DHS Oregon Department of Human Services

Seniors and People with Disabilities

Information Memorandum Transmittal

Mary Gear
Authorized Signature

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Topic: Long Term Care

Subject: Letter sent to SPD Community Health Support Program RN Providers Concerning Usage of New Program Forms

Applies to (check all that apply):

- ☐ All DHS employees
- ☒ Area Agencies on Aging
- ☐ Children, Adults and Families
- ☒ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Health Services
- ☒ Seniors and People with Disabilities
- ☐ Other (please specify):

Message: The attached letter is being mailed to all Seniors and People with Disabilities (SPD) Community Health Support Program (CHSP) RN providers.

The letter describes each new CHSP form and provides information on each form's usage and CHSP documentation requirements.

CHSP RN provider questions concerning the new program forms are to be directed to Gretchen Thompson (contact information below).

Please click on the Oregon State Board of Nursing website down below to view Division 45 regarding the Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse information.
http://www.osbn.state.or.us/OSBN/adminrules.shtml

If you have any questions about this information, contact:

Contact(s):	Gretchen Koch Thompson		
Phone:	503-945-6484	**Fax:**	503-378-8966
E-mail:	Gretchen.L.Thompson@state.or.us		

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September 29, 2008

Dear Community Health Support Program RN:

This letter serves to guide you through the Seniors and People with Disabilities (SPD) Community Health Support Program (CHSP) transition to new program forms.

As of September 1, 2008, four new CHSP forms have replaced the twelve program forms previously available.

All of the new forms are available for download in PDF and Word format from the DHS Forms page. Visit the Department of Human Services home page at www.oregon.gov/DHS/ and click on the *Forms* link (left side menu). On the *Find a form* page enter "Community Health Support Program" in the second box of the search criteria that states *Title contains word or phrase*. Click *search* and it will bring up all four program forms.

The following describes each new CHSP form and provides information on its usage and CHSP documentation requirements.

New CHSP Referral Form:
Our program's new referral form is called the *SPD Community Health Support Program Client Referral for Community RN Health Evaluation and RN Service Plan (SDS* 0753). This form replaces the SDS 0814 Contract RN Referral form.

The new CHSP referral form is designed for the case manager to communicate focused individual and care provider demographics to the CHSP RN who accepts the new referral. The case manager can attach additional information pertinent to the referral on to the form. The new form also allows for an electronic case manager signature.

This referral form serves as your prior authorization to provide the CHSP RN service of a *Community RN Health Evaluation and RN Service Plan* for the individual being referred to you.

New CHSP RN Documentation Forms:
There are three new CHSP RN documentation forms. These three forms replace the eleven forms previously available for documentation of CHSP RN services.

While the previous eleven program forms became obsolete as of 9/1/08, the CHSP RN services formerly recorded on those forms did not. The CHSP RN services that you provided to individuals will continue as specified in your SPD contract, the CHSP program rules and the CHSP policy and procedure manual. What is different is the *context of the documentation* recorded on the new Program forms.

As you continuing reading, please keep in mind that the CHSP RN forms and documentation requirements are specific to the SPD Community Health Support Program and *do not replace or substitute for* Oregon State Board of Nursing (OSBN) RN practice and/or documentation standards. This means that in addition to the documentation that you are required to record on the new CHSP forms, you remain professionally and contractually responsible to generate and maintain professional documentation that:

- supports all documentation provided to the case manager on the new CHSP forms,
- promotes safe services provision to individuals and their care providers,
- demonstrates compliance with your contract's statement of work, CHSP policy and administrative rule requirements, and
- meets OSBN documentation standards.

The method that you provide your CHSP RN services documentation to the case manager, the individual and/or care provider, is a professional business decision on your part and can be in hard copy, fax, or electronic transmission.

Community RN Health Evaluation

The SDS 0802 RN Comprehensive Initial Assessment form became obsolete as of 9/1/08. This **does not** mean that the CHSP RN is no longer required to complete an assessment! For the Community Health Support Program, this work deliverable is a *Community RN Health Evaluation*.

By CHSP definition, a Community RN Health Evaluation means *a review based upon a focused or comprehensive assessment of an individual and their living environment for the purpose of evaluating the individual's community health status, identifying health education, teaching and/or delegation needs based on nursing judgment.*

Due to the highly individualized content of any given Community RN Health Evaluation, there is no CHSP form to record it on. There are, however, minimum requirements on *what must be evaluated* when completing a Community RN Health Evaluation (content) and *how a summary of the evaluation is to be organized and presented to the case manager* (format).

The data collected and evaluated by the CHSP RN during the completion of a Community RN Health Evaluation must address the following three content areas:

1. The reason for referral from the case manager and the individual's known chronic health conditions.

2. The individual's *community health status*. For the CHSP this means summary statements by the CHSP RN that communicate the following:

    a. the individual's health-related life-style strengths and key health related beliefs;
    b. any health beliefs, behaviors, or conditions that put the individual at risk;
    c. the service provider's (if applicable) understanding of the individual's chronic health issues; and,
    d. the individual's environmental safety.

3. A medication review.
    a. For the individual who self medicates, the medication review identifies, evaluates and communicates the individual's ability to obtain medications, safely take their medications, recognize and report desired medication outcomes and undesirable side effects or adverse drug reactions, safely store their medications, and obtain medication refills.
    b. When a service provider assists the individual with medication administration in the individual's home, the medication review must also identify, evaluate and communicate how the service provider assists with the process; e.g., their ability to obtain medications for the individual, safely administer the medications or set up the medication, recognize and report desired medication outcomes and undesirable side effects or adverse drug reactions, safely store medications and/or obtain medication refills.
    c. In foster home settings where medications are administered to the individual, the medication review must identify, evaluate and communicate the foster provider's ability to safely administer medications to the individual.

