

Transforming
Lives

June 15, 2023

Private Duty Nursing Contractor's Meeting

Kaila O'Dell, Private Duty Nursing Program Manager

Overview:

- Meeting 10:30-12:00 PM
- Topic: Skilled Nursing Task Log (SNTL)
- PDN WAC's about SNTL
- How to fill out SNTL
- Examples of SNTL
- Questions about SNTL
- Questions about PDN Rates
- Q/A and Wrap-up

Private Duty Nursing (PDN) Skilled Nursing Task Log

1. DATE

Instructions: Complete one sheet for each 24-hour period, seven days / week.

1. Date of Service
2. Client's Name, Date of Birth (DOB), and ACES Client ID.
3. Under the correct time of day, enter how long it took to provide the service indicated for the row.
4. PDN eligibility requirements and determination of hours per WAC 388-106-1010.
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2. CLIENT	3.																								
	AM						PM																		
DOB	12-10:00	1-1:00	2-2:00	3-3:00	4-4:00	5-5:00	6-6:00	7-7:00	8-8:00	9-9:00	10-10:00	11-11:00	12-12:00	1-1:00	2-2:00	3-3:00	4-4:00	5-5:00	6-6:00	7-7:00	8-8:00	9-9:00	10-10:00	11-11:00	
ACES CLIENT ID	Enter the time (in minutes) and initial time in the same box.																								
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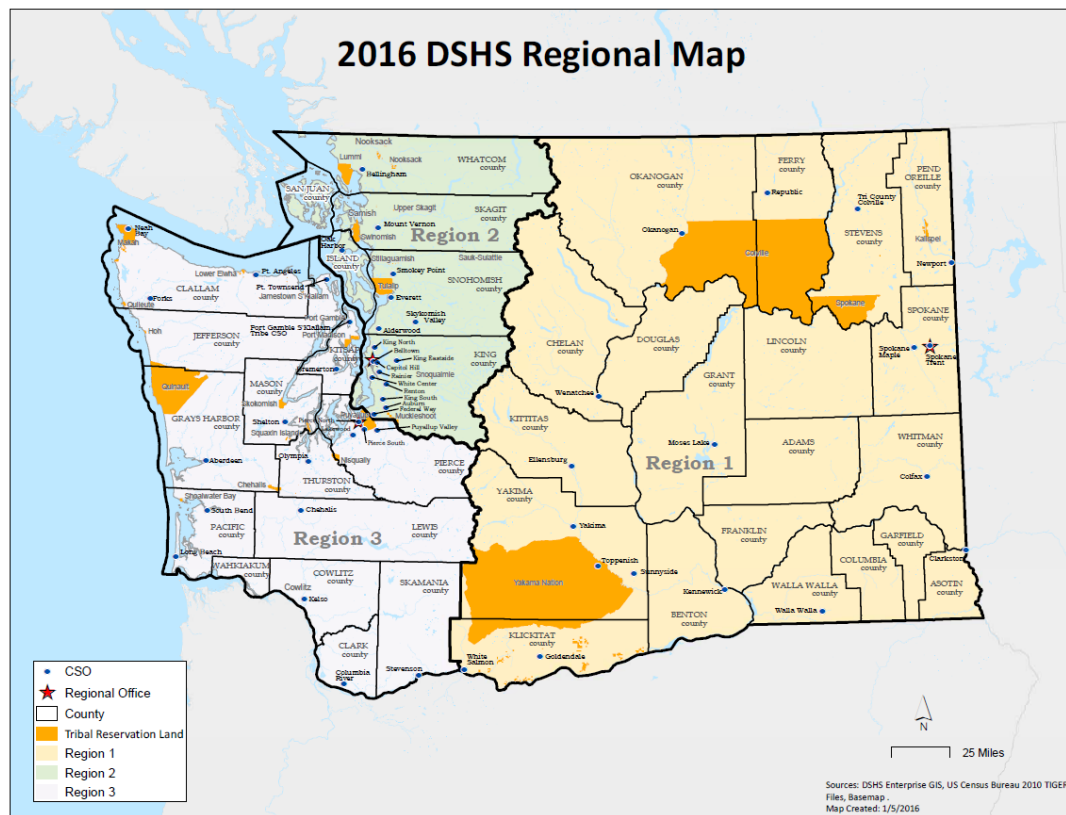
PRIVATE DUTY NURSING SKILLED NURSING TASK LOG
DSHS 15-344 (REV. 05/2023)

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Today we will be discussing the updated Skilled Nursing Task Log and how to fill it out correctly.

