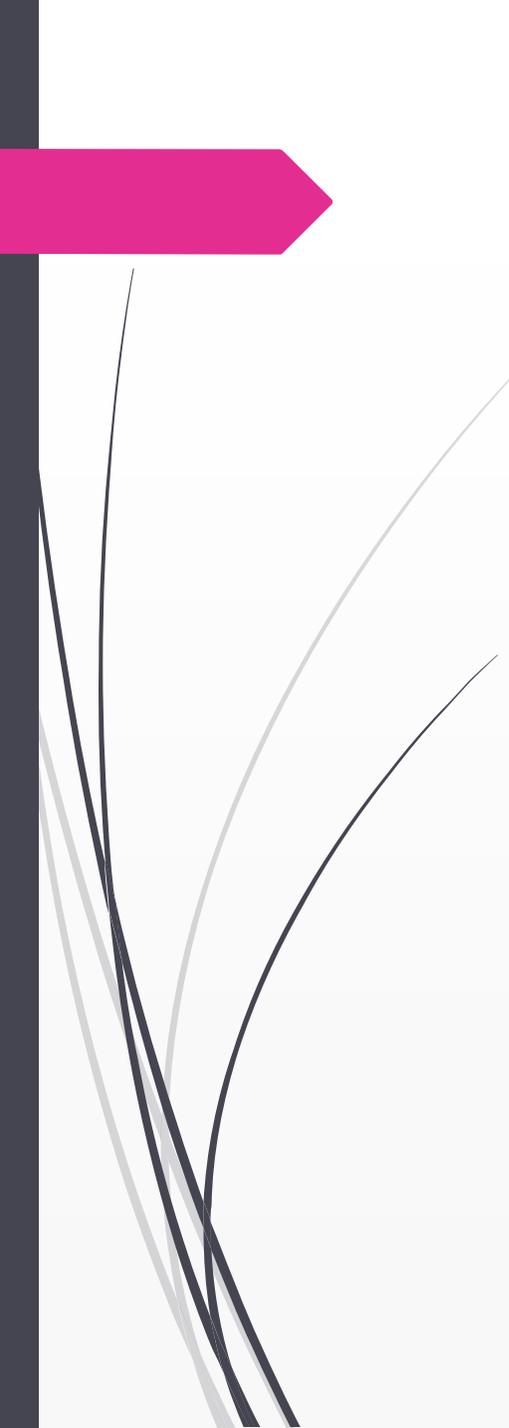
## Pay Rate

- T1002 Base = \$45.40
- T1002 Unit = \$ 8.32
  
- T1003 Base = \$37.90
- T1003 Unit = \$ 6.82



# Waiver Nursing Budget Process

- ▶ Budget requests will be submitted to DODD through MSS
- ▶ Assessment tool must be submitted with all initial budget requests and budget adjustments in which waiver nursing authorization will be increased or decreased – in other words: when care needs change based on change in the individual's status.
- ▶ Assessment tool may not be needed if change in the provider type or typical schedules change.



# Waiver Nursing Budget Process

- ▶ Will have same rate structure as other Medicaid-funded nursing services
- ▶ Claims to be submitted directly through MITS, not eMBS
- ▶ Reporting to be available through data warehouse, including state plan services delivered to people receiving IO Nursing



