

Understanding Community Based Nurse Delegation 2017

Presented by: ALISA Nurse
Delegation Program Managers

Nurse Delegation Program Managers

Nurses who contract with Aging and Long Term Supports Administers (AL TSA) are managed by:

Erika Parada RN

360-725-2450

parade@dshs.wa.gov

Jevahly Wark, RN

360-725-1737

warkj@dshs.wa.gov

Doris Barret, RN

360-725-2553

barreda@dshs.wa.gov

Nurse Delegation

This training is:

Required for all Registered Nurses (RN's) who wish to contract with DSHS and be paid for Nurse Delegation services

Offered for RN's who wish to delegate in other circumstances

Intended to clarify rules for community based Nurse Delegation

Today's training is not a certification course

Nurse Delegation

Attendees will earn 7 contact hours of continued education hours if:

7.0

- The attendee signs the attendance sheet
- Stays for the entire training
- Completes the evaluation form

Nurse Delegation

What laws and rules govern the program?

Revised Code of Washington (RCW) is the law of Washington State

18.79A.260(3)(e)

Washington Administrative Code (WAC) are the rules of Washington State

246-840-910 thru 970

Nurse Delegation

Common confusion...

General Delegation is taught to all nurses in nursing school.

Community Based Nurse Delegation- Describes certain nursing tasks which can be taught to long term care workers under a certain set of rules and circumstances. The rules apply only to community-based settings. The rules for Community Based Nurse Delegation are within the Nurse Practice Act

WAC 246-840-910 thru 970

Nurse Delegation

- Only an RN can delegate in the state of Washington
 - Not an LPN
- The RN must have a current license in the state of Washington
- The RN license must not have restrictions

Nurse Delegation

Nurse Delegation Program Description:

The RN will:

- Assess a client to determine stability and predictability
- 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

Nurse Delegation

Purpose of Nurse Delegation rules

- Rules create a consistent standard of practice
- Support the authority of the RN to make independent, and professional decisions
- Enhance client choices
- Protect the public in community-based and in-home settings

Nurse Delegation

Who do the rules apply to?

Anyone receiving delegated services

- Medicaid clients
- Clients receiving services in Supported Living (SL)
- Clients receiving services in Adult Family Homes (AFH)
- Clients receiving services in Assisted Living Facilities (ALF)
 - *Formerly known as Boarding Homes*
- Private pay clients

Nurse Delegation

- Rules first established in 1996
- Expansion to include the “in home” setting under the community based nurse delegation rules
- Task list eliminated in 2000
- Insulin injections added to community based nurse delegation in 2009

Nurse Delegation

Give me the facts!

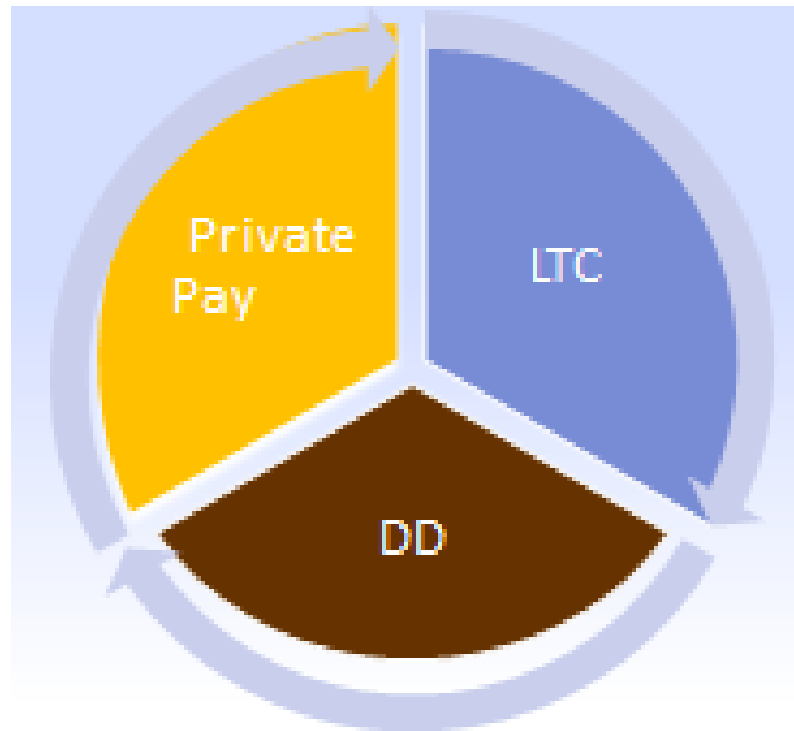
The Nurse Delegation program serves approximately 8,300 clients

The average cost is \$680 per year/client

The average cost for a skilled nursing facility is \$200/day = \$72,000 per year/client

Nurse Delegation

Client types:



Nurse Delegation

Who are long term care (LTC) clients?

- Referred to as “aging” clients
- Live in a community- based setting or in- home setting
- Have case managers who work for Home and Community Services (HCS) or an Area Agency on Aging (AAA) office.

Nurse Delegation

How do LTC clients typically present:

- Chronic conditions
- Diabetes
- Arthritis
- Mental health diagnoses
 - Alzheimer's
 - Dementia
- Congestive heart failure
- Lung disease
- Obesity

Nurse Delegation

Who are developmental disability (DD) clients?

- Referred to as “developmentally disabled”
- Diagnosed prior to the age of 18
- May be an adult or child
- Live in a community-based or in-home setting
- Have case resource managers through Developmentally Disabled Administration (DDA)
- Referrals managed through a regional nurse delegation coordinator

Nurse Delegation

How do DDA client's typically present:

- Mental retardation
- Autism
- Mood disorders
 - Bipolar
 - Major Depressive Disorder
- Schizophrenia
- Cerebral Palsy
- Epilepsy or seizure disorders

WAC 388-825

Nurse Delegation

So what's the difference?

DDA client may have:

- Unique or complex medical needs
- Behaviors managed through a positive behavioral support plan (PBSP)
- Frequent medication changes
- High staff turn over

Nurse Delegation

DDA Regional Coordinators:

REGION	NAME	PHONE	FAX NUMBER	EMAIL
Region 1: Spokane	Wilma Brown	509-329-2940	509-568-3037	brownWH@dshs.wa.gov
Region 1: Kennewick	Gail Blegen-frost	509-374-2124	509-734-7103	blegGD@dshs.wa.gov
Region 2 N	Meg Hindman	360-714-5005	360-714-5001	HindmMM@dshs.wa.gov
Region 2 S	Kathleen Wood	206-568-5783	206-720-3334	woodkm@dshs.wa.gov
Region 3	Denise Pech	253-404-5540	253-597-4368	pechDL@dshs.wa.gov

Nurse Delegation

Long Term Care Workers (LTCW's)

NA-R: Nursing Assistant Registered

NA-C: Nursing Assistant Certified

HCA-C: Home Care Aid Certified



Nurse Delegation

Rewind...

- The rules for Community Based Nurse Delegation are defined in the Nurse Practice Act.
- Any RN in the state of Washington can delegate
- There is no certification course to delegate in the state of Washington
- Only contracted RN's with DSHS may receive a referral and be paid for delegated services for Medicaid clients
- The assessed client must be stable and predictable for delegation
- The LTCW's could not perform the nursing tasks without the supervisor and evaluation of the RN delegating

Nurse Delegation

Nurse Delegation is based on the Nursing Process:

- **Assess**
- Plan
- Implement
- Evaluate

Nurse Delegation

Assess

- Setting
- Client
- Nursing Task
- Long term care workers (LTCW's)

Nurse Delegation

Assess

HCS and DDA Settings:

- Adult Family Home (AFH)
 - 2-6 clients
 - No nurse on staff
- Assisted Living Facility (ALF)
 - More than 6 clients
 - Often times a nurse on staff Monday thru Friday
- In-home
 - Clients private home

Nurse Delegation

Assess

DDA Settings:

- Supported Living (SL)
 - Client is cared for by an agency
- Companion Home
 - Client is cared for by a 1:1 staff
 - Not many in the state of Washington
- Group Training Home
 - 8-12 clients

Nurse Delegation

Assess

Assess the client:

- Full system- head to toe assessment
 - Completed within 3 working days of referral
- Is the clients condition **stable and predictable**
- Does the client require frequent nursing visits

Nurse Delegation

Assess

What does stable and predictable mean?

- 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's with **terminal conditions** and those who are on **sliding scale insulin** are stable and predictable

WAC 246-840-920 (15)

Nurse Delegation

Assess

Assess the nursing task to be delegated:

- Does the nursing task fall within your skill set
- Is the nursing task on the prohibited list
- Do you need additional assistance to determine delegation
 - Consult the decision tree
 - WAC 246-840-940
- If task determined for delegation is different from the original request, discuss findings with the referring case manager

Nurse Delegation

Assess

Prohibited nursing tasks:

- Sterile Procedures or processes
- Injectable medications
 - **Except insulin**
- Central line of IV maintenance
- Acts that require nursing judgement

Nurse Delegation

Assess

Examples of nursing tasks

NURSE DELEGATION	
(Previous)1996 Task List—No longer in law	(Current) Scope of Practice
Oral/topical medications	Suctioning trachae/oral
Ointment and drops for the eye, ear, nose	Vagal Nerve Stimulator
Clean (not sterile) dressing changes	INR testing
In and out” urinary catheterization	Bladder Irrigations
Suppositories and enemas	
Ostomy care in healed and established condition	
Blood glucose monitoring (finger sticks OK)	
Gastrostomy tube feedings, healed and established	



Nurse Delegation

Assess

Assess the LTCW:

- Does the LTCW have the appropriate training and credentials to perform the nursing task
- Assess the competency of the LTCW performing the nursing task
- Identify additional training needs for the LTCW to properly and safely perform the nursing task
- Consider language and cultural diversity which may affect delegation
- Is the LTCW **willing and able** to perform the nursing task

Nurse Delegation

Assess

LTCW's must have current registration or certification for one of the following credentials:

- NA-R
- NA-C
- HCA-C

Completed the following trainings:

- basic training at the time of credentialing
- 9 hour "Nurse Delegation for Nursing Assistants" course
- 3 hour "Special Focus on Diabetes" (SFOD) course, if insulin delegation.

