WHAT'S NEW IN NURSING SERVICES?

AN OVERVIEW OF NURSING SERVICES AND CHANGES COMING

WHAT TYPES OF NURSING SERVICES ARE AVAILABLE?

- Long Term Care Community Nursing- LTCCN
- Direct Nursing Services -DNS
- 24 Hour Residential Home Nursing
- Private Duty Nursing
- Child Welfare Delegation Nursing

LTCCN=LONG TERM CARE COMMUNITY NURSING

- LTCCN services sometimes called Contract Nursing services are a set of services that focus on a child or adults chronic and ongoing health and activity of daily living needs. These services include:

✓ Nursing Assessment

✓ Nursing Care Plan

✓ Delegation

✓ Teaching

✓ Monitoring

✓ Care Coordination

These service address the individuals health and safety supporting choice and autonomy.

LTCC Nurses do not provide hands on or shift type nursing.

https://www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/LTCCN/Pages/index.aspx

Aging and People with Disabilities (APD)

APD Long Term Care Community Nursing (LTCCN) Program Client Referral

Case manager name: _____ Branch: _____

Fax or email completed form to: case manager Phone: ___ - ___ - ___

Fax: ___ - ___ - ___ Email: _____

Date of referral: ___ / ___ / ___ Recipient ID number: _____

Client: _____ Date of birth: ___ / ___ / ___

Length of time at current location: _____

☐ In-home ☐ In-home agency ☐ Foster home

Address: _____

City: _____ State: _____ ZIP code: _____

Area code and phone number: ___ - ___ - ___ Email: _____

Primary contact name: _____ Phone: ___ - ___ - ___

Relationship to client: _____

Home care worker(s):

Name	Hours	Phone
		___ - ___ - ___
		___ - ___ - ___

Primary health care provider name: _____ Phone: ___ - ___ - ___

Other agencies involved with client *(ex. hospice, home-health, in-home agency)*:

_____

Health/ADL status *(attach ISP or CAPS 003)*: _____

Reason for referral:
- ☐ Hospital/ER use
- ☐ Behavior or cognition changes
- ☐ Fall risk
- ☐ Pain issues
- ☐ Medication safety
- ☐ Nutrition, hydration, weight issues
- ☐ Skin issues
- ☐ Care giver education
- ☐ Multiple or complex medical diagnoses
- ☐ Delegation
- ☐ Other *(specify)*: _____

Information LTCCN provider should know: ☐ check if additional information attached

_____

Case manager *(signature)*: Date: ___ / ___ / ___

☐ **Referral accepted** ☐ **Referral declined** Provider number: _____

LTCCN provider name: _____

LTCCN provider *(signature)*: Date: ___ / ___ / ___

1) Form is completed and signed by case manager (CM) and emailed or faxed to LTCCN provider.
2) LTCCN provider must return form in two (2) business days with signature indicating either acceptance or denial and keep a copy of the form.
3) CM puts signed form in client file. **Form** signed by CM and accepted by LTCCN provider provides authorization for LTCCN provider to provide and bill for Initial Assessment (T2024) and Delegation (S5115).

DNS=DIRECT NURSING SERVICES

- Direct Nursing Services are shift nursing services either RN or LPN (under the supervision of an RN) for an individual 21 years or older with a Developmental Disability who has complex medical needs (usually technology dependent) that requires continual assessment and reassessment, supervision, nursing treatments, therapies and interventions. The nurse is performing hands on activities exclusively throughout a shift which is at least 4 hours but no more than 16 hours

DHS
Oregon Department of Human Services

Office of Developmental Disabilities Services
Adult Direct Nursing Services Clinical Criteria

