



DSHS

WASHINGTON STATE
Department of Social
and Health Services

**COMMUNITY
NURSE DELEGATION
ORIENTATION
2025**





Nurse Delegation Program Contacts

Primary email: nursedelegation@dshs.wa.gov

Janet Wakefield RN

Nurse Delegation Program
Manager

360-725-2450

Janet.Wakefield@dshs.wa.gov

Troy O'Malley

Contract Monitor, NPIU

360-890-6717

Troy.Omalley1@dshs.wa.gov

Who can be a nurse delegator?



Medicaid Contracted Nurse Delegator

- Complete DSHS Nurse Delegation Orientation
- Uses DSHS Contract Forms



Both

- Multistate licenses accepted
- Must follow RCS & WAC
- Telehealth laws and rules, HIPAA applies



Private Nurse Delegator

- No orientation required
- Not required to use DSHS Contract Forms

AFH & ALF Contract Differences

AFH: Contracted ND paid to delegate to LTCW for state Medicaid client

ALF: Contracted ND are NOT paid by state to provide delegation in ALF (ALF pays them)

ANY RN IN WA STATE CAN DELEGATE

Community Nurse Delegation

Under Washington State law, Long Term Care Worker's are delegated by an RN to perform specific nursing tasks that do not include administration of medications by injection (by muscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise), except for insulin and non-insulin injections for Diabetes, sterile procedures, central line maintenance, and acts that do not require nursing judgment.



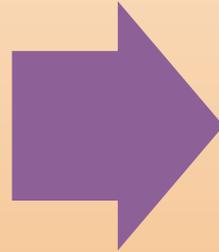
A registered nurse must teach and supervise the nursing assistant, as well as provide ongoing nursing assessments of the patient's condition.



Nurse delegation allows for clients to be able to have options for where to live and still receive needed care and services.

Always Remember:

As a contracted registered nurse delegator, you are providing a CLIENT service with a duty to follow your DSHS contract requirements.



Client Services - Services provided directly to agency (DSHS) clients (individuals) for whom the agency has statutory responsibility to serve, protect, or oversee. Clients are members of the public, external to state government, who have social, physical, medical, economic or educational needs. The Contractor must supply direct service to agency clients. The benefit is to the Client, not DSHS.



Washington State Laws & Rules

Revised Code of Washington (RCW) is the **Law** of Washington State

[RCW 18.79.260 Registered Nurse, Activities Allowed, Delegation of tasks.](#)

Washington Administrative Code (WAC) are the **Rules** of Washington State

[WAC 246-840-910 - 970](#)



What Laws and Rules govern the program?

- **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 246-945-710-718](#)
- [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 and Practice.
 - [WAC 246-841-400](#) Nursing Assistants
 - [WAC 388-101D-0160](#) Nurse Delegation

- **HCS:** [WAC 388-71](#) _ Home Care Aide rules
 - [WAC 388-832-0001](#) Family Definition

- **RCS:** [WAC 388-112A](#) Residential long-term care services training.
- **AFH:** [WAC 388-76](#) Adult Family Home
- **ALF:** [WAC 388-78A](#) Assisted Living Facility
- **DDA:** [WAC 388-823](#) Developmental Disabilities Administration
- **LTCW:** [WAC 388-829-0035](#) LTCW information
- **IHS:** [WAC 246-335](#): In-Home Services_



DSHS Community-Based Residential Services

The RN role:

- **Receive referral** from Home and Community Services, Developmental Disability Administration or Area Agency on Aging Case manager.
- **Obtain consent** from client or representative.
- **Assess** client to determine stability and predictability.
- **Determine** if the task can be delegated.
- **Teach** the long-term care worker the nursing task.
- **Evaluate** the performance of the long-term care worker.
- Provide **ongoing supervision** of the client's condition.
- Provide **ongoing supervision and evaluation** of the long-term care workers performance of the nursing task.

Requirements for Contract



1. Active WA state or MSL unincumbered RN license
2. Minimum **2-years** nursing experience
3. Open your own business in WA state
4. Obtain General/Professional liability insurance
5. DSHS Background Check every 2 years (must not have a disqualifying crime)
6. Create an account through the contracting process with Health Care Authority for Medicaid payment. The contractor is solely paid Medicaid funds for services provided.
7. 2 professional recommendations

Agencies Supporting Nurse Delegation

- **HCS:** Home and Comm
- **HCLA:** Home and Community Living Administration
- **DDCS:** Developmental Disabilities Community Services
- **AAA:** Area Agency on Aging
- **RCS:** Residential Care Services - Inspectors and Complaint Investigators
- **CRU:** Complaint Resolution Unit - Report issues for client setting
- **APS:** Adult Protection Services - Mandatory Reporter

Common Acronyms

- ‡ **CARE Assessment:** ADL focused and done by case managers
- ‡ **LTCW:** Long-Term Care Worker
- ‡ **NA-C:** Nursing Assistant - Certified
- ‡ **HCA-C or HCA:** Home Care Aid - Certified
- ‡ **NA-R:** Nursing Assistant - Registered
- ‡ **IP:** Individual Provider
- ‡ **CM:** Case Manager
- ‡ **CRM:** Case Resource Manager

Nurse Delegation Program

THE NURSE DELEGATION PROGRAM WAS ESTABLISHED THROUGH DOH WITH DSHS IN 1996-1997 FOR 3 SETTINGS WHICH INCLUDE AFH, ALF, AND SUPPORTED LIVING.

IN-HOME SETTING WAS ADDED IN 2000.

THE LAWS AND RULES HAVE BEEN UPDATED DURING THIS TIME.

THE WA STATE BOARD OF NURSING IS THE HOLDER OF THE LAWS AND RULES, AND ANY CHANGES MUST GO THROUGH DOH.

Home and Community Settings



Adult Family Home (AFH)

- 2-8 clients
- No nurse required as staff
- Regulated by RCS
- Contracted RND paid to delegate to LTCW for state client

Assisted Living Facility (ALF)

- 6 or greater clients
- Often have an LPN or RN during the week
- Contracted RND are NOT paid by state to provide delegation in ALF (ALF pays them)

In-Home

- Clients live in their own private home
- Caregiver is an individual provider (IP) or agency provider (AP)
- Contracted RND paid to delegate

DDCS Community Certified Residential Programs

Supported Living	Group Homes	Companion Home
Client may live in own home or share with 3 others	Group settings, client may live in a facility with which serves 2 or more adults	Client resides in own home
Client is cared for by a state contracted agency	Client is cared for by facility staff	Client is cared for through an agency
No nurse is required on staff	No nurse is required on staff	No nurse is required on staff
Contracted RND paid to delegate to LTCW	Contracted RND paid to delegate to LTCW	Contracted RND paid to delegate to agency LTCW



Long-Term Care Worker (LTCW)

Home Care Aide Certified (HCA-C)

- ✓ Active HCA-C credential with DOH

Nursing Assistant Certified (NA-C)

- ✓ Active NA-C credential with DOH

Nursing Assistant Registered (NAR)

- ✓ Active registered credential

- ✓ Completed Basic Core training

LTCW **must** have one of the above **active** credentials with DOH to be delegated



Mandatory for Delegation of LTCW

Verify that the nursing assistant or home care aide:

- Is currently Registered or Certified as a Nursing Assistant or Home Care aide in Washington state without restrictions.
- Has a certificate or transcript of completed the Nurse Delegation for Caregiver's core training and
- If administering insulin, the Special Focus on Diabetes training

Individuals exempt from obtaining a home care aide certification must meet the conditions in:

- [WAC 246-980-025](#) Long-term Care Worker
Individuals exempt from obtaining a home care aide certification

Additional references:

- » [RCW 18.88A.210](#) Delegation—Basic and specialized nurse delegation training requirements
- » [WAC 246-841-405](#) Nursing Assistant Delegation
- » [WAC 246-840-930](#) Criteria for Delegation
- » Scope of practice for long-term care workers:
 - [WAC 246-841-405](#) Nursing Assistant Delegation
- » Residential Long-Term Care Services Training:
 - [WAC 388-112A](#)
- » Home and Community Living Administration
 - [WAC 388-71](#) Home Care Aide Rules

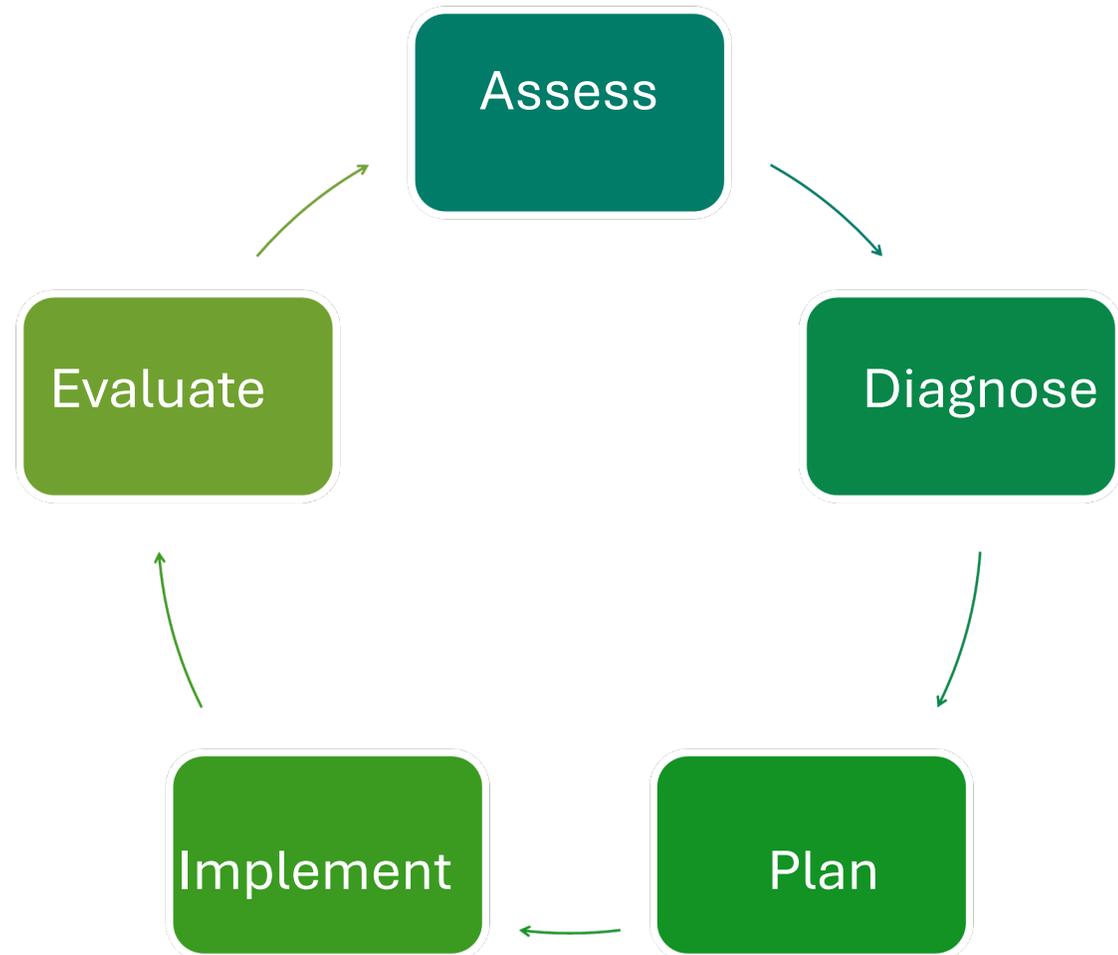


Nurse Delegation and Nursing Process

5 Steps to the Nursing Process

- 1. Assessment**
- 2. Nursing Diagnosis**
- 3. Planning**
- 4. Implementing**
- 5. Evaluating**

*** [WAC 246-840-930](#)



Assessment

Gather information about the client's condition in person

Requirements:

- **Full systems head to toe assessment**
- Is the client's condition **STABLE** and **PREDICTABLE**:
 - The RN determines the clients clinical and behavioral status is non-fluctuating and consistent.
 - The client **does not** require frequent nursing presence
 - The client **does not** require frequent evaluation by an RN
 - Client with terminal condition and those on sliding scale insulin are stable and predictable if they meet the above criteria.



DSHS

Nursing Diagnosis

Identify the client's problems

The nursing diagnosis is part of the Nursing Process.

The clinical judgment about individual, family or community responses to actual or potential health problems / life processes.

A nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable.

This is the reasoning process with which the RND makes the decision to delegate or not delegate the task to a LTCW.

Reference to nursing process: [WAC 246-840-700](#)

Planning



Specific and focused to the client and their condition.



Clear description of nursing task with step-by-step instructions.



Expected outcomes of delegated nursing task.



Possible side effects of medications prescribed.



Document to whom the LTCWs report and when.



How to document the nursing task as complete or omitted.

Implementation

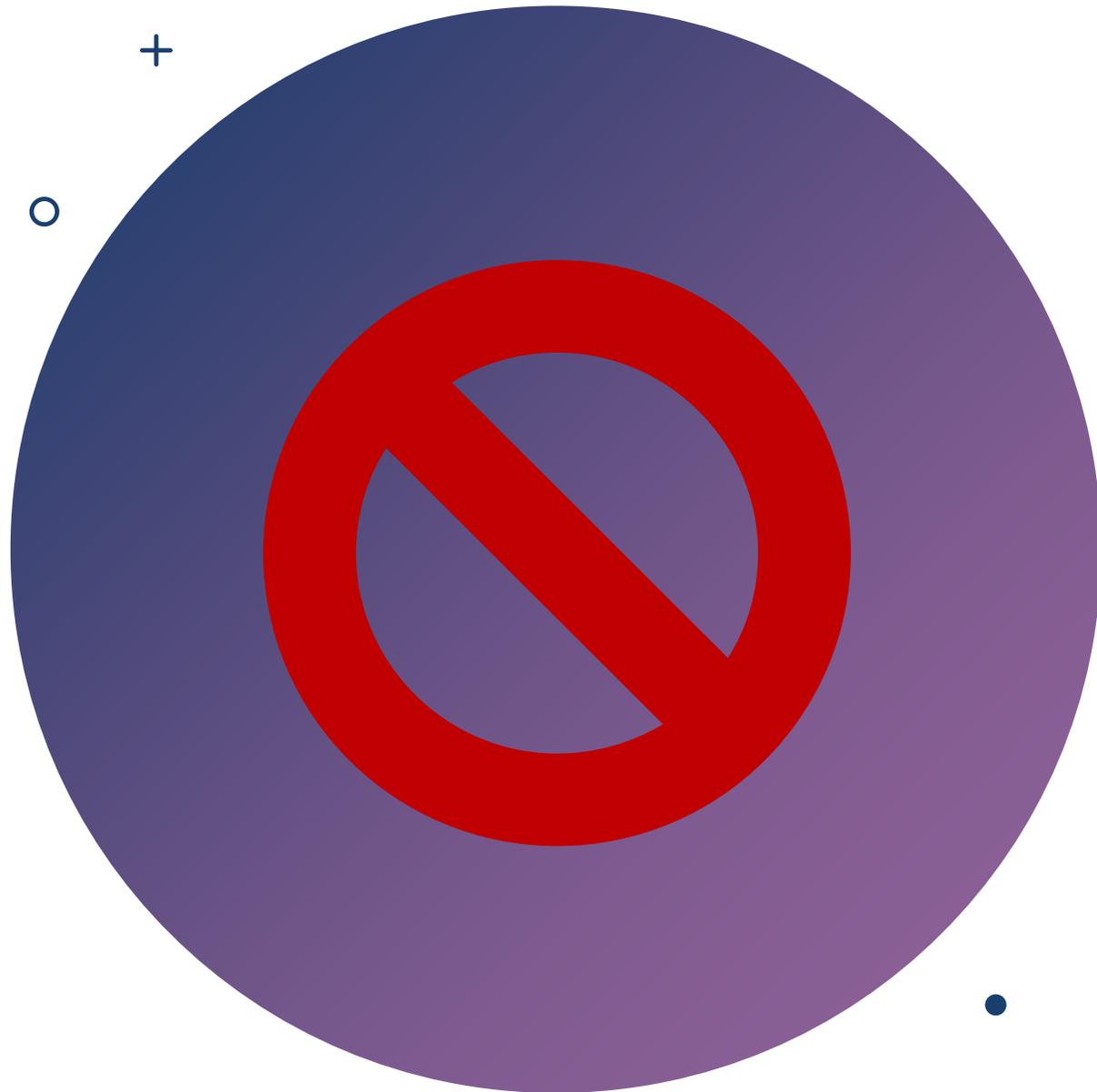
Initial visit for DSHS client and Nurse Delegation Forms

