

Questions Asked by Attendee

Answer

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| <p>1 For level III.3 adults, if we have a md on call 24/7 can they replace the nurse requirement of a nurse on call 24/7? can they be the same person vs 2 people on staff (md and nurse)?</p> | <p>Yes. The MD can replace the nurse on call but the MD would need to be available on site if needed to administer services just as the nurse would be required to be on site if needed.</p> |
| <p>2 You are saying III.3 has no nursing requirement but the slide indicates a FTE nurse is required for adult III.3</p> | <p>The AD Residential Staffing Pattern document is accurate.</p> |
| <p>3 Verbally you were saying that Adult III.3 does not have a nurse requirement. However, the slide indicated a nurse FTE on call 24/7? Please clarify. IF we do have to have a nurse, can an MD who is on call 24/7 fulfill the nurse requirement?</p> | <p>The AD Residential Staffing Pattern document is accurate. Regarding the MD, refer to number 1.</p> |
| <p>4 The staffing pattern presented does not address staff required by the regs to provide children's services. (i.e. child care providers and someone to monitor, provide and supervise children's services).</p> | <p>What's recommended are minimal standards for III.3 adult facilities. Services for children of women in the facility are not included in these staffing patterns. Your agency should adhere to core requirements for children services identified in the current AD licensing standards. Programs will need to provide appropriate staff to ensure the contract goals regarding the provision of services to the children are met.</p> |



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| 5 | The term "meet professional nursing requirements" is used often. Where do we find these requirements to determine our need? | The Louisiana State Board of Nursing (http://www.lsbn.state.la.us/) provides guidelines for nursing requirements. The LBHP Service Definition Manual contract further stipulates APRN's must be psychiatrically certified. |
| 6 | On III.7 Detoxification. Shouldn't the number of PA/ techs be based on the number of beds in the facility. For example the number of PA/ techs would be different for a 10 beds facility vs a 100 bed facility. OHL | Both of these questions address ratios in the staffing. Typically, ratios do not adequately address the minimal skill sets that are required to meet the complexity of needs for varying levels of acuity. High complexity and acuity units such as III.7d (Medically Monitored/Supported Detox), require a sufficient complement of PA & nursing staff to meet the needs of the population served. Flexibility is provided in the choice of 'skill sets'; the complement is in the addition of PAs who primarily provide the physical nursing labor that the nurse oversees. Additionally staffing up of nursing and PA staff allows for more flexible use of physician time. |
| 7 | On III.7 Detoxification shouldn't the ratio of nurses be based on the actual number of beds. For example the number of nurses you would need for 6 detox beds versus 50 beds should be different. OHL | |
| 8 | Level 111.5 for Adult Residential is not listed in the recent handout. Can that be posted to determine changes, if any, to current staffing requirements? | Sent to the Regional Managers and Executive Directors to send to the AD Residential providers. It was also sent to the webinar invitation list and it is posted on the OBH website at http://new.dhh.louisiana.gov/index.cfm/faq/category/87 |
| 9 | For facilities that have more than one level of care, will providers be allowed to utilize a single Facility Mgr for multiple levels of care at the same site? | Yes, there can be one Facility Manager for multiple levels of care at the same site. With the less than 21 year old population, providers are cautioned to avoid meeting the IMD status. |

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| 10 | Level III.3 Adult - in regards to nurses: is it okay to have MOU's with other agencies to cover the nursing needs of clients instead of having a nurse on site or having the 24/7 availability? | Yes, a provider can have an MOU or contract with other agencies to cover nursing needs as long as the MOU/contract stipulates 24 hours availability of the nurse on call and the requirement to be on site if needed. |
| 11 | Are two FTE nurses needed for III.3 Adult? One RN/NP/APRN and one LPN? | Only one nurse is required to be on call 24/7 for ASAM Level III.3 Adult; other nurses are utilized as needed depending on the medical acuity of the patient population at that time. |
| 12 | Are Addiction Treatment Assistants considered as PA's or Tech? | This position is identified by ADRA as an administrative role. There is no cope of practice for this position. |
| 13 | Additionally, has there been any mention about flexibility with LPN's in the supervisory role for a III.5 facility i.e. an LPN with 5+ years in a supervisory role in the addiction field? | No. III.5 is a higher acuity level and requires a more advanced skill set with a broader scope of practice to meet the needs of that population. |
| 14 | Are the III.5 Nurse requirements correct on the updated form? It appears that III.5 Adult's requirements are greater than III.7 Adolescent and III.5 Adolescents. | Sent to the Regional Managers and Executive Directors to send to the AD Residential providers. It was also sent to the webinar invitation list and it is posted on the OBH website at http://new.dhh.louisiana.gov/index.cfm/faq/category/87 |
| 15 | Can you tell me if the changes in the staffing pattern are now required or is it still in draft form as a recommendation? | It is required if you bill Megallan for services provided to individuals with Medicaid. |

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| 16 | <p>On ASAM Level III.3 State Licensing Requirements, page 503, (Vol. 30, No. 2 February 20, 2012) it states the facility can have a Full Time Nurse (RN or LPN) and have 24 hour availability for medical emergencies. At the Webinar Review, the Staffing Patterns states only an RN.</p> <p>Question: Which one is correct?</p> | <p>The AD Residential Staffing Pattern document presented at the Webinar is correct. The proposed State Licensing Requirements mentioned have not yet been approved.</p> |
| 17 | <p>On ASAM Level III.3 State Licensing Requirements, page 503, (Vol. 30, No. 2 February 20, 2012) it states in Part B paragraph that the “facility shall only admit diagnosed with ASAM Level III.1 it its Medium Intensity Residential Treatment Program. Is this a typo?</p> | <p>The proposed State Licensing Requirements mentioned have not yet been approved.</p> |
| 18 | <p>I am still confused as to the requirements for nursing on III.5 and III.3</p> <p>It appears as though both will require 1 FTE APRN/NP/RN on duty daily and on call 24/7 AND 1 LPN for first and second shifts (III.5) totaling three nurses while III.3 will require one additional FTE LPN totally two nurses. Can you please clarify this for me?</p> | <p>Adolescents III.5 and Adult III.3 have the same nursing requirements. (1 FTE APRN/NP/RN on call 24/7; Nursing availability on site whenever needed to meet professional nursing requirements).</p> <p>However, III.5 Adult has a higher nursing requirement because of the increased acuity/severity of medical co-morbidity experienced by the Adult population. (1 FTE Supervisory APRN/NP/RN on call 24/7; 1 FTE LPN on 1st and 2nd shift. APRN/NP/RN on call availability during the 3rd shift).</p> |

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| 19 | <p>Our overall question is why are the staffing ratios for the levels III.7 and III.5 not based on ratios of clients to nurses and clients to psych techs?? Based on what has been presented it seems that small and large programs are being expected to have the same ratio of nurses and psych techs instead of a staffing pattern that is based on program capacity.</p> | <p>The issue of staffing expressed in ratios was previously answered in questions 6/7.</p> |
| 20 | <p>Can you tell me the purpose of an RN for outpatient and intensive outpatient programs? We have two contracted programs and neither has an RN.</p> | <p>The RN is required because of the broader scope of practice and skill sets needed to manage broad range of needs.</p> |

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