

**CHAPTER 411
DIVISION 48**

CONTRACT REGISTERED NURSE SERVICE

411-048-0000 Purpose
(Amended 10/1/2004)

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, adults with physical disabilities and persons with developmental disabilities who are eligible to receive Long Term Care Services per OAR 411-015-000-0100 and OAR Chapter 411, Division 320. Clients in Personal Care Services per OAR Chapter 411, Division 034 are eligible for Contract RN Services if an SPD funded case manager authorizes the services. Contract RN services are provided in adult foster homes (AFH), children's foster homes serving children with developmental disabilities, 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, or in situations where clients have access to licensed nursing services by the use of their support services brokerages.

Stat. Auth.: ORS 410.070
Stats. Implemented: ORS 410

411-048-0010 Definitions
(Amended 10/1/2004)

(1) "AAA" means an Area Agency on Aging (AAA) that 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, psychological (mental and/or verbal), or sexual abuse.

(3) “Care” means assistance with activities of daily living, medication management and delegated nursing tasks. Care also means services provided to maximize client independence, health and safety.

(4) “Care Provider” means any person (excluding licensed health professionals) who is responsible for providing care and services to the client at home, or in a foster home.

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

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

(7) “Client” means an individual in the community for whom the Department pays for care and services and for whom case management services are provided per OAR 411-015-0000 through 0100, OAR 309-048-0035 and OAR 411-034-0000 through 0900.

(8) “Contract RN Assessment” means the systematic collection of data about an individual client for the purpose of judging that person’s health or illness status and actual or potential health care needs. Assessment involves collecting information about the whole person including the physical, psychological, social, cultural and spiritual aspects of the person. Assessment includes taking a nursing history and appraising the person’s health or illness through interview, physical examination and information from family or significant others and pertinent information from the person’s past health or medical record. The data collected during the assessment process provides the basis for the client’s health care plan. The Contract RN assessment also addresses the environment as it relates to the health and safety of the client. In addition, the Contract RN assesses the ability of the care provider(s) to meet the client’s health care needs.

(9) “Contract RN Manual” means the manual provided by the Department, which gives information and guidelines regarding the role and expectations for the SPD Contract RN.

(10) “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.

(11) “Delegation” means that a registered nurse authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a client in a specific situation, evaluating the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed persons and re-evaluating the task at regular intervals. For the purpose of these rules, the unlicensed person or care provider performs tasks of nursing care under the registered nurse’s delegated authority.

(12) “Department” means the Department of Human Services, Seniors and People with Disabilities, an organizational unit within the Department that focuses on the planning of services, policy development, and regulation of programs for persons who are: elderly, adults with physical disabilities, or persons with developmental disabilities.

(13) “Department Published Rate Schedule” means the communication tool issued by the Department to transmit rate changes to partners, subcontractors and stakeholders.

(14) “Documentation” means the written record of Contract RN services provided to, and for, the client.

(15) “Foster Home” means any DHS licensed or certified family home or other facility in which residential care is provided for compensation to five or fewer elderly persons, adults with physical disabilities, or persons with developmental disabilities who are not related to the provider by blood or marriage.

(16) “Local Office” means the entity under contract with the Department or a local health authority responsible for the planning and delivery of services for clients in a specific geographical area of the state.

(17) “Oregon State Board of Nursing (OSBN)” means the agency responsible for regulating nursing practice and education for the purpose of protecting the public’s health, safety and well-being.

(18) “Specialty Providers” means health care providers such as home health, hospice, mental health, physicians, pharmacists and hospitals.

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Stats. Implemented: ORS 410

411-048-0020 Contract Registered Nurse Services

(Amended 10/1/2004)

The goals of the SPD Contract RN Service are to maintain clients at functional levels of wellness, minimize health risks, and maximize the strengths of the client and the care provider while promoting client autonomy and self management of healthcare.

