

Nursing Assessment and Delegation Video Transcript

[Dr. Ryan Lee, DDD Medical Director]

Hello everybody and welcome. My name is Dr. Ryan Lee and I'm the Medical Director at the Department of Health, Developmental Disabilities Division and I'm going to start us off by giving introduction on the topic today which is something near and dear to all of our hearts: Nurse Assessment and Delegation. Next slide please.

The agenda for today involves a brief and recap of what's been done in the field of nursing assessment and delegation and then we're going to break down some of the highlights of the standard--the waiver standards--that are new then we're going to dig deeper into the process of training consultation for nursing tasks and delegation and the definitions and purposes of nursing assessment and delegation. Following that, we're going even deeper and look into some of the forms that

need to be completed and how to complete them and then we're going to close by allowing some time for question and answer session. Next slide.

Okay, so first the overview. can move on to next slide. Thanks.

There have been some changes in the waiver standards that we made, not only to language, but in the process we really took a lot of the critique to heart and looked at some of the priorities that we had for the topic of nurse delegation and assessments and we believe that we've come up with a better process and something that is more usable for all of us. So, I'm going to go and describe some of that history behind that on the next slide.

We've spent um last several years hearing from you and we've taken a lot of those comments to heart.

And some of the concerns that were raised in the past on previous standards involved a lack of autonomy or authority by nurses during that process of delegation.

There are also not enough hours to perform the delegated tasks and standards and so as a result there's underutilization and nurses were not willing to delegate tasks to delegates to professional risk and also due to them just not being able to do the tasks and responsibilities to the standards that they upheld.

Again, as a result, there were limited monitoring and standards of care and we believe that this resulted in deficiencies in the areas of health and safety.

So, in listening to all of that, the work group got gathered together and also took listening sessions from the public and we've developed the new standards. We believe that the new standards increase autonomy for nurses and during both the assessment and delegation processes.

There are opportunities embedded within it for enhanced communication between the Developmental Disabilities Division and the agencies that provide services. There have been improvements to the authorization and number of hours and lastly, all of these modifications are intended to reach a common goal that both you and we have together, to improve the health and safety of our participants that have these nursing needs, through increased utilization of the service itself. Next slide.

So, for this section, I'm going to hand it over to Jenn La'a, who is going to be discussing the waiver standards.

[Jennifer La'a, DDD Community Resource Branch]

Hi everyone! Good afternoon.

I'm Jennifer Laa with Community Resources Branch.

I am just going to do a really quick overview of the waiver standards. So, next slide.

Okay, so the purpose of training consultation, generally speaking, for all training consultation services-, it is to provide exactly what it says, which is the training and this is for caregivers, paid service supervisors and direct support workers when implementing participants' goals objectives and outcome as is described in the ISP. Next slide.

Okay and then the reimbursable activities under training and consultation can be found in the standards as well and includes what's bulleted here, which is to provide: Provider Nursing Assessment. Development of Nursing Delegation Plan(s). Training and/or teaching. Oversight and monitoring of Nurse Delegation and/or the Revisions to Nurse Delegation plan(s). Next Slide.

Training and Consultation is: Time Limited; Intermittent; and Consultative--and once again the details are specified in the individual's ISP.

And, next slide.

Here is a very high-level overview of the timeline that we are in to implement and start this whole new process. Here you'll see that the notification went out. It was a transmittal memo with the assessment and that went out last week on, August 4th.

Today is the training consultation training it's an overview. Although, there's a lot of very detailed information that you'll hear today.

So, there'll be a lot to absorb and then we're going to have an additional training at the end of the month. It's currently scheduled for August 30th at 9--and this is going to be a scenario-based training for provider nurses and the DDD's nurses. And then, as the transmittal memo noted, the nurse assessment will go into effect on September 1st and it can be used and the planning of the timeline is that we're going to start utilizing all of this for plan years that begin December 1st.

So again, the effective date of the assessment is the First of September, but these are for plan years that will begin in December.

