



DSHS

WASHINGTON STATE
Department of Social
and Health Services

**COMMUNITY
NURSE DELEGATION
ORIENTATION
2025**





Agenda

- 🕒 9:00 AM Welcome and Introduction
Overview of Community ND
Settings for Nurse Delegation
Nurse Delegation and Nursing Process
- 🕒 10:30 – 10:40 BREAK
When delegation may not be necessary
Activity
- 🕒 12:00 – 1:00 LUNCH
- 🕒 1:00 – 2:00 Medication assistance & administration
- 🕒 2:00 – 2:10 BREAK
- 🕒 2:10 – 4:30 Form review and billing
Responsibilities of RND/CM/PM
Wrapping it all up for contracting
Contract review
Questions and evaluation

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

*The schedule will be a bit flexible



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WELCOME

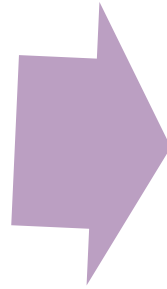
- Please mute your cell phone while in the training.
- Full class participation required for certificate. Please sign in.
- Please complete the survey provided at the end of training. Your input is valued for improvement.
- Certificates to be issued via email about a week after class. Please keep copy for your records.

Community Nurse Delegation

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



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



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



DSHS Serves the Medicaid Client

RN Delegator 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.

RN Responsibilities

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



Tasks include:

1. Receive referral from DSHS or Area Agency on Aging Case manager.
2. Obtain consent from client or representative.
3. Assess client to determine stability and predictability.
4. Determine if the task can be delegated.
5. Teach the long-term care worker the nursing task.
6. Evaluate the performance of the long-term care worker.
7. Provide ongoing supervision of the client's condition.
8. Provide ongoing supervision and evaluation of the long-term care workers performance of the nursing task.

It is not easy to grasp all the knowledge in one day. It is an experience that you develop through time and effort.



Washington State Laws & Rules

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

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

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

- The Rules/WAC are the details for implementing the Law. The WAC cannot exist without Law or Statute behind it.
- [Nurse Delegation Rules WAC 246-840-910 thru 970](#)

Acronyms

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

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

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) the Pharmacy Board changed the WAC as it is written. ** [WSR 24-14-078](#)

ALISA Long Term Care Manual
[Chapter 13](#)

DDA Policy 6.15



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
- [WAC 388-101D-0160](#) Nurse Delegation

Home and Community Services:

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



Resources

Residential Care Services (RCS):

- [WAC 388-112A](#) Residential long-term care services training (NAC, NAR, and HCA)

Adult Family Home (AFH):

- [WAC 388-76](#)

Assisted Living Facility (ALF):

- [WAC 388-78A](#)

Developmental Disabilities Administration (DDA) settings:

- [WAC 388-823](#)

Washington Board of Nursing(WABON):

- [Nurse Practice Guidance](#)
 - [Practicing Nurse FAQ](#)
 - RN and LPN Scope of Practice



Contracted Nurse Delegators

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

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



What does a contracted RN get paid?

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 ND Contracted RN

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.



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 and individual provider (IP) or agency provider(AP)
- Contracted RND paid to delegate IP

DDA 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

Mandatory Credentials and Training for Long-Term Care Worker (LTCW) Delegation

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:
 - Is currently Registered or Certified as a Nursing Assistant or Home Care aide in Washington state without restrictions.
 - Has completed the Nurse Delegation for Caregiver's core training
 - 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

