

Nursing Support Services

Service Definition
<p>A. Nursing Support Services provides a Registered Nurse (RN), licensed in the State of Maryland or has an active compact license, to perform Nursing Consultation, Health Case Management and Delegation services based on the participant's assessed need.</p> <p>B. At a minimum, the Registered Nurse must perform an initial nursing assessment.</p> <p>1. This initial nursing assessment must include:</p> <p>a. Review of the participant's health needs, including:</p> <p>i. Health care services and supports that the participant currently receives; and</p> <p>ii. The participant's health records, including any physician orders;</p> <p>b. Performance of a comprehensive nursing assessment;</p> <p>c. Clinical review of the participant's Health Risk Screening Tool, in accordance with Department policy; and</p> <p>d. Completion of the Medication Administration Screening Tool, in accordance with Department policy.</p> <p>2. The purpose of this initial nursing assessment is to determine the participant's assessed needs, particularly whether:</p> <p>a. The participant's health needs require performance of nursing tasks, including administration of medication;</p> <p>b. The participant's health needs nursing tasks are delegable in accordance with the Maryland Board of Nursing's regulations; and</p> <p>c. The participant's health needs nursing tasks are exempt from delegation in accordance with the Maryland Board of Nursing's regulations.</p> <p>C. Based on the initial nursing assessment, if the participant requires, and meets criteria to receive, Nursing Consultation services, then the Registered Nurse providing Nurse Consultation services must:</p>

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1. Provide recommendations to the participant on how to have the participant's health needs met in the community, including accessing health services available in the community and other community resources;
 2. Develop or review health care protocols, including emergency protocols, **with for** the participant and the participant's uncompensated caregivers ~~for use in training the participant's direct support staff~~; and
 3. Develop or review communication **process systems** the participant may need to communicate effectively with:
 - a. The participant's health care providers, direct support staff, and uncompensated caregivers who work to ensure the health of the participant; and
 - b. Resources in the community that may be needed to support the participant's health needs, such as notifying the electrical company if the participant has medical equipment that requires prompt restoration of power in the event of a power outage.
- D. Based on the initial nursing assessment, if the participant requires, and meets criteria to receive, Health Case Management services, then the Registered Nurse providing Health Case Management services must:
1. Provide recommendations to the provider and direct support staff on how to have the participant's health needs met in the community, including accessing health services available in the community and other community resources;
 2. Develop a Nursing Care Plan and **skills** protocols regarding the participant's specific health needs; and
 3. Provide training to the provider's direct support staff on how to address the participant's specific health needs, in accordance with the health care plans and **skills** protocols developed.
- E. Health Case Management services, as provided in Section D above, does not include delegation of **medications and medical/health/nursing treatments** ~~nursing tasks~~ to the direct support staff and, therefore, does not require continuous nursing assessments of the participant or monitoring of the provision of services by the direct support staff.
- F. Based on the initial nursing assessment, if the participant requires, and meets criteria to receive Delegation services then the Registered Nurse providing Delegation services must:

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1. Provide recommendations to the participant, the direct support staff, and, if applicable, the participant's providers on how to have the participant's health needs met in the community, including accessing health services available in the community and other community resources;
 2. Develop a Nursing Care Plan and ~~health-care plans and skills~~ protocols regarding the participant's specific health needs in accordance with applicable regulations and standards of nursing care;
 3. Provide training to direct support staff on how to address the participant's specific health needs and to perform the delegated nursing tasks, in accordance with the Nursing Care Plan ~~and health-care plans~~ and ~~skills~~ protocols developed;
 4. Monitor, ~~evaluate, and supervise~~ the direct support staff's performance of delegated nursing tasks, including reviewing applicable documentation that must be maintained in accordance with applicable regulations and standards of nursing care;
 5. Continually monitor ~~and evaluate~~ the participant's health by conducting nursing assessments and reviewing health data documented and reported by direct support staff, in accordance with applicable regulations and standards of nursing care;
 - ~~6. Ensure available on a 24/7 basis or provide qualified back-up, to address the participant's health needs as may arise emergently; and~~
 6. As per Code of Maryland Regulations 10.27.11, the delegating nurse shall be readily available when delegating a nursing task to an unlicensed individual, certified nursing assistant, or medication technician, and to address the participant's health needs as may arise emergently; and
 7. Collaborate with the participant enrolled in the Self-Directed Services Delivery Model or the provider to develop policies and procedures governing delegation of nursing tasks in accordance with Code of Maryland Regulations 10.27.11 and other applicable regulations.
- G. Nursing Support Services (i.e., Nurse Consultation, Health Case Management and Delegation services) do not include provision of any direct nursing care services **by a nurse** to a participant.

