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# Department of Human Services

## **Long-Term Care Community Nursing**

For APD, ODDS and CDDP, and ODDS

Brokerage managers and staff

Rule Information and

Required Forms



Aging and People with Disabilities and  
Medical Assistance Programs



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# LONG-TERM CARE COMMUNITY NURSING

Program and Policy

[http://www.dhs.state.or.us/policy/spd/rules/411\\_048.pdf](http://www.dhs.state.or.us/policy/spd/rules/411_048.pdf)

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# Key Terms and Definitions

**Aging and People with Disabilities (APD):** a section of the Department of Human Services responsible for maintaining policies and programs for people with intellectual and developmental disabilities as well as the aging population

**Brokerage (Support Services Brokerage):** an entity or distinct operating unit within an existing entity that uses the principles of self-determination to perform the functions associated with planning and implementation of support services for individuals with intellectual or developmental disabilities

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# Key Terms and Definitions

**Caregiver:** any person responsible for providing services to an eligible individual in a home based or foster home setting; for the purpose of these rules, a caregiver may include an unlicensed person defined as a designated caregiver in OAR chapter 851, division 48 (Standards for Provision of Nursing Care by a Designated Caregiver)

**Case Manager (CM):** a person employed by the Department, Community Development Disability Program, Support Services Brokerage, or Area Agency on Aging (AAA) who assesses the service needs of an applicant, determines eligibility, and offers service choices to the eligible individual. The case manager authorizes and implements an individual's plan for services and monitors the services delivered

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# Key Terms and Definitions

**Community Developmental Disability Program (CDDP):** the program responsible for plan authorization, delivery and monitoring of services for individuals with intellectual or developmental disabilities

**Delegation:** for the purpose of these rules, the standards and processes described in [OAR chapter 851, division 047](#)

**Direct Hands-on Nursing:** a registered nurse provides treatment or therapies directly to an individual instead of teaching or delegating the tasks of nursing to the individual's caregiver; payment for direct hands-on nursing services is not reimbursed unless an exception has been granted by the Department as described in [OAR 411-048-0170](#)

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# Key Terms and Definitions

**Foster Home:** any DHS-licensed or certified family home in which residential services are provided as described in:

- (a) OAR chapter 411, division 050 for adult foster homes for older adults and adults with physical disabilities;
- (b) OAR chapter 411, division 346 for foster homes for children with developmental disabilities; and
- (c) OAR chapter 411, division 360 for adult foster homes for individuals with developmental disabilities

**Home:** a non-licensed setting where an individual is receiving Home and Community Based Care (HCBC) services

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# Key Terms and Definitions

**Home and Community Based Services:** services approved and funded by the Centers for Medicare and Medicaid Services for eligible individuals who are aged and physically disabled and for eligible individuals with intellectual disabilities and developmental disabilities in accordance with section 1915(c) under Title XIX of the Social Security Act

**Local Office:** DHS office, Area Agency on Aging, Support Services Brokerage office, or Community Developmental Disability Program responsible for Medicaid services including case management, referral, authorization, and oversight of long term care community nursing services in the region where the individual lives and where the community nursing services are delivered

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# Key Terms and Definitions

**Office of Developmental Disabilities Services (ODDS) Program:** the state agency that provides funding and oversight for Medicaid-funded supports, services and programs for children and adults with intellectual and developmental disabilities

**Medication Review:** a review focused on the individual's medication regime that includes examination of the prescriber's orders and related administration records, consultation with a pharmacist or the prescriber, clarification of PRN (as needed) parameters and the development of a teaching plan based upon the needs of the individual or the individual's caregiver. In an unlicensed setting, the medication review may include observation and teaching related to administration methods and storage systems

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# Key Terms and Definitions

**Personal Agent:** a person who is a case manager for the provision of case management services; works directly with individuals and the legal or designated representatives and families of individuals, if applicable, to provide or arrange for support services; is a trained employee of a brokerage or a person who has been engaged under contract to the brokerage to allow the brokerage to meet responsibilities in geographic areas where personal agent resources are severely limited; the person-centered plan coordinator of an individual as defined in the Community First Choice State Plan Amendment