Poll:

What region are you in?



What region are you from?

PDN SNTL:

A blank skilled nursing task log can be found on the PDN website: [Private Duty Nursing | DSHS \(wa.gov\)](https://www.dshs.wa.gov/private-duty-nursing)

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PRIVATE DUTY NURSING SKILLED NURSING TASK LOG
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There have been no changes to how to find the SNTL form. The updated SNTL is live, and you will continue to go to the PDN website and click on the hyperlink for Skilled Nursing Task Log, the system has automatically updated this for you.

[Private Duty Nursing | DSHS \(wa.gov\)](https://www.dshs.wa.gov/private-duty-nursing)

Washington State Department of Social and Health Services

How may we help you?

Aging and Long-Term Support Administration
About ALTSA | Frequently Asked Questions | Find Local Services, Information and Resources

Home > ALTSA > Long-Term Care Professionals & Providers > Private Duty Nursing

ALTSA

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 - Home & Community Services
- Office of Rates Management
- Training Requirements and Classes
- Nurse Delegation Program
 - Nursing Services
 - Area Agencies on Aging Contractors
 - Background Checks
 - Continuing Care Retirement Community (CCRC)

Long-Term Care Services & Information

Office of the Deaf and Hard of Hearing

Stakeholders

Tribal Affairs

Long-Term Services and Supports Trust

Contact Information

About ALTSA

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Private Duty Nursing

Private Duty Nursing (PDN) is a program that provides in-home skilled nursing care to Medicaid clients 18 years of age and over who would otherwise be served in a Medicaid Medical Institution (MMI). PDN is an alternative to institutional care.

The purpose of the PDN program is to provide community-based alternatives to institutional care for clients who have complex medical needs like ventilators, tracheostomies, feeding tubes or continuous IV infusions and require skilled nursing care on a continuous and daily basis. The PDN program is designed to support clients and their families who must assume a portion of the client's care.

While some clients choose to seek care in an Adult Family Home setting others can be cared for in their own home or the home of a relative. The PDN program allows clients the option to remain at home so that they can stay connected with their families, their community and remain in the environment they feel is most familiar and comfortable to them.

Information for PDN Providers

Program Manager

Kaila O'Dell
privatedutynursing@dshs.wa.gov
360-725-3549

- Contractor Meetings
- Frequently Asked Questions (PDF)
- HCS Offices Locator
- Long Term Care Manual, Chapter 25: Private Duty Nursing
- Washington Administrative Code, 388-106-1000 to 1055
- Provider One Billing Guide
- Skilled Nursing Task Log
- Rates
- Holiday Pay Schedule
- Pre-Contract Education
- Pre-Contract Attestation Form

Again, here is the PDN home page. I would encourage you all to have this website saved as it is a great reference. You will be able to find the needed information for PDN related questions and assistance.

PDN WAC's about SNTL:

- PDN WAC's **388-106-1000 to 388-106-1055**
- <https://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1025>
- **WAC 388-106-1035** – What requirements must a home health agency meet in order to provide and be paid for my PDN? **(4)** (4) Initiate and complete the PDN skilled nursing task log or an approved equivalent for seven days and submit it to the CNC or NCC for review for an initial eligibility determination and for ongoing eligibility every six months thereafter;
- **WAC 388-106-1040** – What requirements must an RN, or LPN under the supervision of an RN, meet in order to provide and get paid for my PDN services? **(10)** (10) Complete the PDN seven-day look back skilled nursing task log and submit it to the CNC or NCC for review for initial eligibility determination, and for ongoing eligibility every six months; and
- **WAC 388-106-1045** – When may I receive private duty nursing (PDN) services in a contracted PDN adult family home (AFH)? **(f)** (f) The PDN skilled nursing task log for dates corresponding with the nursing progress notes, if applicable.

This slide was discussed at our last PDN meeting and here to reference again today.

What is the purpose of the SNTL:

- Program *requirement*.
- Eligibility requirement.
- Hour determination.

