Understanding Community Based Nurse Delegation 2019

Presented by: Nurse Delegation Program Managers
Welcome

• House keeping notes...
• Introductions
• Thank you for coming
Agenda

• History of Nurse Delegation
• ND and the Nursing Process
• Forms and Documentation
• Contracting with DSHS
• Billing
• Responsibilities
• Program Evaluation
Nurse Delegation Program Managers

Nurses who contract with Aging and Long Term Supports Administrers (ALTSA) are supported by:

HCS
Marlo Moss RN
360-725-2450
mossm@dshs.wa.gov

DDA
Doris Barret, RN
360-407-1504
barreda@dshs.wa.gov
Purpose

This training is:

• Required for all Registered Nurses (RN’s) who would like to contract with DSHS and be paid for Nurse Delegation services

• Offered for RN’s who wish to delegate in other circumstances

• Intended to clarify rules for community based Nurse Delegation

*Today’s training is not a certification course*
Important to Know

Attendees will earn seven (7) contact hours of continued education hours:

• To receive full credit for the course
  – The attendee must:
    • Sign the attendance sheet
    • Stay for the entire training
    • Complete the evaluation form
Knowledge Check

Pre-Work

1. What do you know about Community Based Nurse Delegation?

2. What do you hope to take away from today?

3. Parking Lot questions.
Did You Know?

Common confusion...

Community Based Nurse Delegation - Describes certain nursing tasks which can be taught to long term care workers under a certain set of rules and circumstances. The rules apply only to community-based settings. The rules for Community Based Nurse Delegation are defined within the Nurse Practice Act.

Accountability:
- RN is responsible for delegating the nursing task
- LTCW is responsible for performing the nursing task as instructed
  - Based on written instructions

WAC 246-840-910 thru 970
Laws & Rules

What laws and rules govern the program?

*Revised Code of Washington* (RCW) is the law of Washington State

18.79A.260(3)(e)

*Washington Administrative Code* (WAC) are the rules of Washington State

246-840-910 thru 970
Nurse Delegation Impact

Give me the facts!

• The Nurse Delegation program serves approximately 8,600 clients
• The average cost is $186 per month/client

What do you think is the average cost for a Skilled Nursing Facility per month?
Who’s Involved

Who's involved with community based nurse delegation

- Client
- Long Term Care Worker (LTCW)
- Registered Nurse (RN)
- Case Manager (CM)/ Case Resource Manager (CRM-DDA)
- Program Manager (PM)
# Long Term Care Worker Types

<table>
<thead>
<tr>
<th>Nursing Assistant-Registered (NAR)</th>
<th>Home Care Aide-Certified (HCA-C)</th>
<th>Nursing Assistant-Certified (NAC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered through DOH</td>
<td>Complete 75 hours of training</td>
<td>Complete 85 hours of training</td>
</tr>
<tr>
<td>$65 registration fee to DOH</td>
<td>Certified through DOH</td>
<td>(7 hour HIV/AIDS included)</td>
</tr>
<tr>
<td>Take 7 hour HIV/AIDS course</td>
<td>$85 application fee to DOH</td>
<td>Certified through DOH</td>
</tr>
<tr>
<td>No CE requirement</td>
<td>Take 4 hour HIV/AIDS course</td>
<td>$65 application fee to DOH</td>
</tr>
<tr>
<td>Must be renewed annually on birthday</td>
<td>12 hours of CE due each year</td>
<td>No CE requirements</td>
</tr>
<tr>
<td></td>
<td>Must be renewed annual on birthday</td>
<td>Must be renewed annual on birthday</td>
</tr>
</tbody>
</table>
Key Takeaways

Purpose of Nurse Delegation rules

• Rules create a consistent standard of practice
• Support the authority of the RN to make independent and professional decisions
• Enhance client choices
• Protect the public in community-based and in-home settings
Program Description

The RN will:

• Assess a client to determine stability and predictability
• Teach the long term care work the nursing task
• Evaluate the performance of the long term care worker
• Provide ongoing supervision of the client’s condition
• Provide ongoing supervision and evaluation of the long term care workers performance of the nursing task
Client Type

Who do the rules apply to?

• Clients receiving services in their private homes
• Clients receiving services in Community Residential Settings (SL, GTH, CH)
• Clients receiving services in Adult Family Homes (AFH)
• Clients receiving services in Assisted Living Facilities (ALF)
  – Formerly known as Boarding Homes
## Nurse Delegation History

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
</tr>
</thead>
</table>
| 1996-97 | Nurse Delegation Rules established through DOH  
|        | Task list created  
|        | Three settings identified  
|        | Assisted Living (AL)  
|        | Adult Family Home (AFH)  
|        | Supported Living (SL) |
| 2000  | Task list eliminated  
|        | In home setting added to approved settings |
| 2009  | Law change to include insulin injects and blood glucose monitoring as delegatable tasks  
|        | Prohibited list created |
| 2017  | Rule clarification to include non-insulin injections, used to treat DM as delegatable tasks  
|        | Examples include: Byetta, Victoza, Toujeo |
| 2018  | Collaborate with Nursing Commission and stakeholders to expand nurse delegation services:  
|        | INR testing  
|        | Other subcutaneous injects  
|        | Define nurses role in medical marijuana “administration”  
|        | Epinephrine injections |
Nurse Delegation

Client Type

- DDA
- LTC
- Other
The Targeted Population

Who are long term care (LTC) clients?

- Client 18 years or older
- Often times referred to as “aging” clients
- Live in a community-based setting
- Have case managers who work for Home and Community Services (HCS) or an Area Agency on Aging (AAA) office.
The Targeted Population Cont.

Who are developmental disability (DD) clients?

- Diagnosed prior to the age of 18
- May be an adult or child
- Referred to as “developmentally disabled”
- Live in a community-based setting
- Have case resource managers through Developmentally Disabled Administration (DDA)
- Referrals managed through a regional nurse delegation coordinator
Nurse Delegation

DDA Coordinators:

<table>
<thead>
<tr>
<th>Region</th>
<th>Name</th>
<th>Phone number</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region I</td>
<td>Gail Blegen-Frost</td>
<td>(509) 374-2124</td>
<td><a href="mailto:blegegd@dshs.wa.gov">blegegd@dshs.wa.gov</a></td>
</tr>
<tr>
<td>Region II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South</td>
<td>Aaron Peterson</td>
<td>(253) 372-5850</td>
<td><a href="mailto:PeterAN@dshs.wa.gov">PeterAN@dshs.wa.gov</a></td>
</tr>
<tr>
<td>Region II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North</td>
<td>Claire Brown-Riker</td>
<td>(206) 568-5773</td>
<td><a href="mailto:brownCA2@dshs.wa.gov">brownCA2@dshs.wa.gov</a></td>
</tr>
<tr>
<td>Region III</td>
<td>Brian Wood</td>
<td>(253) 725-4282</td>
<td><a href="mailto:woodsbp@dshs.wa.gov">woodsbp@dshs.wa.gov</a></td>
</tr>
</tbody>
</table>
# Different Populations

<table>
<thead>
<tr>
<th>LTC clients</th>
<th>DDA clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chronic conditions</td>
<td>• Developmental Delays</td>
</tr>
<tr>
<td>• Diabetes</td>
<td>• Autism</td>
</tr>
<tr>
<td>• Arthritis</td>
<td>• Mood disorders</td>
</tr>
<tr>
<td>• Mental health diagnoses</td>
<td>• Bipolar</td>
</tr>
<tr>
<td>– Alzheimer's</td>
<td>• Major Depressive Disorder</td>
</tr>
<tr>
<td>– Dementia</td>
<td>• Schizophrenia</td>
</tr>
<tr>
<td>• Congestive heart failure</td>
<td>• Cerebral Palsy</td>
</tr>
<tr>
<td>• Lung disease</td>
<td>• Epilepsy or seizure disorders</td>
</tr>
<tr>
<td>• Obesity</td>
<td></td>
</tr>
</tbody>
</table>

\[ WAC 388-106 \]  \[ WAC 388-825 \]
Additional Variables

So what’s the difference?

