

NURSING

Service Description

H027-HD

A service that provides nursing intervention that may include patient care, coordination facilitation and education.

Service Requirements and Limitations

1. This service may be provided in the following settings:
 - 1.1 The Division member's home,
 - 1.2 A group home,
 - 1.3 A developmental home (child or adult),
 - 1.4 A Level I or Level II behavioral health facility, or
 - 1.5 A Day Treatment and Training program.
2. This service shall not be provided when the member is hospitalized.
3. This service shall not be provided in conjunction with members authorized for Skilled Nursing Facility services or non-state operated Intermediate Care Facility ("ICF") services.
4. The Qualified Vendor shall ensure that the service elements which require nursing support are appropriately prescribed by a qualified and licensed physician and that all professional nursing tasks are provided in accordance with the Arizona Nurse Practice Act, including the required supervision of Licensed Practical Nurses ("LPNs"). The Nurse Practice Act is comprised of both statutes and rules [Arizona Revised Statutes ("A.R.S.") § 32-1602 *et seq.*; Arizona Administrative Code ("A.A.C.") Title 4, Chapter 19].
5. The Qualified Vendor shall ensure that an individual nurse does not work for more than sixteen (16) hours for any consecutive twenty-four (24) hour period.

Service Goals and Objectives

Service Goals

1. To improve or maintain the physical well-being and/or mental health of members.
2. To increase or maintain the self-sufficiency of members.
3. To provide relief/respite to the caregivers of members.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. After the member's Primary Care Provider ("PCP") or attending physician of record has provided orders for nursing services, assess skilled needs of the member to develop a plan of treatment, which includes the nursing care plan.
 - 1.1 As specified in the Arizona Nurse Practice Act and prior to the start of service, obtain the written statement from the prescribing healthcare provider that contains the diagnosis and scope of skilled nursing needs and medical orders for the member, as needed.
 - 1.2 Utilizing sound and current principles of diagnosis and assessment, evaluate the member's nursing needs:
 - 1.2.1 Review all current available medical files and all pertinent health-related information.
 - 1.2.2 Obtain information from the Division's Health Care Services nurse and/or Division's Support Coordinator, the member, the member's representative, and planning team members [e.g. Individual Support Plan (ISP) team members], as needed, to identify potential health needs and current health status of the member; and
 - 1.2.3 Conduct an assessment of the member in relation to physical (e.g., the need for skin care, respiratory therapy), developmental, behavioral, and mental health dimensions.
 - 1.3 Develop a plan of treatment for the member in collaboration with the planning team that includes:
 - 1.3.1 Nursing care plans based on sound principles of diagnosis and assessment, and
 - 1.3.2 The physician's orders.
 - 1.4 Observe and evaluate the member's response to treatment and review the plan of treatment and the nursing care plan as directed or as needed.
 - 1.4.1 Incorporate information from all team members and caregivers in the treatment and nursing care plan in order to deliver optimal care to the member.
2. Provide intermittent (short-term or visit) or continuous skilled nursing services to the member as assessed and outlined in the nursing plan of care and supported by the member's PCP or attending physician of record.

- 2.1 Staff utilized to provide nursing services shall be licensed and professional nursing personnel, either a registered nurse (“RN”) or a LPN who is under the direct supervision of a RN.
- 2.2 Based upon the physician orders and the nursing plan of care, provide direct services to the member including, but not limited to:
 - 2.2.1 Injections,
 - 2.2.2 Intravenous (“IV”) treatments,
 - 2.2.3 Insertions of catheters,
 - 2.2.4 Respiratory therapy/respiratory treatments,
 - 2.2.5 Treatment for pressure sores,
 - 2.2.6 Care of surgical wounds,
 - 2.2.7 Nasal-gastric feedings,
 - 2.2.8 Tracheostomy care,
 - 2.2.9 Parenteral Nutrition (“TPN”),
 - 2.2.10 Oxygen,
 - 2.2.11 Broviac catheter,
 - 2.2.12 Rectal medications for seizures, and
 - 2.2.13 Peritoneal dialysis.
- 2.3 Implement and follow the nursing plan of care utilizing sound principles of diagnosis and assessment.
- 2.4 In the preparation and dispensing of medications, all personnel shall refer to physicians’ orders via the individual chart and medication profile, and medications shall be dispensed, administered, and documented using routine methods that are well-known to the nursing process.
 - 2.4.1 Ensure that an RN administers intravenous medications.

