

DEVELOPMENTAL DISABILITIES ADMINISTRATION Olympia, Washington

TITLE:	NURSE DEL	EGATION SERVICES 6.15
Authority:	Chapter 18.88A RCW	Nursing Assistants
	<u>Title 71A RCW</u>	Developmental Disabilities <u>Chapter 246-840 WAC</u> Practical and Registered Nursing
	<u>Chapter 246-841 WAC</u>	Nursing Assistants
	<u>Chapter 246-888 WAC</u>	Medication Assistance
	Chapter 246-980 WAC	Home Care Aide Rules
References:	DDA Policy 9.13	Skin Observation Protocol
	<u>Chapter 110-145 WAC</u>	Licensing Requirements for Group Care Facilities
	<u>Chapter 110-148 WAC</u>	Licensing Requirements for Child Foster Homes
	<u>Chapter 388-101 WAC</u>	Certified Community Residential Services and
		Supports
	<u>Chapter 388-115</u>	Consumer Direct Employer
	<u>Chapter 388-826 WAC</u>	Out-of-Home Services
	<u>Chapter 388-829 WAC</u>	Community Residential Service Business Training
		Requirements
	<u>Chapter 388-829C WAC</u>	Companion Home
	<u>Chapter 388-829R WAC</u>	Overnight Planned Respite Services
	Chapter 388-845 WAC	Home and Community Based Services Waivers

BACKGROUND

Nurse delegation services can enhance the viability and quality of support for clients in their own homes and community residential settings allowing them to live as independently as possible. Nurse delegation is a service option that provides training and nursing management for providers who perform delegated nursing tasks. Clients who receive nurse delegation services must be considered "stable and predictable" by the delegating nurse.

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<u>PURPOSE</u>

The purpose of this policy is to establish procedures for referral and authorization of nurse delegation services, payment authorization for training, and referral to CDWA when an IP needs nurse delegation or training. This policy also establishes roles and responsibilities of individuals involved in the delegation process.

<u>SCOPE</u>

This policy applies to Developmental Disability Administration (DDA) case resource managers (CRMs), Case Managers (CM), social service specialists (SSSs), nursing care consultants (NCCs), Consumer Direct Care Network Washington (CDWA), and regional nurse delegation coordinators who authorize nurse delegation services for clients in the following community-based residential settings:

For adults:

- In-home settings
- Companion Homes
- Group Homes
- Group Training Homes
- Stabilization, Assessment, and Intervention Facilities (SAIF)
- State-Operated Living Alternatives (SOLA)
- Supported Living (SL)
- Overnight Planned Respite Services (OPRS)
- Adult Family Homes (AFH)

For children:

- In-home settings
- Intensive Habilitation Services (IHS)
- Licensed Child Foster Homes
- State-Operated Living Alternatives (SOLA)
- Licensed Staffed Residential Homes

DEFINITIONS

Collateral contact means a person or agency that is involved in the client's life, such as a legal guardian, family member, medical provider, case manager, or friend.

CHAPTER 6 PAGE 2 OF 10 **Consumer Direct Care Network Washington (CDWA)** provides registered nurse delegated services to clients, as appropriate, by following the rules and regulations of the Washington State Nurse Practice Act.

Case Manager (CM) means the Developmental Disabilities Administration (DDA) case manager.

Home care aide-certified (HCA-C) means a person who has passed a background check, completed 75 hours of training through a program approved by DSHS, passed a Prometric exam, and renewed their registration annually on or before their birthday.

Individual provider means a person, including a personal aide, who, under an individual provider contract with the department or as an employee of a consumer directed employer.

Long-term care worker (LTCW) means all persons providing paid, personal care services for the elderly or persons with disabilities, including individual providers of home care services, direct care employees of home care agencies, providers of home care services to persons with developmental disabilities under <u>Title 71A RCW</u>, all direct care workers in state-licensed assisted living facilities, adult family homes, respite care providers, community residential service providers, and any other direct care staff providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.

Nursing assistant-certified (NA-C) means a person who has completed 85 hours of training through a state approved program, passed a competency exam, passed a background check, and has renewed their registration with Department of Health (DOH) annually on or before their birthday.

Nursing assistant-registered (NA-R) means a person who has passed a background check and renewed their registration annually with DOH on or before their birthday.

Parent or relative means a person related to a client by blood, marriage, adoption, or as a result of shared legal custody of a minor child.

Registered nurse delegator or **RND** means a licensed registered nurse who delegates specific nursing care tasks to a qualified NA-R, HCA-C, or NA-C and supports clients in a community-based care setting under <u>RCW 18.79.260 (3)(e)(i)</u> or in-home care setting under <u>RCW 18.79.260</u>.