As data is collected and evaluated, you will be developing *reasoned conclusions* about the individual's actual or potential community health status that are amendable by means of health education for the individual, care provider and/or family teaching, and/or RN delegation. For more information on reasoned conclusions, read the definition of "*Nursing Diagnostic Statements"* in the newly amended (and enclosed) OSBN Chapter 851 Division 045 *Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse* (Secretary of State 2008, June 12).

The Community RN Health Evaluation document that you present to the case manager must have the following information formatted on the first page of the document:

- Identification that the document is a *Community RN Health Evaluation,*
- The date of the evaluation,

- The individual's first and last name, address, date of birth, recipient ID number, and phone number.
- The name of case manager
- Your name as the CHSP RN completing the evaluation,
- A summary of the evaluation findings addressing each of the 3 required content areas, and
- Identification of all persons to whom the evaluation document was distributed.

How you document the data evaluated for the Community RN Health Evaluation is a professional business decision on your part. This means you may choose any retrievable nursing documentation system (e.g., problem orientated, narrative, SOAP, etc.). The recorded data must be retrievable and it must be attached to the first page of the Community RN Health Evaluation (as described above).

SPD Community Health Support Program RN Service Plan (SDS 0754).
This form replaces the SDS 0815 RN/Client Health Care Plan. The new *SPD CHSP RN Service Plan* is designed to communicate specific CHSP RN services that will be provided for the individual.

The RN Service Plan communicates the CHSP RN services to be provide to the individual that will assist them in meeting their community health goals (related to their community health status that you have identified through your completion of a Community RN Health Evaluation).

- If no ongoing CHSP RN services are recommended, simply document a statement indicating that on the RN Service Plan.
- If ongoing CHSP RN services are recommended, the CHSP RN services identified on the RN Service Plan will align with those requested for prior authorization.

The RN Service Plan will prompt you to identify a *Visit Frequency*; this is the frequency of visits necessary for you to implement the RN Service Pan over the next six months.

The RN Service Plan will prompt you to identify a *RN reassignment priority level.* This is a projected numerical rating from 1 to 3 that identifies for the case manager the urgency for referring the individual to a different CHSP RN provider should you no longer be available to implement the RN Service Plan:

"1" means immediate reassignment due to delegation services,
"2" means reassignment within two weeks, and
"3" means reassignment with one month.

The RN Service Plan communicates the CHSP RN services that you plan to provide for the individual or are providing for the individual. The RN Service Plan is specific to the SPD Community Health Support Program and *does not replace or substitute for* Oregon State Board of Nursing (OSBN) RN practice and/or documentation standards.

SPD Community Health Support Program RN Services Summary (SDS 0752).

This form replaces the SDS 0805 RN Monitoring/Supervisory Visit/Telephone Call form. The new *SPD Community Health Support Program RN Services Summary* form prompts you to record *summary statements* about the individual and the CHSP RN services you provided. These summary statements are concise, to the point, statements directed to the case manager about:

- the individual's health status/changes in health status, and
- actions taken by you, or to be taken by the case manager.

A RN Services Summary must be provided to the case manager for every service you provide for the client and bill for. How you document the data that supports your summary statements is a professional business decision on your part. This means you may choose any retrievable nursing documentation system (e.g., problem orientated, narrative, SOAP, etc.).

The SPD CHSP RN Services Summary form can be used as a one or two page form. If the case manager requests documentation that supports your summary statements, you can record the documentation on the second page of the form or attach your own document(s) to the form. This would be a professional business decision on your part.

SDS 0751 SPD Community Health Support Program RN Delegation of a Nursing Task.

(Replaces SDS 0803 RN Initial Delegation)

This form prompts the RN to record specific information *for the case manager* when a task of nursing care is being considered for delegation or is being delegated to a non-family care provider. A completed SDS 0751 form will communicate:

- the nursing task being delegated,
- to whom it is delegated,
- the date delegation occurred, and
- the frequency that periodic inspection, supervision and re-evaluation of the delegation will occur.

The form is also designed to communicate the CHSP RN's decision not to delegate a task of nursing care.

This CHSP form does not replace or substitute for OSBN RN practice or documentation standards for RN delegation. How you meet those standards is a professional business decision on your part.

In Summary

- The new CHSP RN form requirements are specific to the SPD Community Health Support Program.

- The documentation that you record on the CHSP forms is for the case manager.

- You are still responsible to generate documentation that:
  - promotes safe services for individuals and for safe care delivery by service providers,
  - demonstrates compliance with your contract's statement of work, CHSP policy and administrative rule requirements; and
  - meets OSBN practice and documentation standards.

- The method that you provide your CHSP RN services documentation to the case manager, the individual and/or their care provider is a professional business decision on your part and can be in hard copy, fax, or electronic transmission.

Please direct all questions concerning the new CHSP forms and requirements for their usage to CRN.HSU@state.or.us Community Health Support email address, subject line: *CHSP Forms Question.*

Sincerely,

Gretchen Koch Thompson RN, MSN
Community Health Support Program Nursing Coordinator
Health Support Unit
Office of Licensing and Quality of Care

CC: CHSP RN Correspondence file
SPD, AAAD, CDDP Local Offices

Enclosures:
Chapter 851 Division 045 *Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse* (Secretary of State 2008, June 12).