
COMMUNITY NURSE DELEGATION ORIENTATION 2024



AGENDA



🕒 9:00 AM Welcome and Introduction

- Overview of Community ND
- Settings for Nurse Delegation

🕒 11:00 – 11:10 BREAK

- Nurse Delegation and Nursing Process
- When delegation may not be necessary

🕒 12:00 – 1:00 LUNCH

- Medication assistance & administration

🕒 2:00 – 2:10 BREAK

- Form review and billing
- Responsibilities of RND/CM/PM

Wrapping it all up for contracting

- Questions and evaluation

“The beginning is the most important part of work.” – Plato

Nurse Delegation Contacts:

Janet Wakefield RN

Nurse Delegation Program Manager

360-725-2450

Janet.Wakefield@dshs.wa.gov

nursedelegation@dshs.wa.gov

Erika Parada RN

DDA Nursing Services Unit Manager

253-448-7079

Erika.Parada@dshs.wa.gov

Alia Granger

Management Analyst Office of Wellbeing,
Improvement and Nursing

Alia.Granger@dshs.wa.gov

WELCOME



- **Please mute your cell phone while in the training.**
- **Full class participation required for certificate.**
- **Certificates to be issued after class today. Please keep copy for your records.**

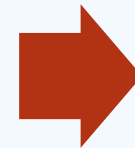


Community Nurse Delegation Program

Under Washington State law, Long Term Care Workers 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 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.

Contracted Nurse Delegators

For contracting with DSHS you will be required to have the following:

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

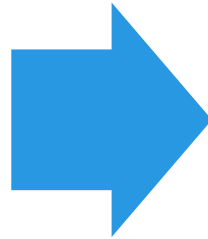
Program Description

The RN will:

- ★ 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.

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

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



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](#) (formerly 246-888) there were no changes to the rule, however the Pharmacy Board changed the WAC as it is written. ** [WSR 23-15-017](#)
- [ALTSA Long Term Care Manual Chapter 13](#)
- [DDA Policy 6.15](#)



RCW and WAC Resources

★ 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

* These are all active links directly to the site



Agencies Supporting Nurse Delegation

- ★ **HCS:** Home and Community Services
- ★ **DDA:** Developmental Disabilities Administration
- ★ **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

Acronyms

- 📌 **CARE Assessment:** ADL focused assessment 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
- 📌 **ROI:** Release of Information or DSHS agency consent



Nurse Delegation Program from the Beginning



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.

AL TSA/HCS 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

May be cared for
by an individual
provider (IP) or
agency
provider (AP)

Contracted RND
paid to delegate IP



DDA Settings – 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 with DOH
- ✓ Completed Basic Core training

➤ All LTCW must have Nurse Delegation Core training certificate or transcript

➤ All LTCW must have the Nurse Delegation Special Focus on Diabetes certificate or transcript if administering insulin.

Mandatory for Delegation of LTCW

- LTCW **must** have an **active** credential with DOH to be delegated
- [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**
- Verify that the nursing assistant or home care aide:
 - a. Is currently Registered or Certified as a Nursing Assistant or Home Care aide in Washington state without restrictions.
 - b. Has completed the Nurse Delegation for Caregiver's core training
 - c. If administering insulin, the Special Focus on Diabetes training

Additional references:

Individuals exempt from obtaining a home care aide certification.

