

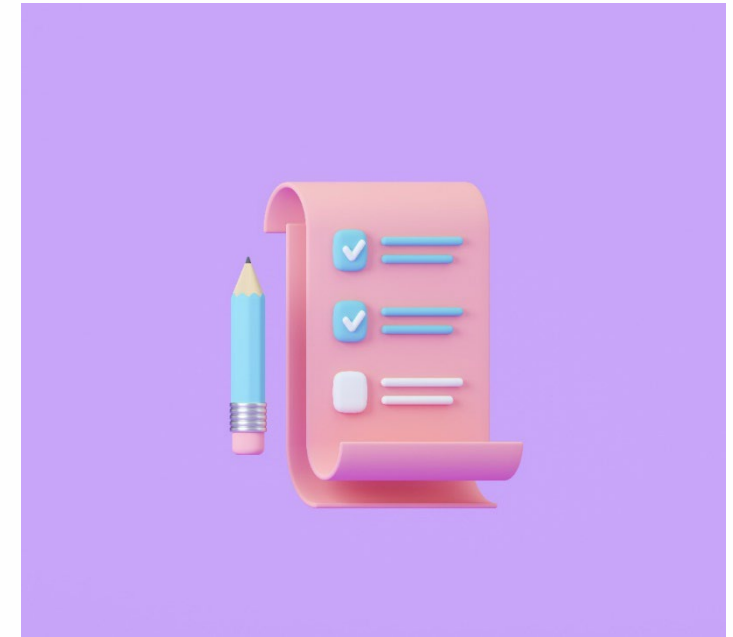
Transforming
Lives

RND Contractor Meeting

December 13, 2023

Agenda

- Welcome
- Skin Observation Protocol
- Secure messaging
- Billing – what can you get paid for
- FORMS
- Telehealth
- 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!**

Skin Observation Protocol and Wound Care

Susan Worthington – Nursing Services Program Manager

HCS Long-term care policy manual

DDA [Policy 9.13 Skin Observation Protocol](#)



Please see additional Handouts

Skin continued



To delegate wound care or not?

A wound 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.

Resources from WABON: [RCW 18.79](#)

[WABON Support for Practicing Nurses Glossary of Terms](#)

[Nurse Delegation Rules WAC 246-840-910 thru 970](#)

Secure Messaging for client information

Links for information:

Secure Messaging

<https://www.dshs.wa.gov/ffa/keeping-dshs-client-information-private-and-secure>

<https://www.hca.wa.gov/assets/billers-and-providers/60-0077-washington-confidentiality-toolkit-providers.pdf>

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.

New Form:

Registered Nurse (RN) Delegation Billing

Washington State Department of Social & Health Services
Transforming lives

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
PATIENT'S NAME															DATE OF BIRTH				ICD-10 CODE							
ASSESSMENT / TRAINING																										
BILATERAL CONTACT																										
TRAVEL TIME																										
DOCUMENTATION																										
CLINIC																										
PATIENT'S NAME															DATE OF BIRTH				ICD-10 CODE							

Example from ProviderOne:

P-Med Vendor Claim	10/09/2023	10/09/2023	H2014
P-Med Vendor Claim	10/10/2023	10/10/2023	H2014
P-Med Vendor Claim	10/11/2023	10/11/2023	H2014
P-Med Vendor Claim	10/17/2023	10/17/2023	H2014
P-Med Vendor Claim	10/18/2023	10/18/2023	H2014
P-Med Vendor Claim	10/23/2023	10/23/2023	H2014
P-Med Vendor Claim	10/24/2023	10/24/2023	H2014
P-Med Vendor Claim	10/26/2023	10/26/2023	H2014

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"/> Initial Caregiver Delegation <input type="checkbox"/> Condition Change <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"/> GI <input type="checkbox"/> Respiratory <input type="checkbox"/> Endocrine <input type="checkbox"/> ADL <input type="checkbox"/> Sensory <input type="checkbox"/> Pain <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 COMPLETED		F. OTHER (SPECIFY)	G. ACTIVE CREDENTIAL
				NEEDED	COMPLETED		
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 COMPLETED		F. OTHER (SPECIFY)	G. ACTIVE CREDENTIAL
				NEEDED	COMPLETED		
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]							

Date of Form publication

RETURN VISIT ON OR BEFORE

Telehealth

Per WABON and DSHS: If you practice Telemedicine or Telehealth the training is required AND it is required you follow all the rules and regulations per WA state and Federal rules. HIPAA is one of the priority factors for your nursing practice and DSHS.

- [WABON Advisory Opinion for Telehealth Training Requirements](#)

RCW 70.41.020

(2)(a) "Audio-only telemedicine" means the delivery of health care services through the use of audio-only technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment.

(15) "Telemedicine" means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. "Telemedicine" includes audio-only telemedicine, but does not include facsimile or email.

The Washington State Telehealth Collaborative uses the following slightly different Medicaid definition of telemedicine in the training: "Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located." WAC 182-531-1730(1). It does NOT include "the use of audio-only telephone, facsimile, or email."

Additional Information:

- **Private Duty Nursing contracts are available and needed. If interested let us know.**
- **Suicide training is required for your RN license through Department of Health. No verification required for DSHS.**
- **FYI - <https://www.wcnursing.org/career-leadership-development-in-nursing/so-you-want-to-be-a-professor/> States more information for 2024.**

RCW, WAC and Policy **** Please save this for your references**

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. **PLEASE Review**

[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

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

2024 in person and zoom

February 21st 10 AM to 12 PM Olympia

March 20th 10 AM to 12 PM Seattle

May 15th 10 AM to 12 PM Spokane

July 17th 10 AM to 12 PM Vancouver

September 18th 10 AM to 12 PM Spokane

November 13th 10 AM to 12 PM Kennewick



Questions??

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

