

Medical Acuity Tier Rate Add-On

Introduction

The Medical Acuity Tier Rate Add-On is available to a qualifying provider in Residential Habilitation, Day Habilitation, Pre-Vocational Services, and Small Group Employment Support offered through the North Dakota IID/DD Traditional Home and Community Based Waiver. The intent of the rate add-on is to allow the provider an additional level of nursing support for on-going long-term needs and requires an additional level of staff medical training/qualification. The Support Intensity Scale (SIS) determines the number of direct support hours for the individual and the rate add-on is for the provider.

** By 9/30/20 all staff working with an individual who receives the medical acuity tier rate add-on must have CNA certification or equivalent.

Legal Authority

- §1915(c) of the Social Security Act
- North Dakota 1915c Traditional IID/DD Home and Community Based Services Waiver ND.0037

Eligibility

To access the rate add-on a provider must confirm the individual has in place the following:

- 1) DD Program Management as set forth in North Dakota Administrative Code (NDAC) 75-04-06;
- 2) North Dakota Medicaid;
- 3) ICF/IID level of care;
- 4) An approved waiver slot;
- 5) SIS Medical score of 15 or higher;
- 6) Must not reside in the home with a primary caregiver*.

*Primary caregiver is responsible person providing continuous care and supervision to an eligible individual that prevents institutionalization. The individual may be living with other individuals who may or may not be receiving waiver services.

Provider Staff Requirements

Staff who provide a service with this rate add-on are required to have a minimum of a current certification of Certified Nursing Assistant (CNA) or equivalent or higher. Provider must verify that the staff is on the appropriate registry.

- All tiers require RN oversight. RN may be responsible for multiple individuals.
 - RN works in coordination with Program Coordinator (PC) (who oversees service plan development) and residential manager. The DD licensed provider can determine if the RN is able to provider other duties (i.e. PC, Residential Manager).
- A nursing assessment and nursing care plan must be developed by a registered nurse (RN) or advanced practice registered nurse employed or contracted by the DD licensed provider.
 - The **nursing assessment** (physical assessment) must be completed and documented prior to the start of the rate add-on.
 - A preliminary **nursing care plan** (written plan of care) must be completed and documented to include proposed nursing cares and delegated tasks prior to the start of the rate add-on.
 - The final **nursing care plan** must be completed within 30 days from the start of the rate add-on.
 - A nursing assessment and nursing care plan must be completed annually thereafter as part of the person-centered service planning process and updated whenever the needs of the individual change.
- The nursing care plan must identify the specific nursing tasks to be provided, a summary of anticipated schedule of tasks, a required review schedule of the nursing care plan, and description of when the plan needs to be modified.
 - Only one nursing care plan will be developed for the individual. If there is more than one provider delivering services to the individual, they must collaboratively develop and implement one nursing care plan.
 - The nursing care plan must be attached to the plan in the web-based application.
- If a Licensed Practical Nurse (LPN) provides nursing services, the LPN must practice under the supervision of a RN or advanced practice registered nurse (APRN).
 - The provider agency must ensure that each LPN is supervised and trained by a RN according to state law NDCC Chapter 43.12.1
 - RN will ensure that all staff are trained and competent to perform the specific nursing tasks for the individual. Competency must be verified by the RN through visual observation of the task(s) to be performed.
 - Existing staff/primary caregiver may be involved in the training of tasks. But the RN must verify competency of the LPN before they work alone with the individual.
- If tasks are delegated to an unlicensed assistive person (CNA or equivalent), the task(s) must be specifically identified in the nursing care plan and staff must demonstrate and verify on-going competency to the nurse to be able to perform the delegated task(s).
- Other licensed professional staff (such as Respiratory Therapist (RT)) may be utilized for training and delegation of specialized needs.

In addition to the nursing care plan, the individual's person-centered service plan must address medical needs. Skilled nursing services provided by an RN, or LPN under the supervision of a RN licensed to practice in the State of North Dakota, must be within the scope of the State's Nurse Practice Act.

If the rate add-on is provided in a group setting, direct cares for the individual authorized for the rate add-on must be performed by CNA or equivalent or higher. A DSP is able to provide supervision but when direct cares are needed a CNA must perform the tasks.

Training for staff

In addition to DD Staff Training – DD Licensed Provider Policy, any delegated nursing task must be trained on and documented for competency.

Process of Requesting Tiers

The team must meet to discuss the needs of the individual to determine if an application for the medical acuity tiers would be appropriate for the provider. If appropriate, the Medical Acuity Tiers Secondary Assessment Form (SFN 1415) must be completed by the individual's primary medical provider (physician, physician assistant, or nurse practitioner) prior to authorization of the acuity tiers. If the individual is in the hospital, the form may be completed by the lead medical provider. Each initial and annual request must be submitted on a completed Medical Acuity Tiers Provider Submission Form (SFN 1410) along with the Assessment (SFN 1415) to the DD Program Administrator within 3 months of the primary medical provider's signature. For any additional DD Provider Agencies who wish to request the medical acuity tier rate add-on at a later time for the same individual, the current completed Assessment (SFN 1415) is valid for one year from the date of the primary medical provider's signature. Any additional providers requesting the rate add-on would need to submit their own SFN 1410. An individual must have a current SIS to be eligible to request the medical acuity tier rate add-on.

