

Delegated nursing tasks in OHA-licensed residential settings

Frequently asked questions

This document provides guidance to providers performing delegated nursing tasks in residential settings. For more information, refer to the Community-based Registered Nurse (RN) Delegation Process on the [Oregon State Board of Nursing website](#).

What is delegated nursing?

[Oregon Administrative Rule \(OAR\) 851-047-0000](#) states that delegated nursing is when a Registered Nurse authorizes an unlicensed person to perform a task normally within the Registered Nurse's scope of practice.

It is important to note [OAR 851-047-0030\(1\)\(a\)](#) states that, "Under no circumstances may the Registered Nurse delegate the nursing process in its entirety to an unlicensed person." ***It is the responsibility of the nurse and the residential program to understand and follow the rules for when and how to delegate nursing tasks and the documentation requirements.***

What are the rules governing delegated nursing tasks?

Residential treatment programs rules:

- [OAR 309-035-0105\(42\)](#)
- [OAR 309-035-0215\(6\)](#)

Adult foster home rules (also refer to the Collective Bargaining Agreement):

- [OAR 309-040-0305\(42\)](#)
- [OAR 309-040-0335\(9\)](#)
- [OAR 309-040-0390\(2\)\(h\), \(3\)](#)

Rules for Registered Nurses:

- [OAR chapter 851 division 047](#)

What is the Independent and Qualified Agent's (IQA) role with delegated nursing tasks?

The IQA conducts residential assessments, which include the Level of Service Inventory (LSI). The LSI accounts for delegated nursing tasks to determine the appropriate personal care services tier for reimbursement. To receive points on the LSI for nurse-delegated tasks, the provider must meet the documentation requirements in all applicable rules.

How do providers meet the documentation requirements?

[OAR chapter 851 division 47](#) describes the required documentation. These are not suggestions; these rules are required by state law ([Oregon Revised Statute 678.150](#)).

Providers must include documentation in the individual's residential care or service plan as described in the applicable rules. The IQA has [a form for delegated nursing](#) that providers may use to ensure all documentation requirements are met; however, this form is not required. If you need help filling

out the form, contact Comagine Health, the current IQA, at 1-888-416-3184 or ORBHSupport@comagine.org.

When can providers have staff perform a delegated nursing task?

Providers must first complete all required activities described in OAR chapter 309 divisions 35 or 40 and in OAR chapter 851 division 47.

Can there be a “blanket approval” for delegated nursing?

No. Delegated nursing tasks are specific to one resident and the staff member trained on the task by the delegating nurse. The trained staff member may not delegate the task to untrained staff members. Only the Registered Nurse can delegate tasks and provide training/oversight of delegated tasks.

Why does OHA need separate documentation for each delegated nursing task?

Each task is specific to each resident based on their condition, safety of the task, and the capability and willingness of staff members to perform the task. For each delegated task, the provider must keep documentation meeting OAR criteria in the individual’s service record.

Separate approval is not necessary each time the trained staff member performs the delegated nursing task. Only the delegation of each separate and distinct nursing task requires approval.

Is administration of noninjectable medications (oral, sublingual, inhalation, topical, etc.) a delegated nursing task?

No. Providers should refer to OAR chapter 309 division’s 35 and 40 for rules related to administration of medications.

- Providers must allow self-administration of medications if the individual can self-administer medications safely and reliably.
- Before staff can help with administration of medications, they must get training from a Licensed Medical Professional on the use of commonly prescribed medications.
- The provider must document all supervision and help with administration of medications in the individual’s record.

Does an individual or residential setting have choice with delegated nursing tasks?

Yes. For 1915(i) services, individuals must be given the right to choose their services and supports and who delivers them, including delegated nursing tasks. If the program or nurse removes this choice, the provider must complete the Individually-Based Limitation (IBL) process described in OAR [410-173-0040](#) before the nurse can delegate tasks to unlicensed staff. The individual receiving the services must agree to any IBL and may revoke an IBL at any time.

Residential settings may restrict what the nurse can delegate. They can also prohibit the delegation of any eligible nursing task.

How do providers submit an IBL request?

Complete and submit the [request form](#) to the IQA. If you need help filling out the form:

- View the video instructions [on the IQA website](#) or
- Contact Comagine Health (1-888-416-3184 or ORBHSupport@comagine.org).

Why do providers need to submit updated delegation documents every six months?

[OAR 851-047-0030\(4\)\(g\)](#) requires that the Registered Nurse conduct assessment/supervisory visits with the staff member at least every 180 days (six months). Submitting updates every six months confirms the visit occurred and that delegation is still appropriate and required.

Why are Plan of Care (POC) approvals shortened to match delegated nursing timelines for assessment/supervision?

During initial assessment or reassessment of a POC, if the LSI identifies a delegated nursing task and the provider submits appropriate documentation to the IQA, the task becomes part of that POC. This may affect the length of the approved POC.

Likewise, the Registered Nurse may find during their assessment/supervisory visit that the individual needs a new delegated nursing task (or no longer needs one). In this case, the IQA would conduct a reassessment. If the LSI score changes the assigned tier, the IQA would end the currently approved POC and start a new POC at the new tier.

Can providers bill Medicaid separately for delegated nursing tasks?

No. Reimbursement is through the personal care services tier for the individual's per diem rate.