DDA client may have:

• Unique or complex medical needs
• Behaviors managed through a positive behavioral support plan (PBSP)
• Frequent medication changes
• High staff turn over
Skin Observation Protocol (SOP)

Specific protocol for DSHS clients

• Case manager will refer a client to you if:
  – Their annual CARE assessment triggers SOP

• RN must follow specific protocol to assess skin
  • Specific forms
  • Specific documentation criteria
    – Document on triggered referral

• Timeline must be followed without exception.
## Skin Observation Protocol (SOP) Cont.

### Skin Observation Protocol (SOP)

<table>
<thead>
<tr>
<th>HCS</th>
<th>DDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral sent by CM</td>
<td>Referral sent by CM</td>
</tr>
<tr>
<td>RN has 48 hours to accept or deny referral</td>
<td>RN has 48 hours to accept or deny referral</td>
</tr>
<tr>
<td>5 days to contact client, assess client, document clients skin assessment, and return documentation to the CM</td>
<td>5 days to contact client, assess client, document clients skin assessment, and return documentation to the CM</td>
</tr>
<tr>
<td>If the client can not be assessed after two attempts or the client declines the assessment APS or CPS and the CM must be notified.</td>
<td></td>
</tr>
</tbody>
</table>
Skin Observation Protocol (SOP) cont.

Forms to be used when SOP is triggered:

• Nursing Service Referral:
  – HCS
  – DDA
• Basic Skin Assessment
• Pressure Ulcer Assessment
  – Only complete if there is a pressure injury
    • Complete a pressure ulcer assessment for each Pressure injury
HCS Nursing Service Referral Form

(13-776)
# DDA Nursing Service Referral Form

**DDA Nursing Service Referral form (13-911)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requester</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Client Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Referral Request</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Special Instructions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Confirmation of Receipt and Acceptance</strong></td>
<td></td>
</tr>
</tbody>
</table>

**IMPORTANT:** Please be sure to send secure email / fax current CARE Assessment.

**DDA Nursing Service Referral Form Details:**

- **Nursing Assessment / Reassessment:** Frequency Duration of Activity:
- **Instruction to client and/or Providers:** Frequency Duration of Activity:
- **Care and health resource coordination:** Frequency Duration of Activity:
- **Skin Observation Protocol:** Frequency Duration of Activity:
- **Unstable / potentially unstable diagnosis:** Current or potential skin problem (not SOP)
- **Medication regimen affecting plan of care:** Skin Observation Protocol
- **Nutritional status affecting plan of care:** Other reason:
- **Immobility issues affecting plan of care:**

**Additional Information:**

- **Number of additional home visits:**
- **Interpreter Required for language:**
- **Special Instructions:**
- **Confirmation of Receipt and Acceptance of referral:**
  - Referral received
  - Referral accepted
  - Referral not accepted
  - Nurse Assigned: Telephone Number:
Basic Skin Assessment Form

Basic Skin Assessment (13-780)

Page 1

Nursing Services Basic Skin Assessment
(Integumentary System – Skin, Hair, Nail)

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>DATE OF BIRTH</th>
<th>CLIENT ACES ID</th>
<th>CLIENT PROVIDER ONE ID</th>
</tr>
</thead>
</table>

REQUEST RELATED TO (REQUESTOR COMPLETES): CHECK ALL THAT APPLY

- [ ] Skin Observation
- [ ] Other referral type (describe):  
  Documentation to be sent back to:  

Injuries Assessment Section

Beginning with any pressure injuries, number all integumentary issues consecutively, starting with #1, #2, #3, etc. (Skin, Hair and Nails)

Skin Issues

Specify all types below as numbered / designated above: The number, skin issue type and comments. Examples of possible types of skin issues from CARE include pressure injuries, abrasions, acne / persistent redness, boils, bruises, burns, canker sore, diabetic ulcer, dry skin, hives, open lesions, rashes, skin desensitized to pain / pressure, skin folds / perineal rash, skin growths / moles, stasis ulcers, sun sensitivity, and surgical wounds. Please note there are many other skin issues not mentioned here such as irregular skin area such as boggy or mushy skin area, discoloration area(s). Please note: Any current pressure injuries require further detailed documentation on Pressure Ulcer Assessment and Documentation form DSHS 13-783.

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>SKIN ISSUE TYPE AND LOCATION</th>
<th>COMMENTS (PROVIDE FURTHER (NON-PRESSURE INJURY) DOCUMENTATION IN ADDITIONAL NOTES SECTION. FURTHER PRESSURE INJURY DOCUMENTATION REQUIRES FORM DSHS 13-783.)</th>
</tr>
</thead>
</table>
Basic Skin Assessment Form Cont.

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>DATE OF BIRTH</th>
<th>CLIENT ACES ID</th>
<th>CLIENT PROVIDER ONE ID</th>
</tr>
</thead>
</table>

**Basic Skin Assessment – Additional Detail (Check – Off and Notes)**

- **Color:**
  - Pale
  - WNL
  - Cyanotic
  - Jaundice
  - Other (describe):
  - [Notes:

- **Temperature:**
  - Afebrile
  - Warmer than normal (febrile)
  - Other (describe):
  - [Notes:

- **Turgor:**
  - Normal
  - Slow (tenting)
  - [Notes:

- **Any foul odor:**
  - Yes
  - No
  - [Notes:

- **Moisture:**
  - WNL
  - Dry
  - Diaphoretic
  - Other (describe):
  - [Notes:

- **Skin Integrity:**
  - WNL / Intact
  - See problem list
  - [Notes:

- **Moles:**
  - Present
  - Symmetry: Yes
  - No
  - Border: Regular
  - Irregular
  - Color: [Notes:
  - Diameter: [Notes:
  - [Notes: Refer to and follow up for suspected abnormal or irregular mole:

- **Hair:**
  - Even distributed
  - Hair loss
  - Other (describe):
  - [Notes:

- **Nails:**
  - WNL
  - Thickened
  - Clubbing
  - Discolored
  - Other (describe):
  - Cap Refill: 
    - ≤ 3 sec
    - > 3 sec
  - [Notes:

- **Non-injury recommendations to CM / CRM (for follow-up with HCP, treatment, care planning, or other directions):**
  - [Notes:

**RN Signature:**

- Additional forms / documentation attached
Pressure Injury Assessment Form

<table>
<thead>
<tr>
<th>Section 1. Client Information (Completed by DSNS or AACA Staff, RN, and/or Contractor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIENT NAME</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pressure Injury Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PRESSURE INJURY NUMBER</td>
</tr>
<tr>
<td>From form 13-780 (pictorial diagram)</td>
</tr>
<tr>
<td>2. LOCATION DESCRIPTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. PRESSURE INJURY CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staging (check one):</td>
</tr>
<tr>
<td>or (check one of the following):</td>
</tr>
<tr>
<td>Unstageable:</td>
</tr>
<tr>
<td>Suspected deep tissue injury reason:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. MEASUREMENT OF WOUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. TUNNELING</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. A. WOUND EXUDATE: (% SATURATION OF DRESSING)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None: (0%)</td>
</tr>
<tr>
<td>Minimal: (&lt;25% Saturation of Dressing)</td>
</tr>
<tr>
<td>Moderate: (20-75% Saturation of Dressing)</td>
</tr>
<tr>
<td>Heavy: (&gt;75% Saturation of Dressing)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serous: (Thin, Watery, Clear)</td>
</tr>
<tr>
<td>Purulent: (Thin or Thick, Opaque, Tan/Yellow)</td>
</tr>
<tr>
<td>Sanguineous: (Bloody)</td>
</tr>
<tr>
<td>Serosanguineous: (Thin Watery, Pale Red/Pink)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. WOUND BED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Granulation</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. ODOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. PAIN SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO PAIN:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. SURROUNDING SKIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erythema</td>
</tr>
<tr>
<td>Other:</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

Pressure Injury Documentation. Pages of 1 |

RN SIGNATURE | DATE | PRINTED RN NAME |
|-------------|------|-----------------|

11. RN POST PRESSURE INJURY ASSESSMENT RECOMMENDATIONS TO DSNS CASE MANAGER (INCLUDING TREATMENT AND/OR RECOMMENDATIONS FOR HCP FOLLOW-UP, ADDITIONAL TREATMENT OR CARE NEEDS AND/OR RECOMMENDED CHANGES TO...
Nurse Delegation

Skin Observation Protocol (SOP)

Forms and Power Point can be found on ND website or:

https://www.dshs.wa.gov/altsa/residential-care-services/skin-observation-protocol-sop-resources
In Summary

Rewind...

