

Transforming
Lives

March 21, 2023

Private Duty Nursing Contractor's Meeting

By : Kaila O'Dell, Private Duty Nursing Program Manager



Overview:

- Meeting 10:30-12:00 PM
- Topic: Skilled Nursing Task Log (SNTL)
- PDN WAC's about SNTL
- How to fill out SNTL
- Examples of SNTL
- Questions about SNTL
- Q/A and Wrap-up

Private Duty Nursing Skilled Nursing Task Log

Instructions: Complete one sheet for each 24-hour period, seven days / week.

1. Date of Service
 2. Client's Name, DOB, and P1 Number
 3. Indicate type of service, time of day, how long it took to provide using Time Key below. Sign and initial below

DATE _____

CLIENT NAME	AM											PM												
	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5-5:59	6-6:59	7-7:59	8-8:59	9-9:59	10-10:59	11-11:59	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5-5:59	6-6:59	7-7:59	8-8:59	9-9:59	10-10:59	11-11:59
DCS																								
P1 NUMBER																								
ACES CLIENT ID NUMBER																								
SKIN CARE	Wound Care																							
	Dressing Change																							
	Compression																							
BOWEL / BLOODSUCK	Intermittent Catheter																							
	Catheter Irrigation																							
	Catheter Care / Change																							
NUTRITION	Ostomy Care																							
	Bowel Program																							
	IV Nutritional Support																							
RESPIRATORY	G-Tube Feeding Pump																							
	G-Tube Gravity																							
	G-Tube Change																							
OTHER	Nebulizer Treatment																							
	BiPAP/CPAP																							
	O2/Assmt/Change/ADM																							
	Chest Percussion / CPT																							
	ABl Vest																							
	Other: Cough Assist																							
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	Oral Suctioning																							
Ventilator Care																								
MEDS	Medication Admin																							
	Injections																							
	IV Port																							
OTHER	Peritoneal Dialysis																							
	Blood Glucose Monitor																							
	Lab Work: Blood / Urine																							
	Passive ROM (PROM)																							

Anyone who provides care on this day (above date) must complete this section.