**RN:** a registered nurse licensed by the Oregon State Board of Nursing. An RN providing long-term care community nursing services under these rules is either an independent contractor who is an enrolled Medicaid provider or an employee of an organization that is an enrolled Medicaid provider

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# Key Terms and Definitions

**Service Coordinator:** a person employed by the Department or Community Developmental Disability Program who assesses the service needs of an applicant, verifies eligibility, and offers service choices to the eligible individual. The service coordinator authorizes and implements an individual's plan for services and monitors the services delivered

**Support Services Brokerage:** an entity or distinct operating unit within an existing entity that uses the principles of self-determination to perform the functions associated with planning and implementation of support services for individuals with intellectual or developmental disabilities

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# Long-Term Care Community Nursing (LTCCN) Program

- Supports the Medicaid Home and Community Based Care (HCBC) services
  - To maintain health, safety and community living while honoring the individual's autonomy and choices
- Services provided by DHS-contracted, self-employed RNs or In-Home or Home Health agencies
- Distinct set of services focused on individual's chronic and ongoing health and activities of daily living needs
  - Provides eligible clients access to nurse delegation and teaching services

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# Long-Term Care Community Nursing Program, continued

- Evaluation and identification of supports to help clients:
  - Maintain maximum function;
  - Minimize health risks; and
  - Autonomy and self management of healthcare
- Teaching, informing and delegation of nursing tasks:
  - Client, caregiver or family member regarding client health and safety in a home-based or foster home setting; and
  - Case managers and other health professionals
- Contractors submit claims for specific services to the MMIS and are paid standard rates

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# LTC Nursing Services

- Initial assessment
- Delegation of nursing tasks
- Teaching non-family
- Teaching family/ client
- Monitoring visits and medication review
- Care coordination
- Reassessment

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## Services Not Provided

- Crisis or 24/7 availability
- Delegation to support unscheduled or emergency placements
- Management of medically unstable or unpredictable conditions requiring on-site RN assessment

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# LTCCN Services Not Allowed

- No direct hands-on nursing care  
Medication set-up is not allowed
- Management of medically unstable or unpredictable conditions requiring on-site RN assessment
- Case managers cannot prior authorize LTC Community Nursing services that duplicate nursing services provided by Medicare or other Medicaid programs (i.e. home health, hospice, in-home agency services, hospital discharge or transition planning)

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# INDIVIDUAL ELIGIBILITY

Eligibility and Limitations

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# Individual Eligibility for LTCCN

## Individual must be:

- Eligible for Medicaid home and community-based services;
- Living in a home or foster home; and
- Receiving
  - In-home services
  - AFH services
  - Independent Choices Program
  - State Plan Personal Care
  - State Plan K option; or
  - I/DD In-home or foster home, including brokerages
- Referred by their case manager for LTC Community Nursing services  
Individuals and providers may request LTC Community Nursing Services by contacting the case manager

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# Ineligible Individuals

## Individuals residing in the following settings:

- Nursing facility;
- Assisted living facility;
- Residential care facility;
- 24-hour developmental disability group home or intermediate care facility for people with developmental disabilities;
- In a program or residing in a setting where nursing services are provided under a service rate; or
- Enrolled in PACE

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# LONG-TERM CARE COMMUNITY NURSING

Provider and Case Manager Roles

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# LTCCN Providers

- Contractors with the Department, *not* employees
  - Self-employed RNs
  - Eligible In-Home Care and Home Health agencies
  - LTCCN contractors are responsible for adhering to program rules, individual licensing rules, Medicaid provider rules, and contract statement of work
- Roles
  - Teaching and delegation for the individual, family, or the caregivers
  - Providing client assessment and service planning

