

December RND Contractor Meeting

12/8/2020

Doris Barret –DDA Nurse Delegation Program Manager

Marlo Moss—HCS Nurse Delegation Program Manager

AGENDA

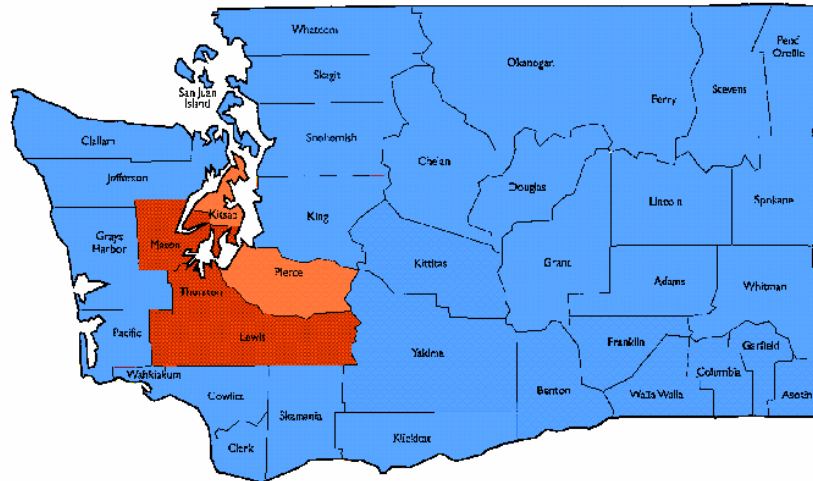
1. CDE/referrals
2. SOP trainings—HCS training—DDA training
3. COVID update(rates)
4. Interpreter services
5. 2021 schedules for contractor meetings

CDE ROLL OUT

Pilot begins 7/1/2021

BK/S

Rollout phases




Pilot – Lewis, Mason, and Thurston


First Phase – Kitsap, Pierce and the rest of Lewis, Mason, and Thurston

Second Phase – rest of state

SKIN OBSERVATION PROTOCOL

 DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
DDA Nursing Service Referral

1. REFERRED TO AGENCY / NURSE DELEGATOR	2. DSHS OFFICE	DATE OF REFERRAL	
3. CLIENT NAME (LAST, FIRST, MI)	TELEPHONE NUMBER (INCLUDE AREA CODE)		
DATE OF BIRTH	ADSA NUMBER	AUTHORIZATION NUMBER	PROVIDER ONE NUMBER
CLIENT DIAGNOSIS			
ATTACHED <input type="checkbox"/> CARE / DDA Assessment <input type="checkbox"/> ISP <input type="checkbox"/> Service Summary <input type="checkbox"/> Release of Information			
4. CLIENT PHYSICAL ADDRESS		CITY	STATE ZIP CODE
5. CAREGIVER NAME (LAST, FIRST, MI)	6. AGENCY NAME (IF AGENCY CAREGIVER)	TELEPHONE NUMBER	
7. CONTACT NAME (IF DIFFERENT THAN CAREGIVER)	TELEPHONE NUMBER		
8. CONTACT RELATIONSHIP TO CLIENT	9. GUARDIAN NAME (IF ANY)	TELEPHONE NUMBER	
Referral Request			

 AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
AL TSA Nurse Delegation Referral and Communication Case / Resource Manager's Request

Case / Resource Manager's Request			
1. OFFICE <input type="checkbox"/> HCS <input type="checkbox"/> AAA <input type="checkbox"/> DDA <input type="checkbox"/> Other	2. CLIENT'S AUTHORIZATION NUMBER	3. RN PROVIDER ONE ID	4. DATE OF BIRTH
5. DATE OF REFERRAL	6. METHOD OF REFERRAL <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax		
TO:	7. NURSE / AGENCY	8. TELEPHONE NUMBER	9. FAX NUMBER
FROM:	10. C/IRM NAME / OFFICE	11. EMAIL ADDRESS	12. TELEPHONE NUMBER
13. FAX NUMBER			
14. REQUIRED ATTACHMENTS (IF APPLICABLE) <input type="checkbox"/> CARE/DDA Assessment <input type="checkbox"/> ISP / DDA <input type="checkbox"/> BSHP <input type="checkbox"/> Service Plan <input type="checkbox"/> Release of Information			
Client Information			
15. CLIENT NAME		16. TELEPHONE NUMBER	
17. ADDRESS		CITY	STATE ZIP CODE
18. PROVIDER NAME		19. TELEPHONE NUMBER	20. FAX NUMBER
21. CLIENT COMMUNICATION <input type="checkbox"/> This client needs an interpreter <input type="checkbox"/> Deaf/HOH <input type="checkbox"/> Primary language needed is:			