And we'll go into this a little bit more in further slides. So, next slide.

[Abigail "Abi" George, DDD Outcomes and Compliance Branch]

Okay. All right everybody. Good afternoon! My name is Abigail from DDD's Training Unit and today what I'm going to go ahead and talk to you about is the overall T and C RN Process, that the DDD team has put together to help roll out our new service—or not our new service--our updated service, to make sure, that nursing tasks are covered here within DDD. So, what's going to happen is, I'm going to go ahead and go over the process.

Priscilla is going to go ahead and then talk about some of the nurse requirements and components of what our packet looks like and then, at the end of the presentation, we'll go ahead and, kind of, come back to this process with an example scenario.

All right, so to start things off with this T and C RN Process, is we wanted to make sure that we highlight, just a high-level overview, of the roles and responsibilities for our case managers.

So right off the bat, we're going to go ahead and look at our case load and identify if we have an individual that we are supporting and if they have any nursing tasks.

So, are there any nursing tasks?

If there are no nursing tasks, whatsoever, then this service, of T and C RN is not needed.

However, if you take a look at your case load and we find that an individual we are supporting does have nursing task, is, this is when the case manager will authorize two hours of T and C RN to complete a nurse assessment.

This initial assessment and the authorization is for two hours, which will be taken from the current plan year.

This is when the provider is then responsible to complete a nurse assessment packet--and Priscilla will go over what that nurse assessment packet looks like.

But, within 15 days the Provider RN is required to complete this nurse assessment packet.

Resubmit the packet to our DDD staff, the Case Manager and our DDD RNs will take a look at what the nursing assessment packet looks like, and within the 10-day turn around, the Case Manager will then--if it's approved--authorize for additional hours for the current plan year and will then put an authorization for the new plan year coming up.

I know it sounds very tricky right now and there's so many moving parts but at the end of the today's presentation, we'll kind of put all the puzzle pieces together for you.

So, all right. So the golden question is: What happens if DDD doesn't accept, or takes a look at, our nurse delegation packet and we don't agree with the assessment?

So, this is where within the 10 days, we wanted to make sure and encourage, between the Provider RN, as well as the DDD Case Manager and DDD Nurse, to come together, to kind of, take a look, at the at the nurse assessment that was provided, to try to work out a solution.

This middle space of compromise is where we're highly, highly encouraging everybody to come together and take a look at the nurse assessment and so, that way we can go ahead and authorize T and C RN.

We feel, that with the redesign of T and C RN, this will allow our Provider Nurses to, you know, flex their skill as nurses and we respect the autonomy that our provider RN nurses have and at the same token, we want to make sure that this service has been utilized as we roll out our new waiver.

Again, but sometimes you know this happens, if we don't agree with the nurse assessment, if we can't come up with a compromise, then, our DDD CMs will then speak to the supervisor for additional possible next steps.

All right. Some roles and responsibilities for our providers.

So again, we're going to go ahead and take a look at the individuals we serve and support and if there are no nursing tasks, then no DDD Nursing Assessment or no T and C RN is needed.

However, if we do have an individual with a nursing task assigned, then two hours for an initial assessment will be authorized.

This is when the DDD provider--I'm sorry--the Provider RN will complete the nurse assessment packet, submit it back to DDD for review and approval within 10 days, then the Provider RN is responsible for training and skills verification to be completed before the start of the service and we have to also make sure that the Provider RN submits a Provider Nurse Delegation Plan.

So, when we're looking at T and C RN, there are different components of the actual service.

There's a Nurse Assessment component, as well as a Nurse Delegation Plan.

So, to talk about the different components and to bring us all back to speed of what it's all about, we're going to have our nurse here, Priscilla, talk about the two different components within this service.

All right, Priscilla, I'm going to go ahead and hand it over to you in two seconds.