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

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 Services and Programs

- [WAC 388-71](#) Home Care Aide Rules

** Dear Provider Letter for Training Deadlines [WSR 023-1013.1 PDF](#)

Nurse Delegation and Nursing Process

5 Steps in the Nursing Process

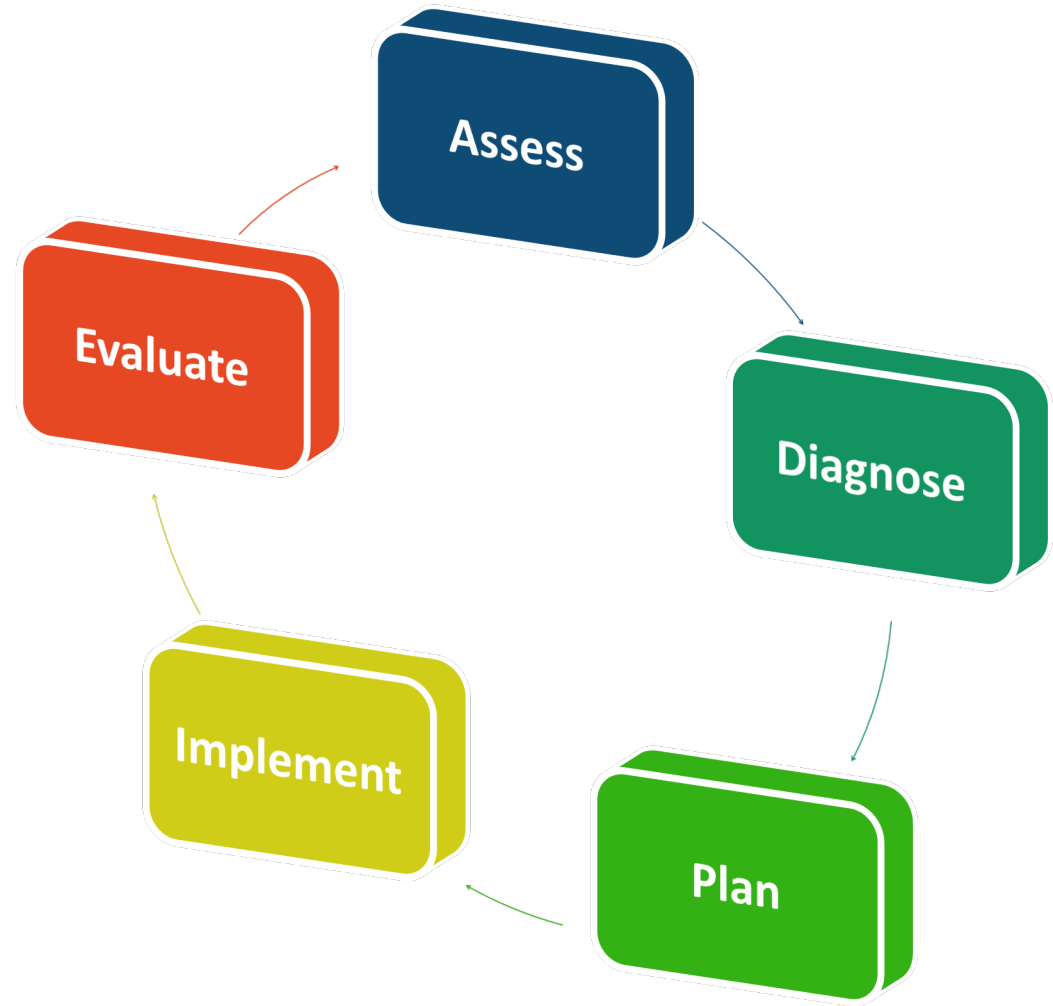
1. Assessment

2. Nursing Diagnosis

3. Planning

4. Implementing

5. Evaluating



Assessment

Gather information about the client's condition

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.

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.





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

- 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.**
- Obtain ND Consent for Delegation Process - DSHS form 13-678 page 1
- Complete Credentials and Training Verification - DSHS form 10-217
- Assessment (the department does not have a standardized form for assessment. Assessment is required.
- Instructions for Nursing Task – DSHS form 13-678 page 2
- Nurse Visit form 14-484



Evaluation

- Evaluation occurs ongoing and nursing visit must be completed at least every 90 days with the Nursing Visit Form
- Determine the goals met and outcomes achieved
- Client assessment
- Supervise and evaluate the performance of each delegated LTCW on the assigned nursing task for each client.
- 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

RND Delegated Task List- EXAMPLES

- | | |
|-------------------------------------|--|
| • Oral medication administration | • Insulin administration |
| • Topical medication administration | • Non-insulin injection for Diabetes |
| • Eye drop administration | • In and out urinary catheterization |
| • Ear drop administration | • Clean suction – oral and tracheal |
| • Nasal spray administration | • Non-sterile bladder irrigation |
| • Medications/feedings via G-tubes | • Vagal Nerve Stimulators |
| • Nasal Versed administration | • Clean and Simple dressing changes |
| • Blood glucose monitoring for DM | • 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



Questions?



