

IN-HOME SKILLED NURSING SERVICES POLICY

I. INTENT

It is the intent of San Andreas Regional Center to assist families to secure needed skilled nursing care for consumers living in their family home.

Consumers, Individuals served by the regional center and Persons we serve are terms that are used interchangeably throughout the San Andreas Purchase of Service policies to refer to those individuals who receive services from the regional center. These same terms are used throughout the Lanterman Developmental Disabilities Services Act.

II. DEFINITION

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.

Registered Nurse (RN) is a nurse licensed by the California State Board of Registered Nurses.

Shift Nursing is hourly skilled nursing service for ongoing continuous nursing care.

Nursing Respite is intermittent, temporary medical care for consumers to assist family members in maintaining the consumer 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 or public 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 consumers under the age of 21. Once consumers are qualified for in-home nursing services, they may be able to receive expanded Medi-Cal services such as dental services, medical supplies etc.

Nursing Facility Waiver (NF Waiver) is a Medi-Cal service that funds medically necessary in-home shift nursing services for consumers over the age of 18.

The 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 consumer 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.

Nurses' Registry is a list of nurses eligible to be hired by a family member vendored under the *Financial Management Services (FMS) / Nursing*

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 consumers 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 agency decision is in process.
- When services are not available through a home health agency.

IV. PURCHASE OF SERVICE (POS) 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 consumer.

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*. When the family needs nursing respite, the *Financial Management Services (FMS) / Nursing* is available for the consumer.

V. EXCEPTIONS TO THIS POLICY

The executive director has full discretion to authorize service purchases which are exceptions to the board-adopted purchase of service policies. The executive director has designated different members within the organization who may authorize a director's exception. They are called the 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 consumer/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 consumer/family, and gives a copy of the amended plan to the consumer/family.

If the exception is not granted, the service coordinator promptly informs the consumer/family that it has not been granted, informs the consumer family of their appeal rights, and sends a notice of action and a fair hearing form.

VI. NOTICE OF ACTION

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

Adopted 03-17-2014