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# Case Manager and RN

RNs and individual Case Managers (CMs) work closely together

- CMs need to understand the services to be provided
- Required service plan review meetings at least every six months, per OAR 411-048-0180(4)(c)
- Discuss questions or concerns identified in service summaries
  - Speak clearly in a manner that is understood by both parties
  - Avoid medical terminology
- RNs must notify the CM if the person's health status changes or if the person has had a recent significant event, such as ER visit, change in physician, referral to home health or hospice

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# Required forms

Ensure communication between an RN and an individual's case manager and caregiver:

- Referral: used by both the case manager and RN to document referral process (SDS 0753)
- Service Plan (SDS 0754): authorized by the signed referral form and represents the information gathered in the Initial Assessment.
- Prior Authorization form (SDS 4102): accompanies the SDS 0754 and documents the estimated services needed, as described in the Nursing Service Plan, for up to six months
- Service Summary (SDS 0752): documents all contacts and services provided with the person, the caregivers and members of the healthcare team

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# REFERRAL PROCESS

Authorized services with the Client Referral

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# Reasons for Client Referral

- Need for delegation of nursing tasks
- Need for teaching of nursing tasks
- Medication safety issues
- Unexpected increase in emergency room or physician visits
- Changes in behavior or cognition
- Nutrition or pain issues
- Potential for skin breakdown
- Individual does not follow medical advice
- Change in medical condition
- History of recent, frequent falls
- New In-Home individual

# Client Referral (SDS 0753)

## APD Long Term Care Community Nursing Program Client Referral

Case manager name:		Phone:	-	-	
<b>Fax or email response to: case manager.</b>					
Fax:	-	-		Email:	
Date of referral:	/	/		Recipient ID number:	
Client:		Date of birth:	/	/	
Time at current location: <input type="checkbox"/> In-home <input type="checkbox"/> In-home agency <input type="checkbox"/> Relative foster home <input type="checkbox"/> Foster home					
Address: <input type="text"/>					
City: <input type="text"/>		State: <input type="text"/>		ZIP code: <input type="text"/>	
Area code and phone number: <input type="text"/> - <input type="text"/> - <input type="text"/>			Email: <input type="text"/>		
Primary contact name: <input type="text"/>				Phone: <input type="text"/> - <input type="text"/> - <input type="text"/>	
Relationship to client: <input type="text"/>					
<b>In-Home Service provider/home care worker(s):</b>					
<b>Name</b>		<b>Hours</b>	<b>Phone</b>		
<input type="text"/>		<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
<input type="text"/>		<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Primary health care provider name: <input type="text"/>				Phone: <input type="text"/> - <input type="text"/> - <input type="text"/>	
Agencies involved with client: <input type="text"/>					
Health/ADL status (attach ISP or CAPS 003): <input type="text"/>					
<b>Reason for referral:</b>					
<input type="checkbox"/> Hospital/ER use	<input type="checkbox"/> Behavior or cognition changes	<input type="checkbox"/> Fall risk			
<input type="checkbox"/> Pain issues	<input type="checkbox"/> Medication safety	<input type="checkbox"/> Nutrition, hydration, weight issues			
<input type="checkbox"/> Skin issues	<input type="checkbox"/> Care giver education	<input type="checkbox"/> Multiple or complex medical diagnoses			
<input type="checkbox"/> Delegation	<input type="checkbox"/> Other (specify): <input type="text"/>				
Information RN provider should know: <input type="text"/>				<input type="checkbox"/> check if additional information attached	
<input type="text"/>					
<input type="checkbox"/> Referral accepted	<input type="checkbox"/> Referral declined	Provider number: <input type="text"/>			
RN (name and signature): <input type="text"/>			Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		
CM (name and signature): <input type="text"/>			Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		
Form is completed by case manager (CM) and emailed to nurse. Nurse must respond in two (2) business days with signature indicating either acceptance or denial. CM signs returned form to verify authorization for nurse to provide and bill for Initial Assessment (T2024) and Delegation (S5115). Signed form is placed in client file and a copy sent to nurse.					