When Delegation Might **NOT** be Needed

- Personal care
- Basic first aid
- Medication assistance
- Self-directed care



Washington State Department of Social and Health Services





Personal Care Task

- Medicated shampoos for **chronic** conditions (if **acute** condition such as a wound on the head it would require delegation)
- Chlorohexidine mouth rinse
- Topical lotions (if medicated use nurse judgment to delegate if needed)
- Indwelling catheter care
- Antiembolism stockings (TED)
- Emptying a colostomy bag
- Peri care
- Filing nails



First Aid

- ❖ Applying a bandage to a cut
- ❖ Reinforcing a bandage
- ❖ Administering Epinephrine
- ❖ *Naloxone – delegation is not necessary for this task the DOH standing order and NCQAC advisory opinion on opioid reversal refer to this*

[Statewide Standing Order To Dispense Naloxone](#)

[NCQAC Prevention and Treatment of Opioid-related Overdoses Advisory Opinion](#)



Medication Assistance vs. Medication Administration

The distinction between these 2 ways for individuals to receive medication is critical in determining to delegate to LTCW or not.

- **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

- When the client is not functionally able and/or not cognitively aware they are receiving medications, the LTCW is authorized to do so with delegation of the medication.
- The LTCW must be delegated for each task.
- Administration required must be documented in the assessment.

Medication Assistance

- Rules written by the Board of Pharmacy : WAC 246-945 (WAC 246-888-020 was rewritten but not changed)

[DOH Emergency Rule-making order](#)

- Describes ways to help an individual take their medications:

Remind

Coach

Open

Pour


Crush

Dissolve

Use of an enabler

Mix with food or liquids





Medication Assistance continued

For medication assistance to take place, the client must be both:

- **Functionally** able to get the medication to where it needs to go (the last step)

For example:

- Medication to mouth
 - Ointment on back
- **Cognitively** aware he/she is receiving medications
 - Doesn't need to know the name of the medication
 - Intended side effect

If client is not functionally able to take medications and cognitively aware he/she is receiving medications, the medication must be administered by a person authorized to do so.

Delegation may be appropriate.

Medication Assistance continued

- Client must be in a community setting
- If medications are crushed or dissolved it must be noted on a physician or pharmacy order and client aware
- Examples enablers:
 - Cups
 - Bowls
 - Spoons
 - Straws
 - Adaptive devices
- Hand over hand is never allowed as an assistance
- **Client maintains the right to refuse medications at any time.**



What can be covered under medication assistance?

- Oral medication administration
- Topical medication administration
- Ophthalmic medication administration
- Medications via G-Tubes
- Assistance with handing prefilled insulin syringes to the client
- Dialing the dose on an insulin pen
- Placing the needle on the end of an insulin pen



What is NOT Covered Under Medication Assistance?

- Injectable medication
- Intravenous medications
- Medication that requires nursing judgment
- Oxygen administration (Oxygen is not considered a medication and would be a task)

Assisted Living Exception Rule

- **Clients who reside in an assisted living facility who are unable to independently self-administer their medications may receive medication assistance from the LTCW.**
 - The client must be physically unable to self-administer medication and the can accurately direct others to do so.

This is not the same as Self-Directed Care for In-home clients

- WAC 246-945-712 Self-administration with assistance, independent self-administration, and medication administration.

[Medication Assistance Emergency Rules WSR 23-15-017](#)

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.

[RCW: 388-825-400](https://www.wa.gov/RCW/388-825-400)

[RCW: 74.39A](https://www.wa.gov/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 are to meet the requirements of your DSHS contract and for the 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](#)
- ✦ [13-786 \(p.2\) Nurse Delegation Instructions for Nursing Task](#)
- ✦ [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](#)
- ✦ [10-448 Nurse Delegation: Contract Monitoring Chart Audit](#)
- ✦ [06-200 Registered Nurse \(RN\) Delegation Billing](#)

★ 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

Washington State Department of
Social and Health Services

Referral

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



Referral Form

- Nurse Delegation Referral Form
- Authorization number, client name/information, and DOB are **REQUIRED** to bill for services.
- CARE assessment and Release of Information (ROI) will be attached.
- 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:	9. EMAIL ADDRESS	
	10. C/RM NAME / OFFICE	11. EMAIL ADDRESS
12. TELEPHONE NUMBER		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