[Priscilla Navares Kettle, RN, DDD Outcomes and Compliance Branch]

Okay, Hi everybody! My name is Priscilla from DDD--the Outcomes and Compliance Branch, and as Abi said today, I'm going to go over--before we go into the Nurse Delegation Packet we're going to be reviewing some of the components that are included in the Waiver Standards in regards to two things. It's going to be the Nurse Assessment and the Nurse Delegation Plan.

So, for the Nurse Assessment--we go--for the Nurse Assessment, these are the minimal things that are required, as far as what's included in the Waiver Standards.

For those that are looking--you may look--it may look familiar, because you can see that this is in compliance and aligns with what is included in the Five Rights of Delegation and also aligns with what is included in Nurse Practice Act for the HRS 457 and Chapter 89 of the H.A.R.

And these are included, but not limited to, but at minimum should include in the Nurse Assessment: One, the identification of tasks that may be delegated. The assessment of the participant's circumstance. The assessment of the person performing the task or in other words the "delegatee".

The supervision monitoring requirements and finally--recommendation to complete-- recommendation—recommended hours needed to complete the nurse delegation requirements--and we'll go over that in a little bit.

As far as the Nurse Assessment for the Provider RN, as Abi had said in the overall process, if there are any nursing tasks that are performed during the waiver service, then a Nurse Assessment by the Provider RN needs to be completed. This assessment does need to be completed by the registered nurse at the agency.

The reason is the current H.R.S. and H.A.R. language does currently reference only that task being done by an RN, and that only an RN, may delegate these tasks. So, these are to be consistent with what is in the Hawaii Nurse Practice Act, and from there, the RN will determine: one, whether the task can be delegated and secondly, who can perform these tasks under the delegation.

The other part of that, is the RN can determine the person is unable to perform any of the tasks and that can be dependent on any of the things that they identify during the Nurse Assessment Process and/or another reason is, that the task may not be delegated because the test may be performed specifically by an RN. And these can be in cases where there are

certain things that cannot be delegated such as: Nurse Assessment; Nurse judgment and those type of things that are identified by those national guidelines.

So, from then, for whatever reason that the RN determines during their assessment, the RN can determine that certain tasks cannot be delegated.

But, with that, the RN must submit the documentation or written notification to the reasons to the CM and when we go over the Provider

Nurse Assessment Form later, you'll see the area where the RN can identify those specific reasons.

The next component we talk about, after the Nurse Assessment is completed, we'll talk about the Nurse Delegation Plans that are submitted.

And, we just want to send a friendly reminder out there for everyone--and

I am sure that all the nurses on here are familiar-- but we do want to remind everyone, that any Nurse Assessment and delegation activities must comply with everything in the Hawaii Nurse Practice Act and this is going to be specific to the Hawaii Revised Statutes Chapter 457 and also Chapter 89 of the Hawaii Administrative Rules.

For your convenience, we've also included the link, specifically to these areas, that you can see in the professional application licensing website.

We also want to let you know, not only the standards do we have the language of what's required, but in the Appendix of the Waiver, we also included the updated National Guidelines released by the American Nurses Association and the National Council of State Boards of Nursing, which was released in 2019.

There is some language both in the Hawaii Revised Statutes and Hawaii Administrative Rules, that still reference the language, in regards to the joint statement that was released in 2010. So, that is still there in the Appendix, so that you may reference that as well.

All right, when it comes to Nurse Delegation, these are tasks that may be delegated by an RN not an LPN and these tasks can be delegated by a DSW or CD employee and these plans must meet skills verification.

The thing that we want to also remind you, is that whether these tasks are completed in the ResHab setting or Direct Care Services, these must complete all of the state delegation requirements, but depending on the setting and the service, must still be in accordance to the license certification rules of those specific settings.

All right. So, when you look at the Waiver Standards, you can see that there are certain components of a Nurse Delegation Plan.

These are very consistent with what was in the previous waiver, but to remind ours--as a friendly reminder-- we'll go over what those certain components are.

The first is identification of the nursing task to be delegated,

The second is list any equipment, if any equipment is needed.

