



# Introduction to Developmental Disabilities Waivers Skilled Nursing

How nursing services can be initiated and provided, caring for an individual with recurrent UTIs.





# Schedule of Activities

- Slide Presentation - 20min
- UTI Case Scenarios/Small Group Discussion - 10 min
- Application of Nursing Services with UTI cases - 15 min

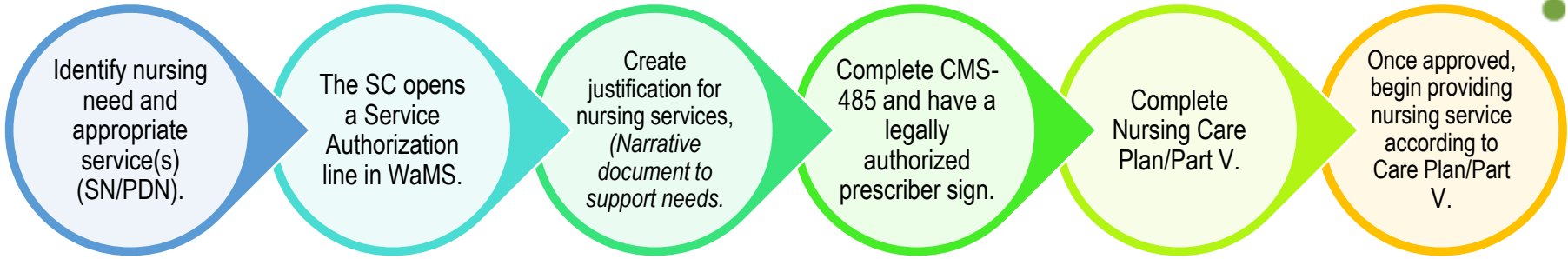
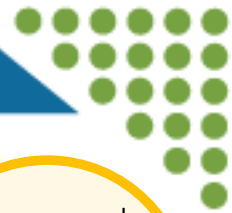




# Discussion Points

- Eligibility-Identifying the need for nursing services.
- Team Collaboration
  - Person Centered Process
  - Role of RN /LPN (Nursing Process)
- Implementation of the nursing service and individualized plan.
  - Order for Care
  - Developing the Part V
  - Protocols (for unlicensed staff)
- Requirements to sustain the service.
  - Justifying the service/Change in Status
  - Nursing Notes
  - Quarterlies
- Better Health & Safety Outcomes.
  - Scenarios





Determine whether SN/PDN care is needed along with the appropriate clinician level, i.e., LPN/RN. The nursing service provider collaborates with SC.

This must occur in order for agencies to input and upload necessary documents into WaMS.

This is a narrative document that elaborates on the information present in the 485 with details that the CMS form may not capture. SA will use this when evaluating services so keeping it succinct is helpful. Additionally, a schedule of nursing services required.

This form is required by DMAS to request Waiver Nursing Service.

The nursing care plan is the responsibility of the nurse/agency providing the service. However, the Care Plan/Part V is reviewed by the SC to ensure all elements are present and submit to Service Authorization. Both documents (CMS-485 and Care Plan) are required components. The individual and/or guardian must sign the Part V/Care Plan.

Provision of nursing services are outlined in the Care Plan/Part V. This ensures services are delivered as ordered and protects agencies during DMAS audits etc.





# Case Scenarios

Group #1 Indwelling Catheter

Group #2 Intermittent Catheterization

Group #3 Urostomy

- Each group identify a recorder and speaker.
- Each scenario will have a worksheet for their designated group to complete.





# Indwelling Catheter

- Anthony is a 55 yr. old male experiencing recurrent UTIs related to an enlarged prostate. Anthony is treated by a Urologist to manage his urinary retention related to his enlarged prostate. Anthony has limited mobility and requires the assistance of a walker to ambulate to the bathroom. Anthony presents with confusion when he has a UTI. This has resulted in two Emergency Room (ER) visits related to falls as Anthony has attempted to ambulate to the bathroom without his walker. The most recent ER visit was prompted by the presence of blood clots in his incontinent brief. Anthony was diagnosed with UTI, hematuria, and sepsis. Anthony was admitted to the hospital. A temporary Foley catheter placed as precaution to additional clots until infection heals. Anthony will be discharged to his group home with an indwelling foley catheter.
- A Foley catheter is a type of indwelling urinary catheter that is inserted into the bladder through the urethra to allow for bladder drainage.

What is the justification for nursing services?

What are the steps to initiate nursing services?

Skilled Nursing? Private Duty Nursing? Home Health Agency?