Adult's Name _____ Person completing: _____ Date completed: _____

CARE ELEMENTS	CARE	POINTS	CARE ELEMENTS	CARE	POINTS	CARE ELEMENTS	CARE	POINTS
Overall			**GI/feeding**			**Respiratory**		
1. Intervention no more than 2x noc	2		1. Difficult/prolonged oral feeding	2		1. O2 via cannula lowflow rate	2	
2. Intervention > 2x at noc	3		2. Complex dietary needs	2		2. O2 unplanned chng > 1x/d	3	
3. Needs isolation	2		3. Uncomplicated G tube feeding	1		3. Tracheostomy	5	
4. Complic. med. schedule > q 2 hr	2		4. G-tube feeding with min. problem	2		4. Cyanosis req. pulse oxim.	4	
5. Mod ongoing assess	4		5. NG tube feeding	3		5. C02 monitor	5	
6. Continual assessments	6		6. J tube feeding	4		6. Signif. apnea/bradycardia	3	
7. 2-10 hrs. per week of LN	2		7. Mod. sev. problem w/tube feeding	2		7. Suctioning > q 4 hrs	2	
8. Needs LN > 10 hrs per week	3		8. Reflux without airway involve	2		8. Suctioning 1-4 hrs	3	
9. Needs LN > 10 hrs per day	6		9. Reflux with airway involve	3		9. Suctioning > q 1 hr	5	
10. VS/Neur/Resp asses > q 4 hr	2		**Neurological**			10. CPT or Neb Rx > q 4 hrs	2	
11. VS/Neur/Resp asses q 2-4 hr	3		10. Szs.-no intervention *(> 1x/week)*	1		11. CPT or Neb Rx q 2-4 hrs	3	
12. VS/Neur/Resp asses q 0-2 hr	4		Mild-mod szs *(min.+ intervention)*			12. CPT or Neb Rx > q 2 hrs	5	
Skin/physical management			11. 1x/w – 1 x/d	2		13. Resuscitation within 1 yr	5	
13. ROM	2		12. 1-4x/d	3		14. Tracheal diversion, unable	12	
14. OT *(in the home)*	2		13. > 4x/d	4		15. Tracheal diversion, able	9	
15. PT *(in the home)*	2		Mod-sev. szs.*(mod + intervention)*			to remove obstruction		
16. Stoma care *(@stoma)*	2		14. > 1x/week	5		16. Needs support to maintain airway	5	
17. Stage 2 skin breakdown	2		15. > 6x/day	6				
18. Stage 3-4 skin breakdown	4					17. Cannot maintain airway without contin. supp.	9	
Metabolic			**Vascular**					
19. Insulin-dependent	2		16. Central line port, care of	4		18. Ventilator	3	
20. Gluc. Monitoring; 1x qod to qid	1		17. Central line infusion, not used for TPN nor pain control	6		19. No resp. effort	12	
21. Gluc. monitoring > qid	2							
22. Sign. Metabolic disorder	4		18. Central line w/TPN and/or pain control	10		20. Vent > 12 hrs/d	9	
Urinary/kidney								
23. Urinary cath. q day or < *(not self)*	2		19. IM/SQ pain control	3		21. Vent < 12 hrs/d	6	
24. Indwelling cath. or cath. > q day	3					22. Standby only	3	
25. Peritoneal dialysis	5					23. Vent unplanned chngs > qd	6	
26. Hemodialysis *(in the home)*	8					24. Hypoventilation, w/criteria	9	
SUBTOTAL:			**SUBTOTAL:**			**SUBTOTAL:**		

TOTAL (ALL COLUMNS): _____

NURSING IN 24 HOUR RESIDENTIAL SETTINGS

- Nursing services in a 24 hour home are provided to individuals based on the individuals medical support needs. The medical supports are identified in a Nursing Care plan, Functional Needs Assessment and each individuals ISP. The nursing services may be delivered by an RN or LPN (under supervision) or a combination. Nursing services are included in the individuals funded rate.

PDN = PRIVATE DUTY NURSING SERVICES

- Private Duty Nursing Services are shift nursing services either RN or LPN (under the supervision of an RN) for children from age birth to 20 years of age who have complex medical needs (usually technology dependent) that requires continual assessment and reassessment, supervision, nursing treatments, therapies and interventions. The nurse is performing hands on activities exclusively throughout a shift which is at least 4 hours but no more than 16 hours
- These services are authorized through the Children's Intensive In Home Services - Medically Fragile Children's Unit. A child or young adult does not have to be Intellectually or Developmentally Disabled to be eligible for these services.

CHILD WELFARE NURSING DELEGATION

- These are Nursing Delegation Services provided by the Department of Human Services-Child Welfare Office for Children:

➢ Where Child Welfare Services are involved in the case; and

➢ Share Case Management with the DD system through CDDP's or CIIS; and

➢ Where the child and family have Nursing delegation needs; and

➢ Where there are no LTCCN services available

ODDS Nursing Technical Assistance

Referral for TA Make a selection from the list

Request for Guidance on Direct Nursing Criteria Make a selection from the list

Case Management Contact Information

Date Click here to enter a date.