Next, you're going to describe the step needed to complete that specific nursing task.

You're going to review the expected outcomes.

What does it look like when the task is completed as it should?

And, another part of that, is, what does it look like when adverse reactions occur?

We want to know, what does it look like when things don't happen the way that they should and the other component of that is, when does that worker initiate the emergency help that they would need and who to call?

From there, they also need to include that the document- the document the task and observation noted, and part of this, and we'll go over this in a little bit, also includes the training and skills verification.

The next part we're going to talk about is Nurse Delegation Plans, specific for Medication Administration.

For all of the medications--So, each individual medications, part of that plan should include either the brand or generic name, as applicable.

If there is identifying photos, that should/may be included as well.

The intended purpose: what is the reason?

Why are they taking the medications?

There are certain medications that may have multiple purposes.

So, it is important to have in that Delegation Plan, what the specific reason is, that the participant is taking that medication.

Also included, should be any drug and food interactions; any other general information regarding the medications, instructions and also included is the training and skills verification for that plan as well.

When we talk about the location of the nurse delegation plans, what we want to remind you is, basically the nurse delegation plans, should be located where the service site is.

So, wherever that service is being performed or that task is being performed then that delegation plan should be accessible at that particular service site, as well.

Now, let's talk about Training and Skills verification.

In the waiver standards another component of the nurse delegation does encompass this idea of Training and Skills verification.

For those that are familiar with the Five Rights of Delegation, the Training and Skills verification does reference the right for directions and communications.

This is an opportunity where the nurse can allow that two-way communication, where they can communicate the specific instructions to that task and secondly, allow the "delegatee" or the person performing that task, to ask any clarifying questions during that process.

For this Training and Skills verification, this must be performed, prior to the start of the person performing the task.

Basically, before the "delegatee" officially receives that authorization to perform that nursing task, this Training and Skills verification must be completed.

And the, um, it must be repeated, at least annually, thereafter or more depending on what the nurse identifies during their assessment.

And, part of that documentation includes, including the "delegatee's name": the date the verification was included, and also the delegated tasks to be included, as well.

The other component, there is the Oversight and Monitoring of the Nurse Delegation.

As, I always like to reference back to the Five Rights of Delegation, this specific component, does relate to the Right of Supervision and Evaluation for Nurse Delegation.

And, in this part, the T and C, at minimum, must complete a quarterly face-to-face visit, with both, the participant and the "delegatee", like we said, at least once a quarter. If there are other-- and also look at other supervision monitoring tasks as needed and this is going to be based on the Nursing Assessment.

Like we said--and Dr. Lee had kind of mentioned before---we really want to put the autonomy back on the nurse and make that determination to determine what is the most safe way to do this task.

So, even though the minimum is only that quarterly face-to-face, there is a part in the assessment where the RN can determine if there's other supervision or increased frequency that may be needed for that particular participant and "delagatee".

The other thing that we want to point out, is that written Quarterly reports are to be provided to the case manager within 30 days of the end of the quarter and all documentation must be maintained in the T and C Providers file.

Part of the Oversight and Monitoring for Nurse Delegation; these are the few requirements that the waiver standards identifies.

And, that first part is review of the data. Basically, all this means is, is a task being delegated and performed based on the nursing delegation plan that the Provider RN had provided.

For example, are there Medication Administration records or any documents that identify medication errors, and looking at any of these issues or concerns and the other part, is providing those recommendations for any identified issues or concerns.

The next part is discussing any "delegatee" training or retraining, based on the data that is fine. And finally, any other requirements, as specified in the ISP.

Now that we talked about the two components in the waiver standards, which is the Nursing Assessment and the Nurse Delegation Plan, now we are going to talk about the DDD Nurse Delegation Plan.

In just a little bit, actually, I think it's included in your chat and also, as Jenn had said, was emailed out on August 4th. You will have--you can see a copy of the Nurse Delegation Packet.

