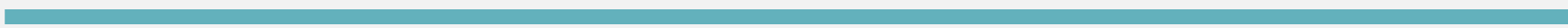


Nurse Consult Service

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Nurse Consult (NC) Service

*Available in the Residential Options Waiver (ROW) and
New Opportunities Waiver (NOW)*



Topics We'll Cover Today

- NC Service Description
- Activities of the NC Service
- Eligibility to Receive NC Services
- NC Service Exclusions
- Requirements to Delegate
- PCA Provider Agency Standards & Responsibilities
- RN Responsibilities
- Documentation Requirements
- Place of Service
- Provider Billing Information
- How to Access NC Services
- How to Access Additional NC Services
- Additional Resources

Nurse Consult (NC) Service

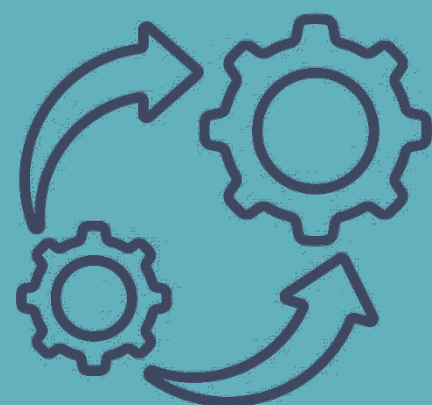
- New service under the Personal Care Attendant License to ensure the health and safety of waiver participants
- Designed to assist individuals who receive OCDD PCA waiver in-home supports and require medication administration and/or delivery of noncomplex tasks by unlicensed staff to remain in the community and improve their independence, integration in community, and quality of life

Disclaimer

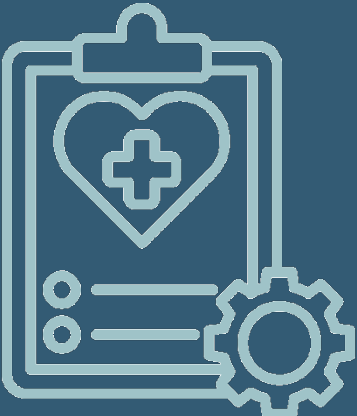
PCA providers shall follow all requirements of LAC Title 48, Part I, Chapter 92. Direct Service Worker Registry, Subchapter D. Medication Administration and Noncomplex Tasks in Home and Community-Based Settings when providing this service.

This training does not supersede any requirements of the Direct Service Worker Registry rule.

NC Service Description



Intended to improve outcomes of participants receiving in-home waiver supports through training, education, medication delegation, and oversight



Provides assessment and monitoring of participants to ensure the outcomes expected from the training and delegated tasks are achieved



Must be provided by a registered nurse (RN), or a licensed practical nurse (LPN) under the supervision of the agency's RN, both licensed to practice in Louisiana

RN /LPN must be employed or contracted by PCA provider

Activities of the NC Service

- Medical assessment to determine necessary supports and services to be addressed in the individual service plan (ISP)
- Person-specific training for the DSP, evaluating their ability to complete medication administration and/or noncomplex tasks
- Periodic and ongoing assessments, no less than annually, based on health status as specified in plan of care
- Other tasks deemed appropriate by the RN within the PCA agency for whom medication administration is delegated

Eligibility to Receive NC Services

Individuals who require **medication administration and/or noncomplex task assistance by an unlicensed DSP** are eligible, *if...*

- Age 21 or older, and
- Unable to self-administer their medication, and
- Do not live with or have natural supports who can administer medication or complete noncomplex tasks when needed, and
- Require an RN delegation for medication administration and/or noncomplex tasks by their unlicensed direct support professional, and
- Receive PCA services in the NOW or the ROW

NC Service Exclusions

- RN/LPN will not provide direct medical care.
- This service cannot be used to supervise or train DSPs who administer medications as a Certified Medication Attendant (CMA).
- Services cannot be provided in a hospital, nursing facility, ICF/IID facility, or licensed medical facility.
- Services cannot be provided in a licensed respite center.

Requirements to Delegate Medication Administration

Registered Nurse (RN)

- Completes a face-to-face assessment of the participant to determine if
 - the individual is in a stable and predictable condition, and
 - delegation of medication administration or noncomplex tasks to an unlicensed DSP can be safely performed

Direct Support Professional (DSP)

- Successfully completes all training on performance of medication administration and noncomplex task in the home and community-based settings, and
- Determined competent to perform medication administration and noncomplex tasks by the RN, and
- Receives an annual competency evaluation from the RN

PCA Provider Agency Standards

- The provider must be enrolled as a PT 82 Personal Care Attendant and will manage delivery of the service.
- An RN licensed to practice in Louisiana must provide the service.
 - Can delegate components of the DSP's training and supervision to an LPN who is licensed to practice in Louisiana and is under the RN's supervision
- The RN shall retain the responsibility and accountability for all acts of delegation and ensuring authorization and competency validation.