Name Phone

Email CDDP / Brokerage Name

ISP Date

Individual / Child Information

Name DOB SSN

Medicaid ID (prime number)

Address Phone number

Guardian contact if applicable

Address Phone number

Presenting Medical Issues:

Diagnosis

Please check all conditions that apply:

☐ Ventilator, ☐ Trach, ☐ Feeding tube, ☐ Seizures, ☐ Oxygen, ☐ Suctioning, ☐ IV,

☐ Recurrent hospitalizations

Please describe current Medical needs:

ACCESSING SERVICES

WHAT SERVICES ARE ACCESSIBLE IN WHAT SETTINGS

Nursing Service	In Home	Adult Foster Home	24 Hr Residential
LTCCN	Yes	Yes	No
DNS	Yes	Yes	Not currently
			Will be allowed-In 2020
PDN	Yes	Yes	No
Child Welfare	Yes	Yes	No
	If no LTCCN		

ODDS NURSING SERVICES MATRIX

	MFC-Private Duty Nursing	Private Duty Nursing	Direct Nursing Service	Long Term Care Community Nursing
Ages	0-17	18-20	21 and older	All Ages
OAR's	410-132 & 411-300	410-132 & 411-300	411-380	411-048
Service	State Plan	State Plan	Waiver Service	K-Plan
Eligibility	Meet Assessment Criteria	Meet Assessment Criteria	I/DD Elig.,OSIPM,MAGI & Meet Assessment Criteria	For Children or Adults In-Home or Foster Care
In-Home DD49,149,151	YES	YES	YES	YES
Foster Care DD158 &258	YES -With MFC Approval	YES	YES	YES
Residential DD50 & DD142	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Supported Living DD51	Not Allowed	Yes	Yes	Not Allowed
Provider Qualifications	RN or LPN with In-Home or Home Health Agency or Self Employed. MMIS Enrolled	RN or LPN with In-Home or Home Health Agency or Self Employed. MMIS Enrolled	RN or LPN with In-Home or Home Health Agency or Self Employed. MMIS Enrolled	RN Only. Enrolled through LTCCN & MMIS
Authorization for Service	MFCU Service Coordinator	CDDP/Brokerage & Central Office	CDDP/Brokerage & Central Office	CDDP/Brokerage through LTCCN referral process
Access and Referrals	CIIS referral & assessment	SC/PA if part of MFCU T-18 Transition; If new Central Office for Assessment	SC/PA Transition from PDN; If new Central Office Assessment	SC,PA Referrals & LTCCN Nurse Acceptance
Prior Auth & Payment	MFCU-SC, Payment MMIS	SC/PA & Central Office, Payment MMIS	SC/PA & Central Office, Payment MMIS	SC/PA & LTCCNurse & APD office, Payment MMIS
Nurse Services	Shift Nursing ongoing(4hrs or more) for skilled interventions,direct treatments and therapies for technology dependent	Shift Nursing ongoing(4hrs or more) for skilled interventions,direct treatments and therapies for technology dependent	Shift Nursing ongoing(4hrs or more) for skilled interventions, direct treatments and therapies for technology dependent	RN's who do assessments,delegation, training,education, monitoring and case coordination. No direct nursing services.

Individuals in residential services(24hr) have funding built into their individualized rates. Agency's provide nursing as part of service

All ODDS Nursing services are intended to support individuals with long term ongoing or intermittent medical support needs.

Consult with OHP/CCO for coverage for short term, acute episodes of illness, injury or medical condition requiring nursing F/U including Hospital D/C planning.

WHAT'S CHANGING?
LONG TERM CARE COMMUNITY NURSING

- Effective 8/1/2019 Local Case Management Entities (CDDP's & Brokerages) will be responsible for entering their own local LTCCN-Prior Authorizations (Form SDS 4102) into MMIS. This is a change from when local CME's would fax/send the Prior Authorization forms (from LTCC-Nurse) to the local APD office where they would enter PA's.
- Having local CME offices entering PA's into MMIS should facilitate more timely authorizations and reduce the risk of error
- ODDS is working with local CME's to get User Enrollment and MMIS Training in place

DHS | Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

Print form Clear form

Prior Authorization (PA) for APD Long Term Care Community Nursing Teaching, Monitoring, Care Coordination and Reassessment

Instructions: Registered nurse (RN) completes this form, attaches current Nursing Service Plan and sends to the Case Manager (CM) for review as soon as the service plan is completed or at least 10 business days before a reauthorization is needed. CM must sign and issue a PA number to the RN within 5 business days of receiving the completed form and Nursing Service Plan. The signed original is to be kept in the client file.