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## Client Referral (SDS 0753)

- Required form
- Must be referred by CM or client may request LTCCN through their CM
- Must complete, and maintain in the client file, SDS 0753
- Follow local office policy/procedure for referrals

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## Client Referral (SDS 0753), continued

- LTCCN provider has two business days to accept or deny
- A 0753 signed by both CM and LTCCN provider, authorizes provider to complete initial assessment and RN delegation

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# Referral Review

- The LTCCN provider is responsible to:
  - Screen the referral; make sure LTCCN is qualified to provide services the individual needs
  - Notify the individual’s case manager to accept or refuse\* the referral within two business days
  - Sign the client referral form
- **Upon provider’s acceptance of, and case manager’s and provider’s signatures on the referral, RN may provide initial assessment and begin delegation before completion of the prior authorization form (SDS 4102)**

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# Initial Assessment

- Provider's own form
- Comprehensive Assessment (medication review required)
- Must be legible with no medical jargon
- The RN must:
  - Perform the initial assessment within 10 business days of accepting the referral
  - Submit the Initial Assessment with the Nursing Service Plan and prior authorization (PA) form

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## Initial Assessment, continued

- Bundled rate includes all nursing services (assessment, teaching, care coordination, and monitoring) except delegation until the date the PA is authorized
- Must maintain Initial Assessment and Reassessment in client file
- Reassessment is required for any change in condition or change in environment and at least annually

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# Delegation

- A critical component of the program provided by an RN that is comfortable with this unique and valuable task
- RN must:
  - Follow standards and documentation requirements for nursing tasks delegation as required by OAR 851-047
  - Determine to delegate, not delegate or rescind a nursing task
  - Provide an estimate of the number of hours of delegation the individual needs to the case manager on the Nursing Service Plan (SDS 0754)
  - Submit a Nursing Services Summary form (SDS 0752) to case manager to inform of initial and ongoing delegation services prior to billing service
  - Keep the adult foster home provider informed of the delegation decisions and activities

# Nursing Service Plan (SDS 0754)



**DHS**  
Oregon Department of Human Services  
Aging and People with Disabilities

## APD Long Term Care Community Nursing Service Plan

Completed form is sent to the case manager (CM) with the SDS 4102 (Prior Authorization) or when the form is to provide CM with description of the services that the nurse estimates he/she will provide at assessment or reassessment.

Indicate delegation and estimated units here

Date received: \_\_\_\_\_

Client name:	Client ID number:	Service period dates: From: _____ To: _____
Nurse's name:	Nurse's phone number:	Nurse's email address ( <i>optional</i> ) or fax number:
Signature:	Date:	<input type="checkbox"/> Delegation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Estimated service units:
Attachments ( <i>include list</i> ):	Frequency of Monitoring visits/calls: <input type="checkbox"/> Weekly <input type="checkbox"/> 2x month <input type="checkbox"/> 1x month <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	
Client's health goals ( <i>in his/her/family words</i> ):		
Diagnosis:		

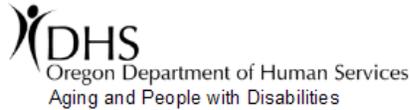
Health needs which require nursing service	Client outcomes	RN services to be provided Assessment, medication review and/or teaching plans can be attached if referred to in plan.

Completion of this form may not meet all standards required for nursing practice as defined in Standards and Scope of Practice for RN, OAR 851, Division 045.

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# NURSING SERVICE PLAN

# Nursing Service Plan (SDS 0754)



## APD Long Term Care Community Nursing Service Plan

Completed form is sent to the case manager (CM) with the SDS 4102 (Prior Authorization) or whenever the plan is updated. Purpose of the form is to provide CM with description of the services that the nurse estimates he/she will provide, based on the individuals initial assessment or reassessment.

