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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 95 LCM-135

Date: December 19, 1995

Division: Health and Long
Term Care

TO: Local District Commissioners

SUBJECT: Personal Care Services Program:
Nursing Assessment and Supervision

ATTACHMENTS: None

The purpose of this LCM is to identify cost-effective Personal Care Services Program (PCSP) nursing assessment and nursing supervision practices that districts can follow to achieve the cost savings included in the 95-96 State Budget.

Past PCSP case record reviews conducted by State staff have indicated that some districts have misconceptions regarding the role and scope of nursing assessments, administrative supervision, and nursing supervision of the aide. Specific concerns have arisen regarding the frequency of supervisory visits performed by Certified Home Health Agencies (CHHA) for Title XIX PCSP cases.

This LCM will clarify the role and scope of nursing assessments, nursing supervision, and administrative supervision, as well as review cost-effective practices districts may adopt in providing or arranging for these services.

Nursing Assessments

Nursing assessment/ reassessment, as described in 18 NYCRR 505.14(3)(iii), includes:

- o review and interpretation of the physician's order;

- o the primary diagnosis code from the ICD-9-cm;
- o an evaluation of the functions and tasks required by the client;
- o the degree of assistance required for each function and task.....;
- o development of a plan of care in collaboration with the client or his/her representative; and
- o recommendations for authorization of services.

Nursing assessments must be completed by a registered professional nurse (RPN) employed by the social services district, a CHHA, or a voluntary or proprietary agency under contract with the social services district.

Nursing Supervision

Nursing supervision of the personal care aide is a function which must be performed at a frequency recommended by the assessing nurse and must be based on the following criteria:

- o the client's ability to be self-directing...;
- o the client's need for assistance in carrying out specific functions and tasks in the plan of care; and
- o the skills needed by the person providing the services.

Nursing supervision of the PCA must be made every 90 days unless the patient's medical condition requires more frequent visits. However, the assessing nurse can determine that supervisory and assessment visits may be combined and conducted every six months when the client is self directing and the medical condition is not expected to require any change in the level, amount or frequency of PCS which have been authorized. In all cases, the social services district should review the assessing nurse's recommendations regarding supervision against the above criteria and make additional recommendations as necessary.

The nursing supervision visit should be conducted when the person providing the care is present, and must assure that the client's needs are appropriately met and that the aide providing personal care services is competently and safely performing the functions and tasks specified in the plan of care developed by the assessing nurse.

When conducting a nursing supervision visit, the supervising RPN must:

- o evaluate the continued appropriateness of the plan of care in providing for the functions and tasks required by the client;

- o evaluate the skills of the PCA in performing the tasks required by the existing plan of care;
- o arrange for or provide on the job training when necessary; and
- o prepare and forward to the case management agency the written report of the supervision visit.

When assessment/reassessment and supervision is provided to the district through a Memorandum of Understanding (MOU) or contractual agreement with a CHHA, the district should review the frequency at which the agency is conducting the supervisory visits. Such frequency must be determined at the time of assessment/reassessment, documented in the case record and included in the fiscal assessment as a nursing cost. When the client has no need for skilled nursing intervention, the CHHA should follow the guidelines of 18 NYCRR 505.14 in determining the frequency of nursing supervision of the PCA. Clients requiring frequent nursing supervisory visits should be assessed to determine if services should be provided under a different home care program which includes increased involvement of a RPN. In some cases, nursing assessment and nursing supervision visits could be made simultaneously thereby achieving some cost savings.

In an effort to promote cost containment the social services has additional options that should be considered:

- o Hiring district staff for the assessment and/or supervision functions for the PCSP. This position would be reimbursed at 75% Federal, 12.5% State and 12.5% Local shares. Staff responsible for assessment and/or supervision could also provide case management functions.
- o Entering into a contract with a licensed home care services agency (LHCSA), that may or may not be the employing agency, for completion of the nursing supervision of the PCA. The rate would be established by the Department based on the agency's cost report. Nursing visit rates for LHCSAs are generally significantly less than the established CHHA rates. Additionally, visits made by the LHCSA must be prior authorized by the district.

Administrative Supervision

Administrative supervision, 505.14 (f)(i)(ii), references the responsibilities of the agency providing the personal care services. The individual performing the functions of administrative supervision does not need to be a nurse. The activities of administrative supervision include, but are not limited to:

- o receiving referrals from the case management agency,
- o assigning persons to provide personal care services to patients following referral,

- o providing for orientation of persons providing personal care services to the employment practices of the agency providing services, and
- o verifying that the patient is receiving services according to the case management agency's authorization.

The Department will be reviewing and revising the PCSP regulations, including nursing assessment and supervision requirements. The revisions will be designed to provide mandate relief, and increase district flexibility to select appropriate options for cost-effective administration of their PCSP.

In the interim, districts are encouraged to review their current plan for the provision of nursing assessments and supervision in conjunction with the information contained in this LCM to assure that the most cost effective PCSP service delivery options currently available are being followed.

Richard T. Cody
Deputy Commissioner