

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: SKIN OBSERVATION PROTOCOL POLICY 9.13

Authority: [Chapter 18.79 RCW](#) *Nurse Care*
[Chapter 18.130 RCW](#) *Regulations of Health Professions-Uniform*
Disciplinary Act
[RCW 74.09.520\(2\) \(c\)](#) *Medical Assistance-Care and Services Included-*
Funding Limitations.
[Chapter 246-840 WAC](#) *Practical and Registered Nursing*

BACKGROUND

Skin observation protocol (SOP) is a mandatory referral for a client at high risk of having or developing a pressure injury. When a client triggers in Comprehensive Assessment Reporting Evaluation (CARE) for SOP, the DDA case resource manager must send a referral to a contracted nurse or health care provider to complete an in-person skin assessment.

PURPOSE

The purpose of this policy is to establish procedures for referring and authorizing skin observation protocol when triggered in a client's annual or significant change assessment.

SCOPE

This policy applies to DDA field staff, DSHS-contracted nursing providers, and Area Agencies on Aging (AAAs).

DEFINITIONS

Area Agency on Aging or **AAA** means a contracted entity which receives funds in order to provide case management services and supports.

Case resource manager or **CRM** means a DDA employee who provides an advanced level of social service, specialized case, or resource management for DDA clients and their families. This may include Social Service Specialists.

Client means a person who has a developmental disability as defined in [RCW 71A.10.020](#) and has been determined DDA-eligible under [Chapter 388-823 WAC](#).

Community First Choice or **CFC** means the Washington Apple Health state plan benefit authorized under Section 1915K of the Social Security Act. CFC enables the agency and contracted entities to deliver person-centered home and community-based long-term services to Medicaid-enrolled people.

Comprehensive Assessment Reporting Evaluation or **CARE** is the tool used by case resource managers to evaluate strengths and limitations via an in-person interview.

Contracted provider or **DSHS-contracted provider** is an individual or home health agency contracted with the Department to provide nursing services.

DDA assessment means an annual DDA assessment, a significant change assessment, or an interim assessment.

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

Contracted nurse means a registered nurse or home health agency contracted with DSHS to provide nursing services. Contracted nurse may include a nurse delegator, private-duty nurse, DDA skilled nurse, or a AAA nurse.

Legal representative means a parent of a client if the client is under age eighteen and parental rights have not been terminated or revoked, a court-appointed guardian if a decision is within the scope of the guardianship order, or any other person authorized by law to act for the client.

Nursing care consultant or **NCC** means a registered nurse employed by DDA.

Nursing Services Unit Manager or **NSUM** means the DDA headquarters manager who supervises the NCCs and oversees nursing services provided by DDA.

Records Management Tool or **RMT** means a system embedded in CARE to download and store electronic client records.

Registered nurse delegator or **RND** means the registered nurse contracted with DSHS to provide nurse delegation services.

Service episode record or **SER** is a screen in CARE where DDA staff document contacts and activities during the client's assessment, service planning, coordination and monitoring of care, and termination of services.

Skilled nursing services means the management and administration of skilled nursing care

requiring the specialized judgement, knowledge, and skills of a registered nurse or licensed practical nurse.

POLICY

- A. If a client triggers in CARE for skin observation protocol, the client must be assessed by a registered nurse (RN) or the client's health care provider (HCP) (i.e., doctor, advanced registered nurse practitioner (ARNP), and physician assistant (PA)).
- B. The RN or HCP must observe the client's skin and document their skin assessment findings, treatment orders, and recommendation for follow up.
- C. The skin assessment and finalization of documentation must occur no more than ten business days after the CRM refers the client for a skin assessment.
 - 1. The RN or HCP must return the skin assessment findings to the CRM and the CRM must upload documents to RMT; or
 - 2. The AAA RN must record their skin assessment findings in CARE.
- D. Once referred, if more than ten business days pass before a skin assessment occurs, the CRM:
 - 1. Must contact the RN or HCP referred to identify the reason for the delay and document the reason and expected completion date in an SER;
 - 2. Must notify their supervisor of the delay; and
 - 3. May staff the case and reason for delay with the regional NCC for additional guidance.

PROCEDURES

- A. No more than two business days after conducting the initial, annual, or significant change DDA assessment, the CRM must open the client's person-centered service plan (PCSP) to determine if skin observation protocol (SOP) is listed in the "Triggered Referrals, Critical Indicators" screen.
- B. If SOP is listed under the Triggered Referrals, the CRM must refer the client to a registered nurse (RN) or HCP, no more than two business days after identifying the SOP trigger.

Note: If an interim assessment triggers an initial SOP referral, the CRM must consult a supervisor to determine whether a significant change assessment is necessary.

- C. The CRM must notify the client or the client's legal representative that skin observation protocol was triggered in the DDA assessment, and an in-person skin assessment is required.

1. The CRM must provide an opportunity for the client or their legal representative to choose a contracted nurse or their HCP to complete the in-person skin assessment.

Note: The client's HCP may complete a skin assessment and send documentation to the CRM regarding the skin assessment findings, treatment orders, and recommendation for follow up.

Note: If the client is hospitalized, admitted to a skilled nursing facility, or receiving home health, that entity may complete a skin assessment and send documentation to the CRM regarding the skin assessment findings, treatment orders, and recommendation for follow up.

