

<b>MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>
<b>Minimum Operating Standards for MI Choice Waiver Program Services</b>

<b>NAME</b>	<b>Nursing Services</b>
<b>DEFINITION</b>	MI Choice Nursing Services are covered on an intermittent (separated intervals of time) basis for a participant who requires nursing services for the management of a chronic illness or physical disorder in the participant’s home and are provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the direct supervision of a registered nurse (RN). MI Choice Nursing Services are for participants who require more periodic or intermittent nursing than available through the Medicaid State Plan or other payer resources for the purpose of preventive interventions to reduce the occurrence of adverse outcomes for the participant such as hospitalizations and nursing facility admissions. MI Choice Nursing Services must not duplicate services available through the Medicaid State Plan or third payer resources.
<b>HCPCS CODE</b>	<b>T1002</b> , RN Services, up to 15 minutes <b>T1003</b> , LPN/LVN services, up to 15 minutes
<b>UNITS</b>	15 minutes
<b>SERVICE DELIVERY OPTIONS</b>	<input checked="" type="checkbox"/> Traditional/Agency-Based <input checked="" type="checkbox"/> Self-Determination

**Minimum Standards for Traditional Service Delivery**

1. Each direct service provider must have written policies and procedures compatible with the “General Operating Standards for Waiver Agencies and Contracted Direct Service Providers”, and minimally, Section A of the “General Operating Standards for MI Choice Waiver Providers.”
2. When the participant’s condition is unstable, could easily deteriorate, or when significant changes occur, MI Choice covers nurse visits for observation and evaluation. The purpose of the observation and evaluation is to monitor the participant’s condition and report findings to the participant’s physician or other appropriate health care professional to prevent additional decline, illness, or injury to the participant.
3. The supports coordinator must communicate with both the nurse providing this service and the participant’s health care professional to assure the nursing needs of the participant are being addressed.
4. Participants must meet at least one of the following criteria to qualify for this service:
  - a. Be at high risk of developing skin ulcers, or have a history of resolved skin ulcers that could easily redevelop.
  - b. Require professional monitoring of vital signs when changes may indicate the need for modifications to the medication regimen.
  - c. Require professional monitoring or oversight of blood sugar levels, including participant-recorded blood sugar levels, to assist with effective pre-diabetes or diabetes management.

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- d. Require professional assessment of the participant's cognitive status or alertness and orientation to encourage optimal cognitive status and mental function or identify the need for modifications to the medication regimen.
  - e. Require professional evaluation of the participant's success with a prescribed exercise routine to assure its effectiveness and identify the need for additional instruction or modifications when necessary.
  - f. Require professional evaluation of the participant's physical status to encourage optimal functioning and discourage adverse outcomes.
  - g. Have a condition that is unstable, could easily deteriorate, or experience significant changes AND a lack of competent informal supports able to readily report life-threatening changes to the participant's physician or other health care professional.
5. In addition to the observation and evaluation, a nursing visit may also include, but is not limited to, one or more of the following nursing services:
- a. Administering prescribed medications that the participant cannot self-administer (as defined under Michigan Compiled Law (MCL) 333.7103(1)).
  - b. Setting up medications according to physician orders.
  - c. Monitoring participant adherence to their medication regimen.
  - d. Applying dressings that require prescribed medications and aseptic techniques.
  - e. Providing refresher training to the participant or informal caregivers to assure the use of proper techniques for health-related tasks such as diet, exercise regimens, body positioning, taking medications according to physician's orders, proper use of medical equipment, performing activities of daily living, or safe ambulation within the home.

### **Minimum Standards for Self-Determined Service Delivery**

1. Each chosen provider must minimally comply with Section C of the "General Operating Standards for MI Choice Waiver Service Providers."
2. When authorizing Nursing Services for participants choosing the self-determination option, waiver agencies must comply with items 2, 3, 4, and 5, of the Minimum Standards for Traditional Service Delivery specified above.

### **Limitations**

1. Where applicable, the participant must use Medicaid state plan, Medicare, or other available payers first.
2. The participant's preference for a certain provider or agency is not grounds for declining another payer in order to access waiver services.

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3. This service is limited to no more than two hours per visit, unless a reason for a longer visit is clearly documented in the participant's record (such as requiring three hours to complete a complicated dressing change).
4. Participants receiving Private Duty Nursing services are not eligible to receive MI Choice Nursing Services.
5. All providers furnishing this service must be licensed as either a Registered Nurse or a Licensed Practical Nurse in the State of Michigan.