

**DEPARTMENT OF HEALTH  
NURSING CARE QUALITY ASSURANCE COMMISSION  
PROCEDURE**

<b>Title:</b>	Washington Health Professional Services (WHPS) Case Management	<b>Number:</b>	W36.01
<b>Reference:</b>	<a href="#">RCW 18.130.160</a> <a href="#">RCW 18.130.175</a> <a href="#">WAC 246-840-750</a> through <a href="#">246-840-780</a>		
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<b>Effective Date:</b>	March 8, 2019	<b>Date Reviewed:</b>	March 2019
<b>Supersedes:</b>	W07.01, W13.01		
<b>Approved:</b>	 Tracy Rude, LPN Chair Nursing Care Quality Assurance Commission		

**PURPOSE:**

WHPS case management teams receive information from multiple sources such as treatment providers, employers, and legal services. WHPS uses this information to develop individualized monitoring contracts, monitor compliance and recovery status, and protect public safety.

The intent of case management teams is to consider nurses' individual circumstances while monitoring them per applicable statutes and regulations, procedures, and contract requirements.

**PROCEDURE:**

- I. Case Management
  - A. Case management teams consist of a case manager and case manager associate. The case manager acts as the team leader and makes decisions regarding management of the nurse. The case manager associate supports the case management process.
  - B. The case manager meets with the nurse prior to signing the Program Participation Contract in order to explain contract/program requirements and answer questions. The case manager may contact the nurse telephonically, electronically, or by Skype/video chat service.
  - C. A member of the case management team will return all communications from nurses and stakeholders (telephone, electronic messages) by the next business day.

- D. Case managers and case manager associates check all electronic case management system notifications at least twice a day, first thing every morning and prior to the end of the day.
- E. Case management to support contract compliance requires appropriate actions. Monitoring activities include but are not limited to:
  - 1. Overall contract compliance.
  - 2. Submission of self-reports.
  - 3. Submission of self-help group attendance records.
  - 4. Submission of work-site monitor evaluation reports.
  - 5. Submission of peer support group reports.
  - 6. Submission of treatment reports.
  - 7. Employment requests.
  - 8. Practice restriction compliance.
  - 9. Prescription information reports.
  - 10. Follow up of laboratory drug test results.
- F. Contract non-compliance requires WHPS to notify the nurse with any required corrective actions. Corrective actions may include contract extension, increase in test frequency, and face-to-face meetings with their case manager.

## II. Case Staffing

- A. The WHPS director will schedule staffing meetings weekly or as necessary. Case staffing meetings will occur in a separate, secure area.
- B. Case managers will bring the following to each case staffing meeting for review:
  - 1. Evaluations.
  - 2. Instances of unauthorized substance use.
  - 3. Instances of significant contract non-compliance.
  - 4. Requests for contract amendments.
  - 5. Early discharge requests.
  - 6. Procedure application questions.
- C. The case manager assigns a substitute to present cases and recommendations if they are unavailable to attend.
- D. The case manager documents decisions listing issues, actions taken, and corrective actions applied. Case notes also include findings and recommendations.

## III. WHPS Medical Director:

- A. Case managers may consult with the WHPS director prior to referring an issue to the medical director.
- B. The medical director participates in case staffing meetings as cases require.
- C. The medical director reviews all complex evaluations, potential dependence-producing prescriptions, and other significant issues; e.g., management of co-occurring disorders and fitness for duty evaluations. Complex evaluations may include medication management or chronic pain management. The medical director documents findings and recommendations as case notes.
- D. The medical director may consult with third parties (medical providers, evaluators) as necessary.