

# Medication Administration Rule and Nursing Services

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# Medication Administration Rule

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# Waiver Support Coordination and Rule 65G-7 – Medication Administration

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The requirements of 65G-7 can have an impact on what services a client receives, and on where those services are provided

An “Authorization for Medication Administration” is required for all clients served by APD - it documents the client’s level of ability and need for assistance with medication administration

The “Informed Consent for Medication Administration” is required before unlicensed providers may assist the client with medications – by signing this form, the client or their legal representative acknowledge that the provider is not professionally licensed to give medications

# The Authorization for Medication Administration

Rule 65G-7.002(a) states: “The client’s current Authorization Form must be maintained in the client’s current place of residence, with a copy of the form in the client’s record. **The WSC is responsible for assuring that all providers that assist a client with medications have an up-to-date copy of the Authorization**”

Any provider that accompanies a client to a medical visit where a new authorization is signed is required to provide the new Authorization to the WSC

The Authorization is updated annually, or with changes to the client’s condition

## Authorization for Medication Administration

APD Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Care Provider \_\_\_\_\_

I am a physician, physician’s assistant, or advanced practice registered nurse licensed or authorized to practice in the State of Florida, and a provider of health care services for the above-named client receiving services from the Agency for Persons with Disabilities.

It is my professional opinion, based on my knowledge of his/her health status and physical condition that he/she is:

Fully capable of self-administering his/her medications without supervision; or

Requires supervision while self-administering his/her medications; or

Requires medication administration assistance; or

Requires medication administration assistance, with the following exceptions for which the client is fully capable of self-administering without supervision (specify route): \_\_\_\_\_; or

Requires supervision while self-administering his/her medications, with the following exceptions for which the client is fully capable of self-administering without supervision (specify route): \_\_\_\_\_

Health Care Provider's Signature

Date of Authorization

# Why is the Authorization so important to the WSC?

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- It tells the WSC about the client's ability with medication administration. This information allows the WSC to ensure that chosen providers can meet the needs of the client.
  - If the client needs medication assistance around the clock – the client's residential providers must have validated Medication Assistance Providers (MAPs) working around the clock
  - If the client has a noon medication and requires assistance, the chosen day activity must have a MAP present
  - If a client need medication assistance and is fed through a Gastrostomy Tube (GT, aka PEG, JG tube or Mickey button), the WSC must make sure that unlicensed service providers working with the client are MAPs who have had further training and validation in Prescribed Enteral Formula Administration (PEFA)
  - Family members and friends who assist a client with medications without compensation do not have to meet these rule requirements
  - If the client resides in an ALF, 65G-7 does not apply. Medication administration in an ALF is governed by AHCA. If this client goes to a day activity provided outside the ALF, 65G-7 applies while they are there

# There are Five Levels of Ability

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- Fully capable of self-administering medication without supervision
- Requires supervision while self-administering medication
- Requires medication administration assistance
- Requires medication administration assistance with exceptions (specified) that the client is fully capable of self-administering without assistance
- Requires supervision while self-administering medications with exceptions (specified) that the client is fully capable of self-administering medication without supervision

# Can MAPs give all medications prescribed for a client?

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No – several routes of medication administration are not allowed for MAPs

- Vaginal (although medication can be applied to the perineum)
- Injections – insulin, shots
  - Note that epi-pens used in an emergency are allowed without validation
- Intravenous (IV)
- Tracheostomy
- Naso-gastric tubes, or G-tubes that are connected to suction/venting

If your client needs medications via these routes, you will have to request the appropriate type of nursing (skilled, residential, private duty) with the correct number of hours to meet the client's needs.

My client is fed through a tube. They can have nursing for this if they choose, correct?

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Not any longer. This was the case before Rule 65G-7 was adopted on July 1, 2019. Before then, clients could choose nursing or unlicensed providers for this – but there was no formal training for unlicensed providers

The revision of 65G-7 that was adopted superseded the memo from Denise Arnold on the subject, which was automatically rescinded as an operation of law

With the adoption of 65G-7, there is now a legal framework to assure that unlicensed providers are trained and validated on Prescribed Enteral Formula Administration, which we call PEFA

PEFA training is available statewide from APD approved trainers using an APD provided curriculum

# WSCs and the Medication Administration Record (MAR)

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The MAR is a valuable resource for the WSC

All medications the client receives are listed on the MAR

MAPs document on the MAR when medications are given – and also when and why they are not given

By learning how to read and interpret the MAR the WSC can easily tell if their client missing medications, taking as needed medication often, or refusing often

If the client is refusing a lot – the WSC may want to think about a behavioral assessment, or a discussion with the legal representative and the doctor about the medication regimen

