DDNNH

Developmental Disabilities Nurses of New Hampshire

MINUTES
January 20, 2026

Topic	Content	Follow up
Welcome	Meeting called to order 9:30am by Christine Dunklee In attendance: 29	
New Members	• Breckon Anderson 3Rivers RN, BSN, CDDN • Sydney Swormstedt, RN Easter Seals	
Officer Reports	**December meeting minutes** • Reviewed and approved with edits **Treasurer's report** – Emily reported • 32 paid members • Current balance is $ 3,240.67 • Please look on page 2 of the Treasurer report for membership expiration dates • If paying through PayPal please send the Membership form to Emily Donati, RN **BDS update** – Kelly Main • Kelly reached out to surveyors to confirm State certifications will be changing back from digital to the home. All med books and documentation need to be in the home on certification day. NT asked if certs going forward will be 100% in home review or a combination of digital submission and in home med book reviews. OPLC does not have a clear decision on this yet. • 1201 rule: still unknown when it will be out for public comment. Real life does not always fit into the rules. For example, BDS judicial committee wants to strictly enforce the 1-year prescription expiration rule, which is impractical in real life. The new rule could say orders expire in 395 days. • Kelly asked group when 1201 rule is ready for reviewing how do we want to do this? Suggestions include sending out ahead of time to DDNNH group, discuss at DDNNH meeting or other working group meeting, or have individuals comment on the changes. Let Kelly know what you would like to do. Also to be determined: will the version we get to review have changes marked up or will it be just the proposed new rules? • Kelly spoke to Lisa Hoekstra OPLC about what elements are required in a medication order, versus a prescription. Kelly will give us an update when she has more information on this. • The next NT Orientation is scheduled for 2/5 & 2/10, both days 1-4:30pm virtually. 7 are signed up.	.
Business Discussion	• Med Curriculum committee- no updates, Kelly working on the PowerPoint for Part 2. • Re-formers Committee- waiting on Med Committee and State Surveyors to review FAQs and provide feedback. • Practice question: what is a doctor's order? A signed and dated med list is accepted. A pharmacy label is not a doctor's order.	

	• Topics for future discussion: Electronic Medication Administration Records (EMAR)- what EMAR products are good? Some EMAR programs do not fit into our system. What do NTs recommend? • State certifications will be changing back from digital to the home. All med books and documentation need to be in the home on certification day. NT asked if certs going forward will be 100% in home review or a combination of digital submission and in home med book reviews. • Office of Public Licensing sent out this invitation: Community Residence Office Hours 3 pm to 4 pm every Thursday or every other Thursday on Teams: We are excited to announce that the Community Residence unit will be offering "Office Hours" beginning on Thursday, January 15th from 3 PM to 4 PM. This will not be a presentation, but rather a time to talk through questions that you may have. To participate in "Office Hours", all you will need to do is click on the Teams link below at any point during that hour. Our unit will provide these opportunities every other week initially and may adjust the frequency depending on demand. The days and times will fluctuate, but all will be scheduled during the afternoon, as that seems to be a good time for many. Future "Office Hours" will be announced via a separate email with a separate Teams link. Of course, you can still reach out to the Community Residence unit anytime by calling 603-271-9044 or emailing us at communityresidences@dhhs.nh.gov**Microsoft Teams** Need help? **Join the meeting now** Meeting ID: 296 996 015 757 91 Passcode: ex34nF7m **Dial in by phone** +1 603-931-4944,,677827103# United States, Concord Find a local number Phone conference ID: 677 827 103# **Join on a video conferencing device** Tenant key: nhgov@m.webex.com Video ID: 112 553 271 3 More info For organizers: Meeting options | Reset dial-in PIN _____	
Practice Questions	• Can HCP take a verbal order for diets and treatments? No, these should be prescribed by the PCP. • How long are treatment orders and protocols valid? Per reg 1204.04 (h) they are good for 2 years. • Diet orders are in 1001.06 (k) (5) Special diets, dietary supplements, and dietary restrictions or modifications shall be according to a licensed practitioner's orders or the individual's religious practices. • At one time a nutritionist/dietician order was not accepted unless co-signed by PCP. Is this still true? Recommendation is to have PCP sign these orders. • Do feed/ eating assist-protocols/diet protocols based on SLP/nutritionist recommendations written up by the NT need to be signed by a licensed practitioner? SLP are licensed. From the chat: *Speech-Language Pathologists*	

