

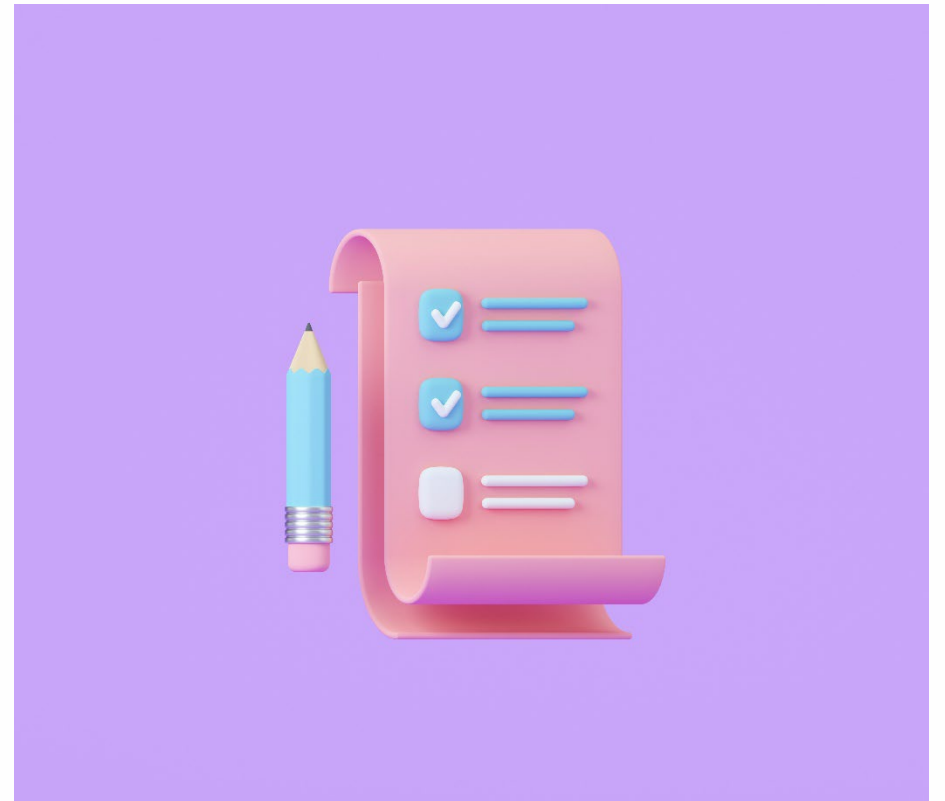
Transforming
Lives

RND Contractor Meeting

October 18, 2023

Agenda

- Welcome
- Person Centered Care
- Forms review and update
- Billing – what can you get paid for
- LTCW
- NCL and Multistate License
- Other business
- Closing comments and questions



**** Please keep your microphones on mute unless asked to unmute for comments. Cameras on can interfere with your connection if you are having problems. You can use the chat box for questions or raise your hand to be called on. Be respectful of others and wait your turn to be called on. Thank you!**

Person Centered Care

- In 2014, the Centers for Medicare and Medicaid Services implemented [guidelines](#) requiring states to ensure individuals receiving long-term services and supports through Home and Community-Based Services waivers, Community First Choice State Plan programs, and Roads to Community Living Project have access to the community to the same degree that everyone else in the community does.
- The rules apply to all settings where Medicaid recipients live and/or receive home and community-based services.
- <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301>

What does this mean for Nurse Delegation?

Person Centered Care is not new to DSHS. This information is to inform you as the delegating RN that a person/representative has a choice in providers. This site has information related to the guidelines for your information.

FORMS REVIEW

[Nurse Delegation Forms link](#)

The forms were developed to keep the RN compliant with delegation rules and contract.