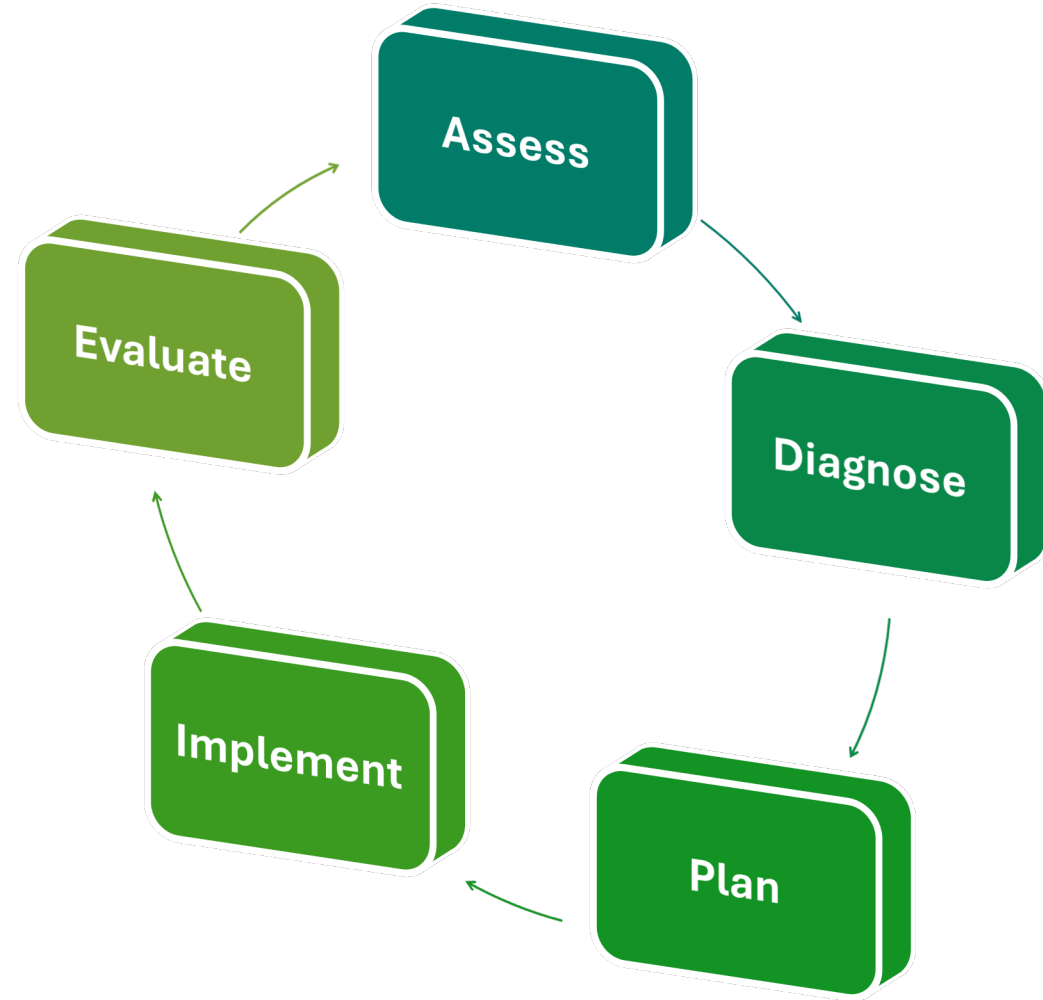


Nurse Delegation and Nursing Process

5 Steps in the Nursing Process

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

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



Assessment

Gather information about the client's condition

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.

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

Planning



Specific and focused to the client and their condition.



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



Expected outcomes of delegated nursing task.



Possible side effects of medications prescribed.



Document to whom the LTCWs report and when.



How to document the nursing task as complete or omitted.

Implementation

ND Task	DSHS Form Number
Referral from CM - Complete and return your portion to CM within 2 business days and assessment within 5 days of acceptance.	01-212 Nurse Delegation: Referral Form
Obtain Consent from Client or Legal Representative	13-678 pg 1 Consent for Delegation Process
Complete LTCW Credentials and Training Verification	10-217 LTCW Credentials and Training Verification
Client Assessment (required for all NDs)	The department does not have a standardized form for assessment
Instruct, Supervise and evaluate LTCW with instructions for Nursing Task	13-678 pg 2 Instructions for Nursing Task
Complete Nursing Visit form (required at minimum every 90 days)	14-484 Nursing Visit Form

RN Evaluation

- Evaluation occurs ongoing and nursing visit must be completed at least every 90 days with the Nursing Visit Form and in person visit.
- Initial Insulin administration supervision is every 2 weeks for the first 4 weeks and more frequently if the RN decides it is necessary.
- 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, 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
- Laws and rules govern the program.