# When to call the APD Medical Case Manager or Clinical Stream Lead

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- When the client may need nursing and the WSC is not sure what to ask for
  - LPN, RN
  - Skilled visits, Residential/Private Duty
- If the client/family choice of living arrangement does not meet the client's level of medical necessity
- For help assessing whether a GH that can meet client needs, medication administration needs
- Help assessing whether an ADT that can meet medical needs
- Any concerns about health and safety
- Technical assistance with GH providers and monitors
- SANs and crisis
- Determination of medical necessity
- Help with DME/CME
- Reports of Death
- Transitions – ICF or SNF to Waiver
- Assistance with medication administration questions and PEFA

# Other Medical Issues for WSCs

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## Suctioning

- Unlicensed staff may do oral or nasal suctioning to manage secretions. This type of suctioning is not considered “deep,” and is most often done using a Yankauer type suction wand.  
what is used at your dentist’s office.  
used in the oral cavity, or just inside the nares.  
and stiff to be used high in the nasal cavity or deep in the throat
- “Deep” suctioning of the nasopharynx, oropharynx, or trachea – including through a tracheostomy, is done with a long, thin, flexible tube, and may not be done by unlicensed staff, as it is an invasive procedure



This is very similar to  
It is only meant to be  
A Yankauer is too large

# Other Medical Issues for WSCs

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## Ostomy bags and catheter bags

- Unlicensed staff may empty ostomy bags of all types, once they are trained to do so
- Unlicensed staff should also be trained to change the ostomy wafer by a nurse – the wafer may come unstuck when there is no nurse available to change it
- The client with an ostomy should receive regular skilled nursing visits to change the ostomy wafer and assess the condition of the stoma and surrounding skin. These visits should be more frequent with new ostomies, less frequent for older, stable ostomies
- Unlicensed staff may empty and change urinary catheter bags, and provide catheter care with appropriate training

## Other Medical Issues for WSCs

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Things unlicensed staff may not do include:

- G-tube changes
- Tracheostomy suction and tracheostomy cannula changes
- Urinary catheterizations of any kind
- Injections, including insulin
- IV fluids and medications, including using central lines
- Wound care (except for cleaning and covering superficial wounds)
- Manual bowel disimpaction
- Ventilators

# Nursing Services

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# Nursing Services

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## Waiver

- PDN
- Residential
- Skilled

**All waiver services must be determined medically necessary.**

## Resources

- Natural
- Funded
  - Insurance
  - Medicare
  - Medicaid
  - Waiver

# iBudget Waiver Handbook Requirements

## Private Duty Nursing, Residential and Skilled Nursing

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### Private Duty Nursing

- Limited to recipients age 21 years or older who are eligible for active nursing interventions on a continuous basis for over two consecutive hours per episode.
- Prescribed by a physician, ARNP, or PA and consist of individual, continuous nursing care provided by registered or licensed practical nurses.
- Provided primarily in the recipient's own home or family home or when a recipient who lives in those settings is engaged in a community activity.
- Must NOT be used for ongoing medical oversight or monitoring of direct care staff or caregivers in a licensed facility, the recipient's own or the family home.

# iBudget Waiver Handbook Requirements

## Private Duty Nursing, Residential and Skilled Nursing

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### Residential Nursing

- Limited to recipients age 21 years or older who are eligible for active nursing interventions on a continuous basis for over two consecutive hours per episode.
- Prescribed by a physician, ARNP, or PA and consist of individual, continuous nursing care provided by registered or licensed practical nurses.
- Provided primarily in a licensed residential facility or when a recipient residing in a licensed residential facility is engaged in a community activity.
- Must NOT be used for ongoing medical oversight in a licensed group or foster home considered to be the recipient's place of residence.

# iBudget Waiver Handbook Requirements

## Private Duty Nursing, Residential and Skilled Nursing

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### Skilled Nursing

- Limited to four times a day
- Prescribed by a physician, ARNP, or PA and consists of part-time or intermittent nursing care visits, provided on a daily basis by registered or licensed practical nurses.
- Provided at the recipient's place of residence and other waiver service sites, such as an adult day training program.
- Must NOT be used for the ongoing medical oversight and monitoring of direct care staff or caregivers in a licensed residential facility or in the recipient's own home or family home.

# iBudget Waiver Handbook Requirements

## Private Duty Nursing, Residential and Skilled Nursing

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### Skilled Nursing (State Plan)

- Florida Medicaid reimburses for up to three intermittent home health visits, per day, for non-pregnant recipients age 21 years and older
- Must be under the care of a physician and have a physician's order for home health services.
- Provided at the recipient's place of residence or in the community.
- Intermittent = Provided at intervals for the length of time necessary to complete the service.