<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>

Nurse Delegation

Assess

How do I know what basic training is required?

HCS

- 40 hour “Basic Training”

DDA

- 40 hour “Core Basic”

Exempt LTCW’s:

- HCS
 - “Revised Fundamentals of Care” (RFOC)
 - “Fundamentals of Care” (FOC)
- DDA
 - DDA basic “32 hour letter”

All exempt LTCW’s must have a letter of employment verification acknowledging they worked within the required timeframes and completed the required training

Nurse Delegation

Assess

How do I know if the LTCW is exempt LTCW?

Is the LTCW an:

- LPN
- NA-C
- LTCW employed one day between January 1, 2011 and January 6, 2012
- LTCW employed by Supported Living (SL) agency any day prior to January 1, 2016

Exempt LTCW's do not need to complete the 75 hour "Home Care Aid" training

Nurse Delegation

Assess

HCS LTCW's hired after January 7, 2012

AND

DDA LTCW's hired after January 1, 2016

75 hours "Home Care Aid" training

- 40 hours "basic training"
- 30 hours "population specific"
 - Mental health
 - Dementia
- 5 hours orientation and safety

Training **must** be completed within 200 days of hire

WAC 246-980

Nurse Delegation

Assess

Consent for delegation:

- Discuss the process of delegation with the client or the client's authorized representative
- Obtain consent
 - Verbal consent acceptable for first 30 days
 - Written consent **must** be obtained after the first 30 days
 - Scanned, emailed, or faxed consents are acceptable
- Consent is only needed for initial delegation
 - No need to get new consent when nursing task changes
 - **Must** get new consent if the authorized representative changes

Nurse Delegation

Nurse Delegation is based on the Nursing Process:

- Assess
- **Plan**
- Implement
- Evaluate

Nurse Delegation

Plan

- Written instructions
 - Steps to follow when performing nursing task
 - Predicted outcome
 - Specific side effects of medications
 - To whom do LTCW's report side effects
- Teach LTCW how to perform the nursing task
 - Based on the written instructions
- Determine caregiver competency
 - Return demonstration
 - Verbal description
 - Record review
- Delegation of a nursing task is at the discretion of the RN assessing and delegating; including the delegation of insulin

Nurse Delegation

Plan

Instructions:

- Rationale for delegation- the “why”
- Specific to the client and their condition
 - Not transferable to another client or LTCW
- Clear description of nursing task with step by step instructions
- Expected outcomes of delegated nursing task
- Possible side effects of medications prescribed
 - To whom do LTCW’s report AND when
- How to document the nursing task as completed or omitted.

Nurse Delegation

Plan

If the nursing task is medication administration:

- Verify what medications are prescribed
 - Pharmacy list
 - MAR's
 - Conversation with Health Care Provider
- Verify medication changes AND how they were verified
- Determine if there is a need to retrain the LTCW on the task
- Update delegation paperwork
- Update instructions and task sheet

Nurse Delegation

Plan

Document how you taught and verified competency of the LTCW's:

- How was teaching verified
 - Return demonstration
 - Verbal communication
 - Record review
- Document date of return 90 day review
 - Remember this date is different than every 3 months

Nurse Delegation

Plan

Insulin delegation:

- Teach proper usage of insulin
- Instruct and demonstrate safe insulin injection technique
- Determine competency of LTCW in performing safe insulin administration
 - Drawing up the insulin in a syringe
 - Dialing the dose of insulin on the prefilled syringe
 - Administering the insulin
- Competency:
- Must verify LTCW once a week for the first four weeks of insulin delegation
 - The first visit MUST be in person
 - Each subsequent visit may be verified through
 - Observation or demonstration of the task
 - Verbal communication
 - Record review

Nurse Delegation

Plan

In private homes RN must set up the clients chart, which includes all of the following:

- Nurse delegation forms
- Medication orders
- Medication administration records (MAR's)
- Credentials for all delegated LTCW's
- Progress notes

Nurse Delegation

Plan

In the process of writing your plan, you may need help determining if the nursing task is appropriate for delegation.

Review the decision tree located in the nurse practice act:

WAC 246-840-940

(1)	Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).	No ->	Do not delegate
Yes ↓			
(2)	Has the patient or authorized representative given consent to the delegation?	No ->	Obtain the written, informed consent
Yes ↓			
(3)	Is RN assessment of patient's nursing care needs completed?	No ->	Do assessment, then proceed with a consideration of delegation
Yes ↓			
(4)	Does the patient have a stable and predictable condition?	No ->	Do not delegate
Yes ↓			

Nurse Delegation

Nurse Delegation is based on the Nursing Process:

- Assess
- Plan
- **Implement**
- Evaluate

Nurse Delegation

Implement

- Teach LTCW how to perform the nursing task
 - Based on written instructions
- Accountability:
 - RN is responsible for delegating the nursing task
 - LTCW is responsible for performing the nursing task as instructed
 - Based on written instructions

Nurse Delegation

Implement

- Document the entire Nurse Delegation process
 - Including
 - Assessment
 - Written plan
 - Training and credentials
 - Verification of competency

Nurse Delegation

Nurse Delegation is based on the Nursing Process:

- Assess
- Plan
- Implement
- Evaluate

Nurse Delegation

Evaluate

Evaluation of delegation occurs at minimum of every 90 days.
There is no exception!

Supervisory visits have 2 components:

- RN evaluates the client:
 - Head to toe assessment
 - Assess client for “stable and predictable” nature
 - Evaluate the clients response to the delegated nursing task
 - Modify tasks if needed
 - Retain LTCW’s if needed

Nurse Delegation

Evaluate

- RN evaluates the continued competency of each delegated LTCW:
 - Evaluation can be direct, indirect, or by any method the RN deems fit
 - Observation or demonstration
 - Record review
 - Verbal description
 - Assess care provided
 - Documentation submitted in last 90 days
 - Validate current credentials

Nurse Delegation

Evaluate

Evaluation of insulin administration

- Evaluation must occur once a week for the first four weeks, then every 90 days.
- Delegation and supervision is 1:1
 - One LTCW at a time for each client delegated insulin administration
 - Initial visit must be in person
 - Subsequent visits may be evaluated directly or indirectly
 - Observation or demonstration
 - Record review
 - Verbal description

Nurse Delegation

Evaluate

Modifications to tasks:

- Update Instructions and Task form
- Retrain LTCW's on updated tasks
- Rescind LTCW's who are no longer delegated to client
- Rescind entire caseload
- Assumption of caseload

Nurse Delegation

Evaluate

Update instructions and task form if:

- Nursing task has changed
 - Added, discontinued, or modified
 - RN verifies the new orders with the health care provider
 - Determines if the task can be delegated
 - Determines if delegation can occur immediately or if a site visit is required.
 - If the task can not be completed immediately the RN initiates and participates in developing an alternative plan to meet the needs of the client.

Nurse Delegation

Evaluate

Rescinding delegation if:

- client safety is compromised
- Client is no longer stable and predictable
- Staff turnover makes delegation difficult
- Staff unwilling or unable to perform nursing task
 - Task performed incorrectly
 - Client requests new staff
 - When any license lapse
 - Facility
 - LTCW
 - RN

Nurse Delegation

Evaluate

RN role in rescinding:

- RN initiates and participates in a safe transition plan with case managers, family member's, and the client.
- RN documents the reason for rescinding and the plan for continuing the nursing task
 - Who will provide the service in lieu of delegation

Nurse Delegation

Evaluate

Transferring delegation to another RN:

- The RN may transfer their case to another RN willing to assume.
- The assuming RN will:
 - Assess the patient
 - Assess the nursing tasks as being delegatable and within his/her skill set
 - Assess the LTCW's competency
 - Assess the written instructions and task sheet

Once the care has been assumed, the assuming nurse must document:

- Reason for assumption
- Notification to client and LTCW's

Nurse Delegation

Summary

- Nurse Delegation is based on the Nursing Process
 - Assess
 - Plan
 - Implement
 - Evaluate
- Only occurs in four community settings
 - Not hospitals, jails, or skilled nursing facilities
- The client must be stable and predictable to delegate
- Select nursing tasks can only be delegated
 - Prohibited list
 - No other list available
- LTCW must have appropriate training and credentials
- There must be an individualized written plan available

Nurse Delegation

Summary

- Frequency of insulin delegation
- How to access the decision tree and when
- Evaluation of nurse delegation occurs every 90 days
 - Not every 3 months
- When to update nurse delegation documents
- When to provide additional training
- How to rescind a caseload of LTCW

Nurse Delegation

Training and Credentials

- Breakout into small groups: 3-5 people
- Each group will be assigned a scenario
- Take 5-10 minutes to review the scenario, determine what training and credentials are required and complete the required training and credentials form
- Present your findings to the entire class

Nurse Delegation

**Nurse Delegation:
Credentials and Training Verification**

4. LONG TERM CARE WORKER'S (LTCW) NAME (PRINT): _____

5. Credential Verification

Attach a copy of Internet Provider Credential Search
<http://www.doh.wa.gov/licenses/PermitsandCertificates/ProviderCredentialSearch>

OR COMPLETE THE FOLLOWING

A. RN Delegator has verified that the Long Term Care Worker is currently registered or certified in Washington state and is in good standing without restriction. Date of verification: _____

B. Washington State Certificate/Registration Number for _____
 NAR NAC HCA-C

C. Expiration Date: _____ Registered Certified

6. Training Verification

Required for NAR, NAC, and HCA-C before delegating:

Nurse Delegation for Nursing Assistants (8 hours) Date: _____

Nurse Delegation Special Focus on Diabetes class (8 hours) Date: _____
(ONLY if providing delegated Insulin Injections)

Basic Caregiver Training class required for NAR's before delegating:

Basic Training (Core Competency) Date: _____

Revised Fundamentals of Caregiving (RFOC) or alternative DBHS approved course Date: _____

DDA CORE Basic Training Date: _____

DDA 32 hour letter Date: _____

PRIDE Training (Foster Care setting) Date: _____

Basic Training certificate required of HCA before delegating*:

NAR credential Date: _____

* Dual credential is no longer required after the HCA becomes certified.