Date received: \_\_\_\_\_

Client name:		Client ID number:	Service period dates: From: _____ To: _____	
Nurse's name:		Nurse's phone number:	Nurse's email address (optional) or fax number:	
Signature:		Date:	Delegation: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Estimated service units:
Attachments (include list):		Frequency of	Monitoring visits/calls:	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 2x month <input type="checkbox"/> Other	<input type="checkbox"/> 1x month
Client's health goals (in his/her/family words):				
Diagnosis:				
Health needs which require nursing service	Client outcomes	RN services to be provided Assessment, medication review and/or teaching plans can be attached if referred to in plan.		

Completion of this form may not meet all standards required for nursing practice as defined in Standards and Scope of Practice for RN, OAR 851, Division 045.



<https://apps.state.or.us/Forms/Served/se0754.pdf>



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## Nursing Service Plan (SDS 0754)

- Required form
- To communicate the individual's health issues, desired outcomes, and the specific activities
- Timing and submission of service plan
  - With PA
  - When the Nursing Service Plan is updated
- Must maintain Nursing Service Plan (SDS 0754) in client file

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# Nursing Service Plan (SDS 0754)

- Nursing Service Plan (SDS 0754) must:
  - Be based upon the most recent assessment
  - Identify specific RN services to assist the person in meeting identified needs
  - Describe the needs of the individual and the individual's caregiver
  - Identify the nursing interventions including the specific type, frequency and nursing services to be provided, including information to support estimated service hours on PA
- RN and CM must attend at least two Nursing Service Plan review meetings per year\*

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# PRIOR AUTHORIZATION (SDS 4102)

# Prior Authorization Form (SDS 4102)

Case manager: \_\_\_\_\_ Date received: \_\_\_\_\_  
 Service period: \_\_\_\_\_ PA number: \_\_\_\_\_  
 Client name: \_\_\_\_\_ ID number: \_\_\_\_\_  
 RN name: \_\_\_\_\_ Provider number: \_\_\_\_\_  
 Email: \_\_\_\_\_ RN phone/fax number: \_\_\_\_\_

Procedure Codes	Maximum Units Per Date of Service (DOS)
S5116 Teaching Non-Family	12
S5110 Teaching Family/Client	12
T1002 Monitoring Visit	12
T1016 Care Coordination	12
96151 Reassessment	12

**RN:** Enter the number of hours/units for each type of service the client is expected to need for a service period not to exceed six months. Calculate the cost. 15 minute unit rate set in current APD Rate Schedule.

Procedure Code/Service	Estimated Hours in Service Period	Estimated Units (15 minutes = 1 unit)	Estimated Cost for Services Period (number units x current unit rate)
S5116/ Teaching Non-Family:			
S5110/ Teaching Family/Client:			
T1002/ Monitoring Visit:			
T1016/ Care Coordination:			
96151/ Reassessment:			
<b>Total:</b>			

RN signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 CM or Local Office Supervisor\* Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

\* Signature verifies that the client's current Nursing Service Plan SDS 0754 was reviewed and that services are authorized for the service period noted if provided according to OAR 411-048.



<https://apps.state.or.us/Forms/Served/se4102.pdf>



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# Prior Authorization Form (SDS 4102)

- Required form
- LTCCN responsible to request PA of services from CM
- Estimate of service units for up to 6 months
- NO backdating or adding service units or procedure codes after a PA has ended; NO exceptions
- Must maintain PA (SD 4102) in client file

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# Services Requiring Prior Authorization (SDS 4102) Approval

- Teaching non/family
- Teaching family/client
- Monitoring visit
- Care coordination
- Reassessment
- *May refer to 2013 LTCCN Procedure Codes & Payment Authorization Guidelines for detailed guidance on service descriptions and service units*

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## Authorizing the PA (SDS 4102)

- CM prior authorizes nursing service units
- CM cannot authorize PA service hours without Initial Assessment and Nursing Service Plan for comparison review
- Compare estimated service hours/units to Nursing Service Plan
- Must review the PA, Initial Assessment and Nursing Service Plan within 5 business days of receipt; this includes time for the clerk to enter into MMIS
- Nursing Service Plan Review meeting: CM and LTCCN provider required to meet at least twice a year
- Must maintain signed PA (SD 4102) in client file

