Washington State Department of Social & Health Services
Transforming lives

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
Nurse Delegation Referral and Communication

Case / Resource Manager's Request

1. OFFICE ☐ HCS ☐ AAA ☐ DDA ☐ Other	2. AUTHORIZATION NUMBER FOR NURSE DELEGATION	3. RN PROVIDERONE ID

4. DATE OF REFERRAL	5. METHOD OF REFERRAL ☐ E-mail ☐ Telephone ☐ Fax

TO:	6. NURSE DELEGATOR / AGENCY		
	7. TELEPHONE NUMBER	8. FAX NUMBER	9. EMAIL ADDRESS
FROM:	10. C/RM NAME / OFFICE		11. EMAIL ADDRESS
	12. TELEPHONE NUMBER		13. FAX NUMBER

14. REQUIRED ATTACHMENTS (IF APPLICABLE)
☐ CARE / DDA Assessment ☐ PCSP / DDA ☐ PBSP ☐ Service Summary Plan ☐ 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
☐ This client needs an interpreter   ☐ Primary language needed is: ☐ 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 PRINTED NAME	☐ Referral accepted ☐ Referral not accepted ☐ Nurse assigned:

☐ Additional comments:

SIGNATURE	TELEPHONE NUMBER	EMAIL ADDRESS

Nurse Delegation Referral and Communication

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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 ☐ Yes ☐ No	42. ASSESSMENT DATE

Follow Up Information
43. List the tasks that were delegated:
44. ☐ Nurse Delegation was not implemented. Indicate the reason and any other action taken:
45. ☐ RND suggests these other options for care:
46. RND ADDITIONAL COMMENTS

47. NURSE DELEGATOR'S SIGNATURE	48. DATE

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

1. <u>Office</u>: Identify office making the referral.
2. <u>Authorization Number for Nurse Delegation</u>: Enter authorization number for referral.
3. <u>RN ProviderOne ID</u>: Enter the agency or nurse delegator ProviderOne ID.
4. <u>Date of Referral</u>: Enter date the referral is being sent to agency or nurse delegator.
5. <u>Method of Referral</u>: Identify if referral was made via E-mail, Telephone, or Fax.
6. <u>Nurse Delegator / Agency</u>: Enter name of agency or nurse delegator that the referral is being sent to.
7. <u>Telephone Number</u>: Enter telephone number of agency or nurse delegator.
8. <u>Fax Number</u>: Enter fax number of agency or nurse delegator.
9. <u>Email Address</u>: Enter the email address of agency or nurse delegator.
10. <u>C/RM Name / Office</u>: Enter name of person making the referral and location.
11. <u>E-Mail Address</u>: Enter email address of C/RM making referral.
12. <u>Telephone number</u>: Enter telephone number of C/RM making the referral.
13. <u>Fax number</u>: Enter fax number of C/RM making the referral.
14. <u>Required Attachments (if applicable)</u>: Enter the documents that will be attached to referral form.
15. <u>Client's Name</u>: Enter ND client's name (last name, first name).
16. <u>Guardian's Name</u>: Enter the guardian's name (last name, first name).
17. <u>ACES ID Number</u>: Enter the client's ACES ID number.
18. <u>Client's Date of Birth</u>: Enter the client's date of birth.
19. <u>Telephone Number</u>: Enter client's / guardian's telephone number.
20. <u>Address</u>: Enter client's physical street address, city, state, and zip code.
21. <u>Long Term Care Worker(s) and/or Residential Provider's Name</u>: Enter long-term care worker (LTCW) or Residential Provider.
22. <u>Telephone Number</u>: Enter LTCW or AFH telephone number.
23. <u>Fax Number</u>: Enter LTCW or AFH fax number.
24. <u>Email Address</u>: Enter client's / guardian's email address.
25. <u>Client Communication</u>: Identify if client will need interpreter services and what language requested.
26. <u>Primary Diagnosis Related to Delegation</u>: Enter the client primary diagnosis related to Nurse Delegation request.
27. <u>Reason for RND Referral</u>: Enter the reason for Nurse Delegation referral.
28. <u>C/RM's signature</u>.
29. <u>C/RM's date of signature</u>.

Nurse Delegator completes 30 through 48:

30. <u>Confirmation of Receipt of Referral and Response by Registered Nurse Delegator Agency</u>. Nurse Delegator's response to referral.
31. <u>C/RM Name</u>: Enter Case Manager / Case Resource Managers name.
32. <u>Email Address</u>: List Case Manager / Case Resource Managers email address.
33. <u>Telephone Number</u>: Enter Case Manager / Case Resource Managers telephone number.
34. <u>Fax Number</u>: Enter Case Manager / Resource Managers fax number.
35. <u>RND Name</u>: List name of Nurse Delegator completing form.
36. <u>ProviderOne ID</u>: Enter RND's ProviderOne ID.
37. <u>Email Address</u>: List RND's email address.
38. <u>Telephone Number</u>: Enter RND's telephone number.
39. <u>Fax Number</u>: Enter RND's Fax number.
40. <u>Client's Name</u>: Enter client's name.
41. <u>Identify</u> if delegation has started by checking "Yes" or "No."
42. <u>Assessment Date</u>: Enter date of Nurse Delegation assessment.
43. <u>List tasks which were delegated to LTCW(s)</u>.
44. <u>Check box</u> if Nurse Delegation was not implemented. Indicate the reason and any other action taken.
45. <u>Check box</u> if RND suggest other options for care. Indicate suggested options for care.
46. <u>Enter any additional RND comments</u>.
47. <u>Nurse Delegate's signature</u>.
48. <u>Enter date of completion</u>.