

Adult Nursing Services: Eligibility Parameter Tool- ANSEPT

Name of Person receiving services: _____ Date of Birth (mm/dd/yyyy): ____/ ____/ ____

Current Services (check all that apply):

- | | |
|--|--|
| ☐ Family Living-Biological Family | ☐ Family Living-Host/Surrogate Family |
| ☐ Customized In-Home Supports | ☐ Customized Community Supports |
| ☐ Crisis Supports-Alternative Placement | ☐ Community Integrated Employment |

Name of Provider Agency: _____ Date (mm/dd/yyyy): __/ __/ ____

Nurse Name and Title (RN or LPN) (*Print*): _____ Contact Number: (____) _____-_____

General Instructions: Please refer to the detailed *Agency Nurse Instructions: ANS Eligibility Parameter Tool*

- A. Review each Assessment Factor and circle the descriptor that most closely describes the person's clinical needs. Refer to the footnotes for the Assessment Factors.
- B. Identify the number of hours needed for each Factor in the grid on page 7. Enter zero '0' if no hours are needed.
- C. Note if Annual Request or Budget Revision on top of page 7.
- D. Insert Total Requested Hours/ units needed in the table on page 7 in line 1.
- E. Separate the total requested hours into RN and LPN hours and indicate the hours/units on page 7, in line 2.
- F. Send entire completed packet to Case Manager with the supporting documentation as listed in the current DD Waiver Criteria.
- G. When a Budget Revision is needed, complete the parameter tool and submit with additional justification to the Case Manager.

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THIS TOOL IS A GUIDE FOR THE DEVELOPMENT OF THE BUDGET FOR ONGOING ADULT NURSING SERVICES (ANS). INSERT FINAL CALCULATION FOR NEEDED HOURS/UNITS ON THE LAST PAGE.

ASSESSMENT FACTOR 1	16 - 20 Hours/Year	11 - 15 Hours/Year	5 - 10 Hours/Year	1 - 4 Hours/Year
Health Care Planning and Coordination¹	The person is at High e-CHAT acuity AND There are eight (8) or more required HCPs on the e-CHAT summary sheet.	The person is at High e-CHAT acuity AND There are seven (7) or fewer required or considered HCPs on the e-CHAT summary sheet.	The person is at Moderate e-CHAT acuity AND There are required or considered HCPs on the e-CHAT summary sheet.	The person is at Low e-CHAT acuity. There may or may not be required or considered HCPs on the e-CHAT summary sheet.
ASSESSMENT FACTOR 2	21 - 30 Hours/Year	13 - 20 Hours/Year	4 - 12 Hours/Year	0 Hours/Year
Aspiration Risk Management² Based on the most recent ARST in e-CHAT or other supporting documents	High risk for Aspiration with an existing CARMP AND Person has been treated, in any setting, for one (1) or more pneumonia events in the last year.	Newly identified Moderate Risk <u>or</u> High Risk for Aspiration OR High Risk with for Aspiration with an <i>existing</i> CARMP.	Moderate Risk for Aspiration with an <i>existing</i> CARMP.	The person is at Low risk for Aspiration. AND There is no need for Aspiration Risk Management activities at this time.

¹*Health Care Planning and Coordination is required in Family living with non-related or host families*

²*Aspiration Risk Management is required in Family living with non-related or host families*

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ASSESSMENT FACTOR 3	36 Hours/Year	24 Hours/Year	12 Hours/Year	6 Hours/Year
Delegation <i>The nurse establishes the delegation relationship and provides oversight based on prudent nursing practice. The nurse may rescind the relationship at any time.</i>	There may be stable; new or multiple delegation relationships. Extensive oversight is required. This may be based on the person's condition, the delegated task(s), the need to monitor multiple delegation relationships or other factors. - Medications may be delivered via feeding tube. - May receive tube feedings - There may be delegated tasks or treatments that are more complex and require frequent oversight.	There may be stable, new or multiple delegation relationships. A minimum of one (1) visit per month is needed. This may be based on the person's condition, the delegated task(s), the need to monitor multiple delegation relationships or other factors. - Medications may be delivered via feeding tube. May receive tube feedings - There may be delegated tasks or treatments that are moderately complex and require routine oversight by the nurse.	There are stable delegation relationships. Added time is needed for oversight. This may be based on the person's condition, the delegated task(s), the need to monitor multiple delegation relationships or other factors. - The person does not require tube feeding or meds via feeding tube. - There may be delegated treatments, but these are of a minor nature and the person's overall status is stable.	There is a stable and established delegation relationship between the nurse and DSP. The nurse provides routine monitoring visits and oversight activities. - The person does <u>not</u> require tube feeding or meds via feeding tube. - The person is stable and has no current or recent condition changes.

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ASSESSMENT FACTOR 4	Routine Up to 20 Hours/Year	None 0 Hours
Medication Oversight ³	The person receives routine or PRN medications from a non-related Surrogate/Host Family Living Provider. OR The person receives routine or PRN medications from a Biological Family Living provider who has opted to receive this service OR The person receives assistance from non-related, AWMD trained staff in a community integrated setting	The person does not receive any routine or PRN medications (including non-prescription (OTC) medications).

³**Medication Oversight is required if:**

- the person lives in Family Living with non-related or host families,
- , or a non-related DSP provides Assistance with Medication Delivery (AWMD) at home or in the community.

³**Medication Oversight is optional if:**

- The person lives independently and can self-administer their medication or resides with their biological family (by affinity or consanguinity.)
- However, if any non-related DSP provides Assistance with Medication Delivery (AWMD) at home or in the community this service is required.