	*(SLPs) must be **state-licensed to practice legally**, but many also obtain voluntary **national certification (CCC-SLP)** from the American Speech-Language-Hearing Association (ASHA) (ASHA), which many employers and insurers require and which helps with portability across states. State licensing is mandatory.* Nutritionist is not licensed. 2017 Memo from BDS addresses requirements for RN recommending safe eating practices versus steps to take for an individual with known swallowing/eating difficulties who should be evaluated by Neurology and/or SLP, have a Modified Barium Swallow, once identified SLP should develop a treatment plan, this should be documented in the service agreement/ASA. • Is OPLC still honoring the 2020 FAQ that says prescriptions are good for one year plus 30 days? Kelly reached out to clarify with OPLC and BDS lawyer Jess Gorton showing that for past 5 years the FAQ has been honored. At this time, it is unclear if it will still be honored, the new rule will explicitly say 395 days. • Sometimes there is a discrepancy between what the regulation is and what the surveyor's preference is. • What does the reg say about someone who was med trained for many years but changed roles and they let their med cert go for a few years. They are going to need the med cert again. Should NT send them back to med class or can they pass the test and do the observation? The regulation is silent. If person is attending a recert class annually or is passing the med test annually, can they do a med observation and be authorized? FAQs state is med certification is lapsed more than a month the person needs to go back through the med class. In some cases NTs knows the person is knowledgeable and has good judgement. NT test their skills the day of the med observation (the day the self-administrator loses their privileges). After the observation they get the certificate. The HCPs have had years of experience so it may be case by case. • FAQ addresses lapsed med cert: If the lapse in certification is longer than one month, the provider must successfully complete the full medication training process. • Staff coming from other vendor agency have asked for proof of med certs from that prior agency, prior agency has refused. Is HR department not allowing this? Person should request from HR. Suggestions include calling the prior NT. Is it ok for NT to talk to NT about the person's med authorization? The person has a right to their med cert (training documentation). What if med cert has been revoked, will they present the revoked cert or the original cert? One NT was given a photoshopped med cert as proof of active cert. 1201 rule does say the nurse trainer shall issue written authorization to a provider to administer medications. Agencies can create a policy to address this issue. • Is Annual Health Screening Recommendation form needed anymore? It is not a mandated form. Anyone can fill it out. It is used as a discussion form; it does not need to be signed by PCP. The intent is to make sure there is a discussion on annual prevention. The only state-mandated forms are 1201 A, B, C and 1201 Waiver Request. See FAQs for further information. • CSNI (Community Support Network, Inc) has May 2020, 1201, forms, many Area Agencies are using Oct 2020. Per rule May 2020 this is the correct form. Statewide Forms • 1201- A form- the drop-down calendar is the reporting period, if person is not in program for the entire reporting period that can be noted in the notes below. • How are nursing hours billed to the state? Nursing hours are built into the budget for a daily rate, they are not specifically billed to the state. Number of hours a Nurse works may depend on if nurse is salaried, hourly employee or	As of 2/2/2026 1201 forms are not on CSNI website

	subcontracting to an agency. Vendors can only bill for the number of hours their nurses work- for example is vendor bills for 12 clients. 4 hours per week (48 hours) and NT works only 40 hours per week then vendor is over-billing. • When is self-administration assessment due? Person was admitted to CPS services 12/15, Residential services started 1/2/2026. Was self-administration assessment due on 12/15/2025? Yes. This was missed due to the program management not telling NT that CPS started on 12/15. Discussion that program management needs to know the rules and include NT on program needs. • Is NT assigned to CPS for individual living at home (525) responsible for the HRST? May depend on what services the nurse is contracted for.	
Misc.	• Meeting ended at 11:30am with 29 members present. • Next DDNNH meeting: Peter and Lisa will attend at 11 am. The meeting may go longer than 11:30. Please send questions for them beforehand to DDNNH2020@gmail.com	Next meeting is February 17, 2026, from 9:30-11:30am via Zoom.

