

Transforming  
Lives

# RND Contractor Meeting

**February 15th, 2023**

# Agenda

- **Welcome**
- **Introductions**
- **Rescinding and Assuming client**
- **Audit process**
- **Documentation**
- **OneHealth Port and ProviderOne**
- **Training Credential Verification**
- **DDA 40-hour CORE training updates**
- **Closing comments and questions**

**\*\* Please keep your microphones on mute unless asked to unmute for comments. Cameras on can interfere with your connection if you are having problems. You can use the chat box for questions or raise your hand to be called on. Be respectful of others and wait your turn to be called on. Thank you!**

# Rescinding and Assuming Delegation

## WAC 246-840-950 How to make changes to the delegated tasks

This is in each section of this WAC: Medication, Treatments and/or procedures

- (c) If a new medication is added, the registered nurse delegator reviews the criteria and process for delegation prior to delegating the administration of the new medication to the nursing assistant or home care aide. The registered nurse delegator maintains the authority to decide if the new medication can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

Transferring delegation to another registered nurse:

3) The registered nurse delegator may transfer the delegation process to another registered nurse. The registered nurse assuming responsibility assesses the patient, the skills of the nursing assistant or home care aide, and the plan of care. The registered nurse is accountable and responsible for the delegated task. The registered nurse delegator must document the following in the patient's record:

- (a) The reason and justification for another registered nurse assuming responsibility for the delegation;
- (b) The registered nurse assuming responsibility must agree, in writing, to perform the supervision; and
- (c) The nursing assistant or home care aide and patient have been informed of this change.

\*\*The forms must be left with the client and a copy for you. I also recommend sending to the CM as then they have the documentation that there is a change and when and who is involved.

## WAC 246-840-960 Rescinding Delegation

(1) The registered nurse delegator may rescind delegation of the nursing task based on the following circumstances which may include, but are not limited to:

- (a) The registered nurse delegator believes patient safety is being compromised;
- (b) The patient's condition is no longer stable and predictable;
- (c) When the frequency of staff turnover makes delegation impractical to continue in the setting;
- (d) A change in the nursing assistant's or home care aide's willingness or competency to do the task;
- (e) When the task is not being performed correctly;
- (f) When the patient or authorized representative requests rescinding the delegation;
- (g) When the facility's license lapsed; or
- (h) When caregivers are not currently registered, certified, or have restrictions to practice.

(2) In the event delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to provide continuity of the task or assumes responsibility for performing the task.

(3) The registered nurse delegator documents the reason for rescinding delegation of the task and the plan for continuing the task.

## WAC 246-840-920 Definitions

(14) "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants or home care aides in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

When assuming takes place, the Case Manager **must** provide the client with a **choice** of providers.  
It is not the Adult Family Home or agency who chooses who will provide delegation to the client.

# Audit Process and information

Administrative Policy 13.16 requires that all contracts for services meet performance-based contracting standards, therefore the RNDPM utilizes the Performance-Based Contracts Checklist to fulfill the Department's goal to achieve more than minimal compliance. The RNDPM supplements monitoring activities with the Quality Assurance Unit (QA) Guidelines for Nurse Delegation-specific auditing.

## Per Nurse Delegation Contract:

**5. File Audit** – The Chart audit process is for compliance purposes to comply with State regulation and the terms and conditions of AL TSA/DDA Nurse Delegation contracts. Findings may be used to identify training needs for the Nurse Delegation Program.

b. The contracted nurse will receive one of two letters with the chart and audit findings. **Deficiency Free or Results and Follow Up Needed.**

c. The complete Nurse Delegation Quality Assurance file audit process can be found at:

<https://www.dshs.wa.gov/sites/default/files/AL TSA/hcs/documents/ND/ND%20file%20audit.pdf>

\*\*This is under review for the process and a modified audit is being conducted to assess where we are at and what improvement and processes can be updated.

**17. State or Federal Audit Requests.** The Contractor is required to respond to State or Federal audit requests for records or documentation, within the timeframe provided by the requestor. The Contractor must provide all records requested to either State or Federal agency staff or their designees.

# Documentation standards per ND Contract

## d. Documentation

The contractor shall:

(1) 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 AL TSA for purposes of general audit and service verification.

(2) Confirm all Nurse Delegation activities performed under the contract are documented in the client's record and shall be located at the client's place of residence. The RND shall retain a duplicate copy of all documented activities.

(a) Nurse Delegation activities, shall include but are not limited to:

i. Assessment

ii. Documentation Teaching/Training Instructions

iii. Skin Observation Protocol

iv. Credentials Verification, Medications

v. Referrals

vi. Consents, and

vii. Assumption and Rescinding of clients/caseload

(3) All DSHS contracted nurse delegators must use DSHS mandatory Nurse Delegation forms located at <http://www.dshs.wa.gov/altsa/residential-care-services/nurse-delegation-forms>

## 7. Billing and Payment

g. The Contractor shall bill DSHS for services and travel time in 15-minute increments. The Contract shall specify the number of units **by use of a tracking record** DSHS shall pay the Contractor for authorized services according to the ALTSA fee schedule published by the Office of Rates Management.

