

## AL TSA Nurse Delegation Referral and Communication Case / Resource Manager's Request

Case / Resource Manager's Request				
1. OFFICE <input type="checkbox"/> HCS <input type="checkbox"/> AAA <input type="checkbox"/> DDA <input type="checkbox"/> Other	2. CLIENT'S AUTHORIZATION NUMBER	3. RN PROVIDER ONE ID	4. DATE OF BIRTH	
5. DATE OF REFERRAL	6. METHOD OF REFERRAL <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax			
<b>TO:</b>	7. NURSE / AGENCY	8. TELEPHONE NUMBER	9. FAX NUMBER	
<b>FROM:</b>	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"/> ISP / DDA <input type="checkbox"/> BSHP <input type="checkbox"/> Service Plan <input type="checkbox"/> Release of Information				
Client Information				
15. CLIENT NAME			16. TELEPHONE NUMBER	
17. ADDRESS		CITY	STATE	ZIP CODE
18. PROVIDER NAME		19. TELEPHONE NUMBER	20. FAX NUMBER	
21. CLIENT COMMUNICATION <input type="checkbox"/> This client needs an interpreter <input type="checkbox"/> Deaf/HOH <input type="checkbox"/> Primary language needed is:				
22. DIAGNOSIS PER CARE ASSESSMENT				
23. Please identify the delegated task(s) for this client:				
Communicating with RND				
C/RM will communicate with RND when changes occur in client condition, authorized representative, financial eligibility or authorization is due.				
CASE/RESOURCE MANAGER'S SIGNATURE			DATE	

**Authorization for payment is linked to return of this form to C/RM**

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)  
**AL TSA Nurse Delegation Referral and Communication  
 Case / Resource Manager's Request**

Delegating Nurse's Response				
<b>TO:</b>	24. C/RM NAME		25. TELEPHONE NUMBER	26. FAX NUMBER
<b>FROM:</b>	27. RND	28. RN PROVIDER ONE ID	29. TELEPHONE NUMBER	30. FAX NUMBER
<b>RE:</b>	31. CLIENT NAME			
32. Nurse delegation has been started <input type="checkbox"/> Yes <input type="checkbox"/> No				33. ASSESSMENT DATE
34. Please list the tasks that were delegated:				
35. Follow Up Information				
<input type="checkbox"/> Nurse Delegation was not implemented. Please indicate the reason and any other action taken:				
<input type="checkbox"/> RND suggests these other options for care:				
36. ADDITIONAL COMMENTS				
NURSE DELEGATE'S SIGNATURE				DATE

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**Instructions for Completing Nurse Delegation: Referral and Communication Case/Resource Manager's Request**

1. Office: Identify office making the referral.
2. Client's Authorization Number: Enter authorization number for referral.
3. RN ProviderOne ID: Enter the agency or nurse delegator ProviderOne ID.
4. Date of Birth: Enter client's date of birth (month, day, year).
5. Date of Referral: Enter date the referral is being sent to agency or nurse delegator.
6. Method of Referral: Identify if referral was made via E-mail, Telephone, or Fax.
7. Nurse/Agency: Enter name of agency or nurse delegator that the referral is being sent to.
8. Telephone Number: Enter telephone number of agency or nurse delegator.
9. Fax Number: Enter fax number of agency or nurse delegator.
10. C/RM Name/Office: Enter name of person making the referral and location.
11. E-Mail Address: Enter email address of C/RM making referral.
12. Telephone number: Enter telephone number of C/RM making the referral.
13. Fax number: Enter fax number of C/RM making the referral.
14. Required Attachments (if applicable): Enter the documents that will be attached to referral form.
15. Client Name: Enter ND client's name (last name, first name).
16. Telephone Number: Enter ND client's telephone number.
17. Address: Enter ND client's street address, city, state, and zip code.
18. Provider Name: Enter name of long-term care worker (LTCW) or Adult Family Home (AFH).
19. Telephone Number: Enter LTCW or AFH telephone number.
20. Fax Number: Enter LTCW or AFH fax number.
21. Client Communication: Identify if client will need interpreter services and what language requested.
22. Diagnosis Per Care Assessment: Enter client diagnosis'.
23. Identify the required ND tasks.
24. See number 10 above.
25. See number 12 above.
26. See number 13 above.
27. See number 7 above.
28. See number 3 above.
29. See number 8 above.
30. See number 9 above.
31. See number 15 above.
32. Identify if ND has been started.
34. Identify ND tasks.
35. Follow-up Information: Identify if ND has not been implemented and why. Suggest additional resources that were not previously identified.
36. Additional Comments.

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