In this packet, there includes a Standardized Nurse Assessment form.

We heard a lot of the feedback and there was a lot of suggestions regarding creating a standardized form that would make it easier, for both the Provider RN to submit the minimum recommendations, and also easier for staff to receive that incoming information.

For your convenience, it has been provided in a fillable form that allows you to put in all the information that you need and like we said it is required to be completed by the Provider RN.

So, this provider must, may submit a supplemental assessment form.

Like we want to say in the beginning, just because this has the form, which includes the different components that are required, we do want to encourage the Provider RN--if they feel like they need to attach any additional information--they are free to do so.

This is just some of the minimum requirements on that form, but please feel free to attach any relevant or additional documentation that you

feel like, relates to the delegation process.

And Abi, had said in the beginning for the process, the Provider RN will have 15 days to complete that provider assessment, once that provider assessment authorization for those two hours, has been completed.

Now, for the nurse delegation packet, different components of that packet.

The first part, when you look at it, is going to be the Provider Nursing Assessment.

The second part will be "Worksheet A", which looks at the various nursing tasks and "Worksheet B", which looks at the Category Risk Guidance.

The first part, let's look at the Providing Nurse Assessment. For the Provider Nurse Assessment, there are going to be five different sections.

One: includes the Background Information.

Two: is identification of Nursing Tasks.

Three: is the assessment of Participant Circumstance.

Supervision and Monitoring requirements and also Provider RN and notes.

The first part is the background information. Very straightforward. The date is being completed. The name. Date of birth. Guardian information,

including the RN Provider agencies. The RN completing the Nursing Assessment. It may also include, the Case Management Unit and the Case

Manager. The residential setting and also including the health plan of the participant.

In this first section, too, the nurse will also be able to provide some medical background including the medical history, which includes, any of the medical diagnoses.

Looking at medical stability, and this includes any type of risk factors; precautions hospitalizations; or any A.E.R.s within the past year.

Also included, is diet and nutrition information, any durable medical equipment, or supplies that are needed and also, any medications or allergies of the participant.

In this medication section, you can also see that part of the information included: should have the medication name; the indication; or the reason why they're taking it; the dose; the route; and the ordering physician for that specific medication.

The next section, Section 2, looks at Identification of Nursing Task persons and the person's responsible.

Looking at it, you may see that it looks like a lot of boxes and a lot of info, but really the information is really straight forward.

On the left here, you're going to see what are the tasks.

When you look at the task, this is going to be used with the supplemental Worksheet A, which helps you identify the various nursing tasks and we're going to review that in just a little bit.

But, for each nursing task, you do want to identify those individually.

For example if you have two nursing tasks--maybe one for medication administration and maybe one for G-tube—these need to be identified separately.

And, the next question is: who's doing the task and what are the services the tasks are being delegated in?

In this next column, is where you're going to identify for that specific task, each person that may be completing that task, and identify the service in which that task is being performed.

The next part is: does this person have knowledge and skills to perform the task?

I always like to reference back the Five Rights of Delegation and this specific area does reference back that right person, when we talk about the rights of delegation, and this is when the nurse can look at ensuring the person has the skills and knowledge to be able to perform the task.

In this specific column, the Provider RN can indicate: one, "yes", the RN determines the person is able to complete the task or they may also indicate, "no", they are not and indicate the reason why they feel that way.

So, once they identify the task, who's doing what service, and if that person is able to complete it, then they'll also make a final determination, for each specific task, whether that task can be delegated.

So, in that last column to the right, you'll see RN authorization of the delegation task: you may indicate either, "yes", the task may be delegated or if "no", you can indicate what that reason may be and that can be for any reason they identify within that Nursing Assessment Process or it could also be that they identify that specific task is unskilled nursing activity only.

So, whatever that reason may be, that is where the Provider RN, can indicate any reasons they feel like it may not be appropriate to delegate that specific task.

