

IN-HOME SKILLED NURSING SERVICES POLICY

- I. **Purpose:** It is the intent of San Andreas Regional Center to assist families to secure needed skilled nursing care for individuals living in their family home, in compliance with all state and federal laws, regulations, and court decisions.
- II. **Definitions:**
- **Consumer, individual, and person served are used interchangeably in regional center policy and the Lanterman Developmental Disabilities Services Act, and mean a person who has been found eligible and receives services from the regional center.**
 - *Skilled Nursing Services* are services provided by a registered nurse or a licensed vocational nurse. Nursing services are provided to a patient under the direction or supervision of a physician registered to practice in this state.
 - *Licensed Vocational Nurse (LVN)* is a nurse licensed by the California State Board of Vocational Nurses and Psychiatric Technician Examiners who must have periodic supervision by a Registered Nurse or Medical Doctor.
 - *Registered Nurse (RN)* is a nurse licensed by the California State Board of Registered Nurses.
 - *Shift Nursing* is hourly skilled nursing service for ongoing intermittent nursing care for shifts of no less than eight (8) hours to assist families with medically fragile individuals who remain in the family home.
 - *Independent Nurse Practitioner (INP)* is a registered nurse who is a certified Medi-Cal provider and is able to bill Medi-Cal directly for payment.
 - *Home Health Agency* is a licensed and certified private for- or not-for-profit organization that provides, or arranges for the provision of, skilled nursing services to persons in their place of residence.
 - *Early Periodic Screening, Diagnosis and Treatment (EPSDT)* is a Medi-Cal service which funds in-home shift nursing care that is deemed medically necessary for individuals under the age of 21.

- *Nursing Facility Waiver (NF Waiver)* is a Medi-Cal service that funds medically necessary in-home shift nursing services for individuals over the age of 18.
- *Financial Management Services (FMS) / Nursing* is a service established by the Department of Developmental Services that permits regional center funding of a family member to hire and otherwise arrange for skilled nursing services for a individuals in a family home with the use of a Financial Management Services (FMS). Through the Financial Management Services (FMS) process the family can secure skilled nursing services through a nurses' registry or other private source.

III. **Policy:** San Andreas Regional Center recognizes that funding for in-home nursing services is generally available from generic sources.

The regional center shall assist families and individuals to obtain and coordinate such services from generic sources.

The regional center may authorize funding for in-home skilled nursing services

- when an application for a generic service and funding is in process;
- when an application for a generic service has been denied;
- when an appeal of a generic service decision is in process;
- or when services are not available through a home health agency.

IV. **Purchase of Service Standard:** When identified as a need by the planning team, San Andreas Regional Center shall assist families to secure in-home skilled nursing services. The regional center nursing staff, in consultation with the primary care physician, will determine the level of nursing care (LVN/RN) required by the individual. An Order from the primary care physician is also required.

All provision of in-home shift nursing services, regardless of funding source, must first be sought from a home health agency. If services are not available through a home health agency or an Independent Nurse Practitioner (INP), the regional center may fund in-home skilled nursing services through the Financial Management Services (FMS) / Nursing.

- V. **Exception Process:** The executive director has full discretion to authorize purchases of service which are exceptions to the board-adopted purchase of service policies and standards. The executive director has designated certain individuals within the regional center who are authorized to grant an exception in the executive director's stead; these individuals are referred to as director's designees.

The first formal discussion of a request for service takes place at the planning team meeting. If the request falls within the service policy, the request is granted.

If the request for service is not consistent with the policy, the service coordinator starts the exception review process by exploring the basis for the request. A time line for the director's exception review is set by agreement between the individual/family and the service coordinator but the time line may not exceed fifteen (15) days. Within that time, another planning team meeting will be convened. In the meantime the coordinator presents the information to the manager to determine whether a director's exception may be warranted. At the scheduled planning team meeting the decision will be made. The director's designee will attend the planning team meeting if necessary. If the exception is granted, the service coordinator amends the person-centered individual program plan, notifies the individual/family, and gives a copy of the amended plan to the individual/family.

- VI. **Notice of Action:** If the exception is not granted, the service coordinator promptly informs the individual/family that it has not been granted, informs the individual/family of their appeal rights, and sends a notice of action and a fair hearing form.

If a decision is made to deny, reduce, or cancel the service without the agreement of the individual or the individual's representative, a Notice of Action will be sent.

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