

Nurse (RN) Delegation

Nurse (RN) delegations are to be submitted to Comagine Health if an individual needs to receive special supportive services to assist with their ongoing care. RN delegations are to be submitted every six months in alignment with the RN reassessments, or more frequently if applicable. Plan of Care (POC) authorizations will be entered for three- or six-months increments for individuals with an RN delegation. RN delegated tasks have an LSI score (Residential LSI line #7 and AFH LSI line #5). Updated documentation must be submitted to Comagine Health for each POC entry. A separate RN delegation must be completed for each staff member completing the delegated task. (OAR 851-047-0020, OAR 851-047-0030.)

Please send completed requests to Comagine Health via one of the following methods:

Fax: 877-575-8309

Secure email: ORBHSupport@comagine.org

Mail: Comagine Health – OBHSP
650 NE Holladay St., Suite 1700
Portland, OR 97232

Fax from (name): _____

Date: _____ Number of pages: _____

I. RN DELEGATION DETAILS

Individual Name:

Individual Date of Birth:

Individual Medicaid ID Number:

Provider Name:

Provider Address:

Provider ID Number:

Nurse Name:

Nurse Licensing Number:

Nurse Contact Number:

Facility Employee Completing Task:

Date of Current RN Delegation:

Start Date:

End Date:

Date of RN Reassessment:

Questions

Answers and evidential documentation to each question below are required. Skipped questions or answers that do not apply will be sent back to the provider for resubmission, and the RN delegation may need to be suspended until resubmission. Please ensure your answers are clear, concise, and relevant to the Oregon State Board of Nursing Interpretive Statement pertaining to the delegated task.

https://www.oregon.gov/osbn/Documents/IS_Delegation_Assignment_Supervision.pdf

1. Describe the delegated task (When will the delegation be implemented? (What health or safety risk is being addressed? Assessment tool, outreach, consultation, etc.)
2. Are the staff regularly completing the delegated task?
3. Is any portion of the task completed by the individual?
4. Frequency of delegated task:
5. Describe how the effectiveness of the delegated task will be measured, including ongoing assessment and/or data collection and frequency of measurement (a MAR/TAR must be submitted to Comagine Health).
6. Describe the plan for monitoring the safety, effectiveness, and continued need for the delegated task.

II. CONSENT, STATEMENT AND SIGNATURE

Based on the RN delegated task marked in section I, complete the requested delegation by including start and end dates, indicate the appropriate consent, and all documentation must be signed by the RN and each staff person.

Please check the following boxes that all supporting documentation, which supports the answer to this question, has been attached to this form.

Documents Needed for RN Delegation Checklist

ITEM	NEEDED
<input type="checkbox"/> CH-011	1
<input type="checkbox"/> MAR/TAR	Monthly
<input type="checkbox"/> Notes	Monthly
<input type="checkbox"/> See #6	Monthly
<input type="checkbox"/> Training Schedule	Per Staff
<input type="checkbox"/> Additional RN Delegation Tasks/Info	Monthly

RN Name: _____

Signature: _____ Date: _____

Staff Completing Task Name: _____

Signature: _____ Date: _____