1. Obtain Referral from CM: Received/documented Referral Form - DSHS form 01-212. **Complete and return your portion to CM within 2 business days and assessment within 5 days of acceptance.**
2. Obtain ND Consent for Delegation Process - DSHS form 13-678 page 1
3. Complete Credentials and Training Verification - DSHS form 10-217
4. Assessment (the department does not have a standardized form for assessment. Assessment documentation is required.
5. Instructions for Nursing Task – DSHS form 13-678 page 2
6. Nurse Visit form 14-484



Evaluation

1. Evaluation occurs ongoing and nursing visit must be completed at least every 90 days with the Nursing Visit Form.
2. Initial Insulin administration supervision is every 2 weeks for the first 4 weeks and more frequently if the RN decides it is necessary.
3. Determine the goals met and outcomes achieved.
4. Client assessment.
5. Supervise and evaluate the performance of each delegated LTCW on the assigned nursing task for each client.
6. Document the assessment, evaluation and competency. (Nursing Visit Form).



Prohibited Nursing Tasks

- Administration of medications by injection (by muscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) except for insulin (and non-insulin injections for Diabetes)
- Sterile procedures
- Central line or IV maintenance
- Acts that require nursing judgment

Example of Delegated Tasks



Oral & topical medication administration



Eye & ear drop administration



Nasal spray administration, including Versed



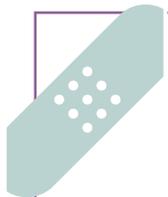
Medication & feedings via G-tubes



Insulin & non-insulin injection for diabetes



In and out urinary catheterization, sterile bladder irrigation



Clean and simple dressing changes



Oral and tracheal clean suction



Ostomy wafer change

** Reference [WAC 246-840-910-970](#) **940** has the delegation decision tree

Summary so far.....

Nurse Delegation is based on the Nursing Process

Assess

Nursing diagnosis

Plan

Implement

Evaluate

Only occurs in designated community settings (Not hospitals, jails, schools or skilled nursing facilities)

The client must be stable and predictable

LTCW must have appropriate training and credentials

RN is responsible for delegating the nursing task based on written instructions-teaching, observing, and evaluating

LTCW is responsible for performing the nursing task as instructed on written instructions

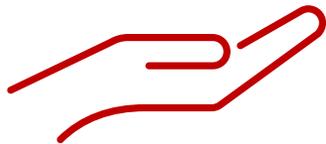
Laws and rules govern the program.



Questions and Break

LTCW tasks that are within Scope of Practice

- Personal Care Tasks
- Basic First Aid
- Medication Assistance





Personal care tasks do not require nurse delegation



EXAMPLES include:

- Medicated shampoos for **chronic** conditions
- Topical lotions that are not medication
- Antiembolism stockings (TED)
- Indwelling catheter care
- Emptying a colostomy bag
- Peri care
- Filing nails

The LTCW is certified in basic first aid



EXAMPLES include:

- Applying a bandage to a cut
- Reinforcing a bandage
- Naloxone – delegation is not required for this but can be delegated if client already has delegation in place

Medication Assistance vs. Administration

- **Medication Assistance** describes ways to help an individual take their medication and does not need delegation.
- **Medication Administration** is the way an individual receives their medication from an authorized person. This task must be delegated if it is for a LTCW to complete.

What is Medication Administration

For **Medication Administration** to take place, the resident must NOT be:

- 1. NOT** Functionally able to get the medication to where it needs to go (the last step) **AND/OR**
- 2. NOT** Cognitively aware they are receiving medications

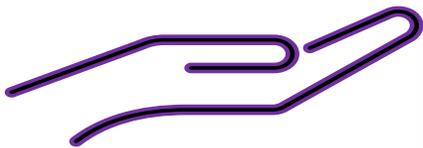
LTCW must be delegated for each medication task

.

What is Medication Assistance?

For **Medication Assistance** to take place, the resident must be both:

- Functionally able to get the medication to where it needs to go (the last step)
- Cognitively aware they are receiving medications



What medication assistance looks like

- Reminding
- Coaching
- Opening the package
- Pour out of package
- Crush if labeled correctly
- Dissolve
- Mix with food or fluid
- Use of an enabler
- Assist with enteral tube medications

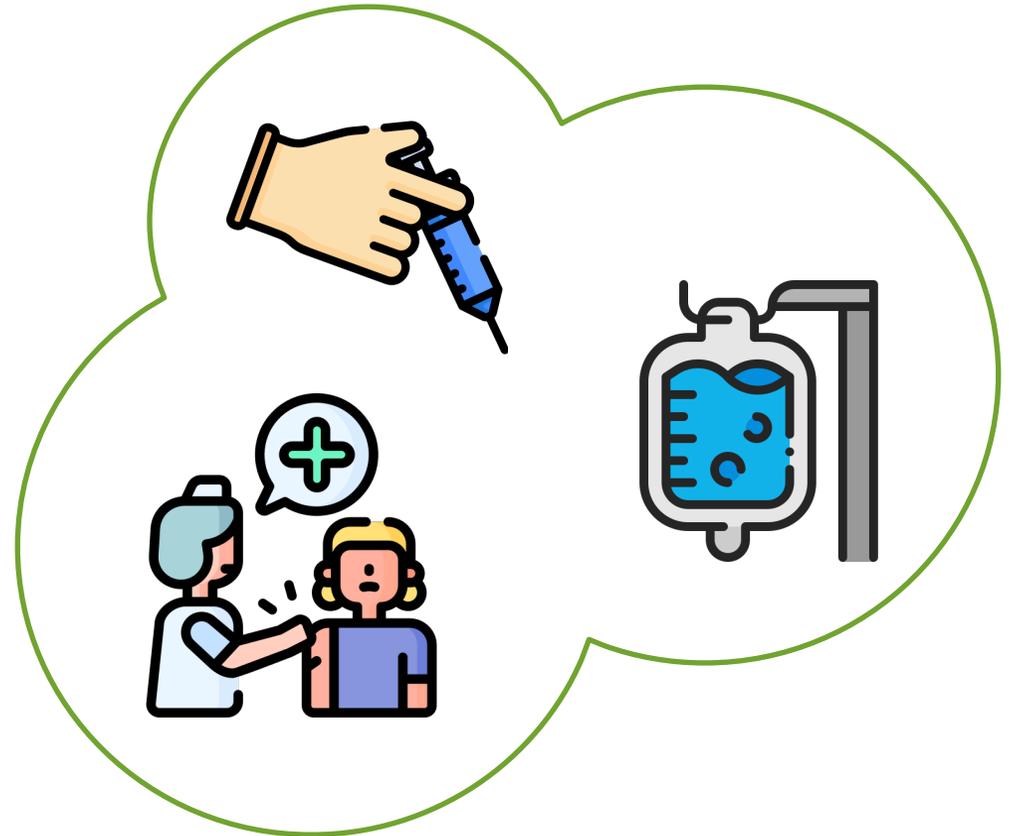
Examples of enablers:

- Cups
- Bowls
- Spoons
- Straws
- Adaptive devices

What is **not** medication assistance

Hand over hand is never allowed as an assistance

- Injectable medication
- Intravenous medications
- The **LTCW** putting it in the client's mouth, on skin, into the body via rectal, vaginal, or enteral tube route
- Medication that requires nursing judgment ** orders need specific instructions to take nursing judgment out and not all PRN medication requires delegation.



Medication Alteration



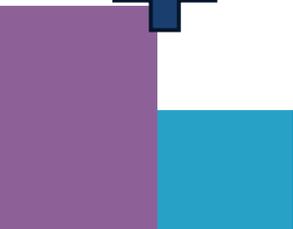
Definition from [WAC 246-945-712](#):



Alteration of a medication by a nonpractitioner to prepare a medication for an individual's self-administration and includes, but is not limited to, crushing tablets, cutting tablets in half, opening capsules, mixing powdered medications with foods or liquids, mixing tablets or capsules with foods or liquids, or altering an oral medication for administration via enteral tube.



Remember that the client maintains the right to refuse medications at any time.





DSHS Tasks that may require delegation

If the client does not fit the criteria for assistance these tasks may need delegation:

- ❖ Oxygen - oxygen is not considered a medication and would be a separate task.
- ❖ CPAP or BiPap
- ❖ Blood glucose monitoring
- ❖ COVID testing
- ❖ Narcan



Assisted Living Exception medication management



Clients who reside in an Assisted Living Facility and are unable to independently self-administer their medications may receive medication assistance from the LTCW without delegation.

The client must be physically unable to self-administer medication and the can accurately direct others to do so.

[WAC 246-945-716](#)

Self-Directed Care – The In-Home Client

- Does not require delegation
- Only occurs in private homes
- Only occurs if an IP is providing care
- Client trains and supervises the IP
- Client must be cognitively aware
 - As determined by the case manager in his/her assessment
- The client's physician must be aware the client is self-directing their care
- The IP can provide any nursing task an able-bodied person could do for themselves.

➤ [WAC: 388-825-400](tel:388-825-400)

➤ [RCW: 74.39A](#)



Form Review

ALL FORMS MUST BE LEFT WHERE RESIDENT RESIDES FOR COMPLIANCE WITH FACILITY, CONTRACT, AND RULES



Nurse Delegation Forms

Mandatory forms meet the requirements of your DSHS contract, RCW, WAC and for the community setting you delegate in.

**The facility is held accountable by DSHS to follow delegation rules and the required paperwork to keep them in compliance.*

- + 01-212 Nurse Delegation Referral Form
- + 13-678 (p. 1) Nurse Delegation Consent for Delegation Process
- + 10-217 Nurse Delegation Credentials and Training Verification

- + 14-484 Nurse Delegation Nursing Visit
- + 13-786 (p.2) Nurse Delegation Instructions for Nursing Task



Forms Continued:

+ 13-678A Nurse Delegation PRN Medication

+ 13-678B Assumption of Delegation

+ 13-680 Rescinding Delegation

+ 13-681 Change in Medical Orders

+ 06-200 Registered Nurse (RN) Delegation Billing

★ There are instructions for each form to assist

★★ **Always check for the most recent form and keep them updated to include medication lists and credentials**

[Nurse Delegation Forms Page](#)



Private Homes

» In private homes RN may set up the client's file, which includes all the following:

- ✓ Nurse delegation forms
- ✓ Assessment
- ✓ Medication orders
- ✓ Medication administration records (MAR's)
- ✓ Credentials for all delegated LTCWs





Putting It All Together

Referral

- **Referral Form**
 - Case Manager will email referral if it is a Medicaid client
 - Must be accepted and return page 1 to CM **in 2 days for HCS clients & DDOS clients**
- **Attached to the referral from CM:**
 - Copy of most recent CARE assessment
 - Including behavior support plans
 - Authorization number
 - Date of birth
 - ACES ID number
- **RNs assessment of client must be completed within 3 days of accepting the referral for HCS & DDOS.**
 - If unable to meet this deadline, it must be discussed with case manager

ND Referral Form

- Authorization number
- Client name, DOB and Diagnosis are required to bill for services.
- CARE assessment
- CM and RND will sign and date page 1 of the referral.
- The date of acceptance begins on the day signed by CM and RND.

Case / Resource Manager's Request		
1. OFFICE <input type="checkbox"/> HCS <input type="checkbox"/> AAA <input type="checkbox"/> DDA <input type="checkbox"/> Other	2. AUTHORIZATION NUMBER FOR NURSE DELEGATION	3. RN PROVIDER ONE ID
4. DATE OF REFERRAL	5. METHOD OF REFERRAL <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax	
TO:	6. NURSE DELEGATOR / AGENCY	
	7. TELEPHONE NUMBER	8. FAX NUMBER
FROM:	10. C/RM NAME / OFFICE	9. EMAIL ADDRESS
	12. TELEPHONE NUMBER	11. EMAIL ADDRESS
13. FAX NUMBER		
14. REQUIRED ATTACHMENTS (IF APPLICABLE) <input type="checkbox"/> CARE / DDA Assessment <input type="checkbox"/> PCSP / DDA <input type="checkbox"/> PBSP <input type="checkbox"/> Service Summary Plan <input type="checkbox"/> Consent (DSHS 14-012)		
Client Information		
15. CLIENT'S NAME	16. GUARDIAN'S NAME	17. ACES ID
18. CLIENT'S DATE OF BIRTH		19. TELEPHONE NUMBER
20. ADDRESS		CITY STATE ZIP CODE
21. LONG TERM CARE WORKER(S) AND/OR RESIDENTIAL PROVIDER'S NAME		
22. TELEPHONE NUMBER	23. FAX NUMBER	24. CLIENT'S / GUARDIAN'S EMAIL ADDRESS
25. CLIENT COMMUNICATION <input type="checkbox"/> This client needs an interpreter <input type="checkbox"/> Primary language needed is: <input type="checkbox"/> Deaf / HOH		
26. PRIMARY DIAGNOSIS RELATED TO DELEGATION		
27. REASON FOR RND REFERRAL		
Communicating with RND		
C/RM will OPEN Nurse Delegation Authorization prior to sending referral. C/RM may cancel authorization if form is not returned by RND.		
28. CASE/RESOURCE MANAGER'S SIGNATURE		29. DATE
30. Confirmation of Receipt of Referral and Response by Registered Nurse Delegator agency		
DATE RECEIVED	<input type="checkbox"/> Referral accepted <input type="checkbox"/> Referral not accepted <input type="checkbox"/> Nurse assigned:	
PRINTED NAME		
<input type="checkbox"/> Additional comments:		
SIGNATURE	TELEPHONE NUMBER	EMAIL ADDRESS

ND Referral Form

- Page 1 - must be completed and **returned** to the case manager in **2** business days.
- Page 2 - the ND must document the date of full systems assessment and **return** page 2 within **10** days of referral acceptance.
- ND must state if delegation was started and if not state why.
- ND has the option to provide additional information and recommendations for other resources the client may need.