In person assessment

10 days to complete

CM—2 days for assessment

1 day to send referral

RND --2 day to accept and schedule

RND --3 days return documentation

Training on options to do SOP will be presented—date to be determined

INTERPRETING SERVICES

[Provider Login](#) | [Interpreter Login](#) | 1 (888) 462-0500



Universal
Language Service

[Requesters](#) ▾

[Interpreters](#) ▾

[Resources](#) ▾

[Contact Us](#) ▾

New Requester Registration

Please register to receive interpreter services for HCA Medical, DSHS and DCYF Social services appointments. If you have any questions, please feel free to contact our Customer Accounts Support team at 1 (425) 450-7020 or accounts@ulsonline.net.

[Requester Registration](#)

Please provide your information if you would like to receive interpreter services under the HCA contract.

INTERPRETING SERVICES

Over the Phone Interpreting

DSHS/DDA

Select which Over the Phone Interpreter Vendor(s) you want to use:

A. Language Link

Rates - \$0.57 per minute for all languages

1. Call [1-877-650-8023](tel:1-877-650-8023)
2. Give [Account number](#)
3. Provide [Employee Name](#) (Client ID only if applicable, no names)
4. Request [Desired Language](#)

Requesting Unit Name	Account Number	Billing Code	Email Scanned Invoices
DDA Headquarters	28101	D8AA	ALTSADDAAccounting@dshs.wa.gov

B. Linguistica

Rates - \$0.56 per minute for DSHS top 15 languages*
 \$0.57 per minute for all other languages

*Top 15 Languages: Spanish, Russian, Vietnamese, Mandarin, Cantonese, Korean, Arabic, Khmer (Cambodian), Somali, Ukrainian, Punjabi, Amharic, Farsi, Tagalog, and Tigrigna.

1. Call [800-290-8041](tel:800-290-8041) Backup number: [866-908-5744](tel:866-908-5744)
2. Give [Account number](#)
3. Provide [Employee name/ID and Phone #](#) (Client ID only if applicable, no names)
4. Select from the menu or request desired [Language](#)

Requesting Unit Name	Account Number	Billing Code	Email Scanned Invoices
DDA Headquarters	11774	D8AA	ALTSADDAAccounting@dshs.wa.gov

C. 911 Interpreters

Rates - \$0.52 per minute for DSHS top 15 languages*
 \$0.62 per minute for all other languages

COVID RATE ADD ON

- MB H20-070
Enhanced Rate for Individual Providers (IPs) during the COVID-19 outbreak
Note: Amended September 25, 2020
- ProviderOne and Individual ProviderOne updated hourly rates to ensure the increased Individual Provider vendor rate is paid for service hours worked between July 1, 2020 – December 31, 2020 on all valid authorizations.

- Nurses (ALISA and DDA):
 - For Nurse Delegators, use service code SA019,U4 to authorize an additional rate of \$0.69/OF
 - For Private Duty Nurses, use service code SA019,U5 to authorize an additional \$1.50/OF.
- Nurses (DDA Only)
 - For DDA Skilled Nursing RN providers, use service code SA019,U6 to authorize an additional rate of \$0.52/OF.
 - For DDA Skilled Nursing LPN providers, use service code SA019,U7 to authorize an additional rate of \$0.52/OF.

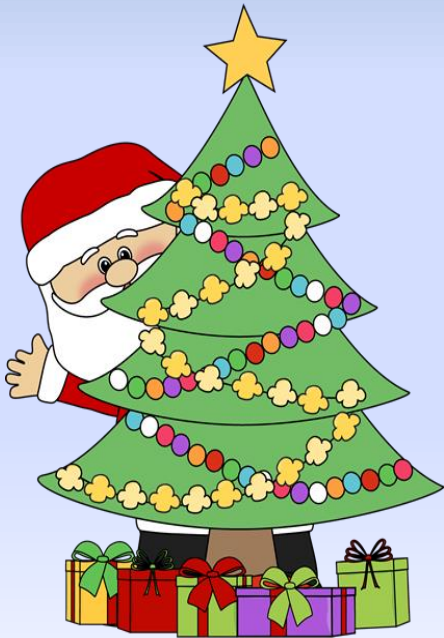
2021 MEETING SCHEDULE

RNDO--

CONTRACTOR

1/20/21	2/17/21
3/17/21	4/21/21
5/19/21	6/16/21
7/16/21	8/18/21
9/15/21	10/20/21
11/17/21	12/18/21

Notification of meeting via gov.delivery
Meeting dates are subject to change



Merry Christmas

Marlo Moss—HCS
Doris Barret---DDA