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ASSESSMENT FACTOR 5	53 - 160 Hours/Year	21 - 52 Hours/Year	12 - 20 Hours/Year	4 - 11 Hours/Year
Medication Administration by a Licensed Nurse⁴	Requires administration of medication by a licensed nurse daily or multiple times per day. Typically requires frequent and ongoing discussion with PCP/specialist regarding medication doses and the person's response to medications (at least weekly or several times per month) Typically requires nursing response to reports of changing condition or needs at least several times per week. May require facilitation of medication authorization or renewals with PCP/specialist, MCO and pharmacy	Requires administration of medication by a licensed nurse several times a week. Typically requires discussion with PCP/specialist regarding medication doses and the person's response to medications at least once per month. May require facilitation of medication authorization or renewals with PCP/specialist, MCO and pharmacy	Requires administration of medication by a licensed nurse at least once per month. May require discussion with PCP regarding medication doses and the person's response to medications at least every other month. May require facilitation of medication authorization or renewals with PCP/specialist, MCO and pharmacy	Requires administration of medication by a licensed nurse at least once a quarter. May require discussion with PCP and follow-up to pharmacy consultant reports as needed. May require facilitation of medication authorization or renewals with PCP/specialist, MCO and pharmacy

⁴When requesting any number of hours for administration of medication by a licensed nurse, additional justification must be submitted indicating why medication delivery must be carried out by a DD Waiver nurse rather than by another type of provider (such as: Home Health Agency, Specialty Clinic, CMA, DSP trained in "Assisting with Medication Delivery", biological family member or natural support trained by the family.)

If the clinical criteria are met, this service is required in Family Living with surrogate/host families. Nurses are advised to complete a nursing report in Therap with all pertinent information and save under the title "Justification Report for Administration of Medication by a Licensed Nurse m/d/year ".

Note – This service is billed at the LPN rate.

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ASSESSMENT FACTOR 6	51 - 196 Hours/Year ⁵	25 - 50 Hours/Year ⁵	12 - 24 Hours/Year	0 Hours/Year
Coordination of Complex Conditions⁶	The person is at High acuity on the e-CHAT. They are medically fragile with multiple complex medical conditions which are unstable with frequent/ recent changes in condition or frequent/recent OOHP which requires the nurse to complete multiple time-consuming visits each week to consult with family, physicians or specialists; provide direct nursing care per orders; complete nursing assessment; coordinate care planned services or provide oversight to ensure the person's health and safety. The Living Providers (ex- elder caregiver) may contribute to the need for increased support from nursing for assistance with coordination of services.	The person is at High acuity on the e-CHAT. They have multiple complex medical conditions; may have frequent or recent changes in condition or OOHP and typically require 3-4 hours per month of nursing time to consult with physicians or specialists; provide direct nursing care per orders; complete nursing assessment, coordinate care planned services or provide oversight to ensure the person's health and safety.	The person is at Moderate acuity on the e-CHAT. They have multiple complex medical conditions; may be periodically unstable or has had OOHP. They typically require 1-2 hours per month of nursing time to consult with physicians or specialists; provide direct nursing care per orders; complete nursing assessment, coordinate care planned services or provide oversight to ensure the person's health and safety.	Person may have complex condition(s) but is stable with support provided by their biological family.

⁵When requesting twenty-five (25) or more hours for Coordination of Complex Conditions, additional justification must be submitted indicating why coordination of complex conditions must be carried out by a DD Waiver nurse rather than by a Home Health Agency, DSP, biological family member or natural support trained by the family.

⁶If clinical criteria are met, this service is required in Family Living with non-related, surrogate/host families. Nurses are advised to complete a nursing report in Therap with all pertinent information and save under the title "Justification Report for Coordination of Complex Conditions m/d/year ".

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Please check one ☐ Annual Budget Request ☐ Budget Revision	Actual Number of Requested Hours
Nursing Assessment and Consultation <i>Case manager: Please add these core hours to the budget. No outside review is required if twelve (12) hours or less are requested for Nursing Assessment and Consultation only.</i>	
Additional Hours for Change of Condition/OOHP Follow Up <i>Up to eight (8) hours are available with documentation review. Date of discharge or condition change:</i>	
Ongoing ANS Parameter Tool Assessment Factors <i>Nurses: Fill in the number of requested hours after completing the attached parameter tool.</i>	
1 - Health Care Planning and Coordination	
2 - Aspiration Risk Management	
3 - Delegation	
4 - Medication Oversight	
5 - Medication Administration by a Licensed Nurse - Billed at the LPN rate	
6 - Coordination of Complex Conditions	
Total	

Adult Nursing Services (ANS) Budget Request to the Case Manager

1. Total Adult Nursing Hours Requested _____ hours = _____ units (1 hour = 4units)

2. RN/LPN Hour Requested:

Note: Indicate the number of hours to be provided by RNs and LPNs. The total of RN + LPN hours/units should equal the Total Nursing Hours requested above.

If requesting hours/units for units for *Medication Delivery by a Licensed Nurse*, the hours/units must be listed only in the LPN section and billed at the LPN rate.

a. RN Hours/Units: _____ Hours= _____ units (1 hour=4units)

b. LPN Hours/Units: _____ Hours= _____ units (1hour=4units)

Total hours in # 1 and # 2 must match. Send entire completed packet to Case Manager with the supporting documentation as listed in the current DD Waiver Criteria.