• The rules for Community Based Nurse Delegation are defined in the Nurse Practice Act.
• Any RN in the state of Washington can delegate
• There is no certification course to delegate in the state of Washington
• Only contracted RN’s with DSHS may receive a referral and be paid for delegated services for Medicaid clients
• The assessed client must be stable and predictable for delegation
• The LTCW’s could not perform the nursing tasks without the supervisor and evaluation of the RN delegating
Nurse Delegation
Trusted Process

Nurse Delegation is based on the Nursing Process:

• Assess
• Plan
• Implement
• Evaluate
## HCS Settings

### Approved HCS Settings:

<table>
<thead>
<tr>
<th>Adult Family Home (AFH)</th>
<th>Assisted Living Facility (ALF)</th>
<th>In-Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 clients</td>
<td>6 or greater clients</td>
<td>Clients live in their private homes.</td>
</tr>
<tr>
<td>No nurse required</td>
<td>Often times a nurse on staff during the week.</td>
<td>May be cared for by an IP or AP</td>
</tr>
<tr>
<td>Regulated by RCS.</td>
<td>Regulated by RCS</td>
<td>No oversight, unless agency provider</td>
</tr>
<tr>
<td>Contracted RND paid to delegate to clients.</td>
<td>Contracted nurses are NOT paid to provide delegation in ALF.</td>
<td>Contracted RND paid to delegate to client.</td>
</tr>
</tbody>
</table>
## DDA Settings

### Approved DDA Settings:

<table>
<thead>
<tr>
<th>Supported Living</th>
<th>Group Training Homes</th>
<th>Companion Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clients may live in their own home, or share a home with up to three others</td>
<td>• Group settings, clients may live in a facility with which serves two or more adults.</td>
<td>• Clients reside in their home</td>
</tr>
<tr>
<td>• Clients are cared for by a state contracted agency</td>
<td>• Clients are cared for by facility staff.</td>
<td>• Clients are cared for through an agency</td>
</tr>
<tr>
<td>• No nurse required</td>
<td>• No nurse is required</td>
<td>• No nurse is required</td>
</tr>
<tr>
<td>• Contracted RND paid to delegate to clients.</td>
<td>• Contracted RND paid to delegate to clients.</td>
<td>• Contracted RND paid to delegation to clients.</td>
</tr>
</tbody>
</table>
Where We Are Not

Delegation does not occur in the following settings:

• Hospitals
• Jails
• Schools
• Other community programs (adult day, senior centers, etc.)
Assess

- Setting
- Client
- Nursing Task
- Long term care workers (LTCW’s)
Assess Cont.

Assess

Assess the client:

• Full system- head to toe assessment
  – Completed within 3 working days of accepting the referral

• Is the clients condition stable and predictable
Assess Cont.

Not a standardized form
Assess Cont.

Assess

What does stable and predictable mean?
• The RN determines the client’s clinical and behavioral status is non-fluctuating and consistent.
• The client does not require frequent nursing presence
• The client does not require frequent evaluation by an RN

Client’s with terminal conditions and those who are on sliding scale insulin are stable and predictable

WAC 246-840-920 (15)
Assess the nursing task to be delegated:
• Does the nursing task fall within your skill set?
• Is the nursing task on the prohibited list
• Do you need additional assistance to determine delegation
  – Consult the decision tree
    • WAC 246-840-940
• If task determined for delegation is different from the original request, discuss findings with the referring case manager on page two of the referral form.
Assess Cont.

Assess

Prohibited nursing tasks:

- Sterile Procedures or processes
- Injectable medications
  - Except insulin and non-insulin injections for DM
- Central line of IV maintenance
- Acts that require nursing judgement
Assess Cont.

Assess

Examples of nursing tasks

<table>
<thead>
<tr>
<th>Previous Task List developed in 1996</th>
<th>New “nursing tasks”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral/topical medication</td>
<td>Clean suctioning- oral/tracheal</td>
</tr>
<tr>
<td>Ointments</td>
<td>Vagal nerve stimulator (VNS)</td>
</tr>
<tr>
<td>Drops- eye, ear, and nose</td>
<td>Bladder irrigations</td>
</tr>
<tr>
<td>Clean (non-sterile) dressing changes</td>
<td>Insulin injections</td>
</tr>
<tr>
<td>Gastrostomy (G-tube) feedings</td>
<td>Nasal versed for seizure control</td>
</tr>
<tr>
<td>Ostomy care</td>
<td>Non-insulin injections</td>
</tr>
<tr>
<td>In-and-out catheterizations</td>
<td>Blood glucose monitoring</td>
</tr>
</tbody>
</table>
Assess Cont.

Assess the LTCW:
• Does the LTCW have the appropriate training and credentials to perform the nursing task
• Assess the competency of the LTCW performing the nursing task
• Identify additional training needs for the LTCW to properly and safely perform the nursing task
• Consider language and cultural diversity which may affect delegation
• Is the LTCW **willing and able** to perform the nursing task
Credentials and Training

Credential type, expiration date, and original issue date

Training classes

Exempt LTCW letter of employment verification
Does Not Apply

Who’s exempt from the Home Care Aide training?

• NA-R working with a aging client, who worked one day from January 1, 2011-January 6, 2012.
  – The NAR must provide a letter of employment verification showing dates of employment.
• NA-R working with a DDA client, who worked prior to 2016.
  – The NA-R must provide a letter of employment verification showing days of employment (the DDA 32 hour letter will work).
• HCA-C
• NA-C
• LPN

What’s included in the Home Care Aide training?

75 hours “Home Care Aid” training
• 40 hours “basic training”
• 30 hours “population specific”
  – Mental health
  – Dementia
• 5 hours orientation and safety

Training **must** be completed within 200 days of hire

*WAC 246-980*
# Credentials

Assess HCS LTCW credentials:

<table>
<thead>
<tr>
<th>NAR</th>
<th>HCA-C</th>
<th>NAC</th>
</tr>
</thead>
</table>
| **Non-exempt (after 2012)**  
1. Verify current NAR credential  
2. Verify 9 hour Nurse Delegation for Nursing Assistants  
3. If delegated insulin, verify 3 hour SFOD  
4. Verify completion of 40 hour Basic Training | 1. Verify current HCA-C (HM) credential  
2. Verify 9 hour Nurse Delegation for Nursing Assistants  
3. If delegated insulin, verify 3 hour SFOD | 1. Verify current CNA credential  
2. Verify 9 hour Nurse Delegation for Nursing Assistants  
3. If delegated insulin, verify 3 hour SFOD |
| **Exempt (January 1, 2011-January 6, 2012)**  
1. Verify NAR credential  
2. Verify 9 hour Nurse Delegation for Nursing Assistants  
3. If delegated insulin, verify 3 hour SFOD  
4. Verify completion of basic training:  
   1. FOC  
   2. RFOC  
5. Obtain a letter of employment verification-stating dates of employment | | |
### Credentials

**Assess DDA LTCW credentials:**

<table>
<thead>
<tr>
<th>NAR</th>
<th>NAC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-exempt (after 2016)</strong></td>
<td><strong>Exempt (prior to 2016)</strong></td>
</tr>
<tr>
<td>1. Verify current NAR credential</td>
<td>1. Verify current CNA credential</td>
</tr>
<tr>
<td>3. If delegated insulin, verify 3 hour SFOD</td>
<td>3. If delegated insulin, verify 3 hour SFOD</td>
</tr>
<tr>
<td>4. Verify completion of 40 hour CORE Basic Training</td>
<td></td>
</tr>
<tr>
<td><strong>Exempt (prior to 2016)</strong></td>
<td></td>
</tr>
<tr>
<td>1. Verify NAR credential</td>
<td></td>
</tr>
<tr>
<td>2. Verify 9 hour Nurse Delegation for Nursing Assistants</td>
<td></td>
</tr>
<tr>
<td>3. If delegated insulin, verify 3 hour SFOD</td>
<td></td>
</tr>
<tr>
<td>4. Verify completion of basic training; 32 hour letter</td>
<td></td>
</tr>
<tr>
<td>5. Obtain a letter of employment verification- stating dates of employment</td>
<td></td>
</tr>
</tbody>
</table>

1. Verify current CNA credential
2. Verify 9 hour Nurse Delegation for Nursing Assistants
3. If delegated insulin, verify 3 hour SFOD
Consent Process

Consent form (13-678)

Nurse Delegation: Consent for Delegation Process

I have been informed that the Registered Nurse Delegation will only delegate to caregivers who are capable and willing to properly perform the task(s). Nurse delegation will only occur after the caregiver has completed state required training (WAC 246-841-405(2)(a)) and individualized training from the Registered Nurse Delegation. I further understand that the following task(s) may never be delegated:

- Administration of medications by injections (IM, Sub Q, IV) except insulin injections.
- Sterile procedures.
- Central line maintenance.
- Acts that require nursing judgment.