SERVICE REQUIREMENTS:

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A. The DDA will authorize the amount, duration, and types of services under this ~~Medicaid w~~Waiver program service based on the participant's assessed level of service need and in accordance with other applicable requirements. If the participant's health needs change, the participant may submit a new request for additional hours or different services, with applicable supporting documentation, to the DDA.

B. Based on the initial nursing assessment, the participant may be eligible for Nursing Support Services if the participant meets the criteria below.

1. A participant is eligible to receive Nurse Consultation services if:

~~a. The participant's health needs require performance of nursing tasks, including administration of medication;~~

a. The participant is enrolled in the Self-Directed Services Delivery Model;

b. The participant receives a ~~Medicaid w~~Waiver program service for which the participant has employer authority, as provided in Appendix E;

c. The participant directly employs, or contracts with, direct support staff under that employer authority and, therefore, is responsible for directing and managing direct support staff in provision of that ~~Medicaid w~~Waiver program service; and

d. The participant's health needs are exempt from ~~nurse~~ delegation ~~of nursing tasks~~ in accordance with applicable Maryland regulations.

2. A participant is eligible to receive Health Case Management services if:

a. The participant's health needs require performance of ~~health nursing~~ tasks;

b. There are no medications or medical treatments or the ~~including~~ administration of medication provided by paid staff or is able to self medicate as determined by the RN CM/DN in accordance with the DDA self medication screening criteria;

c. Completion of medical treatments are completed by gratuitous care giver;

d. The participant either:

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- i. Is enrolled in the Provider Managed Traditional Services Delivery Model; or
 - ii. Is enrolled in the Self-Directed Services Delivery Model and receives a ~~Medicaid w~~Waiver program service for which the participant does not have employer authority, as provided in Appendix E;
 - e. A provider, and not the participant, directly employs, or contracts with, direct support staff under the provider's employer authority and, therefore is responsible for directing and managing direct support staff in provision of that ~~Medicaid w~~Waiver program service; and
 - f. The participant's health needs are exempt from delegation of ~~the nursing tasks of~~ medication and treatment administration in accordance with applicable Maryland regulations.
3. A participant is eligible to receive Delegation services if:
- a. The participant's health needs require performance of nursing tasks, including administration of medication ~~or medical/nursing treatments~~;
 - b. The participant is enrolled in either service delivery model;
 - c. Direct support staff provide the participant with a ~~Medicaid w~~Waiver program service, whether employed by, or contracted with, a provider or the participant;
 - d. During provision of that ~~Medicaid w~~Waiver program service, the direct support staff needs to perform ~~delegated~~ nursing tasks for the participant to maintain the participant's health and safety;
 - e. The nursing tasks are ~~delegatable~~ to the direct support staff in accordance with applicable ~~DDA guidance and~~ Maryland regulations; and
 - f. The participant's health needs are not exempt from delegation of nursing tasks in accordance with applicable Maryland regulations.

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4. A participant is not eligible to receive any of these additional nursing services beyond the initial assessment (i.e., Nurse Consultation, Health Case Management or Delegation services) if:

a. The participant's health needs do not require performance of any **health monitoring, completion of health related tasks or activities by paid caregivers nursing tasks or administration of any medication**;

b. The nursing tasks are not **delegatable** in accordance with applicable Maryland regulations; or

c. The participant does not have any direct support staff paid to provide any **Medicaid wWaiver** program service either under the **Provider Managed Services Delivery Model** or **Self-Directed Services Delivery Model**, **or any uncompensated caregivers**.

C. The Registered Nurse must complete and maintain documentation of delivery of these **Medicaid wWaiver** program services, including any nursing assessments, nursing care plans, health care plans and protocols, training of participant, direct support staff, and/or uncompensated caregivers, and any other documentation of services, in accordance with applicable Maryland laws and regulations, Department policies, and standards of nursing care.

D. The Registered Nurse must comply with all applicable laws, regulations, and Department policies governing delivery of these **Medicaid wWaiver** program services, including but not limited to Maryland Board of Nursing's regulations, and the standards of nursing care. If there is a conflict between this **Medicaid wWaiver** program service and applicable Maryland Board of Nursing regulations, the applicable Maryland Board of Nursing regulations will control.

E. Prior to accessing DDA funding for this service, all other available and appropriate funding sources **which may include, as applicable, private insurance, including those** services offered by Maryland Medicaid State Plan, Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS), **and** Department of Human Services (DHS), **and or** any other federal or State government funding program, must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant's file.

