The health of people living in home and community based settings and intermediate care facilities requires comprehensive and timely documentation that adheres to nursing standards and nursing practice.
Course Objectives

- Compare and contrast Home and Community Based Waiver setting with Intermediate Care Facilities requirements of LPN and RN staff.
- Identify risks to health as per findings from mortality reviews, quality improvement initiatives, incident management, and issue resolution data of state level disability agencies.
- Enhance knowledge of RN and LPN scope of practice in community based settings.
OBJECTIVE 1:
Compare and Contrast LPN and RN requirements for HCBS and ICFs

Section 1864 of the Social Security Act gives the Secretary of Health and Human Services the authority to establish regulations that protect the health and safety of those receiving care or service from Medicare-certified facilities and providers. (Miller, 2013)
A Home and Community Based Services (HCBS) waiver is an authorization from Medicaid that allows a beneficiary to receive treatment at home or in a community setting, rather than being required to enter an institution.

The HCBS waiver program was initiated in the 1980s. Individual states administer their own waiver programs and have specific information on how to apply for their programs.

Social workers and counselors can assist people with the process.
Intermediate Care Facilities (ICF)

- Intermediate Care Facilities for individuals with Intellectual Disability (ICF/ID) is an optional Medicaid benefit that enables States to provide comprehensive and individualized health care and rehabilitation services to individuals to promote their functional status and independence.

- Although it is an optional benefit, all States offer it, if only as an alternative to home and community-based services waivers for individuals at the ICF/ID level of care.
Waiver settings vs. ICF

- Less hours for nursing
- A varied mix of clinicians involved in care and support needs
- Requires disciplined, organized, and independent thinking
  RNs/LPNs aware of resources
- Risk to Licenses of RN/LPN are comparable
Medicare and Medicaid

- Medicare:
  - The Center for Medicaid Services is the federal agency that administers three insurance programs in the U.S.
  - Medicare-DDS
  - Medicaid- DDS
  - State Children’s Health Insurance Program (SCHIP)

- Medicaid
  - Approximately 1700 people supported by DDS receive Medicaid Home and Community Based Services waiver support (waiver)
  - Supported living
  - Residential Habilitation (DOH oversight)
  - Host Home
  - Just under 400 people are supported in intermediate care facilities (ICF)
The RN’s Role In ICF

- To develop a comprehensive nursing plan that establishes nursing diagnoses, sets goals to meet identified health care needs, and prescribes and implements nursing intervention of a therapeutic, preventive, and restorative nature in response to and assessment of the client’s requirement.

- To monitor and establish an internal quality management system that includes policies and procedures that ensure compliance to CMS, DOH, and DDS rules.

- To train staff to support health.

- To take charge of the situation at all times.
The LPN’s Role In ICF

- A practical nurse shall accept only those assigned nursing activities and responsibilities as set forth in the Act and this chapter, which the practical nurse can safely perform.

- A practical nurse may support the development of the HCMP, Health Passport, and Health form 1, but is not responsible for the HCMP by regulation.

LPNs are essential in an ICF to:

- Support health in absence of the RN.
- Support unlicensed staff.
- The documentation of ADL’s, vital signs, and medications.
- Alert RN/PCP of changes in health.
Common errors seen in ICF

- Documentation that does not reflect progress toward outcomes of the HCMP
- Medication administration documentation by TME, LPN, and RN
- Failures to ensure documentation of bowel and bladder (risks of constipation/dehydration)
- Failure to document consultation follow up requirements: referral for diagnostics, referral for lab studies, and annual screenings.
- Failure to ensure training and supervision of non licensed staff and in some cases LPN’s by RN’s
OBJECTIVE 2: Risks

Identify risks to health as per findings from mortality reviews, quality improvement initiatives, and incident management and issue resolution data of state level disability agencies.
Fractures and Falls

- Approximately 1.3 million fractures occur yearly in the United States and are associated with morbidity, increased mortality, and yearly costs of more than $13 billion dollars.