- Reference WAC 388-106-1010 *

It is of the utmost importance that when completing the SNTL, it be completed with accuracy. The SNTL holds a large weight when determining client eligibility for the PDN program and how many hours they are eligible for. If a client is eligible for PDN services, the NCC may authorize between 4-16 hours/day without an ETR. *WAC 388-106-1045.

PDN program is not the only program that many of our clients are eligible for, but it is important to know that the PDN program is a last resort and not the first. * WAC 388-106-1010. For example: if a task can be delegated then the client would not be eligible for the PDN program and the NCC would make the determination and guidance for other support services.

Updated SNTL:

- Why is there an updated form?
- How did we get to this conclusion?

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It was brought to my attention that the previous SNTL was not as user friendly. Multiple stakeholders came together to create this form. It was not me alone. It is important that I have multiple individual's input on something this big and everyone's voice is heard. We wanted to simplify this form and make it easier to use and navigate. It should be able to be filled out by anyone who is providing PDN services to the client, i.e. PDN nurse or IP. This form is a program requirement and we needed to help make it easier to complete.

Updated SNTL:



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At the top of page 1 you will find the instructions on how to complete this form. This does look very similar to the previous SNTL. You will need to complete 1 sheet for each 24-hour period, seven days/week. Previously, someone asked about completing multiple logs for each provider. While, that is not preferred, it is an option. However, they all must be submitted to the NCC upon review.

Updated SNTL:

4. WAC 388-106-1010 PDN Skilled Nursing Care Needs required for Private Duty										
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Page 1

(3) Intravenous / parenteral administration of multiple medications, and care is occurring on a continuing or frequent basis; or										
(4) Intravenous administration of nutritional substances, and care is occurring on a continuing or frequent basis.										
5. Other skilled nursing tasks										

Page 2

Per WAC 388-106-1010 – these items listed are program eligibility requirements. In addition, PDN providers did ask for additional blank spaces where other skilled nursing tasks could be added. These are listed on page 2. In order to meet the functional piece of the PDN program, the client must meet one or two of the items listed, per WAC.

Please note: I understand that these clients are very medical complex and require a lot of care, however in the blank spaces provided please only listed skilled nursing level of tasks that are being completed. This may look different for every client.

Updated SNTL:

6. Anyone who provides care on this day (above date) must complete this section. By signing this document, you attest that the information provided is accurate.

INITIALS	PRINTED NAME AND SIGNATURE	INDICATE ROLE: INFORMAL SUPPORT, SELF, IP, RN/LPN	INITIALS	PRINTED NAME AND SIGNATURE	INDICATE ROLE: INFORMAL SUPPORT, SELF, IP, RN/LPN

Anyone who provides care on this day (above date) must completed this section. By signing this document, you attest that the information you provided is accurate. This is similar to the previous SNTL form.

Updated SNTL:



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f) Tracheal suctioning.																									

Please note: The previous SNTL form used a time key, the new form does not. Therefore, if I am providing a nebulizer treatment and it takes me 20 minutes then I would document "20" and my initials in the corresponding box.

SNTL continued....

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(2) Complex respiratory support (minimum of two listed below (a) through (f))

a) Postural drainage and chest percussion.

b) Application of respiratory vests.

c) Nebulizer treatments with or without medications.

d) Intermittent positive pressure breathing.

e) O2 saturation measurement with treatment decisions dependent on the results. **or**

f) Tracheal suctioning.

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Private Duty Nursing Skilled Nursing Task Log DATE

Instructions: Complete one sheet for each 24-hour period, seven days / week.

- Date of Service
- Client's Name, DOB, and PI Number
- Indicate type of service, time of day, how long it took to provide using Time Key below. Sign and initial below.