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-950>

1. CLIENT NAME [REDACTED]		2. ACES ID NUMBER [REDACTED]	3. DATE OF BIRTH [REDACTED]	4. SETTING [REDACTED]
Order 1				
5. DATE ORDERED [REDACTED]	6. NAME OF MEDICATION [REDACTED]	7. DOSE / FREQUENCY [REDACTED]		8. ROUTE [REDACTED]
9. NOT TO EXCEED [REDACTED]	10. REASON FOR MEDICATION [REDACTED]			
11. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN [REDACTED]				
12. NOTES [REDACTED]				
13. RN DELEGATOR'S SIGNATURE [REDACTED]				14. DATE [REDACTED]
Order 2				
5. DATE ORDERED [REDACTED]	6. NAME OF MEDICATION [REDACTED]	7. DOSE / FREQUENCY [REDACTED]		8. ROUTE [REDACTED]
9. NOT TO EXCEED [REDACTED]	10. REASON FOR MEDICATION [REDACTED]			
11. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN [REDACTED]				
12. NOTES [REDACTED]				
13. RN DELEGATOR'S SIGNATURE [REDACTED]				14. DATE [REDACTED]
Order 3				
5. DATE ORDERED [REDACTED]	6. NAME OF MEDICATION [REDACTED]	7. DOSE / FREQUENCY [REDACTED]		8. ROUTE [REDACTED]
9. NOT TO EXCEED [REDACTED]	10. REASON FOR MEDICATION [REDACTED]			
11. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN [REDACTED]				
12. NOTES [REDACTED]				
13. RN DELEGATOR'S SIGNATURE [REDACTED]				14. DATE [REDACTED]

Nurse Delegation: Nursing Visit

1. CLIENT NAME [REDACTED]	2. ACES ID NUMBER [REDACTED]	3. DATE OF BIRTH [REDACTED]	4. SETTING <input type="checkbox"/> AFH <input type="checkbox"/> DDA <input type="checkbox"/> In-home <input type="checkbox"/> Other: [REDACTED]				
5. CHECK ALL THAT APPLY							
<input type="checkbox"/> Client Assessment (See attached)		<input type="checkbox"/> Supervisory Visit					
<input type="checkbox"/> Condition Change		<input type="checkbox"/> Initial Caregiver Delegation					
<input type="checkbox"/> Initial Insulin Delegation		<input type="checkbox"/> Other: [REDACTED]					
6. CLIENT REQUIRES NURSE DELEGATION FOR THESE TASK(S): [REDACTED]							
RELATED TO: [REDACTED]							
7. REVIEW OF SYSTEMS: ONLY CHECK CHANGES IN CONDITION FROM LAST ASSESSMENT (SEE ATTACHED, IF APPLICABLE)							
<input type="checkbox"/> No Change							
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Diet / Weight / Nutrition	<input type="checkbox"/> Neurological	<input type="checkbox"/> GU / Reproductive				
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Endocrine	<input type="checkbox"/> ADL	<input type="checkbox"/> Sensory				
<input type="checkbox"/> Integumentary	<input type="checkbox"/> Psych / Social	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Cognition				
<input type="checkbox"/> Other: [REDACTED]							
8. Notes							
9. Long Term Care Worker (LTCW) Training / Competency (Check or date all that apply)							
A. LTCW EVALUATED	B. OBSERVATION OR DEMONSTRATION	C. VERBAL DESCRIPTION	D. RECORD REVIEW	E. TRAINING NEEDED COMPLETED		F. OTHER (SPECIFY)	G. ACTIVE CREDENTIAL
1) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. <input type="checkbox"/> Check here if additional notes / LTCW name on page 2.							
11. <input type="checkbox"/> Client stable and predictable <input type="checkbox"/> Continue delegation <input type="checkbox"/> See rescind form							
I have verified, informed, taught and instructed the LTCW(s) to perform the delegated task(s). The LTCW(s) verified responsibility for performing the listed task as delegated. The LTCW(s) has been given the information on how to contact the delegating RN if they are no longer able or willing to do the listed task(s), client's health care orders change, and/or client's condition changes.							
12. RND SIGNATURE [REDACTED]			13. DATE [REDACTED]				
14. RETURN VISIT ON OR BEFORE [REDACTED]							

