

**CHAPTER 411  
DIVISION 48**

**CONTRACT REGISTERED NURSE SERVICE**

**411-048-0000 Purpose**

*(Adopted 10/1/2002)*

The purpose of these rules is to establish Department of Human Services (DHS) standards and procedures for the Seniors and People with Disabilities (SPD) Contract Registered Nurse (Contract RN) Service. DHS contracts with individual registered nurses to provide services to elderly clients and persons with disabilities who are eligible to receive Long Term Care Services as per OAR 411-015-000-0100. Contract RN services are provided in adult foster homes (AFH), residential care facilities (RCF), and in-home settings. Contract RN Services do not replace or substitute for nursing services required under rules for licensed facilities.

Statutory Auth.: ORS 410.070

Stats. Implemented: ORS Chapter 410

**411-048-0010 Definitions**

*(Adopted 10/1/2002)*

(1) "AAA" means an Area Agency on Aging (AAA) which is an established public agency within a planning and service area designated under Section 305 of the Older Americans Act and has responsibility for local administration of Department programs.

(2) "Abuse" means abandonment, financial exploitation, neglect (failure to provide basic care or services), physical abuse, psychological abuse (mental and/or verbal), and/or sexual abuse.

(3) "Adult Foster Home (AFH)" means any family home or other facility in which residential care is provided for compensation to five or fewer elderly, or adults with physical disabilities, who are not related to the provider by blood or marriage.

(4) “Assessment” means the systematic collection of data about an individual client by a registered nurse for the purpose of judging that person’s health/illness status and actual or potential health care needs. The assessment involves collecting information about the whole person including the physical, psychological, social, cultural, and spiritual aspects of the person. The nursing assessment includes reviewing and documenting the person’s health and illness history through physical examination and interview of the person (and others as necessary). The data collected during the assessment process provides the basis for the health care plan for intervention and evaluation.

(5) “Assignment” means that a registered nurse authorizes an unlicensed person to perform a basic task of nursing care for a specific client with knowledge that the unlicensed person has been taught the task and is competent in performing the task. Assignment may require that the registered nurse periodically supervise and evaluate the unlicensed person performing the basic task of client care. The need for, and intervals of supervision and evaluation is at the discretion of the registered nurse.

(6) “Care” means assistance with activities of daily living, medication management and delegated/assigned nursing tasks. Care also means services required to maximize client independence, personal choice, participation, health, self-care, psychosocial functioning and providing reasonable safety, all consistent with the client's preferences.

(7) “Care Provider” means any person (excluding licensed health professionals) who is responsible for providing care and services to the client in her/his home, adult foster home or residential care facility.

(8) “Case Manager” means a person employed by the Department or its contractors who ensures client entry, assessment, service planning, service implementation, and evaluation of the effectiveness of the services.

(9) “Central Office” means the Department of Human Services, Seniors and People with Disabilities Office of Licensing and Quality of Care.

(10) “Client” means an individual in the community for whom the Department pays for care and services and for whom case management services are provided under the Long-Term Care Title XIX Services as defined in Chapter 411, Division 015, Service Priorities.

(11) “Contract RN Manual” means the manual which provides information and guidelines regarding the role and expectations for the SPD Contract RN.

(12) “Contract RN Service Policy and Procedure Manual” means the manual developed by the SPD Office of Licensing and Quality of Care which outlines for the local offices and the Contract RNs the policies and procedures for the Contract RN Service.

(13) “Delegation” means the process in which a registered nurse authorizes an unlicensed person to perform special tasks of nursing care for clients in selected situations and indicates that authorization in writing. The delegation process as defined in the Oregon State Board of Nursing (OSBN) Administrative Rules 851-047-0000 through 0040, includes a nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed person to perform the task, teaching the task, and ensuring supervision of the unlicensed person.

(14) “Department” means the Department of Human Services. “Department” also includes the field offices within the Service Delivery Areas (SDA), and the AAAs who have contracted to locally administer the Department’s Title XIX programs.

(15) “Documentation” means the written record of the nursing assessment and plan for client care. The nursing documentation reflects the nurses’s utilization of the nursing process (assessment, plan, intervention, evaluation). Contract RNs provide documentation on forms provided by the Department for this purpose.

(16) “Health Care Plan” means the plan the nurse has developed and documented for meeting the client’s health care needs. The plan is based on the nursing assessment and includes the identified health-related problems/concerns, client outcome goals, and the interventions required to meet those goals. The health care plan is incorporated into the overall client care plan developed by the case manager.

