

Transforming
Lives

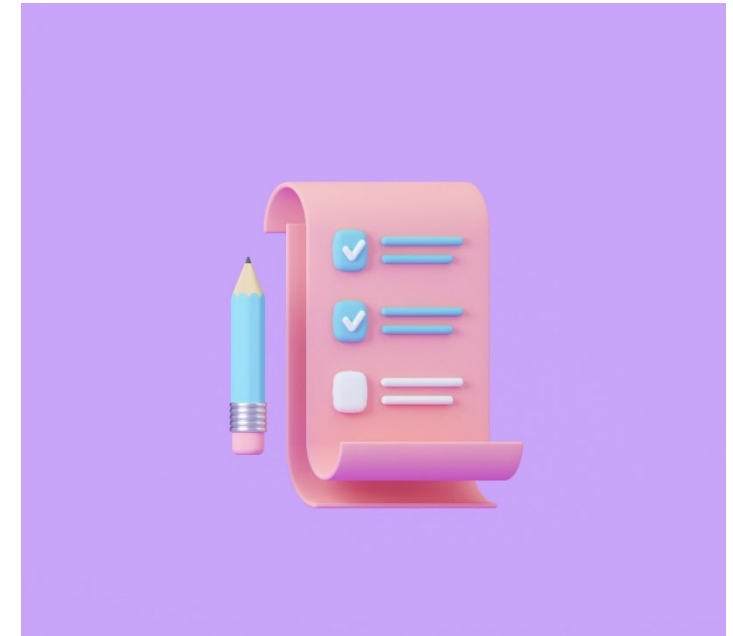
RND Contractor Meeting

September 18, 2024

Agenda

- **Welcome**
- **Pressure injury prevention – Erika Parada**
- **Adding an employee**
- **ProviderOne**
- **NAR/NAC**
- **WABON**
- **Updates and Info BGC**
- **Q&A**

*** Please keep your microphones on mute unless asked to unmute for comments. Cameras on can interfere with your connection if you are having problems. You can use the chat box for questions or raise your hand to be called on. Be respectful of others and wait your turn to be called on. Thank you!*



Skin Observation Protocol Resources

- DDA [Internet](#) page is currently under construction.
 - 10/01/2024 finalization
- Focus on accessibility for all:
 - Video's
 - Icons
- Two new resources:
 - [Preventing Pressure Injuries- A Patients Guide to Prevention \(DDA Publication #22-1976\)](#).
 - [Pressure Injuries: Signs, Risks and Prevention](#)



Apply for DDA Enrollment and Ask for Services



Services for Children and Youth (ages 0–21)



Services for Adults (ages 18 and older)

Information for Providers



Health Care Coverage and Coordination



Nursing Services and Health Care



Links for Previous Slide:

- <https://www.dshs.wa.gov/dda/nursing-services>
- https://www.dshs.wa.gov/os/publications-library?combine=&field_program_topic_value=All&field_job_value=22-1976&field_language_available_value=All

Informational handouts for community:

Key Points for Pressure Injury Prevention

- Reposition every 15 minutes when seated and at least every two hours when lying down.
- Maintain a healthy diet and hydrate as recommended by your HCP.
- Protect your skin by bathing regularly and applying barrier cream as needed.
- Do daily skin checks paying special attention to the pressure points noted in this brochure. Use a mirror for hard-to-see areas or ask for assistance if unable to do a self-check. Bathing is a great time to do your daily skin inspections.
- Be active in your care. Notify your HCP about changes to your skin over pressure points (changes in color/texture, temperature or pain) and ask for treatment. Ask them to look at your skin.
- Consult with your HCP for other ways to prevent pressure injuries.



Our Services:

Our goal is to support your life's journey. We are here to help guide you to fulfilling your goals.

Contact for more information:

Nursingservices@dshs.wa.gov
https://www.dshs.wa.gov/altsa_homeand-communityservices/nursing-services
DDANursingServices@dshs.wa.gov
<https://www.dshs.wa.gov/dda/nursing-services>

Area Agencies on Aging
Contact your local AAA office:

<https://www.dshs.wa.gov/AL TSA/resources>

The information and graphics contained in this pamphlet are intended for general informational and educational purposes only and are not intended as a substitute for health care advice applicable to any specific individual's condition or for obtaining health care advice from a qualified professional. If you have specific questions, concerns or need health care advice about pressure injuries or pressure injury prevention you should contact an appropriate qualified professional.



Preventing Pressure Injuries

A Patient Guide to Prevention



DSHS Aging and Long-Term Support Administration
DSHS Developmental Disabilities Administration



Contractor employee information

There have been a lot of questions lately about having another RN work with you to help with the load. Per contract subcontracting for the same service is not allowed.

- Definition: “Subcontract” means any separate agreement or contract between the Contractor and an individual or entity (“Subcontractor”) to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Contract.
- Sec. 25 of the General Terms and Conditions states: Except as otherwise provided in this Contract, the Contractor shall not subcontract any of the contracted services without the prior approval of DSHS. Contractor is responsible to ensure that all terms, conditions, assurances and certifications set forth in this Contract are included in any and all Subcontracts, unless an exception to including a particular term or terms has been approved in advance by the CCLS Chief. Any failure of Contractor or its subcontractors to perform the obligations of this Contract shall not discharge the Contractor from its obligations hereunder or diminish DSHS’ rights or remedies available under this Contract.

