

QUESTION:	ANSWER:
<b>General</b>	
What is Nurse Consult?	<p>The Nurse Consult service is a Nurse Professional Service that assists paid caregivers and paid support staff in carrying out beneficiary treatment and support plans that are not covered by Medicaid State Plan and are necessary to improve the beneficiary’s independence, integration, and quality of life in their community.</p> <ul style="list-style-type: none"> <li>• New service under the Personal Care Attendant (PCA) License (Provider Type 82) to ensure the health and safety of waiver beneficiary</li> <li>• Designed to assist beneficiaries who receive OCDD PCA waiver in-home support and require medication administration and/or delivery of noncomplex tasks by unlicensed staff to remain in the community and improve their independence, integration, and quality of life.</li> </ul> <p>Providers shall follow all requires of LAC Title 48, Part I, Chapter 92. <i>Direct Service Worker Registry</i>, Subchapter D. <i>Medication Administration and Noncomplex Tasks in Home and Community-Based Settings</i> when providing this service.</p>
Who provides Nurse Consult services?	<p>The service must be provided by:</p> <ul style="list-style-type: none"> <li>• a registered nurse (RN), or</li> <li>• a licensed practical nurse (LPN) under the supervision of an RN</li> </ul> <p><b>and</b> The RN/LPN must be licensed to practice in the state of Louisiana.</p> <p><b>and</b> The RN/LPN must be employed or contracted by the PCA provider.</p>
Who can receive Nurse Consult services?	<p>This service is available to beneficiaries age 21 and up who do not live with natural supports and are unable to self-administer their medication and require an RN delegation for medication administration.</p> <p>Beneficiaries who require medication administration and/or noncomplex task assistance by an unlicensed direct support professional (DSP) are eligible if they:</p>

	<ul style="list-style-type: none"> <li>• Are age 21 or older, <b>and</b></li> <li>• Are unable to self-administer their medication, <b>and</b></li> <li>• Don't live with or have natural supports who can administer medication or complete noncomplex tasks when needed, <b>and</b></li> <li>• Require an RN delegation for medication administration and/or noncomplex tasks by their unlicensed DSP, <b>and</b></li> <li>• Receive PCA services in the NOW or the ROW</li> </ul>
Where can Nurse Consult services be provided?	Nurse Consult services may be delivered in the beneficiary's home and/or in the community as described in the service plan.
Where are Nurse Consult services not allowed?	Nurse Consult services cannot be provided in a hospital, nursing facility, ICF-IID facility, licensed medical facility, or licensed respite facility.
How are Nurse Consult services provided?	Nurse Consult services shall be provided in person, virtually, or via telehealth as deemed appropriate by the professional nurse.
Who completes the nurse competency evaluation?	The competency evaluation and initial assessment can be completed only by the RN. They cannot be delegated to an LPN.
<b>Billing</b>	
What is the maximum amount allowed for this service?	Beneficiaries who require medication delegation and/or person-specific training are allowed to access \$750/plan of care (POC) year/68 units per year.
How will the 68 units be used in a POC?	Beneficiary will receive 68 units per POC year. Units will be prior authorized as 17 units per quarter (pro-rated for POC beginning and ending date).
What is the procedure code and billing rate for the Nurse Consult service?	The procedure code is H2014-TD, and the rate is \$11.03 per 15-minute units.
What are billable services for Nurse Consult?	Billable services include: (1) assessments – the initial assessment, the annual assessment, or an ad hoc assessment as required; (2) person-specific training for the DSPs; and