- Many fractures are preventable, but timely interventions depend on identifying populations at risk. (Whitson, 2006)
Urinary Tract Infections and Upper Respiratory Infections

- The inability to communicate symptoms causes the need for those supporting the person to be very conscious of respiratory rate, heart rate, and temperature as critical values in taking appropriate actions. (Sloane, 2014)

- Between 21% and 87% of antibiotic prescriptions do not meet clinical guidelines for prescribing appropriateness which leads to clinicians facing challenges in determining whether and when to people with skilled nursing needs are progressing from bacterial colonization to invasive infection. (Sloane, 2014)
An awareness of the types and specific causes of constipation, such as underlying medical conditions and side effects of medication, can facilitate management of these patients.
OBJECTIVE 3

Enhance knowledge of RN and LPN scopes of practice in community based settings
5413.6: “Only a registered nurse licensed under the Act, who is a supervisor, may be authorized to supervise the practice of registered nursing by an applicant”.

5413.9: “An applicant shall not be eligible to practice registered nursing in any of the following settings .......(d) community residential facility, (e) nursing staffing agency
5414.1: “The practice of registered nursing means the performance of acts requiring substantial specialized knowledge, judgment, and skill based upon the principles of the biological, physical, behavioral, and social sciences in the following:
A. The observation, comprehensive assessment, evaluation, and recording of physiological and behavioral signs and symptoms of health, disease, and injury, including the performance of examination and testing and their evaluation for the purpose of identifying the needs of the client and family.

B. The development of a comprehensive nursing plan that establishes nursing diagnoses, sets goals to meet identified health care needs, and prescribes and implements nursing intervention of a therapeutic, preventive, and restorative nature in response to and assessment of the client’s requirement;
C. the performance of services, counseling, advocating, and education for the safety, comfort, personal hygiene, and protection of clients, the prevention of disease and injury, and the promotion of health in individuals, families, and communities, which may include psychotherapeutic intervention, referral, and consultation;

D. The administration of medications and treatment as prescribed by a legally authorized healthcare professional licensed in District of Columbia;
E. The administration of nursing service including:
1. Delegating and assigning nursing interventions to implement the plan
   of care; …… 5. Implementing an ongoing to plan of care???? assess,
   measure, evaluate and improve the quality of nursing care being offered
   or provided.

;…….(F) Evaluating responses and outcomes to interventions and the
   effectiveness of the plan of care; …. (h) the education and training of
   person(s) in the direct and indirect nursing care of the client;
5415.5: The Administrator for Nursing Services, or supervisor, shall be responsible for establishing policies and procedures for nursing practice. The policies and procedures shall include a mechanism for:

(a) Identifying those individuals, by position title and job description, to whom nursing intervention may be delegated based on education, training, and competency measurements; and

(b) Assisting the delegating registered nurse in verifying the competency of the trained unlicensed personnel prior to assigning nursing intervention.
RN 5413.13

- If the trained unlicensed person is providing care limited to activities of daily living in the client’s residence, then the delegating nurse shall make supervisory visits to the client’s home as the nurse determines necessary for safe, effective nursing care of the client.
5514.1 The practice of practical nursing means the following:

A. The performance of actions of preventive health care, health maintenance, and the care of persons who are ill, injured, or experiencing alterations in health process at the direction of the delegating or supervisory registered nurse.
LP 5514.2

- A practical nurse shall accept only those assigned nursing activities and responsibilities as set forth in the Act and this chapter, which the practical nurse can **safely** perform. That acceptance shall be based on the following requirements in each practice setting which shall include:

  - (a) Basic education and preparation of the practical nurse; and

  - (b) Knowledge and skills subsequently acquired through continuing education and practice.

  - (c) The degree of supervision by a registered nurse;

  - (d) The stability of each of the clients’ condition;
(e) The complexity and frequency of nursing intervention to address the needs of the client or client group;

(f) The accessible resources within the agency or facility; and

(g) The established policies, procedures, standards of practice, and communication channels, which lend support to the model of nursing services offered by the agency or facility
Nursing, as it stands, is essential to health in all settings and with more people receiving supports in community based settings the need for nurses to be vigilant to risks, ensure appropriate and timely documentation of findings and outcomes, and lead non licensed personnel must improve.
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Community based settings

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Improve Quality to mitigate Risk!
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Bibliography