

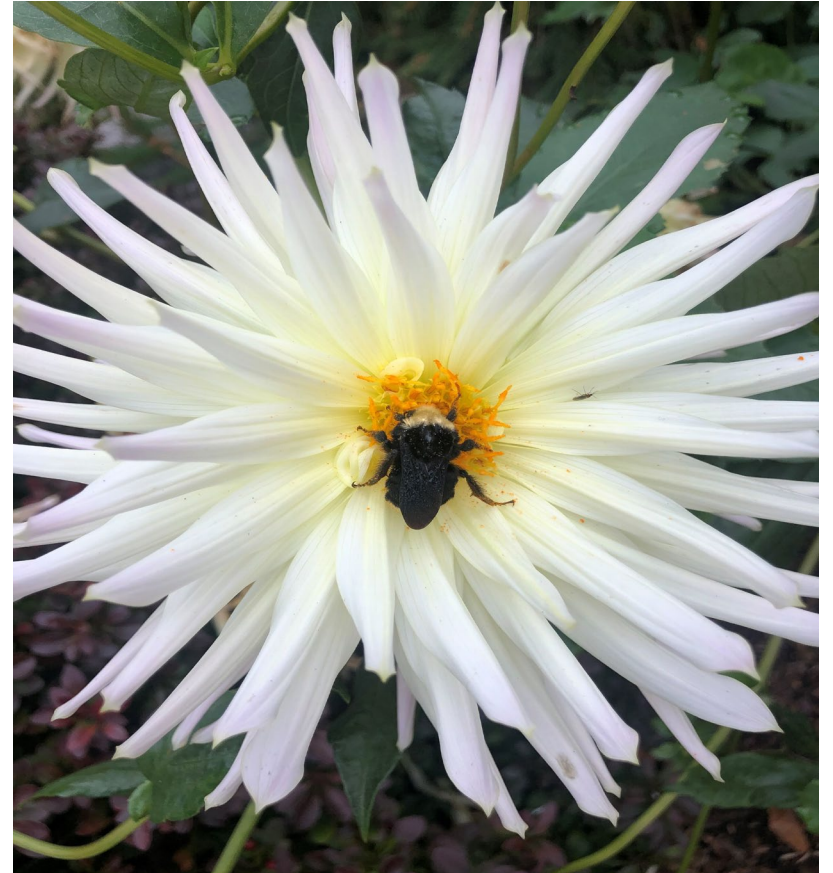


# **ND Contractor Meeting**

**July 10, 2025**

# Agenda

- Introductions
- Organizational Changes
- Skin Observation Protocol Update
- Audit Results Review
- Consent Form Update
- Credentials and Training
- Agency Changes
- Program Updates
- Q&A





# Organizational Changes at DSHS

## Realigning for enhanced service

As part of this effort, we have consolidated key functions previously managed by the Behavioral Health, Developmental Disabilities and Aging and Long-Term Support Administrations into two core entities:

- **Behavioral Health and Habilitation Administration (BHHA)**: this division will oversee state-operated settings and manage comprehensive behavioral health and habilitation services—including 24/7 facilities and Residential Habilitation Centers.
- **Home and Community Living Administration (HCLA)**: this division focuses on coordinating home and community-based services to better support clients in their own environments.
- This new entity (HCLA) merges key functions from the community side of the Developmental Disabilities Administration and the Aging and Long-Term Support Administration
  - Home and Community Services (HCS),
  - Adult Protective Services (APS)
  - Residential Care Services (RCS).
  - Developmental Disabilities Community Services (DDCS) focusing on maintaining continuity across developmental disability programs, services and initiatives.

<https://www.dshs.wa.gov/alert/organizational-changes-dshs> \*\* FAQs found here



# Skin Observation

## **New Billing Code for Skin Observation Protocol (SOP) assessments**

Beginning, July 1, 2025, all SOP referrals to a contracted RN or Home Health Agency will be authorized using T1002 U2, with the following unit rates with a limit of 24 units:

Individual Contracted RN:               \$12.86/unit

Home Health Agency:                   \$15.43/unit

For HCS/AAA the timeline is completed in 29 days

For DDCS the timeline to complete is 10 days

[T1002 U2 Service Code Data Sheet](#)

[MB HCS H25-021](#)

# Contractually Required Insurance

The audit cannot be completed until compliant insurance is received.

As always, reach out to [nursingcontracts@dshs.wa.gov](mailto:nursingcontracts@dshs.wa.gov) with any questions on insurance requirements.