(17) “Home Health Services” means skilled care which is provided in the client’s home. The care may be provided by a public or private agency providing coordinated home health services on a home visiting basis. A

home health agency is primarily engaged in skilled nursing and at least one other skilled service.

(18) “Local Offices” means the community Service Delivery Area and AAA offices who contract with the Department for local administration of the Department’s Medicaid programs.

(19) “Mandatory Reporting” means the RN's responsibility, when working in an official capacity, to report the following to protective services at the SDA/AAA: known or suspected abuse, including neglect, of an elderly person; or a recently transferred client of any age from a nursing facility to the community when abuse in that facility is suspected. (Reporting of Abuse of Elderly Persons, ORS 124.050 - 124.095 and Nursing Facility Resident Abuse ORS, 441.630 - 441.680.)

(20) “MMIS” means the Medicaid Management Information System (MMIS). This is the computer system that maintains client and provider eligibility, billing and payment information and other business applications necessary to manage the state’s Medicaid Program.

(21) “Oregon State Board of Nursing (OSBN)” means the agency responsible for nursing licensure and regulation of the practice of nursing in the state of Oregon as defined in OSBN OARs 851-001-0000 through 851-063-0110.

(22) “Residential Care Facility (RCF)” means a facility that provides care for six or more persons over 18 years of age on a 24-hour basis in one or more buildings on contiguous property. “Residential Care Facility” includes residential care homes with 6-15 residents and residential care centers with 16 or more residents.

(23) “Service Delivery Area (SDA)” provides direct client services through a network of field offices throughout the state. The local offices are part of 16 Service Delivery Areas that combine services for child welfare, self-sufficiency, vocational rehabilitation, seniors, and people with disabilities.

(24) “Visitation Plan” means the approximate number of nursing visits to the client needed during the following six months as identified in the health care plan by the RN.

Statutory Auth.: ORS 410.070  
Stats. Implemented: ORS Chapter 410

### **411-048-0020 Contract Registered Nurse Services**

*(Adopted 10/1/2002)*

The goals of the SPD Contract Registered Nurse Service are to maintain service-eligible clients at functional levels of wellness, minimize risk for the client, and maximize the strengths of the client and the care provider while promoting autonomy and self management of health care through teaching and monitoring.

(1) The Contract Registered Nurse is not an employee of the state or county, but is an independent contractor. All Contract RN contracts are issued and held by the Department of Human Services.

(2) The Contract RN role emphasizes health care assessment, care planning, and teaching rather than the provision of direct care to a client with an acute care need. The Contract RN service adheres to the practice of nursing governed by the OSBN Administrative Rules.

(3) Contract RNs provide assessment, health care planning, teaching, supervision, monitoring, and coordination of health-related functions for service-eligible clients under the authorization of the case managers.

Statutory Auth.: ORS 410.070  
Stats. Implemented: ORS Chapter 410

### **411-048-0030 Minimum Qualifications for the Contract Registered Nurse**

*(Adopted 10/1/2002)*

A Contract RN must have the following:

(1) A current, unencumbered, Oregon registered nurse license.

(2) Employment history, education, and professional references which

demonstrate skills, knowledge, and experience in the following areas: client assessment, documentation of assessments and health care plans, teaching, and ability to work independently.

(3) Five years' RN experience with seniors and/or adults with disabilities and one year RN hospital or skilled nursing facility experience.

(4) A Bachelor's degree in nursing is preferred.

Statutory Auth.: ORS 410.070

Stats. Implemented: ORS Chapter 410

### **411-048-0040 Provider Enrollment & Contracting**

*(Adopted 10/1/2002)*

(1) In accordance with the SPD Contract RN Service Policy and Procedure Manual, a nurse requesting an SPD registered nurse contract, either initial or renewal, must submit the following documents to the designated DHS entity:

(a) A current, unencumbered, Oregon registered nurse license.

(b) Certification of Professional Liability Insurance

(c) Certification of General Liability Insurance naming the State of Oregon, Department of Human Services as the additional insured.

(d) Certificate of Automobile Insurance

(2) The Contract RN may not provide nursing services after the expiration date listed on the Oregon registered nurse license. The nurse must submit a copy of the renewed license to the DHS Central Office.

(3) The Contract RN must keep all insurance coverage current and submit copies of Certificates of Insurance renewals to the Central Office.

