Using Advance Practice Registered Nurses (APRNs/NPs) and Physician Assistants - Certified (PA-C) not employed by the facility but through a written agreement with a physician in Minnesota

<table>
<thead>
<tr>
<th>Skilled Nursing Facility</th>
<th>Admission Orders</th>
<th>Discharge Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (PA-C)</td>
<td>NO</td>
<td>Yes</td>
</tr>
<tr>
<td>Advance Practice Registered Nurse</td>
<td>NO</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skilled Nursing Facility</th>
<th>Initial Medicare Certifications</th>
<th>Medicare Recertifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (PA-C)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Advance Practice Registered Nurse</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skilled Nursing Facility</th>
<th>Initial Physician Visit</th>
<th>Alternate Physician Visits after Initial Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (PA-C)</td>
<td>NO</td>
<td>Yes</td>
</tr>
<tr>
<td>Advance Practice Registered Nurse</td>
<td>NO</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nursing Facility</th>
<th>Initial Physician Visit</th>
<th>Alternate Physician Visits after Initial Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (PA-C)</td>
<td>YES</td>
<td>Yes</td>
</tr>
<tr>
<td>Advance Practice Registered Nurse</td>
<td>YES</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nursing Facility</th>
<th>Admission Orders</th>
<th>Discharge Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (PA-C)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Advance Practice Registered Nurse</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Health Agency (licensed only)</th>
<th>Admission Orders</th>
<th>Discharge Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (PA-C)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Advance Practice Registered Nurse</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Health Agency (licensed &amp; Medicare Certified)</th>
<th>Admission Orders</th>
<th>Discharge Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (PA-C)</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Advance Practice Registered Nurse</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>
Regulatory References

1. Skilled Nursing Facility

483.40  F385

A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.

483.40(c) F387

(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.

(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.

483.40(c)(3) F388

Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.

§483.40(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section.

483.40(e) F390

(1) Except as specified in paragraph (e)(2) of this section, a physician may delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who--

(i) Meets the applicable definition in §491.2 of this chapter or, in the case of a clinical nurse specialist, is licensed as such by the State;

(ii) Is acting within the scope of practice as defined by State law; and

(iii) Is under the supervision of the physician.

(2) A physician may not delegate a task when the regulations specify that the physician must perform it personally, or when the delegation is prohibited under State law or by the facility’s own policies.

2. SNF Initial Certifications and Recertifications:

From CMS Pub. 100-1, Transmittal 76, dated January 13, 2012, Change request 7701:

40.1 -Who May Sign the Certification or Recertification for Extended Care Services

©2013 Care Providers of Minnesota
A certification or recertification statement must be signed by the attending physician or a physician on the staff of the skilled nursing facility who has knowledge of the case, or by a nurse practitioner or a clinical nurse specialist (or, effective with items and services furnished on or after January 1, 2011, a physician assistant) who does not have a direct or indirect employment relationship with the facility, but who is working in collaboration with the physician. Ordinarily, for purposes of certification and recertification, a "physician" must meet the definition contained in Chapter 5, §70 of this manual.

3. **Initial and Subsequent Physician Visits**


4. **Nursing Facility**

   **483.40(f) F390**

   At the option of State, any required physician task in a NF (including tasks which the regulations specify must be performed personally by the physician) may also be satisfied when performed by a nurse practitioner, clinical nurse specialist, or physician assistant who is not an employee of the facility but who is working in collaboration with a physician.

5. **Home Health Agency (licensed only)**

   There is no requirement for a physician or physician extender order for admission or discharge in a licensed only home health agency. The requirements do address the need for valid orders for medications and treatment which can be from a physician or other authorized prescriber which would include physician extenders with prescribing authority.

   ***(See the following regulatory language referencing those requirements - 144A.45.)*

6. **Home Health Agency (licensed and Medicare Certified)**

   **484.18 G158**

   Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.

   Interpretive Guidelines §484.18

   It is CMS’ policy to require that the HHA must have a plan of care for each patient, regardless of the patient’s Medicare status or that nurse practice acts do not specifically require a physician’s order. The CoPs do not require a physician’s order for services furnished by the HHA that are not related to the patient’s illness, injury, or treatment of the patient’s medical, nursing, or social needs.

   **484.18(b) G164**

©2013 Care Providers of Minnesota
Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.

Interpretive Guidelines §484.18(b)

The expected outcome for this high-priority standard is that changes in patient status, including measurements outside of stated parameters, or any changes that suggest a need to alter the plan of care, are reported promptly to the physician. This includes notifying the physician of discharge when the patient's needs have been met.

Changes in the patient’s condition that require a change in the plan of care should be documented in the patient’s clinical record.