EXEMPT LONG TERM CARE WORKERS
The HCS LTCW employed sometime between January 1, 2011 and January 6, 2012 and the DDA LTCW employed sometime before 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.

Letter of employment verification Date: _____

Basic Training (Core Competency) OR Date: _____

Revised Fundamental of Caregiving (RFOC) Date: _____

DDA CORE basic Date: _____

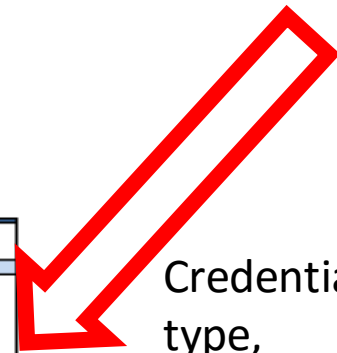
DDA 32 hour letter Date: _____

7. RN'S SIGNATURE: _____

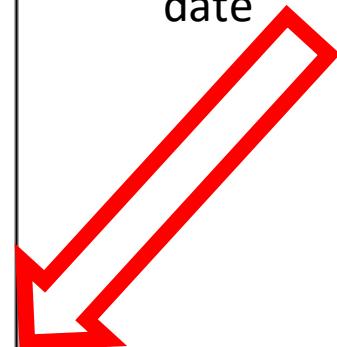
8. DATE: _____



Training classes



Credential type, expiration date, and original issue date



Exempt LTCW letter of employment verification

To register concerns or complaints about Nurse Delegation, please call 1-800-582-8073

DISTRIBUTION: Copy in client chart and in RND file

Nurse Delegation

1. A Licensed Practice Nurse working in an Adult Family Home in 2012.
2. The LTCW worked April 2012, as a Nursing Assistant-Registered. The LTCW worked for a Supported Living agency, administering insulin.
3. The Nursing Assistant-Certified is working in an Adult Family Home in 2013, applying a fentanyl patch.

Nurse Delegation

4. It's February 2012, there is a Home Care Aide- Certified working in an Assisted Living Facility giving insulin.
5. A Nursing Assistant- Registered is working in an in-home setting with a hospice client. The client requires insulin injections and wound care. The LTCW was hired prior to January 7, 2012.
6. It is February 2012, a Nursing Assistant- Registered working for a Supported Living agency has been asked to give insulin to a client. The LTCW worked for a Home Care Agency in 2011.

Nurse Delegation

7. A LTCW was just hired in an Adult Family Home, after January 7, 2012. the Nursing Assistant- Registered did not work in 2011. the LTCW will be administering insulin.
8. A Home Care Aid-Certified is working in an Adult Family Home administering oral medications, it is February of 2013.
9. The Nursing Assistant- Registered is working in Supported Living, after January 1, 2016, administering insulin injections.

Nurse Delegation

When delegation may not be needed

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

Nurse Delegation

Personal care tasks

- Medicated shampoos
- Chlorohexidine mouth rinse
- Indwelling catheter care
- Applying ted hoes
- Emptying colostomy bag
- Peri care

Nurse Delegation

Basic First Aid

- Applying a bandage to a cut
- Reinforcing a bandage
- Administering epinephrine under the “Good Samaritan Law”
 - RCW 4.24.300

Nurse Delegation

Self Directed Care

- Nursing care provided to a client who resides in their private home by an Individual Provider (IP).
 - Only occurs in private homes
 - Only if an Individual Provider is providing care
 - Client trains and supervises the Individual Provider on their completion and competency level
 - Client must be cognitively aware
 - As determined by the case manager in her assessment
 - The clients 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

RCW: 74.39

Nurse Delegation

Medication Assistance

- Rules were written by the Board of Pharmacy
- Describes ways to help an individual take their medications
 - Remind
 - Coach
 - Open
 - Pour
 - Crush
 - Dissolve
 - Mix with food or liquids (client must be aware the medication is in the food or liquid)
- Medication assistance can be performed by anyone
 - No need to be a LTCW
- Client must be in a community setting

WAC 246-888-020

Nurse Delegation

Medication Assistance

- If medications are crushed or dissolved it must be noted on an order or medication label
- Examples of enablers are:
 - 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.

Nurse Delegation

Medication Assistance

In order for medication assistance to take place, the client must be both:

- **Functionally** able to get the medication to where it needs to go
 - Medication to mouth
 - Ointment on back

AND

- **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.

Nurse Delegation

Medication Assistance

- 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

Assistance with administration of IV or injectable medications, except for insulin, is specifically excluded

Nurse Delegation

Medication Assistance

Boarding Home Exception Rule:

- Clients who reside in an assisted living facility who are unable to independently self-administer their medications may receive medication assistance as follows:
 - If the client is physically unable to self-administer medication they can accurately direct others to do so.

This is not self directed care

Nurse Delegation

Medication Assistance

So what is covered under medication assistance?

- Oral medication administration
- Topical medication administration
- Ophthalmic medication administration
- Insulin pen set up
- Medications via G-Tubes

Nurse Delegation

Medication Assistance

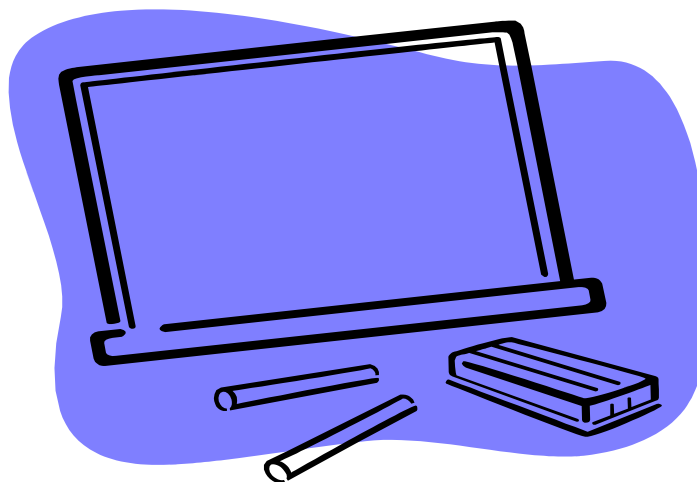
What is not covered under medication assistance:

- Injectable medication
- Intravenous medications
- Oxygen administration

Nurse Delegation

Blue Board Exercise

Review nursing tasks which may need delegation, may not need delegation, or are strictly prohibited from delegation




Nurse Delegation

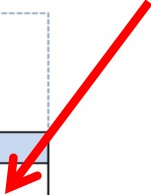
Step by step process for delegation
Forms review

Initial delegation:

- Referral
 - Case Manager will scan, email, or fax if a state client
- Attached to the referral:
 - Copy of most recent CARE assessment
 - Including behavior support plans
 - Release of information
 - Authorization number
 - Date of birth
- Assessment of client must be completed within three days from the date of the referral.
 - If unable to meet this deadline, discuss with case manager

Nurse Delegation

		AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA) AL TSA Nurse Delegation Referral and Communication Case / Resource Manager's Request			
Case / Resource Manager's Request					
OFFICE <input checked="" type="checkbox"/> HCS <input type="checkbox"/> AAA <input type="checkbox"/> DDA <input type="checkbox"/> Other		CLIENT'S AUTHORIZATION NUMBER 101999254	RN PROVIDER ONE ID 101802362	DATE OF BIRTH 02/02/1952	
DATE OF REFERRAL 06/06/2015		METHOD OF REFERRAL <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax			
TO:	NURSE/AGENCY Minnie Mouse		TELEPHONE NUMBER 360-000-0000	FAX NUMBER [Redacted]	
FROM:	C/RM NAME / OFFICE Chirs Coe	EMAIL ADDRESS coe.Cdshs.wa.gov	TELEPHONE NUMBER 360-000-0000	FAX NUMBER [Redacted]	
<input checked="" type="checkbox"/> This is a referral for nurse delegation. <input type="checkbox"/> This is a referral for skin observation that was triggered in CARE					
ATTACHED <input checked="" type="checkbox"/> CARE/DDA Assessment <input type="checkbox"/> ISP / DDA <input type="checkbox"/> BSHP <input type="checkbox"/> Service Plan <input type="checkbox"/> Client Consent / Release of Information					
Client Information					
CLIENT NAME Mabel Smith			TELEPHONE NUMBER 360-555-1212		
ADDRESS XYZ Street		CITY Olympia	STATE Wa	ZIP CODE 98506	
PROVIDER NAME Dr Welby			CELL/PGR/FAX NUMBER 360-000-0000		
CLIENT COMMUNICATION <input type="checkbox"/> This client needs an interpreter <input type="checkbox"/> Deaf/HOH <input type="checkbox"/> Primary language needed is: [Redacted]					
DIAGNOSIS PER CARE ASSESSMENT CVA IDDM					




Nurse Delegation

DIAGNOSIS/PERCARE ASSESSMENT	
CVA IDDM	
Please identify the delegated task(s) for this client: Medication administration, insulin injections	
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
	06-06-2015

