



Nursing Service Code & Reimbursement

Background Information:

Over the past several years we have worked with Representative Turner and Representative Miller to address the changes in nursing delegation and the rising cost to providers to hire and pay for a registered nurse. These two resolutions studied the actual costs of providing nursing services and urged the Louisiana Department of Health to develop a professional consulting nursing service code for the New Opportunities Waiver (NOW) and Residential Options Waiver (ROW) programs as well as for residents of intermediate care facilities for persons with intellectual and developmental disabilities (ICF/IIDs).

What was once a covered service for people with disabilities, unfortunately it is no longer available. The number of people who require these services has increased after the closure of 8 state-run facilities that serve individuals with high medical needs. In addition, the population of people with disabilities continues to age, and providers are relying more on nurses to meet the demanding needs of the individuals with no way to cover these increased costs.

What Can Legislators Do?

Use funds from the Disability Services Fund to appropriate \$2,388,500 to cover the cost to provide nursing services as determined by the HCRS by Rep. Miller and Rep. Turner.

Why is this needed?

Nurse delegation has changed over the past 5-10 years, leaving some tasks only for nurses to complete.

Some of those tasks are:

- Initial Participant Assessments and Follow-Up Person Specific DSP Training.
- Training for new/changed medication tasks
- Review of Medical Forms and charts.
- Performing complex tasks that cannot be delegated.

With no reimbursement for this specific service, providers struggle to employ nurses, **leaving them unable to serve those requiring nursing services.**

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 and 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, communication 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 visits for all SIL and in-home clients where staff administers medications.
- Scheduling and tracking all doctor appointments
- Delegation of medication through instruction and monitoring of staff