In the situation where the patient progresses to the point where it is no longer reasonable and necessary to continue services, because the patient’s medical, nursing, and rehabilitative needs have been met adequately by the HHA, the HHA may notify the physician and discharge the patient, even though the certification period has not ended. The clinical record should maintain documentation that the physician was notified of the discharge, but it does not need to contain a physician's order for discharge. If, however, an HHA has a policy or is required by state law to obtain a physician's order before discharging a patient, the agency would be expected to abide by their policy and/or state law.

*** 144A.45 REGULATION OF HOME CARE SERVICES.

Subdivision 1. Rules.

The commissioner shall adopt rules for the regulation of home care providers pursuant to sections 144A.43 to 144A.47. The rules shall include the following:

(7) requirements for the involvement of a consumer's physician, the documentation of physicians' orders, if required, and the consumer's treatment plan, and the maintenance of accurate, current clinical records;

4668.0003 DEFINITIONS. Subpart 1. Scope. As used in parts 4668.0002 to 4668.0870, the terms in subparts 2 to 45 have the meanings given them.


Subp. 32. Prescriber. "Prescriber" means a person who is authorized by law to prescribe legend drugs.
4668.0150 MEDICATION AND TREATMENT ORDERS. (Class A)

Subpart 1. **Scope.** This part applies to medications and treatments that are ordered by a physician, osteopath, dentist, podiatrist, chiropractor, or other prescriber to be administered by the licensee.

Subp. 2. **Medication and treatment orders.** Medications and treatments must be administered by a nurse or therapist qualified to perform the order or by a person who performs home health aide tasks under the direction and supervision of the nurse or therapist consistent with part 4668.0100, subparts 2 to 4.

Subp. 3. **Authorizations.** All orders for medications and treatments must be dated and signed by the prescriber, except as provided by subpart 5.

Subp. 4. **Content of orders.** All orders for medications must contain the name of the drug, dosage, and directions for use.

Subp. 5. **Verbal orders.** Upon receiving an order verbally from a prescriber, the nurse or therapist shall:
   A. record and sign the order; and
   B. forward the written order to the prescriber for the prescriber's signature no later than seven days after receipt of the verbal order.

Subp. 6. **Renewal of orders.** All orders must be renewed at least every three months.

**Statutory Authority:** MS s 144A.45; 144A.46; 144A.47; 144A.48

History: 17 SR 2454 Posted: July 13, 2007

4668.0860 MEDICATION AND TREATMENT ORDERS. (Class F)

Subpart 1. **Scope.** This part applies to a class F home care provider licensee when an authorized prescriber orders a medication or treatment to be administered by the licensee.

Subp. 2. **Prescriber's order required.** There must be a written prescriber's order for a drug for which a class F home care provider licensee provides assistance with self-administration of medication or medication administration, including an over-the-counter drug.

Subp. 3. **Medication and treatment orders.** A medication or treatment must be administered by a nurse qualified to implement the order or by an unlicensed person under the direction of a nurse and the supervision of a registered nurse, according to part 4668.0845.
Subp. 4. **Authorizations.** An order for medication or treatment must be dated and signed by the prescriber, except as provided by subparts 6 and 7, and must be current and consistent with the nursing assessment required under part 4668.0855, subpart 2.

Subp. 5. **Content of medication orders.** An order for medication must contain the name of the drug, dosage indication, and directions for use.

Subp. 6. **Verbal orders.** Upon receiving an order verbally from a prescriber, a nurse must:
- record and sign the order; and
  - A. forward the written order to the prescriber for the prescriber's signature no later than seven days after receipt of the verbal order.

Subp. 7. **Electronically transmitted orders.**
- A. An order received by telephone, facsimile machine, or other electronic means must be kept confidential according to Minnesota Statutes, sections 144.291 to 144.298 and 144A.44.
- B. An order received by telephone, facsimile machine, or other electronic means must be communicated to the supervising registered nurse within one hour of receipt.
- C. An order received by electronic means, not including facsimile machine, must be immediately recorded or placed in the client's record by a nurse and must be countersigned by the prescriber within 62 days.
- D. An order received by facsimile machine must have been signed by the prescriber and must be immediately recorded or a durable copy placed in the client's record by a person authorized by the class F home care provider licensee.

Subp. 8. **Implementation of order.** When an order is received, the class F home care provider licensee or an employee of the licensee must take action to implement the order within 24 hours of receipt of the order.

Subp. 9. **Renewal of orders.** A medication or treatment order must be renewed at least every 12 months or more frequently as indicated by the nursing assessment required under part 4668.0855, subpart 2.