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

Nurse Delegation

 <p>Washington State Department of Social & Health Services <i>Transforming lives</i></p>		<p>AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)</p> <p>AL TSA Nurse Delegation Referral and Communication Case / Resource Manager's Request</p>	
Delegating Nurse's Response			
TO:	C/RM NAME Chris Coe	FAX NUMBER [REDACTED]	
FROM:	RND Minney Mouse	RN PROVIDERONEID 101802362	CELL / PAGER / FAX NUMBER 360-000-0000
RE:	CLIENT NAME Mabel Smith		
Nurse delegation has been started <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			ASSESSMENT DATE 06-09-2015
Please list the tasks that were delegated: Oral medications, insulin			
Follow Up Information			
<input type="checkbox"/> Please call the delegating nurse at this number: [REDACTED]			
<input type="checkbox"/> Nurse Delegation was not implemented. Please indicate the reason and any other action taken: EXAMPLES WHEN THIS MAY BE CHECKED AS NOT IMPLEMENTED: <ol style="list-style-type: none"> 1. CAREGIVER NOT CREDENTIALLED OR DOESN'T HAVE PROPER TRAINING 2. MEDICATION CAN BE DONE UNDER MEDICATION ASSISTANCE—NO NEED FOR REFERRAL 3. CAREGIVER NOT COMPETENT TO DO TASK 			



Nurse Delegation

<input type="checkbox"/> RND suggests these other options for care:	
*HOME HEALTH AND OR WOUND CLINIC NEEDS TO BE INVOLVED *MAY NEED HOSPICE REFERRAL	
<input type="checkbox"/> Skin Observation Protocol assessment was completed. Please see the documentation attached. This information has already been telephoned to C/RM on [REDACTED]. Return documentation within five (5) working days.	
ADDITIONAL COMMENTS WHEN NO REFERRAL FORM SENT BY CASE MANAGER, THE FOLLOWING INFORMATION MUST BE PROVIDED"	
1. NAME OF CARE MANAGER SENDING THE REFERRAL	
2. TIME AND DATE OF CALL	
3. WHAT IS REQUESTED FOR DELEGATION AND INCLUDE INFORMATION IF SKIN OBSERVATION IS REQUESTED	
ANY OTHER INFORMATION YOU FEEL THE CASE MANAGER NEEDS TO KNOW	
NURSE DELEGATE'S SIGNATURE	DATE 06-09-2015

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

Nurse Delegation

Consent for delegation

Obtain client or the clients authorized representative consent for delegation.

- Obtain prior to initiating delegation
- Verbal consent is good for 30 days
 - After 30 days you must have a signed consent form.
- Consent only needs to be gathered one time, at the start of delegation
 - If the client authorized representative changes
 - If assuming a case and the new RN wants to explain the delegation process

Nurse Delegation

**NURSE DELEGATION:
CONSENT FOR DELEGATION PROCESS**

1. CLIENT NAME [REDACTED]		2. DATE OF BIRTH [REDACTED]		3. GAITHER (OPTIONAL) [REDACTED]	
4. CLIENT ADDRESS [REDACTED]		5. PHONE - AP CODE [REDACTED]		6. TELEPHONE NUMBER [REDACTED]	
7. FACILITY OR RESIDENT CONTACT [REDACTED]		8. PHONE NUMBER [REDACTED]		9. FAX NUMBER [REDACTED]	
10. EMAIL ADDRESS [REDACTED]		11. CLIENT SIGNATURE [REDACTED]		12. NURSE'S [REDACTED]	
<input checked="" type="checkbox"/> I agree to have my name listed on the Delegation Process by the Department of Social and Health Services.		[REDACTED]		[REDACTED]	
<input checked="" type="checkbox"/> I agree to have my name listed on the Delegation Process by the Department of Social and Health Services.		[REDACTED]		[REDACTED]	
<input checked="" type="checkbox"/> I agree to have my name listed on the Delegation Process by the Department of Social and Health Services.		[REDACTED]		[REDACTED]	
<input checked="" type="checkbox"/> I agree to have my name listed on the Delegation Process by the Department of Social and Health Services.		[REDACTED]		[REDACTED]	
13. SIGNATURE OF NURSE [REDACTED]		14. TELEPHONE NUMBER [REDACTED]			
CONSENT FOR THE DELEGATION PROCESS					
<p>I have been informed that the Registered Nurse Delegation Act (RCW 18.460) allows nurses who are capable and willing to properly perform the task(s). Nurse delegation will only occur after the caregiver has completed the required training (SNAC 140-841-026, 028) and authorization coming from the Registered Nurse Delegate. I further understand that the following task(s) may be delegated:</p> <ul style="list-style-type: none"> • Administration of medications by residents (SNAC 140-841-026) except insulin • Specimens (SNAC 140-841-026) specifically allows delegation of insulin injections • Sterile procedures • Central line maintenance • All tasks require nursing judgment <p><i>(Verbal consent is required, written consent is required within 28 days of verbal consent.)</i></p>					
15. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE [REDACTED]		16. TELEPHONE NUMBER [REDACTED]		17. DATE [REDACTED]	
18. SIGNATURE OF NURSE [REDACTED]		19. SIGNATURE OF CLIENT [REDACTED]		20. DATE [REDACTED]	
<p>My signature below indicates that I have addressed the client and found the client condition to be stable and predictable. I agree to provide nurse delegation per RCW 18.460, 18.461 and SNAC 140-841-026 through 030.</p>					
21. SIGNATURE - NURSE [REDACTED]		22. TELEPHONE NUMBER [REDACTED]		23. DATE [REDACTED]	
24. SIGNATURE - CLIENT [REDACTED]		25. TELEPHONE NUMBER [REDACTED]		26. DATE [REDACTED]	
<p>To register concerns or complaints about Nurse Delegation, please call 1-800-562-6878.</p>					

COPY TO CLIENT (SNAC 140-841-030)

Nurse Delegation



Nurse Delegation: Consent for Delegation Process

1. CLIENT NAME MABEL SMITH		2. DATE OF BIRTH 05/16/1932	3. ID/SETTING (OPTIONAL) 0005678
4. CLIENT ADDRESS XYZ Street		CITY Olympia	STATE ZIP CODE Wa 99999
5. TELEPHONE NUMBER 360-000-0000		6. FACILITY OR PROGRAM CONTACT Sunrise Beach Cove AFH	
7. TELEPHONE NUMBER 360-000-0004		8. FAX NUMBER 360-000-0006	
9. E-MAIL ADDRESS none		10. SETTING	
11. CLIENT DIAGNOSIS Cerebral Vascular Accident		12. ALLERGIES Penicillin	
<input type="checkbox"/> Certified Community Residential Program for Developmentally Disabled		<input checked="" type="checkbox"/> Licensed Adult Family Home	
<input type="checkbox"/> Licensed Assisted Living Facilities		<input type="checkbox"/> Private Home/Other	
13. HEALTH CARE PROVIDER Dr. Welby		14. TELEPHONE NUMBER (360) 777-1212	
Consent for the Delegation Process			

Nurse Delegation

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><i>If verbal consent is obtained, written consent is required within 30 days of verbal consent.</i></p>		
15. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE [Redacted]	16. TELEPHONE NUMBER (360) 000-0000	17. DATE 01/25/2014
18. VERBAL CONSENT OBTAINED FROM Mark Smith	19. RELATIONSHIP TO CLIENT Guardian	20. DATE 01/03/2014
<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>		
21. RND NAME - PRINT Ima Nurse RN	22. TELEPHONE NUMBER 206-222-2222	
23. RND SIGNATURE	24. DATE 01/03/2014	

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

Credentials and verification form

- Check credentials for all delegated LTCW's
- Complete training and credentials form or print copies of training and credentials
- Document verification of all training and credentials

Nurse Delegation

 **Nurse Delegation:
Credentials and Training Verification**

4. LONG TERM CARE WORKER'S (LTCW)/NME (PRNY)
[Red arrow points to this section]

5. Credential Verification

Attach a copy of Internet Provider Credential Search
<http://www.dshs.wa.gov/licenses/permitsandcertificates/providercredentialsearch>

OR COMPLETE THE FOLLOWING

A. RN Delegator has verified that the Long Term Care Worker is currently registered or certified in Washington state and is in good standing without restriction. Date of verification: _____

B. Washington State Certificate/Registration Number for _____
 NAR NAC HCA - C

C. Expiration Date: _____ Registered Certified

6. Training Verification

Required for NAR, NAC, and HCA-C before delegating:

Nurse Delegation for Nursing Assistants (8 hours) Date: _____

Nurse Delegation Special Focus on Diabetes class (8 hours) Date: _____
(ONLY if providing delegated insulin injections)

Basic Caregiver Training class required for NAR's before delegating:

Basic Training (Core Competency) Date: _____

Revised Fundamentals of Caregiving (RFOC) or alternative DSHS approved course Date: _____

DDA CORE Basic Training Date: _____

DDA 32 hour letter Date: _____

PRIDE Training (Foster Care setting) Date: _____

Basic Training certificate required of HCA before delegating*:

NAR credential Date: _____

* Dual credential is no longer required after the HCA becomes certified.

EXEMPT LONG TERM CARE WORKERS
The HCB LTCW employed sometime between January 1, 2011 and January 6, 2012 and the DDA LTCW employed sometime before 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.

