

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: NURSE DELEGATION SERVICES POLICY 6.15

<p>Authority:</p> <p>Chapter 18.88A RCW</p> <p>Chapter 71A RCW</p> <p>Chapter 246-840 WAC</p> <p>Chapter 246-841 WAC</p> <p>Chapter 246-888 WAC</p> <p>Chapter 246-980 WAC</p> <p>Chapter 388-71 WAC</p> <p>Chapter 388-76 WAC</p> <p>Chapter 388-78A WAC</p> <p>Chapter 388-101 WAC</p> <p>Chapter 388-112 WAC</p> <p>Chapter 388-825 WAC</p> <p>Chapter 388-826 WAC</p> <p>Chapter 388-148 WAC</p> <p>Chapter 388-829C WAC</p> <p>Chapter 388-845 WAC</p> <p>Chapter 388-829 WAC</p> <p>DDA Policy 9.13</p>	<p><i>Nursing Assistants</i></p> <p><i>Developmental Disabilities</i></p> <p><i>Practical and Registered Nursing</i></p> <p><i>Nursing Assistants</i></p> <p><i>Medication Assistance</i></p> <p><i>Home Care Aide Rules</i></p> <p><i>Home and Community Services and Programs</i></p> <p><i>Adult Family Homes Minimum Licensing Requirements</i></p> <p><i>Assisted Living Licensing Rules</i></p> <p><i>Certified Community Residential Services and Supports</i></p> <p><i>Residential Long-term Care Services</i></p> <p><i>DDA Services Rules</i></p> <p><i>Voluntary Placement Services</i></p> <p><i>Licensing Requirements for Child Foster, Staffed Residential Homes and Group Residential Facilities</i></p> <p><i>Companion Home</i></p> <p><i>Home and Community Based Services Waivers</i></p> <p><i>Community Residential Service Business Training Requirements</i></p> <p><i>Skin Observation Protocol</i></p>
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PURPOSE

Nurse delegation services can enhance the viability and quality of support for clients in their own homes and community residential settings and allow 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.

SCOPE

This policy applies to DDA case resource managers (CRMs), social workers (SWs), nursing care consultants (NCCs), and regional nurse delegation coordinators who authorize nurse delegation services in:

For adults:

- In-home settings
- Companion Homes
- Group Homes
- Group Training Homes
- State-Operated Living Alternatives
- Supported Living

For children:

- In-home settings
- Community Crisis Stabilization Services settings
- Licensed Child Foster Homes
- State-Operated Living Alternatives

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.

CRM or SW means the Developmental Disabilities Administration case resource manager or social worker.

Department means the Department of Social and Health Services (DSHS).

Home care aide (HCA) means a person who has passed a background check and completed 75 hours of training through a program approved by DDA.

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 contracted with the Department to provide:

- Personal care or respite care services to persons with functional disabilities through Medicaid personal care, community first choice (CFC), chore services, or a respite care program;
- Respite care or residential services and supports to persons with developmental disabilities under chapter 71A.12 RCW; or

- Respite care as defined in RCW 74.41.030.

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 Title [71A](#) RCW, 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 DOH annually on or before their birthday.

Nursing assistant-registered (NA-R) means a person who has completed Basic HIV/AIDS training, 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 nursing assistant or home care aide, and supports clients in a community-based care setting under RCW [18.79.260](#) (3)(e)(i) or in-home care setting under RCW [18.79.260](#)

Unit means one 15-minute increment.

POLICY

- A. Under RCW 18.79.260, an RND may delegate specific nursing care tasks under WAC 246-840-910 through 246-840-970 to a qualified long-term care worker.
- B. Under WAC 246-840-910, 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; and

3. The client's DDA Assessment identifies the need for nurse delegation services.
- D. For clients who are under age 18 and live in their family's home, if there is a partially met or unmet need for medication management the case resource manager must request a review of the medication management coding by the Nursing Care Consultant using the prior approval process.
- E. Nurse delegation services may be provided in:
1. Supported living;
 2. State-operated living alternative;
 3. Group homes;
 4. Group training homes;
 5. Adult family homes;
 6. Companion homes;
 7. Child foster homes;
 8. Licensed staffed residential facilities; and
 9. In a client's home if the client is receiving personal care or respite services.
 10. Community crisis stabilization services setting.

PROCEDURES

A. Referral for nurse delegation services

1. The CRM or SW must identify a contracted RND or agency by accessing ALTSA's:
 - a. List of currently contracted nurse delegators on the [ALTSA Nurse Delegation Intranet](#) website; or
 - b. [Find a Nurse Delegator](#) website, which filters contracted nurse delegators by county.
2. The CRM or SW must provide the following information to the RND:
 - a. A completed [DSHS 14-012, Consent form](#);
 - b. A completed [DSHS 01-212, ALTSA Nurse Delegation Referral and Communication CRM Request](#). (This form is available only on the DSHS Intranet website.) This form must include the client's:
 - 1) ProviderOne number;
 - 2) Payment authorization number;
 - 3) Date of birth; and
 - 4) Primary diagnosis as noted in the client's CARE assessment;

- c. The client's current DDA Assessment, Person-Centered Service Plan (PCSP) and Positive Behavior Support Plan (PBSP) if one has been developed, and any other completed assessments; and
 - d. Type of setting the client resides in (e.g., supported living, group home, group training home, adult family home, companion home, child foster home, staffed residential, and in-home).
3. The CRM or SW must:
- a. Document any communication with the RND in the client's Service Episode Record (SER);
 - b. Update the client's SER if the client's legal representative changes or if services are reauthorized;
 - c. Clearly identify, in the client's DDA Assessment, all tasks that require nurse delegation services. The CRM or SW must document nurse delegation services in the following fields in CARE:
 - 1) Collateral Contacts;
 - 2) Person-Centered Support Plan;
 - 3) Support Assessment/Medical Supports; and
 - 4) Service Level Assessment, including:
 - a) Medication Management;
 - b) Treatments; and
 - c) Eating/Meal Preparation; and