Registered Nurse activities are considered the same contracted service. Nurse Delegation Services are in Special Terms and Conditions sec. 4.

However, medical billing services likely does fit the definition of “subcontract” in the General Terms and Conditions, because the contract establishes billing requirements contractors are required to follow.

This means that to the extent a contractor subcontracts with a billing service to do their billing for them the contractor is required to ensure the subcontracted biller meets a number of different requirements established in the contract. This includes:

- Sec. 5(d) Certifications regarding Russian Government Contracts and/or Investments
- Sec 7. Debarment Certification
- Sec 26 Audit requirements under 2 CFR Part 200, Subpart F.

Special Terms and Conditions

- Sec. 13 Disclosure of certain business transactions between the contractor and subcontractor
- Subcontractor insurance (Special Terms and Conditions Sec. 21(e) & (i))

Background Check reminder:

They are due every 2 years. We are updating as they expire. When you get an email to submit, please respond ASAP.

ProviderOne Taxonomy Errors

This is what you need to do:

Please let providers know they need to upload their professional license (RN license) by logging into the ProviderOne Provider Portal and enter their license information. Once they log into the Portal, they would click on the link "Manage Provider Information" and then navigate to the Step in the Business Process Wizard for "Licenses and Certifications". The Provider would then click on that step, then click on their "Professional License" and update the information in the fields provided. Be sure to SUBMIT as the last step or it will not go through.

A step-by-step guide can be found on our www.hca.wa.gov site, but I am including a direct link (Update my provider information | Washington State Health Care Authority) which will get you to the ProviderOne user manuals.

If they have questions, they can reach out to providerenrollment@hca.wa.gov.

NAR and NAC Scope of Practice Comparison

NAR-NAC-Crosswalk

Emergency Rules (CR-103E) still in place:

Home Care Aide and Nursing Assistant-Certified Alternate Certification Time Frames. WA-DOH has adopted a sixth emergency rule to continue without change rules established alternate certification time frames for two different groups of long-term care workers: individuals working toward certification as a home care aide and individuals working toward certification as an NA-C. This includes amending WAC 246-980-025, 246-980-030, 246-980-040, 246-980-065 and adopting a new rule section, WAC 246-980-011. Rules impacting home care aides were developed in collaboration with the Department of Social and Health Services (DSHS), while rules impacting NA-Cs were developed in collaboration with DSHS and the Washington State Board of Nursing (WABON). [Filed as WSR 24-18-004.](#)

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Nurse Practice Inquiries

The Nurse Practice team receives an average of 85 inquiry questions a month, so we have created a form that elicits the information we need to adequately provide an informed answer. A person who goes to the [Home | Washington State Board of Nursing](#) website will find a link to the form on the Support for Practicing Nurses, Commonly Asked Questions, Practice Resources, and Contact Practice Consultants pages. Scroll to the bottom of the page and find the following language and click on the button “Ask the Practice Team,”

If you have questions about nursing practice, please contact our practice consultants using the contact information below:

WABON Practice Resources and References

[Support for Practicing Nurses | Washington State Board of Nursing \(WABON\) Website](#)

[Nursing Scope of Practice Decision Tree](#)

[Practice Information - Commonly Asked Questions](#)

[Practice Guidance - Advisory Opinions and Other Guidance Documents](#)

[Practice Resources](#)

Updates and info:

Rule Adoption Order (CR-103P)

[WSR 24-13-066](#) on **WAC 388-101D-0295, 388-101D-0330**

DDA amended these rules to change the labeling requirements for prescribed and over-the-counter medications for clients who receive services from providers under chapter 388-101D WAC – group homes, group training homes, supported living, and state-operated living alternatives for adults. Related emergency rules are currently in place. When effective, this permanent filing supersedes the emergency rule filed under WSR 24-12-061.

Effective: July 15, 2024

Dysphagia and Food Texture

Dysphagia is a swallowing disorder. Some people have a hard time swallowing foods, liquids or their own saliva. This can be due to a neurological or physical limitation. Difficulty swallowing can also be an aversion to food textures or consistency. Food texture aversion is more than a preference or picky eating.

Dysphagia can be serious. If someone cannot swallow properly, they are at risk of aspiration and choking.

Please see the attached care provider bulletin to learn more about:

- What are some signs to look for?
- What are the dangers?
- Who is at risk?
- Treatment and prevention.

Dysphagia and Food Texture

To see past bulletins, visit the [Care Provider Bulletins webpage](#).

[Link to site: Dysphagia and Food Texture](#)

RCW and WAC Updates

WAC 246-840-930

12. m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks and may be more frequent.

** It will be up to the delegating RN to decide if more visits are needed depending on the situation.

Continued -

[WAC 246-840-935](#)

Nurse delegation—Blood glucose monitoring and testing in community-based and in-home care settings.