If verbal consent is obtained, written consent is required within 30 days of verbal consent.

My signature below indicates that I have assessed this client and found his/her condition to be stable and predictable. I agree to provide nurse delegation per RCW 18.79 and WAC 246-840-910 through 970.
Assess Cont.

Assess

Consent for delegation:

• Discuss the process of delegation with the client or the client’s authorized representative
• Obtain consent
  – Verbal consent acceptable for first 30 days
  – Written consent **must** be obtained after the first 30 days
    • Scanned, emailed, or faxed consents are acceptable
• Consent is only needed for initial delegation
  – No need to get new consent when nursing task changes
  – **Must** get new consent if the authorized representative changes
Nurse Delegation

Nurse Delegation is based on the Nursing Process:

• Assess
• Plan/Implement
• Evaluate
Instructions for Nursing Task (Form 13-678)

<table>
<thead>
<tr>
<th>Instructions for Nursing Task (Form 13-678)</th>
</tr>
</thead>
</table>

**Nurse Delegation: Instructions for Nursing Task**

<table>
<thead>
<tr>
<th>1. CLIENT NAME</th>
<th>2. DATE OF BIRTH</th>
<th>3. ID / SETTING (OPTIONAL)</th>
<th>4. DATE TASK DELEGATED</th>
</tr>
</thead>
</table>

**5. DELEGATED TASK AND EXPECTED OUTCOME**

Complete 6 and 7 only if medication(s) delegated:

6. LIST SPECIFIC MEDICATION(S), DOSAGES AND FREQUENCY OF MEDICATIONS DELEGATED ON THIS DATE (☐ CHECK HERE IF ADDITIONAL FORM ATTACHED.)

7. VERIFICATION OF DELEGATED MEDICATION
   - DATE
   - NAME / TITLE
   - METHOD OF VERIFICATION

8. STEPS TO PERFORM THE TASK:
   - Check here if additional teaching aide(s) attached.

Report Side Effects or Unexpected Outcomes To:

9. RND NAME (PRINT) | 10. TELEPHONE NUMBER

11. WHAT TO REPORT TO RND

12. HEALTH CARE PROVIDER NAME | 13. TELEPHONE NUMBER

14. WHAT TO REPORT TO HEALTH CARE PROVIDER

EMERGENCY SERVICES, 911

15. WHAT TO REPORT TO 911
Plan/Implement Cont.

Plan/Implementation

- **Written instructions**
  - Steps to follow when performing nursing task
  - Predicted outcome
  - Specific side effects of medications
  - To whom do LTCW’s report side effects
- **Teach LTCW how to perform the nursing task**
  - Based on the written instructions
- **Determine caregiver competency**
  - Return demonstration
  - Verbal description
  - Record review
- **Delegation of a nursing task is at the discretion of the RN assessing and delegating; including the delegation of insulin**
Plan/Implement Cont.

Instructions:

• Rationale for delegation- the “why”
• Specific to the client and their condition
  – Not transferable to another client or LTCW
• Clear description or nursing task with step by step instructions
• Expected outcomes of delegated nursing task
• Possible side effects of medications prescribed
  – To whom do LTCW’s report AND when
• How to document the nursing task as completed or omitted.
Plan/Implement Cont.

Plan

If the nursing task is medication administration:

• Verify what medications are prescribed
  – Pharmacy list
  – MAR’s
  – Conversation with Health Care Provider
• Verify medication changes AND how they were verified
• Determine if there is a need to retrain the LTCW on the task
• Update delegation paperwork
• Update instructions and task sheet
Plan/Implement Cont.

Plan

Insulin delegation:

- Teach proper usage of insulin
- Instruct and demonstrate safe insulin injection technique
- Determine competency of LTCW in performing safe insulin administration
  - Drawing up the insulin in a syringe
  - Dialing the dose of insulin on the prefilled syringe
  - Administering the insulin
- Competency:
- Must verify LTCW once a week for the first four weeks of insulin delegation
  - The first visit MUST be in person
  - Each subsequent visit may be verified through
    - Observation or demonstration of the task
    - Verbal communication
    - Record review
Plan/Implement Cont.

Plan

In private homes RN must set up the clients chart, which includes all of the following:

• Nurse delegation forms
• Medication orders
• Medication administration records (MAR’s)
• Credentials for all delegated LTCW’s
• Progress notes
In the process of writing your plan, you may need help determining if the nursing task is appropriate for delegation. Review the decision tree located in the nurse practice act:

WAC 246-840-940

<table>
<thead>
<tr>
<th></th>
<th>Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).</th>
<th>No.&gt;</th>
<th>Do not delegate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes ↓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Has the patient or authorized representative given consent to the delegation?</td>
<td>No.&gt;</td>
<td>Obtain the written, informed consent</td>
</tr>
<tr>
<td></td>
<td>Yes ↓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>Is RN assessment of patient’s nursing care needs completed?</td>
<td>No.&gt;</td>
<td>Do assessment, then proceed with a consideration of delegation</td>
</tr>
<tr>
<td></td>
<td>Yes ↓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td>Does the patient have a stable and predictable condition?</td>
<td>No.&gt;</td>
<td>Do not delegate</td>
</tr>
<tr>
<td></td>
<td>Yes ↓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evaluate

Nurse Delegation is based on the Nursing Process:

• Assess
• Plan/Implement
• Evaluate
Evaluate Cont.

Evaluate

Evaluation of delegation occurs every 90 days.
There is no exception

Supervisory visits have 2 components:

1. RN evaluates the client:
   - Head to toe assessment
   - Assess client to determine if the client status continues to be “stable and predictable”
   - Evaluate the clients response to the delegated nursing task
     • Modify tasks if needed
     • Retrain LTCW’s if needed
Evaluate Cont.

Evaluate

2. RN evaluates the continued competency of each delegated LTCW:
   – Evaluation can be direct or indirect
     • Observation or demonstration
     • Record review
     • Verbal description
   – Assess care provided
   – Documentation submitted in last 90 days
   – Validate current credentials
Evaluate Cont.

Evaluate

Modifications to tasks:

• Update Instructions and Task form
• Retrain LTCW’s on updated tasks
• Rescind LTCW’s who are no longer delegated to client
• Rescind entire caseload
• Assumption of caseload
Nurse Delegation

Evaluate

Update instructions and task form if:
• Nursing task has changed
  – Added, discontinued, or modified
    • RN verifies the new orders with the health care provider
    • Determines if the task can be delegated
    • Determines if delegation can occur immediately or if a site visit is required.
      – If the task can not be completed immediately the RN initiates and participates in developing an alternative plan to meet the needs of the client.
Evaluate Cont.

Evaluate

RN role in rescinding:

• RN initiates and participates in a safe transition plan with case managers, family member's, and the client.

• RN documents the reason for rescinding and the plan for continuing the nursing task
  – Who will provide the service in lieu of delegation
Evaluate Cont.

Evaluate

Rescind delegation if:

• Client safety is compromised
• Client is no longer stable and predictable
• Staff turnover makes delegation difficult
• Staff unwilling or unable to perform nursing task
  – Task performed incorrectly
  – Client requests new staff
  – When any license lapse
    • Facility
    • LTCW
    • RN
Transferring delegation to an assuming RN:

- The RN may transfer their case to another RN willing to assume.
- The assuming RN will:
  - Assess the patient
  - Assess the nursing tasks as being delegatable and within his/her skill set
  - Assess the LTCW’s competency
  - Assess the written instructions and task sheet

Once the care has been assumed, the assuming nurse must document:

- Reason for assumption
- Notification to client and LTCW’s
Evaluate Cont.