Statutory Auth.: ORS 410.070

Stats. Implemented: ORS Chapter 410

## **411-048-0050 Responsibilities of the Contract RN**

*(Adopted 10/1/2002)*

In accordance with the scope of practice as stated in the OSBN Administrative Rules, the SPD Contract RN Service Policy and Procedure Manual, and the Contract RN Manual, the Contract RN is responsible for the following activities:

(1) **Comprehensive Assessment:** Assessment involves collecting information regarding all aspects of the person including physical, functional, psychological, social, cultural and spiritual. A comprehensive assessment is performed at the onset of the Contract RN service and as indicated thereafter by client need.

(2) **Health Care Plan:** Based on the assessment of the client and the care provider's ability to care for the client, the Contract RN documents a health care plan. This plan is separate from the care plan which care providers are required to develop. The Contract RN reviews the health care plan and desired outcomes with the case manager.

(3) **Delegation and Assignment:** The Contract RN is responsible for delegation and assignment of nursing tasks as regulated by Division 47 of the OSBN OARs. The Contract RN, alone, based on professional judgment and regulation, makes the determination to: delegate a nursing task, not delegate a nursing task, or rescind a delegation.

(4) **Teaching:** The Contract RN is responsible for teaching the client and/or care provider how to help meet the client's health care needs.

(5) **Monitoring Visits/Reassessment and Update of the Health Care Plan:**

(a) The Contract RN develops a proposed nursing visit schedule based on the nursing assessment and health care plan, and the care provider's teaching needs as determined by the nursing assessment. The proposed nursing visitation schedule is reviewed and authorized by the case manager on a biannual basis or more frequently as indicated by client condition.

(b) Comprehensive assessments, health plans and documentation of

monitoring activities are to be sent to the case manager within the time frames defined in the SPD Contract RN Service Policy and Procedure and Contract RN Manuals.

(c) Should the case manager disagree with the proposed visitation schedule the SDA/AAA office manager must review the Contract RN's justification for continued nursing visits and make a final decision.

(6) Coordination with Health and other Speciality Providers:

(a) If the Contract RN determines the client would benefit from the services of other health care or specialty providers, the Contract RN will contact the case manager and discuss arrangements for coordinating the services.

(b) Contract RNs must document any communication and/or change in services resulting from this coordination in health care services.

(c) The Contract RN must provide information and a health care plan to involved providers and specialists within confidentiality parameters.

(d) If a client's condition becomes acute, unstable and/or a client becomes eligible for home health or hospice nursing, the physician and case manager should be contacted and a plan developed to transfer the care to another nursing program, or coordinate care between nursing programs.

(7) Coordination with SDA/AAA Offices:

(a) The SDA/AAA offices will provide oversight of the Contract Registered Nurse Service in accordance with the SPD Contract RN Service Policy and Procedure manual.

(b) The Contract RN and the case manager must maintain communication and coordination regarding the client according to time lines and procedures as defined in the SPD Contract RN Service Policy and Procedure Manual.

(c) The Contract RN must immediately communicate abuse, neglect

and/or life threatening health and safety concerns to the primary care provider and the local office protective service worker, or case manager, according to local office policy.

(d) For critical issues other than health and safety, such as a change in the stability of a client's condition, the Contract RN must notify the case manager within one working day.

(e) The Contract RN will communicate concerns regarding case managers or office procedures to the SDA/AAA office manager in a timely manner.

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Stats. Implemented: ORS Chapter 410

#### **411-048-0060 Compliance with Department Policies**

*(Adopted 10/1/2002)*

(1) Reporting of Abuse: While acting in an official capacity, Contract RNs are mandatory reporters if they have reasonable cause to believe that an elderly person (or recent nursing home resident of any age who has transferred to the community-based setting) has suffered abuse. (Reporting of Abuse of Elderly Persons, ORS 124.050 - 124.075 and Nursing Facility Resident Abuse ORS 441.630 - 441.645.) The Contract RN must immediately report instances of suspected or actual abuse of a client/resident in a home or facility to the protective services unit of the SDA/AAA office (OAR Chapter 411, Division 020, Adult Protective Services).

(2) Resident Bill of Rights: The Contract RN must be familiar with and honor the Resident Bill of Rights as described in the Oregon Administrative Rules for Adult Foster Homes, 411-050-0447 and Residential Care Facilities, 411-055-0200.

(3) Confidentiality: Contract RNs and case managers will review confidentiality concerns with clients and request completed Release of Information forms such as the DHS 2100 to facilitate communication and care coordination between health and specialty providers.