Nurse Delegation: Nursing Visit – Page 2

15. CLIENT NAME [REDACTED]	16. DATE OF BIRTH [REDACTED]	17. SETTING <input type="checkbox"/> AFH <input type="checkbox"/> DDA <input type="checkbox"/> In-home <input type="checkbox"/> Other: [REDACTED]					
18. NOTES							
19. Long Term Care Worker (LTCW) Training / Competency (Check or date all that apply)							
A. LTCW EVALUATED	B. OBSERVATION OR DEMONSTRATION	C. VERBAL DESCRIPTION	D. RECORD REVIEW	E. TRAINING NEEDED COMPLETED		F. OTHER (SPECIFY)	G. ACTIVE CREDENTIAL
1) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have verified, informed, taught and instructed the LTCW(s) to perform the delegated task(s). The LTCW (s) verified responsibility for performing the listed task as delegated. The LTCW(s) has been given information on how to contact the delegating RN if they are no longer able or willing to do the listed task(s), client's health care orders change, and/or client's condition changes.							
20. RND SIGNATURE [REDACTED]						21. DATE [REDACTED]	
22. RETURN VISIT ON OR BEFORE [REDACTED]							

Billing

➤ **There is a new billing form on the forms page for nurse delegation –**

[06-200 Nurse Delegation Billing Form](#)

- This form is not mandatory but is highly encouraged. Per contract language:

Page 13- j. “Nurse Delegation Services” (ND) means to transfer the performance of selected nursing tasks by a licensed registered nurse to a nursing assistant in specific settings as defined in Chapter 246-840 WAC and includes the following activities client assessment, teaching, supervision, collateral contacts, travel time and billing time.

Page 15 - Documentation


The contractor shall:

- (1) Complete and maintain copies of all Nurse Delegation clinical and billing records documenting services provided. Records shall be kept on file by the Contractor for a period of six (6) years and shall be available upon request to AL TSA for purposes of general audit and service verification.
- (2) Confirm all Nurse Delegation activities performed under the contract are documented in the client’s record and shall be located at the client’s place of residence. The RND shall retain a duplicate copy of all documented activities.
 - (a) Nurse Delegation activities, shall include but are not limited to:
 - i. Assessment
 - ii. Documentation Teaching/Training Instructions
 - iii. Skin Observation Protocol
 - iv. Credentials Verification, Medications
 - v. Referrals
 - vi. Consents, and
 - vii. Assumption and Rescinding of clients/caseload

Billing continued

Page 16-17 –

g. The Contractor shall bill DSHS for services and travel time in 15-minute increments. The Contract shall specify the number of units by use of a tracking record DSHS shall pay the Contractor for authorized services according to the ALISA fee schedule published by the Office of Rates Management. Payment shall be sent to the address designated by the Contractor. DSHS may, at its sole discretion, withhold payments claimed by the Contractor for services rendered if the Contractor fails to satisfactorily comply with any term or condition of this Contract. Published rates are not disputable.



Washington State
Department of Social
& Health Services
Transforming lives

Registered Nurse (RN) Delegation Billing

Taxonomy: _____ Service Code: **H2014** 1 Unit = 15 minutes

NPI NUMBER

BILLING MONTH

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
CLIENT'S NAME															DATE OF BIRTH				ICD-10 CODE													
ASSESSMENT / TRAINING																																0
COLLATERAL CONTACT																																0
TRAVEL TIME																																0
DOCUMENTATION																																0
BILLING																																0
CLIENT'S NAME															DATE OF BIRTH				ICD-10 CODE													
ASSESSMENT / TRAINING																															0	
COLLATERAL CONTACT																																0
TRAVEL TIME																																0
DOCUMENTATION																																0
BILLING																																0
CLIENT'S NAME															DATE OF BIRTH				ICD-10 CODE													

06-200
+

Long-term Care Worker update

- **CR-103 Permanent Rule Announcement for Chapter 246-841A WAC Nursing Assistants**
- The Washington State Board of Nursing (board), in collaboration with the Department of Health, filed a CR-103 Permanent Rule to:
 - Establish chapter 246-841A WAC.
 - Repeal chapter 246-841 WAC and chapter 246-842 WAC.
- Chapter 246-841 WAC is repealed and re-written as chapter 246-841A WAC. This was done to reflect best practices and reduce redundancy.
- Chapter 246-841A will become effective November 3, 2023.
- A copy of the adopted rules and the concise explanatory statement are attached:
 - **[CR-103 Permanent Rule and adopted rule language](#)** (PDF)
 - **[Concise Explanatory Statement](#)** (PDF)

On November 3, 2023 the following emergency rules will be rescinded when the permanent rules go into effect:

- **[WSR 23-18-066](#)** (filed on September 1, 2023)
 - This amended specific basic caregiver training requirements for registered nursing assistants and home care aides.
- **[WSR 23-18-067](#)** (filed on September 1, 2023)
 - This amended specific training requirements for nursing assistants.

