

**DEPARTMENT OF HUMAN SERVICES  
SENIORS AND PEOPLE WITH DISABILITIES DIVISION  
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411  
DIVISION 48**

**DIVISION 48  
COMMUNITY HEALTH SUPPORT PROGRAM REGISTERED NURSE  
SERVICES**

**411-048-0000 Purpose**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

The purpose of these rules is to establish Department of Human Services (DHS), Seniors and People with Disabilities Division (SPD) standards and procedures for Community Health Support Program (CHSP) registered nurse (RN) services. DHS contracts with registered nurses to provide services to elderly individuals, adults with physical disabilities and individuals with developmental disabilities who are eligible to receive long term care services per OAR chapter 411, division 015 and OAR chapter 411, division 320. Individuals receiving personal care services per OAR chapter 411, division 034 are eligible for CHSP RN services if an SPD funded case manager authorizes the services. CHSP RN services are provided in adult foster homes, foster homes serving children with developmental disabilities and in-home settings. CHSP RN services do not replace or substitute for nursing services required under rules for licensed facilities, or in situations where individuals have access to licensed nursing services by the use of their support services brokerages.

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**411-048-0010 Definitions**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

(1) "Abuse" means one or more of the following:

(a) Any death caused by other than accidental or natural means or occurring in unusual circumstances;

(b) Any physical injury by other than accidental means, or that appears to be at variance with the explanation given of the injury;

(c) Willful infliction of physical pain or injury;

(d) Sexual harassment or exploitation including, but not limited to:

(A) Any sexual contact with an individual; or

(B) Unwelcome verbal or physical sexual contact including requests for sexual favors and other verbal or physical conduct directed toward the individual.

(e) Neglect that leads to physical harm or significant mental injury through withholding of services necessary to maintain health and well-being; and

(f) Financial exploitation.

(2) "Case Manager" means a person employed by the Department of Human Services, or its contractors, who assesses the service needs of an individual, determines eligibility, and offers service choices to the eligible individual. The case manager authorizes and implements the service plan and monitors the services delivered.

(3) "Community Health Support Program Registered Nurse Evaluation (CHSP RN Evaluation)" means the systematic collection of data about an individual for the purpose of judging that individual's health or illness status and actual or potential health care needs.

(4) "Community Health Support Program (CHSP) Manual" means the manual provided by the Seniors and People with Disabilities Division that gives information and guidelines regarding the role and expectations for Community Health Support Program registered nurse services.

(5) "Delegation" means that a registered nurse authorizes a non-family service provider to perform a specific task of nursing services in a selected

situation. Delegation may occur only after the registered nurse follows all steps of the delegation process as outlined in OAR chapter 851, division 047.

(6) "DHS" or "Department" means the Department of Human Services.

(7) "Documentation" means the written record of Community Health Support Program registered nurse services provided for the individual.

(8) "Foster Home" means any Department of Human Services licensed or certified family home or other facility in which residential service is provided for compensation to five or fewer elderly individuals, individuals with physical disabilities, or individuals with developmental disabilities who are not related to the provider by blood or marriage.

(9) "Individual" means a client in the community for whom the Department of Human Services pays for services and for whom case management services are provided per OAR chapter 411, division 015, OAR chapter 411, division 034 or OAR chapter 411, division 320. "Client" is synonymous with individual.

(10) "Local Office" means the entity under contract with the Department of Human Services, or a local health authority, responsible for the planning and delivery of services for individuals in a specific geographical area of the state.

(11) "Oregon State Board of Nursing (OSBN)" means the agency responsible for regulating nursing practice and education for the purpose of protecting the public's health, safety and well-being.

(12) "Rate Schedule" means the rate schedule published by the Seniors and People with Disabilities Division at:  
<http://www.oregon.gov/DHS/spd/provtools/rateschedule.pdf>.

(13) "Service" means assistance with activities of daily living, medication management and delegated nursing tasks. Service also means services provided to maximize individual independence, health and safety.

(14) "Service Provider" means any person (excluding licensed health professionals) responsible for providing services to the individual at home, or in a foster home.

(15) "SPD" or "Division" means the Seniors and People with Disabilities Division, within the Department of Human Services.

(16) "Specialty Provider" means health care providers such as home health, hospice, mental health, physicians, pharmacists or hospitals.

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#### **411-048-0020 Community Health Support Program Registered Nurse Services**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

CHSP RN services maintain individuals at functional levels of wellness, minimize health risks, and maximize the strengths of the individual and the service provider while promoting individual autonomy and self management of health care.

(1) The CHSP RN is a Medicaid provider and is not considered an employee of the state or local office. All CHSP RN contracts are issued and held by SPD.

(2) The CHSP RN provides evaluation, health care planning, teaching, monitoring, and coordination of health-related functions for individuals under the authorization of local office case managers. The CHSP RN does not provide direct services to an individual.

