| **ID/DD Waiver In-Home Nursing Respite** **Service Agreement** |
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| **Name:**  |  | **Medicaid Number:**  |  |
|  |  | **Agency:** |  |
| 1. | In-Home Nursing Respite (IHNR) services will meet the support needs identified in the Plan of Services and Supports and Activity Support Plan. Only the amount of In-Home Nursing Respite authorized in the Plan of Services and Supports will be provided. The Support Coordinator must be contacted if a change in the amount is needed. |
| 2. | IHNR is provided by either a Licensed Practical Nurse (LPN) or Registered Nurse (RN). The service is intended to be temporary (short-term) and provide periodic relief to the primary caregiver.  |
| 3. | IHNR is provided in the family home either with or without a parent/legal guardian present, depending upon identified support needs.  |
| 4. | IHNR services cannot be provided in the nurse’s or any of his/her relatives’ homes. |
| 5. | Nurses are NOT responsible for caring for others who may be in the home. The nurse is only responsible for the person who is enrolled in the ID/DD Waiver. Also, the nurse is not responsible for caring for pets.  |
| 6. | If a scheduled time for IHNR must be canceled (e.g. because of a doctor’s appointment, illness, going out of town, etc.) the nurse must be notified as soon in advance of the cancellation as possible. Three (3) cancellations for which no notice is given will result in a review of the Plan of Services and Supports to determine if IHNR services are still necessary and appropriate. |
| 7. | It is understood that the IHNR staff person will complete all forms necessary to document the provision of IHNR. I or my parent/legal representative will be asked to initial the Service Note each time IHNR services are provided to verify that the provider provided the amount of service indicated. It is understood that signing false or fraudulent documentation is against the law. |
| 8. | If a decision is made to terminate IHNR services because of failure to adhere to the ID/DD Waiver Enrollment Agreement or the IHNR Service Agreement, notification will be sent as soon as possible. The Support Coordinator will assist in locating other service options, if available. There are established procedures for filing an appeal and those will be provided. The services will not change until the outcome of any appeal is determined. If the environment or persons in the environment pose a risk to the IHNR staff person, he/she/the agency does not have to continue providing services.  |
| 9. | Should any problems arise regarding the provision of IHNR, notify the Support Coordinator immediately to avoid possible interruption of services.  |
| 10. | Medical treatment provided by nurses must be completed according to the Mississippi Nurse Practice Act Rules and Regulations. Any questions regarding nurses and their scope of practice must be addressed directly to the Mississippi Board of Nursing.  |
| **The above information has been reviewed and the circumstances under which In-Home Nursing Respite Services can be provided are understood.** |
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| **Person/Legal Representative Signature** |  | **Agency Representative Signature/Credentials** |
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| **Date** |  | **Date** |