INITIALS	PRINTED NAME AND SIGNATURE	INDICATE: INFORMAL SUPPORT, SELF, ND, RN / LPN

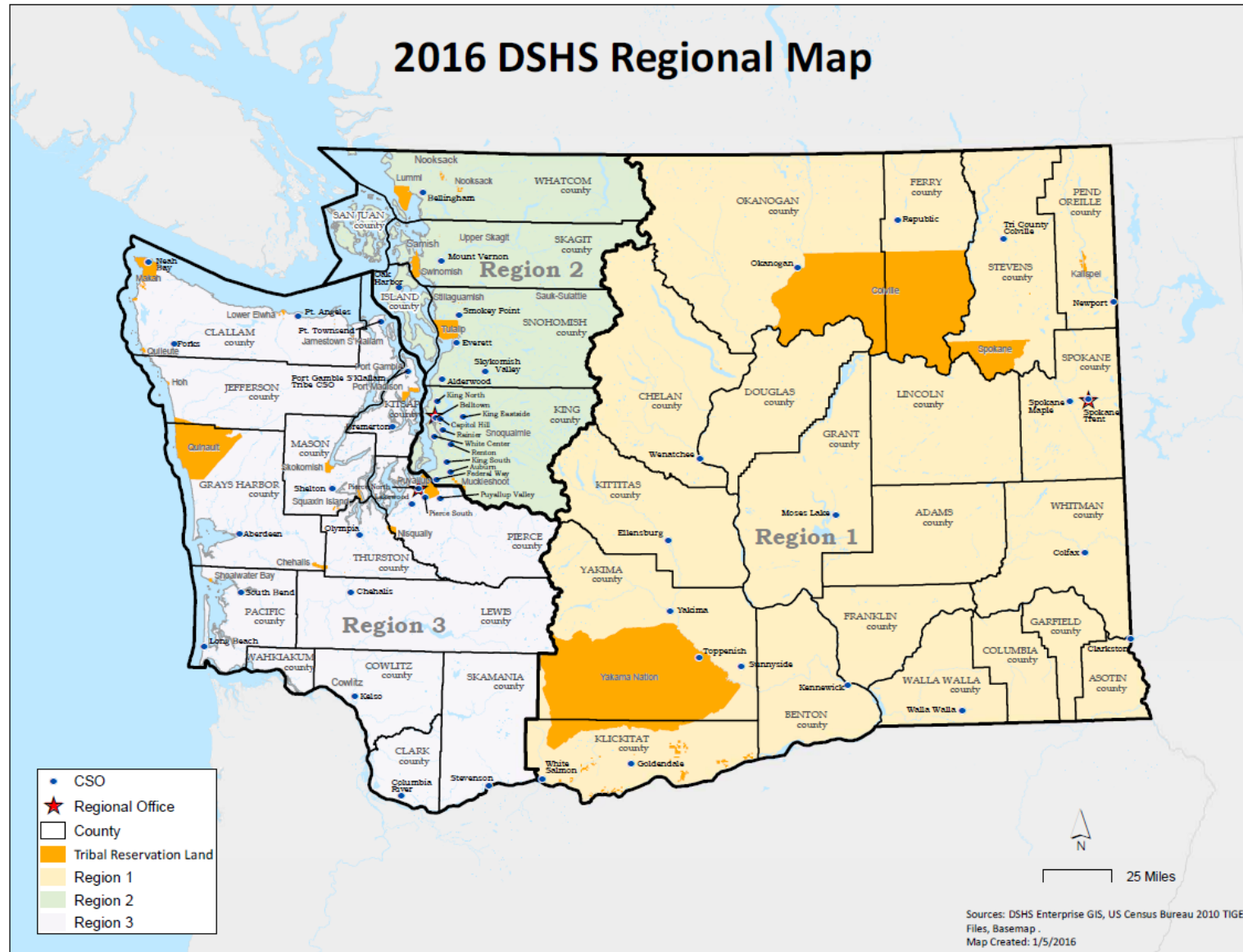
TIME KEY

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DSHS 15-344 (REV. 09/2021)

Poll:

What region are you in?



PDN SNTL:

A blank skilled nursing task log can be found on the PDN website:
[Private Duty Nursing | DSHS \(wa.gov\)](https://www.dshs.wa.gov/private-duty-nursing)

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DOB																							
P1 NUMBER																							
ACES CLIENT ID NUMBER																							
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	Catheter Irrigation																						
	Catheter Care / Change																						
	Ostomy Care																						
NUTRITION	Bowel Program																						
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 **DSHS 15-344 (REV. 09/2021)**



ALTSA

Long-Term Care Professionals & Providers

▶ Residential Care Services

Home & Community Services

▶ Office of Rates Management

▶ Training Requirements and Classes

▶ Nurse Delegation Program

Nursing Services

Area Agencies on Aging Contractors

Background Checks

Continuing Care Retirement Community (CCRC)

Long-Term Care Services & Information

Office of the Deaf and Hard of Hearing

Stakeholders

Tribal Affairs

Long-Term Services and Supports Trust

Contact Information

About ALTSA

Register to Vote

Private Duty Nursing

Private Duty Nursing (PDN) is a program that provides in-home skilled nursing care to Medicaid clients 18 years of age and over who would otherwise be served in a Medicaid Medical Institution (MMI). PDN is an alternative to institutional care.

The purpose of the PDN program is to provide community-based alternatives to institutional care for clients who have complex medical needs like ventilators, tracheostomies, feeding tubes or continuous IV infusions and require skilled nursing care on a continuous and daily basis. The PDN program is designed to support clients and their families who must assume a portion of the client's care.

While some clients choose to seek care in an Adult Family Home setting others can be cared for in their own home or the home of a relative. The PDN program allows clients the option to remain at home so that they can stay connected with their families, their community and remain in the environment they feel is most familiar and comfortable to them.

Information for PDN Providers

Program Manager

Kaila O'Dell
privatedutynursing@dshs.wa.gov
360-725-3549

- Contractor Meetings
- Frequently Asked Questions (PDF)
- HCS Offices Locator
- Long Term Care Manual, Chapter 25: Private Duty Nursing
- Washington Administrative Code, 388-106-1000 to 1055
- Provider One Billing Guide
- Skilled Nursing Task Log
- Rates
- Holiday Pay Schedule
- Pre-Contract Education
- Pre-Contract Attestation Form

PDN WAC's about SNTL:

- PDN WAC's **388-106-1000 to 388-106-1055**
- <https://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1025>
- **WAC 388-106-1035** – What requirements must a home health agency meet in order to provide and be paid for my PDN? **(4)** (4) Initiate and complete the PDN skilled nursing task log or an approved equivalent for seven days and submit it to the CNC or NCC for review for an initial eligibility determination and for ongoing eligibility every six months thereafter;
- **WAC 388-106-1040** – What requirements must an RN, or LPN under the supervision of an RN, meet in order to provide and get paid for my PDN services? **(10)** (10) Complete the PDN seven-day look back skilled nursing task log and submit it to the CNC or NCC for review for initial eligibility determination, and for ongoing eligibility every six months; and
- **WAC 388-106-1045** – When may I receive private duty nursing (PDN) services in a contracted PDN adult family home (AFH)? **(f)** (f) The PDN skilled nursing task log for dates corresponding with the nursing progress notes, if applicable.