(3) CHSP RN services adhere to the practice of nursing governed by the OSBN.

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**411-048-0030 Minimum Qualifications for the Community Health Support Program Registered Nurse**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

A CHSP RN must have the following:

(1) A current, unencumbered, license from the OSBN as a registered nurse. The RN must not be a current participant in the OSBN Nurse Monitoring Program for substance abuse (OAR chapter 851. division 046).

(2) Found suitable for providing CHSP RN services by passing a criminal history check as described in OAR chapter 407, division 007.

(3) Not be on the current Centers for Medicare and Medicaid Services list of excluded or debarred providers (<http://exclusions.oig.hhs.gov/>).

(4) Employment history, education, and professional references that demonstrate skills, knowledge, and experience in the following areas:

(a) Individual health evaluations;

(b) Documentation of health evaluations and health care plans;

(c) Teaching; and

(d) The ability to work independently.

(5) Two years of RN experience with one or more of the following groups of people:

(a) Seniors;

(b) Individuals with physical disabilities; or

(c) Individuals with developmental disabilities.

(6) One year of hospital or skilled nursing facility experience.

(7) Availability to work a minimum of 16 hours per month.

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**411-048-0040 Community Health Support Program Registered Nurse Enrollment & Contracting**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

(1) In accordance with the CHSP manual, a nurse requesting a CHSP RN contract must submit the following documents to the local office:

- (a) A current, unencumbered, license from the OSBN as a RN;
- (b) Certification of professional liability insurance for RN practice;
- (c) Certification of general liability insurance naming DHS as the additional insured; and
- (d) Verification of automobile insurance.

(2) The CHSP RN may not provide nursing services after the expiration date listed on the Oregon RN license.

(3) The CHSP RN must keep all insurance coverage current and submit copies of professional and general liability certificates of insurance renewals to the local office.

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**411-048-0050 Responsibilities of the Community Health Support Program Registered Nurse**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

In accordance with the scope of practice as stated in the administrative rules for the OSBN and the CHSP manual, the CHSP RN is responsible for the following activities:

(1) CHSP RN EVALUATION. The CHSP RN must perform a CHSP RN evaluation following the acceptance of the case manager's referral of an individual for CHSP RN services. The data collected during the CHSP RN evaluation process provides the basis for the individual's health care plan. A CHSP RN evaluation includes:

(a) Information about the whole individual including the physical, psychological, social, cultural and spiritual aspects of the individual;

(b) A nursing history and appraisal of the individual's health or illness through interview, physical evaluation and information from family or significant others and pertinent information from the individual's past health or medical record;

(c) An evaluation of the environment as it relates to the health and safety of the individual; and

(d) The ability of the service provider to meet the individual's health care needs.

(2) MEDICATION REVIEW. At every individual visit, the CHSP RN must review the individual's medication regime, medication administration and medication records (as applicable).

(3) HEALTH CARE PLAN. Based on the CHSP RN evaluation of the individual, the individual's wishes, and the service provider's ability to provide services for the individual, the CHSP RN must document a health care plan. A health care plan is separate from the case manager's service plan and the service plan that service providers are required to develop. The CHSP RN must review the health care plan and desired outcomes with the individual, the service provider and the case manager.

(4) VISITATION PLAN. The CHSP RN must develop a visitation plan based on the CHSP RN evaluation and identified health needs, individual teaching needs, and the service provider's teaching needs. The visitation plan must:

(a) Include the projected number and type of nursing services needed by the individual during a six-month period; and

(b) Be reviewed and authorized by the case manager on a biannual basis or more frequently as indicated by the individual's condition. Should the case manager disagree with the visitation plan, the local office manager must review the CHSP RN's justification for continued nursing visits and will make a final decision.

(5) DELEGATION. The CHSP RN is responsible for delegation and documentation of tasks of nursing services as regulated by OAR chapter 851, division 047. The CHSP RN, alone, based on professional judgment and regulation, makes the determination to delegate or not delegate a task of nursing services, or rescind a delegation.

(6) TEACHING. The CHSP RN is responsible for teaching the individual or service provider how to help meet the individual's health care needs. The CHSP RN is also responsible for following OAR 851-047-0000 and OAR 851-047-0020 regarding the teaching of medication administration.

(7) MONITORING VISITS AND UPDATE OF THE HEALTH CARE PLAN.

(a) The CHSP RN must make monitoring visits to the individual based on the health care and visitation plan, or as the individual's condition changes.

(b) During the monitoring visit, the CHSP RN must update the health care plan following any identified changes in individual status.

(8) REASSESSMENT. The CHSP RN must perform a reassessment and update the health care plan when the individual has experienced a significant change in condition.

(9) COORDINATION WITH HEALTH AND OTHER SPECIALITY PROVIDERS.

(a) If the CHSP RN determines the individual would benefit from the services of other health care or specialty providers, the CHSP RN must contact the case manager and discuss arrangements for coordinating the services.

