PURPOSE

To establish the procedure and timelines for Developmental Disabilities Administration (DDA) field staff to refer a client when a skin observation protocol assessment is triggered in CARE. The skin observation protocol identifies clients who are at risk of skin breakdown over pressure areas.

SCOPE

This policy applies to all DDA staff, and DDA-contracted nursing agencies, consulting nurses, nurse delegators, and Area Agencies on Aging.

POLICY

A. All DDA clients who have been triggered in CARE for skin observation protocol must be assessed by a registered nurse or the client’s primary care physician.

B. The registered nurse must perform direct observation of the client’s skin and document the assessment findings.

C. No more than ten days must pass between the date the case resource manager refers the client for a skin observation protocol assessment and the date:

   1. The nurse returns assessment findings to the case resource manager; or
   2. The Area Agencies on Aging records the assessment findings in CARE.

D. If more than ten days have passed since the date the case resource manager referred the client for a skin observation protocol assessment, the case resource manager must document reasons for the delayed processing time in CARE.
PROCEDURES

A. The case resource manager must:

1. Open the client’s person-centered service plan at the on-site visit and review the DDA referral panel to determine if a skin observation protocol assessment has been triggered. If the case resource manager cannot open the person-centered service plan during the on-site visit, they must review the person-centered service plan no more than two business days after the visit.

2. Refer the client for a skin observation protocol assessment, if the assessment has been triggered in CARE, no more than two business days after the CARE assessment.

3. Refer the client using DSHS 13-911, Nursing Service Referral, which must include:
   a. ProviderOne number;
   b. Authorization number;
   c. ADSA number;
   d. Date of birth;
   e. Primary diagnosis as noted in the client’s CARE assessment;
   f. The client’s most current CARE assessment, person-centered service plan, and positive behavior support plan if one has been developed, and any other completed assessments;
   g. The client’s physical address;
   h. Referral request as identified in the CARE assessment; and
   i. Reason for request as identified in the CARE assessment.

4. Identify the appropriate referral nurse using the DDA Skin Observation Protocol Referral Chart. This link is available on the DSHS Intranet SharePoint site only.

5. Include a copy of the client’s CARE plan with the referral if the nurse does not have access to CARE.

6. Send the referral directly to the client’s delegating nurse if they have one. If a referral is sent to a delegating nurse for a client who does not currently have nurse delegation services:
a. Add nurse delegation services and recipient aid category (RAC) code 3930 to the client’s person-centered service plan; and

b. Move the assessment to “current” to ensure payment to the referral nurse.

NOTE: If a referral is sent to the Professional Registry of Nurses, (6)(a) and (6)(b) do not apply.

7. Document the skin observation protocol referral in the client’s service episode record.

8. Notify the client or the client’s legal representative that a skin observation protocol assessment was triggered, a referral to a nurse is being processed, and a nurse will contact them to schedule a visit. All visits must be in-person unless there is current documentation from the client’s primary medical provider regarding the client’s skin integrity.

9. Mail DSHS 15-376, Skin Observation Protocol letter, to the client and include the following informational documents:

   a. Skin Care and Pressure Sores, Part 1;
   b. Skin Care and Pressure Sores, Part 2; and
   c. Skin Care and Pressure Sores, Part 3.

10. Make a referral to Adult Protective Services or Child Protective Services if the nurse has made two attempts within a seven-day period to schedule a visit, but has been unsuccessful.

    a. The case resource manager must document all attempts by the nurse to schedule the skin observation protocol assessment in the client’s service episode record.

    b. If the referral nurse has access to CARE, the nurse must also document all attempts to schedule the skin observation protocol assessment in the client’s service episode record.

    c. The case resource manager must report to the regional quality assurance manager if an Adult Protective Services or Child Protective Services referral has been made.

    d. The regional quality assurance manager must report to the DDA headquarters nursing services unit manager if an Adult Protective Services or Child Protective Services referral has been made.
B. The referral nurse must:

1. Accept the referral within one business day;

2. Schedule a skin observation protocol assessment within two business days;

3. Notify the case resource manager if the nurse has made two attempts in a seven-day period to schedule a visit but has been unsuccessful; and

4. As a mandatory reporter, notify Adult Protective Services or Child Protective Services if the nurse suspects abuse or neglect.

C. The Area Agencies on Aging must document findings in the client’s CARE assessment.

D. The Professional Registry of Nurses nursing agency, the nurse contracted with the Area Agencies on Aging, or the nurse delegator must provide the completed forms below to the case resource manager no more than five business days after the assessment:

1. **DSHS 13-780, Nursing Services Basic Skin Assessment**; and

2. **DSHS 13-783, Pressure Injury Assessment and Documentation**.

**EXCEPTION**

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

**SUPERSESSION**

DDA Policy 9.13
Issued August 1, 2017

Approved: /s/ Deborah Roberts
Acting Deputy Assistant Secretary
Developmental Disabilities Administration

Date: June 15, 2018