Letter of employment verification Date: _____

Basic Training (Core Competency) OR Date: _____

Revised Fundamentals of Caregiving (RFOC) Date: _____

DDA CORE basic Date: _____

DDA 32 hour letter Date: _____

7. RN'S SIGNATURE _____

8. State _____

To register concerns or complaints about Nurse Delegation, please call 1-800-582-8078

DISTRIBUTION: Copy in client chart and in RND file

Nurse Delegation

	Nurse Delegation: Credentials and Training Verification		1. CLIENT NAME MABEL SMITH
	2. DATE OF BIRTH 05/16/1932	3. ID / SETTING (OPTIONAL) _____	
4. LONG TERM CARE WORKER'S (LTCW) NAME (PRINT) Iona Ford			
5. Credential Verification			
<input type="checkbox"/> Attach a copy of internet Provider Credential Search https://fortress.wa.gov/doh/hpqa1/Application/Credential_search/profile.asp			
OR COMPLETE THE FOLLOWING			
A. RN Delegator has verified that the Long Term Care Worker is currently registered or certified in Washington state and is in good standing without restriction. Date of verification: <u>01/03/2014</u>			
B. Washington State Certificate/Registration Number for <u>NR00123456</u> <input checked="" type="checkbox"/> NAR <input type="checkbox"/> NAC <input type="checkbox"/> HCA - C			
C. Expiration Date: <u>06/07/2015</u> <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Certified			
6. Training Verification			
Required for NAR, NAC, and HCA-C before delegating.			
<input checked="" type="checkbox"/> Nurse Delegation for Nursing Assistants (9 hours)		Date: <u>02/20/2013</u>	
<input checked="" type="checkbox"/> Nurse Delegation Special Focus on Diabetes class (3 hours) (ONLY if providing delegated insulin injections)		Date: <u>02/27/2013</u>	



Nurse Delegation

Basic Caregiver Training class required for NAR's before delegating:

- Basic Training (Core Competency) Date: _____
- Revised Fundamentals of Caregiving (RFOC) or alternative DSHS approved course Date: **07/18/2006**
- DDD Basic Training (Supported Living or Group Training Homes) Date: _____
- PRIDE Training (Foster Care setting) Date: _____

Basic Training certificate required of HCA before delegating*:

- NAR credential Date: _____
- * Dual credential is no longer required after the HCA becomes certified.*

EXEMPT LONG TERM CARE WORKERS

The long-term care worker employed sometime during the time frame between January 1,2011 and January 6,2012 should have a letter from the employer who employed them stating they have completed basic training requirements in effect on the date of his or her hire prior to January 6, 2012.

- Letter of employment verification Date: _____
- Basic Training (Core Competency) OR Date: _____
- Revised Fundamental of Caregiving (RFOC) Date: _____

7. RND SIGNATURE	8. DATE 01/03/2014
------------------	------------------------------

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

Head to Toe Assessment

- Full systems nursing assessment
 - Currently no standardized form required
 - Must be completed at each supervisory visit
 - RN may chart per exception after the initial assessment.

Nurse Delegation

Header **Initial, Assessed and PBN Assessment**

Resident's Name: _____ Date: _____
Date of Birth: _____ Sex: _____

Sex: M F Other _____
Allergies: _____
Age: 1st 2nd 3rd 4th

Body Function Assessment (Use green for normal, yellow for abnormal, red for critical)



Psychological Assessment _____
Physical Assessment _____
Respiratory Assessment _____
Cardiovascular System _____
Neurological Assessment _____

Sign of Infection _____
Communication/Response _____
Vital Signs _____
Wound Assessment _____
Other Assessment _____

Psychological Findings _____
App. Additional Comments _____

Footer

RN Signature _____ **Date** _____

Nurse Delegation

Instructions and Task Sheet

- Complete instructions and task sheet for each delegated task
 - Oral medications
 - Topical medications
 - Wound care
- List medications delegated
 - Method of verification
 - MD order
 - MAR review
 - Pharmacy
- Step by step task analysis to complete nursing task

Nurse Delegation

Instructions and Task Sheet

- Expected side effects
- When to notify the RN
 - Provide contact information
- When to notify MD
 - Provide contact information
- When to notify 911

Be specific when giving examples of side effects. Remember, side effects and steps to perform task are specific to the client

Nurse Delegation



Nurse Delegation: Instructions for Nursing Task

1. CLIENT NAME	2. DATE OF BIRTH	3. ID/SETTING (OPTIONAL)	4. DATE TASK DELEGATED
5. DELEGATED TASK AND EXPECTED OUTCOME			
Complete 6 and 7 only if medication(s) delegated:			
6. LIST SPECIFIC MEDICATION(S), DOSE(S) AND FREQUENCY OF MEDICATIONS DELEGATED. ON THIS DATE (X) CHECK HERE IF ADDITIONAL FORM ATTACHED.)		DATE	VERIFICATION OF DELEGATED MEDICATION
		NAME/TITLE	
		METHOD OF VERIFICATION	
8. STEPS TO PERFORM THE TASK <input type="checkbox"/> Check here if additional teaching aide(s) attached.			
Report Side Effects or Unexpected Outcomes to:			
9. RND NAME (PRINT)		10. TELEPHONE NUMBER	
11. WHAT TO REPORT TO RND			
12. HEALTH CARE PROVIDER NAME		13. TELEPHONE NUMBER	
14. WHAT TO REPORT TO HEALTH CARE PROVIDER			
EMERGENCY SERVICES, 911			
15. WHAT TO REPORT TO 911			
16. RND SIGNATURE		17. DATE	
Call HMO 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 1-800-682-8073

Nurse Delegation

Report Side Effects or Unexpected Outcomes To:	
9. RND NAME (PRINT) Ima Nurse RN	10. TELEPHONE NUMBER 206-000-0000
11. WHAT TO REPORT TO RND EXAMPLES: Refuses to take medications Weight gain greater than 3 lbs, increased fatigue, increased abdominal pain, etc.	
12. HEALTH CARE PROVIDER NAME Dr. Welby	13. TELEPHONE NUMBER 360-000-0000
14. WHAT TO REPORT TO HEALTH CARE PROVIDER EXAMPLES: Weight greater than 3 lbs; Eye pain or decreased vision	
EMERGENCY SERVICES, 911	
15. WHAT TO REPORT TO 911 EXAMPLES: Non responsive *If this client had seizures and was non responsive to protocol...	
16. RND SIGNATURE	17. DATE 01/03/2014
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

Nurse Delegation

Nursing Visit Form

- The nursing visit form is the most widely used form
 - Initial assessment
 - Supervisory (90 day) visits
 - Change in condition
 - Change in delegated task
 - Resending of LTCW
 - Delegation to new LTCW
 - other

Nurse Delegation

Washington State Department of Social & Health Services			Nurse Delegation: Nursing Visit		
1. CLIENT NAME MABEL SMITH		2. DATE OF BIRTH 05/16/1932	3. ID SETTING (OPTIONAL) AFH		
4. CHECK ALL THAT APPLY					
<input checked="" type="checkbox"/> Initial Client Assessment (See attached)		<input type="checkbox"/> Supervisory Visit		<input checked="" type="checkbox"/> Initial Caregiver Delegation	
<input type="checkbox"/> Condition Change		<input type="checkbox"/> Initial Insulin Delegation		<input type="checkbox"/> Other _____	
5. CLIENT REQUIRES NURSE DELEGATION FOR THESE TASK(S):					
Oral Medications, Topical Medication, Eye Drops					
DUE TO: CVA, memory loss, glaucoma					
6. REVIEW OF SYSTEMS: ONLY CHECK CHANGES IN CONDITION FROM LAST ASSESSMENT. <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		
7. Notes					
SEE INITIAL ASSESSMENT - EXAMPLE ONLY -					
82 year-old female with diagnoses including CVA, memory loss for delegation.....					
Appears to be healthy and eating well.					
Ambulates with assistance and gait steady, balance fair. No history of falls.					
Weight is stable, however still with 1+ edema bilat lower extremities					
Recent death of spouse and appears to be grieving and has been already referred to mental health for further follow-up by case manager.					
8. Caregiver (CG) Training/Competency (Check or date all that apply)					

Nurse Delegation

8. Caregiver (CG) Training/Competency (Check or date all that apply)						
A. CG Evaluated	B. Observation or Demonstration	C. Verbal Description	D. Record Review	E. Training		F. Other (specify)
				Needed	Completed	
1) Lena Neilson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Renewed
2) Maak Smith	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3) Iona Ford	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4) [Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) [Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. <input type="checkbox"/> Check here if additional notes/caregiver name on page 2.						
10. <input checked="" type="checkbox"/> Client stable and predictable <input checked="" type="checkbox"/> Continue delegation <input type="checkbox"/> See rescind form						
I have verified, informed, taught and instructed the caregiver(s) to perform the delegated task(s). The caregiver(s) has indicated that he/she accepts responsibility for performing the task as delegated. The caregiver(s) has been given the information on how to contact the RND if he/she is no longer able or willing to do these task(s) or resident health care orders change.						
11. RND SIGNATURE [Redacted]					12. DATE 01/03/2014	
13. RETURN VISIT ON OR BEFORE 03/23/2014						

**Rescinded
1/14/2017**

To **This date must be within 90 days.**
Allow a cushion

call 1-800-562-6078

Nurse Delegation


Supplementary Forms

The following forms are not required, but can be used:

- PRN
- Change in medical orders
- Assumption
- Rescinding

Nurse Delegation

There is room for multiple PRN medications to be listed

 **Nurse Delegation: PRN Medication**
TO BE COMPLETED ONLY IF PRN MEDICATIONS ARE DELEGATED

1. CLIENT NAME		2. DATE OF BIRTH	3. ID/SETTING (OPTIONAL)
7. NOT TO EXCEED		8. REASON FOR MEDICATION	
9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN			
10. NOTES			
11. RND SIGNATURE			12. DATE
7. NOT TO EXCEED		8. REASON FOR MEDICATION	
9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN			
10. NOTES			
11. RND SIGNATURE			12. DATE
4. DATE ORDERED	5. NAME OF MEDICATION	6. DOSE/FREQUENCY/ROUTE	
7. NOT TO EXCEED		8. REASON FOR MEDICATION	
9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN			
10. NOTES			
11. RND SIGNATURE			12. DATE