	(3) competency evaluations of the DSPs for the delegated tasks, initially and annually. NOTE: Beneficiary must require medication delegation
Would a beneficiary in the ROW be required to use their budget cap to add this service?	Yes, a ROW beneficiary would be required to use their ROW budget. The Nurse Consult and all services are covered in the POC within the capped budget. Support coordination and provider must arrange the budget to cover the services. If the budget is exceeded, a ROW mobility may be considered if the beneficiary requires additional community living supports (CLS) services as a result of the Nurse Consult person-specific DSP training.  *NOTE: Nurse Consult services are for teaching and training DSPs.
Will the nurse complete the 16 hours of training for an agency's DSP?	No. The 16 hours of training is required for a PCA provider during the hiring process, according to licensing rule, LAC. Chapter 50. <i>HCBS Provider Licensing Standards</i> . Subchapter F. <i>Provider Responsibility</i> . Section 5055. <i>Core Staffing Requirement</i> . H. <i>Direct Care Staff Training</i> .  Nurse Consult training is person-specific for a beneficiary.
Will the nurse need to log into LaSRS for the training?	The nurse does not necessarily have to be logged in for this training. It is the provider's decision how or by what method their employee will record time.
Can hospital follow-up RN visits be billed?	Hospital follow-up for RN assessment will be allowed if the beneficiary will require medication delegation or person-specific training as a result of hospitalization.
If 17 units are not used in the quarter, can they be used later or are they lost?	Each beneficiary requiring this service is allowed 68 units per POC year, 17 units per quarter. If the 17 units are not used in a quarter, remaining units will move to the next quarter. Units may be transferred to next quarter, but cannot exceed 68 units per POC year.
The person-specific training for beneficiary is covered under this billing code, correct?	Yes, that is correct. The RN is actually doing training for a specific beneficiary. The time spent training the DSP on competency evaluation, medication administration, or training on noncomplex tasks can be captured as part of this service.

<b>Support Coordinator</b>	
Would the support coordinator (SC) be required to complete a revision to the POC to add this service?	Yes, a revision would be required to add Nurse Consult to the POC. The SC should provide documentation of medication delegation and/or noncomplex task for each DSP with the revision when adding services to the POC.
What about beneficiaries who need medication delegation midway through a POC year? Will a revision be required before medication delegation services are started?	A revision is required to add any new service to a POC. If there is an emergent/changing need of a beneficiary that requires medication delegation, a revision to add Nurse Consult to the POC should be completed.
<b>CMA</b>	
If the PCA is a certified medication attendant (CMA), will the nurse consult complete training for the CMA?	No. The RN will not be allowed to train a CMA for medication delegation. CMA rules and regulations can be found in LAC Title 48, Chapter 9 Guidelines for CMA.
If our DSPs are CMAs, can we still bill for annual assessment competencies and hospital follow-ups?	No. This service is not for CMAs. CMAs are not subject to this rule; therefore, you cannot bill for this service.
<b>Delegate</b>	
Can the RN delegate annual competency training to the LPN?	No, an RN cannot delegate annual competency training to an LPN.
How is this service different from what they're already required to do if a PCA provider has beneficiaries who require nurse delegation?	This service is not different. OCDD has created a mechanism to pay the PCA provider a portion of the cost.
Can the RN administer injections – e.g., Mounjaro or insulin?	This service is for teaching and training of the DSP for medication delegation or noncomplex needs. The RNs are not providing direct medical care for the beneficiaries. The RN cannot give an injection for this service, nor can the DSP be trained on this task, as it is a non-delegable task. This service does not cover any injection.

<p>Would a home health nurse be able to delegate medication administration or noncomplex tasks to a DSP?</p>	<p>No, home health nurses are not required to teach DSPs who are employed by the PCA provider agencies.</p>
<p>If a beneficiary has skilled nursing services during the day, can they receive Nurse Consult for medication delegation or noncomplex tasks when a DSP is on duty?</p>	<p>A beneficiary who requires skilled nursing services is expected and required to have natural supports or a caregiver in the home. However, if a beneficiary requires medication delegation or noncomplex tasks to be completed by the DSP when natural supports are unavailable, the Nurse Consult nurse (RN) may provide teaching and training to the DSP for medication delegation or noncomplex tasks. The PCA nurse consultant should collaborate with the skilled nurse for times skilled nursing will be in the home. The DSP should not be completing any delegated tasks while the skilled nurse is present.</p>
<p>Will a family member who is the DSP be required to complete nurse delegation training for medication administration or noncomplex tasks?</p>	<p>The family member who is an employee of the PCA provider agency must meet the same standards as direct support staff who are not related to the beneficiary. If they are administering medication or completing noncomplex tasks while on the clock, they must receive teaching and training from the RN nurse consultant, the same as a DSP who is not related to the beneficiary.</p>
<p>Are direct support professionals allowed to give the beneficiary injections with training provided? Or does this depend on the service type?</p>	<p>Direct support staff <b>can never</b> give an injection of any type, under any circumstances, in the HCBS waivers. That would have to be done by a home health nurse or family member who has been trained by a licensed medical professional.</p>
<p>I have a beneficiary on insulin and the nurse sees her daily to administer her medication. Will this be something paid differently?</p>	<p>Only a nurse who is employed by a Licensed Home Health Agency can be paid to complete complex tasks in Home and Community-Based Services waivers. This is not a billable service in HCBS waivers. The nurse consultant is an employee of the PCA provider agency and is there only for teaching and training the DSPs. The nurse consultant will not perform any direct medical care for the beneficiary.</p>
<p>Is this service allowing a provider to have an RN come in just for consults on specific beneficiaries so that providers</p>	<p>According to PCA provider licensing requirements in LAC, Title 48, Part 1, Chapter 50 <i>HCBS Providers Licensing Standards</i>, Section 5055 <i>Core Staffing Requirements</i>, D. <i>Professional Services Staff</i>:</p>