So, going through this list you may have tasks that maybe the RN can determine, the task can be delegated, or maybe not, and it just depends on the various circumstances they come across during their assessment.

Now, Section 3 of the Provider Nursing Assessment, looks at the Assessment of Participant Circumstance.

For this, the RN may consider the participants medical stability,

condition, and the situation--because these are going to be very specific and unique to each specific participant and the specific "delegatee". So, these are certain components that the nurse will look at when assessing the Participant Circumstance and I want to remind everybody again, when we're referring back to the Five Rights of Delegation, this is in reference, specifically to the Right Circumstance.

And, for this specific section, the Provider RN, will use this and supplement with Worksheet B, which identifies the various Risk Category Guidance and we're going to review that in just a little bit, but, before we do, I'm going to show you what it looks like in this section here.

They will first, the Provider RN, will first indicate which category that participant is assigned. There are going to be four various categories.

Category one being the lowest. Category five being the highest.

When you look to the right, in the gray column, next to it, each category is aligned with a specific amount of authorizations per year.

So, for example, category 1, the Provider RN may authorize up to 4 hours annually.

Category 2, they may authorize up to 6 hours annually and from there, the Provider RN, in the furthest right column, can indicate what they feel like may be the most appropriate for that specific participant and "delegatee".

All right, so now, let's move on to Section 4, which is the Supervision/Monitoring Requirements.

The minimal requirement is that the face-to-face must be completed, like we said, at least quarterly.

So, the RN, may do this at least quarterly, but if the nurse, during this assessment process, feels like more frequent supervision or requirements are needed, that they can indicate that.

So, they will check-off that first box, their quarterly face-to-face visits, if they feel like sufficient. But, if maybe, they have a higher complex task that needs to be done or maybe there's some indicators of medical instability and they feel like there needs to be more frequent visits than the Quarterly face-to-face, then the Provider RN can determine that by checking off the second box. And as you can see too, there's also a check box and there's going to be a little fillable

area at the end after it says, please enter your recommended frequency for supervision/monitoring, here you can indicate how often that nurse feels like the face-to-face should be completed.

And then finally, the nurse can also indicate their RN rationale or comments related to this section at the bottom.

And now, we will move on to section 5.

This area allows the Provider RN to submit any additional comments or notes.

Like we said, this standardized assessment form does allow the convenience of submitting standardized information to DDD, but we also want to encourage you, if you feel like there is

any additional information, additional documentation, please feel free to indicate that here and attach any additional documents that you feel, like is needed.

Now, once that sections are completed—like Abi had said-- that once the Provider Nursing Assessment is authorized to complete this Nurse Delegation Packet for two hours, they have that 15 days from that authorization to be completed.

Once that 15 days has lapsed, then it would be submitted to DDD and that is where the CM and DDD RN reviewer will look at the assessment and one, either approve the hours or "no", recommend what they feel like the appropriate hours may be and any additional comments for that rationale.

All right, so now that we talked about that first section of the Provider Nursing Assessment, next, we will move on to Worksheet A activities.

In this Worksheet A, this is the list and checklist of identifying, one, either the RN delegated activities or skilled nursing activities that may not be delegated.

That's, that first checklist, has a long list of possible nurse delegation activities that may be delegated and part of that list is not only identifying the specific task that is performed during waiver services, but you may also indicate the setting and provider, that that task is being performed in that checklist.

So, once they've gone through and identified those tasks they can either check off, something off of that list, but there also is other boxes where they can submit other tasks that may not already be identified in that list.

After they've identified a list of tasks that may be delegated, there is also a section on skilled nursing activities.

So, for these specific tasks, these tasks do not require a nurse delegation plan and that is because they may be only performed by an RN or an LPN, under the supervision of an RN.

And, this is just a reminder, that there are certain components that may not be delegated and that includes anything that includes, a Nursing Assessment; Nursing Judgment or Critical Reasoning--if any of these tasks do encompass some of those nursing assessment skills, these are tasks that may not be delegated and the nurse can either check off from the list that is there or there also is a little row, there, where they can and then identify any other tasks and that may be for skilled nursing activities only.