Delegating Nurse's Response			
TO:	31. C/IRM NAME	32. EMAIL ADDRESS	
	33. TELEPHONE NUMBER	34. FAX NUMBER	
FROM:	35. RND NAME	36. PROVIDERONE ID	37. EMAIL ADDRESS
	38. TELEPHONE NUMBER	39. FAX NUMBER	
RE:	40. CLIENT'S NAME		
41. Nurse delegation has been started <input type="checkbox"/> Yes <input type="checkbox"/> No			42. ASSESSMENT DATE
Follow Up Information			
43. List the tasks that were delegated:			
44. <input type="checkbox"/> Nurse Delegation was not implemented. Indicate the reason and any other action taken:			
45. <input type="checkbox"/> RND suggests these other options for care:			
46. RND ADDITIONAL COMMENTS			
47. NURSE DELEGATOR'S SIGNATURE			48. DATE



- ❑ Obtain the client or the clients legal authorized representative informed consent for delegation.
- ❑ Consent is required before initiating delegation. RND must also sign the form.
- ❑ Verbal legal consent is good for 30 days. You must document this.
 - After 30 days you must have a client or representative sign the consent form (may have electronic signature).
- ❑ Consent only needs to be gathered one time, at the start of delegation.
 - ND may get another consent signed if the client authorized representative changes.
 - If assuming a case the new RN can create a new consent to verify and explain the delegation process.





Informed Consent Form

➤ MUST have consent at the beginning of delegation from client or client's legal representative

➤ [DSHS form 13-678-page 1 Nurse Delegation: Consent for Nurse Delegation Process](#)



Nurse Delegation: Consent for Delegation Process

1. CLIENT NAME		2. ACES CLIENT ID NUMBER		3. DATE OF BIRTH	
4. CLIENT ADDRESS			CITY	STATE	5. TELEPHONE NUMBER
6. CLIENT DIAGNOSIS					
7. CLIENT ALLERGIES					
8. FACILITY OR PROGRAM CONTACT				9. TELEPHONE NUMBER	
10. FAX NUMBER			11. EMAIL ADDRESS		
12. SETTING					
<input type="checkbox"/> DSHS Certified Community Residential Program for Developmentally Disabled <input type="checkbox"/> Licensed Adult Family Home <input type="checkbox"/> Licensed Assisted Living Facilities <input type="checkbox"/> Private Home					
13. HEALTH CARE PROVIDER				14. TELEPHONE NUMBER	
Consent for the Delegation Process					
<p>I have been informed the delegating Registered Nurse (RN) will only delegate to Long Term Care Workers (LTCW) who are capable and willing to properly perform the delegated nursing task(s). The LTCW must have an active Nursing Assistant or Home Care Aide - Certified credential. Nurse delegation will only occur after the delegating RN has assessed the ability of the Nursing Assistant or Home Care Aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision and has completed required Department of Social and Health Services training per RCW 18.79.260 and WAC 248-840-930.</p> <p>I further understand that the following task(s) may never be delegated per WAC 248-840-910:</p> <ul style="list-style-type: none"> • Administration of medications by injections (IM, Sub Q, IV) except insulin injections. • Sterile procedures. • Central line maintenance. • Acts that require nursing judgment <p style="text-align: center;">If verbal consent is obtained, written consent is required within 30 days of verbal consent.</p>					
15. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE			16. TELEPHONE NUMBER		17. DATE
18. VERBAL CONSENT OBTAINED FROM		19. RELATIONSHIP TO CLIENT			20. DATE
My signature below indicates that I have assessed this client and found his/her condition to be stable and predictable. I agree to provide nurse delegation per RCW 18.79 and WAC 248-840-910 through 970.					
21. DELEGATION RN NAME - PRINT				22. TELEPHONE NUMBER	
23. DELEGATION RN SIGNATURE				24. DATE	

To report Nurse Delegation concerns, call the DSHS Complaint Resolution Unit Toll-free Hotline 1-800-562-6078

DISTRIBUTION: Copy in client chart and in RND file

LTCW Credential and Training Verification

[Link to DOH site:](#)

[Credential Check Search](#)

All LTCW's must have an active credential verification and number **before** being delegated.



Nurse Delegation: Credentials and Training Verification

1. LONG TERM CARE WORKER'S (LTCW) NAME (PRINT)

2. Credential Verification

Attach a copy of internet Provider Credential Search

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProviderCredentialSearch>.

OR COMPLETE THE FOLLOWING

Washington State Certificate / Registration Number for _____

NAR NAC HCA – C Expiration Date: _____

3. Training Verification

NAR

**Non-exempt LTCW
(employed after January 7, 2012 (HCS) and January 1, 2016 (DDA)):**

9 hour ND for nursing assistants Date: _____

3 hour special focus on diabetes Date: _____

Basic training:

HCS – 40 hours basic training Date: _____

DDA – 40 hour CORE basic Date: _____

Exempt LTCW

**(employed one day from January 1, 2011 – January 6, 2012 (HCS) or
employed prior to January 1, 2016 (DDA)):**

9 hour ND for nursing assistants Date: _____

3 hour special focus on diabetes Date: _____

Basic training:

HCS – Fundamentals of Care (FOC) Date: _____

HCS – Revised Fundamentals of Care (RFOC) Date: _____

DDA – 32 hour letter Date: _____

NAC and HCA-C

9 hour ND for nursing assistants

Date: _____

3 hour special focus on diabetes

Date: _____

4. Exempt Long Term Care Workers

The HCS LTCW employed one day between **January 1, 2011 and January 6, 2012** and the DDA LTCW employed any time prior to **January 1, 2016** should have a letter from the employer who employed them stating they have completed the basic training requirements in effect on the date of his or her hire. The Registered Nurse Delegator must obtain proof of employment prior to delegation of an exempt LTCW.

Letter of employment verification type: _____ Date of verification: _____

5. Notes

Credentials and Training

- Complete training and credentials form for new client, new LTCW, and when there are changes to LTCW credentials and training.
- Check credentials for all delegated LTCW's at every supervisory visit or as needed.
- Ensure documentation for:
 - Current credentials
 - Verification of exempt LTCW letter of employment
 - All required training



Updated Form will be published
by the end of July 2025



Certificate of Training

RND Must have:

- ✓The name of the student
- ✓The title of the training as approved by the department
- ✓The number of hours of the training
- ✓The name and identification number of the training entity
- ✓The instructor's name
- ✓The instructor's signature or an authorized signature from the training entity the qualified instructor is training on behalf of
- ✓ The completion date of the training
 - **Watermark and border
 - *** Please keep a copy of certificate or transcript for your files

Physical Assessment

Documented Full
systems nursing
assessment

Currently no
standardized form
required. Must use
their own form

Assessment must be
completed on initial
delegation visit and at
each 90-day
supervisory visit

Registered Nurse
Scope of Practice



Nursing Task Sheet

[Nurse Delegation: Instructions for Nursing Task #13-786 page 2](#)

- Documentation of the instructions given to the LTCW.
- Be specific when giving examples of side effects and steps to perform task.
- There should be a task sheet for each individual task for example oral and topical medication.
- Must have clear description of the procedure or steps to follow to perform the task.
- Instruct on how to document task in patient's record.