Evaluate

• Document the entire Nurse Delegation process
  – Including
    • Assessment
    • Written plan
    • Training and credentials
    • Verification of competency
In Summary

Nurse Delegation is based on the Nursing Process

- Assess
- Plan
- Implement
- Evaluate

- Only occurs in four community settings
  - Not hospitals, jails, or skilled nursing facilities
- The client must be stable and predictable
- Select nursing tasks can only be delegated
  - Prohibited list
  - No other list available
- LTCW must have appropriate training and credentials
- There must be an individualized written plan available
Summary Cont.

Summary

• Frequency of insulin delegation
• How to access the decision tree and when
• Evaluation of nurse delegation occurs every 90 days
  – Not every 3 months
• When to update nurse delegation documents
• When to provide additional training
• How to rescind a caseload of LTCW
Nurse Delegation
Group Activity

Training and Credentials

• Breakout into small groups: 3-5 people
• Each group will be assigned a scenario
• Take 5-10 minutes to review the scenario, determine what training and credentials are required and complete the required training and credentials form
• Present your findings to the entire class
Activity Role Descriptions

1. A Licensed Practice Nurse who works in an Adult Family Home providing suctioning to a client.

2. An NA-R working for a Supported Living agency, in April of 2012 administering insulin.

3. An NA-C worked in an Adult Family Home in 2013, applying a fentanyl patch.
Activity Role Descriptions

4. A HCA-C is working in an Assisted Living Facility giving insulin since. The HCA-C has worked for the same ALF since February of 2012.

5. An NA-R is working with a client in their private home. The client requires insulin injections and wound care daily. The LTCW was hired before January 7, 2012.

6. An NA-R is currently working for a Supported Living agency. The NA-R has been asked to give insulin to a client. The NA-R previously worked for a Home Care Agency in 2011. It is now February 2014.
Activity Role Descriptions

7. A NA-R was just hired in an Adult Family Home, on January 15, 2017 and is asked to administer insulin to a client. The NA-R did not work in 2011.

8. A HCA-C is working in an Adult Family Home administering oral medications, it is February of 2013.

9. The NA-R is working in Supported Living, after January 1, 2016, administering insulin injections.
Nurse Delegation
When To Delegate?
Decisions

To delegate or not...
When delegation may not be needed

- Personal care
- Basic first aid
- Self directed care
- Medication assistance
Personal Care

Personal care tasks

• Medicated shampoos
• Chlorohexidine mouth rinse
• Topical lotions
• Indwelling catheter care
• Antiembolism stockings (TED)
• Emptying a colostomy bag
• Peri care
• Filing nails
Basic First Aid

Basic First Aid

• Applying a bandage to a cut
• Reinforcing a bandage
• Administering epinephrine under the
  – “Good Samaritan Law”
  • RCW 4.24.300
Self Directed Care

• Nursing care provided to a client who resides in their private home by an Individual Provider (IP).
  – Only occurs in private homes
  – Only if an Individual Provider is providing care
  – Client trains and supervises the Individual Provider on their completion and competency level
  – Client must be cognitively aware
    • As determined by the case manager in her assessment
  – The clients physician must be aware the client is self directing their care

The IP can provide any nursing task an able bodied person could do for themselves.
WAC: 388-825-400
RCW: 74.39
Medication Assistance

- Rules written by the Board of Pharmacy
- Describes ways to help an individual take their medications
  - Remind
  - Coach
  - Open
  - Pour
  - Crush
  - Dissolve
  - Use of an enabler
  - Mix with food or liquids (client must be aware the medication is in the food or liquid)
- Medication assistance can be performed by anyone
- Client must be in a community setting

WAC 246-888-020
Medication Assistance Cont.

Medication Assistance

- If medications are crushed or dissolved it must be noted on a physician or pharmacy order
- Examples enablers:
  - Cups
  - Bowls
  - Spools
  - Straws
  - Adaptive devices
- Hand over hand is never allowed as an assistance
- Client maintains the right to refuse medications at any time.
Medication Assistance Cont.

Components of Medication Assistance

In order for medication assistance to take place, the client must meet both:

- **Functionally ability:** able to get the medication to where it needs to go
  - Medication to mouth
  - Ointment on back

  **AND**

- **Cognitively aware:** he/she is receiving medications
  - Doesn’t need to know the name of the medication
  - Intended side effect

  **If client is not** functionally able to take medications and cognitively aware he/she is receiving medications, the **medication must be administered by a person authorized to do so.**

  Delegation is appropriate
Medication Assistance Cont.

Medication Assistance

Assisted Living Exception Rule:

• Clients who reside in an assisted living facility who are unable to independently self-administer their medications may receive medication assistance as follows:
  – If the client is physically unable to self-administer medication they can accurately direct others to do so.

This is not self directed care
Medication Assistance Cont.

Medication Assistance

So what is covered under medication assistance?

• Oral medication administration
• Topical medication administration
• Ophthalmic medication administration
• Insulin pen set up
• Medications via G-Tubes
Nurse Delegation

Medication Assistance

What is not covered under medication assistance:

• Injectable medication
• Intravenous medications
• Oxygen administration
Nurse Delegation

Blue Board Exercise

Review nursing takes which may need delegation, may not need delegation, or are strictly prohibited from delegation
Nurse Delegation
Forms Review
Delegation Forms Review

FORMS:

- Referral
- Consent
- Credentials and verification
- Head to toe assessment
- Instructions and nursing task
- Nursing visit
- PRN
- Change in medication or treatment
- Rescinding
- Assumption
- SOP documents
- Billing tracker

Review sample chart:
Nurse Delegation

Step by step process for delegation
Forms review

Initial delegation:
• Referral
  – Case Manager will scan, email, or fax if a state client
• Attached to the referral:
  – Copy of most recent CARE assessment
    • Including behavior support plans
  – Release of information
  – Authorization number
  – Date of birth
• Assessment of client must be completed within three days from the date of accepting referral.
  – If unable to meet this deadline, discuss with case manager
# Nurse Delegation Referral Form

Referral form (01-212)

Page 1

<table>
<thead>
<tr>
<th><strong>Case / Resource Manager's Request</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. OFFICE □ HICS □ AAA □ DDA □ Other</td>
</tr>
<tr>
<td>2. CLIENT'S AUTHORIZATION NUMBER</td>
</tr>
<tr>
<td>3. RN PROVIDERONE ID</td>
</tr>
<tr>
<td>4. DATE OF BIRTH</td>
</tr>
<tr>
<td>5. DATE OF REFERRAL</td>
</tr>
<tr>
<td>6. METHOD OF REFERRAL □ E-mail □ Telephone □ Fax</td>
</tr>
<tr>
<td>TO: 7. NURSE / AGENCY</td>
</tr>
<tr>
<td>FROM: 10. C/RM NAME / OFFICE</td>
</tr>
<tr>
<td>8. TELEPHONE NUMBER</td>
</tr>
<tr>
<td>9. FAX NUMBER</td>
</tr>
<tr>
<td>11. EMAIL ADDRESS</td>
</tr>
<tr>
<td>12. TELEPHONE NUMBER</td>
</tr>
<tr>
<td>13. FAX NUMBER</td>
</tr>
<tr>
<td>14. REQUIRED ATTACHMENTS (IF APPLICABLE) □ CARE/DDA Assessment □ ISP / DDA □ BSHP □ Service Plan □ Release of Information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Client Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>15. CLIENT NAME</td>
</tr>
<tr>
<td>17. ADDRESS</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
</tr>
<tr>
<td>16. TELEPHONE NUMBER</td>
</tr>
<tr>
<td>18. PROVIDER NAME</td>
</tr>
<tr>
<td>19. TELEPHONE NUMBER</td>
</tr>
<tr>
<td>20. FAX NUMBER</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CLIENT COMMUNICATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ This client needs an interpreter □ Deaf/HOH □ Primary language needed is:</td>
</tr>
<tr>
<td>21. DIAGNOSIS PER CARE ASSESSMENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Communicating with RND</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>C/RM will communicate with RND when changes occur in client condition, authorized representative, financial eligibility or authorization is due.</td>
</tr>
</tbody>
</table>

**CASE/RESOURCE MANAGER'S SIGNATURE**

**DATE**
**Nurse Delegation Referral Form Cont.**

Referral form  
(01-212)  
Page 2

<table>
<thead>
<tr>
<th>Delegating Nurse’s Response</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TO: 24. CRIM NAME</td>
<td>25. TELEPHONE NUMBER</td>
<td>26. FAX NUMBER</td>
</tr>
<tr>
<td>FROM: 27. RND</td>
<td>28. RN PROVIDERONE ID</td>
<td>29. TELEPHONE NUMBER</td>
</tr>
<tr>
<td>RE: 31. CLIENT NAME</td>
<td>30. FAX NUMBER</td>
<td></td>
</tr>
</tbody>
</table>

32. Nurse delegation has been started  
☐ Yes  ☐ No

33. ASSESSMENT DATE

34. Please list the tasks that were delegated:

35. Follow Up Information

☐ Nurse Delegation was not implemented. Please indicate the reason and any other action taken:

☐ RND suggests these other options for care:

36. ADDITIONAL COMMENTS

NURSE DELEGATE’S SIGNATURE  | DATE
Consent for Delegation

Consent for delegation

Obtain client or the clients authorized representative consent for delegation.

