

Community Pathways – Draft Proposal

Service Type: Other

Service (Name): Skilled Nursing

Alternative Service Title: **NURSE HEALTH CASE MANAGEMENT**

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 Health Case Management services are nursing service in which Registered Nurses (RN) oversees and manages health issues and interactions with staff and health service providers on behalf of the individual receiving services or DDA licensed agency.
- B. Health Case Management service activities including:
1. Comprehensive Nursing assessment of the individual including the individual's health, medical appointments, and nursing needs;
 2. Development of protocols to support the individual, train staff, and access emergency services available in the community;
 3. Completion of the Health Risk Screening Tool (HRST) to assist the individual to understand his/her health needs and to develop a plan for obtaining service in the community;
 4. Completion of the Medication Administration Screening Tool to determine the level of support needed for medication administration;
 5. Recommendations to the individual receiving services for accessing health services that are available in the community;
 6. Monitoring for compliance with recommendations from health professional;
 7. Recommendations for accessing community resources and needed healthcare services;
 8. Communicating with individual receiving services and team members in the coordination of health care needs and recommendations appropriate to meet the health needs of the individual;
 9. Monitoring health data;
 10. Review of care and supports for cost efficiency and effectiveness as directed in COMAR 10.27.11.03, 10.27.11.04, 10.27.11.05, and 10.27.11.06 to ensure the right service, at the right time, for the right amount;
 11. Development of a nursing care plans, training and supervision of the staff providing the health services including administration of medications and treatments, and activities of daily living (ADL) care/health supports;
 12. Updates and review to the HRST and Medication Screening Tool when changes in health;

- 13. Annual review and update of the HRST at Level 3 or above; and
- 14. Annual completion of the Medication Administration Screening Tool.

C. Collaboration with the DDA licensed provider agency in the development of policies and procedures required for delegation

SERVICE REQUIREMENTS:

- A. Nurse Case Management Services are available for individual self-directed services and individuals receiving services in a DDA licensed site.
- B. In order to access services, the individual must be able to self-administer his/her medication and treatments which is determined by a Developmental Disabilities Registered Nurse Case Manager/Delegating Nurse (RN CM/DN) in accordance with the Medication Technician Training Program - Medication Administration Screening Tool.
- C. RN assessment of individual, staff, environment, and care plan are done minimally every three (3) months as assessed by the RN. All revisions, recommendations, remediation and training completed must be documented by the RN.
- D. Service is not provided in hospital, nursing/rehabilitation facility, residential treatment center or other facility where nursing services are included in the living arrangement.
- E. The individual receiving services must be an adult of the age of 21 or older.
- F. The program will not reimburse services provided through the school system, foster care, or other resources.
- G. This waiver service is only provided to individuals age 21 and over. All medically necessary Nurse Case Management 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:

Nurse Health Case Management services are limited to up to 3 hours every 90 days unless otherwise authorized by DDA.

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
Individual	Licensed Registered Nurse
Agency	DDA Licensed Services Provider

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 mandatory DDA trainings
5. 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

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. Employed or under contract with the Licensed Service Provider
2. Possess valid Maryland and/or Compact Registered Nurse license
3. Successfully complete the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation
4. Be active on the DDA registry of DD RN CM/DNs
5. Complete the online HRST Rater and Reviewer training
6. Attend mandatory DDA trainings
7. 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 Registered Nurse qualifications

Frequency of Verification:

- DDA - annually
- Providers – prior to service delivery

Amendment DRAFT