Washington State Department of Social & Health Services Transforming lives				
Nurse Delegation: Instructions for Nursing Task				
1. CLIENT NAME	2. ACES CLIENT ID NUMBER	3. DATE OF BIRTH	4. ID / SETTING (OPTIONAL)	5. DATE TASK DELEGATED
6. DELEGATED TASK AND EXPECTED OUTCOME				
Complete 6 and 7 only if medication(s) delegated:				
7. LIST SPECIFIC MEDICATION(S), DOSAGES AND FREQUENCY OF MEDICATIONS DELEGATED ON THIS DATE (<input type="checkbox"/> CHECK HERE IF ADDITIONAL FORM ATTACHED.)			8. VERIFICATION OF DELEGATED MEDICATION DATE	
			NAME / TITLE	
			METHOD OF VERIFICATION	
9. STEPS TO PERFORM THE TASK: <input type="checkbox"/> Check here if additional teaching aide(s) attached.				
Report Side Effects or Unexpected Outcomes To:				
10. RND NAME (PRINT)			11. TELEPHONE NUMBER	
12. WHAT TO REPORT TO RND				
13. HEALTH CARE PROVIDER NAME			14. TELEPHONE NUMBER	
15. WHAT TO REPORT TO HEALTH CARE PROVIDER				
16. WHAT TO REPORT TO 911				
17. RND SIGNATURE			18. DATE	
19. FOR CONSUMER DIRECTED EMPLOYER: INDIVIDUAL PROVIDER'S (IP) NAME			20. PROVIDER ONE NUMBER	
Call RND when:				
<ul style="list-style-type: none">• Medications change• New orders received• Client dies		<ul style="list-style-type: none">• Client is admitted to ER, hospital, or SNF• Client moves• Client condition changes• Problem / unable to perform nursing task.		

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

DISTRIBUTION: Copy in client chart and in RND file



Nursing Task sheet

Documentation must be client specific and include:

- Rationale for delegating the task
- Nature of condition requiring treatment and purpose of the task
- Predictable outcomes of the nursing task and how to effectively deal with them
- Risk of treatment and interactions of prescribed medications

How to observe and report potential side effects or unexpected outcomes including:

- When to notify the RN for side effects or unexpected outcomes
- When to notify primary care provider for side effects or unexpected outcomes
- When to notify 911

****Must provide RND and Health Care Provider contact information on task sheet.**

Nurse Delegation: Nursing Visit

1. CLIENT NAME [REDACTED]		2. ACES ID NUMBER [REDACTED]		3. DATE OF BIRTH [REDACTED]		4. SETTING <input type="checkbox"/> AFH <input type="checkbox"/> DDA <input type="checkbox"/> In-home <input type="checkbox"/> Other: [REDACTED]	
5. CHECK ALL THAT APPLY <input type="checkbox"/> Client Assessment (See attached) <input type="checkbox"/> Supervisory Visit <input type="checkbox"/> Initial Caregiver Delegation <input type="checkbox"/> Condition Change <input type="checkbox"/> Initial Insulin Delegation <input type="checkbox"/> Other: [REDACTED]							
6. CLIENT REQUIRES NURSE DELEGATION FOR THESE TASK(S): [REDACTED] RELATED TO: [REDACTED]							
7. REVIEW OF SYSTEMS: ONLY CHECK CHANGES IN CONDITION FROM LAST ASSESSMENT (SEE ATTACHED, IF APPLICABLE) <input type="checkbox"/> No Change <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Diet / Weight / Nutrition <input type="checkbox"/> Neurological <input type="checkbox"/> GU / Reproductive <input type="checkbox"/> GI <input type="checkbox"/> Respiratory <input type="checkbox"/> Endocrine <input type="checkbox"/> ADL <input type="checkbox"/> Sensory <input type="checkbox"/> Pain <input type="checkbox"/> Integumentary <input type="checkbox"/> Psych / Social <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cognition <input type="checkbox"/> Other: [REDACTED]							
8. Notes							
9. Long Term Care Worker (LTCW) Training / Competency (Check or date all that apply)							
A. LTCW EVALUATED	B. OBSERVATION OR DEMONSTRATION	C. VERBAL DESCRIPTION	D. RECORD REVIEW	E. TRAINING NEEDED COMPLETED		F. OTHER (SPECIFY)	G. ACTIVE CREDENTIAL
1) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. <input type="checkbox"/> Check here if additional notes / LTCW name on page 2.							
11. <input type="checkbox"/> Client stable and predictable <input type="checkbox"/> Continue delegation <input type="checkbox"/> See rescind form							
I have verified, informed, taught and instructed the LTCW(s) to perform the delegated task(s). The LTCW(s) verified responsibility for performing the listed task as delegated. The LTCW(s) has been given the information on how to contact the delegating RN if they are no longer able or willing to do the listed task(s), client's health care orders change, and/or client's condition changes.							
12. RND SIGNATURE [REDACTED]						13. DATE [REDACTED]	
14. RETURN VISIT ON OR BEFORE [REDACTED]							

14-484 Nurse Delegation Nursing Visit



- Assessment
- Supervisory 90-day visits
- Change in condition
- Change in delegated task
- Delegation to new LTCW or new task
- LTCW competency and training record
- Notes for documentation of specific client needs or training

The nursing visit form is the most widely used form and is essentially like your progress note.



To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

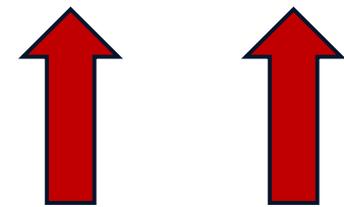
DISTRIBUTION: Copy in client chart and in RND file

1. CLIENT NAME		2. ACES CLIENT ID NUMBER	3. DATE OF BIRTH	4. SETTING
5. FACILITY OR PROGRAM NAME			6. TELEPHONE NUMBER	
7. Reason for Rescinding: (Check all that apply)				
<input type="checkbox"/> A. Client died	<input type="checkbox"/> E. NA not competent	<input type="checkbox"/> J. Rescinding facility including clients and nurse assistant		
<input type="checkbox"/> B. Client's condition is no longer stable and predictable	<input type="checkbox"/> R. NA not willing	<input type="checkbox"/> K. Other (specify)		
<input type="checkbox"/> C. Frequent staff turnover	<input type="checkbox"/> G. NA credential expired			
<input type="checkbox"/> D. Client / authorized representative requested	<input type="checkbox"/> H. NA No longer working with client			
<input type="checkbox"/> I. Client safety compromised				
8. NAMES OF CAREGIVERS	9. MEDICATIONS AND TREATMENTS RESCINDED	10. NOTES		
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11. NAME OF CASE MANAGER NOTIFIED		12. METHOD OF NOTIFICATION <input type="checkbox"/> Telephone <input type="checkbox"/> Email		13. DATE
14. ALTERNATIVE PLAN FOR CONTINUING THE TASK				
15. RND SIGNATURE				16. DATE

13-680 Rescinding Delegation

- Document date you rescinded
- Who you rescinded to
- Why client was rescinded
- RN to "assist with transition to initiate and participate in safe transition for client, family members, and caregivers"

This is when the delegating RN liability is transferred to the other RN

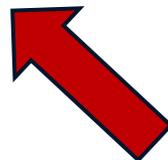




Assumption Form

- 13-678B Assumption of Delegation
- This is used when the RN assumes a client from another RND, the assumption form to verifies date assumed
- Documentation of the reason why assumption occurred.

