**Health Services Coordination – New Waiver Service Proposal**

Ohio’s DD system has historically had a gap in clinical supports for people receiving waiver services. During the public health emergency, we found that providers who had nursing on staff were not only better prepared to care for individuals who experienced COVID, but were able to educate and support individuals and DSPs in prevention measures.

Unfortunately, many DD provider agencies are unable to employ nurses as waiver funding does not support the compensation necessary to hire a nurse. For those agencies who do employ nursing staff, the tasks and job duties are critical to ensuring the health and safety of the people served while providing clinical supports to the DSPs providing services.

A small group of representatives, including both providers and county boards, has identified the following nursing tasks that are not currently included in any waiver service:

1. Participating in individual service plan development meetings or other team meetings involving medical care and decision making
2. Consulting with an individual’s team on matters not specifically related to waiver nursing delegation for the person served
3. Coordinating a person’s health care
   1. Assistance with scheduling appointments including pre and post appointment treatments
   2. Discussions with hospital staff when hospitalized including discharge planning
   3. Discussions with guardians about health issues
   4. Discussions with other health care entities (dental, eye, PCP, specialists, dietitians, etc.)
   5. Medication Management:
      1. what's on the MAR versus what needs to be on the MAR
      2. Issues with prior authorizations for some medications
      3. Getting medications filled that aren't routine
      4. Review/disposition/return of medications
      5. Questions on packing medications for leave of absence (LOA)
      6. Collaboration with Pharmacy
      7. Filling pill dispensers
      8. Control count oversight/spot checks and engagement when discrepancy occurs
      9. Reviewing medication administration logs and documentation
      10. Ensure medications are being used as prescribed/recommended
      11. Review and implement new orders after hospitalizations
      12. Review and follow up with staff on medication errors
      13. Completion of UI's for medication administration related errors/health-related matters
   6. Lab orders from doctor
   7. Lab results to doctor
   8. Testing procedure preparation and follow up
   9. Arranging vaccinations and flu/COVID vaccines
   10. Overseeing home COVID tests and when to do them
   11. Coordination with day program/work
   12. Coordinating end of life issues/hospice
   13. Coordinating rehab or nursing home stays
   14. Coordinating home health visits
   15. Coordinating follow up appointments as needed/ordered
   16. Educating individuals who are refusing medications or need general education regarding their own medical needs
   17. Ongoing documentation, record review and follow-up
4. Training
   1. General health-related training for unlicensed personnel
   2. Specific health-related training for people served
   3. DNRs and how staff must respond
   4. Training described in 5123-6 & 5123:2-6 of the Ohio Administrative Code (Medication Administration and Health Related Activities).
      1. staff observations to ensure continuation of skills for medication administration
   5. Training based on agency specific med errors/health-related incidents, trends/patterns, how to identify med errors, prevention strategies, etc.
   6. Training management staff of expectations in relation to medication management
5. Developing and updating medical or health related policies/procedures
6. Participation on UI/MUI review for health/med related incidents
7. Consulting on general health matter with direct care staff.
8. When appropriate, determining the appropriate level of medical care needed (tele-health vs minute clinic vs urgent care vs ER)
9. Quality assurance review of medical care according to the individual’s needs, specifically making sure care frequencies are being met, appropriate follow up is occurring, etc.
10. Basic healthcare assessments (i.e., weight, BP, pulse, etc.) to aide in preventive care.
    1. Readmission assessment after hospitalization/rehab stay

While this is not an all-inclusive list of tasks that are not currently reimbursed under the waiver system, it provides a lengthy list of supports that not only ensure individuals receive the care they need, but these supports help ensure preventative care is being received, which ultimately would result in a savings to the Medicaid system as a whole. Additionally, these clinical supports help DSPs feel confident in their responsibilities and can lead to improved retention of staff.

During the small group conversations, it was identified that Franklin County Board of DD has a locally funded program, named Health Services Coordination, in which the county board contracts to provide these services/supports for providers. While Franklin CBDD is supporting this program with local funds, most county boards do not have similar programs. However, these services and supports are necessary and often vital for people receiving services via Medicaid waivers state-wide. We believe the creation of a new Medicaid waiver service, Health Services Coordination, would not only ensure people are receiving the supports they need, but would allow for the expanded nursing capacity within the DD system, which could be critical in case of another pandemic. Members of the small group would be happy to work with staff from the department to develop this new service.