In community-based and in-home care settings, the registered nurse delegator may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter [18.88A](#) RCW or to home care aides certified under chapter [18.88B](#) RCW following the criteria for the setting defined in RCW [18.79.260](#).

Informational handouts for community:

The FAQ handout will be in PDF in the meeting notes. It is 2 pages and can be printed and shared.

Self Directed Care Handout:

<https://www.dshs.wa.gov/sites/default/files/publications/documents/22-388.pdf>

NURSE DELEGATION REFERENCE SHEET FAQ For Acute Hospitals



What is Nurse Delegation?

A service where a Registered Nurse, who is contracted with DSHS, delegates specific skilled nursing tasks to nursing assistants (RCW 18.88A) or home care aids (RCW 18.88B). The RN, under their own license, provides training and oversight to the staff providing direct care to the client. Although the RN has a requirement to complete face to face visits with clients, they are not responsible to provide direct care (WAC 246-840).

Who is eligible for Nurse Delegation?

Medicaid eligible clients who reside or will reside in their own homes, an Adult Family Home or an Adult Residential Facility and have been assessed by HCS to have a skilled need that cannot be met by a community provider without oversight or another medical service that can be provided (like Home Health).

What is the referral process?

Once a skilled nursing task is identified, and if there is no medical provider to meet the need, HCS will make a referral to Nurse Delegator(s) if the client is transitioning to one of the approved settings.

Who determines if the need is able to be delegated?

The Nurse delegator will determine:

- If tasks are within the registered nurse's scope of practice (WAC 246-840).
- The client and task needing delegation are stable and predictable.
- The training and competency of the nursing assistant or home care aid to perform the task.
- Their comfort in supervising the actions of the worker performing the delegated task.

Provider Choice:

Nurse Delegators follow WAC 246-840-940 in determining if a task can be delegated but will also rely on their own clinical judgement and level of expertise in determining who they will serve.

HCS staff do not determine if a contracted Nurse Delegator can meet the need of a client, like all other providers, it is up to the individual Nurse to determine if they can meet the needs of the client (RCW 18.79.260).

Examples of tasks that may be Delegated?

Based on the nurse's determination, the following are examples of tasks that may be delegated:

- Oral and topical medication and administration
- Eye or ear drops and nasal sprays
- Gastrostomy tube feedings (including medication administration)
- Wound care must be simple, non-complex, does not require frequent nurse assessment and evaluation as determined by the delegating nurse
- Blood glucose monitoring, insulin or non-insulin injectables for the treatment of diabetes
- Non-sterile tracheal and oral suctioning

FEBRUARY 2024

RCW, WAC and Policy **** Please save this for your references**

Washington Administrative Code: [Nurse Delegation Rules WAC 246-840-910 thru 970](#)

Nurse Practice Act: [Nurse Delegation Law RCW 18.79A.260](#)

Medication Assistance Rules: [WAC 246-945](#) (formerly 246-888) there were no changes to the rule, however the Pharmacy Board changed the WAC as it is written. **** [WSR 24-06-047](#)**

[ALTSA Long Term Care Manual Chapter 13](#)

[DDA Policy 6.15](#)

Nursing:

[RCW 18.88A.200-230](#) Delegation Nursing Assistant Rules

[WAC 246-840-010](#) Registered Nurse

[WAC 246-840-700](#) RN Standards of nursing conduct or practice.

[WAC 246-841-400](#) Nursing Assistants

HCS: [WAC 388-71](#) Home Care Aide rules

RCS: [WAC 388-112A](#) Residential long-term care services training.

AFH: [WAC 388-76](#) Adult Family Home

ALF: [WAC 388-78A](#) Assisted Living

DDA: [WAC 388-823](#) Developmental Disabilities Administration

Meeting Dates and Times **** Please mark your calendar**

2024 Virtual

November 13th 10 AM to 12 PM

2025 Schedule Pending

*** We will be working on a way to get face to face and virtual meetings moving forward.**



Thank you for attending

Meeting notes will be posted NEXT week to:

[DSHS ALTSA Nurse Delegation Program:](#)
[Contractor Meetings](#)

For Delegation questions email:

Janet Wakefield ND Program Manager

Janet.Wakefield@dshs.wa.gov or
nursedelegation@dshs.wa.gov

Troy O'Malley Contract Monitor

Troy.omalley1@dshs.wa.gov

For DDA client questions email:

Erika.Parada@dshs.wa.gov

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Questions??

Additional Information:

- **Home Health Agency** – if you have a license and wish to get the agency rate, we are requiring you send us your license for verification and taxonomy change.
- **Private Duty Nursing contracts** are available and needed. If interested let us know. Contact Kaila.Odell@dshs.wa.gov
- **Skilled Nursing Contracts** are needed. Please let us know and we will get you the contact person for your Area Agency on Aging office.
- **WABON Suicide training** is required for your RN license through Department of Health. No verification required for DSHS.
- **WABON - New 2 hours of health equity continuing education requirement.** No verification required for DSHS.
- **Multi State license** – if you have one, please send us verification or let us know so we can update our records.