**Licensed Nurse and Social Services Staff Competency Checklist for Behavioral Health**

*State logo added here. If not, delete text box*

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Licensed Nurse and Social Services Staff** | Demonstrate understanding of common disease processes associated with behavioral health diagnoses:   * Depression * Anxiety * Substance use, abuse, dependence * Adjustment difficulties * Trauma and PTSD * Schizophrenia * Psychotic disorder |  |  |  |  |  |  |  |
| Demonstrate ability to complete a Mental Status Evaluation/Assessment |  |  |  |  |  |  |  |
|  | Demonstrate understanding of deviations from resident’s baseline mental status. |  |  |  |  |  |  |  |
| Demonstrate evaluation of medical causes of new or worsening behavioral symptoms. |  |  |  |  |  |  |  |
| Demonstrate understanding of psychoactive medication management. |  |  |  |  |  |  |  |
| Demonstrate understanding of non-pharmacologic behavioral interventions, including activities and therapeutic recreation. |  |  |  |  |  |  |  |
| Demonstrate evaluation of suicide/homicide risk |  |  |  |  |  |  |  |
| Demonstrate understanding of facility protocols associated with identification of suicide/homicide risk |  |  |  |  |  |  |  |
| Demonstrate initiation/completion of state-specific PASARR process for Level I and II |  |  |  |  |  |  |  |
| Demonstrate understanding of state-specific PASARR process for Level I and II. |  |  |  |  |  |  |  |
| Demonstrate facility procedure for baseline and comprehensive person-centered care plan. |  |  |  |  |  |  |  |
| Demonstrate understanding of person-centered care planning. |  |  |  |  |  |  |  |
| Demonstrate concepts of therapeutic communication with residents having behavioral health conditions. |  |  |  |  |  |  |  |
| Demonstrate facility documentation standards for behavioral health conditions. |  |  |  |  |  |  |  |
| Demonstrate accurate completion of MDS 3.0:   * Section C. Cognitive Patterns * Section D. Mood * Section E. Behavior * Section F. Activities |  |  |  |  |  |  |  |
|  | Demonstrate critical thinking in completion of Care Area Assessments – Psychosocial Well-Being, Mood State, and Behavioral Symptoms |  |  |  |  |  |  |  |
| **Trauma Informed Care** | Demonstrate understanding of Trauma Informed Care and facility processes |  |  |  |  |  |  |  |
| Demonstrate understanding of trauma informed care comprehensive care planning |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**References**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

LTC Survey Pathways (Download) CMS-20067 “Behavior and Emotional Status Critical Element Pathway”

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***