Appeal procedures concerning the adoption of the chapter and repeal of the two previous chapters are covered under **[RCW 34.05.330](#)**.

For more information, please contact:
NCQAC.Rules@doh.wa.gov

Multistate RN License

We will be accepting MSL for contracting.

- **Please see the DOH WABON website for information.**
<https://nursing.wa.gov/>
- **If you have a multistate license, please send this information to**
nursedelegation@dshs.wa.gov

Wound care and Delegation

The nursing rules, delegation, and scope of practice. This is what dictates what can and cannot be done in the community settings for nursing tasks. It can be complex.

This information is from the Board of Nursing Practice Consultant and from the RCW/WAC.

Wound care would fall into delegation just like anything else – routine and non-complex, non-sterile, no nursing judgment, no frequent need for a nursing assessment, patients condition stable and predictable and outcome of task predictable. It is always up to the delegating RN to determine what to delegate or not. The whole situation needs to be assessed.

- <https://apps.leg.wa.gov/RCW/default.aspx?cite=18.79&full=true#18.79.260>

The glossary of terms will help with defining clinical or nursing judgment, complex task, stable and predictable, routine nursing situations, nursing task, and non-complex interventions. <https://nursing.wa.gov/support-practicing-nurses/glossary-terms>

Here is a link to the rules: <https://app.leg.wa.gov/wac/default.aspx?cite=246-840-910-970>

WABON Nurse Delegation – A Focus on Assessment and Documentation

Webinar presented by WA Board of Nursing Practice Consultants.

For: Registered Nurses practicing Nurse Delegation in the Home and Community Based Settings.

Purpose: Present expertise knowledge and information for RN delegation from the lens of the nursing statutes and rules.

When: **Thursday, October 26, 2023, from 1:00-2:30PM** via Microsoft Teams Webinar.

• Additional: 1.5 CEU's for registered attendants with FULL verified attendance.

Please register for the event:

<https://events.gcc.teams.microsoft.com/event/7664fd00-5e9c-4dce-9dbd-0b5dc209a78c@11d0e217-264e-400a-8ba0-57dcc127d72d>

The link to attend will be provided upon registration. This will not be recorded. CEU's will be emailed by November 9th.

Additional information:

- **Skilled Nursing contracts are available and needed. If interested let us know.**
- **Epi, Narcan and glucagon and delegation.**
- **Telehealth**
- **Suicide training is required for your RN license.**

RCW, WAC and Policy

Washington Administrative Code: [Nurse Delegation Rules WAC 246-840-910 thru 970](#)

Nurse Practice Act: [Nurse Delegation Law RCW 18.79A.260](#)

Medication Assistance Rules: [WAC 246-945](#) (formerly 246-888) there were no changes to the rule, however the Pharmacy Board changed the WAC as it is written. ** [WSR 23-15-017](#)

[ALTSA Long Term Care Manual Chapter 13](#)

[DDA Policy 6.15](#)

Nursing:

[RCW 18.88A.200-230](#) Delegation Nursing Assistant Rules

[WAC 246-840-010](#) Registered Nurse

[WAC 246-840-700](#) RN Standards of nursing conduct or practice.

[WAC 246-841-400](#) Nursing Assistants

HCS: [WAC 388-71](#) Home Care Aide rules

RCS: [WAC 388-112A](#) Residential long-term care services training.

AFH: [WAC 388-76](#) Adult Family Home

ALF: [WAC 388-78A](#) Assisted Living

DDA: [WAC 388-823](#) Developmental Disabilities Administration

Questions??

Meeting Dates and Times **** Please mark your calendar**

2023 -

December 13th 1:00PM

2024 will be posted in November

**** We are working with DDA to do hybrid (in-person/zoom) meetings for 2024. More information to come.**



Thank you for attending

Meeting notes will be posted NEXT week to:

<https://www.dshs.wa.gov/altsa/residential-care-services/nurse-delegation-program>

For Delegation questions email:

Janet Wakefield ND Program Manager

Janet.Wakefield@dshs.wa.gov or
nursedelegation@dshs.wa.gov

For DDA client questions email:

Erika.Parada@dshs.wa.gov

