



NURSING SERVICE SPECIFICATIONS

1.0 Definition

Nursing Services enable a client to achieve optimal health and wellbeing through the provision of health assessments and screening, medication set-up and monitoring, blood pressure and other health checks, when no other means of obtaining such are available to the client.

2.0 Unit of Service

- 2.1 A unit of service is one (1) hour of direct in-home service to the client.
- 2.2 The unit rate must include Administration, Supervision, Travel and Documentation time.
- 2.3 The number of units authorized in each service day may vary from one-half (1/2) to several units.

3.0 Provider Agency Requirements

- 3.1 All Providers of home nursing visits must meet the conditions of participation for Medicare (Title XVIII) and Medicaid, as well as be a certified home health agency under both programs.
- 3.2 All Providers of home nursing visits must be in compliance with all applicable local, state, and federal laws and regulations.
- 3.3 The Provider shall maintain open communication patterns with the client's care consultant to assure appropriate utilization of ancillary services and to assure appropriate coordination of service delivery.

4.0 Staff Direction

- 4.1 The Provider must furnish RN direction of LPN(s) providing services pursuant to Ohio Revised Code 4723 (Nurse Practice Act).
- 4.2 Contact information for RN providing direction to LPN must be readily identifiable and accessible.
- 4.3: Revisions to client's care plan must be reviewed and approved by RN providing direction to staff LPN.

5.0 Personnel Requirements

5.0 Licensed Nurse:

5.1: Registered Nurse

5.1 (a) Has current Ohio licensure as Registered Nurse

5.2: Licensed Practice Nurse

5.2 (a) Has current Ohio licensure as Licensed Practical Nurse

AND

5.2 (b) Is under the direction of a Registered Nurse, pursuant to Ohio Revised Code 4723 (Nurse Practice Act)

6.0 Documentation Requirements

6.1 Providers of home nursing visits must maintain records which fully disclose the extent of services provided to each recipient. All records must be maintained in accordance with the conditions of participation required for Medicare certification. This includes but is not limited to the following:

6.1(a) Clinical records in accordance with accepted professional standards.

6.1.(b) Signed and dated visit or clinical notes for each home nursing visit including description of signs or symptoms, services rendered, patient reaction, any change in patient condition, and any instruction given to either the patient or family member.

6.1 (c) Visit/clinical notes/report signed and dated by client/caregiver

6.2 Providers must maintain written information that documents compliance with the minimum requirements of provider eligibility.

7.0 Billing Requirements

7.1 All services for Medicaid eligible recipients shall be billed to the Ohio Department of Job and Family Services as specified by that agency. Services provided to SourcePoint clients who are not eligible for Medicaid shall be billed to SourcePoint Adults with the following specifications:

- 7.1.(a) Shall bill on a monthly basis. Each bill shall be submitted no later than the 8th of the month after service delivery.
- 7.1.(b) Shall bill only for authorized services both in type and number of units.
- 7.1.(c) Shall maintain client signed documentation for each unit of service billed to SourcePoint
- 7.1.(d) Shall bill only for units of service in direct client care as authorized in the service order.
- 7.1.(e) Shall identify and bill third party payer (e.g. Medicare, veterans, private insurance, etc.) prior to billing SourcePoint
- 7.1.(f) Shall not bill any SourcePoint client directly for services delivered.