Referral Form

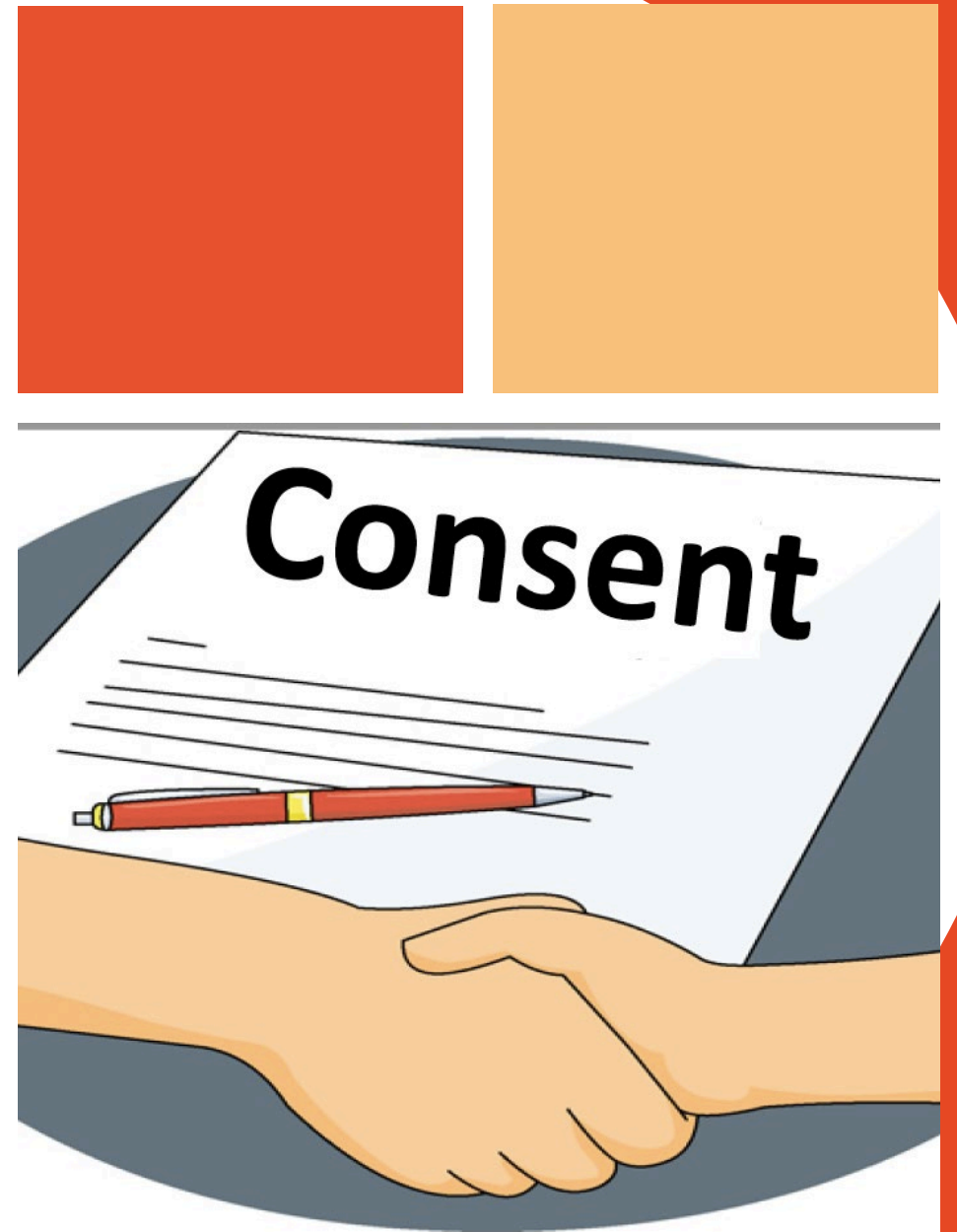
- Page 1 - must be completed and returned to the case manager in **2** business days.
- Page 2 - the ND must document date of full systems assessment and return page 2 within 3 days of referral acceptance.
- ND must state if delegation was started and if not state why.
- ND has the option to provide 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. PROVIDER ONE 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

Consent for Delegation

Obtain client or the clients authorized representative consent for delegation.

- Obtain prior to initiating delegation. **You must also sign form.**
- Verbal consent is good for 30 days. You must document this.
 - After 30 days you must have a signed consent form (may have electronic signature).
- Consent only needs to be gathered one time, at the start of delegation.
 - May get another consent signed if the client authorized representative changes.
 - If assuming a case and the new RN wants to verify and explain the delegation process.