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



Nurse Delegation: PRN Medication

TO BE COMPLETED ONLY IF PRN MEDICATIONS ARE DELEGATED

1. CLIENT NAME MABEL SMITH		2. DATE OF BIRTH 05/16/1932	3. ID/SETTING (OPTIONAL) AFH
4. DATE ORDERED 01/03/2014	5. NAME OF MEDICATION TYLENOL		6. DOSE/FREQUENCY/ROUTE 325 mg P.O. every 6 hrs PRN (as needed)
7. NOT TO EXCEED 1000 MG in 24 hours		8. REASON FOR MEDICATION arthritis multiple joints	
9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN Verbalizes complaints of pain at joints or facial grimacing when standing (especially upon rising in am)			
10. NOTES She likes to keep her legs warm, covered with blanket. She tends to be less cooperative when in pain.			
11. RND SIGNATURE IMA NURSE RN			12. DATE 01/03/2014

Nurse Delegation

1. DATE ORDERED 01/03/2014	5. NAME OF MEDICATION Ativan	6. DOSE/FREQUENCY/ROUTE 2-4 mg every 4-6 hrs as needed
7. NOT TO EXCEED 8 mg/24 hrs	8. REASON FOR MEDICATION Agitation	
9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN Pacing in hallway; striking out;		
10. NOTES Can repeat dose as needed		
11. RND SIGNATURE IMA NURSE RN		12. DATE 01/03/2014

Not an acceptable order
due to ranges

4. DATE ORDERED 01/03/2014	5. NAME OF MEDICATION Ativan	6. DOSE/FREQUENCY/ROUTE 2mg every 4 hrs PRN for agitation
7. NOT TO EXCEED 8 mg/24 hours	8. REASON FOR MEDICATION Agitation	
9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN with pacing in hallway and/or striking out. Client yells when she is agitated usually.		
10. NOTES See second page for possible 2nd dosing when no relief in agitation after 1 hour.		
11. RND SIGNATURE IMA NURSE RN		12. DATE 01/03/2014

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



Nurse Delegation: PRN Medication

TO BE COMPLETED ONLY IF PRN MEDICATIONS ARE DELEGATED

1. CLIENT NAME MABEL SMITH		2. DATE OF BIRTH 05/16/1932	3. ID/SETTING (OPTIONAL) AFH
4. DATE ORDERED 01/03/2014	5. NAME OF MEDICATION Ativan	6. DOSE/FREQUENCY/ROUTE May repeat 2mg by mouth in 1 hr. PRN	
7. NOT TO EXCEED 8mg/24 hours	8. REASON FOR MEDICATION agitation		
9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN with pacing in hallway and/or striking out. Client yells when she is agitated usually			
10. NOTES This order is for repeat dose of Ativan when no relief within 1 hour.			
11. RND SIGNATURE IMA NURSE RN			12. DATE 01/03/2014

Acceptable order for delegation


Nurse Delegation

Change in Medical Orders Form

- If there is a change in medications mid review cycle
- Change in dosage
- Addition of short term medication
 - 10 day course of antibiotic ointment
- Change in a nursing task

The change in medical orders form is similar to the instructions and task form

Nurse Delegation

 Nurse Delegation: Change in Medical / Treatment Orders			
1. CLIENT NAME		2. DATE OF BIRTH	3. ID SETTING (OPTIONAL)
4. DATE RND WAS NOTIFIED	5. BY WHOM	6. 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	
7. HOW WAS THE CHANGE RECEIVED? <input type="checkbox"/> Written <input type="checkbox"/> Faxed <input type="checkbox"/> Verbal		8. EFFECTIVE DATE OF CHANGE	
9. Only Complete if number 7 was a verbal order.			
NUMBER OF PERSON PROVIDING VERIFICATION	TITLE OF PERSON PROVIDING VERIFICATION	DATE OF VERIFICATION	
10. NURSING TASK(S) <input type="checkbox"/> New task(S) sheet required <input type="checkbox"/> Current task(S) sheet(s) updated <input type="checkbox"/> No change to task(s) sheet(s) NURSING TASK / ORDER			
11. This medication(s) was: <input type="checkbox"/> New <input type="checkbox"/> Changed			
12. DATE ORDERED	13. NAME OF MEDICATION(S)	14. START DATE	15. STOP DATE (IF APPLICABLE)
16. STRENGTH/DOSAGE	17. MEDICATION FREQUENCY	18. ROUTE	19. NOT TO EXCEED
20. REASON FOR MEDICATION(S)			
11. This medication(s) was: <input type="checkbox"/> New <input type="checkbox"/> Changed			
12. DATE ORDERED	13. NAME OF MEDICATION(S)	14. START DATE	15. STOP DATE (IF APPLICABLE)
16. STRENGTH/DOSAGE	17. MEDICATION FREQUENCY	18. ROUTE	19. NOT TO EXCEED
20. REASON FOR MEDICATION(S)			
Optional Task Sheet: (21 – 22)			
21. STEPS TO PERFORM THE NEW TASK(S)			
22. EXPECTED OUTCOME OF DELEGATED TASK(S)			
Report side effects or unexpected outcomes to:			
23. KNOWLEDGE (PRN)		24. TELEPHONE NUMBER	
25. WHAT TO REPORT TO RND			
26. HEALTH CARE PROVIDER		27. TELEPHONE NUMBER	
28. WHAT TO REPORT TO HEALTH CARE PROVIDER			
29. WHAT TO REPORT TO EMERGENCY SERVICES, 911			
Select Only One of the following			
30. <input type="checkbox"/> Delegate immediately. No site visit required. The above order and instructions have been communicated to the delegated caregiver(s) and this form should be added to the client's chart. 034			
31. <input type="checkbox"/> A site visit required for training or assessment prior to delegation. The caregiver may not perform the task until the site visit is completed.			
32. WORKER NUMBER		33. SIGNATURE	

To register concerns or complaints about Nurse Delegation, please call 1-800-582-8073

DISTRIBUTION: Copy in client chart and in RND file

Nurse Delegation



Nurse Delegation: Change in Medical / Treatment Orders

1. CLIENT NAME MABEL SMITH		2. DATE OF BIRTH 05/16/1932	3. ID /SETTING (OPTIONAL) AFH
4. DATE RND WAS NOTIFIED 02/04/2014	5. BY WHOM Jane Doe Provider	6. CHANGES IN ORDER(S) <input checked="" 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	
7. HOW WAS THE CHANGE RECEIVED? <input type="checkbox"/> Written <input checked="" type="checkbox"/> Faxed <input type="checkbox"/> Verbal		8. EFFECTIVE DATE OF CHANGE 02/04/2014	
9. Only Complete if number 7 was a verbal order.			
NAME OF PERSON PROVIDING VERIFICATION ABC Pharmacy		TITLE OF PERSON PROVIDING VERIFICATION Lilly Smith	DATE OF VERIFICATION 02/04/2014
10. 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			
11. This medication(s) was: <input checked="" type="checkbox"/> New <input type="checkbox"/> Changed			
12. DATE ORDERED 02/04/2014	13. NAME OF MEDICATION(S) Bactrim DS		14. START DATE 02/04/2014
15. STOP DATE (IF APPLICABLE) 02/14/2014	16. STRENGTH/DOSE 500 mg	17. MEDICATION FREQUENCY BID (Twice Daily)	18. ROUTE PO (by mouth)
19. NOT TO EXCEED twice daily			
20. REASON FOR MEDICATION(S) Upper respiratory infection			

Nurse Delegation

Optional Task Sheet: (21 – 29)	
21. STEPS TO PERFORM THE NEW TASK(S) See: 1. Instructions for administering PO meds 2. See attached Pharmacy Sheet highlights for possible side effects	
22. EXPECTED OUTCOME OF DELEGATED TASK(S) Resolution of infection with normal breath sounds	
Report side effects or unexpected outcomes to::	
23. RND NAME (PRINT) Ima Nurse RN	24. TELEPHONE NUMBER (206) 000-0000
25. WHAT TO REPORT TO RND Rash; Increase in cough or deep yellow/gold, green or bloody sputum	
26. HEALTH CARE PROVIDER Dr. Welby	27. TELEPHONE NUMBER (206) 777-1212
28. WHAT TO REPORT TO HEALTH CARE PROVIDER Rash, difficulty swallowing, increased difficulty with breathing	
29. WHAT TO REPORT TO EMERGENCY SERVICES, 911 Non responsive	
Select Only One of the Following	
30. <input type="checkbox"/> Delegate immediately. No site visit required. The above order and instructions have been communicated to the delegated caregiver(s) and this form should be added to the client's chart. OR	
31. <input checked="" type="checkbox"/> A site visit required for training or assessment prior to delegation. The caregiver may not perform the task until the site visit is completed.	
32. RND SIGNATURE Ima Nurse RN	33. DATE 2/4/2014
To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078	
nd in RND file	

RN can make the decision to delegate immediately or require a site visit

Nurse Delegation

Assumption Form

- If you are assuming a case complete the assumption form to verify date assumed
- This is the date you will begin assuming liability
- Document the reason why assumption occurred.