(b) CHSP RNs must document any communication or change in services resulting from this coordination of health care services.

(c) The CHSP RN must provide information and a health care plan to involved providers and specialists within confidentiality parameters.

(d) If an individual's condition becomes unstable or an individual becomes eligible for home health or hospice nursing, the physician and case manager must be contacted and a plan developed to transfer the services to another nursing program, or to coordinate services between nursing programs.

#### (10) COORDINATION WITH LOCAL OFFICES.

(a) The local offices must provide oversight of the CHSP RN service in accordance with the CHSP manual.

(b) The CHSP RN and the case manager must maintain communication and coordination regarding the individual according to time lines and procedures, as defined in the CHSP manual.

(c) The CHSP RN must immediately communicate abuse, neglect, life-threatening health and safety concerns to the local office protective service worker or case manager, according to local office policy.

(d) For critical issues other than health and safety, such as a change in the stability of an individual's condition, the CHSP RN must notify the case manager immediately.

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#### **411-048-0060 Compliance**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

(1) MANDATORY REPORTING. While acting in an official capacity, CHSP RNs are mandatory reporters and are required by law to report suspected or known abuse or neglect of the elderly (ORS 124.050-095), adults with developmental disabilities or mental illness (ORS 430.735-765), and people in nursing facilities (ORS 441.630-680). By law (ORS 419B.005-045), RNs

must also report suspected or known abuse of children under the age of 18, 24 hours a day, seven days a week. In addition, under these rules the CHSP RN is encouraged to report, to the local office or police, any suspected abuse or neglect of any individuals served by DHS.

(2) CONFIDENTIALITY. The CHSP RN must adhere to the OSBN confidentiality standards as well as the Federal Health Insurance Portability Accountability Act (HIPAA) privacy rules.

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### **411-048-0070 Documentation Requirements**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

(1) Documentation must be completed on designated DHS forms per the CHSP manual.

(2) Documentation must reflect the nursing process and meet the standards of the OSBN and the requirements listed in the CHSP manual.

(3) Documentation of services provided by a CHSP RN must be left at the individual's place of residence by the CHSP RN.

(4) Copies of all current documentation must be sent to the case manager prior to, or at the time of, submission of invoices. Documentation must support the services billed and adhere to the time frames set forth in the CHSP manual.

(5) The CHSP RN must maintain copies of all documentation submitted to the case manager and all related nursing documentation in the individual's active nursing file. The file must be retained by the CHSP RN until the CHSP RN no longer has a nurse-client relationship with the individual, at which time the file must be sent to the local office. As per Medicaid rules, the local office must retain the nursing files for a period of seven years.

(6) All CHSP RN documentation related to individual services is the property of DHS.

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#### **411-048-0080 Education and Orientation Responsibilities**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

- (1) The CHSP RN must attend orientation sessions, as listed in the CHSP manual.
- (2) The CHSP RN must continue ongoing self-education to remain current in health and nursing-related issues.
- (3) The CHSP RN must attend staff meetings, individual staffings and service coordination meetings in accordance with the CHSP manual.

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#### **411-048-0100 Local Office Responsibilities**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

Local offices must develop systems and protocols as defined in the CHSP manual. Systems and protocols must address the following:

- (1) CHSP RN recruitment and contract requests.
- (2) Requesting contract terminations.
- (3) CHSP in-office orientation and field orientation with an experienced CHSP RN.
- (4) Orientation for case managers regarding the CHSP RN role and the services the CHSP RN provides for individuals.
- (5) A case manager CHSP RN referral and communication process.
- (6) Case manager biannual (or more frequently as indicated) prior-authorization process for CHSP RN services.

(7) CHSP RN/staff meetings to ensure coordination between nursing and case management.

(8) Seven year retention of nursing files.

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#### **411-048-0120 Compensation and Billing**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

(1) CHSP RNs will be paid an hourly rate based on the rate schedule.

(2) The CHSP RN must request prior-authorizations from the case managers and submit claims for individual services, utilizing billing codes per instructions in the CHSP manual.

(3) CHSP RNs must submit invoices for orientations as outlined in the CHSP manual.

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#### **411-048-0130 Community Health Support Program Service Limitations**

*(Temporary Effective 7/1/2008 – 12/28/2008)*

(1) CHSP RN services will not be provided if an individual is:

(a) A resident of a nursing facility, assisted living facility, residential care facility, 24 hour developmental disability group home, intermediate care facility for people with developmental disabilities, or enrolled in a Staley brokerage;

(b) In a program or residing in a setting where nursing is provided under contract with SPD; or

(c) A family member of the CHSP RN.

(2) CHSP RNs do not perform local office staff functions such as protective service investigations, pre-admission screenings, eligibility determinations, case manager assessment, or corrective action activities.

(3) CHSP RN services cannot be provided as a substitute for other Medicaid or Medicare nursing services.

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