This is the date the new RN will assume liability



Nurse Delegation: Assumption of Delegation

1. CLIENT NAME [REDACTED]	2. ACES ID [REDACTED]	3. DATE OF BIRTH [REDACTED]	4. SETTING [REDACTED]
5. FACILITY OR PROGRAM NAME [REDACTED]			6. TELEPHONE NUMBER [REDACTED]
7. REASON FOR ASSUMING DELEGATION [REDACTED]			
I agree that I know the client through my assessment, the plan of care, the skills of the Long Term Care Worker(s) (LTCW), and the delegated task(s). I agree to assume responsibility and accountability for the delegated task(s) and to perform the nursing supervision. I have informed the client and/or authorized representative of this change. I have informed the LTCW, case manager, and client of this change.			
8. RND SIGNATURE [REDACTED]			9. DATE [REDACTED]

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

DISTRIBUTION: Copy in client chart and in RND file

NURSE DELEGATION: ASSUMPTION OF DELEGATION
DSHS 13-678B (REV. 09/2021)

Instructions for Completing Nurse Delegation: Assumption of Delegation

All fields are required unless indicated "OPTIONAL".

1. Client Name: Enter ND client's name (last name, first name).
2. ACES ID: Enter client's ACES Identification number.
3. Date of Birth: Enter ND client's date of birth (month, day, year).
4. ID Setting: OPTIONAL – Enter client's ID number as assigned by your business OR enter settings "AFH", "ALF", DDA Program, ...



Change in Medical Order

- 13-681 Nurse Delegation: Change in Medical Order
- Used to instruct the LTCW regarding medication or treatment changes.
- Must be specific to client.
- Do not leave 22 and 23 incomplete
- Check box 31 or 32.



7070 & Health Services Transforming lives				Change in Medical / Treatment Orders			
1. CLIENT NAME		2. ACES ID NUMBER		3. DATE OF BIRTH		4. SETTING	
5. DATE RND WAS NOTIFIED		6. BY WHOM		7. CHANGES IN ORDER(S) <input type="checkbox"/> New med. <input type="checkbox"/> Change in a delegated med <input type="checkbox"/> New nursing task <input type="checkbox"/> Change in a nursing task			
8. HOW WAS THE CHANGE RECEIVED? <input type="checkbox"/> Written <input type="checkbox"/> Faxed <input type="checkbox"/> Verbal						9. EFFECTIVE DATE OF CHANGE	
10. Only Complete if number 7 was a verbal order.							
NAME OF PERSON PROVIDING VERIFICATION			TITLE OF PERSON PROVIDING VERIFICATION			DATE OF VERIFICATION	
11. NURSING TASK(S) <input type="checkbox"/> New task(s) sheet required <input type="checkbox"/> Current task(s) sheets(s) updated <input type="checkbox"/> No change to task(s) sheet(s) NURSING TASK / ORDER							
12. This medication(s) is: <input type="checkbox"/> New <input type="checkbox"/> Changed							
13. DATE ORDERED		14. NAME OF MEDICATION			15. START DATE		16. STOP DATE (IF APPLICABLE)
17. STRENGTH/DOSE		18. MEDICATION FREQUENCY		19. ROUTE		20. NOT TO EXCEED	
21. REASON FOR MEDICATION							
Optional Task Sheet: (21 – 29)							
22. STEPS TO PERFORM THE NEW TASK <input type="checkbox"/> CHECK IF TEACHING AID ATTACHED							
23. EXPECTED OUTCOME OF DELEGATED TASK							
Report side effects or unexpected outcomes to:							
24. RND NAME (PRINT)						25. TELEPHONE NUMBER	
26. WHAT TO REPORT TO RND							
27. HEALTH CARE PROVIDER						28. TELEPHONE NUMBER	
29. WHAT TO REPORT TO HEALTH CARE PROVIDER							
30. WHAT TO REPORT TO EMERGENCY SERVICES, 911							
Select Only One of the Following							
31. <input type="checkbox"/> Delegate immediately. No site visit required. The above order and instructions have been communicated to the delegated Long Term Care Worker(s) (LTCW) and this form should be added to the client's chart. OR							
32. <input type="checkbox"/> A site visit is required for training or assessment prior to delegation. The LTCW(s) may not perform the task until the site visit is completed.							
33. RND SIGNATURE						34. DATE	



PRN Medication

- 13-678A Nurse Delegation: PRN Medication
- Used when there are changes or additional medications
- Must be specific to client.
- Include all information

➤ [WAC 246-840-930](#)

1. CLIENT NAME		2. ACES ID NUMBER	3. DATE OF BIRTH	4. SETTING
Order 1				
5. DATE ORDERED	6. NAME OF MEDICATION	7. DOSE / FREQUENCY	8. ROUTE	
9. NOT TO EXCEED	10. REASON FOR MEDICATION			
11. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN				
12. NOTES				
13. RN DELEGATOR'S SIGNATURE			14. DATE	
Order 2				
5. DATE ORDERED	6. NAME OF MEDICATION	7. DOSE / FREQUENCY	8. ROUTE	
9. NOT TO EXCEED	10. REASON FOR MEDICATION			
11. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN				
12. NOTES				
13. RN DELEGATOR'S SIGNATURE			14. DATE	
Order 3				
5. DATE ORDERED	6. NAME OF MEDICATION	7. DOSE / FREQUENCY	8. ROUTE	
9. NOT TO EXCEED	10. REASON FOR MEDICATION			
11. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN				
12. NOTES				
13. RN DELEGATOR'S SIGNATURE			14. DATE	

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

DISTRIBUTION: Copy in client chart and in RND file

Nursing Services and Skin Observation Protocol (SOP)

As an RND, you may find that you are asked and referred to do a Skin Observation Protocol visit and Nursing Services visit

This is not a delegated task and has a separate billing code

These forms are only used for SOP

- HCS Referral Form 13-776
- DDA Referral Form 13-911
- Basic Assessment Form 13-784
- Skin Assessment Form 13-780
- Pressure Injury Assessment 13-783

➤ **Forms can be found on [DSHS Forms page](#)**

Contracts are on hold until 1/2026

Getting Started as Contracted Nurse Delegator

- For CONTRACTING with DSHS you will be required to have the following:
- Active WA state or Multi State unincumbered RN license
- Must have a minimum of 2-years nursing experience
- You will open your own business in WA state
- General/Professional liability insurance is required for the business
- DSHS Background Check every 2 years (must not have a disqualifying crime)
- For Medicaid clients you will have an account initiated through our contracting process with Health Care Authority for Medicaid payment. The contractor is solely paid State Medicaid funds for services provided delegating a LTCW.
- We require a resume and 2 professional recommendations



The contract packet is received by request from the Program after RNDO.

Responsibilities by Entity Role

- Contracted RN responsibilities
- Case manager responsibilities
- ND program manager responsibilities





Contracted Delegator Responsibilities

- Documentation of when, how, and from whom referral was received.
- If necessary, you may arrange interpreter services with CM.
- Return page 1 of referral to case manager within 2 working days.
- Assess client within 3 working days of receiving the referral.
- Return completed page 2 of referral to CM in 10 days
- Notify the CM if there is a change in client condition or nursing task delegated.
- Notify CM if rescinding or assuming a caseload by following rules



More Contracted RN...

- Maintain duplicate copies of all ND files for 6 years.
- ND records are part of the client medical record, and the documents must be kept with the client where they reside
- Send client files to case managers as requested.
- Send client files to program managers if requested.
- If client resides in a private home, set up client chart.
- Teach LTCW how to safely perform the nursing task.
- Maintain a current RN license, business license, and liability insurance.
- Report suspected abuse or neglect.

