



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 type="checkbox"/> HCS <input type="checkbox"/> AAA <input type="checkbox"/> DDA <input type="checkbox"/> Other	CLIENT'S AUTHORIZATION NUMBER	RN PROVIDER ONE ID	DATE OF BIRTH
DATE OF REFERRAL	METHOD OF REFERRAL <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax		
TO:	NURSE/AGENCY	TELEPHONE NUMBER	FAX NUMBER
FROM:	C/RM NAME / OFFICE	EMAIL ADDRESS	TELEPHONE NUMBER FAX NUMBER
<input 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 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			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
PROVIDER NAME		CELL/PGR/FAX NUMBER	
CLIENT COMMUNICATION <input type="checkbox"/> This client needs an interpreter <input type="checkbox"/> Deaf/HOH <input type="checkbox"/> Primary language needed is:			
DIAGNOSIS PER CARE ASSESSMENT			
Please identify the delegated task(s) for this client:			
Communicating with RND			
C/RM will communicate with RND when changes occur in client condition, authorized representative, financial eligibility or authorization is due.			
CASE/RESOURCE MANAGER'S SIGNATURE			DATE

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



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Delegating Nurse's Response			
TO:	C/RM NAME	FAX NUMBER	
FROM:	RND	RN PROVIDER ONE ID	CELL / PAGER / FAX NUMBER
RE:	CLIENT NAME		
Nurse delegation has been started <input type="checkbox"/> Yes <input type="checkbox"/> No			ASSESSMENT DATE
Please list the tasks that were delegated:			
Follow Up Information			
<input type="checkbox"/> Please call the delegating nurse at this number: <input type="checkbox"/> Nurse Delegation was not implemented. Please indicate the reason and any other action taken: <input type="checkbox"/> RND suggests these other options for care: <input type="checkbox"/> Skin Observation Protocol assessment was completed. Please see the documentation attached. This information has already been telephoned to C/RM on . Return documentation within five (5) working days.			
ADDITIONAL COMMENTS			
NURSE DELEGATE'S SIGNATURE			DATE

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