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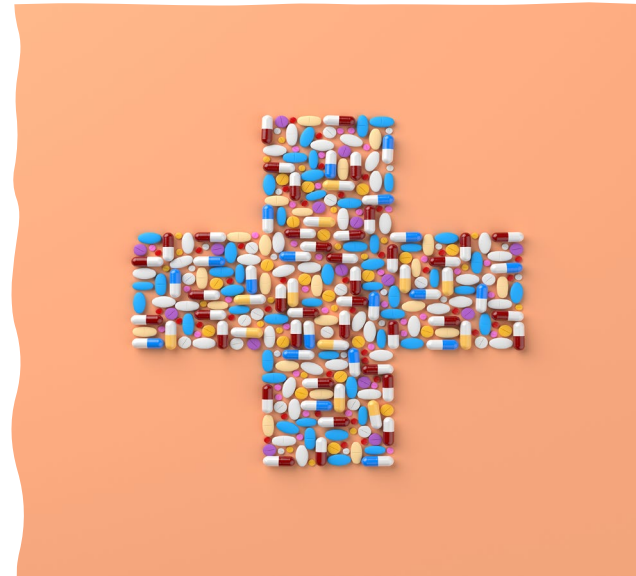
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Questions?



When Delegation may **NOT** be needed

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



Personal Care Task

- Medicated shampoos for **chronic** conditions (if **acute** condition is for example 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**

*** These are tasks the LTCW receives basic training for along with basic medication instruction.*

Basic First Aid



- Applying a bandage to a cut
- Reinforcing a bandage
- Naloxone – delegation is not necessary for this task. It can be delegated if determined by RN if needed,

Medication Assistance vs. Medication Administration

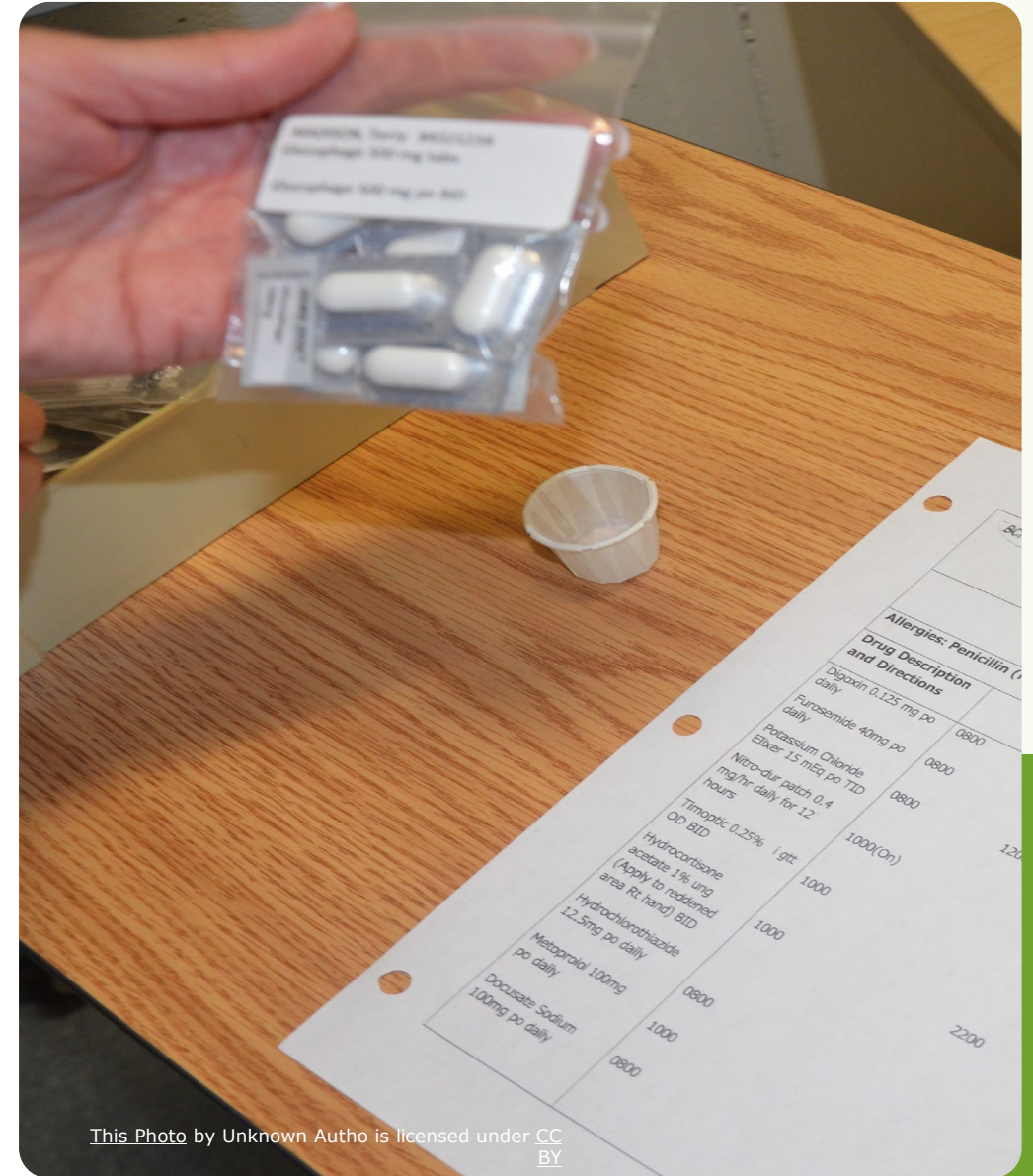
The distinction between these 2 ways for individuals to receive medication is critical in determining to delegate to LTCW or not.