## Insurance Requirements for Nursing Contracts

- Professional Liability Insurance
  - Minimum coverage amounts of:
    - \$1million per Occurrence
    - \$2million Aggregate
- General Liability Insurance
  - May be a General Liability policy, Supplemental Policy, Workplace or Premise Policy.
  - Minimum Coverage Amounts of:
    - \$1million per Occurrence
    - \$2million Aggregate
- If your business structure is anything other than a Sole Proprietorship, your business name must be listed as insured or additionally insured.
- DSHS must be listed as additionally insured. The following statement is required to be on your insurance in its entirety:  
*"The State of Washington, Department of Social & Health Services (DSHS), its elected and appointed officials, agents, and employees of the state, shall be named as additional insured."*
- Your insurance company may request an address to list DSHS as additionally insured, below is the preferred address:
  - Department of Social and Health Services  
Office of Risk Management  
PO BOX 45882  
Olympia, WA  
98504-5882



# Insurance Requirements

- If you have an LLC, the LLC business name must be listed as insured **or** additionally insured.
- The contract requires both a Professional Liability Policy and a General Liability Policy (General, Supplemental, Workplace or Premise) in the amounts of \$1million per occurrence and \$2million aggregate **for each.**
- DSHS must be named as additionally insured, the following language must be present on your Certificate of Insurance **exactly:**

**“The State of Washington, Department of Social & Health Services (DSHS), its elected and appointed officials, agents, and employees of the state, shall be named as additional insured”**

Questions? Email [NursingContracts@dshs.wa.gov](mailto:NursingContracts@dshs.wa.gov)

# Did RN document how delegated medications were verified?

- How did you as the delegating Registered Nurse ensure that the orders/directions you are Delegating are accurate?
- “MD Order”, “Pharmacy label”? “MAR”?



## Nurse Delegation: Instructions for Nursing Task

1. CLIENT NAME	2. ACES CLIENT ID NUMBER	3. DATE OF BIRTH	4. ID / SETTING (OPTIONAL)	5. DATE TASK DELEGATED
6. DELEGATED TASK AND EXPECTED OUTCOME				
Complete 6 and 7 only if medication(s) delegated:				
7. LIST SPECIFIC MEDICATION(S), DOSAGES AND FREQUENCY OF MEDICATIONS DELEGATED ON THIS DATE ( <input type="checkbox"/> CHECK HERE IF ADDITIONAL FORM ATTACHED.)		8. VERIFICATION OF DELEGATED MEDICATION DATE		
		NAME / TITLE		
		METHOD OF VERIFICATION		

Reference: [WAC 246-840-930 Criteria for Delegation](#)



## Did RN Justify time billed?

- A printout/report of monthly units billed, is ***not*** justification.
- Time spent by others billing on your behalf is ***not*** billable time.
- **Justification should include all of the following:**
  - Required Nurse Delegation forms (Visit form/Change of Order etc.)
  - Time/Unit tracker broken down by billable activity
  - Nursing Notes \*
    - (collateral contact time especially)





# Employee Criminal Background Check

## **Washington State Patrol Criminal BGC**

<https://wsp.wa.gov/crime/criminal-history/>

- BCCU runs background checks for DSHS programs and authorized service providers who serve vulnerable adults, juveniles, and children in Washington. At this time, BCCU does not conduct background checks for entities that are not licensed or contracted through DSHS.
- If your entity does not currently use BCCU to run your background checks, but believe they should, please contact BCCU at [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov) so that we can direct you to the appropriate program contact. THIS is the PM.

## **Background Check Central Unit**

<https://www.dshs.wa.gov/ffa/background-check-central-unit>

How do I access the Background Check System?

You need to have an active profile in BCS before you can access the system. DSHS Authorized Licensed Facilities, Contractors, Vendors and Providers access BCS through SecureAccess Washington at <https://secureaccess.wa.gov/dshs/bcs>.

# Consent: Form 13-678 (Newly Updated!)

- Form 13-678 is the only acceptable form used to reflect the Consent to delegation by the client/representative
- Verbal consent is only acceptable for 30 days, written must be received
- If you do not know who should be consenting to Delegation for a client, please contact the Case Manager.

## Nurse Delegation: Consent for Delegation Process

1. CLIENT NAME		2. ACES CLIENT ID NUMBER		3. DATE OF BIRTH	
4. CLIENT ADDRESS		CITY	STATE	ZIP CODE	5. TELEPHONE NUMBER
6. CLIENT DIAGNOSIS					
7. CLIENT ALLERGIES					
8. FACILITY OR PROGRAM CONTACT				9. TELEPHONE NUMBER	
10. FAX NUMBER			11. EMAIL ADDRESS		
12. SETTING <input type="checkbox"/> DSHS Certified Community Residential Program for Developmentally Disabled <input type="checkbox"/> Licensed Adult Family Home <input type="checkbox"/> Licensed Assisted Living Facilities <input type="checkbox"/> Private Home					
13. HEALTH CARE PROVIDER				14. TELEPHONE NUMBER	
<b>Consent for the Delegation Process</b>					
<p>I have been informed the delegating Registered Nurse (RN) will only delegate to Long Term Care Workers (LTCW) who are capable and willing to properly perform the delegated nursing task(s). The LTCW must have an active Nursing Assistant or Home Care Aide - Certified credential. Nurse delegation will only occur after the delegating RN has assessed the ability of the Nursing Assistant or Home Care Aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision and has completed required Department of Social and Health Services training per <a href="#">RCW 18.79.260</a> and <a href="#">WAC 246-840-930</a>.</p> <p>I further understand that the following task(s) may never be delegated per <a href="#">WAC 246-840-910</a>:</p> <ul style="list-style-type: none"> <li>• Administration of medications by injections (IM, Sub Q, IV) <b>except insulin injections</b>.</li> <li>• Sterile procedures.</li> <li>• Central line maintenance.</li> <li>• Acts that require nursing judgment</li> </ul> <p style="text-align: center;"><b><u>If verbal consent is obtained, written consent is required within 30 days of verbal consent.</u></b></p>					
15. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE				16. TELEPHONE NUMBER	
17. DATE					
18. VERBAL CONSENT OBTAINED FROM		19. RELATIONSHIP TO CLIENT			20. DATE