Within 10 business days of receiving the completed request, the DD Program Administrator will send the SFN 1415 and SFN 1410 to the DD Division along with the current nursing assessment and nursing care plan which must include the proposed nursing cares and delegated tasks. The medical acuity tier rate add-on request will be reviewed by the DD Division where an approval or denial decision will be made within 15 business days and the DDPA is notified of the decision. If a request is determined to be incomplete, the provider will have 15 business days from the date of notification to submit the required information to the DD Program Administrator. If the information is not received within the timeframe, the request will be considered withdrawn.

The DDPA will notify the provider, individual, and/or legal decision maker of the decision within 5 business days including the reason for the approval or denial if applicable. Once an approval has been given by the DD Division, the provider must complete the agreement portion of the form and return to the DD Division within 15 business days. The completed request will then be attached to the service plan and the rate add-on will be entered into the web-based case management system by the Regional DD Staff.

The effective date of the approved medical acuity tier rate add-on will be one of the following:

- The date the completed request was received by the DDPA.
- Start date of a newly enrolled eligible service in the ISP.

- The day following the end date of a previously approved medical acuity tier rate add-on to maintain continuity. The request would need to be received by the DDPA prior to the end date of the previously approved medical acuity tier rate add-on, otherwise the effective start date, if approved, would be the date the DDPA received the request.

The provider will be reimbursed beginning on the identified effective start date of the approved medical acuity tier rate add-on. If the request is denied, payment will not occur after the end date of the previously approved medical acuity tier rate add-on.

The medical acuity tier rate add-on may be approved for up to 12 months; however, the timeframe may be shorter to align with the person-centered service plan date and do not automatically renew. A new SFN 1415, SFN 1410, nursing assessment, and nursing care plan must be completed at least annually and no more than 3 months before the team meeting, so that the results can be discussed by the team. If there is a major life changing event, this process can be completed as needed.

Tiers of Support

Tier 1:

Minimum of **1 hour/day but less than 3 hours/day** of nursing support

- At a minimum, the RN is required to visit and assess the individual weekly
- All daily cares can be delegated to CNA or equivalent staff
- Nurse or licensed professional staff must provide training on delegated tasks as well as review and assess competency, within the scope of their license.
- Nurse or licensed professional staff may need to provide some non-delegated tasks that occur only sporadically (not a typical task needing to be completed frequently)

Tier 2:

3 hours/day but less than 7 hours/day of nursing support

- RN is required to visit and assess the individual multiple times per week
- Most daily cares can be delegated to CNA or equivalent staff
- Nurse or licensed professional staff must provide training on delegated tasks as well as review and assess competency, within the scope of their license.
- Nurse or licensed professional staff may need to provide some non-delegated tasks that occur more frequently

Tier 3:

7 hours/day up to 12 hours/day of nursing support

- At a minimum, RN is required to visit and assess the individual daily as well as completion of non-delegated tasks that occur frequently
- Some daily cares can be delegated to CNA or equivalent staff
 - Most required cares have a need for nursing intervention

- Nurse or licensed professional staff must provide training on delegated tasks as well as review and assess competency, within the scope of their license.

If the team determines the acuity tier rate add-on approved by the division on the SFN 1410 is higher than what the provider and individual/legal decision maker chooses to utilize, the discussion and decision needs to be documented in the individual's plan.

[SFN 1410](#)

[SFN 1415](#)

Provider Appeal Rights

The medical acuity tiers are a rate add-on that allows the provider additional nursing support above and beyond the individual's core service, therefore the initial or any change to the tiers are not considered a denial, reduction, or termination of services.

If an individual's SIS medical score falls below 15, the provider is no longer eligible for the medical acuity tiers rate add-on. The current authorized tier will continue until the new SIS is effective. The SIS policy applies to the medical acuity tiers rate add-on.

Should the provider wish to request an appeal of this determination, it must do so pursuant to the provision of section North Dakota Century code 50-24.1-24. The appeal request must be filed within 30 calendar days of the date of the decision.

Exception for Institutional Discharges

For those clients being discharged from an institution, who meet the minimum qualifications for the Medical Acuity Tiers, a Tier 3 approval may be given for the first year of services if requested. The physician assessment would not need to be completed for this initial approval period.

Prior to the end of that first year approval period, if the provider and team wish to continue providing the Medical Acuity Tiers, the process would be completed as listed within the policy. The Medical Acuity Tiers Secondary Assessment Form (SFN 1415) as well as the Medical Acuity Tiers Provider Submission Form (SFN 1410) must be completed and submitted, and the approved tier determined for the next year's approval period.

During this first year of Tier 3 approval, the accepting provider will be required to meet with the DD Section staff to provide feedback at least quarterly throughout the first year period. This feedback to the Section will give information on the transition into services, staffing, and any other feedback to assist in growing and improving the program.

This exception will begin March 1, 2025 and be in place for a period of 3 years.