




MEMORANDUM

To: All DDA Provider Agencies
Registered Nurses CM/DNs
Participants Self-Directing Services
Coordinators of Community Services

From: Bernard Simons, Deputy Director 
Developmental Disabilities Administration

Subject: Nursing Support Services Model Clarification

Date: May 20, 2020

NOTE: Please inform appropriate staff members of the contents of this memorandum.

The Developmental Disabilities Administration (DDA) is committed to supporting the health of individuals receiving services from the DDA. Services include three models of Nursing under DDA's Waivers (i.e. Family Supports, Community Supports, and Community Pathways) and State Funded Services. Below is a brief description of the three models and requesting processes. Please refer to additional information and specific requirements included in DDA's policies, regulations, and within the federally approved waiver applications.

- **Nurse Consultation Model:** This model of nursing practice is only available for participants who are enrolled in the Self-Directed Services Delivery model.
- To qualify for this model, the participant must have been determined by a DDA Registered Nurse Case Management Delegating Nurse (RN CM/DN) to be cognitively able to self-administer their own medications and treatments, train their own staff, and direct their own care **OR** the administration of medications and treatments is done by unpaid staff.
- The Nurse Consultant:
 - Collaborates with the participant in developing health care protocols and training protocols around healthcare issues for use by the person in training their own staff;
 - Makes recommendations related to the coordination of care;
 - Updates and reviews the Health Screening Tool (HRST); and
 - Administers the Medication Administration Screening Tool annually and when needs change.
- The Nurse Consultant does not delegate medication administration or treatments, does not train staff, and does not supervise staff.
- Nurse Consultation services are available no more frequently than every 90 days and for no more than 4 hours.

Nurse Health Case Management:

- This model of nursing:
 - Is only available for participants who are using the Traditional Services Delivery model;
 - Is included as a component of DDA's Meaningful Day Services and provided based on assessed needs;
 - Is a nursing support for Personal Supports services when needed; and
 - Includes nursing assessments (including the HRST and Medication Administration Screen Tool), development of Nursing Care Plans (as needed), staff training, on-going staff supervision, and health case management/coordination of care.
- Under this model, sporadic use of PRN (as needed) medications would be authorized under the exclusion found in COMAR 10.27.11.01. G which allows an unlicensed person to administer meds so long as it does not become a routine (daily) requirement.
- Nurse Health Case Management is required when **no routine medication/treatments are being administered by paid provider staff during service hours** but provider staff are required to monitor health conditions (e.g., seizure disorder when no medications are given by staff but staff need to know what to do in the event of a seizure, how to monitor for seizure activity) and/or provide activities of daily living (ADL) care.
- Nurse Health Case Management services are available no more frequently than every 90 days and for no more than 4 hours.

- **Nurse Case Management and Delegation:** This model of nursing:
 - Is only available for participants under both the Self-Directed and Traditional Services Delivery models;
 - Is included as a component of DDA's residential services (e.g. Community Living – Group Home, Supported Living, Shared Living) and provided based on assessed needs;
 - Is a nursing support for Personal Supports and DDA's Meaningful Day services when needed; and
 - Includes nursing assessments (including the HRST and Medication Administration Screen Tool), development of Nursing Care Plans (as needed), staff training, on-going staff supervision, and health case management/coordination of care.
- Nurse Case Management and Delegation is required when medications are being administered routinely and/or treatments being performed by paid unlicensed staff during the time of paid service hours
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- Nurse Case Management and Delegation services require nursing assessments minimally every 45 days.

Stand-Alone Nursing Service Requests

To help facilitate the review and determination of all requests for stand-alone nursing services, documentation to support the request includes:

- For Stand-Alone Health Case Management and Delegation, documentation must identify what medications/treatments are ordered and required to be given during service hours.
- For Stand-Alone Nurse Health Case Management, documentation must identify what health monitoring and/or ADL care is required.
- The RN CM/DN must ensure that the HRST has been completed within 90 days of the time of the request and that it supports the request

Additional Nurse Case Management and Delegation Service Hours

In the event that additional Nurse Case Management and Delegation training supports are needed because of a change in the participant's health status or after discharge from a hospital or skilled nursing facility, service hours can be authorized including for the purpose of training staff in a task that is high-risk (e.g. working with a new G/J tube, new insulin requirements, new clean catheterization requirements, etc.)

- The request for additional Nursing Service hours must be accompanied by the HRST that has been completed within 90 days of the time of the request supporting the request and a documented training plan by the RN CM/DN.
- The training plan must demonstrate a reduction in hours that results in routine delegation.

Any questions related to the above Nursing Services should be directed to the DDA Regional Nurses within in the region the person lives.

Region	Nurse	Contact Information
Southern Maryland Regional Office (SMRO)	Debra Goldberg	Debra.Goldberg@maryland.gov
Central Maryland Regional Office (CMRO)	Florence Ndi	florence.ndi@maryland.gov
Western Maryland Regional Office (WMRO)	Beth Laisure	beth.laisure@maryland.gov
Eastern Shore Regional Office (ESRO)	Karen Borland	karen.borland@maryland.gov

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