



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: NURSE DELEGATION SERVICES POLICY 6.15

Authority:	Chapter 18.88A RCW Chapter 71A RCW Chapter 246-840 WAC Chapter 246-841 WAC Chapter 246-888 WAC Chapter 388-76 Chapter 388-78A WAC Chapter 388-101 WAC Chapter 388-825 WAC Chapter 388-826-001 to 0250 Chapter 388-845-0001 to 4015	Nursing Assistants Developmental Disabilities Protocol for Delegating Nursing Care Task Nursing Assistants Medication Assistance Adult Family Homes Minimum Licensing Requirements Boarding Home Licensing Rules Certified Community Residential Services and Supports DD Services Voluntary Placement Program Waiver Programs in DDD
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PURPOSE

Nurse Delegation (ND) services can enhance the viability and quality of client support in private homes and community residential settings and allow persons to live as independently as possible with maximum safeguards.

ND is a service option that provides training and nursing management for providers who perform delegated nursing tasks. Clients who receive ND services must be considered “stable and predictable” by the delegating nurse.

SCOPE

This program policy and procedures apply to all DDD Case Resource Managers (CRM) who authorize ND services.

DEFINITIONS

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

POLICY

When authorizing for ND services, the CRM must determine that:

1. The client is eligible to receive ND services;
2. The delegating nurse/agency has an Aging and Disability Services Administration (ADSA) ND contract to provide ND services; and
3. The provider who performs delegated nursing tasks meets the training and registration requirements for ND.

PROCEDURES**A. Nursing Care Tasks****1. Tasks That May Be Delegated**

The Registered Nurse Delegator (RND) may delegate specific nursing care tasks to nursing assistants. The most commonly delegated tasks are administration of non-injectable medications, blood glucose testing, colostomy care, and tube feedings. Before delegating, the RND must determine that specific criteria described in the ND protocol (WAC 246-840-910 to 960) are met and ensure that the patient is in a stable and predictable condition.

2. Tasks That May **Never Be Delegated**

According to [RCW 18.79.260\(3\)\(e\)](#), the RND may not delegate the following nursing care tasks:

- a. Sterile procedures;
- b. Administration of medications by injection with the exception of insulin;
- c. Maintenance of central intravenous lines; and
- d. Acts that require nursing judgment.

B. Eligibility to Receive ND Services

1. Clients are eligible to receive ND services when they need a specific nursing task and are:
 - a. Receiving supported living services;
 - b. Residing in group homes;
 - c. Residing in group training homes;
 - d. Residing in companion homes;
 - e. Receiving Voluntary Placement (VP) services (18-21 years of age);
 - f. Receiving services in licensed staff residential settings (18-21 years of age);
 - g. Residing in in-home settings (as limited in 2. below); or
 - h. Residing in adult family homes.
2. For clients in in-home settings, the following additional criteria must be met:
 - a. The client is on the Basic Plus, Children's Intensive In-home Behavioral Supports (CIIBS), or Core Waiver; and
 - b. The client does not have a parent or a relative provider able to perform the delegated nursing task during the time ND services are needed.
3. ND may occur in any licensed boarding home. However, DDD does not pay for, and the CRM should not authorize payment for, a contracted RND to provide ND services in boarding homes contracted as Adult Residential Care (ARC) facilities.
4. In all instances, the CRM must document the client's need for ND in the client's DDD Assessment.

C. Authorization to Provide ND Services

1. Only RNs or agencies with an ADSA ND contract can be authorized for payment to provide ND services.
 - a. CRMs may access the list of currently contracted nurse delegators on the ADSA Intranet website;

- b. For contracted ND information available on the DSHS Internet website, go to: www.aasa.dshs.wa.gov/professional/ND/ACD.asp.

Select the region the client resides in, and sort or check with the regional ND Coordinator. The ND Coordinator will contact the Headquarters (HQ) ND Program Managers about a specific RN or agency if needed.

D. **Training Requirements for Providers Who Perform Delegated Nursing Tasks**

Before performing a delegated task, the provider must complete the following:

1. Registration or certification as a nursing assistant (must be renewed annually);
2. The *Nurse Delegation for Nursing Assistants* class (9 hours);
3. The *Nurse Delegation Training: Special Focus on Diabetes* (3 hours) when the provider anticipates that the nursing assistant (NA) may be administering insulin injection under nurse delegation;
4. For Nursing Assistants-Registered (NARs) only:
 - a. If working in supported living or group training homes: *DDD Basic Training* (32 hours) (Chapter 388-101 WAC);
 - b. If working in foster homes and licensed staff residential settings: *PRIDE Training* (30 hours) or training required through the Children's Administration licensing standards;
 - c. If working in all other settings: *Fundamentals of Caregiving* (28 hours);
 - d. An NAR may not perform a delegated task before completing the required training described in a, b, or c above.
5. The additional training described in 4 above is not required for a Nursing Assistant-Certified (NAC) to perform a delegated nursing task.
6. DDD pays the hourly wage for providers who complete the 9-hour *Nurse Delegation for Nursing Assistants* or the 3-hour *Nurse Delegation Training: Special Focus on Diabetes*.