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# Nursing Service Plan Review Meeting

- Review Prior Authorization request with RN
- At least two Nursing Service Plan review meetings required between LTCCN and CM\*, per OAR 411-048-0180(4)(c)
- During meeting review Initial Assessment, Nursing Service Plan, and Prior Authorization (SDS 4102)
- Information sharing with LTCCN
  - CM to RN Conditions RN may not be aware of
  - RN to CM Conditions CM may not be aware of
  - Preferred Communication methods for both CM and RN

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# PRIOR AUTHORIZED (SDS 4102) NURSING SERVICES

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# Teaching

- Is for the individual, family, and/ or caregivers on how to safely provide community health supports
- RN must:
  - Use health promotion strategies and help the person identify and meet community health goals
  - Follow standards and documentation requirements for teaching health promotion as required by OAR 851-045-0060
  - Develop an overall teaching plan to describe and document why teaching is needed and specific goals for the individual

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# Teaching

## RN must:

- Follow standards to teach nursing tasks needed to meet the individual's health care needs, including non-injectable medications or anticipated emergencies\*
- Complete and submit the Nursing Services Summary (SDS 0752) to the case manager to inform of ongoing teaching prior to billing for the service

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# Monitoring

Gather or exchange information through calls or visits with the individual or caregivers necessary to implement Nursing Service Plan activities and conduct a medication review

- Implement or oversee interventions identified in the Nursing Service Plan
- Determine if the client and caregivers are understanding teaching/ delegation instructions and Nursing Service Plan activities

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# Monitoring

## RN must:

- Document the projected frequency of monitoring visits, and adjust based upon individual needs, on the Nursing Service Plan
- Provide a medication review (scope based on RN judgment)
- Complete and submit Nursing Services Summary form (SDS 0752) to the case manager to inform of ongoing monitoring prior to billing for the service

# Nursing Service Plan (SDS 0754)



**DHS**  
Oregon Department of Human Services  
Aging and People with Disabilities

## APD Long Term Care Community Nursing Service Plan

Completed form is sent to the case manager (CM) with the SDS 4102 (Prior Authorization) or whenever the form is to provide CM with description of the services that the nurse estimates he/she will provide, based on assessment or reassessment.

Date: \_\_\_\_\_

Client name:	Client ID number:	Service period dates: From: _____ To: _____	
Nurse's name:	Nurse's phone number:	Nurse's email address (optional) or fax number:	
Signature:	Date:	Delegation: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Estimated service units:
Attachments (include list):		Frequency of Monitoring visits/calls: <input type="checkbox"/> Weekly <input type="checkbox"/> 2x month <input type="checkbox"/> 1x month <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	
Client's health goals (in his/her/family words):			
Diagnosis:			

Health needs which require nursing service	Client outcomes	RN services to be provided Assessment, medication review and/or teaching plans can be attached if referred to in plan.

Completion of this form may not meet all standards required for nursing practice as defined in Standards and Scope of Practice for RN, OAR 851, Division 045.

Indicate projected frequency of monitoring visits here

Frequency of Monitoring visits/calls:  
 Weekly     2x month     1x month  
 Quarterly     Other

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# Medication Review

- Provided during each monitoring visit and as part of an initial assessment or reassessment
- RN must determine the scope of the medication review based on the needs of the individual or the caregiver
- Information gathered may result in changes to an RN's Teaching Plan or care coordination activity

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# Care Coordination

## The Nurse:

- Gathers or shares information needed in the assessment and reassessment process to complete medication reviews or to implement the Nursing Service Plan\*
- Provides and exchanges updated information to case managers, pharmacists, healthcare providers, non-caregiving family members, DME vendors or legal representatives
- Completes and submits a Nursing Services Summary form (SDS 0752) to the CM to inform them of ongoing care coordination prior to billing for the service

