|  |
| --- |
| **DDS REFERENCE FOR HEALTHCARE/NURSING SERVICES**  |
| **Community Living Arrangement (CLA)** | **Continuous Residential Supports (CRS)** | **Individualized Home Supports (IHS)** | **Community Companion Home (CCH)** | **Own Home or Family Home**Individuals in these settings do not have annualized residential funding. |
| Primary Care Provider (PCP) | Primary Care Provider (PCP) | Primary Care Provider (PCP) | Primary Care Provider (PCP) | Primary Care Provider (PCP) |
| Registered Nurse (RN)(employed or contracted)24-7 available RN on-call | Registered Nurse (RN)(employed or contracted)24-7 available RN on-call | Registered Nurse (RN)(employed or contracted) or Primary Care Provider (PCP)**If Self-Hire:** No Agency or On-Call RN  | Registered Nurse (RN)(employed or contracted)No RN On-Call | Individuals who reside in family homes, their own homes, or in apartments are not eligible for on-going agency employed or contracted nursing services; however, they may be eligible for VNA services via the PCP referral process.  |
| Responsibility for RN coordination of health care, delegation of nursing tasks, and hands-on nursing tasks that cannot be delegated. Nursing care plan, support for discharge planning, DDS-required assessments and reports. Request for referral for additional nursing or therapy, as needed. **Nursing costs are within the LON rate. Average Hours based on an individual’s needs**  | Responsibility for RN coordination of health care, delegation of nursing tasks, and hands-on nursing tasks that cannot be delegated. Nursing care plan, support for discharge planning, DDS-required assessments and reports. Request for referral for additional nursing or therapy, as needed.**Nursing costs are within the LON rate. Average Hours based on an individual’s needs**  | Responsible for DDS-required assessments and reports and any services needed by the individual. 1. **Community Health and Safety Assessment** (Initial and when returning from a hospital or SNF admission)
2. **Self-Administration of Medication Assessment** (Initial and annually)
3. **Quarterly Health Reviews** with Healthcare Coordination (HCC); **Semiannual or Annual Health Reviews** without HCC (Annual reviews may be sufficient for those individuals with minimum medical issues.)
4. **Fall Risk Assessment** for any individual who meets the Fall Risk criteria (Fall Risk Assessment is reviewed annually by the Planning and Support Team (PST). Screening may be adequate based upon the review’s outcome.)
5. **DDS Coordination of Care Agreement** (Required when a homecare or visiting nurse and an agency nurse are involved with an individual’s care.)
6. **LON 1-3: Costs are within the rate.**
7. **LON 4-8: May qualify for Healthcare Coordination.**
 | No direct nursing services. No delegation of nursing tasks.CCH Licensee or Visiting Nurse may administer medications or treatments. **Costs are within the Agency Administration payment based upon the individual’s LON score.**  | Case manager may request a Nursing consult through an Access Resources Form (ARF) to do an assessment and make recommendations. |
| **Community Living Arrangement (CLA)** | **Continuous Residential Supports (CRS)** | **Individualized Home Supports (IHS)** | **Community Companion Home (CCH)** | **Own Home or Family Home**Individuals in these settings do not have annualized residential funding. |
| **Visiting Nurse Agency (VNA) -** The Primary Care Provider (PCP) makes the referral.**Eligibility for VNA is limited to direct skilled nursing services, such as, injections, wound care, or specific RN assessments which cannot be delegated. A visiting nurse cannot be utilized if there are 24/7 direct care nursing supports in the home.** 1. A DDS Coordination of Care Agreement is required when a VNA is involved. A visiting nurse is not intended for routine medication administration.
2. Post-hospitalization visiting nurse services may be available with a physician’s order.
3. Hospice services are available.
4. VNA is a service, benefit, or entitlement funded through insurance.
 | **Visiting Nurse Agency (VNA) -** The Primary Care Provider (PCP) makes the referral.**Eligibility for VNA is limited to direct skilled nursing services, such as, injections, wound care, or specific RN assessments which cannot be delegated. A visiting nurse cannot be utilized if there are 24/7 direct care nursing supports in the home.** 1. A DDS Coordination of Care Agreement is required when a visiting nurse is involved. A VNA is not intended for routine medication administration.
2. Post-hospitalization visiting nurse services may be available with a physician’s order.
3. Hospice services are available.
4. VNA is a service, benefit, or entitlement funded through insurance.
 | **Visiting Nurse Agency (VNA)** – The Primary Care Provider (PCP) makes the referral.Direct skilled nursing services shall be provided by a visiting nurse.**A visiting nurse’s services are billed through the individual’s medical insurance; however, an employed or contracted agency nurse’s services cannot be billed at the exact same time of day.**1. A DDS Coordination of Care Agreement is required when a VNA is involved. A VNA is not intended for medication administration.
2. Post-hospitalization VNA services may be available with a physician’s order.
3. Hospice services are available.
4. VNA is a service, benefit, or entitlement funded through insurance.
 | **Visiting Nurse Agency (VNA)** – The Primary Care Provider (PCP) makes the referral.Direct skilled nursing services shall be provided by a visiting nurse.1. A DDS Coordination of Care Agreement is required when a VNA is involved. A VNA is not intended for medication administration.
2. Post-hospitalization VNA services may be available with a physician’s order.
3. Hospice services are available.
4. VNA is a service, benefit, or entitlement funded through insurance.
 | **Visiting Nurse Agency (VNA)** - The Primary Care Provider (PCP) makes the referral.1. Post-hospitalization VNA services may be available with a physician’s order.
2. Hospice services are available.
3. VNA is a service, benefit, or entitlement funded through insurance.
 |

 Implementation Date 10/1/2016