Private Duty Nursing SNTL Examples and How to Complete the SNTL

SNTL

Example # 1

Private Duty Nursing Skilled Nursing Task Log

Instructions: Complete one sheet for each 24-hour period, seven days / week.

1. Date of Service 3. Indicate type of service, time of day, how long it took to provide using Time Key below. Sign and initial below.

2. Client's Name, DOB, and P1 Number

DATE: 01/01/22

	AM												PM											
	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5-5:59	6-6:59	7-7:59	8-8:59	9-9:59	10-10:59	11-11:59	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5-5:59	6-6:59	7-7:59	8-8:59	9-9:59	10-10:59	11-11:59
CLIENT NAME	Client X																							
DOB																								
P1 NUMBER																								
ACES CLIENT ID NUMBER																								
SKIN CARE	Wound Care																							
	Dressing Change																							
	Compression																							
BOWEL/BLADDER	Intermittent Catheter																							
	Catheter Irrigation																							
	Catheter Care / Change																							
	Ostomy Care																							
NUTRITION	Bowel Program																							
	IV Nutritional Support																							
	G-Tube Feeding Pump	1											1											
	G-Tube Gravity																							
RESPIRATORY	G-Tube Change																							
	Nebulizer Treatment																							
	BIPAP/CPAP																							
	O2/Assmt/Change/ADM																							
	Chest Percussion / CPT																							
	ABI Vest																							
	Other: Cough Assist																							
	Respiratory Assessment			1				1				1			1					1				
	Trach Care / Suctioning										1				1					1				
	Tracheostomy Change																							
MEDS	Oral Suctioning																							
	Ventilator Care	1		1		1		1		1		1		1		1		1		1				
	Medication Admin											3												
	Injections																							
OTHER	IV Port																							
	Peritoneal Dialysis																							
	Blood Glucose Monitor																							
	Lab Work: Blood / Urine																							
Passive ROM (FROM)																								

Anyone who provides care on this day (above date) must complete this section.

INITIALS	PRINTED NAME AND SIGNATURE	INDICATE: INFORMAL SUPPORT, SELF, ND, RN / LPN

TIME KEY

< 15 min - 1

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30 - 44 min - 3

45 - 59 min - 4

60 min - 5

> 60 min - 6

Washington State
Department of Social
& Health Services
Nursing Unit

DSHS 15-344
(REV. 09/2021)

Highlights:

- Per WAC 388-106-1010 3 (d) 4 or more continuous skilled nursing care....
- Not met.
- Per WAC 388-106-1010 3 (i)(ii)(iii)(iv)
- Not met.

SNTL

Example # 2

Private Duty Nursing Skilled Nursing Task Log

Instructions: Complete one sheet for each 24-hour period, seven days / week.

1. Date of Service
2. Client's Name, DOB, and P1 Number
3. Indicate type of service, time of day, how long it took to provide using Time Key below. Sign and initial below.

DATE: 01/01/22

CLIENT NAME	AM												PM											
	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5-5:59	6-6:59	7-7:59	8-8:59	9-9:59	10-10:59	11-11:59	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5-5:59	6-6:59	7-7:59	8-8:59	9-9:59	10-10:59	11-11:59
Client X																								
DOB																								
P1 NUMBER																								
ACES CLIENT ID NUMBER																								
WOUND CARE	Wound Care				4				4						4									
	Dressing Change																							
	Compression																							
BOWEL CARE	Intermittent Catheter			3							3							3						
	Catheter Irrigation																							
	Catheter Care / Change																							
	Ostomy Care																							
NUTRITION	Bowel Program														3									
	IV Nutritional Support																							
	G-Tube Feeding Pump											1												
	G-Tube Gravity																							
	G-Tube Change																							
RESPIRATORY	Nebulizer Treatment												1					1						
	BIPAP/CPAP																							
	O2/Assmt/Change/ADM	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	Chest Percussion / CPT																							
	ABI Vest																							
	Other: Cough Assist		3	3										3					3					
	Respiratory Assessment						1				1	1		1		1		1		1		1		
	Trach Care / Suctioning										1			2				2						
	Tracheostomy Change												4											
	Oral Suctioning																							
Ventilator Care					1	1		1		1		1	1	1	1	1	1	1						
MEDS	Medication Admin										3			1										
	Injections																							
	IV Port																							
OTHER	Peritoneal Dialysis																							
	Blood Glucose Monitor																							
	Lab Work: Blood / Urine																							
	Passive ROM (PROM)	2					2					2												

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- > 60 min - 6

DSHS 15-344 (REV. 09/2021)

Highlights:

- Review WAC 388-106-1010, does this SNTL represent qualified PDN client?
- What additional questions do you have?