Consent Form

Nurse Delegation: Consent for Delegation Process

1. CLIENT NAME		2. ACES CLIENT ID NUMBER	3. DATE OF BIRTH	4. ID/SETTING (OPTIONAL)
5. CLIENT ADDRESS		CITY	STATE	ZIP CODE
7. FACILITY OR PROGRAM CONTACT			8. TELEPHONE NUMBER	
9. FAX NUMBER		10. E-MAIL ADDRESS		
11. SETTING		12. CLIENT DIAGNOSIS		13. ALLERGIES
<input type="checkbox"/> 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/Other				
14. HEALTH CARE PROVIDER			15. TELEPHONE NUMBER	
Consent for the Delegation Process				
<p>I have been informed that the Registered Nurse Delegator will only delegate to caregivers who are capable and willing to properly perform the task(s). Nurse delegation will only occur after the caregiver has completed state required training (WAC 246-841-405(2)(a)) and individualized training from the Registered Nurse Delegator. I further understand that the following task(s) may never be delegated:</p> <ul style="list-style-type: none"> • Administration of medications by injections (IM, Sub Q, IV) except insulin injections. ESSHB 2668 (2008) specifically allows delegation of insulin injections. • Sterile procedures. • Central line maintenance. • Acts that require nursing judgment <p><u>If verbal consent is obtained, written consent is required within 30 days of verbal consent.</u></p>				
16. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE			17. TELEPHONE NUMBER	18. DATE
19. VERBAL CONSENT OBTAINED FROM		20. RELATIONSHIP TO CLIENT		21. DATE
<p>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 246-840-910 through 970.</p>				
22. RND NAME - PRINT			23. TELEPHONE NUMBER	
24. RND SIGNATURE			25. DATE	

- MUST have consent at the beginning of delegation from client or representative
- Nurse Delegation: Consent for Nurse Delegation Process (page 1)

Verifying Credentials

[Link to DOH site:
Credential Check
Search](#)

- All LTCW's including NAR must have a 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 Verification Form

- Credentials and Training Verification Form
 - 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

Physical Assessment

Full systems nursing assessment - head to toe * Registered Nurse
Scope of Practice

Currently no standardized form required. Must use their own form

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

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.
- 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.



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

Task sheet continued

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 contact information

**Nurse Delegation:
Nursing Visit**

1. CLIENT NAME		2. ACES ID NUMBER		3. DATE OF BIRTH		4. SETTING <input type="checkbox"/> AFH <input type="checkbox"/> DDA <input type="checkbox"/> In-home <input type="checkbox"/> Other: _____	
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: _____							
6. CLIENT REQUIRES NURSE DELEGATION FOR THESE TASK(S): _____ RELATED TO: _____							
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: _____							
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) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<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						13. DATE	
_____						_____	
14. RETURN VISIT ON OR BEFORE _____							

Nursing Visit Form

- 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.**

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DISTRIBUTION: Copy in client chart and in RND file

Department of Social and Health Services

Rescinding Form

13-680 Rescinding Delegation

- Document date rescinded
- Who rescinded to
- Why rescinded
- RN to Assist with transition to initiate and participate in safe transition for client, family members, and caregivers
- This is when liability is transferred to the other RN

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				

Assumption Form

13-678B Assumption of Delegation

- If the RN assumes a case from another RND, the assumption form to verifies date assumed
- Document the reason why assumption occurred.
- This is the date 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 for medication or treatment changes.
- Be specific to client.
- Check box 31 or 32.



Washington State Department of Social and 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?				9. EFFECTIVE DATE OF CHANGE			
<input type="checkbox"/> Written <input type="checkbox"/> Faxed <input type="checkbox"/> Verbal							
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

- Must be specific to client.
- Include all information
- This has not been communicated as a required form for the delegating RN

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)

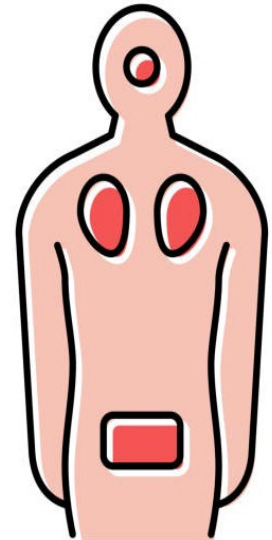
As an RND, you may find that you are referred to do Skin Observation Protocol visit and Nursing Services visit

This is not a delegated task.

[DSHS Forms page](#)

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





Questions And Break

Requirements for Contracting with DSHS

- ❏ WA state RN license without restrictions
- ❏ **1 year RN experience** or exception determined by ND program manager
- ❏ RN must attend DSHS offered Nurse Delegation Orientation
 - ❏ Must take no more than 2 years prior to contracting
- ❏ Have a National Provider Index (NPI) number
- ❏ Complete a Core Provider Agreement (CPA) with DSHS
- ❏ Have a Washington business license
- ❏ 2 Professional references
- ❏ Business liability insurance
 - *1 million incident/ 2 million aggregate
- ❏ Pass a criminal background check every two years
 - *This contract packet is received by request from PM.