# Documentation and WAC

## Contract language:

### Documentation

#### The Contractor shall:

- (1) Document all Nurse Delegation and Nurse Consult activities described under this contract. Client's documentation must be located at the Client's place of residence. The RND must retain a duplicate copy of all documented work.
- (2) Complete and maintain copies of all Nurse Delegation clinical and billing records documenting services provided. Records shall be kept on file by the Contractor for a period of six (6) years and shall be available upon request to DSHS for purposes of general audit and service verification.
- (3) All DSHS contracted nurse delegators must use DSHS mandatory Nurse Delegation forms located on the Nurse Delegation ALTSA website: [DSHS Nurse Delegation Forms](#)

# Documentation and WAC

## WAC 246-840-930

(1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

### **ASSESS**

(2) The setting allows delegation because it is 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).

(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.

(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.

(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.

(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.

(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.

# Documentation and WAC

## WAC 246-840-930

### **PLAN**

(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:

(a) The rationale for delegating the nursing task;

(b) The delegated nursing task is specific to one patient and is not transferable to another patient;

(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;

(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;

(e) A clear description of the procedure or steps to follow to perform the task;

(f) The predictable outcomes of the nursing task and how to effectively deal with them;

(g) The risks of the treatment;

(h) The interactions of prescribed medications;

(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;

# Documentation and WAC

## WAC 246-840-930

### **PLAN (CONT)**

- (j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:
  - (i) How to notify the registered nurse delegator of the change;
  - (ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and
  - (iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;
- (k) How to document the task in the patient's record;
- (l) Document teaching done and a return demonstration, or other method for verification of competency; and
- (m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks and may be more frequent.
- (13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.

# Documentation and WAC

## WAC 246-840-930

### **IMPLEMENT**

(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).

### **EVALUATE**

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.



## Resources:

### DDA Residential Provider Resources

#### DDA's Medical Action Protocols

- [Aspiration / Choking Plan Protocol](#)
- [Bowel Protocol](#)
- [Medication Administration Record Protocol](#)
- [Seizure Protocol](#)
- [Skin Observation Protocol](#)
- [Vital Signs Tracking Protocol](#)

#### Positive Behavior Support Plan information

#### [Mandatory Reporter Training for Contracted Providers](#)

#### [Mandatory Reporting Contacts](#)

### WABON FAQ

<https://nursing.wa.gov/practicing-nurses>

### DSHS Curriculum and Materials

<https://www.dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available>



## Upcoming RCW 69.41.010 change effective July 27, 2025

[Biennium 2025-26 Substitute House Bill 1720-S.SL PDF](#)

Sec. 1. RCW 69.41.010 and 2024 c 102 s 1 are each amended to read as follows: 6 7 As used in this chapter, the following terms have the meanings 8 indicated unless the context clearly requires otherwise:

(15) "**Medication assistance**" means assistance rendered by a nonpractitioner to an individual residing in a community-based care setting or in-home care setting to facilitate the individual's self administration of a legend drug or legend drugs, which may include a controlled substance or controlled substances. It includes reminding or coaching the individual, handing the medication container to the individual, opening the individual's medication container, using an enabler, or placing the medication in the individual's hand, and such other means of medication assistance as defined by rule adopted by the department. A nonpractitioner may help in the preparation of legend drugs ~~((or)),~~ including controlled substances, for self administration where a practitioner has determined and communicated orally or by written direction that such medication preparation assistance is necessary and appropriate. Medication assistance shall not include assistance with intravenous medications or injectable medications, except ~~((prefilled insulin syringes))~~ setting up diabetic devices for self-administration or handing injectable medications to an individual for self-administration.

# Other Updates/Reminders

- .
- WABON FAQ <https://nursing.wa.gov/practicing-nurses>



# 2025 Schedule

Contractor Meeting Virtual 10 AM to 12 PM

- September 4<sup>th</sup>
- November 6<sup>th</sup>





# Thank you for attending

Meeting notes will be posted NEXT week to:  
DSHS ALTSA Nurse Delegation Program:  
Contractor Meetings

For Delegation/Contract questions email:  
Janet Wakefield ND Program Manager  
[Janet.Wakefield@dshs.wa.gov](mailto:Janet.Wakefield@dshs.wa.gov) or  
\*\* [nursedelegation@dshs.wa.gov](mailto:nursedelegation@dshs.wa.gov)

Troy O'Malley Contract Monitor  
[Troy.omalley1@dshs.wa.gov](mailto:Troy.omalley1@dshs.wa.gov)