- 2.4.2 Ensure that all medications are completely and accurately labeled per the current plan of treatment and monitor the use of medication in relation to the prescription.
- 2.5 Assist with counseling to help the member.
- 2.6 When required, render emergency care to the member.
- 2.7 Perform and document member skin assessments.
- 2.8 Assist the member in activities of daily living in conjunction with the nursing service by:
 - 2.8.1 Assisting with personal care tasks,
 - 2.8.2 Providing information about nutrition,
 - 2.8.3 Doing light cleaning in the member's living area as required for the member,
 - 2.8.4 Doing the member's laundry, and
 - 2.8.5 Cooking for the member as necessary.
- 2.9 As necessary, provide physical or mental rehabilitation for the member through restorative nursing functions and various therapies, encouraging members to focus on their abilities and assist them with maximizing use of assistive devices.
- 3. Provide support to the member's plan of treatment and nursing care plan with a focus on prevention, health promotion, and member independence, improving the capacity of the member, the member's family and/or support systems towards greater independence, and respecting and considering the member and the family's values and cultural beliefs.
 - 3.1 To ensure maximum success of the member's plan of treatment and nursing care plan:
 - 3.1.1 Provide training on nursing procedures and treatment to the member, family and/or support systems;
 - 3.1.2 Act as liaison between direct care staff and community-based professionals, agencies, and/or educational resources;
 - 3.1.3 Accompany the member on appointments to discuss special health concerns;
 - 3.1.4 Make telephone contact with physicians or health agencies to address specific health needs of the member;

- 3.1.5 Consult with the educational community member, as needed, and when necessary provide training to educators;
- 3.1.6 Assist the member/family/support system in making referrals to PCPs or other appropriate professionals for examinations and diagnostic procedures, as deemed necessary; and
- 3.1.7 Coordinate the delivery of needed services to members, families, and support systems.
- 3.2 Within the context of the member's plan of treatment, the nursing care plan, and the member's health needs, provide education to the member and the member's family and/or support system regarding identified health care needs, including:
 - 3.2.1 How to work with the PCP and the referral system;
 - 3.2.2 How to obtain durable medical equipment needed;
 - 3.2.3 How to obtain, prepare, and dispense medications; and
 - 3.2.4 Following physician orders and keeping proper documentation of medical appointments, physician orders, medications, therapies, and treatments and the member's response to all.
- 3.3 Collaborate with other health professionals and health care team members to meet identified member/family/support system needs.
- 4. Participate in training as requested; when applicable or as required, provide training and technical assistance to Division staff and other appropriate individuals (such as helping the member understand his/her own medical needs and training primary caregivers).
 - 4.1 Nursing personnel shall be responsible for maintaining regular contact with the Division's Health Care Services designee to determine current priorities for the member.
 - 4.2 At the request of the Division, nursing personnel shall:
 - 4.2.1 Participate in orientation or other in-service training.
 - 4.2.2 Participate in the development of Division policies and procedures relevant to other stated objectives.
 - 4.2.3 Consult with the member's Support Coordinator, medical supply representatives, and other professional and paraprofessional staff on the features and design of special equipment that the member may need.

- 4.2.4 Prepare and provide instruction on the use and care of special equipment.
- 5. Ensure that personnel are properly trained prior to the delivery of nursing services by ensuring that staff:
 - 5.1 Have received specialized training pertaining to the member's care needs and receive updated training on an as-needed basis.
 - 5.1.1 Nurses providing care to a member using a ventilator must be ventilator-certified or have a developed competency for the specific ventilator via work experience.
 - 5.2 Have been informed of proper techniques for medication administration including:
 - 5.2.1 All medications shall be completely labeled; and
 - 5.2.2 Discrepancies in the preparation and/or the dispensing of medication shall be immediately brought to the attention of the supervisor, with counseling of involved personnel and follow-through.
 - 5.3 Have been provided with information regarding emergency care and first aid, as well as specific individual first aid for specific conditions.
 - 5.4 Have been oriented to the designated emergency plan, including, but not limited to, calling paramedics, instituting life-saving measures, and other emergency policies of the Division.
 - 5.5 Have completed an orientation to clinical and administrative record keeping by a nurse approved by or contracted with the Division or the Arizona Health Care Cost Containment System Administration ("AHCCCSA").

