

# **RND** Contractor Meeting

#### June 16<sup>th</sup>.2021

### Doris Barret (DDA) and Janet Wakefield (HCS)



PO Box 45050, Olympia, WA 98504 | www.dshs.wa.gov





- 1. Introduction Janet Wakefield—new ND Program Manager HCS
- 2. Consumer Directed Employer- Janet update Nursing Task Form
- 3. COVID 19 updates- add on rate--Doris
- 4. Continuous Glucose Monitoring
- 5. Nasal Glucagon / BAQSIMI
- 6. Review of revised Referral Form
- 7. Open Discussion

## CDE TIMELINES/STATUS



#### Pilot and Hiring Phases County where the Client lives determines phase for Client and their IP(s).

#### Pilot: Clients and ~200 associated IPs **Participating Counties** Lewis Lewis Mason Thurston Initial Communication: July 1, 2021 Time Capture: October 1, 2021 Phase 1: Clients and ~16,000 associated IPs Participating Counties Ferry San Juan Island Skagit Kitsap Spokane Stevens Lewis Mason Thurston Pend Oreille Whatcom Pierce Whitman Initial Communication: November 1, 2021 Time Capture: February 1, 2022 Phase 2: Clients and ~30,000 associated IPs Participating Counties Adams Grant Wahkiakam · Asotin · Gravs Harbor Walla Walla Benton Jefferson Yakima Chelan King Clallam Kittitas Clark Klickitat · Columbia · Lincoln · Cowlitz Okanagan · Douglas Pacific Franklin Skamania Garfield Snohomish Initial Communication: January 1, 2022

Time Capture: April 1, 2022

## **Continuous Glucose Monitoring**

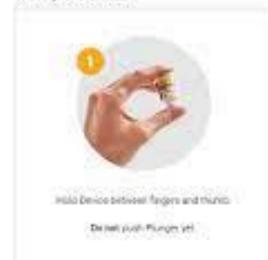
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#### **Diabetic Management Update**



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### **Referral Form--Janet**

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Transforming lives			
Case / Resource Manager's Request			
1. OFFICE HCS AAA		ONE ID	
4. DATE OF REFERRAL 5. METHOD OF REFERRAL  E-mail  Felphone  Fax			
TO:		FAX NUMBER	
FROM:		2. FAX NUMBER	
13. REQUIRED ATTACHMENTS (IF APPLICABLE)			
CARE / DDA Assessment PCSP / DDA PBSP Service Summary Plan Consent (DSHS 14-012)			
Client Information			
14. CLIENT NAME 15. GUARDIAN NAME			
16. CLIENT DATE OF			
18. PHYSICAL ADDRE		E ZIP CODE	
19. LONG TERM CARE WORKER(S) AND/OR RESIDENTIAL PROVIDER			
20. TELEPHONE NUM			
23. CLIENT COMMUNICATION  This client needs an interpreter Primary language needed is: Deaf / HOH			
24. PRIMARY DIAGNOSIS RELATED TO DELEGATION			
25. REASON FOR RND REFERRAL			

26. Confirmation of Receipt of Referral and Response by Registered Nurse Delegator / Agency			
DATE RECEIVED	Referral accepted     Referral not accepted		
PRINTED NAME	Nurse assigned:		
Additional comments:			
SIGNATURE	TELEPHONE NUMBER EMAIL		

#### CONT'

#### Instructions for Completing Nurse Delegation Referral and Communication

- 1. Office: Identify referring office.
- <u>Client's Authorization Number</u>: Enter the agency or nurse delegator's authorization number, prior to sending the referral.
- <u>RN ProviderOne ID</u>: Enter the agency or nurse delegator ProviderOne ID.
- 4. Date of Referral: Enter date the referral is being sent to agency or nurse delegator.
- 5. Method of Referral: Identify how referral was sent to agency or nurse delegator.
- 6. Nurse/Agency: Enter name of agency or nurse delegator the referral is being sent to.
- 7. Email Address: Enter agency or nurse delegator's email address.
- 8. <u>Telephone Number</u>: Enter telephone number of agency or nurse delegator.
- 9. Fax Number: Enter fax number of agency or nurse delegator.
- 10. C/RM Name/Office: Enter name of person making the referral and location.
- 11. E-Mail Address: Enter email address of C/RM making referral.
- 12. Telephone number: Enter telephone number of C/RM making the referral.
- 13. Fax number: Enter fax number of C/RM making the referral.
- 14. <u>Required Attachments (if applicable)</u>: Enter the documents that will be attached to referral form.
- <u>Client/Guardian Name</u>: Enter the client/guardian's name (last name, first name).
- 16. Date of Birth: Enter the clients Date of Birth.
- 17. Telephone Number: Enter client/guardian's telephone number.
- 18. Address: Enter client's physical address: street address, city, state, and zip code.
- 19. Long Term Care Worker(s) and/or Residential Provider. Enter name of long-term care worker (LTCW) or Residential Provider.
- 20. Telephone Number: Enter LTCW or Residential Provider telephone number.
- 21. Fax Number: Enter LTCW or AFH fax number.
- 22. Client Communication: Identify if client will need interpreter services and what language requested.
- 23. Primary Diagnosis Related to Delegation: Enter the client primary diagnosis related to Nurse Delegation request.
- 24. Identify Reason for Nurse Delegation Referral.
- 25. Nurse Delegator's response to referral.
- NURSE DELEGATOR COMPLETES 26-47
- 26. C/RM Name: Enter Case Manager/Case Resource Managers name.
- 27. Email Address: List Case Manager/Case Resource Managers email address
- 28. Telephone Number: Enter Case Manager/Case Resource Managers telephone number.
- 29. Fax Number: Enter Case Manager/Case Resource Managers fax number.
- 30. Consumer Directed Employer (CDE): List name of CDE representative.
- 31. Email Address: List CDE email address ND referral was sent to.
- 32. Telephone Number: Enter CDE phone number.
- 33. Fax Number: Enter CDE fax number.
- 34. RND: List name of Nurse Delegator completing form.
- 35. RN ProviderOne ID: Enter RND's ProviderOne ID.
- 36. Email Address: List RND's email address.
- 37. Telephone Number: Enter RND's telephone number.

## **Future Meeting Dates**

#### June 16, 2021 1-3p

#### August 18,2021 1-3p

#### October 20, 2021 1-3p





### **OPEN DISCUSSION**