Document Document Document

Most of all this Protects your client

Your documentation supports YOU

Your Nursing Practice

Your Liability

Your Business

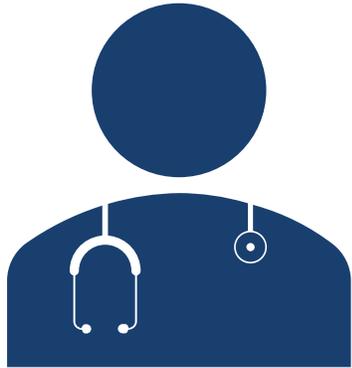
Your Contract

Case Manager Responsibilities

- Sends referral to RN with current CARE assessment. Or Positive Behavior Support Plan (DDCS).
- They may authorize payment for 12 months.
- Document all delegation information in records
- Communicate changes in client condition and/or eligibility.
- The CM helps coordinate care and resources for the client and the RN can reach out to the CM for issues



Program Manager Responsibilities



- Resource for all contracted RNDs.
- Resource for RNs in the state of WA regarding delegation.
- Resource for CMs in the state of WA.
- Provides follow up and investigations on all delegation complaints or concerns with contracted nurses.
- Contract procurement.
- Maintains contracted RN records.
- Contract auditing and monitoring on all contracted RNs.
- Delegation training statewide.

Program Contract Monitor

- Contract procurement which includes:
 - Sending and Reviewing contract application
 - Following up with the application
 - Contract auditing which includes but is not limited to:
 - Sending letters via email
 - Filing and reviewing all RND documents
 - Initiating meetings as needed
 - Corrective action plan (CAP) review
 - Follow up of CAP
 - Collaborates with Program Manager (PM) with all the above
 - Collaborates with PM regarding complaints and concern notification and follow up
- So many other things too!



DSHS

WASHINGTON STATE
Department of Social
and Health Services

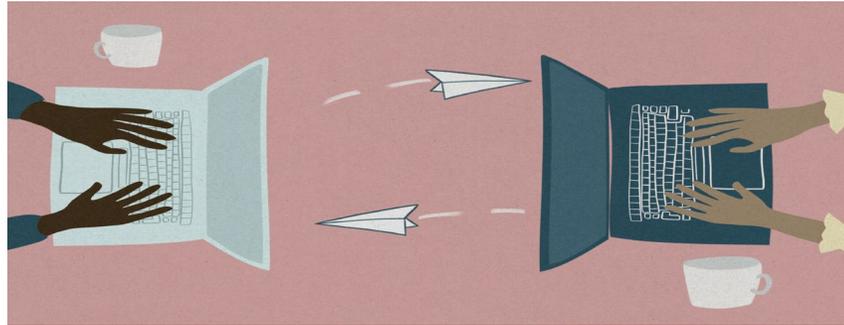
Home and Community Services
(HCS)

Area Agency on Aging (AAA)

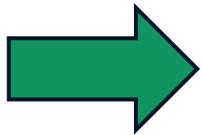
Developmental Disabilities
Administration (DDCS)

Keep in mind - your referral will come from the case managers. The referring CM may be the one to get the process started but is not necessarily the CM that will follow the resident after placement. If there is difficulty contacting CM, email PM unit manager.

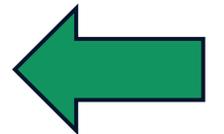
- Contact Case Manager's in your area HCS and DDCS office
- Develop marketing materials



- Contact other RN delegators in your community
- Attend bi-monthly contractor meetings



You must market your business yourself to gain clients

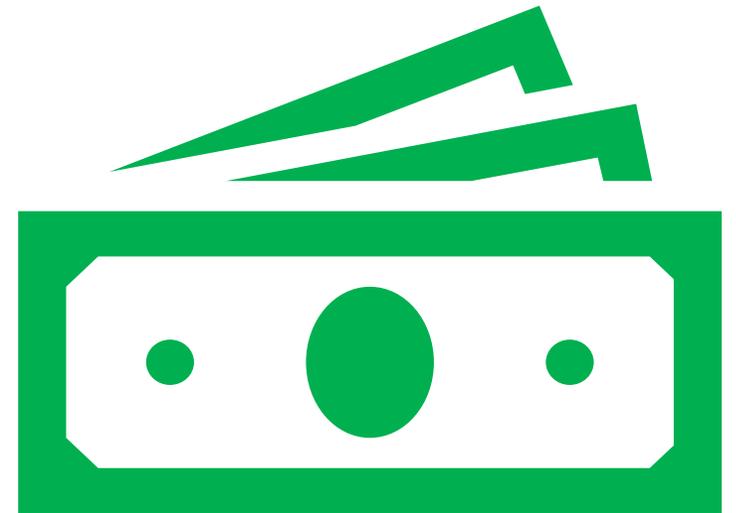


What can I be paid for through billing?

- Assessment and Training
- Collateral Contact Communication
- Travel time
- Documentation time
- Billing time



The contractor can only be paid for delegating tasks, not performing the task



Billing information

- » Billing is submitted by contractor via Provider One system through Health Care Authority.
- » HCS and DDCS clients are authorized:
 - 100 units per month x 12 months
 - **Over 100 units the RN must complete an additional unit request outlining rationale and time.
 - RND must use:
[Request for additional unit form](#)



Payment for Services

Per contract RN delegators **must** track the time billed and for what purpose

Billing is done in units

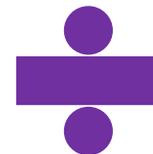
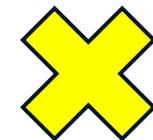
1 unit= 15 minutes

4 units= 1 hour

Current rates:\$12.86 per unit/\$51.44 an hour for Individual/Sole Proprietor RN

\$15.43 per unit/61.72 an hour for Home Health Agency Contracted RN

[Link For Billing Tutorial](#)





Example Billing Form

- Track units in category
- Add units based on your billing schedule
- This form can be edited to your needs
- Easier for providing support for your services billed when requested or audited.



Washington State
Department of Social
& Health Services
Transforming lives

Registered Nurse (RN) Delegation Billing

Taxonomy: _____ Service Code: **H2014** 1 Unit = 15 minutes

NPI NUMBER

BILLING MONTH

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL					
CLIENT'S NAME																DATE OF BIRTH											ICD-10 CODE										
ASSESSMENT / TRAINING																																		0			
COLLATERAL CONTACT																																	0				
TRAVEL TIME																																	0				
DOCUMENTATION																																	0				
BILLING																																	0				
CLIENT'S NAME																DATE OF BIRTH											ICD-10 CODE										
ASSESSMENT / TRAINING																																	0				
COLLATERAL CONTACT																																	0				
TRAVEL TIME																																	0				
DOCUMENTATION																																	0				
BILLING																																	0				
CLIENT'S NAME																DATE OF BIRTH											ICD-10 CODE										
ASSESSMENT / TRAINING																																	0				
COLLATERAL CONTACT																																	0				
TRAVEL TIME																																	0				
DOCUMENTATION																																	0				
BILLING																																	0				
CLIENT'S NAME																DATE OF BIRTH											ICD-10 CODE										
ASSESSMENT / TRAINING																																	0				
COLLATERAL CONTACT																																	0				
TRAVEL TIME																																	0				

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Summary

- » RCWs and WACs are the same for all community based residential clients receiving delegation whether Medicaid or not.
- » Nurse delegation is based on the nursing process.
- » **Communication** is the key to having a successful business.
- » DOCUMENTATION supports you and your practice
- » YOU are the business owner and are responsible for all WA state business requirements
- » Delegating is specific to one client, one caregiver and one RN.

This is a lot of information. Save the website and the handouts for your reference:

[Nurse Delegation website](#) and [WABON website](#)



It takes a
village to
assist the
vulnerable
people we
serve.

Thank you for
being part of
the village!

Program Contacts

Nursedelegation@dshs.wa.gov

Janet.wakefield@dshs.wa.gov

Troy.omalley1@dshs.wa.gov

