



PDN Contractor Quarter 4 Meeting

Presented by:
Kaila O'Dell, BSN, RN, PDN PM

Overview:

- Welcome
- Introductions
- What's happening in 2025?
- PDN re-contracting process
- Ways to prepare and stay organized
- Timelines
- Expectations



Welcome

Kaila O'Dell, BSN, RN
Private Duty Nursing Program Manger

Troy O'Malley
Nursing Services Contract Monitor

Kat Ikerd
Administrative Assistant 3



Re-Contracting in 2025

Reminders:

- Ensure that you have updated information associated with your PDN contract (contact info, email/phone/address).
- Keep yourself organized
- Respond promptly and submit all items required for contract renewal.



What will re-contracting look like in 2025?

- Review your current PDN contract.
- Look at end date.
- All individual PDN and HHA PDN providers should have the same end date of **06/30/2025.**
- If you have an AFH PDN contract, then you may have a different end date. Please note that everyone will be required to complete PDN recontacting prior to end of contract.



What will re-contracting look like in 2025?

We are already preparing for re-contracting. We will likely be reaching out to each PDN contractor in March/April 2025.

You will receive an email from PDN program letting you know that it is time to recontract. (nursingcontracts@dshs.wa.gov)

It is important to understand that you must complete all required items and send back via e-mail to help this process.



What will you need to send for re-contracting?

- Contractor Intake
- Medicaid Provider Disclosure Statement
- Background check within 2 years
- W9
- RN License
- Photo ID
- Business License
- Insurance



What will you need to send for re-contracting?

- Contractor Intake (2-page form that you will be sent via email as an attachment)



Contractor Information Update (for existing DSHS contractors)

Section One: This section is for existing Contractors to provide current information as applicable.

Please complete the table below.

- Please complete your contact name, address, or name of person authorized to sign DSHS contracts, and enter those updates in the right column.
- If you need to update other information on record, you must complete a new Contractor Intake Form. Contact the person who sent you this form.

Information Description	Contractor Information
Contractor Name:	<input type="text"/>
Business Organization:	Choose an item. <input type="text"/>
EIN or SSN:	Choose an item. <input type="text"/>
Contracts Terminated for Default:	<input type="text"/>
Mandatory Employee Waiver Certificate:	Does your business require its employees to sign or agree to, as a condition of employment, mandatory individual arbitration clauses or class or collective action waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fiscal Year End:	<input type="text"/>
UBI, and Unique Entity Identifier (UEI)	UBI: <input type="text"/> UEI: <input type="text"/>

Section Two: Information Update Authorization

Is your business owned by a person (or persons) who is (or are) (Check all that apply):

	No	Yes; but we are NOT certified*	Yes and we ARE Certified*	Certification Number
A Woman?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
A Minority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
A Veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

*Certified means either the business entity (or, when the business is a sole proprietorship, the individual) has received a certification number from Washington State's Office of Minority and Women-Owned Business Enterprises (OMWBE) www.omwbe.wa.gov, or Department of Veterans' Affairs (DVA).

Is your business a certified Disadvantaged Business Entity? No Yes, Certification No.

Does your business qualify as a Microbusiness, Minibusiness, or Small Business under [RCW 39.26.010](http://RCW.39.26.010)? No Yes



- Medicaid Provider Disclosure Statement (8-page form, 5 pages to be completed and 3 are instructions)



AGING AND LONG-TERM SUPPORT ADMINISTRATION
 DEVELOPMENTAL DISABILITIES ADMINISTRATION
 BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION
Medicaid Provider Disclosure Statement

Completion and submission of this form is a federal and state requirement and a condition of participation in Medicaid reimbursement (see instructions for specific citations). Full and accurate disclosure of ownership as well as financial, managerial, and controlling interests is required. Submission of this form to DSHS is also required for changes in ownership, managing employees, or controlling interests. Any failure to submit the requested information may cause the Department to refuse to enter into an agreement or contract with the individual or entity, or to terminate existing agreements. See the [instructions](#) for [definitions](#) of the terms used in this form.

Please answer all questions as of the current date. If additional space is needed use an attached sheet.