- **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 CARE and Nursing assessment.



Medication Assistance

- » Rules in progress with the Pharmacy Commission [WSR 24-21-154-CR-102 Med Assistance](#)
- » Assistance describes ways to help an individual take their medications:
 - > Remind
 - > Coach
 - > Open the package
 - > Pour out of package
 - > Crush if labeled correctly
 - > Dissolve
 - > Mix with food or fluid
 - > Use of an enabler





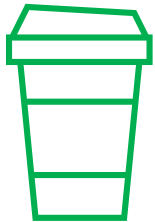
Medication Assistance continued

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:
 - Put medication in their own mouth
 - Apply ointment to their own body
- **Cognitively** aware they are receiving medications
 - The client does not need to know the name of the medication or the intended side effect

If client is not functionally able to take medications and cognitively aware they are receiving medications, the medication may be administered by a person legally authorized to do so.

Additional Medication Assistance



- If medications are crushed or dissolved it must be noted on a physician or pharmacy order and client aware.
- Assist with enteral tube medications
- 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 is NOT Covered Under Medication Assistance?

- Injectable medication
- Intravenous medications
- Medication that requires nursing judgment

Oxygen is not considered a medication and may be an allowable task for assistance or administration



Assisted Living Exception Rule

- WAC 246-945-716 (proposed in WSR) Self-administration in licensed assisted living facilities.
 - In licensed assisted living facilities, self-administration may include situations in which an individual cannot physically self-administer medications but can accurately direct others.
 - This may be assistance by LTCW without delegation.
- [WSR 24-21-154-CR-102 Med Assistance](#)

Self-Directed Care – The In-Home Client

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



[WAC: 388-825-400](#)

[RCW: 74.39A](#)

Form Review

All forms must be left where client resides for compliance with facility, contract, and rules



Nurse Delegation Forms

Required forms are for following Delegation rules and to keep paperwork in compliance with DSHS Nurse Delegation Contract.



For the delegating nurse it is important to also remember that the Adult Family Home and the DDA Community Residential setting is also held accountable by DSHS to have the correct documentation and supervision.

[Registered Nurse Delegation Forms page](#)

All the forms are linked on the delegation website	WORD and PDF are available for download
Nurse Delegation Referral Form (01-212)	Nurse Delegation: PRN Medication (13-678A)
Nurse Delegation: Credentials and Training Verification (10-217)	Nurse Delegation: Change in Medical Orders (13-681)
Nurse Delegation: Consent for Delegation Process (13-678 page 1)	Nurse Delegation: Assumption of Delegation (13-678B)
Nurse Delegation: Instructions for Nursing Task (13-678 page 2)	Nurse Delegation: Rescinding Delegation (13-680)
Nurse Delegation: Nursing Visit (14-484)	There is no standard DSHS form for Nursing Assessment. You are responsible for creating your own Head to Toes assessment form and documentation.