Nurse Delegation

NURSE DELEGATION: ASSUMPTION OF DELEGATION		
1. CLIENT NAME	2. NURSE'S DATE	3. NURSE'S ID NUMBER
4. NAME OF FACILITY WHERE OCCURRING		5. FACILITY'S ADDRESS
6. REASON DELEGATED FROM NURSE'S REGISTRATION		
<p>I agree that I have the knowledge, skill, assessment, for your patient, the state of the setting and that I am delegating tasks; I agree to assume responsibility and accountability for the delegated tasks; and to provide the setting appropriate to the client's needs and under proper supervision of the charge nurse for the setting described, state included.</p>		
7. NURSE'S SIGNATURE		8. DATE

When multiple copies
 To register concerns or complaints about Nurse Delegation, please call 1-800-533-0079.
 COPY DELEGATION CONTRACT FROM THIS PAGE



INSTRUCTIONS - NURSE DELEGATION - FOR MEDICATION

- All fields are required unless indicated "OPTIONAL".
1. **Client Name:** Enter NO client's name (last name, first name).
 2. **Date of Birth:** Enter NO client's date of birth (month, day, year).
 3. **ID Number:** OPTIONAL - Enter client's ID number as assigned by your business (OR identifying "AHP", "SN", "DCC Program, etc. name").
 4. **Facility or Program Name:** OPTIONAL - Enter name of facility/program contact.
 5. **Telephone Number:** OPTIONAL - Enter telephone number of facility/program contact including area code.
 6. **Reason/Date for Another RN/CN Assume Delegation:** Enter reason other RN/CN required and the date you assume responsibility for delegation.
 7. **R.N. Assuming RN/CN Signature and Date:** Sign and date your signature.

Nurse Delegation

Rescinding Form

- Document date rescinded
- Who you rescinded
- Why you rescinded

Nurse Delegation

NURSE DELEGATION (A) / DOMICILE DELEGATION

1. COUNTY NAME		2. LICENSE TYPE		3. DELEGATED OFFICIAL	
4. Reasons for Rescinding (Check all that apply):					
<input type="checkbox"/> a. Consent withdrawn	<input type="checkbox"/> f. Task is inappropriate to delegate	<input type="checkbox"/> g. Delegator's, registrant's or other party's knowledge, training, skill or ability is insufficient	<input type="checkbox"/> h. Delegator's, registrant's or other party's supervision is inadequate	<input type="checkbox"/> i. Other reasons, including all applicable statutory provisions, not listed below	<input type="checkbox"/> j. Other reasons
<input type="checkbox"/> b. Registrant's license is suspended	<input type="checkbox"/> g. Not authorized to act	<input type="checkbox"/> h. Not well training	<input type="checkbox"/> i. Not under appropriate supervision	<input type="checkbox"/> j. Other reasons, including all applicable statutory provisions, not listed below	<input type="checkbox"/> k. Other reasons
<input type="checkbox"/> c. Registrant's license is expired	<input type="checkbox"/> h. Not under appropriate supervision	<input type="checkbox"/> i. Not well training	<input type="checkbox"/> j. Not under appropriate supervision	<input type="checkbox"/> k. Other reasons, including all applicable statutory provisions, not listed below	<input type="checkbox"/> l. Other reasons
<input type="checkbox"/> d. Registrant's license is revoked	<input type="checkbox"/> i. Not well training	<input type="checkbox"/> j. Not under appropriate supervision	<input type="checkbox"/> k. Other reasons, including all applicable statutory provisions, not listed below	<input type="checkbox"/> l. Other reasons	<input type="checkbox"/> m. Other reasons
<input type="checkbox"/> e. Registrant's license is annulled	<input type="checkbox"/> j. Not under appropriate supervision	<input type="checkbox"/> k. Other reasons, including all applicable statutory provisions, not listed below	<input type="checkbox"/> l. Other reasons	<input type="checkbox"/> m. Other reasons	<input type="checkbox"/> n. Other reasons

5. NUMBER OF DELEGATIONS	6. DATE	7. TYPE OF DELEGATION	8. REGISTERED NURSE	9. DELEGATED OFFICIAL

10. Other: Other: _____

11. REGISTERED NURSE'S SIGNATURE: _____

12. DELEGATED OFFICIAL'S SIGNATURE: _____

13. DATE: _____

14. NURSE'S ID NUMBER: _____

To register concerns or complaints about Nurse Delegation, please call 1-800-542-4879.

Reasons to rescind

Document date you rescind. If not date, you can be held liable for any actions that take place

Nurse Delegation

Group Activity

Background:

On 11/20/2016 at 10:15am you receive a call from Judy a Case Manager in your local Home and Community Services office, she is looking for a nurse delegator to evaluate a client to determine if delegation is appropriate. He currently has informal support at home however has enlisted the help of three caregivers to help complete his care needs.

Nurse Delegation

Group Activity

Client History:

Alfonso Green a 66 year old male with a history of insulin dependent diabetes, diabetic foot ulcers, hypertension, congestive heart failure, immobility, and rheumatoid arthritis.

Nurse Delegation

Group Activity

Medications and Treatments:

- Novolog
- Lantus
- Lasix
- Metoprolol
- Methotrexate
- Weekly dressing changes to foot ulcers

Nurse Delegation

Forms Scenario

Current Caregivers:

- Lisa- CNA (9 hour nurse delegation course completed and 3 special focus on diabetes completed)
- Rachel- NAR completed on Feb. 11th 2010 and has worked at the same long-term care facility since acquiring NAR.
- David HCA-C- (9 hour nurse delegation course completed)

Nurse Delegation

Group Activity

Next Steps:

- What form will you need from the case manager before you complete your assessment?
- Is there specific information you need on that form to complete an accurate assessment?
- Are the caregivers prepared for delegation (Use the Credential and Verification form to help you)?
- What do you need to complete and send back to the case manager?
- Use your imagination to create additional details and complete all forms required to initiate delegation

Nurse Delegation

Contracting with ALTSA

Who needs to contract with ALTSA?

- RN's who want to be paid for providing services to DSHS clients
 - Adult Family Homes
 - DDA Supported Living
 - Private homes

Nurse Delegation

Contracting with ALTSA

What services can I provide with a DSHS contract?

- Nurse Delegation for both DDA and HCS clients
- Skin Observation Protocol for existing clients
- One time skilled nursing task
 - For DDA clients ONLY

Nurse Delegation

Skin Observation Protocol (SOP)

Specific protocol for DSHS clients

- Case manager will refer a client to you if:
 - Their annual CARE assessment triggers SOP
- RN must follow specific protocol to assess skin
 - Specific forms
 - Specific documentation criteria
 - Document on triggered referral
- Timeline must be followed without exception.

Nurse Delegation

Skin Observation Protocol (SOP)

HCS	DDA
Referral sent by CM	Referral sent by CM
RN has 48 hours to accept or deny referral	RN has 48 hours to accept or deny referral
5 days to contact client, assess client, document clients skin assessment, and return documentation to the CM	5 days to contact client, assess client, document clients skin assessment, and return documentation to the CM
	If the client can not be assessed after two attempts or the client declines the assessment APS or CPS and the CM must be notified.

Nurse Delegation

Skin Observation Protocol (SOP)

Forms to be used when SOP is triggered:

- Basic Skin Assessment
- Pressure Ulcer Assessment
 - Only complete if there is a pressure injury
 - Complete a pressure ulcer assessment for each Pressure injury

Nurse Delegation

Skin Observation Protocol (SOP)

Forms and Power Point can be found at:

<https://www.dshs.wa.gov/altsa/residential-care-services/skin-observation-protocol-sop-resources>

Nurse Delegation

Requirement for Contracting with ALTSA

- RN must attend 8 hour Nurse Delegation Orientation
- WA state RN license without restrictions
- 2 years RN experience or equivalent experience, determined by ND program managers
- Professional liability insurance
 - 1 million incident/ 2 million aggregate
- Pass a criminal background check
- Have a National Provider Index (NPI) number
- Complete a Core Provider Agreement (CPA)
- Have a business license

Nurse Delegation

Contract Requirements

- Resume
- Copy of Drivers License
- Copy of RN license
- Copy of business license
- Copy of professional liability insurance
- Completed background check
- Completed W-9
 - Private business owner

Nurse Delegation

Nurse Delegation Application

1. Return completed packet to Haleigh Divine
2. ND Program Manager
3. ALTSA Contract Unit
4. CPA to Health Care Authority (HCA)
5. HCA to ALTSA Contracts Unit
6. ALTSA Contract Unit to RN
7. RN to Contracts Unit
8. Contracts Units to RN Program Managers

Nurse Delegation

What Can I Bill for?

- Assessments
- Documentation
- Collateral contacts
- Travel time
- Billing time

Nurse Delegation

Payment

- RN delegators must track time billed
- Billed in units
 - 1 unit= 15 minutes
 - 4 units= 1 hour
- Current rate is \$8.24 per unit
 - \$32.96 an hours
 - Rate is set by Legislation

Nurse Delegation

Billing

- HCS clients are authorized:
 - 36 units per month x 12 months
- DDA clients are authorized:
 - 100 units per month x 12 month

If additional units are needed RN must complete an “additional unit request form” outlining rationale

Nurse Delegation




AGING AND LONG-TERM SUPPORT ADMINISTRATION
Nurse Delegation: Request For Additional Units
 To be completed by Delegating Nurse

1. RND NAME []	2. RND TELEPHONE NUMBER []	3. RND E-MAIL ADDRESS []
4. CLIENT'S NAME []		5. CLIENT'S DATE OF BIRTH []
6. CASE MANAGER'S NAME []	7. CASE MANAGER'S TELEPHONE NUMBER []	8. CASE MANAGER'S E-MAIL []
9. I will need [] more units in addition to the 36 units already authorized for the month of []. This will allow me to bill for a total of [] units for the month.		
10. Reason Additional Units Needed:		
A. For Insulin , complete the section below (no additional narrative required):		
<input type="checkbox"/> Initial visit: [] units needed.		
<input type="checkbox"/> Supervisory visit: [] units needed.		
<input type="checkbox"/> New support providers / caregivers: [] units needed.		
Total number of caregivers delegated insulin: []		
B. Other than Insulin please list reasons units needed: []		
11. DATE REQUESTED []	12. REQUESTING RND SIGNATURE []	
13. UNITS APPROVED []	14. RND PROGRAM MANAGER SIGNATURE []	15. DATE APPROVED []

