RND Contractor Meeting

February 21, 2024

Agenda

- **Welcome**
- **Interpreter Services**
- **Secure messaging**
- **FORMS**
- **Telehealth**
- **Acute hospital discharge**
- **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!

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Interpreter Services

Per contract you can get interpreter services at no cost to you.

The service is HCAUniverasal https://hcauniversal.com/

1. As a contractor to access this service you will click on the Requestors link at the top of the homepage

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Interpreter Services continued -

On this page:
- Click on Provider Registration Agreement

Next page:
- You will see a contract to read through and Click to start the process. It will walk you through filling in the contract

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Secure Messaging with 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

* This also applies to Medical Billers working for the contractor.

FORMS REVIEW
Nurse Delegation Forms link

The forms were developed to keep the RN compliant with delegation rules and contract.
https://www.dshs.wa.gov/altsa/residential-care-services/nurse-delegation-forms

- WAC 246-840-970 Accountability, liability, and coercion
  - (3) Under RCW **18.88A.230**(1), nursing assistants and under RCW **18.88B.070**(3), home care aides following **written delegation instructions** from registered nurse delegators for delegated tasks shall be immune from liability.

- WAC 246-840-930 Criteria for Delegation
  - Nurse Delegation RCW and WAC as it pertains to **Assessment, Plan, Implement, and Evaluate**
- FORMS
  - **10-217** Nurse Delegation: Credentials and Training Verification
  - **13-678,** Nurse Delegation: Instructions for Nursing Task (page 2)
  - **14-484** Nurse Delegation: Nursing Visit

- WAC 246-840-950 How to make changes to the delegated tasks
  - **13-681** Nurse Delegation: Change in Medical Orders

- (1) **Medication.** The registered nurse delegator discusses with the nursing assistant or home care aide the process for continuing, rescinding, or adding medications to the delegation list when the changes occur:

- (a) The registered nurse delegator verifies the change in medication or a new medication order with the health care provider;

- (b) If the medication dosage or type of medication changes or for the same problem (i.e., one medication is deleted and another is substituted) and the patient remains in a stable and predictable condition, delegation continues at the registered nurse delegator's discretion; and

- (c) If a new medication is added, the registered nurse delegator reviews the criteria and process for delegation prior to delegating the administration of the new medication to the nursing assistant or home care aide. The registered nurse delegator maintains the authority to decide if the new medication can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

- (2) **Treatments and/or procedures.**

- (a) The registered nurse delegator verifies the change in the medical order with the health care provider.

- (b) The registered nurse delegator decides if the new treatment or procedure can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If rescinding delegation, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

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Nurse Delegation: Nursing Visit

1. CLIENT NAME	2. ACES ID NUMBER	3. DATE OF BIRTH	4. SETTING
			☐ AFH ☐ DDA ☐ In-home ☐ Other:

5. CHECK ALL THAT APPLY
☐ Client Assessment (See attached)   ☐ Supervisory Visit   ☐ Initial Caregiver Delegation
☐ Condition Change   ☐ Initial Insulin Delegation   ☐ Other:

6. CLIENT REQUIRES NURSE DELEGATION FOR THESE TASK(S):

RELATED TO:

7. REVIEW OF SYSTEMS: ONLY CHECK CHANGES IN CONDITION FROM LAST ASSESSMENT (SEE ATTACHED, IF APPLICABLE)
☐ No Change

☐ Cardiovascular   ☐ Diet / Weight / Nutrition   ☐ Neurological   ☐ GU / Reproductive   ☐ GI
☐ Respiratory   ☐ Endocrine   ☐ ADL   ☐ Sensory   ☐ Pain
☐ Integumentary   ☐ Psych / Social   ☐ Musculoskeletal   ☐ Cognition
☐ Other:

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	E. TRAINING COMPLETED	F. OTHER (SPECIFY)	G. ACTIVE CREDENTIAL
1)	☐	☐	☐	☐	☐		☐ Yes ☐ No
2)	☐	☐	☐	☐	☐		☐ Yes ☐ No
3)	☐	☐	☐	☐	☐		☐ Yes ☐ No
4)	☐	☐	☐	☐	☐		☐ Yes ☐ No
5)	☐	☐	☐	☐	☐		☐ Yes ☐ No

10. ☐ Check here if additional notes / LTCW name on page 2.

11. ☐ Client stable and predictable   ☐ Continue delegation   ☐ 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. RN SIGNATURE	13. DATE

Date of Form publication

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Nurse Delegation: Nursing Visit – Page 2

15. CLIENT NAME	16. DATE OF BIRTH	17. SETTING
		☐ AFH ☐ DDA ☐ In-home ☐ Other:

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	E. TRAINING COMPLETED	F. OTHER (SPECIFY)	G. ACTIVE CREDENTIAL
1)	☐	☐	☐	☐	☐		☐ Yes ☐ No
2)	☐	☐	☐	☐	☐		☐ Yes ☐ No
3)	☐	☐	☐	☐	☐		☐ Yes ☐ No
4)	☐	☐	☐	☐	☐		☐ Yes ☐ No
5)	☐	☐	☐	☐	☐		☐ Yes ☐ No
6)	☐	☐	☐	☐			☐ Yes ☐ No
7)	☐	☐	☐	☐			☐ Yes ☐ No
8	☐	☐	☐	☐			☐ Yes ☐ No
9)	☐	☐	☐	☐			☐ Yes ☐ 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. RN SIGNATURE	21. DATE

22. RETURN VISIT ON OR BEFORE

FAQ for Acute Hospitals

NURSE DELEGATION REFERENCE SHEET
FAQ For Acute Hospitals

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What is Nurse Delegation?
A service where a Registered Nurse, who is contracted with DSHS, delegates specific skilled nursing tasks to nursing assistants (RCW 18.88A) or home care aids (RCW 18.88B). The RN, under their own license, provides training and oversight to the staff providing direct care to the client. Although the RN has a requirement to complete face to face visits with clients, they are not responsible to provide direct care (WAC 246-840).