And from there, let's talk about Worksheet B.

For Worksheet B, this is the Assessment of Risk Guidance and there's going to be two different parts to this.

The first part, is a checklist that looks at the Indicators of Medical Instability and the last page there, the Risk Category Guidance.

So, for the section of the indicators of medical instability, the Provider RN, can use that to support the reasoning of "why" they identified a certain risk for that determination.

Examples of the checklist included on those Indicators of Medical Stability are frequent assessments by medical providers.

Have they had a lot of medication changes and adjustments during the year that requires this regular doctor or nurse's review?

Do they have unstable blood sugars?

Complicating factors?

Have they been to the ER or the urgent care frequently over the past year?

So, these are just a short list of there and as always we all also have another row, where you can indicate any other reasons that may indicate Medical Instability of the participant and help support the assignment of that category risk.

From there, the next part includes that risk category guidance like we had mentioned there are going to be four categories.

Category 1 is the lowest risk and Category 4 is the highest risk. And, some of these components are based on medical stability and the complexity of care of the task .

We do want to let you know, that this is provided, as a guidance to help determine and justify the appropriate guidance and category that the participant is in.

But, we do want to show and it is indicated on your form, that participants do not have to meet all criteria in any given category and that different participants may fall into different categories, depending one, on their assessed need, or this specific circumstance of that situation.

So, for here, Category 1, would be this is an example of someone that has maintained medical stability over the last year and may have non-complex needs.

Category 2, is Moderate Risk, meaning they still show medical stability over the past year but the task includes a little bit more complex care needs.

Category 3, the High Risk is medically, they show a lot of indicators of medical instability and have complex care needs.

Where Category 4, is the Highest Risk, they are determined to be medically unstable and have highly acute complex care needs.

And, I know we reviewed a lot today, so we thank you guys so much, for your attention, as we've gone through a lot of information.

But, as we review these forms, we want to review the different parts of the Nurse Delegation Packet.

So, Section 1, 4 and 5, when they say standalone section for providers, all this means is that the Provider RN is able to fill in this section with the information that they have on hand.

And then, we do have the next one, the standalone section for DDD, meaning that the DDD RN reviewer, will be able to fill this in.

And then, when we talk about the other sections that have supplemental forms and sections to review that in, as we kind of mentioned before but we'll reinforce and explain little bit more of what that is.

Section 2 is used in supplement or conjunction with Worksheet A.

And Section 3 is used conjunction with Worksheet B.

So, just a reminder, because have gone over a lot of information, Section 2 is the identification of nursing tasks and the person responsible.

So, this is going to be used with the supplemental form Worksheet A, where you have that checklist of tasks and the different services that they're being provided.

And, Section 3, you're going to be using with Worksheet B. So, Section 3, that looks at the assessment of the participant circumstance, will be used in conjunction with Worksheet B, which looks at the indicators of medical stability and provides that criteria of the various categories and provides that risk assessment category guidance.

So, I know that was a lot of information and thank you guys again for your attention but for now, I'm going to bring it back to Abi, who's going to give an example of scenario that hopefully ties everything we went over together.

[Abigail]

All right, everybody! Was that a lot or what?

So, what's going to happen now is, I'm going to go ahead and go back to the process that we mentioned earlier, in regards to, authorizing and starting up T and C RN, for an individual that we are servicing and supporting.

Okay? So, I know that was a lot of information to take in, but at the end of today's presentation, also, we'll give you information about where you can find the recording and then a follow-up training we're having, okay? So, all right, so let's go ahead and take it to our scenario.

So, here we have, Lani. Lani is the individual being supported and then this is her circle. We have, Paula, RN Provider.

We have, Georgette, Guardian. Curt, caregiver and Casey, the case manager.

So, here we all are. We're gathering together to support Lani.

