NURSE MANAGEMENT AGREEMENT/NURSING PLAN OF CARE (NPOC)

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION
SFN 643 (Rev. 11-2016)

Clear Fields

The purpose of nurse management is to provide nursing assessment, care planning, delegation/ education of skilled nursing tasks and monitoring of delegated/education tasks to A**ttendant Care Service (ACS) Providers**, for clients who are ventilator-dependent and receiving attendant care services.

Nurse management is provided by a licensed nurse enrolled with the Department of Human Services (Department) as a Qualified Service Provider (QSP) to provide nurse management. Both agency and individual QSPs are required to identify a backup plan or provider in the event they are not able to provide services.

ACS is provided by a person enrolled with the Department as a QSP to provide ACS. The purpose of ACS is to provide direct care, both supportive and health maintenance activities, to individuals who are ventilator-dependent. ACS is an all-inclusive service that provides direct care to ventilator-dependent individuals to meet their care needs. Health maintenance services means care that enables an individual to live at home and which is based upon the determination of a physician who concludes that the individual is medically stable and is competent to direct the care provided by a nonlicensed care provider. Health maintenance services includes assistance with the activities of daily living such as getting in and out of bed, wheelchair, or motor vehicle; assistance with routine bodily functions such as bathing and personal hygiene, dressing, grooming and feeding, including preparation and cleanup. Health maintenance services also include other medical, nursing, or health care services that will maintain the health and well-being of the individual and will allow the individual to remain in the community. These are services that an individual without a functional disability would customarily and personally perform without the assistance of a licensed health care provider, such as catheter irrigation, administration of medications, or wound care.

The nurse manager must complete a nursing plan of care (NPOC) and the NPOC must be completed every six months. Nurse management activities must be delivered in accordance with this NPOC. The completed NPOC must be provided to the Home and Community Based Services (HCBS) case manager. The NPOC and the Individual Care Plan (ICP) completed by the HCBS case manager must be approved by program administrator prior to the implementation or continuation of services. The HCBS case manager provides the nurse manager with an Authorization to Provide Services SFN 1699 document. This document authorizes the provision of nurse management services and units allowed for the provision of nurse management. Nurse management must be provided within a predetermined monthly budget consistent with the clients NPOC. The annual cost of ACS, nurse management and HCBS case management combined may not exceed the highest annual rate of any North Dakota nursing facility. When there appears to be a change in medical or mental status, the HCBS case manager, nurse manager or HCBS program administrators may request a reevaluation of eligibility determination.

The nurse manager is responsible for ongoing monitoring of medication regimens by reviewing medication if any changes occur or with the NPOC completed every 6 months.

The nurse manager will review and identify any potentially harmful practices (e.g., the concurrent use of contraindicated medications) and the method (s) for following up on potentially harmful practices. Any potentially harmful practices will be reported to the State Department of Human Services HCBS. The HCBS will be responsible for followup and oversight.

(Continued next page...)

The Nurse manager must report to the HCBS case manager and Department of Human Services HCBS any medication error or omission, which resulted in one of the following:

- Imminent danger to the health, safety or security of the waiver recipient;
- Potential for jeopardizing the waiver recipients health safety or security if left uncorrected;
- Hospitalization of the recipient;
- Sentinel event i.e. death of a waiver incident

1. A report will be filed with the State HCBS Medicaid Department.
2. The report must be filed within 5 days of the incident.
3. A written plan by the Nurse Manager and HCBS Case Manager will be provided to abate or eliminate future medication error or omission, to include the practices or conditions that resulted in the incident.

The Nurse Manager is required to maintain records related to: (1) the instruction for the trained and delegated tasks, (2) monitoring and supervision of trained/delegated tasks, and (3) incidents that result in client injury or require medical care. Copies of the records must be provided to the HCBS Case Manager. The Nurse Manager must provide written documentation to the Department that shows he or she has provided instructions to the ACS Provider that outlines the types of situations that are considered reportable incidents. The incident plan must be updated annually and a copy sent to the clients HCBS Case Manager. ACS providers must report incidents that result in client injury or require medical care to the HCBS Case Manager and Nurse Manager immediately. If the HCBS Case Manager and Nurse Manager determine that the incident is indicative of abuse, neglect, or exploitation, the HCBS Case Manager must immediately report the incident to the Department.

The Nurse Manager must notify the HCBS Case Manager if the client is not home at the scheduled time for service, there is an observed change in the clients physical, cognitive, emotional, or environmental condition, there is a change in the amount or type of service that may be needed by the client, or if the client appears to be the victim of abuse or exploitation.

Documentation Requirements:

- NPOC must be approved initially and every 6 months by the Department.
- Incident Report Plan must be approved initially and annually by the Department.
- Copies of all other documentation must be provided by the HCBS Case Manager.

Sample documentation forms are provided in the QSP packet and may be used at your discretion.

The Nurse Manager will act in accordance with North Dakota Century Code Chapter 43.12.1, *Nurse Practices Act*, and associated administrative rules, Title 54 of North Dakota Administrative Code.

I have read and understand this information and agree to comply with all requirements.

Signature	Date
Agency Name (if applicable)	Provider Number