



AFH Private Duty Nursing Contract Monitoring Tool

Purpose: This tool is intended to aid in the contract monitoring process but is not the only means of contract monitoring performed for the Private Duty Nursing Program.

Process: Each AFH PDN contract will be monitored using this tool on a yearly basis. One client file will be selected at random to be monitored. If contract monitoring results are not met, the PDN program manager may choose to review other client files. Contract Monitoring results will be recorded and reviewed for yearly trends. Year to year trends will aid in determining the risk level at which your contract is monitored. If a contractor consistently does not meet contract requirements, their contract could be at risk for termination.

Monitoring References: Each measure is followed by a reference. Each measure is based on contract requirements found in the General Terms and Conditions (GTC) or Special Terms and Conditions (STC) of the PDN AFH Contract. Some measures are also referenced with the corresponding Washington Administrative Code (WAC).

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------|--|
| NAME OF PDN / CONTRACTED AGENCY | | | | PROVIDER ID NUMBER | |
| CLIENT'S NAME | | CONTRACT NUMBER | CONTRACT START DATE | CONTRACT END DATE | |
| A. Contact Information | Met | Not Met | N/A | Comments | |
| 1. Current address on file – STC 7c | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. Current phone number on file – STC 7c | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B. Licensure | Met | Not Met | N/A | Comments | |
| 1. Current RN license on file without restriction – STC 3j(2)(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. Proof of license – STC 6b | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. Current background check every two years – STC 6d | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Background checks for every employee who has unsupervised access to clients completed at least every two years – STC 3h | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. Provide 24 hour minimum staffing of one nurse and one non-licensed staff on duty at all times and when at maximum capacity one nurse and two non-licensed staff on duty at all times – STC 3j(2)(d) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. Proof that all staff who may have direct contact with clients have met the training and certifications required – STC 6c | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. A contractor who chooses to transport clients must have a current valid driver's license for the classification of motor vehicle operated, have proof of liability insurance and successfully pass a DSHS background check – STC 6e, STC 9b | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| C. Insurance Coverage | Met | Not Met | N/A | Comments | |

| | | | | |
|--|--------------------------|-----------------------------|--------------------------|-----------------|
| 1. Proof of industrial insurance coverage – GTC 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Proof that general liability insurance was maintained with each occurrence \$1 million; general aggregate \$2 million or supplemental liability insurance or workplace liability insurance if contractor has less than three contracts – STC 9a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Proof of a business automobile policy is maintained on all vehicles used to transport clients, including vehicles hired by the Contractor or owned by the contractors employees – STC 9b | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Proof that professional liability insurance or errors and omissions insurance was maintained – STC 9c | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Insurance carrier is a State of WA carrier and has a rating of B++, Class VII or better. Surplus lines insurance companies will have A - STC 9h | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| D. Training | Met | Not Met | N/A | Comments |
| 1. Resident manager and all caregivers have successfully completed all training required in WAC 388-112A-0110 prior to caring for residents without direct supervision – STC 3d, RCW 74.39A.074, RCW 18.88B.041 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| E. Client Documentation | Met | Not Met | N/A | Comments |
| 1. Care plan signed by PCP and submitted to Care Manager and updated at least every six months – STC 3b, WAC 388-106-1045(3)(d) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. CARE assessment found on client file and updated at least every six months – STC 3d | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Skilled Nursing Task Log is found on file and updated at least every six months – STC 3a, WAC 388-106-1045(3)(f) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Limited English Proficiency, deaf, deaf-blind or hard of hearing clients have access to certified interpreter – STC 28a, STC 28b | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Significant change in client's condition are reported to case manager within 24 hours – STC 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Verbal communication of death of clients to the client's case manager within 24 hours of finding out about the death and follow up with written notice to the case manager within seven days – STC 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Sufficient disaster response plan in place that covers the type of individuals that are being cared for – WAC 388-106-1046(2)(b)(iii) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Contract Monitoring Results | | | | |
| Number of requirements NOT MET: | | Number of requirements MET: | | |

| | | |
|--|------|--------------|
| SIGNATURE OF INDIVIDUAL COMPLETING MONITORING TOOL | DATE | PRINTED NAME |
| PDN Response (PDN to sign, date, and return with this section completed) | | |
| 1. Attach additional sheets to this form that indicate the changes you will incorporate into your future PDN practice for all areas marked "Not Met." If you have documents that support changing a "Not Met" to a "Met," please submit. | | |
| PDN'S SIGNATURE | DATE | PRINTED NAME |
| 1. Please mail this signed form and any supporting documentation to the Private Duty Nursing Program Manager at: PO Box 45600, Olympia WA 98504-5600. | | |
| 2. You will receive a final notice within 30 business days that the PDN Program Manager has accepted your changes. | | |
| PDN PM Response to PDN | | |
| <input type="checkbox"/> Reviewed additional documentation and/or proposed practice changes and changes are accepted. | | |
| <input type="checkbox"/> Additional action is necessary, which may include further training, technical assistance or corrective action. The specific action required is outlined in the attached letter. | | |
| PDN SIGNATURE | DATE | PRINTED NAME |