

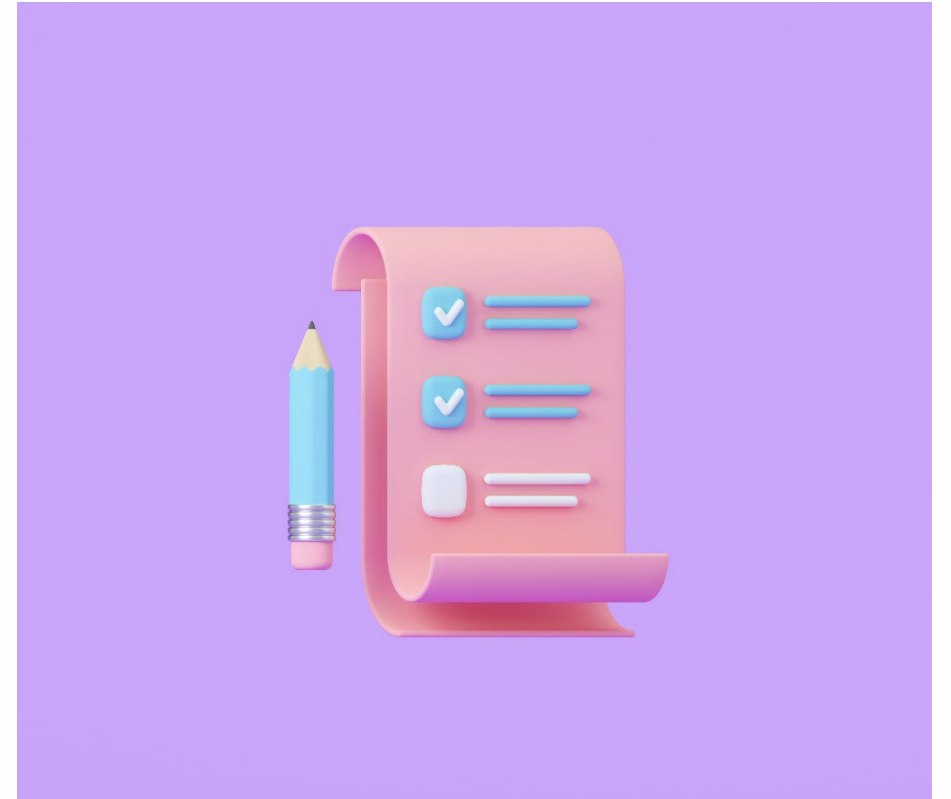
Transforming
Lives

RND Contractor Meeting

August 16, 2023

Agenda

- Welcome
- ND rate increase
- AL TSA authorized unit increase
- Forms review and update
- Billing
- Audit process and Corrective action plan
- 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!**

HCS and DDA Administration Rates effective July 1, 2023 and Nursing Services Agency Rate Increase Designation Changes

View revised rates on the ORM website at: [DSHS ALTSA MSD Office of Rates Management](#)

[HCS/DDA MB H23-037](#)

- Legislative nursing rate increases have been designated for individuals and agencies. To be eligible for the agency rate, a contracted provider must be licensed as a Home Health agency. A “Home Health agency” means a person administering or providing two or more home health services directly or through a contract arrangement to individuals in places of temporary or permanent residence. A person administering or providing nursing services only may elect to be designated a home health agency for purposes of licensure. See [RCW 70.127.010](#)
- **For contracted providers:**
 - If you feel your business falls under the “agency” definition, and would like to become licensed, please visit the [Washington State Department of Health](#) website for instructions on applying for a Home Health Agency License.
 - If your NPI Taxonomy requires updates based on home health licensure, please visit the following site for instructions: [National Provider Identifier Record](#)
- **NPI Taxonomy updates:**
 - Home Health Agency 251E00000X
 - Registered Nurse Individual 163W00000X

From Office of Rates Management site:

Washington Administrative Code (WAC) changes in progress

WAC 388-96: Wage Equity Funding Verification CR-101

To see past rulemaking, visit the rule making page.

Developmental Disabilities

- Developmental Disabilities Rates [Excel](#)
 - Developmental Disabilities Rates and Reimbursement Website

Home and Community

- COVID-19 Temporary Rate Increases - Updated 1/9/23
- Home & Community Services Rates [Excel](#) | [PDF](#)
 - Home & Community Services Rates History

17	H2014	U2	Skills training and dev, 15 min. Identity and Avoid Abuse Training	OF	\$0.01-\$20.00	N
19	H2014	U5	RN Delegation Per 15 Minute Unit (Individual; 163W0000X and 251J0000X)	OF	\$12.86	Y
20	H2014	U5	RN Delegation Per 15 Minute Unit (Agency; 251E0000X)	OF	\$15.43	Y
21	H2014	U5	Skills training and dev, 15 min (elone training, Non-medical)	OF	\$0.01-\$20.00	N

Navigation: LTC Services January 2023 | **LTC Services July 2023** | MAC-TSOA January 2023 | **MAC-TSOA July 2023** | Community Rates July 2022 | **Community Rates July 2023** | Bridge Rates July 2023 | Bed ... (+) |

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Authorizing Nurse Delegation Units for HCS

Management Bulletin H23-042

~~Effective 9/1/2023~~ the maximum authorized units for Nurse Delegation Services provided through Home and Community Services will be 100 units per month with 12-month total 1200 units.