For providers performing ND in in-home settings, this wage is paid at the department published individual provider (IP) rate. Companion Home providers are not reimbursed separately for the training time. For SL/GH providers, this wage is paid at the residential benchmark

E. Case Resource Manager Referral for ND

1. When the need for ND services is identified, the CRM will make a referral for an ND assessment and provide the following information to the RND:
 - a. A completed DSHS 01-212, *Nurse Delegation Referral and Communication* form;
 - b. The client's most current DDD Assessment, the Individual Support Plan (ISP), and the Positive Behavior Support Plan (PBSP) if one has been developed, and other completed assessments;
 - c. Type of setting client resides in (i.e., supported living, group home, group training home, adult family home, companion home, VP, licensed staff residential and in-home); and
 - d. A completed [DSHS 14-012, Consent](#).
2. The CRM will also:
 - a. Determine if the provider (NAR/NAC) has met the training and registration requirements in Section D above. The CRM or regional ND Coordinator may assist the provider to meet the requirements;
 - b. Document any ongoing communication with the RND in a Service Episode Record (SER). This should include notifying the RND when there are changes in the legal representative or when services are reauthorized.
 - c. Authorize the RND for payment not to exceed 50 units per month through SSPS, using the appropriate program code. The system will allow authorization of services for up to 12 months (see Section I).
 - d. In exceptional situations, if a client needs more than 50 units (12.5 hours) in a specific month and the RND submits a request, obtain approval from the Field Services Administrator (FSA) or her designee prior to authorization and document in a SER.
3. A Registered Nurse (RN) who owns an Adult Family Home (AFH) may be paid for delegating for Medicaid clients, including those living in their AFH. In order to be paid for ND, the RN must be a contracted RND.

F. Additional CRM Responsibilities for In-Home Clients

For ND in the in-home setting, the CRM will ensure that the provider (NAR/NAC) has the necessary training and registration to perform a delegated task. If needed, the CRM will give the provider:

1. A list of approved trainers for *Fundamentals of Caregiving*;
2. A list of DDD contracted trainers for the nine-hour class, *Nurse Delegation for Nursing Assistants*; and
3. An application for registration as a nursing assistant (available on the DDD Intranet site at <http://adsaweb.dshs.wa.gov/documents/NARApplication.pdf>).
4. A signed and dated payment voucher for the application fee. Payment is provided for the initial registration fee only, not renewals. Follow instructions for completing the voucher. Advise the provider to send the payment voucher and application to:

Department of Health – Health Professions
P.O. Box 47864
Olympia, WA 98504-7901

G. DDD Contracted Trainers for the ND Class

1. DDD reimburses contracted nurses who teach the 9-hour *Nurse Delegation for Nursing Assistants* class or the 3-hour *Nurse Delegation Training: Special Focus on Diabetes* class to providers who work in DDD settings. The nurse must have a ND training contact with DDD. These training contacts are obtained through the DDD Residential Services Program Manager. The applicant must provide their first and last name and contact information when requesting the training contract.
2. The CRM may provide a list of DDD contracted trainers for the *Nurse Delegation for Nursing Assistants* class. DDD does not reimburse trainers for teaching AFH staff. The AFH or the individual attending the class must pay the tuition for the class.
3. Document any ongoing communication in the client's SER.

H. RND Responsibilities

1. ND is an intermittent service. The RND is required to visit at least once every ninety (90) days. If providing diabetic training, the RND must visit the client at least once a week for the first four (4) weeks. However, the RND may determine that some clients need to be seen more often. The HQ ND Program Managers

will monitor the nurse's performance, including frequency of visits and SSPS payments.

2. The RND must verify that the NAR/NAC:
 - a. Has met training and registration requirements;
 - b. The registration is current and without restriction; and
 - c. The NAR/NAC is competent to perform the delegated task.
3. Assess the nursing needs of the client, determine the appropriateness of delegation in the specific situation, and if appropriate, teach the NAR/NAC to perform the nursing task.
4. Monitor the NAR/NAC performance and continued appropriateness of the delegated task.
5. Communicate the results of the ND assessment to the CRM.
6. Establish a communication plan with the CRM and document all ongoing related communication in the client's ND file.
7. Document and perform all delegation activities as required by law, rule, and policy.
8. Work with all parties (e.g., the CRM, the regional ND Coordinator, providers, HQ ND Program Managers, etc.) when rescinding RND services to develop an alternative plan that ensures continuity for the provision of the delegated task.

I. SSPS Codes for ND

1. There are nine (9) SSPS codes altogether for RNs providing ND and reimbursing Nursing Assistants for the training time:
 - 7511 Nurse Delegation Core Training
 - 7118 IP Training Wages, Reason Code "C"
 - 8218 IP Training Wages, for clients on Basic Plus Waiver
 - 8318 IP Training Wages, for clients on Core Waiver
 - 7512 Nurse Delegation Core Training Staff Class Hours
 - 7513 Nurse Delegation Services
 - 8253 Nurse Delegation HCBS Basic Plus Waiver
 - 8353 Nurse Delegation HCBS Core Waiver
 - 8453 Nurse Delegation HCBS Community Protection Waiver

2. All codes pay an individual RN or an agency employing/contracting with RN, for ND activities. Billable services may include the initial nursing assessment, reassessments, teaching or supervising a NA, collateral contacts, and related travel time.
3. Select a Reason Code to indicate the client's residential setting.
4. One unit equals 15 minutes. A maximum of fifty (50) units (12.5 hours) may be authorized each month. The service may be authorized to continue for a maximum of twelve (12) months.
5. If a client needs more than 50 units in a given month to meet his/her needs, the RND must:
 - a. Obtain prior approval to exceed the 50 unit limit;
 - b. Send the request to the client's CRM or the regional ND Coordinator.

Note: The ND Coordinator is the regional reviewer of all requests exceeding 50 units per month. The FSA or her designee must give prior approval for such requests. The ND Coordinator or the client's CRM must communicate the outcome of the request to the RND and send a copy of the outcome of the request to exceed 50 units to the HQ ND Program Mangers.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Division Director.

SUPERSESSION

DDD Policy 6.15
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Approved: /s/ Linda Rolfe Date: May 1, 2009
Director, Division of Developmental Disabilities