

Private Duty Nursing Contract Monitoring Tool

Purpose: This tool is intended to aid in the contract monitoring process but is not the only means of contract monitoring performed for the Private Duty Nursing Program.

Process: Each PDN contract will be monitored using this tool on a yearly basis. One client file will be selected at random to be monitored. If contract monitoring results are not met, the PDN program manager may choose to review other client files. Contract monitoring results will be recorded and reviewed for yearly trends. Year trends will aid in determining the risk level at which your contract is monitored. If a contractor consistently does not meet contract requirements, their contract could be at risk for termination.

Monitoring References: Each measure is followed by a reference. Each measure is based on contract requirements found in the General Terms and Conditions (GTC) or Special Terms and Conditions (STC) of the PDN contract. Some measures are also referenced with the corresponding Washington Administrative Code (WAC).

NAME OF PDN / CONTRACTED AGENCY				PROVIDER ID NUMBER
CLIENT'S NAME	CONTRACT NUMBER	CONTRACT START DATE	CONTRACT END DATE	
A. Contact Information	Met	Not Met	N/A	Comments
1. Current address on file – STC 2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Current phone number on file – STC 2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Licensure	Met	Not Met	N/A	Comments
1. Current RN / LPN license and without restriction – STC 2b(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. LPNs have RN oversight letter on file – STC 2b(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Proof of current business license – STC 2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Current background check every two years – STC14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Nurse does not exceed 16 hours in a single day –STC3h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Insurance Coverage	Met	Not Met	N/A	Comments
1. Proof of industrial insurance coverage – GTC 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Proof that general liability insurance was maintained with each occurrence \$1million; General aggregate \$2million or supplemental liability insurance or workplace liability insurance if contractor has less than three contracts – STC 20a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Proof that professional liability insurance or errors and omissions insurance was maintained – STC 20e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Insurance carrier is a State of WA carrier and has a rating of B++, Class VII or better. Surplus lines insurance companies will have A - STC 20g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. Client Documentation	Met	Not Met	N/A	Comments
1. Care plan signed by PCP and submitted to Care Manager and updated at least every six months – STC 3a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. CARE assessment found on client file and updated at least every six months – STC 3d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Skilled Nursing Task Log is found on file and updated at least every six months – STC 3f, WAC 388-106-1040(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Limited English Proficiency, deaf, deaf-blind or hard of hearing clients have access to certified interpreter – STC 8a, STC 8b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Significant change in client's condition are reported to case manager within 24 hours – STC 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Verbal communication of clients death was reported within one hour upon notification of death and written communication follow up within one business day of death – STC 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Sufficient disaster response plan in place that covers the type of individuals that are being cared for – STC 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contract Monitoring Results				
Number of requirements NOT MET:		Number of requirements MET:		
SIGNATURE OF INDIVIDUAL COMPLETING MONITORING TOOL	DATE	PRINTED NAME		
PDN Response (PDN to sign, date, and return with this section completed)				
1. Attach additional sheets to this form that indicate the changes you will incorporate into your future PDN practice for all areas marked "Not Met." If you have documents that support changing a "Not Met" to a "Met", please submit.				
PDN'S SIGNATURE	DATE	PRINTED NAME		
1. Please mail this signed form and any supporting documentation to the Private Duty Nursing Program Manager at: PO Box 45600, Olympia WA 98504-5600. 2. You will receive a final notice within 30 business days that the PDN Program Manager has accepted your changes.				
PDN PM Response to PDN				
<input type="checkbox"/> Reviewed additional documentation and/or proposed practice changes and changes are accepted.				
<input type="checkbox"/> Additional action is necessary, which may include further training, technical assistance or corrective action. The specific action required is outlined in the attached letter.				
PDN SIGNATURE	DATE	PRINTED NAME		