2. If the client prefers a contracted nurse complete the in-person skin assessment, the CRM must notify the client or the client's legal representative that a referral to a nurse is being processed, and a nurse will contact them to schedule a visit.
- D. The CRM must mail or email [DSHS 15-376](#), *Skin Observation Protocols*, to the client or the client's legal representative and include the [Preventing Pressure Injuries: A Patient Guide to Prevention](#) (22-1976) pamphlet.
- E. When skin observation protocol is triggered, and the client has chosen a contracted nurse to complete the assessment, the CRM must:
1. Identify and authorize the appropriate referral nurse using the DDA Skin Observation Protocol Provider chart located on the DDA Nursing Services' [Skin Observation Protocol SharePoint](#);
 2. Send a Nursing Services referral using [DSHS 13-911](#), *Nursing Service Referral*; and
 3. Refer and authorize in the following order:
 - a. If the client receives DDA private-duty nursing (adult or child), send the referral to the contracted nurse or nursing agency. **No authorization is needed.**

- b. If a client has a registered nurse delegator (RND) or an agency-contracted skilled nurse working with them, authorize the nurse using **T1001 U1**.
- c. If the client does not have a nurse working with them and there is an Area Agency on Aging (AAA) contracted for nursing services in the client's county, send a referral to the AAA. **No authorization is needed.**
- d. If the client does not have a nurse working with them and there is not an AAA contracted for nursing services in the client's county, send a referral to a contracted nurse consultation provider in the client's county and authorize using **T1001 U1**.
- e. If the client does not have a nurse working with them, there is not an AAA contracted for nursing services in the client's county, and there are no nurse consultation providers in the client's county, send a referral to a contracted RND using **T1001 U1**.

Note: Confirm the client has a qualifying recipient aid category (RAC). If the client is in-home, has no authorized services, and does not already have an approved RAC, authorize with RAC 3930, and consult a supervisor or payment specialist for an override.

Note: The authorization may be extended if there are challenges scheduling the skin assessment.

- F. If the CRM is unable to find a contracted nurse, the CRM must contact the regional NCC for assistance and document outreach attempts in an SER.
- G. After authorizing and referring, the CRM must:
 - 1. Document the following on the skin observation protocol referral screen.
 - a. Was the client referred? yes/no (All skin observation protocol triggers require a referral and must be **"yes."**)
 - b. Did the CRM make an ALTSA or DDA nursing referral? yes/no ("**Yes.**" Enter referral source below).
 - c. Referral date.
 - d. Referral was made to. Identify the referral source (i.e. Area Agency on Aging or Nurse Delegator).

- e. Reason for referral. Skin protocol.
- f. Comments: Enter name of person or agency to whom the in-person skin assessment was referred.

Note: The CRM must complete the SOP referral screen for referrals to an HCP, hospital, skilled nursing facility, or home health. **No authorization is needed.**

- H. The referral nurse must complete the skin assessment within **10 business days**.
 - 1. The nurse must confirm acceptance no more than **one business day** after receiving the referral.
 - 2. The nurse must schedule the home visit no more than **two business days** after accepting the referral.
 - 3. The nurse must complete the skin observation protocol visit no more than **two business days** after scheduling the home visit.
 - 4. The nurse must complete the following documents and return to the CRM no more than **five business days** after completing the SOP. (The AAA nurse must document in CARE.)
 - a. [DSHS 13-780](#), *Nursing Services Basic Skin Assessment*.
 - b. [DSHS 13-783](#), *Pressure Injury Assessment and Documentation* if there is a pressure injury.
- Note: Only contracted nurses must use the DSHS forms. If the CRM refers the client to an HCP, hospital, skilled nursing facility, or home health, use of the DSHS forms is not required.
- Note: The DDA CRM must save documents to RMT.
- I. As a mandatory reporter, the nurse must notify Adult Protective Services (APS) or Child Protective Services (CPS) if there are suspicions of abuse or neglect.
- J. If a nurse has made two attempts within a seven-day period to schedule the skin assessment without success they must alert the CRM. The CRM must make a referral to APS or CPS.
 - 1. The CRM must document all attempts by the nurse to schedule the skin assessment in the client's SER.

2. If the referral was sent to a AAA, the AAA nurse must document all attempts to schedule the skin assessment in an SER and inform the CRM of the mandatory APS or CPS referral.
 3. The CRM must report to the regional quality assurance manager (QAM) if an APS or CPS referral has been made.
 4. The regional QAM must report to DDA Nursing Services Unit Manager if an APS or CPS referral has been made.
 5. The Nursing Services Unit Manager must collaborate with the CRM, QAM, and CPS or APS on the skin observation protocol referral outcome.
- K. If a DDA client triggers for any of the other five nursing-related referrals, and the CRM determines there is not a sufficient plan in place to address the referral, the CRM must refer to the nurse completing the SOP.
1. If a referral is not made, the CRM must enter a comment on the referral screen, stating why the referral was not made (i. e., the current plan or resources are meeting the client's needs).
 2. The assessing nurse must document the client's status, treatment plans in place related to the triggered referral, and recommendations.
 3. The CRM must document the outcome of the nurse assessment in an SER or upload nursing documentation to RMT.
 4. The nursing-related referral must be completed no more than 30 calendar days after the referral is accepted.
- L. The other five nursing-related referrals are:
1. Unstable/potentially unstable diagnosis;
 2. Nutritional status affecting plan;
 3. Medication regiment affecting plan;
 4. Current or potential skin problems (not SOP); and
 5. Immobility issues affecting plan.

Note: If additional visits are needed, the CRM must submit a prior approval.


Note: If all DSHS-contracted providers decline any of the other five nursing-related referrals above, submit a referral to the regional Nursing Care Consultant via the [NCC Referral Request Submission](#), located on the DDA Nursing Services SharePoint.

EXCEPTION

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

SUPERSESSSION

DDA Policy 9.13
Issued May 1, 2022

Approved: 
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: June 15, 2024