CLIENT NAME	3. Enter the time (in minutes) and initial time in the same box.																							
	AM						PM																	
DOB	12--12:59	1--1:59	2--2:59	3--3:59	4--4:59	5--5:59	6--6:59	7--7:59	8--8:59	9--9:59	10--10:59	11--11:59	12--12:59	1--1:59	2--2:59	3--3:59	4--4:59	5--5:59	6--6:59	7--7:59	8--8:59	9--9:59	10--10:59	11--11:59
ACES CLIENT ID NUMBER																								

PERSONNEL

Wound Care
Dressing Change
Compression
Intermittent Catheter
Catheter Irrigation
Catheter Care / Change
Colostomy Care
Glove Program
IV National Support
O2 Tube Feeding Pump
O2 Tube Gravity
O2 Tube Change
Nebulizer Treatment
BIPAP/CPAP
CO2 Assure/Change/ADM
Chest Percussion / CPT
Alii Vest
Other Cough Assist
Respiratory Assessment
Trach Care / Suctioning
Tracheostomy Change
Chest Suctioning
Ventilator Care
Medication Admin
Trachea
IV Port
Pretreatment Delays
Blood Glucose Monitor
Lab Work: Blood / Urine
Passive ROM (PROM)

Anyone who provides care on this day (above date) must complete this section.

INITIALS	PRINTED NAME AND SIGNATURE	INDICATE SERVICES SUPPORT SELF, RN, LPN, etc.	TIME KEY
			1-15 min = 1
			15-30 min = 2
			30-45 min = 3
			45-60 min = 4
			60 min = 5
			> 60 min = 6

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The most significant change you will notice is the time key being removed. You will also complete this form differently as well. The updated form speaks directly from the PDN WAC 388-106-1010. Previously, skilled nursing tasks were written out.

Example: Client on vent/trach for 4 or more continuous hours. Previously each vertical column needed to add up to an hour. The updated form, the number of minutes in a single vertical column can exceed 60 minutes.

SNTL Example # 1

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f) Tracheal suctioning. <u>15 KO</u>																								

PRIVATE DUTY NURSING SKILLED NURSING TASK LOG
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Highlights:

- Per WAC 388-106-1010 3 (d) 4 or more continuous skilled nursing care....

Example # 1:

My client is on mechanical ventilation, but only while asleep. Per doctors' orders, I gave the client a nebulizer treatment at the scheduled time of 4:30 PM. Then, I assisted the client with mechanical ventilation, which included setup/monitoring/adjusting/ etc. At around 10:00 PM I noticed the client having difficulties breathing and therefore, I conducted a lung assessment and noticed their oxygen saturation was low, therefore I suctioned my client.

It is important to ensure that the SNTL are an accurate reflection of the client's care.

SNTL Example # 2

Highlights:

- Review WAC 388-106-1010, does this SNTL represent qualified PDN client?
- What additional questions do you have?
- Do they meet the continuous 4 or more hours requirement?

1. DATE

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f) Tracheal suctioning.			30 KO							15 KO							15 KO				15 KO		15 KO	

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As you can see from this example, we have a complex client. They do meet eligibility criteria by having 2 or more complex respiratory supports, but do not meet the 4 or more hours of continuous skilled nursing care. Therefore, this client would not meet program requirements.

SNTL Example # 3

Highlights:

- Review WAC 388-106-1010, does this SNTL represent qualified PDN client?
- What additional questions do you have?

1. DATE

Private Duty Nursing (PDN) Skilled Nursing Task Log

Instructions: Complete one sheet for each 24-hour period, seven days / week.

- Date of Service
- Client's Name, Date of Birth (DOB), and ACES Client ID.
- Under the correct time of day, enter how long it took to provide the service indicated for the row.
- PDN eligibility requirements and determination of hours per WAC 388-106-1010.
- All other skilled nursing task needs for client being provided. Please write the name of the skilled nursing task being completed and, using the correct time of day, enter how long it took to provide the service indicated for the row.
- In addition, initial, sign, and indicate role on Page 2 in the last section.

2. CLIENT	3. AM												PM												
	Enter the time (in minutes) and initial time in the same box.																								
DOB	12 - 12:59	1 - 1:59	2 - 2:59	3 - 3:59	4 - 4:59	5 - 5:59	6 - 6:59	7 - 7:59	8 - 8:59	9 - 9:59	10 - 10:59	11 - 11:59	12 - 12:59	1 - 1:59	2 - 2:59	3 - 3:59	4 - 4:59	5 - 5:59	6 - 6:59	7 - 7:59	8 - 8:59	9 - 9:59	10 - 10:59	11 - 11:59	
ACES CLIENT ID																									
4. WAC 388-106-1010 PDN Skilled Nursing Care Needs required for Private Duty																									
(1) Mechanical Ventilation which takes over active breathing due to your inability to breathe on your own due to injury or illness. A tracheal tube is in place and is hooked up to a ventilator that pumps air into the lungs. or																									
(2) Complex respiratory support (minimum of two listed below (a) through (f)):																									
a) Postural drainage and chest percussion;			15 KO									20 KO													
b) Application of respiratory vests;																									
c) Nebulizer treatments with or without medications;						15 KO					25 KO		10 KO			20 KO									
d) Intermittent positive pressure breathing;											15 KO														
e) O2 saturation measurement with treatment decisions dependent on the results; or		15 KO					15 KO			30 KO	20 KO	10 KO	30 KO			15 KO	15 KO			15 KO			25 KO		
f) Tracheal suctioning.			30 KO							30 KO	30 KO	20 KO				15 KO				15 KO			15 KO		