• Obtain prior to initiating delegation
• Verbal consent is good for 30 days
  – After 30 days you must have a signed consent form.
• Consent only needs to be gathered one time, at the start of delegation
  – If the client authorized representative changes
  – If assuming a case and the new RN wants to explain the delegation process
Consent for Delegation Form

Consent form (13-678)

<table>
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<tr>
<th>RN NAME - PRINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>RND SIGNATURE</td>
</tr>
</tbody>
</table>

98
Credentials and Verification Form

- Check credentials for all delegated LTCW’s
- Complete training and credentials form or print copies of training and credentials
- Document verification of all training and credentials
- Verification of exempt LTCW letter of employment
## Credentials and Verification Form

**Credentials**

- Attach a copy of Internet Provider Credential Search
  - [http://www.doh.wa.gov/LicenseesPermitsandCertificates/ProviderCredentialSearch/](http://www.doh.wa.gov/LicenseesPermitsandCertificates/ProviderCredentialSearch/)
- OR COMPLETE THE FOLLOWING
  - RN Delegator has verified that the Long Term Care Worker is currently registered or certified in Washington state and is in good standing without restriction. Date of verification: ____________
  - Washington State Certificate/Registration Number for
    - NAR
    - NAC
    - HCA - C
  - Expiration Date: ____________
  - Registered
  - Certified

**Training Verification**

- Required for NAR, NAC, and HCA-C before delegating.
  - Nurse Delegation for Nursing Assistants (9 hours) Date: ____________
  - Nurse Delegation Special Focus on Diabetes class (3 hours) Date: ____________
  - (ONLY if providing delegated insulin injections)
- Basic Caregiver Training class required for NAR’s before delegating:
  - Basic Training (Core Competency) Date: ____________
  - Revised Fundamentals of Caregiving (RFoC) or alternative DSHS approved course Date: ____________
  - DDA CORE Basic Training Date: ____________
  - DDA 32 hour letter Date: ____________
  - PRIDE Training (Foster Care setting) Date: ____________

**Basic Training certificate required of HCA before delegating**:

- NAR credential Date: __________
  - Dual credential is no longer required after the HCA becomes certified.

**EXEMPT LONG TERM CARE WORKERS**

- The HCS LTCW employed sometime between January 1, 2011 and January 6, 2012 and the DDA LTCW employed sometime before January 1, 2016 should have a letter from the employer who employed them stating they have completed the basic training requirements in effect on the date of his or her hire.

- Letter of employment verification Date: __________
- Basic Training (Core Competency) OR Date: __________
- Revised Fundamental of Caregiving (RFoC) Date: __________
- DDA CORE basic Date: __________
- DDA 32 hour letter Date: __________

**7. RN/D Signature**

**8. Date**
Physical Assessment

Head to Toe Assessment

• Full systems nursing assessment
  – Currently no standardized form required
  – Must be completed at each supervisory visit
    • RN may chart per exception after the initial assessment.
# Physical Assessment Form

## Head to toe assessment

<table>
<thead>
<tr>
<th>Head-to-Toe Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment conducted by</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOC</th>
<th>Alert</th>
<th>Drowsy</th>
<th>Lethargic</th>
<th>Stuporous</th>
<th>Coma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Person</th>
<th>Place</th>
<th>Time</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vitals</th>
<th>Temp</th>
<th>R</th>
<th>BP</th>
<th>Pulse Ox</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Head</th>
<th>Hair</th>
<th>PERLA</th>
<th>mm</th>
<th>Nose</th>
<th>Ears</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neck</th>
<th>Carotid pulse</th>
<th>JVD</th>
<th>Trachea midline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chest</th>
<th>Apical Pulse</th>
<th>Muffled</th>
<th>Arrhythmia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
<th>Inspection</th>
<th>Auscultation</th>
<th>Palpation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(active / hyper / absent)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Upper Extremities</th>
<th>Radial pulses equal</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Temp vs. trunk (warm / cool)</td>
<td>Grip equal and strong</td>
</tr>
<tr>
<td></td>
<td>Capillary refill &lt;3 sec</td>
<td>Vein filling rapid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lower Extremities</th>
<th>Pedal pulse</th>
<th>ROM</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Assessment</th>
<th>Weight/Height</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Pain Assessment

<table>
<thead>
<tr>
<th>Acute/Chronic</th>
<th>Intensity (0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Skin Assessment

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Instructions and Task Sheet

Instructions and Task Sheet

• Complete instructions and task sheet for each delegated task
  – Oral medications
  – Topical medications
  – Wound care

• List medications delegated
  – Method of verification
    • MD order
    • MAR review
    • Pharmacy

• Step by step task analysis to complete nursing task
Instructions and Task Sheet

Instructions and Task Sheet

• Expected side effects
• When to notify the RN
  – Provide contact information
• When to notify MD
  – Provide contact information
• When to notify 911

Be specific when giving examples of side effects. Remember, side effects and steps to perform task are specific to the client
Instructions and Task Sheet

Instructions

And task

Form

(13-678)
Nursing Visit Form

Nursing Visit Form

• The nursing visit form is the most widely used form
  – Initial assessment
  – Supervisory (90 day) visits
  – Change in condition
  – Change in delegated task
  – Rescinding of LTCW
  – Delegation to new LTCW
  – other
Nursing Visit Form

Nurse visit form (14-484)
Supplementary Forms

The following forms are not required, but can be used:

- PRN
- Change in medical orders
- Assumption
- Rescinding
There is room for multiple PRN medications to be listed.
# Nurse Delegation

<table>
<thead>
<tr>
<th>4. DATE ORDERED</th>
<th>5. NAME OF MEDICATION</th>
<th>6. DOSE/FREQUENCY/ROUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/03/2014</td>
<td>Ativan</td>
<td>2-4 mg every 4-6 hrs as needed</td>
</tr>
<tr>
<td>7. NOT TO EXCEED</td>
<td>8. REASON FOR MEDICATION</td>
<td></td>
</tr>
<tr>
<td>8 mg/24 hrs</td>
<td>Agitation</td>
<td></td>
</tr>
<tr>
<td>9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacing in hallway; striking out;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. NOTES</td>
<td>Can repeat dose as needed</td>
<td></td>
</tr>
</tbody>
</table>

Not an acceptable order due to ranges

---

<table>
<thead>
<tr>
<th>4. DATE ORDERED</th>
<th>5. NAME OF MEDICATION</th>
<th>6. DOSE/FREQUENCY/ROUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/03/2014</td>
<td>Ativan</td>
<td>2 mg every 4 hrs PRN for agitation</td>
</tr>
<tr>
<td>7. NOT TO EXCEED</td>
<td>8. REASON FOR MEDICATION</td>
<td></td>
</tr>
<tr>
<td>8 mg/24 hours</td>
<td>Agitation</td>
<td></td>
</tr>
<tr>
<td>9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with pacing in hallway and/or striking out. Client yells when she is agitated usually.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. NOTES</td>
<td>See second page for possible 2nd dosing when no relief in agitation after 1 hour.</td>
<td></td>
</tr>
</tbody>
</table>

---

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

DISTRIBUTION: Copy in client chart and in RND file
<table>
<thead>
<tr>
<th>1. CLIENT NAME</th>
<th>2. DATE OF BIRTH</th>
<th>3. ID/SETTING (OPTIONAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MABEL SMITH</td>
<td>05/16/1932</td>
<td>AFH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. DATE ORDERED</th>
<th>5. NAME OF MEDICATION</th>
<th>6. DOSE/FREQUENCY/ROUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/03/2014</td>
<td>Ativan</td>
<td>May repeat 2mg by mouth in 1 hr. PRN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. NOT TO EXCEED</th>
<th>8. REASON FOR MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8mg/24 hours</td>
<td>agitation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>with pacing in hallway and/or striking out. Client yells when she is agitated usually</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>This order is for repeat dose of Ativan when no relief within 1 hour.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. RND SIGNATURE</th>
<th>12. DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMA NURSE RN</td>
<td>01/03/2014</td>
</tr>
</tbody>
</table>
Change in Medical Orders Form

- If there is a change in medications mid review cycle
- Change in dosage
- Addition of short term medication
  - 10 day course of antibiotic ointment
- Change in a nursing task

The change in medical orders form is similar to the instructions and task form
Change in Medical Orders Form Cont.

