



Division Directive Number
3.060
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Title: Community RN Program

Application: Applies to State Operated Waiver Programs, Regional Offices, Senate Bill 40 Boards, and Other Not-for-Profit Targeted Case Management (TCM) Entities

Purpose: To define oversight responsibilities for the Community RN program in all residential placement settings.

Definitions:

Action Plan Tracking System (APTS): A database used by the Division to track issues requiring resolution, as well as positive practices identified through Integrated Quality Functions. Issues tracked are identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes.

Nursing Review: A Division of DD Quality Enhancement Function for monitoring individual health and safety. It includes a clinical case review completed by a Regional Office Quality Enhancement Registered Nurse. This incorporates evaluation and analysis of the individual's support services and planning around their health care needs.

Provider Critical Status Plan: Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR), as well as other available monitoring data. A Critical Status Plan is considered a serious situation that must be mitigated and/or corrected. A Critical Status Plan may result from a provider not resolving issues as specified in the improvement plan and could result adverse action including termination of contract. Criteria for Critical Status Plans are included in Division Directive **4.080 - Integrating Quality Functions**.

Provider Improvement Plan: Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring data. Improvement Plans are written for the purpose of increasing performance above current levels, overall system improvement or to put processes into place to prevent an issue from developing into a more serious situation. These plans are only required under the criteria in the Provider Improvement Plan section of Division Directive **4.080 - Integrating Quality Functions**.

Targeted Case Management (TCM) Provider: An agency, to include Regional Offices, SB 40 Boards and Not-for-Profits agencies, authorized through a contractual agreement to provide targeted case management services for persons eligible for services from the Division of Development Disabilities.

PROCEDURES

Training

1. The Regional Office will sponsor Community RN Program Orientation Training at least quarterly so new Community RNs can attend within 90 days of their hire and new contract residential providers can attend within 90 days of contract execution. The Regional Office will also host necessary mandatory Community RN Program meetings for providers and nurses in order to alert RNs and providers of any revisions to the program.
2. Each Regional Office will host a Community RN networking/informational meeting at least annually, which is not a required attendance.
3. The Community RN Program training is mandatory for:
 - a. Existing and new Service Coordinators
 - b. Existing and new Quality Enhancement staff
 - c. Provider Relations and Technical Assistant Coordinators
 - d. Newly employed Community RN's
 - e. New contract residential providers
4. The current Community RN training manual and required forms to be utilized can be accessed at **Community RN Program**. DMH-DD staff will keep the manual and required forms updated with the expectation that all Community RN's will utilize these documents to maintain quality performance of their contracted functions.

Support Process

1. When the Support Coordinator reviews the provider's monthly documentation, it will include reviewing the Community RN Monthly Health Summary, which the Support Coordinator will sign indicating their review. The Support Coordinator will also verify that the QDDP has reviewed and implemented any needed action as represented by the QDDP's signature on the Monthly Health Summary. If the Community RN has identified health needs and made recommendations, the Support Coordinator will monitor documentation to assure the needs identified are addressed and issues are resolved. All health issues and support issues should be tracked in APTS, including resolution; and incorporated into the individual plan as appropriate.
2. If there is not a current Community RN Monthly Health Summary to review as part of the monthly review process, the Support Coordinator should follow-up with the agency to determine why and report to Regional Office Quality Enhancement as needed.
3. If assistance is needed with resolution, if there are identified patterns of concern, or if it is discovered there is no Community RN in this role, the Support Coordinator will notify Provider Relations who will consult with the Support Coordinator and provider in an effort to resolve identified issues.
4. When an individual's health requires more nursing hours than the Community RN can provide through distribution of existing authorized hours, the need and request for additional funding must be identified in the individual service plan with a corresponding objective identifying the purpose of the additional nursing service and a time period the service is anticipated to be needed, in accordance with the Utilization Review Process (9 CSR 45-2.017 [Chapter 2](#)). If approved, an addendum to the plan documenting authorization of the additional hours will be completed. If not approved, the plan should incorporate other methods for addressing the needs.

Quality Enhancement Oversight Process & Program Improvement

1. The Quality Enhancement Team will review community RN Program functions, as Quality Enhancement RNs complete the individual Nursing Reviews in accordance with **3.090 Health Identification and Planning System Process**.
2. Concerns identified during the Nursing Review process will be addressed and referred to Quality

Enhancement for entry into APTS. Identified trends and patterns in APTS will be addressed in Provider Improvement Plans or Provider Critical Status Plans as indicated.

3. When a provider identifies that their Community RN position will become vacant or for any reason the nursing oversight service cannot be provided monthly, the provider must notify Provider Relations as soon as possible of their impending vacancy. The provider will then submit their interim plan to Provider Relations within an agreed-upon timeframe to assure adequate coverage to meet the consumer and unlicensed staff needs. The Regional Office Quality Enhancement RN will review the provider's interim plan and provide feedback to Provider Relations regarding any concerns, issues, and recommendations. The Regional Director or designee will make the decision to approve or disapprove the submitted interim plan based on the adequacy to meet the needs of the consumer as well as the training and supervision needs of staff.
4. Approved interim plans may be integrated into the Provider Improvement Plan or Provider Critical Status Plan if the problem is chronic. If necessary to meet the health and safety needs of consumers and/or training and supervision needs of the unlicensed staff, the Regional Office may require the utilization of a temporary RN. Provider Relations and the Support Coordinator will monitor, at least monthly, to assure adequate movement towards employment of a Community RN and that the interim plan is meeting the consumer and staff needs. If at any point the Support Coordinator and/or Provider Relations determines the provider is not actively working to employ another RN, or there are other issues preventing nursing oversight from being provided as prescribed, or the individual's needs are not being met under the interim plan, the Quality Enhancement Team Leader and Regional Director will be notified for further evaluation and intervention. Quality Enhancement and Provider Relations will continue to track the agency's efforts until a new RN is employed.

Authority

20 CSR 2200 <http://www.sos.mo.gov/adrules/csr/current/20csr/20c2200-4.pdf>

[Division of DD Provider Contract](#)

MO Board of Nursing <http://pr.mo.gov/nursing.asp>

RSMo 335 <http://www.moga.mo.gov/STATUTES/C335.HTM>