What Can I Bill For?

- Assessments
- Documentation
- Collateral contact time
- Travel time
- Billing time

** Your contract states what you may bill for.
Consult your tax professional for additional
information





Nurse Delegation Responsibilities by Entity Role

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

Contracted RN

- Document when, how, and from whom referral was received.
- If necessary, arrange interpreter services with CM.
- Return referral to case manager within 2 working days.
- Assess client within 3 working days of receiving the referral.
- Notify CM if there is a change in client condition or nursing task delegated.
- Notify CM if rescinding or assuming a caseload.
- Maintain duplicate copies of all ND files for 6 years.

Contracted RN cont.

- 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

The background of the slide features a close-up, slightly blurred photograph of a workspace. On the right, a portion of a silver laptop is visible, showing its keyboard. In the center and left, there is a stack of papers and a spiral-bound notebook. A brown folder or binder is also present, with several tabbed dividers visible. The entire scene is set on a light-colored wooden surface with a visible grain.

- Send referral to RN.
- Send current CARE assessment.
- Send Positive Behavior Support Plan (DDA).
- Send Release of Information (ROI).
- Authorize payment for 12 months.
- Document a SER note
- Communicate changes in client condition and/or eligibility.

Program Manager


- Resource for all contracted RNDs.
- Resource for RNs in the state of WA regarding delegation.
- Resource for CMs in the state of WA.
- Provide follow up and investigations on all delegation complaints with contracted nurses.
- Contract procurement.
- Maintain contracted RN records.
- Contract Auditing and Monitoring on all contracted RNs.
- Delegation training statewide.

DDA Nursing Services Unit Manager

- Resource for DDA CMs in the state of WA.
- Resource for contracted RNDs serving DDA clients.
- Work with Program Manager on follow up and investigation of DDA delegation complaints.
- DDA training statewide.

Sources of Referrals

- Home and Community Services (HCS)
- Area Agency on Aging (AAA)
- Developmental Disabilities Administration (DDA)

 Keep in mind - the 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 or DDA NS unit manager.

Business Stuff

- Contact Case Manager's in your area HCS and DDA office
- Develop marketing materials
 - Business cards
 - Flyers
 - Website
- Contact other RN delegators in your community
- Attend bi-monthly contractor meetings

You must market your business yourself



What can I be paid for through billing?

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



Billing is done by contractor via Provider One system through Health Care Authority.

Billing

Billing is done by contractor via Provider One system through Health Care Authority.

- HCS clients are authorized:
 - 100 units per month x 12 months
 - **Over 100 units the RN must complete an additional unit request form outlining rationale. [HCS request for additional units](#)
- DDA clients are authorized:
 - 100 units per month x 12 month
 - **Over 100 units the RN must complete an additional unit request form outlining rationale. [DDA request for additional units](#)



Payment:
Per contract
RN delegators *must*
track 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 RN

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


Link for Billing Tutorial:

<https://www.dshs.wa.gov/sites/default/files/ALT-SA/hcs/documents/ND/P1%20Common%20Billing%20Questions.pdf>

Example Billing Form

- **RND Billing Form**

- Track units in category
- Add units up 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

NPI NUMBER

BILLING MONTH

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

	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 of Delegation

- RCWs and WACs are the same for all community clients receiving delegation.
- Nurse delegation is based on the nursing process.
- Communication is key to having a successful business.
- RND Program Manager is available for support.

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

[Nurse Delegation website](https://www.dshs.wa.gov/altsa/residential-care-services/nurse-delegation-program)

<https://www.dshs.wa.gov/altsa/residential-care-services/nurse-delegation-program>



*It takes a village to
assist the vulnerable
people we serve.
Thank you for being
part of the village!*

Program Evaluation

Your feedback is very important:

- An evaluation will be given for you to fill out at the end of the day and you will be given your certificate. Please remember to keep the copy for your records. It is required for contract application.



**IF YOU WISH TO CONTRACT WITH DSHS
PLEASE SEND A REQUEST FOR PAPERWORK
TO: NURSEDELEGATION@DSHS.WA.GOV**

Nursedelegation@dshs.wa.gov

Janet.wakefield@dshs.wa.gov

Erika.parada@dshs.wa.gov

Alia.Granger@dshs.wa.gov