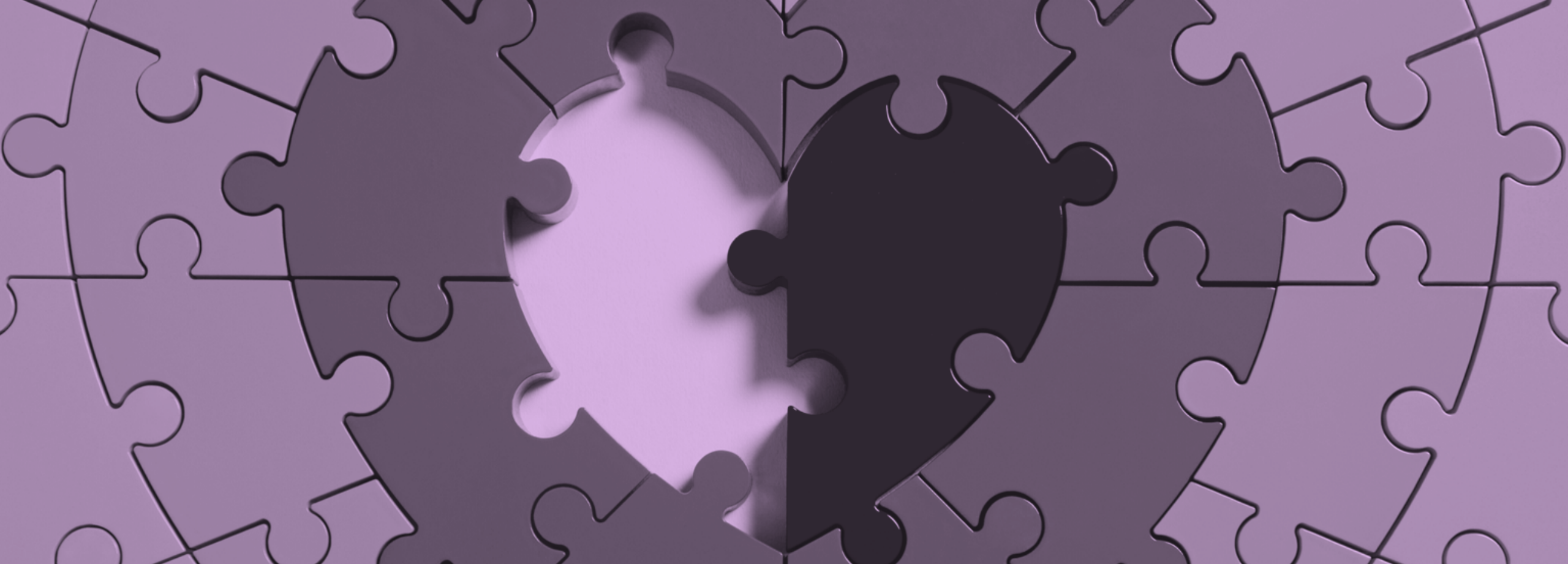
*** Always check for the most recent form and keep them updated to include medication lists and LTCW credentials*

Private Homes

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

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





Putting It All Together

Referral

- **Referral Form**
 - Case Manager will email 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 **10** days of referral acceptance.
- ND must state if delegation was started and if not state why.
- ND has the option to provide additional information and recommendations for other resources the client may need.

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

Informed Consent

- Obtain client or the clients authorized representative informed consent for delegation services.
- 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.





Consent Form

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



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
6. TELEPHONE NUMBER			7. FACILITY OR PROGRAM CONTACT	
8. TELEPHONE NUMBER			9. FAX NUMBER	
10. E-MAIL ADDRESS			11. SETTING	
<input type="checkbox"/> Certified Community Residential Program for Developmentally Disabled		12. CLIENT DIAGNOSIS		13. ALLERGIES
<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	

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

DISTRIBUTION: Copy in client chart and in RND file

Credential Verification

[Link to DOH site:](#)

[Credential Check Search](#)

All LTCW's 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

- 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



Certificate of Training Verification

Must have:

- ✓ The name of the student
 - ✓ The title of the training as approved by the department
 - ✓ The number of hours of the training
 - ✓ The name and identification number of the training entity
 - ✓ The instructor's name
 - ✓ The instructor's signature must be a DSHS approved instructor for the training entity.
 - ✓ The completion date of the training
- **Watermark and border

Physical Assessment

Full body nursing assessment

Currently no standardized form required. Must use their own form

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

Registered Nurse
Scope of Practice



[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. PROVIDERONE 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

NURSE DELEGATION: INSTRUCTIONS FOR NURSING TASK
DSHS 13-678 PAGE 2 (REV. 09/2021)



Task sheet instructions

Documentation must be **client specific** and include:

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

Rationale for delegating the task

When to notify the RN for side effects or unexpected outcomes

Nature of condition requiring treatment and purpose of the task

When to notify primary care provider for side effects or unexpected outcomes

Predictable outcomes of the nursing task and how to effectively deal with them

When to notify 911

Risk of treatment and interactions of prescribed medications

**Nurse Delegation:
Nursing Visit**

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

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DISTRIBUTION: Copy in client chart and in RND file

The nursing visit form is the most widely used form and is essentially similar to a progress note.

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



Nurse Delegation: Rescinding Delegation

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

13-680 Rescinding Delegation

- 13-680 Rescinding Delegation
- Document date rescinded
- Who rescinded to
- Why rescinded
- RN is to participate in safe transition for client, family members, and caregivers per [WAC 246-840-960](#)

➤ **This is when liability is transferred to the other RN**



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

DISTRIBUTION: Copy in client chart and in RND file



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
 - [WAC 246-840-950](http://www.wa.gov/wac/246-840-950)
- **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,



Nurse Delegation: Change in Medical Order

- Used for medication or treatment changes.
- Must be specific to client.
- Check box-
 - 31. Delegate immediately
 - or
 - 32. A site visit is required for training or assessment prior to delegation
- This is for the established client



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

Nurse Delegation: PRN Medication
TO BE COMPLETED FOR DELEGATED AS NEEDED MEDICATIONS

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

Nurse Delegation: PRN Medication

Must be specific to client.

Include all information listed in [WAC 246-340-930](#) including but not limited to:

- Reason for medication
- Symptoms for administration
- Clear instructions for medication
- How to observe and report side effects
- complications, or unexpected outcomes and appropriate actions to deal with them
- Possible interactions of prescribed medications
- specific parameters for notifying

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

Contracting as a Nurse Delegator

For CONTRACTING with DSHS you will be required to have or do the following:

- Active WA state or MSL unincumbered RN license
- Minimum 2-year nursing experience
- 2 professional recommendations
- Open your own business in WA state
- Obtain General/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.



This contract packet is received only by request from program

Email nursedelegation@dshs.wa.gov



Nurse Delegation Responsibilities by Entity Role

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



Contracted Delegator Responsibilities

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



Additional

- 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 duplicate copies of all ND files for 6 years.
- 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 Role

- 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 Service Episode/CARE 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 Information

To begin finding clients you may:

- 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



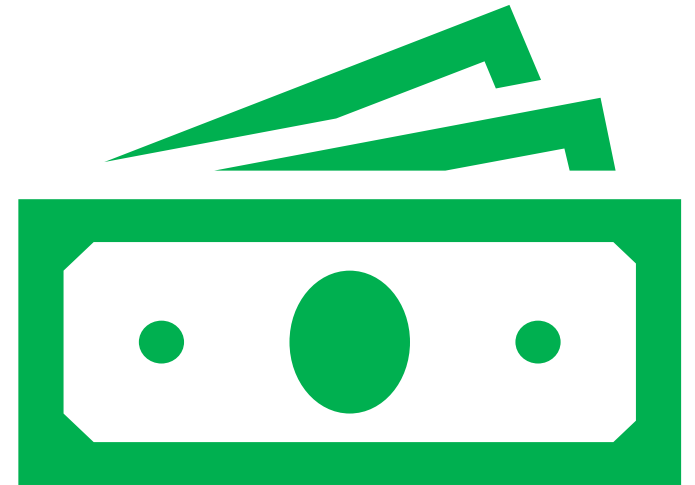
Remember - You must market your business yourself

What can I be paid for through billing?