<p>are not required to keep the RN on staff all year?</p>	<p>“1. The provider shall employ, contract with or assure access to all necessary professional staff to meet the needs of each client as identified and addressed in the client’s ISP. The professional staff may include, but not be limited to:</p> <ul style="list-style-type: none"> <li>a. licensed practical nurses;</li> <li>b. registered nurses;</li> <li>...</li> </ul> <p>The nurse that is providing this service must be contracted or hired by the PCA agency and be an employee of a PCA provider type 82.</p>
<p>We have a current POC with medication delegation and noncomplex task delegation. Would the nurse be required to complete a new assessment for each DSP?</p>	<p>If an existing DSP working with a recipient has current nurse delegation in place in the current POC, you will not be required to complete a new assessment for nurse delegation. A revision must be completed to add Nurse Consult to the POC March 1 or later. Provider would need to submit current assessment, RN delegation documents for each DSP who has received training to SC with request. All documents must be dated within current POC year.</p>
<p>What about RN delegation for those beneficiaries who live with natural supports who are unable or unavailable to administer medication? Will RN delegation to DSP be allowed?</p>	<p>If a beneficiary is over the age of 21 and lives with natural support who is unable or unavailable to administer medication, the DSP will be required to complete nurse delegation training.</p>
<p>For a beneficiary who is independent and able to take their own medication, does a DSP have to be trained by the nurse to give medication to them?</p>	<p>If a beneficiary is independent and able to self-administer their medication with or without reminders, there should be no need for a DSP to be trained to give medication.</p>
<p>If the beneficiary lives with their natural support, do they not qualify?</p>	<p>That’s correct, they do not qualify. If a beneficiary lives with natural supports who are available to administer medication, RN delegations are not necessary.</p>
<p>Do we have to train the family to give medication?</p>	<p>Only if the family is employed as DSP staff</p>
<p>What if a beneficiary has multiple staff (due to frequent turnover) who require</p>	<p>The 17 units can move from quarter to quarter if additional training is required within a quarter. If there is a need to</p>

<p>nurse delegation training? Can you go over the 17 units per quarter?</p>	<p>move units from one quarter to another during the year, the support coordinator will prepare a revision that subtracts units from one quarter and adds them to another quarter. The LGE can approve these requests since the provider will not be exceeding the 68 units per plan of care year. If a beneficiary requires more than 68 units, a state office review request would be required to exceed 68 units.</p>
<p>If DSPs receive nurse delegation training to administer medications, will they also have to complete another 16-hour medication administration training class that has been reviewed and approved by an RN?</p>	<p>Medication administration class provided by the provider's nurse is not included in the Nurse Consult service. The Nurse Consult service must be attached to a beneficiary with person-specific training and training that will directly benefit the health and safety of the waiver beneficiary. General training provided by a provider would be covered under the provider's licensing standard requirements. It is not person-specific.</p>
<p>When the RN does the annual competency and evaluation for a DSP, that DSP works with a particular beneficiary. Will they be able to work with another beneficiary who requires medication administration?</p>	<p>The nurse delegation and/or Nurse Consult service is for a DSP who works with one specific beneficiary. Training cannot transfer to another beneficiary.</p>
<p>Can the LPN complete assessment and annual competency evaluation?</p>	<p>The RUN cannot delegate initial assessments and competency evaluation to the LPN. Initial assessments and competency evaluation must be performed by the RN.</p>
<p>Annual assessments for the beneficiaries, not DSP – is that billable?</p>	<p>This service is for teaching and training of the DSP, not the individual beneficiary. If the RN completes an assessment and the beneficiary is found to be able to self-administer medication and medication delegations are not necessary, the provider will not be able to bill for this assessment.</p>
<p><b>Documents</b></p>	
<p>What documents should the SC submit to the LGE?</p>	<p>The SC should submit copies of the initial and/or annual competency evaluation for each DSP. If training is an update/follow-up training, documentation should be submitted with revision-copy of any hospital discharge orders, doctors' orders with note of training, who trained,</p>

