Instructions for Compiling an Individual “Nursing Services Packet”

A step-by-step guide to compiling the information being requested of your agency is described below. Please follow these steps carefully and develop a packet for each adult receiving community residential supports from your agency. Covered residential programs include: CILA (Programs 60, 61, 65H); SHP (Programs 41D and 41E); CRA (Program 66); CLF (Program 67); and HIP (Program 68).

STEP 1 - Make as many copies of the attachments to this memorandum as your agency has adults in the covered community residential programs.

Although it may not be necessary for each individual in your agency’s community residential programs to complete each of the attachments, a good first step to completing this request is to make enough copies so that additional copies don’t need to be mailed to your agency.

STEP 2 - Conduct a “PART I: Self-Administration of Medication Screen” on all adults receiving community residential services at your agency.

Attachment #2 contains a copy of the “PART I: Self-Administration of Medication Screening” instrument developed by DHS. All adults receiving residential supports by your agency should have this screening tool completed by a Registered Professional Nurse (RN). This “Screening” tool is the first tier of testing used to determine a person’s ability to self-administer medications.

There are eight questions asked by this instrument. Following the completion of this “Screening,” adults with developmental disabilities fall into one of two categories:

1) Those that answer “No” to one or more of the eight questions are determined “Not Capable” of self-administration of medication or participating in a training program to do so; and,

2) Those that answer “Yes” to all eight questions are determined “Capable” of self-administration of medication or participating in a training program to do so. For persons who answer “Yes” to all eight questions, the “PART II: Self-Administration of Medication Assessment” should be completed (see Step 3).
STEP 3 - For adults who answered “Yes” to all the questions on the “Screen” (PART I above), conduct a “PART II: Self-Administration of Medication Assessment.”

Attachment #2 includes a copy of the “PART II: Self Administration of Medication Assessment” tool and instructions developed by DHS. This is a second tier assessment and should only be done for those adults who answered “Yes” to all eight questions on the “PART I: Screening.” This “Assessment” will determine the individual’s “level of readiness” for placement into a self-administration of medication training program. Please have a Registered Professional Nurse (RN) complete this “Assessment” for persons who answer “Yes” to all questions on the “Screening.”

STEP 4 - Upon completion of the “PART I: Screen” and, if necessary, the “PART II: Assessment,” complete an “Medication Administration ‘Screening’ and ‘Assessment’ Report Page” included in Attachment #2 for each person.

Attachment #2 contains an “Medication Administration ‘Screening’ and ‘Assessment’ Report Page.” This form is the only documentation your agency needs to return to DHS to report the results of the “PART I: Screen” and “PART II: Assessment” for each person. Complete one form for each person and include it in the Individual Nursing Services Packet.

STEP 5 - Conduct a “Physical Status Review” (PSR) on all persons.

Attachment #3 is a copy of the Physical Status Review (PSR) and instructions. All adults receiving community residential services should have a PSR completed. For each person, copy ONLY Pages 1 and 2 of the completed PSR and include it with the Individual Nursing Services Packet. Include Individual Category Comments pages ONLY if they have significant comments. DO NOT include PSR checksheets.

STEP 6 - Include a copy of the person’s Medication Administration Record (MAR) in the “Nursing Services Packet.”

For all persons, a copy of the current Medication Administration Record (MAR) should be included in the Nursing Service Packet. Do not send copies of nurse notes. The MAR should be a concise document routinely produced by the person’s pharmacist or the community agency. MARs should provide information on the medication and dosages being given and the frequency of administration. It is not necessary to include signatures on the MAR indicating that the medications have been provided. If a person does not take medications, and therefore does not have a MAR, please indicate that on the “Medication Administration ‘Screening’ and ‘Assessment’ Report Page” by checking
the box at the bottom of the form that states: “[   ] This individual does not take medications. No MAR is attached.”

**STEP 7 - Include a copy of the person’s Treatment Administration Record (TAR) in the “Nursing Services Packet.”**

For all persons receiving other nursing treatments and care, a copy of the Treatment Administration Record (TAR) should be included in the Nursing Services Packet. TARs should provide information on the types and frequency of the treatments and care being provided to an individual. Please include a concise description of the treatment done. TARs are usually generated by a pharmacist, although community agency nurses may produce them. It is not necessary to include signatures on the TAR indicating that the treatments have been provided. If a person does not take medications, and therefore does not have a MAR, please indicate that on the “Medication Administration ‘Screening’ and ‘Assessment’ Report Page” by checking the box at the bottom of the form that states: “[   ] This individual does not receive nursing treatments. No TAR is attached.”

**STEP 8 - Complete a “Nursing Services Supplemental Form” for any person for whom additional information should be conveyed.**

Attachment #4 is a copy of a blank “Nursing Services Supplemental Form.” For some persons, the information included in the standard Nursing Services Packet forms, the PSR, MAR, and TAR may not provide all of the information that a community agency wishes to convey concerning a person’s nursing service needs. In these cases, a “Nursing Services Supplemental Form” should be completed by an RN. *Please use this form only to provide additional information. Be brief in your explanations. Do not send nursing notes or other client file documentation.*

**STEP 9 - Compile all pieces of the Nursing Services Packet for each individual.**

Please compile the Nursing Services Packets on an individual-by-individual basis. A complete Individual Nursing Services Packet includes:

- A completed “Individual Medication Administration Reporting Form;”
- Page 1 and 2 of the PSR;
- PSR Comment pages (if necessary);
- A copy of the person’s current MAR;
- A copy of the person’s current TAR;
- A “Nursing Services Supplemental Form” (if necessary);