2. If these services are deemed by the participant's person-centered planning team to be inappropriate to meet the specific needs of the participant, the exploration efforts and reasons that these services do not meet the participant's needs shall be documented in the participant's **filePCP**.

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3. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the ~~Medicaid w~~Waiver Program.

F. A participant cannot qualify, or receive funding from the ~~Medicaid w~~Waiver program, for this ~~Medicaid w~~Waiver program service if the participant:

1. Requires provision of direct nursing care services provided by a licensed nurse; or
2. Currently receives, or is eligible to receive, nursing services in another health care program paid for by the Maryland Medicaid Program or the Department, such as hospital services, skilled nursing or rehabilitation facility services, or Medicaid Program's Rare and Expensive Case Management Program's private duty nursing services.

G. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of ~~receiving community based services and~~ avoiding institutionalization.

H. Children have access to any medically necessary preventive, diagnostic, and treatment services under Early and Periodic Screening, Diagnostic, and Treatment services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions ~~and skilled nursing services and behavior supports~~. Supports provided by this Waiver service ~~are is~~ to improve and maintain the ability of the child to remain in and engage in community activities.

I. A legally responsible person, legal guardian, or relative (that is not a spouse) cannot be paid by the ~~Medicaid w~~Waiver program, either directly or indirectly, to provide this ~~Medicaid w~~Waiver program service ~~unless otherwise approved by the DDA due to extraordinary circumstances in accordance with the applicable requirements set forth in Section C-2.~~

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J. For participants enrolled in the **SDS Delivery Model**, this Waiver program service includes:

1. The reasonable and customary costs of training the participant's direct support staff, including First Aid and CPR certifications;
2. Travel reimbursement, benefits and leave time for the participant's direct support staff, subject to the following requirements:
 - a. The reimbursement, benefits and leave time requested are:
 - i. Within applicable reasonable and customary standards as established by DDA policy; or
 - ii. Required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws; and
 - b. Any reimbursement (e.g., mileage), benefit and leave time requested by the participant must comply with applicable federal, State, or local laws.
 - c. Mileage reimbursement, ~~under the~~ to the owner of a specialized, modified, or accessible vehicle driven by an employee of the participant and for the purpose of the participant engaging in activities specified in the recipient's Person-Centered Plan.
3. Cost for training, mileage, benefits, and leave time are allocated from the participant's total budget allocation.

K. Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.

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

1. Nurse Consultation services – Assessment and document revisions and recommendations of the participant's health needs, protocols, and environment are limited to **no more than 4-hours once every 3-months. up to a 4-hour period within a 3-month period.**
2. Nurse Health Case Management services are limited **to no more than 4-hours once every 3-months. up to a 4-hour period within a 3-month period.**

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3. Nurse Delegation – The frequency of assessment is minimally every 45 days, but may be more frequent based on the Maryland Board of Nursing 10.27.11 regulation and the prudent nursing judgment of the delegating Registered Nurse in meeting conditions for delegation. This is a person-centered assessment and evaluation by the Registered Nurse that determines duration and frequency of each assessment.

Service Delivery Method (check each that applies):

☒ Participant-directed as specified in Appendix E

☒ Provider managed

(Don't Check) Remote/via Telehealth

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

☒ Legally Responsible Person

☒ Relative

☒ Legal Guardian

Provider Category(s)
(check one or both):

☒ Individual. List types:

Registered Nurse

☒ Agency. List the types of agencies:

Nursing Services Provider

Provider Type:

Nursing Support Services

Registered Nurse
License (specify)
Registered Nurse must possess valid Maryland and/or Compact Registered Nurse License
Certificate (specify)
Other Standard (specify)
<p>Individual must complete the MDH DDA provider application and be certified based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> 1. Possess a valid Maryland and/or Compact Registered Nurse License; 2. Successful completion of the DDA Registered Nurse Case Manager/Delegating Nurse (CM/DN) Orientation training within 90 days of first providing services; 3. Once completed DDA's training, maintain active status on DDA's registry of DDA Registered Nurse CM/DNs; 4. Be active on the DDA registry of DDA Registered Nurse CM/DNs; 5. Satisfactorily completeComplete the online Health Risk Screening Tool Rater and Reviewer training; 6. Attend mandatory DDA trainings; 7. Attend all mandatory DDA provided nurse meetings; 8. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 9. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;

