

Nursing Reimbursement

Background Information:

In 2002, waiver participants who needed nursing consultation, the NOW waiver included a Professional Consultation Service, which allowed PCA providers to bill \$50 per consult with a cap of \$750.00 per year. From what we understand, because this service was not used, LDH took the code away from disability services and reassigned it to Skilled Nursing in Home Health.

A couple of years ago, the disability community worked with Representative Turner on HCR 40. This resolution requested that the Louisiana Department of Health (LDH) study the actual costs of providing nursing services and then find the potential means of fully funding these services in the Medicaid-funded New Opportunities Waiver (NOW) and Residential Options Waiver (ROW) programs as well as to residents of intermediate care facilities for persons with intellectual and developmental disabilities (ICF/IIDs).

What Can Legislators Do?

Request that the department develop a Professional Consulting Nursing Service for training and everyday nursing task in the NOW, ROW, and Supports waiver and request LDH to increase the per diem for ICF/DDs to cover this Professional Consulting Nursing.

Why Do This?

The Waiver was never meant to be a medical model. However, over the years providers have been asked to do more and more medical task. The regulations have not necessarily changed but the delivery of services and who can deliver that service has. Nurse delegation has changed over the past 5-10 years, leaving some tasks only to be completed by a nurse.

Some of those tasks are:

- Initial Participant Assessments and Follow-Up Person Specific DSP Training assessments.
- Training for new/changed medication tasks (Medication Administration and Non-Complex Tasks).
- Review of Medical Forms and charts. Includes recommendations to support coordinators regarding changes to the CPOC.
- Performing complex tasks that cannot be delegated.

With no reimbursement for this specific service, providers are struggling to employ a nurse leaving them unable to serve those who require nursing services.

FACT SHEET

Required Nursing tasks:

- Training
 - On-site Urostomy training
 - On-site Colostomy training
 - On-site – Trach training
 - On-site PEG feeding training
 - Training on nutritional status changes
 - Training all affected staff on client medication changes and discontinuation of medication
 - In-the-field staff training on health care (beyond CMA or RN Del)
- On-site reviews of individuals for competency to self-medicate.
- Completing the health/nursing assessment for the CPOC.
- Tracking changes to medications/diagnoses/health changes
- Communicate with the physician's offices and pharmacy to ensure accuracy, then review monthly, as well as dispose of discontinued medications correctly.
- Administering medications through injections
- Addressing any unscheduled medical tasks, such as
 - Assessing an injury/illness
 - Clients experiencing seizures
 - ER visit/hospital admission and constant communication with the hospital during admission.
- Home visits upon discharge from the hospital/SNF/rehab facility
- Assessments and instructions with ongoing day-to-day health needs, both in response to illness and as a preventative course.
- Dressing changes for wounds (DSPs are not allowed to do this task)
- Directing and managing health care records.
- Annual home visits for all SIL participants and for all in-home clients where staff administers medications.
- Scheduling and tracking all doctor appointments
- Assisting with investigations when there is a health care or medication concern.
- Attendance at annual and quarterly meetings.