	how visit completed, and summary of visit (provider's preference).
What if a beneficiary has frequent hospitalizations and requires more than 68 units per year? How can we access more units to provided needed service?	With justification, the provider may submit a request to exceed the cap to OCDD State Office Review Committee (SORC). The SC will submit documentation to the LGE, who will review and approve/deny or request additional information before sending to State Office.
Does the nurse consultant attend quarterly and annual plan of care meetings?	The nurse consultant may attend the annual or quarterly meeting if a request is made by the beneficiary or if there is a change in need for services.
Do we need new training documents and nurse delegation forms for all DSPs who have already completed training and have delegations?	If a DSP has been trained and determined competent to administer medication or complete noncomplex tasks, provider should submit current documentation on file with revision to SC to access Nurse Consult service. Documents should be current within the POC year.
How long are an RN assessment form and RN delegations good for?	One year. Nurse will be required to complete annual competency training and annual delegation for each DSP who is giving medication and performing noncomplex tasks.
Was this service developed to help the PCA providers to pay the agency nurses?	This service was approved by the Centers for Medicare & Medicaid Services (CMS) for PCA providers to receive additional funds for nursing consult services to teach and train DSPs for services not covered under skilled nursing services.
If we are not providing medication administration, does this service apply to our company?	No, it has to be tied to a beneficiary. This service is only for beneficiaries who require medication delegation and person-specific training of noncomplex tasks.
If the DSP has already been trained in the approved current plan of care year, would a provider agency retrain a DSP for the sake of billing?	No. However, if there's a new medication or a change in medication and the DSP is going to be giving that medication, your RN may go out and update training on the new medicine.
We had a nursing assessment completed by the RN consultant in April 2025. These expire in April 2026. Will all these	Yes. A revision will be required to add Nurse Consult to the POC. However, the nurse will not be required to complete a new assessment unless there was a change in a beneficiary

<p>plans require a revision for the nursing assessment to be paid under this new service?</p>	<p>condition or change in medication. The assessment must be within the current POC year. Revision will begin after 3/1/2026.</p>
<p>Just to be clear: Is it up to the provider on how they complete the training, or will they need to log into LaSRS and use their slides?</p>	<p>The PCA provider will manage the delivery of this service. If the PCA provider already has a DSP training policy and procedure within their agency that meets provider licensing standards, we are not asking you to change your policy.</p>
<p>Will we need to ask the SC to add this to the plan of care?</p>	<p>Yes. You would have to ask the SC to add this to the plan of care, with a revision request or during the annual POC meeting. The LGE will be required to approve all plans with this service.</p>
<p>You spoke of virtual training needing approval from the LGE. Could you clarify that?</p>	<p>In OCDD waivers, all services that are delivered virtually or by telehealth are approved by the LGE. Nurse Consult was approved by CMS to be delivered virtually or by telehealth. If a DSP has received medication delegation training or noncomplex task training and has been found to be competent to perform tasks, any change in medication – doses, frequency, or new medication such as antibiotics, etc. – the nurse may complete training virtually or by telehealth as the nurse deems appropriate.</p>
<p><b>Family</b></p>	
<p>Can beneficiaries age 16 to 20 or younger receive this service? Who would train DSPs in this case?</p>	<p>Beneficiaries who are age 16 to 20 years old or younger will typically still be living with family and have natural support. It is expected that natural support will provide medication administration and/or noncomplex tasks. However, for those beneficiaries who may require Nurse Consult for extenuating circumstances, a State Office Review request may be submitted to determine if services can be used. The beneficiary in this situation may be reviewed on a case-by-case basis.</p>
<p>If a natural support who works as the DSP gives medication before services begin or after services end every day, do they still need the nurse delegation?</p>	<p>If they are administering medication while on the clock, delegations are required. (Keep in mind the times medications are prescribed, as this may not always be possible.) Anything before they clock in or after they clock out is not part of HCBS waiver services.</p>