Change in Medications Or treatment (13-681)
Change in Medical Orders Form Cont

<table>
<thead>
<tr>
<th>Optional Task Sheet: (21 – 29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. STEPS TO PERFORM THE NEW TASK(S)</td>
</tr>
<tr>
<td>See: 1. Instructions for administering PO meds 2. See attached Pharmacy Sheet highlights for possible side effects</td>
</tr>
</tbody>
</table>

| 22. EXPECTED OUTCOME OF DELEGATED TASK(S) |
| Resolution of infection with normal breath sounds |

<table>
<thead>
<tr>
<th>23. RND NAME (PRINT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ima Nurse RN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(206) 000-0000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. WHAT TO REPORT TO RND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rash: Increase in cough or deep yellow/gold, green or bloody sputum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>26. HEALTH CARE PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Welby</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>27. TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(206) 777-1212</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>28. WHAT TO REPORT TO HEALTH CARE PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rash, difficulty swallowing, increased difficulty with breathing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>29. WHAT TO REPORT TO EMERGENCY SERVICES, 911</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non responsive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Select Only One of the Following</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Delegate immediately. No site visit required. The above order and instructions have been communicated to the delegated caregiver(s) and this form should be added to the client’s chart. OR</td>
</tr>
<tr>
<td>31. A site visit required for training or assessment prior to delegation. The caregiver may not perform the task until the site visit is completed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RND SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ima Nurse RN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/4/2014</td>
</tr>
</tbody>
</table>

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

RN can make the decision to delegate immediately or require a site visit.
Rescinding Form

- Document date rescinded
- Who you rescinded
- Why you rescinded
Rescinding Form Cont.

Rescinding Form (13-680)

<table>
<thead>
<tr>
<th>1. CLIENT NAME</th>
<th>2. DATE OF BIRTH</th>
<th>3. SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. FACILITY OR PROGRAM NAME</th>
<th>5. TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Reason for Rescinding: (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ A. Client died</td>
</tr>
<tr>
<td>□ B. Client’s condition is no longer stable and predictable</td>
</tr>
<tr>
<td>□ C. Frequent staff turnover</td>
</tr>
<tr>
<td>□ D. Client / authorized representative requested</td>
</tr>
<tr>
<td>□ E. NA not competent</td>
</tr>
<tr>
<td>□ F. NA not willing</td>
</tr>
<tr>
<td>□ G. NA credential expired</td>
</tr>
<tr>
<td>□ H. NA No longer working with client</td>
</tr>
<tr>
<td>□ I. Client safety compromised</td>
</tr>
<tr>
<td>□ J. Rescinding facility including clients and nurse assistant</td>
</tr>
<tr>
<td>□ K. Other (specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. NAMES OF CAREGIVERS</th>
<th>8. MEDICATIONS AND TREATMENTS RESCINDED</th>
<th>9. NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. NAME OF CASE MANAGER NOTIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. METHOD OF NOTIFICATION</th>
<th>12. DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. ALTERNATIVE PLAN FOR CONTINUING THE TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. RND SIGNATURE</th>
<th>15. DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assumption Form

• If you are assuming a case complete the assumption form to verify date assumed
• This is the date you will begin assuming liability
• Document the reason why assumption occurred.
Assumption Form Cont.

Assumption Form (13-678B)

<table>
<thead>
<tr>
<th>1. CLIENT NAME</th>
<th>2. DATE OF BIRTH</th>
<th>3. SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. FACILITY OR PROGRAM NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. TELEPHONE NUMBER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. REASON FOR ASSUMING DELEGATION</th>
</tr>
</thead>
</table>

I agree that I know the client through my assessment, the plan of care, the skills of the Long Term Care Worker(s) (LTCW), and the delegated task(s). I agree to assume responsibility and accountability for the delegated task(s) and to perform the nursing supervision. I have informed the client and/or authorized representative of this change. I have informed the LTCW, case manager, and client of this change.

<table>
<thead>
<tr>
<th>7. RND SIGNATURE</th>
<th>8. DATE</th>
</tr>
</thead>
</table>
Additional Billing Tracker

<table>
<thead>
<tr>
<th>NPI</th>
<th>Number: 163W00000X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service Code: H2014</td>
</tr>
<tr>
<td></td>
<td>1 Unit = 15 minutes</td>
</tr>
<tr>
<td></td>
<td>Provider ID</td>
</tr>
<tr>
<td>Month:</td>
<td>1</td>
</tr>
<tr>
<td>Client Name:</td>
<td>0</td>
</tr>
<tr>
<td>DOB:</td>
<td>0</td>
</tr>
<tr>
<td>ICD-10 Code:</td>
<td>0</td>
</tr>
<tr>
<td>Assessment:</td>
<td>0</td>
</tr>
<tr>
<td>Collateral Contact:</td>
<td>0</td>
</tr>
<tr>
<td>Travel Time:</td>
<td>0</td>
</tr>
<tr>
<td>Documentation:</td>
<td>0</td>
</tr>
<tr>
<td>Billing:</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL UNITS:</td>
<td>0</td>
</tr>
</tbody>
</table>

Sample
Nurse Delegation
Group Activity

Background:

On 11/20/2016 at 10:15am you receive a call from Judy a Case Manager in your local Home and Community Services office, she is looking for a nurse delegator to evaluate a client to determine if delegation is appropriate. He currently has informal support at home however has enlisted the help of three caregivers to help complete his care needs.
Group Activity Cont.

Break out into groups of 5
Take 10 minutes to work through the following scenario.
Answer questions as a group, on slide 111.
Be prepared to talk about your response.

Client History:

Alfonso Green a 66 year old male with a history of insulin dependent diabetes, diabetic foot ulcers, hypertension, congestive heart failure, immobility, and rheumatoid arthritis.
Group Activity Cont.

From Scenario

Medications and Treatments:

• Novolog
• Lantus
• Lasix
• Metoprolol
• Methotrexate
• Weekly dressing changes to foot ulcers
Group Activity Cont.

Forms Scenario

Current Caregivers:

- Lisa - CNA (9 hour nurse delegation course completed and 3 special focus on diabetes completed)
- Rachel - NAR completed on Feb. 11th 2010 and has worked at the same long-term care facility since acquiring NAR.
- David HCA-C- (9 hour nurse delegation course completed)
Group Activity Cont.

- What form and attachments will you need from the case manager before you complete your assessment?
- Is there specific information you need on that form to complete an accurate assessment?
- Are the caregivers prepared for delegation (Use the Credential and Verification form to help you)?
- What do you need to complete and send back to the case manager?
- What would your delegation process look like, from start to finish?
  - What information do you need
  - Who would you contact
  - What forms would you use
  - At what frequency would you return to Alfonso’s home to assess him and his LTCW’s
Contracting with DSHS

Contracting with DSHS for Nurse Delegation

RN’s interested in being paid to delegate for Medicaid clients, in the following settings must be contracted:

– Adult Family Homes
– DDA Supported Living
– Private homes
Contracting with DSHS

What services can I provide with a DSHS contract?

