Registered Nurse Exemption – Competency Matrix

Competency	Minimum Requirements for Proficiency			Demonstration of Competency
	Skills	**Experience**	**Knowledge**	
Clinical Assessment • Physical Care Needs • Behavioral/Mental Health Care Needs • Restorative Care Needs • Pharmacological Care Needs • Allied Health and Other Therapeutic Care Needs	1. Ability to conduct and accurately analyze an assessment of comprehensive skilled care needs for beneficiaries residing in inpatient nursing/long-term care facilities based on the principles and practices of the healthcare delivery system	1. At least 1 year of experience conducting comprehensive skilled care needs assessments, documenting findings, and designing long-term services and supports plans to meet beneficiaries' skilled care needs	1. Principles and practices of the healthcare delivery system 2. Health care rules and regulations 3. Medical terminology, basic anatomy and physiology; basic bio-psycho-social assessment 4. Determination of Level of Care 5. Identification of bio-psycho-social risk factors and risk-mitigation measures to be taken to alleviate identified risks	
Long-Term Services and Supports (LTSS) identification for Transition Planning and Implementation	1. Provide effective technical assistance to in-patient Medi-Cal beneficiaries and care coordination teams, while fostering trust and cooperation among team members, during the development and implementation of the LTSS required for each individual CCT Transition and Care Plan 2. Analyze comprehensive skilled care needs assessments and physical, mental, and social needs and preferences to develop transition and care plans that accurately and effectively identify each individual's strengths and weaknesses, while supporting their LTSS needs in the community	1. At least 1 year of Transition Planning experience, or twenty four (24) cases that have completed transitions over a period of 6 months immediately preceding the determination of competency 2. At least 1 year of Transition Plan development and implementation experience, or twenty four (24) cases that have completed transitions over a period of 6 months immediately preceding the determination of competency	1. Medi-Cal State Plan Services and Home and Community-Based Services (HCBS) Waivers 2. Best practices from CMS nursing home transition programs 3. Best practices for the provision of outpatient health care services, including state and federal regulations 4. Process(es) for safe and sustainable deinstitutionalization	

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(*Continued from page 1*)	3. Provide guidance, training, and technical assistance, in collaboration with hospital discharge planners and field staff, to beneficiaries to coordinate their health and safety in the community 4. Serve as a resource on issues that may impact the health, safety, and sustainability of a transition, and provide technical assistance to resolve problems related to the most complex and sensitive transition cases 5. Contact CCT and other community health care and social services resources for information, as needed, to complete transition and care plans supportive of beneficiaries' health and safety while residing in the community			
Case Management	1. Evaluate the beneficiary's ever-changing physical, mental, and social situations accurately and take effective and appropriate action(s) and intervention(s) to ensure the health and safety of Medi-Cal beneficiaries in the community	1. At least 1 year of transition case management experience 2. Experience obtaining additional services, medication, support, etc. for vulnerable populations (i.e., time-sensitive and critical) 3. Experience on Incident Report tracking, recording, and reporting	1. Local HCB LTSS system (incl., service providers, community organizations, etc.) and linkages	

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(*Continued from page 2*)	3. Provide effective follow-up consultation to the beneficiary and care coordination team, while fostering trust and cooperation during the development and implementation of long-term services and supports delivery systems within the CCT Transition and Care Plan			
Psychosocial Care Needs • Chemical Dependency • Aging • Abuse (physical, emotional, sexual, financial, etc.)	1. Appropriate intrapersonal and interpersonal communication (including discretion when relaying detailed and sensitive information)	1. Experience with abuse/neglect intervention 2. Previous training or in-service on mental health issues and psychosocial care needs	1. Detection and assessment of psychosocial care needs 2. Identification of who to contact / how to secure psychosocial LTSS	
Compliance with state and federal regulations	1. Ability to determine if the CCT Transition and Care plan complies with all applicable regulations (and make necessary changes to any that do not comply) 2. Adhere to required Health Insurance Portability and Accountability Act (HIPAA) and privacy regulations	1. Documentation of completion of internal organizational training criteria for CCT program	1. Medi-Cal health care system, eligibility, restrictions, etc. 2. Follow mandatory reporting requirements 3. CA Code of Regulations Title 22 4. HIPAA and privacy regulations	