(1) The Contract RN is an independent contractor, not an employee of the state or local office. All Contract RN contracts are issued and held by the Department.

(2) The contract RN provides assessment, health care planning, teaching, monitoring, and coordination of health-related functions for clients under the authorization of the local office case managers. The contract RN does not provide direct care to a client with acute care needs.

(3) The Contract RN service adheres to the practice of nursing governed by the OSBN Administrative Rules.

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Stats. Implemented: ORS 410

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

(Amended 10/1/2004)

A Contract RN must have the following:

(1) A current, unencumbered, Oregon registered nurse license. The RN may not be a current participant in the OSBN Nurse Monitoring Program for substance abuse (OSBN OAR Division 046).

(2) Employment history, education, and professional references that demonstrate skills, knowledge, and experience in the following areas: client assessment, documentation of assessments and health care plans, teaching, and the ability to work independently.

(3) Five years' RN experience with one or more of the following groups of people: seniors, adults with physical disabilities, or people with developmental disabilities.

(4) One year of hospital or skilled nursing facility experience.

(5) Be available to work a minimum of 32 hours/month.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410

411-048-0040 Provider Enrollment & Contracting

(Amended 10/1/2004)

(1) In accordance with the SPD Contract RN Service Policy and Procedure Manual, a nurse requesting an SPD registered nurse contract 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;
and

(d) Verification of automobile insurance.

(2) The Contract RN may not provide nursing services after the expiration date listed on the Oregon registered nurse license.

(3) The Contract RN must keep all insurance coverage current and submit copies of professional and general liability certificates of insurance

renewals to the Central Office.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410

411-048-0050 Responsibilities of the Contract RN

(Amended 10/1/2004)

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

(1) Comprehensive Initial RN Assessment. The Contract RN performs a comprehensive initial assessment following the acceptance of the case manager's referral of a client for Contract RN services.

(2) Medication Review. The Contract RN reviews the client's medication regime, administration, and medication records (as applicable) at every client visit.

(3) RN/Client Health Care Plan. Based on the assessment of the client, the client's wishes, 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 case manager care plan and the care plan that care providers are required to develop. The Contract RN reviews the health care plan and desired outcomes with the client, the care provider and the case manager.

(4) Visitation Plan. The Contract RN develops a proposed visitation plan based on the nursing assessment and identified health needs, client teaching needs, and the care provider's teaching needs. The visitation plan is the projected number and type of nursing services needed by the client during a six-month period. 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. Should the case manager disagree with the proposed visitation plan, the local office manager must review the Contract RN's justification for continued nursing visits and make a final decision.

(5) Delegation. The Contract RN is responsible for delegation and documentation of tasks of nursing care as regulated by Division 047 of the OSBN OARs. The Contract RN, alone, based on professional judgment and regulation, makes the determination to delegate or not delegate a task of nursing care, or rescind a delegation.

(6) Teaching. The Contract RN is responsible for teaching the client or care provider how to help meet the client's health care needs. The Contract RN is also responsible for following the OSBN OAR 851-047-0000 regarding the teaching of medication administration.

(7) Monitoring Visits and Update of the RN/Client Health Care Plan.

(a) The Contract RN makes monitoring visits to the client based on the health care plan and visitation plan, or as the client's condition changes.

(b) During the monitoring visit, the Contract RN updates the health care plan following any identified changes in the client status.

(8) Reassessment. The Contract RN performs a reassessment and updates the health care plan when the client has experienced a significant change in condition.

(9) Coordination with Health and other Specialty 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 or change in services resulting from this coordination of 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 unstable 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 to coordinate care between nursing programs.

(10) Coordination with Local Offices.

(a) The Local offices will provide oversight of the Contract RN 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 or life- threatening health and safety concerns to 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.