## Examples of Intermittent Services

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- Catheterizations
- Injections
- Intravenous fluids
- Intravenous medications
- Dressing changes
- Wound care
- Insulin injections
- G-tube changes
- Urostomy bag changes
- Manual Bowel dis-impactions

## Examples of Waiver covered Nursing Services

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- Ventilator dependent
- Tracheostomy
- Frequent deep suctioning
- Central line requiring more than intermittent manipulation

## Examples of Waiver covered Personal Support Services

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- Supervision
- Transfers
- Mobility
- Community access
- Maintenance of basic health and safety
- Eating
- Bathing
- Dressing
- Personal hygiene
- Meal Preparation
- Is not purely diversional in nature

## Examples of Waiver covered (Trained) Personal Support Services

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- Rule 65-G
- G-tube feedings
- Medication administration
  - Oral
  - Enteral
  - Transdermal
  - Otic
  - Ophthalmic
  - Rectal
  - Inhaled
  - Topical

# Medical Necessity

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- Rule 59G-1.010, Florida Administrative Code (F.A.C.):  
“[T]he medical or allied care, goods, or services furnished or ordered must:””4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide”. “The fact that a provider has prescribed recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.”
- Florida Administrative Code Rule 65G-7:  
Reflects a level of service (through trained PS/MAP) that can be safely furnished, is equally effective and more conservative or less costly to provide the necessary care that the recipient needs, and training is available statewide.

## Documentation Requirements

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- Copy of the nursing care plan with annual updates.
- Daily progress notes for days service was rendered (nursing notes).
- Individual nursing assessment and annually thereafter.
- Monthly summary, which includes details regarding health status.
- Medication, treatments, medical appointments, and other relevant information.
- Original prescription for the service and annually thereafter.
- List of duties to be performed by the nurse.
- QSI
- Support Plan

## SAN Determinations

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- What interventions are required during seizure episodes?
- When is oxygen used?
- What are the average results from pulse ox monitoring?
- How often is suctioning required?
- What does the vital sign documentation report?
- What abnormal finding have been reported and when/how often?

# MCM Report

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The MCM reviewed nurses' notes submitted by Example Home Health Agency dated 4/30/2020 through July 30, 2020 and the Plan of Care. Findings, per review of nurse's notes and Plan of Care:

- Vital signs were taken to include temperature, pulse, respirations, with no abnormal findings.
- Assessment of body with no abnormal findings.
- Nurses monitored for seizure activity
  - Between April 30 and July 31, Recipient experienced 15 seizures lasting from 12 secs to 22 seconds. No interventions were required during seizure activities.
- G-tube feedings were administered by the nurses every 3 hours around the clock. At times pureed food is substituted for one feeding. Plan of Care states that physician is to change the g-tube every 3 months and PRN as needed by the PDN. Per Recipient's mother the nurses are changing the g-tube every 3 months.
  - There were no documented issues in the nurse's notes indicating problems with the g-tube site or feedings.
- Per nurse on duty, Dulcolax is administered on an average of once a month for constipation.

# MCM Report - Review

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Review of medical necessity for 16 hours of PDN and recommendation. The physician has ordered 16 hours of private duty nursing.

- In accordance with Rule 65G-7.005, trained (personal supports) providers can assist the client with medication and prescribed enteral formula administration. In accordance with the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook, Rule 59G-12.070, p. 2-40,....
- Based on my review of 3 months' worth of nurse's notes, Recipient does not meet criteria for private duty nursing. Trained Personal Care Support can provide medication administrations and feedings via the g-tube.
- **Recommendation(s):**
  - Trained Personal support to provide activities of daily living, g-tube feedings, and medication administration.
  - Medicaid State Plan for skilled nursing visits to change the g-tube every 3 months.

## Scenario #1

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- Individual is 32 years old, lives in a group home.
- Individual has a tracheostomy requiring suctioning every three hours.
- Individual is ventilator dependent.
- Individual has a central line requiring every four hour medications and flushes.

## Scenario #2

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- Individual is 32 years old, lives in a group home.
- Individual has a g-tube and is fed via a pump at 50cc/hr from 7am to 7pm daily
- Individual has enteral and topical medications

## Scenario #3

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- Individual is 32 years old, lives at home with elderly parents.
- Individual has a tracheostomy requiring suctioning every 3 hours.
- Individual is ventilator dependent.
- Individual has a central line requiring daily medications and flushes.

## Scenario #4

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- Individual is 32 years old, lives in the family home.
- Individual has a g-tube and is fed via a pump at 50cc/hr from 7am to 7pm daily
- Individual has enteral and topical medications

# Questions?