

Community Pathways – Draft Proposal

Service Type: Other

Service (Name): Skilled Nursing

Alternative Service Title: **NURSE CONSULTATION**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver

Service Definition:

- A. Nurse Consultation is a nursing service in which Registered Nurses review information about the individual's health, medical, and nursing needs, and provides recommendation, training, information and/or protocols to the individual and his/her caretakers.
- B. Registered Nurse Consultation services include:
1. Assist the individual to understand his/her health needs, and to develop a plan for obtaining service in the community;
 2. Completion of the Medication Administration Screening Tool to determine the level of support needed for medication administration;
 3. Recommendations to the individual receiving services for accessing health services that are available in the community;
 4. Annual review and updates when changes in health of the HRST at Level 3 or above; and
 5. Annual completion and updates when changes in health of the Medication Administration Screening Tool.
- C. Nurse Consultation may include:
1. Comprehensive Nursing assessment of the individual to identify needs for protocols;
 2. Development of health protocols as needed so the individual can train his/her staff according to their health care needs; and
 3. Development of emergency protocols as needed to access emergency services available in the community.

SERVICE REQUIREMENTS:

- A. Nurse Consultation services are available for individual self-directed services and individuals accessing Supported Living when the individual meets criteria for exemption from delegation as identified in COMAR 10.27.11.01 B or D.
- B. The individual receiving services must be an adult of the age of 21.

- C. The individual receiving services must live in his/her own home or family home.
- D. Services are not available in a DDA licensed residential or day site.
- E. The individual receiving services must have been determined by a Developmental Disabilities Registered Nurse Case Manager/Delegating Nurse (RN CM/DN) to be able to self-administer his/her medications and treatments per the Medication Administration Screening Tool and determined to be capable of training his/her own staff on his /her health care needs.
- F. Service is available to individuals receiving gratuitous health services (i.e. staff are not being paid to administer medications and treatments) including administration of medications and treatments as found in COMAR 10.27.11.01 B.
- G. The individual receiving services must hire their own support staff per the exemption from delegation as found in COMAR 10.27.11.01 D.
- H. Documented quarterly review of individual's health needs and revisions and recommendations to protocols and environment every three (3) month.
- I. Family members including spouse, children, siblings or parents may not provide Nurse Consultant services.
- J. The program will not reimburse services provided through the school system, foster care, or other resources.
- A. Nurse Consultation services may be provided before the effective date of the individual's eligibility for waiver services for individuals interested in the self-directed service delivery model based on preauthorization from the DDA.
- K. This waiver service is only provided to individuals age 21 and over. All medically necessary Nurse Consultation services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Assessment and document revisions and recommendations of the individual's health needs, protocols, and environment are limited to up to a four (4) hour period within a three (3) month period.

Service Delivery Method (check each that applies)

- Participant Directed as specified in Appendix E
- Provider Managed

Specify whether the service may be provided by (check all that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	DDA Licensed Services Provider

Individual	Licensed Registered Nurse
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Provider Category: Agency

Provider Type: DDA Licensed Services Provider

Provider Qualifications License (specify):

License (specify):

DDA Licensed Services Provider as per COMAR 10.22.02

Certificate (specify):

Other Standard (specify):

Registered Nurse must:

1. Possess valid Maryland and/or Compact Registered Nurse license
2. Successfully complete the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation
3. Be active on the DDA registry of DD RN CM/DNs
4. Complete the online HRST Rater and Reviewer training
5. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for verification of DDA Licensed provider
- Providers for verification of Maryland Board of Nursing for Registered Nurse qualifications

Frequency of Verification:

- DDA - annually
- Providers – prior to service delivery

Provider Category: Individual

Provider Type: Individual for participants Self-Directing Services

Provider Qualifications License (specify):

License (specify):

Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license

Certificate (specify):

Other Standard (specify):

Registered Nurse must:

1. Successfully complete the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation
2. Be active on the DDA registry of DD RN CM/DNs
3. Complete the online HRST Rater and Reviewer training
4. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year

Verification of Provider Qualifications Entity

Responsible for Verification:

- Fiscal Management Services Provider

Frequency of Verification:

- Prior to service delivery

Amendment DRAFT