SNTL

Example # 3

Private Duty Nursing Skilled Nursing Task Log

Instructions: Complete one sheet for each 24-hour period, seven days / week.

1. Date of Service
2. Client's Name, DOB, and P1 Number
3. Indicate type of service, time of day, how long it took to provide using Time Key below. Sign and initial below.

DATE: 01/01/22

CLIENT NAME Client X DOB P1 NUMBER ACES CLIENT ID NUMBER	AM											PM												
	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5-5:59	6-6:59	7-7:59	8-8:59	9-9:59	10-10:59	11-11:59	12-12:59	1-1:59	2-2:59	3-3:59	4-4:59	5-5:59	6-6:59	7-7:59	8-8:59	9-9:59	10-10:59	11-11:59
SKIN CARE	Wound Care																							
	Dressing Change																							
	Compression																							
BOWEL / BLOODER	Intermittent Catheter																							
	Catheter Irrigation																							
	Catheter Care / Change																							
	Ostomy Care																							
NUTRITION	Bowel Program															3								
	IV Nutritional Support																							
	G-Tube Feeding Pump											1												
	G-Tube Gravity																							
RESPIRATORY	G-Tube Change																							
	Nebulizer Treatment													1					1					
	BIPAP/CPAP																							
	O2/Assmt/Change/ADM											1	1	1	1			1	1	1	1	1		
	Chest Percussion / CPT																							
	ABI Vest																							
	Other: Cough Assist																							
	Respiratory Assessment							1				1			1				1					
	Trach Care / Suctioning											1			1					1				
	Tracheostomy Change																							
	MEDS	Oral Suctioning																						
Ventilator Care							1	1	1	1	1		1	1	1	1	1	1	1					
Medication Admin											3													
OTHER	Injections																							
	IV Port																							
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DSHS 15-344 (REV. 09/2021)

Highlights:

- Review WAC 388-106-1010, does this SNTL represent qualified PDN client?
- What additional questions do you have?

How to complete a SNTL:

- Document the nursing care you are providing to the client.
- Ensure it aligns with your nursing notes, physician's orders, etc.
- Use the blank box to add any additional care that is being provided and please use time key to reflect time spent.
- Be honest.
- Comments/Questions?

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DOB																								
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Clarification about SNTL:

Private Duty Nursing Skilled Nursing Task Log	Instructions: Complete one sheet for each 24-hour period, seven days / week.		DATE
	1. Date of Service	2. Client's Name, DOB, and P1 Number	
CLIENT NAME	AM	PM	

You can find instructions listed on the top of the PDN SNTL.

NORMAL D, RN / LPN	TIME KEY < 15 min = 1 15 – 29 min = 2 30 – 44 min = 3 45 – 59 min = 4 60 min = 5 > 60 min = 6	 DSHS 15-344 (REV. 09/2021)
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On the bottom right of the SNTL you will find the TIME KEY. Please ensure you are placing the correct number that aligns with the corresponding minutes of time you are providing care.

Clarification about SNTL continued...

Anyone who provides care on this day (above date) must complete this section.

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Please note that ANYONE that provides care on the listed day must complete this section. This is not only required for the nurse providing care.

Please also indicate your role.

Clarification of SNTL continued....

AM										PM													
12 – 12:59	1 – 1:59	2 – 2:59	3 – 3:59	4 – 4:59	5 – 5:59	6 – 6:59	7 – 7:59	8 – 8:59	9 – 9:59	10 – 10:59	11 – 11:59	12 – 12:59	1 – 1:59	2 – 2:59	3 – 3:59	4 – 4:59	5 – 5:59	6 – 6:59	7 – 7:59	8 – 8:59	9 – 9:59	10 – 10:59	11 – 11:59

What is meant by, “...four or more hours every day of continuous skilled nursing care...” WAC 388-106-1010

1 hour = 60 minutes

You must be providing 60 minutes of skilled nursing care for 4 continuous hours.

Questions? Comments?

Open Group Discussion about SNTL

As we are in process of making updates to the current SNTL all inputs welcomed and needed.

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 DSHS 15-344 (REV. 09/2021)

Skilled Nurse
Task Log
Open
Discussion



Wrap-up

- **Next steps for the SNTL.**
- **Continue process of working to update current SNTL after gathering ideas and input.**
- **Thank you for your ideas.**



Private Duty Nursing Program Manager:

Kaila O'Dell, BSN, RN
Kaila.Odell@dshs.wa.gov