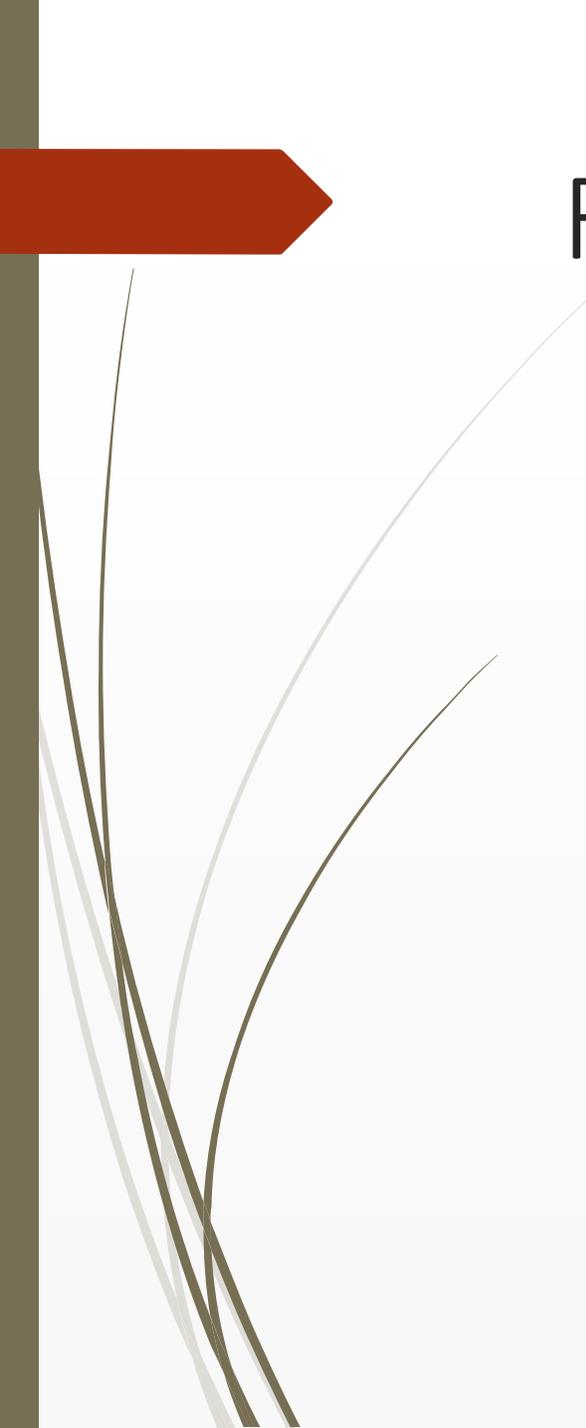
# Nursing Task Assessment Form



# Nursing Task Assessment Form

A county board, or its contracted agent, shall complete and submit a service authorization request for waiver nursing services to the department for review and approval at least annually and upon identification of a significant change that affects a service authorization. Each service authorization request shall include:

- (a) An assessment of resources available to address each skilled nursing task ordered by a physician; and
- (b) A proposed weekly schedule with corresponding budget.



# Requesting Nursing Services

Skill Task Assessment Tool:

- Identifies the skilled services ordered by a physician
- Identifies what resources are available to perform those services (a) who is providing this service currently and (b) will I/O waiver Nursing be requested
- **Classification 1:** IO nursing could be authorized if paid supports are needed
- **Classification 2:** IO nursing authorized *only* in extenuating circumstances – explanation will be required



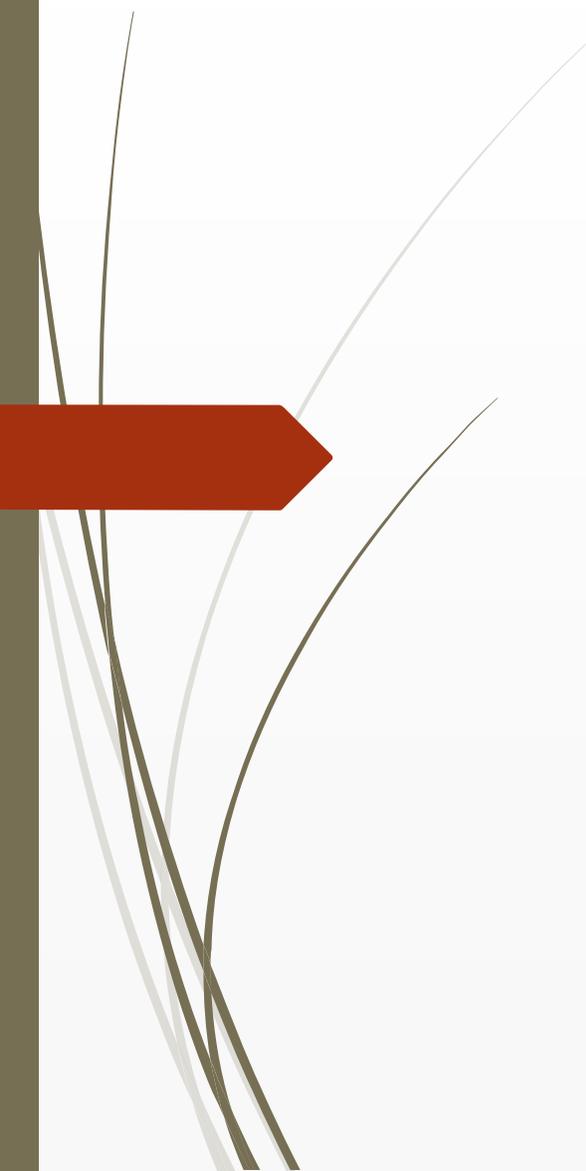
# Requesting Nursing Services

- Budget requests will be submitted to DODD through MSS
- Assessment tool must be submitted with all initial budget requests and budget adjustments in which waiver nursing authorization will be increased or decreased – in other words: when care needs change based on change in the individual's status.
- EM will be sent to DODD mailbox (TDD Budget Box/Inbox) explaining that Annual or Budget Adjustment has submitted. The EM will also indicate if an Emergency and will describe situation surrounding request to explain if an Assessment Tool is submitted or not.
- Assessment tool may not be needed if change in the provider type or typical schedules change.



# Nursing Task Assessment Form

- **Remember:** This is not an assessment that the Service/Support Administrator performs, but is only an assignment of the tasks that are ordered for the individual as to who is currently providing, who will be providing in the future, a review of all potential providers that can provide the service(s) and a scheduling of these tasks to be performed, based upon the need of the individual and natural supports available.
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# Review of the Actual Nursing Task Assessment Form



Questions?