Social Service Specialist (SSS) means the DDA social service specialist.

Unit means one 15-minute increment.

ISSUED 12/2021

POLICY

- A. Under <u>RCW 18.79.260</u>, an RND may delegate specific nursing care tasks under <u>WAC 246-</u> <u>840-910 through WAC 246-840-970</u> to a qualified long-term care worker.
- B. Under <u>WAC 246-840-910</u>, the RND must not delegate:
 - 1. Sterile procedures;
 - 2. Administration of medications by injection, with the exception of insulin;
 - 3. Maintenance of central intravenous lines; or
 - 4. Acts that require nursing judgment.
- C. A client is eligible for nurse delegation services if:
 - 1. The client's condition is stable and predictable, as determined by the RND;
 - 2. The client needs a specific nursing task performed by their paid service provider;
 - 3. The client's DDA Assessment identifies the need for nurse delegation services; and
 - 4. The client receives services in a community-based setting.

PROCEDURES

- A. Referral and Communications for Nurse Delegation Services
 - 1. After completing the client's DDA CARE Assessment, the SSS or CM must identify the need for nurse delegation.
 - 2. The SSS or CM must:
 - a. Add Nurse Delegation to the client's person-centered service plan.
 - b. Assign the delegated tasks in the appropriate CARE screen (e.g., the medication or treatment screen).
 - c. Select a qualified provider for each delegated task.

- d. Identify a contracted RND or agency by accessing the list of currently contracted delegators on the <u>ALTSA Nurse Delegation Intranet</u> or DDA <u>Nursing Services SharePoint</u>.
- e. Send a referral to the contracted RND using <u>DSHS 01-212</u>, *Nurse* Delegation Referral and Communication, which must include:
 - i. ProviderOne number;
 - ii. Payment authorization number;
 - iii. Date of birth;
 - iv. ACES ID
 - v. Primary diagnosis related to delegation; and
 - vi. The type of setting the client resides in.
- f. Provide the following attachments to the RND at time of referral:
 - i. The client's current DDA Assessment;
 - ii. Person-Centered Service Plan (PCSP); and
 - iii. Positive Behavior Support Plan (PBSP) if one has been developed, and any other completed assessments;
- g. Send to the RND completed <u>DSHS 14-012</u>, *Consent*, identifying "Nurse Delegation" under DSHS-contracted provider.
- h. For IPs only, the SSS or CM must:
 - i. Communicate with CDWA the need for nurse delegation; and
 - ii. Contact CDWA by phone or secure email and include the contact information of the assigned RND.
- 3. If delegation is deemed appropriate by the RND, the CRM, SSS or CM must clearly identify nurse delegation services on the following CARE screens:
 - a. Collateral Contacts;
 - b. Person-Centered Service Plan;
 - c. Support Assessment/Medical Supports; and
 - d. Service Level Assessment, including:

- i. Medication Management;
- ii. Treatments; and
- iii. Eating/Meal Preparation.
- 4. The SSS or CM must document any communication with the RND in the client's Service Episode Record (SER).
- 5. The CM must complete a SER and notify the RND if:
 - a. The client's legal representative changes; or
 - b. There are changes in authorization status.
- 6. If the RND determines the LTCW is not capable of performing a delegated task, the CRM or CM must work on identifying a safe alternative to meet the client's identified needs, which may include:
 - a. Informal support;
 - b. An appropriately trained and credentialed provider;
 - c. Home health services; or
 - d. Waivered skilled nursing.
- 7. If the RND determines an IP is not capable of performing a delegated task:
 - a. The RND must notify the CM;
 - b. The IP must notify CDWA; and
 - c. The CRM or CM must collaborate with CDWA to identify a safe alternative, which may include:
 - i. Informal support;
 - ii. An appropriately trained and credentialed provider;
 - iii. Home health services; or
 - iv. Waivered skilled nursing
- B. Authorization to provide nurse delegation services
 - 1. When authorizing nurse delegation services, the SSS or CM must:
 - a. Verify the client is eligible to receive nurse delegation services;