Service Utilization Information

- 1. Nursing will be authorized for the member based on the nursing needs assessment conducted by the Division's Health Care Services.
- 2. This service shall be provided on an intermittent (visit) or continuous (continuous nursing or nursing Respite) basis. The allocation of nursing service hours will be authorized by the Division's Health Care Services nurse, based on the nursing assessment, which will be included in the member's planning document. Service authorizations will be based on one or more of the following:
 - 2.1 Intermittent nursing visit (HNV) is less than fifty-five (55) minutes per visit.
 - 2.2 Intermittent nursing (HN9) exceeds one (1) hour in length but will not exceed two (2) hours per visit and is limited to four (4) hours in one (1) calendar day.

- 2.3 Continuous nursing (HN1) is more than two (2) continuous hours or more than four (4) hours in one (1) calendar day.
- 2.4 Nursing Respite (HNR) is to relieve a family member or other person caring for the member when the Respite service needs to be provided by a skilled nurse. For Nursing Respite the benefit year is October 1st through September 30th.
3. The Division's Health Care Services will conduct nursing assessments at least annually, or more frequently if required by the Division, to reassess need for this service.
4. Prior to initiating the service, the Qualified Vendor shall obtain written orders from the member's PCP or physician of record.
 - 4.1 The written physician orders shall be reviewed not later than every sixty-two (62) days (bimonthly) by the PCP or physician of record.

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service.
2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff and Agency Qualifications

1. The Direct Service Staff shall meet the following requirements:
 - 1.1 Be licensed in accordance with Arizona law and rules (e.g., Nurse Practice Act) to perform the skilled tasks and duties necessary to provide nursing support; and
 - 1.2 Have the requisite supervision required by Arizona law and rules (e.g., Nurse Practice Act).
2. The Qualified Vendor shall meet the following requirements:
 - 2.1 Be a Home Health Agency ("HHA") licensed by the Arizona Department of Health Services ("ADHS") and certified by Medicare utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent or continuous nursing care; or
 - 2.2 Under certain circumstances in accordance with AHCCCS, be a Home Health Agency licensed by the ADHS utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent and continuous nursing care.

2.3 Have a National Provider Identifier (“NPI”).

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall adhere to the requirements of “non-provision of service” as required by Division policy (see Section 5.2.6 in *Service Requirements/Scope of Work* of the Qualified Vendor Agreement).
2. The Qualified Vendor shall maintain a current and signed plan of treatment and the most current nursing care plan for each member.
3. The Qualified Vendor shall maintain all physician orders for a member in that member’s file.
4. The Qualified Vendor shall give member-specific documentation to the Division upon request.
5. The Qualified Vendor shall submit written monthly progress reports to the member’s PCP or physician of record, and the Division upon request, regarding the care provided to each assigned member.
6. The Qualified Vendor shall provide quarterly written progress reports to the Division’s Health Care Services, including a copy of the current signed plan of treatment, the nursing care plan, and copies of all current physician orders. The quarter is based on the calendar year and the reports are due no later than the fifteenth (15) day following the end of the quarter. The Qualified Vendor shall refer to the Division’s Provider Manual for guidance on report due dates and minimum content of the reports.
7. The Qualified Vendor shall retain documentation of all staff training, including copies of Cardiopulmonary Resuscitation (“CPR”) certification, in the Qualified Vendor’s files.
8. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by each direct service staff providing direct service to members.
 - 8.1 Each time sheet, equivalent document, or data system must contain the original signature or other independent verification (that complies with A.R.S. § 41-132) of the member/member’s representative after service delivery confirming the hours worked. Proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.
9. The Qualified Vendor shall notify the Division’s Health Care Services nurse when the member’s skilled needs change prior to the renewal of the sixty-two (62) day physician order.

10. The staff that provide nursing services shall be responsible for all documentation of the member's care, including skilled nursing care such as suctioning, tracheostomy changes, medications, etc.
11. Planning team members' exchanges of information pertaining to nursing shall be documented in the nurse's notes and on the planning document.
12. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.