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Join zoom meeting: https://us02web.zoom.us/j/85276261946

Submitted by: Janet Harmon, RN, Nurse Trainer, DDNNH member, Acting Secretary.

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Welcome	Meeting called to order 9:30am by Christine Dunklee In attendance: 23	
New Members	• No new members present	
Officer Reports	**December and January meeting minutes** • Reviewed and approved with edits, minutes pending finalization once reviewed by Peter and Lisa. Minutes reviewed by Peter and Lisa on 3/16/2026, 1 suggested edit completed. **Treasurer's report** – Emily reported • 32 paid members • Current balance is $ 3,170.77 • Please look on page 2 of the Treasurer report for membership expiration dates, no one is expiring in February • If paying through PayPal please send the Membership form to Emily Donati, RN **BDS update** – Kelly Main • 1001 rule had to be opened again for a revision. This will delay the updating of the 1201 rules. • When do orders expire? 1201 rule says prescriptions expire annually. Surveyors will cite these if they are over 12 months to the day, going forward until the new rule is passed there is no "grace period". The new rule is proposing it say orders expire after 395 days. • Rules can be found at: NUR https://www.oplc.nh.gov/board-nursing-laws-and-rules 1201 https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/he-m-1201.pdf • Drug information sheets are not mandated. If HCP/DSP does not fill out these sheets how do they demonstrate knowledge of the drugs? One NT reviews all required elements verbally with the med authorized person, she adapts for the person's learning style. • Discussion: What do NTs think about doing Med authorizations every 2 years? Maine and Massachusetts do every 2 years. It would be nice for flexibility if there is a long-term HCP who consistently does triple checks. Most NT's felt 2 years would be too long a time. There are many new programs and new NTs, would going to 2 years in these cases be a good idea? • 1001 rule on 5-day transition eval is still 5 business days, not 5 calendar days.	.
Business Discussion	• Med observations: surveyor cited program for doing a virtual med observation. Surveyors interpretation is that rule states direct observation means in person, not virtually. There is currently no definition in NUR or the rule for direct observation. Discussion among NTs: many said they do initial meds observations in person, some do virtually when there is illness in the home, or	

	for med authorization of known competent HCP, DSP. Does NT need to see every medication being passed? The rule states HCP needs to know the medication they are giving; a direct observation needs to be done; it does not state NT needs to observe every medication that is ordered. Many NTs use their discretion when deciding if observing in person or on zoom, and if they need to see a triple check performed once or multiple times.	
Practice Questions Presenters:	• Staff were informed by the program director that they cannot 'deny' a client anything for example- if diabetic and has a doctor's order for calorie restrictions can they have second helpings of dinner or a sandwich after dinner? This is a client rights issue. Individuals do have a right to refuse a doctor's order. This should be documented and discussed with the team. • Who pays for OTC when insurance no longer covers these meds? More and more meds are not being covered by insurance. Let MD office know medications are not being taken due to insurance issues, cost issues, and/or guardian does not consent to meds due to cost. If guardian does not consent get that in writing and document that is why the med is not being given. Get discontinued order. • Christine will be meeting with IntellectAbility rep on giving in service on operability of the HRST. IntellectAbility offers CEUs and credits for CDDN, there is a cost. Christine will ask if they can do an in-service on Bowel Obstructions for DDNNH. • When a bottle does not have a pharmacy label how do we do triple checks? A copy of the prescription should be kept with the bottle (wrap around bottle or place in a plastic bag with bottle. OTC meds without pharmacy labels need to be checked by a licensed person to verify order matches medication. Reformers committee updated the OTC consultation form to contain the elements needed to do the Triple Check. Once form is finalized it will be uploaded to DDNNH website. • What is a medical model home- is there a definition or reg that defines a medical model home? No specific regulation defines these homes; they have larger budgets and are for medically complex individuals. Most have 4 or more individuals; some are staffed with CNA/LNA only. CNA/LNA pass meds under 1201. One home has nursing hours 32 hours specifically in the home. Another model has a full-time nurse for 28 individuals. Staffing ratios are more intense, staffing is challenging, it is difficult to keep these programs fully staffed. • NT found Home Care Providers were filling out med visit form named HCP form (Health Care Provider). Health Care Provider should be filling these out. Suggestion made to change name of form to address confusion on who is supposed to fill out form. • Peter and Lisa joined us at 11 am. Protocols: Who can write these? Per 1201s NT can write some protocols: examples include PRN protocols, safety measures, what to do in case of seizures, bowel protocols- daily documentation so that staff would know when to give a PRN.	