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10. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;
11. Have Commercial General Liability Insurance;
12. ~~Satisfactorily complete~~~~Complete~~ required orientation and training designated by ~~the~~ DDA;
13. Complete necessary pre/in-service training based on the Person-Centered Plan;
14. Have 3 professional references which attest to the ~~provider's~~ ability ~~of the Registered Nurse~~ to deliver the support/service in compliance with the Department's ~~policy values~~ in Annotated Code of Maryland, Health General, Title 7;
15. Demonstrate financial integrity through Internal Revenue Services, ~~Maryland~~ Department ~~of Health~~, and Medicaid Exclusion List checks;
16. Complete and sign any agreements required by ~~the~~ Maryland Department of Health (MDH) or DDA;
17. Have a signed DDA Provider Agreement to Conditions for Participation; and
18. Have a signed Medicaid Provider Agreement.

~~Individuals~~ ~~Employees~~ providing services for participants self-directing their services must meet the standards 1 through 9 noted above. They do not need to submit a DDA provider application. Individuals must submit forms and documentation as required by the Financial Management and Counseling Services agency. The Financial Management and Counseling Services must ensure the individual or entity performing the service meets the qualifications.

Provider Type:

Nursing Services Provider

License (specify)

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Certificate (specify)
Other Standard (specify)
<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the MDH DDA provider application and be certified based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> A. Be properly organized as a Maryland business entity corporation or if operating as a foreign corporation be properly registered to do business in Maryland; B. A minimum of 5 years demonstrated experience and capacity providing quality similar nursing services; C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; D. Demonstrate the capability to provide or arrange for the provision of all nursing services required by submitting, at a minimum, the following documents with the application: <ol style="list-style-type: none"> (1) A program service plan that details the agency's agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide nursing services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.

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- E. Be in good standing with the Internal Revenue Service and ~~State Department of Assessments and TaxationMDAT~~ ;
 - F. Have Workers' Compensation Insurance;
 - G. Have Commercial General Liability Insurance;
 - H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-~~and per DDA policy~~;
 - I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;
 - J. ~~Satisfactorily complete~~**Complete** required orientation and training;
 - K. Comply with the DDA standards related to provider qualifications; and
 - L. Complete and sign any agreements required by ~~the~~ Maryland Department of Health (MDH) or DDA.
2. Have a signed Medicaid Provider Agreement.
 3. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;
 4. Have documentation that all vehicles used in the provision of services have automobile insurance; and
 5. Submit a provider renewal application at least 60 days before expiration of its existing approval~~as per DDA policy~~. **The renewal license is good for up to a 3 year period.**

~~The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality Leadership or Commission on Accreditation of Rehabilitation Facilities for similar services for individuals with developmental disabilities, and be in good standing with the Internal Revenue Service and State Department of Assessments and TaxationMDAT.~~

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Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or that spend any time alone with a participant must meet the following minimum standards:

1. Possess valid Maryland and/or Compact **Registered Nurse** License;
2. Successful completion of the DDA Registered Nurse CM/DN Orientation training ~~within 90 days of first providing services.~~
3. Once completed DDA's training, maintain active status on DDA's registry of DD Registered Nurse CM/DNs.
4. Be active on the DDA registry of DDA's Registered Nurse CM/DNs;
5. **Satisfactorily complete**~~Complete~~ the online Health Risk Screening Tool Rater and Reviewer training;
6. Attend mandatory DDA trainings;
7. Attend all DDA provided nurse meetings;
8. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
9. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;
10. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;
11. **Satisfactorily complete**~~Complete~~ required orientation and training designated by **the** DDA; and
12. Complete necessary pre/in-service training based on the Person-Centered Plan.

Verification of Provider Qualifications

Provider Type:

Registered Nurse

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Entity Responsible for Verification:
1. MDH DDA for approval of certified Registered Nurse . 2. Financial Management and Counseling Services provider, as described in Appendix E, for participants self-directing services.
Frequency of Verification
1. MDH DDA – Initially and at least every 3 years. 2. Financial Management and Counseling Services – Initially and continuing thereafter.
Provider Type:
Nursing Services Provider
Entity Responsible for Verification:
1. MDH DDA for approval of providers. 2. Nursing Service Agency for verification of staff member’s licenses, certifications, and training. 3. Financial Management and Counseling Services provider, as described in Appendix E, for participants self-directing services.
Frequency of Verification
1. MDH DDA – Initially and at least every 3 years. 2. Nursing Services Provider – Prior to service delivery and continuing thereafter. 3. Financial Management and Counseling Services – Initially and continuing thereafter.