Who is eligible for Nurse Delegation?
Medicaid eligible clients who reside or will reside in their own homes, an Adult Family Home or an Adult Residential Facility and have been assessed by HCS to have a skilled need that cannot be met by a community provider without oversite or another medical service that can be provided (like Home Health).

What is the referral process?
Once a skilled nursing task is identified, and if there is no medical provider to meet the need, HCS will make a referral to Nurse Delegator(s) if the client is transitioning to one of the approved settings.

Who determines if the need is able to be delegated?
The Nurse delegator will determine:
- If tasks are within the registered nurse's scope of practice (WAC 246-840).
- The client and task needing delegation are stable and predictable.
- The training and competency of the nursing assistant or home care aid to perform the task.
- Their comfort in supervising the actions of the worker performing the delegated task.

Provider Choice:
Nurse Delegators follow WAC 246-840-940 in determining if a task can be delegated but will also rely on their own clinical judgement and level of expertise in determining who they will serve.

HCS staff do not determine if a contracted Nurse Delegator can meet the need of a client, like all other providers, it is up to the individual Nurse to determine if they can meet the needs of the client (RCW 18.79.260).

Examples of tasks that may be Delegated?
Based on the nurse's determination, the following are examples of tasks that may be delegated:
- Oral and topical medication and administration
- Eye or ear drops and nasal sprays
- Gastrostomy tube feedings (including medication administration)
- Wound care must be simple, non-complex, does not require frequent nurse assessment and evaluation as determined by the delegating nurse
- Blood glucose monitoring, insulin or non-insulin injectables for the treatment of diabetes
- Non-sterile tracheal and oral suctioning

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Services that may be requested by another entity

- **Bed rail assessment** is not part of delegation, and it cannot be done by the RND. This assessment is to be done by a qualified assessor such as a Physical Therapist

- Range of Motion (ROM) is not a delegated task as it falls under personal care for the caregiver. Therefore, you cannot bill time for ROM teaching and training. This falls under Rehab/Restorative Care in the CM functional assessment in CARE.

Definitions of Rehab/Restorative Care

Type	Definition
Range of motion	The extent or limit to which a part of the body can be moved around a joint (or a fixed point); the totality of movement a joint is capable of doing. Range of motion exercise is a program of passive or active movements to maintain flexibility and useful motion in the joints of the body.
Passive Range of Motion	The individual is unable to move the joint and needs a caregiver to perform maintenance movements to each joint ONLY to the extent the joint is able to move. NOTE: Caregivers may NOT stretch the joint unless self-directed A formal program needs to be first established by a qualified nurse (RN) or therapist.
Active Range of Motion	Exercises performed by an individual to maintain their joint function to its optimal range (may be with cuing or reminders by caregivers). A formal, active Range of Motion program needs to be first established by a qualified nurse (RN) or therapist. Range of motion may be self-directed based upon an OT/PT assessment and continued without OT/PT supervision.
Splint or brace assistance	Assistance can be of 2 types: Verbal and physical guidance are provided to teach the individual how to apply, manipulate, and care for a brace or splint, or A scheduled program of applying and removing a splint or brace to assess the individual's skin and circulation under the device and reposition the limb in correct alignment.

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WABON News -

New 2 hours of health equity continuing education requirement

Washington nurses must meet health equity continuing education to renew their license. These requirements must be done during the renewal period and can't carry over.

As of Dec. 22, 2023, the new health equity continuing education (CE) requirement is:
- **2 hours of health equity CE every renewal period**

These hours count toward the RN & LPN required [8 hours total](#) of continuing education every renewal period.

Timeline to complete new health equity CE

All **licensed RNs and LPNs** have until their **2026 renewal date** to complete 2 hours of health equity CE.
- After 2026 renewal, nurses must complete 2 hours of health equity CE every renewal period.

Nurses applying for a new license have until their **2nd renewal date** to complete 2 hours of health equity CE.
- After 2nd renewal, nurses must complete 2 hours of health equity CE every renewal period.

More information
- [Continuing Competency Requirements](#)
- [DOH Health Equity Continuing Education](#) (includes free CE options)

Additional Information:

- **Private Duty Nursing contracts are available and needed. If interested let us know. Contact Kaila.Odell@dshs.wa.gov**

- **Skilled Nursing Contracts are needed. Please let us know and we will get you the contact person for your Area Agency on Aging office.**

- **<u>Suicide training is required </u>for your RN license through Department of Health. No verification required for DSHS.**

- **Multi State license – if you have one, please send us verification or let us know so we can update our records.**

- **Home Health Agency – if you have a license and wish to get the agency rate, we are requiring you send us your license for verification and taxonomy change.**

- **All contracts end June 30, 2024. The new contracting process will begin mid to late March. Please look for emails regarding contracts and respond in a timely manner to the requests.**

Thank you!

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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

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

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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

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