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	 Verify the delegating nurse or agency has a nurse delegation c with DSHS to provide nurse delegation services; 	ontract
	c. Authorize payment to the RND for 100 units per month for the period using service code H2014 and modifier U5.	e plan
2.	An RND who owns an Adult Family Home may be paid for providing n delegation services to a DDA client living in the nurse's Adult Family H	
	a. To be paid for nurse delegation services, the RND must have a delegation contract with DSHS.	nurse
	b. DSHS does not pay private-duty nursing Adult Family Homes w inclusive contract to provide nurse delegation services.	vith an all-
3.	DSHS does not pay certified residential programs to provide nurse del services, if the service is included in the program's residential contrac	0
C. Traini	ng requirements	
1.	Before performing a delegated nursing task, a nursing assistant-certified (NA must complete:	
	a. The Nurse Delegation for Nursing Assistants class (9 hours); an	ıd
	b. The Nurse Delegation Training: Special Focus on Diabetes (3 ho NA-C may be administering insulin under nurse delegation.	ours) if the
2.	Before performing a delegated nursing task, an NA-R or HCA-C must c	omplete:
	a. The Nurse Delegation for Nursing Assistants class (9 hours);	
	b. The Nurse Delegation Training: Special Focus on Diabetes (3 ho long-term care worker may be administering insulin under nur delegation	•
3.	For IPs only, CDWA must notify the RND if an IP meets training and crorequirements to perform a delegated task.	edential
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- D. Training Payment
 - 1. A companion home provider may request additional respite hours necessary for the provider to attend training. DSHS does not reimburse companion home providers for training time.
 - 2. After a supported living, group home, group training home, licensed staffed residential home, or foster home provider completes nurse delegation training, the Regional Nurse Delegation Coordinator or designee authorizes payment to the provider.
 - 3. If an IP does not meet nurse delegation training requirements, CDWA must:
 - a. Contact the Training Partnership to initiate ND training for the IP;
 - b. Open an authorization for Nurse Delegation core training;
 - c. Notify the RND and, SSS or CM when the IP has completed core training.
 - 4. DDA reimburses a nurse who:
 - a. Has a nurse delegation training contract with DDA; and
 - b. Trains staff who work in DDA-contracted residential settings.
 - 5. DDA does not pay tuition or wages for an individual provider (whether CDWAcontracted or DSHS-employed) or an employee at an Adult Family Home, or a Home Care Agency.
- E. RND Responsibilities

The RND must:

- 1. Determine the appropriateness of nurse delegation services for the client.
- Return page two of <u>DSHS 01-212</u>, *Nurse Delegation Referral and Communication*, to the CRM, SSS or CM. If the RND fails to send a completed page two, the CRM or CM may cancel the authorization to provide nurse delegation.
- 3. Document and perform all delegation activities under WAC 246-840-910 through 246-840-930.

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	4.	Leave documentation of nurse delegation services at the client's residence and provide the documents to the CRM, SSS or CM upon request.			
	5.	Visit the client at least once every 90 days. If providing diabetic training, the RND must visit the client at least once a week for the first four weeks.			
	6.	Monitor the performance of the long-term care worker and continued appropriateness of each delegated task.			
	7.	Collaborate with the CRM, SSS or CM to establish a communication plan and document all relevant communication in the client's file.	I		
	8.	When transferring or terminating nurse delegation services, work with all relevant parties to develop an alternative plan that ensures continuity for th provision of the delegated nursing tasks.	e		
	9.	Request additional units through the <u>Nursing Service Unit Manager</u> , if a clier needs more than 100 units of nurse delegation services during any month.	nt		
F.	Reque	Requesting Additional Service Units			
	1.	If a client needs more than 100 units of nurse delegation services during a month, the RND must submit a written request for additional units to the <u>Nursing Service Unit Manager</u> .			
	2.	The RND must submit the request using <u>DSHS 13-903, DDA Request for</u> <u>Additional Units Nurse Delegation</u> .			
	3.	The Nursing Services Unit Manager authorizes approved units in CARE and a a note to the client's SER.	dds		
G.	Nurse	Delegation Billable Services			
	Billabl	e services include:			
	1. 2. 3. 4. 5. 6.	The initial nursing assessment; Reassessments; Teaching or supervising a long-term care worker or collateral contact; Related travel time; Skin observation protocol under <u>DDA 9.13</u> , <i>Skin Observation Protocol</i> ; and Skilled nursing tasks with prior approval from DDA.			

DDA POLICY MANUAL

ISSUED 12/2021

TITLE:

H. Monitoring

DDA and HCS Central Office Nurse Delegation Program Managers monitor the nurse's:

- 1. Contract compliance; and
- 2. Frequency of ProviderOne payments.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSION

DDA Policy 6.15 April 1, 2018

Approved:/s/: Shannon ManionDate:December 15, 2021Deputy Assistant Secretary
Developmental Disabilities AdministrationDate:December 15, 2021