Case manager: _____ Branch: _____
Service period: _____ Date received: _____
Client name: _____ PA number: _____
RN name: _____ ID number: _____
Email: _____ Provider number: _____
RN phone/fax number: _____

Procedure Codes		Maximum Units Per Date of Service (DOS)
S5116	Teaching Non-Family	12
S5110	Teaching Family/Client	12
T1002	Monitoring Visit	12
T1016	Care Coordination	12
96151	Reassessment	12

RN: Enter the number of hours/units for each type of service the client is expected to need for a service period not to exceed six months. Calculate the cost. 15 minute unit rate set in current APD Rate Schedule.

Procedure Code/Service	Estimated Hours in Service Period	Estimated Units *(15 minutes = 1 unit)*	Estimated Cost for Services Period *(number units x current unit rate)*
S5116/ Teaching Non-Family:			
S5110/ Teaching Family/Client:			
T1002/ Monitoring Visit:			
T1016/ Care Coordination:			
96151/ Reassessment:			
Total:	0.00	0.00	0.00

RN signature: _____ Date: _____
CM or Local Office
Supervisor* Authorization: _____ Date: _____
* Signature verifies that the client's current Nursing Service Plan SDS 0754 was reviewed and that services are authorized for the service period noted if provided according to OAR 411-048.

WHAT'S CHANGING?
DIRECT NURSING SERVICES IN 24 HOUR HOMES

- ODDS has submitted to CMS a change to allow DNS waiver services to be authorized in 24 Hour residential settings. This service would be “unbundled” from the residential payment with the Direct Nursing Services provided by qualified Medicaid Direct Nursing Service providers

WHAT'S CHANGING?
DIRECT NURSING SERVICES IN 24 HOUR HOMES

- DNS authorization & payment would occur through the MMIS payment system
- The service is only for eligible individuals (scored through Medical criteria) with technology needs
- Residential agencies wanting to serve or continue to serve individuals with DNS would have to enroll as a qualified OHA provider and also become endorsed to provide DNS in the home.
- Other non-DNS nursing services would continue to be provided by the 24 hour residential agency

WHAT'S CHANGING?
DIRECT NURSING SERVICES IN 24 HOUR HOMES

- Is expected to be implemented in Spring of 2020
- As part of the roll-out ODDS will be working with CDDP's and provider agencies in identifying potential individuals to be assessed using the DNS Medical Criteria Tool to determine eligibility and number of Nursing hours
- ODDS will also gather the number of potential new Agencies wanting to become Direct Nursing Service Providers and help set them up through the enrollment process

PROVIDER ENROLLMENT

- Nurses or In-Home, Home Health agencies who are providing PDN,DNS & LTCCN services must be qualified, enrolled Medicaid providers. To become qualified, applicants need the following:

❖ For PDN or DNS, applicants must complete OHA enrollment forms, pass a Background check, have proof of professional liability insurance, proof of ID (ODL & SS), verification of current unencumbered State of Oregon RN or LPN license status and have a National Provider Indicator number. This information is submitted to ODDS Ken Ralph for DNS or Heather Ferris for PDN who work with OHA enrollment unit to process the enrollment. In –home & Home Health licensed agency provider enrollment uses different form. Please contact Ken or Heather for more information.

❖ For LTCCN, applicants can find the enrolment forms and information at the LTCCN Website: https://www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/LTCCN/Pages/index.aspx

NURSING SERVICES AND THE ISP

If a child or adult has ongoing medical support needs these supports should be documented in the following places:

- ✓In a Nursing Care Plan
- ✓The ISP Form
- ✓Risk Identification Tool
- ✓Medical Protocols
- ✓Desired Outcomes-Where possible integrating medical and nursing supports into person centered desired out comes

RECRUITMENT ASSISTANCE

THANK YOU FOR ATTENDING!

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