Statutory Auth.: ORS 410.070  
Stats. Implemented: ORS Chapter 410

#### **411-048-0070 Documentation Requirements**

*(Amended 10/1/2002)*

- (1) All Contract RN documentation is the property of DHS.
- (2) Documentation must be completed on DHS forms as per the SPD Contract RN Policy and Procedure Manual and the Contract RN Manual.
- (3) Documentation of services provided by a Contract RN is to be left at the client's place of residence by the Contract RN.
- (4) Copies of all current documentation must be sent to the case manager prior to, or at the time of, submission of invoices. Documentation must support the services billed and adhere to the time frames set forth in the Contract RN and SPD Contract RN Service Policy and Procedure Manuals.
- (5) Documentation must reflect the nursing process and meet the standards of the Oregon State Board of Nursing and the requirements in the SPD Contract RN Service Policy and Procedure and Contract RN Manuals.

Statutory Auth.: ORS 410.070  
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#### **411-048-0080 Education and Orientation Responsibilities**

*(Adopted 10/1/2002)*

- (1) The Contract RN will attend orientation sessions, as listed in the SPD Contract RN Service Policy and Procedure Manual.
- (2) The Contract RN is expected to continue on-going self-education to remain current in health and nursing-related issues.
- (3) The Contract RN must attend meetings, staffings and care coordination meetings in accordance with the SPD Contract RN Service Policy and

Procedure Manual and per contract specifications and limitations as required by the SDA/AAA local office.

Statutory Auth.: ORS 410.070  
Stats. Implemented: ORS Chapter 410

#### **411-048-0090 Limitations**

*(Adopted 10/1/2002)*

- (1) Contract RN service is not provided if a client is:
  - (a) Not Medicaid Long Term Care Service eligible, or
  - (b) A resident of a nursing facility, assisted living facility, or intermediate care facility for people with developmental disabilities.
- (2) Exceptions to sections (1)(a) and (b) of this rule may be made by the Central Office.
- (3) Contract RNs do not perform SDA/AAA staff functions such as protective service investigations, pre-admission screenings, eligibility determinations, case manager assessment, or corrective action activities.
- (4) Contract RN services cannot be provided as a substitute for home health nursing.

Statutory Auth.: ORS 410.070  
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#### **411-048-0100 SDA/AAA Responsibilities**

*(Adopted 10/1/2002)*

- (1) Based on the case manager's assessment and authorization, clients with health-related needs may receive Contract RN services. Case managers will refer and authorize services for clients based on criteria listed in the SPD Contract RN Service Policy and Procedure Manual.
- (2) The case manager will review the nursing assessment, health care plan

and proposed visit schedule with the Contract RN on a biannual basis or more frequently as indicated by client condition. The case manager will prior authorize the number of visits/hours over a specific time period.

Statutory Auth.: ORS 410.070  
Stats. Implemented: ORS Chapter 410

#### **411-048-0110 Prior Authorization**

*(Adopted 10/1/2002)*

(1) Payment for Contract RN Services will occur when a prior authorization has been made by the case manager and entered into MMIS. Activities conducted under the initial case referral as set forth in 411-048-0050(1) and (2) are included in the prior authorization.

(2) It is the Contract RN's responsibility to obtain prior authorization from the case manager.

(3) The Contract RN must develop a visitation plan as detailed in the SPD Contract RN Service Policy and Procedure Manual in order to obtain prior authorization or extend ongoing authorizations. The frequency of reassessments and monitoring will be determined by the Contract RN and the case manager twice a year or more frequently, based on the client's health care plan.

(4) Prior authorization does not guarantee eligibility or payment. It is the Contract RN's responsibility to check for the client's eligibility on the date of service and to follow all applicable rules regarding provision of service. It is the case manager's responsibility to notify the Contract RN as soon as possible when a client is no longer eligible for services.

Statutory Auth.: ORS 410.070  
Stats. Implemented: ORS Chapter 410

#### **411-048-0120 Compensation and Billing**

*(Adopted 10/1/2002)*

(1) Contract RNs will be paid an hourly rate based on the current

Department Executive Letter Rate Schedule and as established by SPD  
Prior Authorization Guidelines.

(2) Contract RNs will submit billings for client services and orientations on  
forms provided by the Department for this purpose.

Statutory Auth.: ORS 410.070

Stats. Implemented: ORS Chapter 410