Sections:

- | | |
|---|--|
| I. Identifying Information of Provider Entity | VI. Criminal Offenses |
| II. Individuals with Ownership Interest | VII. Suspension or Debarment |
| III. Managing Employees and other Controlling Interests | VIII. Status Changes |
| IV. Organizations with Ownership or Management Interest | IX. Signature |
| V. Subcontractor Information | |

I. Enrolling Provider's Information ([see instructions](#))

PROVIDER NAME (LEGAL NAME) [REDACTED]	FEDERAL TAX ID: SSN / FEIN [REDACTED]
DOING BUSINESS AS (DBA) [REDACTED]	NATIONAL PROVIDER IDENTIFIER (NPI) [REDACTED]

II. Individuals with Ownership Interest ([see instructions](#))

List each individual who has direct or indirect ownership, separately or in combination, amounting to an ownership interest of 5% or more of the provider listed in Section I. Attach additional pages as necessary.

FIRST NAME [REDACTED]	LAST NAME [REDACTED]	DATE OF BIRTH [REDACTED]
SOCIAL SECURITY NUMBER [REDACTED]	START DATE [REDACTED]	OWNERSHIP PERCENTAGE [REDACTED]
STREET NAME AND NUMBER, SUITE, ROOM, ETC. [REDACTED]		CITY [REDACTED]
		STATE [REDACTED]
		ZIP CODE [REDACTED]

If the individual being disclosed is related (spouse, parent, child, sibling) to another owner, managing employee, or individual with controlling interest of the provider listed in Section I, list related individual(s):

FIRST NAME [REDACTED]	LAST NAME [REDACTED]	RELATIONSHIP [REDACTED]
FIRST NAME [REDACTED]	LAST NAME [REDACTED]	RELATIONSHIP [REDACTED]

List each individual who has direct or indirect ownership, separately or in combination, amounting to an ownership interest of 5% or more of the provider listed in Section I. Attach additional pages as necessary.

- W9
- RN License
- Photo ID
- Business License
- Insurance



Proof of Insurance that meets the minimum requirements of PDN contract.

- Minimum limits: Each Occurrence \$1,000,000 and General Aggregate \$2,000,000.
- The State of Washington, Department of Social & Health Services (DSHS), its elected and appointed officials, agents, and employees of the state, shall be named as additional insureds.

20. Insurance

The Contractor shall at all times comply with the following insurance requirements.

a. General Liability Insurance

The Contractor shall maintain Commercial General Liability Insurance, or Business Liability Insurance, including coverage for bodily injury, property damage, and contractual liability, with the following minimum limits: Each Occurrence - \$1,000,000; General Aggregate - \$2,000,000. The policy shall include liability arising out of the parties' performance under this Contract, including but not limited to premises, operations, independent contractors, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract. The State of Washington, Department of Social & Health Services (DSHS), its elected and appointed officials, agents, and employees of the state, shall be named as additional insureds.

In lieu of general liability insurance mentioned above, if the contractor is a sole proprietor with less than three contracts, the contractor may choose one of the following three general liability policies

How to be prepared:

- Ensure that you have a system in place for your business to keep your files organized.
- Ensure that you are using secure ways of communication.
- Ensure you are storing items securely.
- Keep frequently visited links accessible. For example, nursing license and business license lookup, PDN website, WACs, etc.



Questions?

Always remember to keep learning



[WABON: Events and Trainings | Washington State Board of Nursing](#)

[WCN: WA Nurse Licensing Resources - Washington Center for Nursing](#)

[NAMI : NAMI Signature Programs | NAMI Washington](#)

Seattle Children's

Events and Trainings

Information about WABON events, courses, and required or recommended training.

Our board and subcommittee meeting information can be found on our [Meetings](#) page.

Events

None scheduled at this time.



Required Trainings

- ▼ Suicide Prevention Training for Health Professionals Model List
- ▼ Washington State Healthcare Professional Telemedicine Training

WABON Online Courses





Thank you!

Kaila O'Dell, BSN, RN, PDN PM

Kaila.Odell@dhsh.wa.gov