


STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Medical Standards Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

June 21, 2006

ACS M06-09

TO: Nursing Facilities

FROM: Angie Payne, Acting Med-QUEST Division Administrator 

SUBJECT: EXTENSION OF THE PROFICIENCY CHECKLIST PROCESS FOR THE ASSESSMENT OF THE COMPETENCY OF NURSE AIDES CURRENTLY EMPLOYED BY MEDICARE/MEDICAID CERTIFIED NURSING FACILITIES

The Med-QUEST Division (MQD) has been asked to extend the end date for the use of the proficiency checklist for nurse aides, newly hired by Medicare/Medicaid certified nursing facilities, who have not graduated from a training program approved by the State and/or have not previously been assessed using the proficiency checklist. The MQD will extend this date to December 31, 2006.

However, the proficiency checklist must be completed by July 1, 2006, for those nurse aides hired from September 1, 2005 to May 31, 2006. Checklists for nurse aides hired by nursing facilities on or after June 1, 2006 must be completed by December 31, 2006.

To expedite the correct entry into the nurse aide registry of the nurse aides who have demonstrated competency and proficiency on the checklists, please follow the directions below:

- Use the "Listing of Nurse Aide(s)" (format attached). Submit all requested information. The format is being provided to you by e-mail and you MUST use this e-mailed form and follow the instructions for transmittal of the checklists to the MQD.
- In addition:
 1. Key punch all information [except the signature of the Director of Nursing (DON) and the notarization].

2. Alphabetize the list of nurse aides who have completed the competency and proficiency assessment, enter C.N.A. certificate numbers, Social Security Numbers, dates of completion of the checklist and dates of hire for all nurse aides.
3. Send ONLY one (1) list from June 12, 2006 to July 1, 2006.
4. Mail the hard copy list with the notarized signature of the DON, TWO (2) additional hard copies of the Listing, and TWO (2) diskettes of the Listing to:

Department of Human Services
Med-QUEST Division
Medical Standards Branch, NATP
P.O. Box 700190
Kapolei, Hawaii 96709-0190

DO NOT fax the lists and notarized signatures.

5. As stated in the instructions, instead of mailing two (2) diskettes to the MQD, you may e-mail the Listing to the MQD using the instructions provided for secured e-mail.
6. For nurse aides hired from September 1, 2005 to May 31, 2006, if the list with notarized signature [including two (2) hard copies and two (2) diskettes] CANNOT be postmarked on or before July 1, 2006, submit a written explanation and mail it with the list.
7. Lists and enclosures received after July 15, 2006, will be returned.
8. Proficiency checklists for nurse aides completed after July 15, 2006 must be held and submitted on the "Listing of Nurse Aide(s)" between December 15, 2006 and December 31, 2006. The list with notarized signature, two (2) additional hard copies and two (2) diskettes must be mailed with the December 2006 submittal. [The secured e-mail option may be used instead of mailing two (2) diskettes].
9. DO NOT SEND/MAIL ANY LISTS TO THE MQD FROM JULY 15, 2006 TO DECEMBER 14, 2006. If received by the MQD, they will be returned or destroyed.

For questions or clarification, please contact Dr. Lynette Honbo at (808) 692-8106.

Attachments

**Listing of Nurse Aide(s)
Instructions**

1. Retrieve file "Nurse Aide Form.doc".
2. Enter in facility name, address, telephone and fax numbers.
3. Enter in names, nurse aide certification number, social security number and date that the checklist was completed for all nurse aides on the list.
4. Delete any rows not used. In Word, highlight the rows to be deleted, go to **Table** menu, and select **Delete**.
5. Sort list alphabetically by last name. Highlight all completed rows. Be careful not to include blank rows or the header in the selection. In Word, go to **Table** menu, click **Sort**, and then select **Column 1**.
6. If the nursing facility chooses to e-mail the file to MQD, save the file with Password Protection. In Word, go to the **Tools** menu, click **Options**, and then click **Security** and create a password to open the file. Refer to Word Help for further instructions.
7. Contact MQD at 692-8118 and give the password for the file. MQD will use the file to send to the Red Cross and DCCA.
8. Print the completed form.
9. Director of Nursing signs and dates. Print name of Director of Nursing.
10. Notarize form.
11. Mail original and two (2) copies of the notarized form to Department of Human Services, Med-QUEST Division, Medical Standards Branch, NATP, P.O. Box 700190, Kapolei, Hawaii 96709-0190.
12. If the facility did not e-mail the file, then send two (2) diskettes of the files to the same address in #11.
13. Maintain copy for facility files.