	Nothing in regs says above protocols must be signed by prescriber- if not sure get a prescriber signature. When in doubt you can always reach out to a surveyor and ask what documentation is needed. Eating and dysphagia protocols based on recommendations by SLP which require modification to foods and texture must be signed by prescriber. NT can write up what the SLP recommends in more understandable language, reference SLP's report, have PCP sign. The regulation says any modification to food, texture, and limiting foods need to be signed by a prescriber. There is no regulation on how often this needs to be reviewed and signed. It is recommended to get these signed by PCP annually but not required. There is a BDS memo from April 2017 outlining the requirements for modified diets. Christine put Scope of practice for RN in chat: https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/inline-documents/2020rnscope.pdf Diet recommendations from nutritionists need to be signed by prescribers. Diabetes orders/protocols for sliding scale, treating high or low blood sugar need a corresponding specific order from PCP. General diabetes protocols such as foot checks and skin checks can be written by the RN. Best practice- make sure state surveyors can follow the documentation so they can understand why a protocol has been written and that it is current. Surveyors may request supporting documents such as IRs to fully understand a situation. Due to increase in deficiencies certifications, most new agencies are going to have reviews onsite. Surveyors are working closely with agencies that are struggling. Continue to do the electronic submission, programs will be chosen to be reviewed onsite on a case-by-case basis. There are usually 2 deficiencies per review, more recently there are 10 to 15 per review. Initial reviews will also be happening sooner than the first 90 days, could be as soon as 30 days. Office Hours are also available on Zoom for "walk-in" questions and answers. Rule 1001 is being re-opened to allow OPLC to conduct investigations in community residences. Annual Health Screening Recommendations Form is not mandated form and reg does not say what form to use. It does say Annual Health Screening Recommendations need to be reviewed with the health care provider. If screenings are mentioned on the clinical note that is fine. Lisa uses a health history form- also not required- it has all the screenings surveyors are looking for. If guardian declines a recommended screening it needs to be in writing and dated. Declinations are not required to be redone annually; it is good have it be current. An email from guardian saying screening declined is accepted. How can you do a med observation on PRN that you cannot administer. Document the training, including that they can do the Triple checks and know the six rights. A	

	training sheet with steps on what was reviewed and taught is helpful. Epi Pens have trainers. Valtoco and Nayzilam also have reusable training devices. Reviews are based only on regulations and RSAs. Anything outside these parameters should not be included in the Surveyors report. Going forward, concerns will be addressed more informally. If it is not a reg or rule but is a concern, then surveyor may reach out to program to address. A deficiency can only be cited if there is a corresponding rule. Med observation by Zoom- Peter met with Jess Gorton to discuss. Unless it is noted that it was done by Zoom it is hard to say how it was done. It was allowed under Appendix K during Covid, which expired after Covid. Best practice is in person. Regulations are silent, direct observation is not defined in the rule. Discussion between Peter, Lisa and nurses included nurses having the discretion to know who needs to be observed in person, who is skilled, experienced and competent enough to be observed via Zoom. Peter is retiring in April after 47 years working in this field, starting at Laconia school. His successor has not been chosen. Many NT's expressed gratitude for the many years Peter has dedicated to this work, the collaboration and positive relationship with the DDNNH group. Congratulations Peter, enjoy your retirement!	
Misc.	• Meeting ended at noon with 29 members present.	Next meeting is March 17, 2026, from 9:30-11:30am via Zoom.

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