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| Transforming Lives |  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) HOME AND COMMUNITY SERVICES (HCS) ADULT FAMILY HOMES (AFH) **AFH 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 AFH 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 to 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 AFH 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 7c
 | [ ]  | [ ]  | [ ]  |  |
| 1. Current phone number on file – STC 7c
 | [ ]  | [ ]  | [ ]  |  |
| **B. Licensure** | **Met** | **Not Met** | **N/A** | **Comments** |
| 1. Current RN license on file without restriction – STC 3j(2)(a)
 | [ ]  | [ ]  | [ ]  |  |
| 1. Proof of license – STC 6b
 | [ ]  | [ ]  | [ ]  |  |
| 1. Current background check every two years – STC 6d
 | [ ]  | [ ]  | [ ]  |  |
| 1. Background checks for every employee who has unsupervised access to clients completed at least every two years – STC 3h
 | [ ]  | [ ]  | [ ]  |  |
| 1. Provide 24 hour minimum staffing of one nurse and one non-licensed staff on duty at all times and when at maximum capacity one nurse and two non-licensed staff on duty at all times – STC 3j(2)(d)
 | [ ]  | [ ]  | [ ]  |  |
| 1. Proof that all staff who may have direct contact with clients have met the training and certifications required – STC 6c
 | [ ]  | [ ]  | [ ]  |  |
| 1. A contractor who chooses to transport clients must have a current valid driver’s license for the classification of motor vehicle operated, have proof of liability insurance and successfully pass a DSHS background check – STC 6e, STC 9b
 | [ ]  | [ ]  | [ ]  |  |
| **C. Insurance Coverage** | **Met** | **Not Met** | **N/A** | **Comments** |
| 1. Proof of industrial insurance coverage – GTC 22
 | [ ]  | [ ]  | [ ]  |  |
| 1. Proof that general liability insurance was maintained with each occurrence $1 million; general aggregate $2 million or supplemental liability insurance or workplace liability insurance if contractor has less than three contracts – STC 9a
 | [ ]  | [ ]  | [ ]  |  |
| 1. Proof of a business automobile policy is maintained on all vehicles used to transport clients, including vehicles hired by the Contractor or owned by the contractors employees – STC 9b
 | [ ]  | [ ]  | [ ]  |  |
| 1. Proof that professional liability insurance or errors and omissions insurance was maintained – STC 9c
 | [ ]  | [ ]  | [ ]  |  |
| 1. 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 9h
 | [ ]  | [ ]  | [ ]  |  |
| **D. Training** | **Met** | **Not Met** | **N/A** | **Comments** |
| 1. Resident manager and all caregivers have successfully completed all training required in WAC 388-112A-0110 prior to caring for residents without direct supervision – STC 3d, RCW 74.39A.074, RCW 18.88B.041
 | [ ]  | [ ]  | [ ]  |  |
| **E. 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 3b, WAC 388-106-1045(3)(d)
 | [ ]  | [ ]  | [ ]  |  |
| 1. CARE assessment found on client file and updated at least every six months – STC 3d
 | [ ]  | [ ]  | [ ]  |  |
| 1. Skilled Nursing Task Log is found on file and updated at least every six months – STC 3a, WAC 388-106-1045(3)(f)
 | [ ]  | [ ]  | [ ]  |  |
| 1. Limited English Proficiency, deaf, deaf-blind or hard of hearing clients have access to certified interpreter – STC 28a, STC 28b
 | [ ]  | [ ]  | [ ]  |  |
| 1. Significant change in client’s condition are reported to case manager within 24 hours – STC 27
 | [ ]  | [ ]  | [ ]  |  |
| 1. Verbal communication of death of clients to the client’s case manager within 24 hours of finding out about the death and follow up with written notice to the case manager within seven days – STC 24
 | [ ]  | [ ]  | [ ]  |  |
| 1. Sufficient disaster response plan in place that covers the type of individuals that are being cared for – WAC 388-106-1046(2)(b)(iii)
 | [ ]  | [ ]  | [ ]  |  |
| **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.
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| **PDN PM Response to PDN**[ ]  Reviewed additional documentation and/or proposed practice changes and changes are accepted.[ ]  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 |