Per HCA There is a system defect which is planned to be corrected during R6-2023 (Production release date 10/13/2023). Until then the workaround will be to force Edit 30370 if/as needed. I won't be able to process your ticket or make any changes until after 10/13/2023, because the system won't allow me to make any configuration changes until the release is done, so it will be a few days after 10/13/2023

Background -The case managers were previously allowed to increase to 100 units per month with a cap of 800 units per year. The RN was required to request this of the case manager.

Change - Now the CM will authorize all clients 100 units/month without the RND being required to request an increase from 36 units to 100 units.

Remains in place - If the RN is requesting more than 100 units per month this Request For Additional Units (RFAU) form is still required and is to be sent to the program manager. The cap for all requested units is 1500 units per year.

*DDA services will remain the same

FORMS REVIEW

[Nurse Delegation Forms link](#)

<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 █	2. ACES ID NUMBER █	3. DATE OF BIRTH █	4. SETTING <input type="checkbox"/> AFH <input type="checkbox"/> DDA <input type="checkbox"/> In-home <input type="checkbox"/> Other: █				
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: █					
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)							
<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: █							
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		F. OTHER (SPECIFY)	G. ACTIVE CREDENTIAL
				NEEDED	COMPLETED		
1) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 █			13. DATE █				
14. RETURN VISIT ON OR BEFORE █							

Nurse Delegation: Nursing Visit – Page 2

15. CLIENT NAME █	16. DATE OF BIRTH █	17. SETTING <input type="checkbox"/> AFH <input type="checkbox"/> DDA <input type="checkbox"/> In-home <input type="checkbox"/> 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		F. OTHER (SPECIFY)	G. ACTIVE CREDENTIAL
				NEEDED	COMPLETED		
1) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) █	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 █						21. DATE █	
22. RETURN VISIT ON OR BEFORE █							

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 + ⋮

Audit Process and information

Administrative Policy 13.16 requires that all contracts for services meet performance-based contracting standards, therefore the RNDPM utilizes the Performance-Based Contracts Checklist to fulfill the Department's goal to achieve more than minimal compliance. The RNDPM supplements monitoring activities with the Quality Assurance Unit (QA) Guidelines for Nurse Delegation-specific auditing.

Per Nurse Delegation Contract:

5. File Audit – The Chart audit process is for compliance purposes to comply with State regulation and the terms and conditions of ALTA/DDA Nurse Delegation contracts. Findings may be used to identify training needs for the Nurse Delegation Program.

b. The contracted nurse will receive one of two letters with the chart and audit findings. **Deficiency Free or Results and Follow up Needed.**

c. This is under review for the process and a modified audit is being conducted to assess where we are at and what improvement and processes can be updated.

17. State or Federal Audit Requests. The Contractor is required to respond to State or Federal audit requests for records or documentation, within the timeframe provided by the requestor. The Contractor must provide all records requested to either State or Federal agency staff or their designees.

Current Audit process:



Steps:

1. HCS QA team is sending initial letter and gathering the documentation for review. There will be a deadline. When the documents are received and filed the QA team reviews and completes the checklist of what is deficient or not.
2. QA then notifies Program Manager for program review and follow up email. At this point you will receive another email that either is an Audit complete or Corrective Action Plan is required. You will be given a deadline for the CAP response with each email. **YOU MUST RESPOND TO THIS WHEN A FOLLOW UP IS REQUIRED.**
3. PM will review the plan and do 1 of 2 actions:
 - a. accept the action plan and place in file
 - b. request follow up on action plan or consult with PM
4. Last Step will be a final email notifying the Contractor the audit is complete.

** Please be aware the program has limited staff and the return process from the time of documents sent and the follow up letter will not be quick. There is a lot to review and most of it is currently done by myself and Alia. We also have the rest of the program management to tend to. Thank you for your patience.*

Person-Centered Service Plan Signature Requirements for DDA-Contracted Providers

Dear DDA Provider,

This message is to let you know that effective May 11, 2023, you will begin receiving person-centered service plans for the clients that you serve. You must sign and return the PCSPs to the client's DDA case manager.

Federal requirements mandate all service providers to sign their clients' PCSPs. This is to ensure you understand your duties and responsibilities as assigned in the PCSP. This requirement includes all providers, except:

- Providers of "goods" (ex. specialized equipment and supplies).
- Providers who do not have contact with clients in-person or through teleservice (ex. some cases of environmental adaptations).

When you receive a PCSP from a DDA case manager, you have the following signature options:

- Adobe E-Signature.
- Adobe Fill & Sign.
- Written signature.

You must sign and return the PCSP to the DDA case manager as soon as possible.

For additional information, please see [42 CFR 441.301\(2\)\(ix\)](#) and [42 CFR 441.540\(b\)\(9\)](#).

<https://content.govdelivery.com/accounts/WADSHSDDA/bulletins/35c9ae8>

Learning opportunities:

- <https://learning.nursing.uw.edu/courses/wound2023/>

🏠 > Course Catalog > Wound Care Update 2023 | Day 1 and 2

Wound Care Update 2023 | Day 1 and 2

Current Status	Price	Get Started
NOT ENROLLED	\$440.00	Take this Course



Login

[Login to your account](#)

Course Information

Contact Hours: 14.2

Cost: \$440

Event Starts: 2022-11-16

Event Ends: 2023-11-17

Category: Conferences

- [Seattle Children's Trach Safe Emergency Airway Management Course](#)

Questions??

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

2023 -

October 18th 10:00AM

December 13th 1:00PM

2024 will be posted in November



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

nursedelegation@dshs.wa.gov

For DDA client questions email:

Erika.Parada@dshs.wa.gov