**Example:** with the excel sheet you can have different pages for each client. You can make it your own.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
MPI Number:	Taxonomy:									Service Code:									
Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
Client Name:																			
DOB:																			
ICD.10 Code																			
Assessment:																			
Collateral Contact																			
Travel Time																			
Documentation																			
Billing																			
TOTAL UNITS																			

# OneHealth port and ProviderOne

<https://www.onehealthport.com/sso>

The screenshot shows the OneHealthPort website with a navigation menu at the top containing links for HOME, SINGLE SIGN-ON, HIE, CDR, CREDENTIALING, ADMINSIMP, and ABOUT US. The main header features the OneHealthPort logo. Below the header are three promotional boxes: 'Administrators - Remove Access When Employees Leave. Click to Learn More', 'Availity is Now the Secure Provider Portal for Premera. Click to Learn More', and 'Coordinated Care Is Now Available on the SSO! Click to Learn More'. A 'Single Sign-On' section describes the service and includes links for 'Login', 'Register', and 'Admin Account Login'. A 'Washington Healthcare Forum COVID-19 Work Group' section is also visible, with a link to 'Consensus Recommendations'.

The screenshot shows the OneHealthPort SSO page with a navigation menu containing links for SSO Home, Login, Register, Manage Account, MFA, Support, FAQs, and About. A notice states: 'Notice: Availity access through OneHealthPort is unavailable at this time. For direct access, go to the Availity site and log in using your Availity credentials. We will update you when access is available.' Below the notice, there is a section for 'Participating Sites' with a dropdown menu currently showing 'ProviderOne'. A link for 'Administrator Login' is also present.



# Training Verification

WAC 246-840-930 Criteria For Delegation

8)

(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;

d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and

This evidence can be a certificate or a transcript from an accredited education source.

Washington State Certificate / Registration Number for \_\_\_\_\_

NAR     NAC     HCA – C    Expiration Date: \_\_\_\_\_

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**3. Training Verification**

NAR	NAC and HCA-C
<p><b>Non-exempt LTCW</b> (employed after January 7, 2012 (HCS) and January 1, 2016 (DDA)):</p> <p><input type="checkbox"/> 9 hour ND for nursing assistants      Date: _____</p> <p><input type="checkbox"/> 3 hour special focus on diabetes      Date: _____</p> <p><b>Basic training:</b></p> <p><input checked="" type="checkbox"/> HCS – 40 hours basic training      Date: _____</p> <p><input type="checkbox"/> DDA – 40 hour CORE basic      Date: _____</p> <p><b>Exempt LTCW</b> (employed one day from January 1, 2011 – January 6, 2012 (HCS) or employed prior to January 1, 2016 (DDA)):</p> <p><input type="checkbox"/> 9 hour ND for nursing assistants      Date: _____</p> <p><input type="checkbox"/> 3 hour special focus on diabetes      Date: _____</p> <p><b>Basic training:</b></p> <p><input type="checkbox"/> HCS – Fundamentals of Care (FOC)      Date: _____</p> <p><input type="checkbox"/> HCS – Revised Fundamentals of Care (RFOC)      Date: _____</p> <p><input type="checkbox"/> DDA – 32 hour letter      Date: _____</p>	<p><input type="checkbox"/> 9 hour ND for nursing assistants Date: _____</p> <p><input checked="" type="checkbox"/> 3 hour special focus on diabetes Date: _____</p>

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**4. Exempt Long Term Care Workers**

The HCS LTCW employed one day between **January 1, 2011 and January 6, 2012** and the DDA LTCW employed any time prior to **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. The Registered Nurse Delegator must obtain proof of employment prior to delegation of an exempt LTCW.

Letter of employment verification type: \_\_\_\_\_ Date of verification: \_\_\_\_\_

F. Notes

# DDA- Training Workgroup

The DDA Training Unit is updating the 40 hour CORE training, for Direct Support Professionals (HCA's). If you are interested in participating in a workgroup, to review proposed changes, please email me:

[Erika.Parada@dshs.wa.gov](mailto:Erika.Parada@dshs.wa.gov)

The changes reviewed by volunteers will be around **medication management**.

Link to the current curriculum.

<https://www.dshs.wa.gov/dda/events-and-training/residential-services-curriculum>



# Meeting Dates and Times **\*\* Please mark your calendar**

**2023 -**

**April 19th 1:00 PM**

**June 21st 10:00AM**

**August 16th 1:00PM**

**October 18th 10:00AM**

**December 13th 1:00PM**



# Thank you for attending

Meeting notes will be posted NEXT week to:

<https://www.dshs.wa.gov/altsa/residential-care-services/nurse-delegation-program>

For Delegation questions email:

Janet Wakefield ND Program Manager

[nursedelegation@dshs.wa.gov](mailto:nursedelegation@dshs.wa.gov)

For DDA client questions email:

[Erika.Parada@dshs.wa.gov](mailto:Erika.Parada@dshs.wa.gov)

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