

Contractor meeting minutes 6/16/2021

Meeting started at 1:00 pm and ended at 2:20pm

If you haven't signed up yet for the delivery of updates and information from HCS/DDA/DOH or the nursing commission this is the website to get yourself on the list!

[Washington State Aging and Long-Term Support Administration \(govdelivery.com\)](http://govdelivery.com)

For the other departments <https://public.govdelivery.com/>

Questions:

What is CDE?

Consumer Directed Employer: The move to a Consumer Directed Employer (CDE) model will shift the Individual Provider (IP) employment-related activities to the CDE and help DSHS realize with the goal of increasing the capacity of DSHS/AAA case management, customer service, and other social services staff to focus on core case management activities.

Nursing Task form #13-678 changes:

This form has been revised to add the Individual Provider (IP) name and ProviderOne number for the Consumer Directed Employer. The **"why"** - CDE will be paying the IP for tasks provided and needs the task sheet for reference for and billing. The Registered Nurse Delegator (RND) delegating the task will need to fill out the new portion of the form. The IP will then send form 13-678 to the CDE. The form is revised and will be published soon. **As with all DSHS forms, the RND needs to ensure they are using the most current version published.**

<https://www.dshs.wa.gov/sites/default/files/forms/pdf/13-678-2.pdf>



Nurse Delegation: Instructions for Nursing Task

1. CLIENT NAME	2. DATE OF BIRTH	3. ID / SETTING (OPTIONAL)	4. DATE TASK DELEGATED
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: <input type="checkbox"/> 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			
15. WHAT TO REPORT TO 911			
16. RND SIGNATURE		17. DATE	
18. FOR CONSUMER DIRECTED EMPLOYER: INDIVIDUAL PROVIDER'S (IP) NAME		19. PROVIDERONE NUMBER	
Call RND when:			
• Medications change • New orders received		• Client is admitted to ER, hospital, or SNF • Client moves	

Question:

This (the task form) doesn't have anything to do with AFH's right? [The changes apply if you are delegating to an IP.](#) **As with all DSHS forms, the RND needs to ensure they are using the most current version published.**

Question:

Will this be shared with the AAA Case manager as well? [It is for HCS, DDA, and AAA.](#)

Question:

I'm confused about when this (CDE) starts. I thought it was April, 2022? [The Pilot program starts July 2021 in some areas and then will roll out to the rest of the state. The plan is to be started in all of WA by April 2022. The power point shows the CDE timelines.](#)

Question:

When is it necessary to implement the new form as I have much education on the previous templates? [New forms should always be implemented when they are published. CDE will be a roll out program. If you are delegating a task to an IP use it immediately as it will be required. The changes to the form are from publication forward so there is no need to change anything that is already done. The change to the form is adding 2 lines at the bottom. We tried to minimize changes to make it easier for those of you that have the templates for your tasks.](#)

Question:

I've saved many of my ed material on the other task forms, I will now need to transfer it to the new forms WHEN? [Please see above answer.](#)

COVID 19 updates: add on rate

Question:

Is the pandemic hazard pay going to be extended and if so at what rate and for how long?

[It is extended to December. As of right now it is not in writing. When it is in writing it will be sent out.](#)
<https://fortress.wa.gov/dshs/adsaapps/Professional/MB/HCSMB2020/h20-114%20authorizing%20nurse%20delegation%20services.docx>

Diabetic Management:

Question:

Thank you so much for clarifying about the CGM. Are there conversations about delegating insulin pump site insertion/insulin administration?

[Clarification is that any type of CGM device will need to be delegated.](#)

Question:

How about nasal Narcan?

[I believe this question was about delegation of this... Narcan can be delegated. The task does not fall under the "prohibited list".](#)

Question:

What do you think of the nasal midazolam for seizures?