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



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





Payment



Per contract: RN delegators **must** track time billed



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 ND Contracted RN

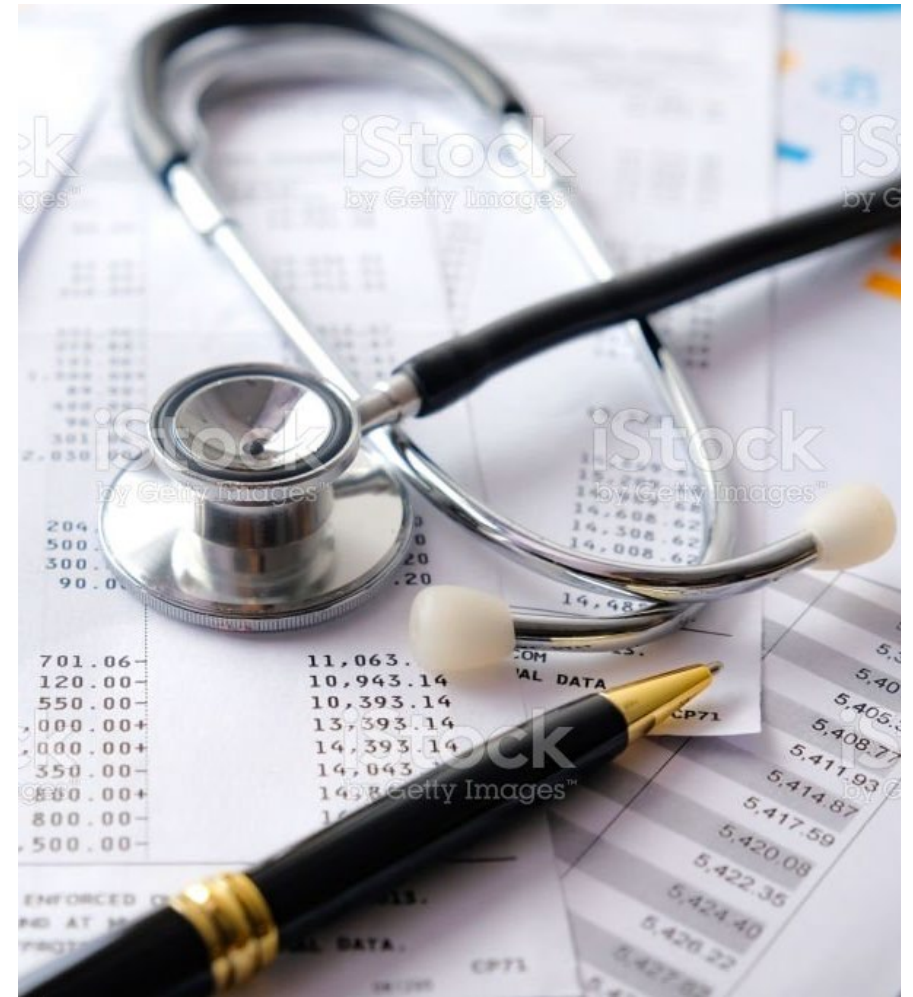
[Link For Billing Tutorial](#)



Billing

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

- HCS and DDA clients are authorized:
 - 100 units per month x 12 months
 - If you go over 100 units the RN must complete an additional unit request form outlining rationale. Request for additional units
 - All billing must be supported with documentation of time and reason. The date of service is the date you bill on.





Registered Nurse (RN) Delegation Billing

NPI NUMBER

BILLING MONTH

Transforming lives

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

06-200



Example 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.



Nurse Delegation is a relationship between your client, the family, caregivers, and case managers.


Fostering this communication and support will be a key to developing a solid business.





Summary of Community Nurse Delegation

- Laws and rules apply to DSHS Community based residential clients
 - Nurse delegation is based on the nursing process.
 - Communication is key to having a successful business.
 - DOCUMENTATION supports you and your practice
 - 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](#)
 - ◇ [WABON website](#)

A collection of paper houses of various colors (white, brown, red, yellow) and sizes, arranged in a row on a light surface. The houses are made of cardboard or paper and have cut-out windows and doors. The background is a plain, light color.

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, please leave it at the door. You will be given your certificate via email. 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

Troy.omalley1@dshs.wa.gov