B. Authorization to provide nurse delegation services

1. When authorizing nurse delegation services, the CRM or SW must:
 - a. Verify the client is eligible to receive nurse delegation services;
 - b. Verify the delegating nurse or agency has a nurse delegation contract with the Department to provide nurse delegation services;
 - c. Verify the person providing delegated nursing tasks meets:
 - 1) Department of Health credential requirements; and
 - 2) Training requirements, including additional requirements for in-home services under Procedure F;

- d. Document nurse delegation services in the client's PCSP; and
 - e. Authorize payment to the RND for 100 units per month using service code H2014 and modifier U5.
2. An RND who owns an Adult Family Home may be paid for providing nurse delegation services to a DDA client living in the nurse's Adult Family Home.
 - a. To be paid for nurse delegation services, the RND must have a nurse delegation contract with the Department.
 - b. The Department does not pay private-duty nursing Adult Family Homes to provide nurse delegation services.
 3. The Department does not pay certified residential programs to provide nurse delegation services if the service is included in the program's residential contract.

C. Training requirements

1. Before performing a delegated nursing task, all nursing assistants-certified must complete:
 - a. The *Nurse Delegation for Nursing Assistants* class (9 hours); and
 - b. The *Nurse Delegation Training: Special Focus on Diabetes* (3 hours) if the long-term care worker may be administering insulin injection under nurse delegation.
2. Before performing a delegated nursing task, all long-term care workers must complete:
 - a. The *Nurse Delegation for Nursing Assistants* class (9 hours);
 - b. The *Nurse Delegation Training: Special Focus on Diabetes* (3 hours) if the long-term care worker may be administering insulin injection under nurse delegation; and
 - c. At least 40 hours of the appropriate Core Basic Training required under chapter 388-112A or 388-829 WAC.
3. The appropriate Core Basic Training for a long-term care worker depends on the setting in which they will provide nurse delegation services.

D. Training payments

1. After the individual provider completes the *Nurse Delegation for Nursing Assistants* and *Nurse Delegation Training: Special Focus on Diabetes* training through the Training Partnership, the CRM or SW authorizes payment to the provider at the individual provider rate published on the Department's [Rates and Reimbursements](#) website.
2. The Department does not reimburse companion home providers for training time. A companion home provider may request additional respite hours.
3. After a supported living or group home provider completes training, the Regional Nurse Delegation Coordinator authorizes payment to the residential agency.
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. Nurse delegation training contracts are available by contacting the DDA Nursing Services Unit Manager.
6. DDA does not pay tuition or wages for an individual provider or an employee at an Adult Residential Care, Adult Family Home, or a Home Care Agency.

E. Additional requirements for in-home nurse delegation services

1. If a client receives in-home nurse delegation services from an individual provider, the provider must become a nursing assistant-registered (NA-R).
2. To help an individual provider obtain NA-R credentialing, the CRM or SW must give the individual provider a:
 - a. [Nursing Assistant Registration Application Packet](#); and
 - b. Signed and dated payment voucher ([A-19](#)) for the NA-R application fee.
3. The individual provider must send the payment voucher and application to the Department of Health.
4. DDA pays for the initial registration fee only; DDA does not pay for registration renewals.

F. RND responsibilities

The RND must:

1. 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.
2. Verify the long-term care worker has met training and registration requirements and performs the delegated task competently.
3. Determine the appropriateness of nurse delegation services for the client.
4. Monitor the performance of the long-term care worker and continued appropriateness of each delegated task.
5. Return page two of [DSHS 01-212](#), *ALISA Nurse Delegation Referral and Communication Case Resource Manager's Request*, to the CRM or SW.
6. Collaborate with the CRM or SW to establish a communication plan and document all relevant communication in the client's file.
7. Document and perform all delegation activities under WAC 246-840-910 through 246-840-930.
8. When transferring or terminating nurse delegation services, work with all relevant parties to develop an alternative plan that ensures continuity for the provision of the delegated nursing tasks.
9. Leave documentation of nurse delegation services at the client's residence and provide the documents to the CRM or SW upon request.
10. Request additional units, if a client needs more than 100 units of nurse delegation services during any month.

G. Requesting additional units of nurse delegation services

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 Regional Nurse Delegation Coordinator. The RND must submit the request using [DSHS 13-903](#), *DDA Request for Additional Units Nurse Delegation*.
2. The Regional Nurse Delegation Coordinator must review the request, discuss the request with the RND, and forward the request to the Nursing Services Unit Manager.
3. The Nursing Services Unit Manager authorizes approved requests and adds a note to the client's SER.

H. Nurse delegation billable services

1. Billable services may include:
 - a. The initial nursing assessment;
 - b. Reassessments;
 - c. Teaching or supervising a long-term care worker or collateral contact;
 - d. Related travel time; and
 - e. Skin observation protocol under DDA 9.13, *Skin Observation Protocol*.
2. DDA and HCS Central Office nurse delegation Program Managers monitor the nurse's:
 - a. Contract compliance; and
 - b. Frequency of ProviderOne payments.

EXCEPTIONS

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

SUPERSESSSION

DDA Policy 6.15
May 17, 2016

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: April 1, 2018