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# Reassessment

- Provider's own form
- Face-to-face reassessment
- Reassessment is required for any change in condition or change in environment and at least annually
- Must be legible with no medical jargon
- Maintain a copy of the reassessment in the client file
- Provider to submit a Nursing Services Summary form (SDS 0752) to the CM to inform them of reassessment prior to billing for the service

# Nursing Services Summary Form (SDS 0752)

Purpose of form is to provide:

- a.) Case manager (CM) with current information on services provided to individual. Summary can be limited to one service date or provide information on services delivered over a time period that includes multiple dates; and
- b.) Description of the services that the nurse has submitted claims for. Completed form must be provided to CM by the nurse within 10 business days of providing the last service described below or before submission of claim(s) whichever is sooner. CM must keep copy in client file.

Registered nurse (RN) name: [Redacted]	Phone: [Redacted]	Email or fax: [Redacted]
Client name: [Redacted]	Client ID no.: [Redacted]	Date received: [Redacted]

### Summary of client health status/change

{RN can highlight issues for this time period (e.g., client now requires delegation for insulin or client was hospitalized for hip fx)}

### Case manager ALERT

{(Optional) RN to identify any actions or issues that need CM action}

### Documentation

Documentation attached:  Yes  No {If RN references detail in the narration such as a teaching plan, an assessment or tracking long documenting care coordination. These materials can be attached. }



Date(s) of service: {Should link up to the claims date}	Service codes/types: {Should link to codes billed for on the date}	Time spent: <i>{(Optional) Sum of hour or clock time which support MMIS claims.}</i>
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### Narrative/description of actions taken by RN

{Include where service was delivered, names/initials of recipients/participants, what nurse did, actions or outcomes.}

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## Nursing Services Summary (SDS 0752)

- A required form
- LTCCN provider to complete for each client encounter
- CM should receive regularly according to frequency of visits specified on Nursing Service Plan

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# Nursing Services Summary (SDS 0752)

- Summary should address
  - Client's current health status
  - Summary of services provided on that date of service
  - Any proposed actions that the LTCCN provider or CM should take
- Documentation and justification for billable service procedure codes and service units with submission to CM prior to billing
- Must maintain Nursing Services Summary (SDS 0752) in the client file

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# LTCCN Services - Ongoing

- For next service period:  
New PA request should be submitted by LTCCN provider 14-30 days before the current PA expires
- To review and approve the PA for the second six months:
  - Updated Nursing Service Plan (SDS 0754) is required
  - Reassessment is required at least annually and if there is any change in condition
- Estimate service hours/ units for six months
- Nursing Service Plan review meeting at least twice per year

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# BILLABLE SERVICES

Services and Billing Codes

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## Non-Reimbursable Activities (APD-IM-12-080)\*

- Effective 01/01/13, along with the new contractor rate
- LTCCN contractors may not request reimbursement for the following:
  - Time spent on documentation, research, scheduling, faxing or any other administrative/business activity (i.e. review of referral or prior authorization completion) that is not an allowed Medicaid service
  - Mileage or travel costs
  - Time spent in either local or central office policy meetings unless the meeting is designated by central office as “mandatory”

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## Billable Codes

- T2024 – Initial Nursing Assessment and Service Plan
- S5115 – Delegation
- S5116 – Teaching, non-family
- S5110 – Teaching, individual or family
- T1016 – Care Coordination
- T1002 – Monitoring Visit
- 96151 – Reassessment

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# RESOURCES AND Q & A

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# LTCCN Resources

## Long-Term Care Community Nursing

<http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/index.aspx>

## LTCCN FAQs

<http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/tools-resources.aspx>

## Billing Guidelines

<http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/tools-resources.aspx>

## Policies and forms, including APD-IM-12-080

<http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/tools-resources.aspx>

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# APD LTCCN Program Contacts

**Becky Callicrate, RN**

**LTC Community Nursing Program Coordinator**

[Becky.callicrate@state.or.us](mailto:Becky.callicrate@state.or.us)

503-945-6601

**Sarah Hansen, Contract Administrator**

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503-945-6465

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# ODDS LTCCN Program Contacts

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# Need Help?

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