PRIVATE DUTY NURSING SKILLED NURSING TASK LOG
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Page 1 of 2

Now, let's compare this SNTL to the previous SNTL. How are they different? Similar? Please note, this should align with my nursing notes and physician orders.

How to complete a SNTL:

- Document the nursing care you are providing to the client.
- Ensure it aligns with your nursing notes, physician's orders, etc.
- Use the blank box to add any additional care that is being provided and please use time key to reflect time spent.
- Be honest.
- Comments/Questions?

This is part of the client's record and plan of care. It needs to reflect the care being provided to the client.

Clarification about SNTL continued...

6. Anyone who provides care on this day (above date) must complete this section. By signing this document, you attest that the information provided is accurate.					
INITIALS	PRINTED NAME AND SIGNATURE	INDICATE ROLE: INFORMAL SUPPORT, SELF, IP, RN/LPN	INITIALS	PRINTED NAME AND SIGNATURE	INDICATE ROLE: INFORMAL SUPPORT, SELF, IP, RN/LPN

Please note that ANYONE that provides care on the listed day must complete this section. This is not only required for the nurse providing care.

Please also indicate your role.

PDN nurse or IP/family must complete this form. Again, it is a program requirement that this be completed. The NCC will let you know when this form needs to be completed. It will need to be completed for 7 days in a row. It will need to be included with the client's assessments. This form is not optional, and it must be completed timely and accurately.

Clarification of SNTL continued....

AM												PM											
12 – 12:59	1 – 1:59	2 – 2:59	3 – 3:59	4 – 4:59	5 – 5:59	6 – 6:59	7 – 7:59	8 – 8:59	9 – 9:59	10 – 10:59	11 – 11:59	12 – 12:59	1 – 1:59	2 – 2:59	3 – 3:59	4 – 4:59	5 – 5:59	6 – 6:59	7 – 7:59	8 – 8:59	9 – 9:59	10 – 10:59	11 – 11:59

What is meant by, “...four or more hours every day of continuous skilled nursing care...” WAC 388-106-1010

1 hour = 60 minutes

You must be providing 60 minutes of skilled nursing care for 4 continuous hours.

Questions? Comments?

This was reviewed at our last meeting, but I want to review this again. It is important to know and understand program requirements. The client must have 4 or more continuous hours of skilled nursing care. This can be made up of several items as previously noted in the examples shown earlier. But, at minimum the client must have 4 or more. In addition, if the client resides in an AFH then they must have at least 8 hours of PDN care that is needed in order for the AFH to receive the all-inclusive rate.

Skilled Nurse
Task Log
Open
Discussion



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If you have any questions or concerns about the updated Skilled Nursing Task Log, you can always reach out to me directly at privatedutynursing@dshs.wa.gov.

Home Health Agencies Providing PDN Services

- HHA license governed by Department of Health
- Must have Home Health License to bill as PDN HHA
- [Home Health Agencies | Washington State Department of Health](#)
- Cost of Home Health Agency Licensing: [WAC 246-335-990](#)

I have received inquiries about 20% increase for Home Health Agencies. I understand and know that both HHA and individual PDN providers are providing the same care to PDN clients. I understand that it can feel upsetting to see such a difference in pay rates. Home Health Agencies have an additional licensing requirements. If you would like to become a Home Health Agency, please visit the Washington State Department of Health for additional information, requirements and fees.

Please let me know if you would be interested in having someone from Rate department join us.

Wrap-up

- Questions?
- Comments?



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