[This is a delegated med task.](#)

Form 01-212 Referral:

<https://www.dshs.wa.gov/sites/default/files/forms/pdf/01-212.pdf>

Question:

How is this new form going to be communicated to ALL SW that the need to start using? I am still getting way old referral forms and when I request the most updated form, I get met with SW not having a clue that there was even an updated form. [When a new form is published it is distributed to all the departments. HCS has case manager training every other month. DDA has ND coordinators who will instruct their regions case managers as well as the quarterly training on Policy 6.15 which is DDA Nurse Delegation policy.](#)

[If CM's are not using the most current form you can bring it to their attention or let the ND program manager know if there is an ongoing issue.](#)

Question:

I get incomplete info on some of my RND referrals from the CRM. Are they being oriented to the form? [Yes all CRM are instructed on the forms. If there is an ongoing problem please let the Program Manager know.](#)

Question:

Those comments under "Communication with RND" also need to be updated and explained further in the Nurse Delegation LTC Manual. [The Long Term Care manual will be revised.](#)

Question:

Do we have access to the Nurse Delegation LTC Manual?
[Yes, there is a link to it on the Nurse Delegation website.](#)

Question/statement:

The problem with the form being linked to payment is that some CM won't give a complete authorization.

[As the RND you are not required to accept a referral if there is not an authorization number. It is best to talk with the CM about it or notify the program manager so there can be additional clarification to the specific case manager.](#)

Comment:

...SW are leaving way too many sections blank and expecting us to fill out not only our page, but theirs as well. [The RND is not responsible to fill out the CM part of the form. If there is incomplete information it is up to the RND whether they will accept it or not and to communicate with the case manager. Again, it is best to talk with the CM about it or notify the program manager so there can be additional clarification to the specific case manager.](#)

Other Questions:

Question:

If I have a client who is completely dependent because of severe dementia and that person is delegated for various things because they are unable to complete them due to the dementia. What will be the diagnosis code? I always viewed it as the code that requires the person to need the delegation.

[The link to the codes: ICD-10 | CMS](#)

Question:

Regarding consents for nurse delegation, I have a DDA agency that does generic consents on admit, I have a tough time getting the state consent forms through. Can you back me up on this or can I just accept these generic consents? [No, you must use the DSHS form #13-678 page1](#)

[Consent for Delegation from: Nurse Delegation Forms | DSHS \(wa.gov\)](#)

Question:

Will the provider be cited if we aren't using the most recent form? Also, does the provider need to have all pages in their file? I've noticed sometimes they only print the front page leaving out the second and instruction page.

The provider needs to have all the required forms in the file. The instruction page can be repetitive for the residents file and is instructions for the person filling out and signing the form so I would think you can have a discussion with the provider regarding this. As far as citations go, RCS can site the facility for not having the required documentation from the RND.

Question:

Does the new form have the number of units authorized for the HCS person?

The new form does not have units.

There is a management bulletin out for the units. If the case manager questions the units then you should ask them to review the MB ACTION section and discuss it with them. If there are problems or concerns you can let the program manager know.

<https://fortress.wa.gov/dshs/adsaapps/Professional/MB/HCSMB2020/h20-114%20authorizing%20nurse%20delegation%20services.docx>

Question:

What is the best way to contact P1 with problems with payments? The email I had does no longer work. You should be able to address this in your account
<https://www.providerone.wa.gov/>

Question:

How do I know if there are CM changes?

Comment:

CM changes can be seen on P1

Question:

Is there any contract renewal necessary this month? Like proof of insurance. I haven't got any information.

Contract renewal is every 4 years.

Question:

I am a new RND, Is there a group/forum of ND to communicate with? Are there any ND looking to refer some of their caseload?

The Program manager cannot coordinate networking or endorsing individual RND's for referrals. This will need to be done amongst each other. You can reach out to the case managers in your area for HCS and DDA and let them know you are taking clients. I recommend asking other RND's how they have gone about getting new clients and business.

Question:

How many CEU's (not sure if this was CEU's for RN's or who)

Per DOH rules:

Acceptable continuing education may include but is not limited to:

- Conventional classroom education;
- Workshops;
- On-line education;
- Submission of professional articles;
- Self-study;
- On the job learning pertaining to current practice;
- Correspondence courses.

Non-Acceptable Continuing Education:

- Education or training designed for lay persons that does not pertain to current practice or future professional goals.

Question:

How about the loosening of ND visits from 90 days and the four insulin delegation visits.

The emergency ruling is still in place until further notice. At this time there is not a decision on this for after the emergency rules waiver.

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