• Nurse Delegation for both DDA and HCS clients
• Skin Observation Protocol for existing clients
• One time skilled nursing task
  – For DDA clients ONLY
Requirements for Contracting with ALTSA

- RN must attend 8 hour Nurse Delegation Orientation
- WA state RN license without restrictions
- 1 year RN experience or equivalent experience, determined by ND program managers
- Professional liability insurance
  - 1 million incident/ 2 million aggregate
- Pass a criminal background check
- Have a National Provider Index (NPI) number
- Complete a Core Provider Agreement (CPA)
- Have a business license
Contract Requirements

- Resume or letter of interest
- Copy of your certificate from this class
- Copy of Drivers License
- Copy of RN license
- Copy of business license
- Copy of professional liability insurance
- Completed background check
- Completed W-9
  - Private business owner
Nurse Delegation Application Process

1. Return completed packet to ND Program
2. ND Program Manager
3. ALTSA Contract Unit
4. CPA to Health Care Authority (HCA)
5. HCA to ALTSA Contracts Unit
6. ALTSA Contract Unit to RN
7. RN to Contracts Unit
8. Contracts Units to RN Program Managers
What Can I Bill For?

- Assessments
- Documentation
- Collateral contacts
- Travel time
- Billing time
Payment

• RN delegators must track time billed

• Billed in units
  – 1 unit = 15 minutes
  – 4 units = 1 hour

• Current rate is $11.33 per unit
  – $45.32 an hours
  – Rate set by Legislation
Nurse Delegation

Billing

• HCS clients are authorized:
  – 36 units per month x 12 months

• DDA clients are authorized:
  – 100 units per month x 12 months

If additional units are needed RN must complete an “additional unit request form” outlining rationale
HCS Additional Units Request Form

HCS
Addition Unit
Request form
(13-893)
## DDA Additional Units Request Form

### 1. RND NAME

### 2. RND TELEPHONE NUMBER

### 3. RND E-MAIL ADDRESS

### 4. CLIENT’S NAME

### 5. CLIENT’S DATE OF BIRTH

### 6. CASE MANAGER’S NAME

### 7. CASE MANAGER’S TELEPHONE NUMBER

### 8. CASE MANAGER’S E-MAIL

### 3. Fax completed form to DDA Nurse Delegation (ND) Coordinators (check where faxing):

- Region 1 Spokane ……… Wilma Brown ……… (509) 329-2904, fax (509) 568-3037, brownW@dsahs.wa.gov
- Region 1 Kennewick ….. Gail Blegen-Frost ….. (509) 374-2124, fax (509) 734-7103, blegenf@dsahs.wa.gov
- Region 2 South ……….. Kathleen Wood……… (206) 568-5783, fax (206) 720-3334 woodkm@dsahs.wa.gov
- Region 2 North ……….. Meg Hindman ……… (360) 714-5005, fax (360) 714-5001, HindmMM@dsahs.wa.gov
- Region 3 ………………… Denise Pech………… (253) 404-5540, fax (253) 597-4368, pecchDL@dsahs.wa.gov

Aging and Long-Term Support Administration (ALTSA) ND Program Manager is available for consultation.

### 4. I will need _______ more units in addition to the 100 units already authorized for the month of _______. This will allow me to bill for a total of _______ units for the month of _______.

### 5. Reason additional units needed (check all appropriate boxes below):

- A. For insulin, complete the section below (no additional narrative required).
  - Initial visit; _______ units needed.
  - Supervisory visit; _______ units needed.
  - New support providers / caregivers; _______ units needed.
  - Total number of caregivers delegated insulin: _______.

- B. Other than insulin, please list reason(s) units needed:

### 6. DATE REQUESTED

### 7. REQUESTING ND SIGNATURE

### 8. UNITS APPROVED

### 9. ND PROGRAM MANAGER SIGNATURE

### 10. DATE APPROVED

Scan and email additional unit request form:

Doris Barrett
Nursing Service Unit Manager
Barretda@dsahs.wa.gov
How Do I Bill?

Billing is completed through the Health Care Authority (HCA)

• You must complete a CPA in order to get access to ProviderOne for billing

• Once you have access you will:
  – Receive a welcome letter via US mail
  – Receive your domain and user name via email
  – Receive a second email with a temporary password
Rolodex Sheet

Your important Information

Provider ID/Domain: __________________
Login/Username: __________________
Password: ________________
Secret Question/Answer: __________________

NPI: __________________
Taxonomy: 163W00000X
Proc/Service Code: H2014
Modifier: U5

WHO TO CONTACT FOR HELP

HCA- Health Care Authority
1-800-562-3022
- Press #5 then 1 for Social Services
- Hours 8:30am to 5:30pm, Mon- Fri

HCA Security
- If you are still unable to access your account, you can request to have the password reset by HCA Security: 1-800-562-3022 Ext. #19963
Group Activity

Group work:
Billing Scenarios

Use provided scenario to track units used from the initial date of your referral until the time you billed.

This may include:
• Conversation regarding referral
• Assessment of client
• Task analysis
• Training caregivers
• Returning documentation
• Billing
Activity

Health Care Authority

ProviderOne self study billing: https://www.hca.wa.gov/billers-providers/providerone/providerone-social-services

Billing essentials and managing provider files and users
- Getting started - Covers basic navigation, pop-ups and browsers, password troubleshooting, and managing alerts.
- Managing provider data
- Adding new users and assigning profiles
- Social service providers frequently asked questions (FAQ)

Viewing authorizations
- Viewing authorization list

Submitting and adjusting social service claims
- Submitting social service claims
- Creating social service templates
- Adjust, void, and resubmit social service claims

Submitting and adjusting social service medical claims
- Submitting social service medical claims
- Creating social service medical templates
- Adjust, void, and resubmit social service medical claims

Creating and submitting batch claims
- Creating and submitting social service batch claims
Activity

Billing practice:

- Take 5-10 minutes to walk through purple billing scenario
- Complete sample billing chart
  - Track units in category (there is no right or wrong category)
  - Add units up based on your billing schedule (weekly, every two weeks, monthly...)
Nurse Delegation

Other DSHS Contract

• Community instructor contract
  – Train LTCW for 9 hour ND for NA
  – Train LTCW for 3 hour SFOD

• HCS
  – Contact Training Unit at (360) 725-2548

• DDA
  – Contact Doris Barret: (360) 407-1504
Nurse Delegation

Other DSHS Contracts

• Skilled Nursing Waiver Contract
  – Provide skilled nursing task
  – Similar to Home Health
    • Wound care
    • Indwelling catheter insertion
    • Injections
  – Contact local Area Agency on Aging (AAA) office
Nurse Delegation

Other DSHS Contracts

• Private Duty Nursing
  – Provide 1:1 care
  – Client must require four hours of continued nursing services
    • Vent
    • Trach
  – Contact Jevahly Wark (360) 725-1737
Setting Up Your Business

You must market your business and yourself

• Contact CM’s
• Develop marketing materials
  – Business cards
  – Flyers
  – Website
• Contact other RN delegators in your community
• Attend quarterly meetings
Nurse Delegation

Responsibilities

• Contracted RN responsibilities
• Case manager responsibilities
• ND program manager responsibilities
Contracted RN

- Document when, how, and from who referral was received
- If necessary arrange interpreter services with CM
- Assess client within 3 working days of receiving the referral
- Provide SOP documentation to CM within five days
- Return page two of referral to case manager
- Notify CM if there is a change in client condition or nursing task delegated
- Notify CM if rescinding or assuming a caseload
Contracted RN Cont.

- Maintain duplicate copies of all ND files for six years
- Send client files to case managers as requested
- Send client files to program managers if requested
- If client resides in a private home, set up client chart
- Teach LTCW how to safely perform the nursing task
- Maintain a current RN license, business license, and liability insurance
- Report suspected abuse or neglect
Case Manager

- Send referral to RN
- Send current CARE assessment
- Send positive behavior support plan
- Send release of information
- Authorize payment for 12 months
- Communicate changes in client eligibility
- If client referred is in their private home, the case manager will verify LTCW credentials prior to referring
Program Manager

- Resource for all contracted RN’s
- Resource for RN’s in the state of WA
- Resource for all CM’s in the state of WA
- Provide follow up and investigations on all delegation complaints, with contracted nurses
- Maintain contracted RN records
- Contract Monitoring on all contracted RN’s
- Train statewide
Summary of Delegation

• RCW’s and WAC’s are the same for all clients receiving delegation
• Nurse delegation is based on the nursing process
• Communication is key to having a successful business
• Program managers are available for support
Nurse Delegation
Program Evaluation

• Complete orientation evaluation
• Submit evaluation to Program Managers for certificate of completion
Program Managers

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