# Intermittent Catheterization

- Steve is a 22-year-old male who is moving to new Sponsored Residential Home. Steve was born with a rare condition known as VATER Syndrome. Steve experiences urine backflow into the bladder. This is a renal symptom of VATER Syndrome. Steve performs clean intermittent catheterization with assistance from his sponsored residential provider 4 times daily.
- VATER syndrome (VACTERL association) is a group of growth abnormalities (birth defects) that happen in the early stages of embryo development during pregnancy. The term VATER is an acronym that identifies parts of the body that didn't form properly during fetal development (vertebrae, anus, heart, trachea, esophagus, kidney and limbs).
- Clean Intermittent Catheterization, also called intermittent self-catheterization (ISC), involves inserting a thin, hollow tube into the bladder through the urethra. Urine (pee) drains out of the catheter into a toilet or collection container.

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Skilled Nursing? Private Duty Nursing? Home Health Agency?





# Urostomy

- Deborah is a 45-year-old lady with Cerebral Palsy who lives in her apartment with residential supports. She has a neurogenic bladder and has had a history of urinary incontinence with recurrent urinary tract infections. Deborah was recently admitted to the hospital with a urinary tract infection and became septic. Tests indicated that her bladder has diminished functioning (Neurogenic bladder). There is increased urinary retention and there is kidney damage. A urostomy was completed and the hospital expects to discharge Deborah back to her apartment within the coming week. Aftercare will include stoma care, emptying the bag when 1/3-1/2 full and changing the bag every 3-4 days. Deborah has not had nursing services prior to the hospitalization.
- Neurogenic bladder - (damage to the muscle that makes up the wall of the bladder)
- Urostomy – opening (called a stoma) in abdomen to allow urine to exit the body through the stoma. A bag is worn over the stoma to collect the urine.

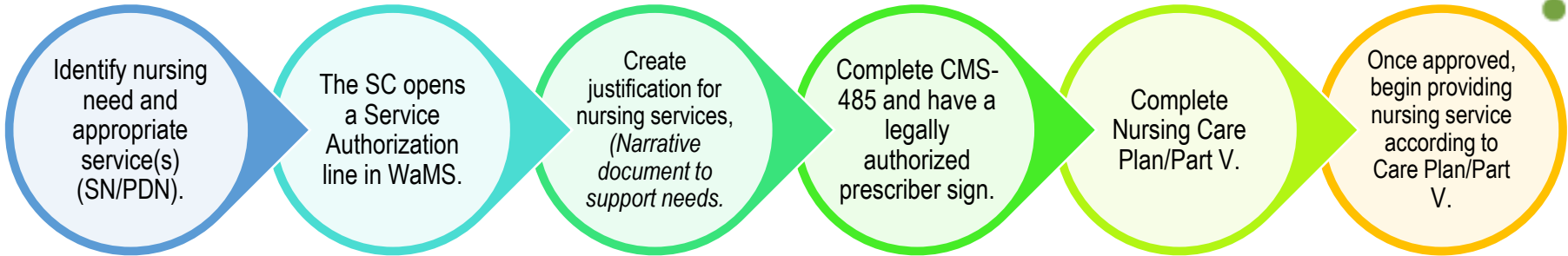
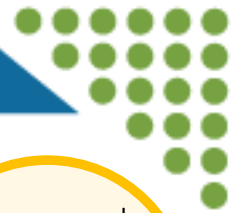
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# References

- The 2/2022 DD Waivers Services (BI, FIS, CL) Manual, Chapter IV, Covered Services and Limitations. DD Waivers Services Manual Service Authorization Appendix D revised 11.01.22.
- Skilled Nursing services are for individuals who require 21 hours of nursing or less per week (Chapter IV, Page 143).
- Private Duty Nursing services are for individuals who require more than 21 hours of nursing per week (Chapter IV, Page 138).
- Virginia Administrative Code - Title 12. Health - Agency 30. Department of Medical Assistance Services - Chapter 122. Community Waiver Services for Individuals with Developmental Disabilities
- For assistance: DBHDS Community Resource Consultants, Office of Provider Network Supports, DBHDS Nursing Service Authorization Consultant, or the DBHDS OIH-HSN Community Nursing Team at [communitynursing@dbhds.virginia.gov](mailto:communitynursing@dbhds.virginia.gov), DBHDS Waiver Helpline 1-804-663-7290, Virginia Medicaid Provider Helpline 1-800-552-8627 and Provider Enrollment Services 1-804-270-5105 or 1-888-829-5373 or email: [VAMedicaidProviderEnrollment@gainwelltechnologies.com](mailto:VAMedicaidProviderEnrollment@gainwelltechnologies.com).
- Available training: DBHDS Office of Integrated Health-Health Supports Network (OIH-HSN) has training available for providers who are considering adding SN or PDN to their DMAS agreement. The OIH-HSN Quarterly Training Schedules can be found under Educational Resources. Or contact one of the Service Authorization Consultants in your region.
- Development Disabilities Waiver Services and Rates: [my-life-my-community-rate-file-updated-6-4-2024.pdf](#) ([virginia.gov](http://virginia.gov))