Lani's current plan year from December 1st, 2020 to November 30th, 2021--so, her current plan year is coming up, it's ending.

What's happening now is, because Casey, the Case Manager, is such a proactive, amazing case manager, her ISP, for the new plan year is currently being scheduled for September 2nd.

Okay, this ISP we are convening for is for the new plan year which starts on, December 1st, 2021 and ends on November 30th 2022.

Okay, so, here we are at our ISP and we take a look at Lani and Lani, it's determined that--you know what? Lani actually does have nursing tasks, in which she has/needs assistance with medication administration for oral medication for at least one to five meds.

Okay, so these are the nursing tasks that we have with Lani.

So, what happens is, after the ISP, Casey, the Case Manager, comes back, she notices that we did identify some nursing tasks at the ISP.

We generated a Working Action Plan and Casey, the case manager, went back to the amazing INSPIRE system and she's inputting the authorization for 2 hours of T & C RN.

Okay, after the authorization goes through, Paula provider, conducts her assessment and completes the Nursing Delegation Packet, that Priscilla just reviewed.

As Paula is completing this packet, she submits this back to DDD within 15 calendar days.

Okay, so now that Paula provider has submitted the Nurse Assessment Packet, our DDD Nurse, as well as, Casey, the case manager and the DDD case manager, reviews this Provider RN Nurse Assessment.

Should they need additional clarification, the DDD nurse and/or the case manager will contact, Paula, within 10 days, to see if we can go ahead and discuss the Nurse Assessment Packet.

Everything looks good for the Nurse Assessment Packet. Paula provider did a great job with filling out the packet, as well as the Nurse Assessment, so, Casey, the case manager, is going to go ahead and go back to INSPIRE. She already included the initial authorization for 2 hours, so what's going to happen next, is because we still have a few months within the current plan year, based on the amount of hours and the table that is indicated on our Nurse Delegation Packet, Lani is part of Category 1.

She's low risk and then we will authorize 2 hours for this current plan year that we have right now. Right? We still have a few months left within this current plan year, so we're going to go ahead and authorize 2 hours for T and C RN.

However, for our next plan year in December, which starts December 1st, 2021 to November 30th, 2022, we will then authorize for T and C RN for category 1 and she will receive up to 4 hours annually for T and C RN.

Additionally, with the skills verification, the provider must make sure that the "delegatee" can perform these nursing tasks and it's documented within the Nurse Delegation Plan.

The skills verification and the information is inputted into the Nurse Delegation Plan and Paula, our provider, submits this Nurse Delegation Plan, to the case manager.

As what Priscilla mentioned, we always want to make sure that copies of the Nurse Delegation Plan, is where the person receives their services, but, ultimately, we want to make sure that the delegation plan is provided to the case manager.

So, some additional requirements and responsibilities for our Provider RN, is that we want to make sure that you turn in Quarterly Reports and during these Quarterly Visits, we want to make sure that you indicate the date; start and end time of the visit; who was present; and who you observed delegating the task to.

We also want to make sure that these Quarterly Reports are provided to the DDD case manager at the end of each quarter and make sure that each provider archives a copy for their own file.

Okay. All right. So, now we're going to go ahead and hand this over to, Dr. Lee, to close us up for today.

[Dr. Ryan Lee]

All right, everybody. I hope you enjoyed that. Give me the next slide, please.

So, in summary we have, really revitalized, I believe, the service and hopefully, it's more useful for you guys and ourselves.

And, we just want to support the nurses and the community and also our participants in receiving the services from the nurses and those that they delegate to, to make things safer for participants with those health conditions or nursing needs.

There are two components of the Training Consultation for nursing and this involves, number one, again, the Nurse Assessment and then, the second is, the Nurse Delegation Plan.

And, the third thing is that, we have summarized the Nurse Delegation Packet.

It seemed like a lot, but we are here really to support you all in this,

So, we really encourage communication, questions and for you to contact us, if you want clarification on any of that and then we have developed.

[End}