Scan and email additional unit request form:
 Erika Parada
 Nurse Delegation Program Manager
Erika.Parada@ds.wa.gov

Nurse Delegation



 DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) DDA Request for Additional Units Nurse Delegation (ND)		
1. RND NAME	2. RND TELEPHONE NUMBER	3. RND E-MAIL ADDRESS
4. CLIENT'S NAME	5. CLIENT'S DATE OF BIRTH	
6. CASE MANAGER'S NAME	7. CASE MANAGER'S TELEPHONE NUMBER	8. CASE MANAGER'S E-MAIL
3. Fax completed form to DDA Nurse Delegation (ND) Coordinators (check where faxing): <input type="checkbox"/> Region 1 Spokane..... Wilma Brown (509) 3292940, fax (509) 568-3037, brownWH@dshs.wa.gov <input type="checkbox"/> Region 1 Kennewick..... Gail Blegen-Frost..... (509) 374-2124, fax (509) 734-7103, blegenGF@dshs.wa.gov <input type="checkbox"/> Region 2 South..... Kathleen Wood..... (206) 568-5783, fax (206) 720-3334 woodKM@dshs.wa.gov <input type="checkbox"/> Region 2 North..... Meg Hindman..... (360) 714-5005, fax (360) 714-5001, HindmanMM@dshs.wa.gov <input type="checkbox"/> Region 3..... Denise Pech..... (253) 404-5540, fax (253) 697-4368, pechDL@dshs.wa.gov Ageing and Long-Term Support Administration (ALTS&A) ND Program Manager is available for consultation.		
4. I will need _____ more units in addition to the 100 units already authorized for the month of _____. This will allow me to bill for a total of _____ units for the month of _____.		
5. Reason additional units needed (check all appropriate boxes below): A. For Insulin , complete the section below (no additional narrative required). <input type="checkbox"/> Initial visit; _____ units needed. <input type="checkbox"/> Supervisory visit; _____ units needed. <input type="checkbox"/> New support providers / caregivers; _____ units needed. Total number of caregivers delegated insulin: _____ B. Other than Insulin , please list reason(s) units needed: _____		
9. DATE REQUESTED	7. REQUESTING ND SIGNATURE	
8. UNITS APPROVED	9. ND PROGRAM MANAGER SIGNATURE	10. DATE APPROVED

Print and email additional unit request form:
 Doris Barret
 Nursing Service Unit Manager
Barreda@dshs.wa.gov



Nurse Delegation

How do I bill?

Billing is completed through the Health Care Authority (HCA)

- You must complete a CPA in order to get access to ProviderOne for billing
- Once you have access you will:
 - Receive a welcome letter via US mail
 - Receive your domain and user name via email
 - Receive a second email with a temporary password

Nurse Delegation

Rolodex sheet

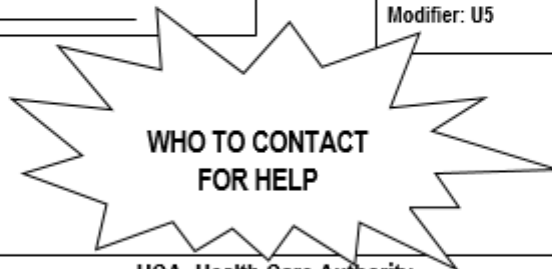
Your important Information



Provider ID/Domain: _____
Login/Username: _____
Password: _____
Secret Question/Answer:

NPI: _____

Taxonomy: 163W00000X
Proc/Service Code: H2014
Modifier: U5



HCA- Health Care Authority
1-800-562-3022

- Press #5 then 1 for Social Services
- Hours 8:30am to 5:30pm, Mon- Fri

HCA Security

- If you are still unable to access your account, you can request to have the password reset by HCA Security: 1-800-562-3022 Ex. #19963

Nurse Delegation

Billing Scenarios

Use your forms scenario to track units used from the initial date of your referral until the time you billed.

This may include:

- Conversation regarding referral
- Assessment of client
- Task analysis
- Training caregivers
- Returning documentation
- Billing

Nurse Delegation

Health Care Authority

Self study billing:

<http://www.hca.wa.gov/medicaid/provider/Pages/training.aspx>

Nurse Delegation



Apple Health (Medicaid)
Home
Contact Us
Programs and Services Directory
Client Services
Health Care Assistance ▾
Apple Health (Managed Care)
Provider Services
Provider Information ▾
Durable Medical Equipment
Hospital Payments
Provider Guides and Notices ▾
Administration
Apple Health (Medicaid) Manual
Apple Health (Medicaid) Manual WAC Index
Budget Information
Forms
Health Homes
HealthPath Washington
Hospital Presumptive Eligibility
Stakeholder Training and Education
Program Integrity
Provider Termination and Exclusion List

TRAINING

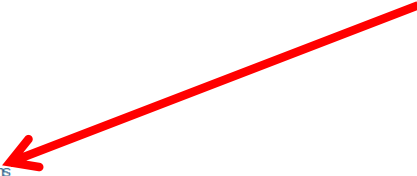
[Providers Home](#) | [Training](#) | [Fact Sheets](#) | [Links](#) | [Claims and Billing](#) | [New Provider](#) | [Webinars](#) | [ProviderOne Manuals](#) | [ProviderOne Security](#)

The Washington Health Care Authority (HCA) offers a variety of learning opportunities for providers. These include live and recorded Webinars, E-Learning modules, Fact Sheets, and System User Manuals.

Social Services ProviderOne Tutorials

ProviderOne users billing for Social Service and Social Service Medical claims can view training material using the links below.

- [Getting Started](#)
- [Adding Medical Social Services Profiles](#)
- [Managing Provider Data](#)
- [Managing Alerts and Reminders](#)
- [Adding New Users](#)
- [Password/Login Issues](#)
- [Authorization Lists](#)
- [Submitting Social Service Claims](#)
- [Submitting Social Service Medical Claims](#)
- [Adjusting Social Service Claims](#)
- [Adjusting Social Service Medical Claims](#)
- [Creating and Submitting Social Service Template Claims](#)
- [Creating and Submitting Social Service Medical Template Claims](#)
- [Creating and Submitting Social Service Batch Claims](#)
- [Creating and Submitting Social Service Medical Batch Claims](#)
- [Finding Service Code Taxonomy Associations](#)
- [Claim Status Inquiry and View Remittance Advice \(RA\)](#)



Nurse Delegation

Billing Labs

Billing labs are scheduled throughout the state

- Completed Orientation
- Current DSHS contract
- Have at minimum of one client to bill for
- Have access to ProviderOne
- Register for a billing lab
 - On 123signup
 - <https://www.dshs.wa.gov/altsa/home-and-community-services/providerone-billing-lab>
 - Must bring your personal computer
 - Bring rolodex sheet

Nurse Delegation

Billing Lab

What to bring:

- Your NPI number
- Clients authorization number
- Clients birthdate
- ICD 10 number
- Billing tracker

Nurse Delegation

Other DSHS Contract

- Community instructor contract
 - Train LTCW for 9 hour ND for NA
 - Train LTCW for 3 hour SFOD
- HCS
 - Contact Training Unit at 360-725-2548
- DDA
 - Contact DDA Regional Coordinator in area of interest

Nurse Delegation

Other DSHS Contracts

- Skilled Nursing Waiver Contract
 - Provide skilled nursing task
 - Similar to Home Health
 - Wound care
 - Indwelling catheter insertion
 - Injections
 - Contact local Area Agency on Aging (AAA) office

Nurse Delegation

Other DSHS Contracts

- Private Duty Nursing
 - Provide 1:1 care
 - Client must require four hours of continued nursing services
 - Vent
 - Trach
 - Contact Jevahly Wark 360-725-1737

Nurse Delegation

Setting Up Your Business

You must market your business and yourself

- Contact CM's
- Develop marketing materials
 - Business cards
 - Flyers
 - Website
- Contact other RN delegators in your community
- Attend quarterly meetings

Nurse Delegation

Responsibilities

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

Nurse Delegation

Contracted RN

- Document when, how, and from who referral was received
- If necessary arrange interpreter services with CM
- Assess client within 3 days of receiving the referral
- Provide SOP documentation to CM within five days
- Return page two of referral to case manager
- Notify CM if there is a change in client condition or nursing task delegated
- Notify CM if rescinding or assuming a caseload

Nurse Delegation

Contracted RN

- Maintain duplicate copies of all ND files for six years
- 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

Nurse Delegation

Case Manager

- Send referral to RN
- Send current CARE assessment
- Send positive behavior support plan
- Send release of information
- Authorize payment for 12 months
- Communicate changes in client eligibility
- If client referred is in their private home, the case manager will verify LTCW credentials prior to referring

Nurse Delegation

Program Managers

- Resource for all contracted RN's
- Resource for RN's in the state of WA
- Resource for all CM's in the state of WA
- Provide follow up and investigations on all delegation complaints, with contracted nurses
- Maintain contracted RN records
- Contract Monitoring on all contracted RN's
- Train statewide

Nurse Delegation

Summary of delegation

- RCW's and WAC's are the same for all clients receiving delegation
- Nurse delegation is based on the nursing process
- Communication is key to having a successful business
- Program managers are available for support

Nurse Delegation

Questions



Nurse Delegation

Program Evaluation

- Complete orientation evaluation
- Submit evaluation to Program Managers for certificate of completion

Program Managers

Erika Parada RN

360-725-2450

parade@dshs.wa.gov

Jevahly Wark, RN

360-725-1737

warkj@dshs.wa.gov

Doris Barret, RN

360-725-2553

barreda@dshs.wa.gov