PCA Provider Agency Responsibilities

- Ensure the RN, and LPN under RN supervision, is employed or contracted with the PCA agency and is licensed to practice in Louisiana
- Ensure only DSPs who have received the training and are delegated by the RN to perform medication administration and noncomplex tasks are allowed to perform the delegated tasks
- Notify the RN of any changes in health status of participants
- Maintain all documentation supporting the required training, RN delegation, DSP competency evaluations, and participant assessments
- Ensure documentation matches the services entered into LaSRS
- Provide the NC documentation for RN delegation to the SCA

Documentation Requirements

For each participant with a delegation, the provider must have:

- Participant assessment by RN
 - Performed initially and at least annually
 - Determining whether the person is in a stable and predictable condition to allow delegation of tasks
- Training records
 - DSP must successfully complete medication administration training coordinated and approved by the RN
 - Person-specific training for tasks each DSP is approved to administer
- DSP competency records
 - Annual competency evaluation performed by RN
 - RN's determination of competency shall not be delegated

RN Responsibilities

- Ensuring that during person-specific trainings and required evaluations, the DSP performs the delegated tasks according to exact directions, making certain there is no need to alter the standard procedures and that results are predictable
- Ensuring no DSP is authorized to perform delegated tasks if the health status of the individual receiving services is not stable and predictable
- Ensuring that the DSP demonstrates sufficient competency to safely perform the delegated tasks
- Assisting the person's planning team to determine frequency needed for RN assessments of the individual's health status
- Completing each DSP's competency evaluation, at least annually, for delegated tasks performed
- Completing and submitting the required documentation to the licensed agency employing or contracting the RN

Place of NC Services

- Assessment of participant's current health status shall be determined based on an in-person visit
 - Can be in participant's home and/or in the community
- Additional training of a DSP who has already received person-specific training in-person from the RN can be provided virtually or via telehealth as deemed appropriate by the professional nurse
- Nurse must complete in-person visit/assessment of need prior to using virtual services
- Virtual services must be written in plan of care and approved by LGE

Provider Billing Information

- Billing Code – H2014-TD
- \$11.03 per 15-minute unit
- 17 units per quarter
 - Will have to split first and last quarter if plan does not start at the beginning of a quarter
- Total of 68 units per plan of care year

Provider Billing: LaSRS

- NC services must be entered into LaSRS per participant for units to be released for billing
- Activities that can be entered into LaSRS for the NC services
 - Assessments – initial, annual, ad hoc – Must be face-to-face with the participant and the RN
 - Medication Delegation and Person-Specific Training – Initial training must be face-to-face. DSPs can be trained via virtual or telehealth for med changes.
 - Competency Evaluation of DSP for Delegated Tasks – initial and annual – RN only

All services must be prior authorized and delivered in accordance with the approved plan of care.

How to Access NC Services

- Support coordinator, PCA provider, and participant complete team meeting
 - Review services on plan of care
- If it's determined that the person requires RN delegation, then the service is requested on the initial or annual plan of care, or a revision to add services to current POC.
- Service must be documented in the plan of care and reviewed quarterly with the participant, PCA provider, and RN
- PCA provider submits the following documentation to the SCA:
 - RN initial or annual assessment determining that the person is stable and predictable for medication administration/noncomplex tasks to be delegated. Must be dated for current plan of care year.
 - RN delegations for each current DSP at time of revision or plan of care meeting
 - CPOC Attachment E – Medication/Treatments

Accessing Services: Support Coordinator Role

- Obtain RN initial/annual assessment of participant who requires RN delegation
- Obtain RN delegations for current staff at time of revision or plan of care for submittal to LGE
- Obtain CPOC Attachment E – Medication/Treatments
- Upload documents to the plan of care or attach documentation to the revision when adding the service
- Include RN delegation activities in the plan of care, including frequency of assessment
- Document and update plan of care as necessary

Accessing Services: Local Governing Entity Role

- Review current RN assessment of participant who requires RN delegation
- Review RN delegations for current staff at time of revision or POC approval
- Review CPOC Attachment E – Medication/Treatments
- Return revision or POC to SC if inadequate/incomplete documentation is submitted
- Approve POC or revision if documentation meets requirements

All initial and annual POCs with this service require LGE approval.

Accessing Additional NC Services

If there is a need to request additional Nurse Consult services above the 68 units per plan of care year:

- SC requests additional units from LGE for the service via a revision with justification
- LGE prepares and submits SORC request to exceed cap, with justification, to OCDD State Office
- If decision is approved, submit revision to SRI for processing
- If denied, LGE will issue the denial letter according to the current LDH/PA-Legal Complaint process, and then forward a copy to SC
- LGE staff will be responsible for preparing the Summary of Evidence and all supporting documentation needed for any appeal/fair hearing request and for conducting the hearing

Additional Resources

- **Medication Administration and Noncomplex Tasks in Home and Community-Based Settings** rules can be found in the [Louisiana Administrative Code, Title 48, Part I, Chapter 92, Subchapter D](#)

Specific sections covered in this presentation include

- §9243 – General Requirements for the Performance of Medication Administration and Noncomplex Tasks in Home and Community-Based Settings
- §9245 – Training Requirements for the Performance of Medication Administration and Noncomplex Tasks in Home and Community-Based Settings
- §9247 – Annual Competency Evaluation
- §9253 – Registered Nurse Responsibilities
- §9255 – Employer Responsibilities

While this presentation focused on specific sections, providers are responsible for following **all requirements of the rules.*

THANK YOU



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Q & A