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411-048-0060 Compliance with Department Policies

(Amended 10/1/2004)

(1) Mandatory Reporting. While acting in an official capacity, Contract RNs are mandatory reporters and are required by law to report suspected or known abuse or neglect of the elderly (ORS 124.050 - .095), adults with developmental disabilities or mental illness (ORS 430.735-.765), and people in nursing facilities (ORS 441.630-680). By law (ORS 419B.005-045), registered nurses must also report suspected or known abuse of children under the age of 18, 24 hours a day, seven days a week. In addition, under these rules the Contract RN is encouraged to report to the local office or police, any suspected abuse or neglect of any individuals in those groups the Department serves.

(2) Confidentiality. The Contract RN must adhere to the OSBN OAR confidentiality standards as well as the Federal Health Insurance Portability Accountability Act (HIPAA) privacy rules.

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411-048-0070 Documentation Requirements

(Amended 10/1/2004)

(1) Documentation must be completed on designated DHS forms per the SPD Contract RN Service Policy and Procedure Manual.

(2) Documentation must reflect the nursing process and meet the standards of the Oregon State Board of Nursing and the requirements listed in the SPD Contract RN Service Policy and Procedure 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 SPD Contract RN Service Policy and Procedure Manual.

(5) The Contract RN must maintain copies of all client related nursing documentation in the client's active nursing file. The file is retained by the nurse until the nurse no longer has a nurse-client relationship with the client, at which time the file is returned to the local office. As per Medicaid rules, the local office must retain the nursing files for a period of seven years.

(6) All Contract RN documentation related to client care provision is the property of DHS.

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411-048-0080 Education and Orientation Responsibilities

(Amended 10/1/2004)

(1) The Contract RN must attend orientation sessions, as listed in the SPD Contract RN Service Policy and Procedure Manual.

(2) The Contract RN is expected to continue ongoing self-education to remain current in health and nursing-related issues.

(3) The Contract RN must attend staff meetings, client staffings and care coordination meetings in accordance with the SPD Contract RN Service Policy and Procedure Manual.

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411-048-0090 *(Renumbered to OAR 411-048-0130 10/1/2004)*

411-048-0100 Local Office Responsibilities

(Amended 10/1/2004)

The local offices will develop systems and protocols as defined in the Contract RN Service Policy and Procedure Manual. Systems and protocols must address the following:

(1) Contract RN recruitment and contract requests.

(2) Requesting contract terminations.

(3) Contract RN in-office orientation, and field orientation with an experienced Contract RN.

(4) Orientation for case managers regarding the Contract RN role and the services the Contract RN provides for clients.

(5) A case manager Contract RN referral and communication process.

(6) Case manager biannual (or more frequently as indicated) prior-authorization process for Contract RN services.

(7) Contract RN/staff meetings to ensure coordination between nursing and case management.

(8) Seven year retention of nursing files.

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411-048-0110 Prior Authorization

(Repealed 10/1/2004)

411-048-0120 Compensation and Billing

(Amended 10/1/2004)

(1) Contract RNs will be paid an hourly rate based on the current Department Published Rate Schedule.

(2) The Contract RN will request prior-authorizations from the case managers and submit claims for client services, utilizing billing codes per instructions in the Contract RN Service Policy and Procedure Manual.

(3) Contract RNs will submit invoices for orientations as outlined in the Contract RN Service Policy and Procedure Manual.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410

411-048-0130 Contract RN Service Limitations

(Renumbered from OAR 411-048-0090 10/1/2004)

(1) Contract RN service is not provided if a client is:

(a) A resident of a nursing facility, assisted living facility, 24 hour DD group home, intermediate care facility for people with developmental

disabilities, or enrolled in a Staley brokerage.

(b) In a program or residing in a setting where nursing is provided under contract with Seniors and People with Disabilities.

(c) A family member of the Contract RN.

(2) Exceptions to (1)(a) and (b) may be made by the Central Office.

(3) Contract RNs do not perform local office 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 other Medicaid or Medicare nursing services.

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Stats. Implemented: ORS 410