



ND Contractor Meeting

JANUARY 22, 2026

Agenda

- Introductions
- Insulin Pump
- Assessment
Documentation
- Program Updates
- Q&A



Delegating an insulin pump Yes, No, or Maybe

1. Application of device

It depends. The RN is allowed to delegate application of an insulin pump infusion set or pod to the NA-R/NA-C only in only in community-based settings* and in-home care setting. The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#)

2. Filling of an insulin pump reservoir

It depends. The RN is allowed to delegate filling of an insulin pump reservoir to the NA-R/NA-C or HCA-C only in community-based settings* and in-home care settings. The RN must follow the nurse delegation process for community-based* and in-home care settings.

3. Administration of bolus doses of insulin via an insulin pump

It depends. The decision by the RN to delegate administration of a bolus dose of insulin for blood sugar correction must be determined by the stability and condition of the patient and whether nursing judgment and/or frequent assessments are needed. RN delegation of this task can only be done in community-based settings* and in-home care settings if it's determined that nursing judgment and/or frequent assessments are not needed. The RN must follow the nurse delegation requirements for community-based and in-home care settings.

4. Bolus doses of insulin for food/carbohydrate coverage

It depends. The decision by the RN to delegate administration of a bolus dose of insulin for food/carbohydrate coverage must be determined by the stability and condition of the patient and whether nursing judgment and/or frequent assessments are needed.

5. Bolus dose of insulin for blood sugar correction

It depends. The decision by the RN to delegate administration of a bolus dose of insulin for blood sugar correction must be determined by the stability and condition of the patient and whether nursing judgment and/or frequent assessments are needed.

Supervision requirements for insulin administration

- The RN delegator must supervise this task at least every two weeks for one month, or more often if needed. It is a critical component that the RN has assessed the patient prior to delegation of tasks. The RN delegator must determine the level of supervision depending on the patient's status, conditions, NA-R/NA-C or HCA-C competencies, or other factors. The RN delegator nurse must determine the level of supervision based on nursing judgment, considering the following levels of supervision ([WAC 246-840-010](#))

- Direct Supervision means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of duties.
- Immediate supervision means the licensed RN who provides guidance to nursing personnel and evaluation of tasks is on the premises, is within audible and visible range of the patient, and has assessed the patient prior to the delegation of duties.
- Indirect supervision means the licensed RN who provides guidance to the nursing personnel and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the RN prior to the delegation of duties

RCW 69.41.010 change effective June 30, 2025

- Definitions -
- 15) "**Medication assistance**" means assistance rendered by a nonpractitioner to an individual residing in a community-based care setting or in-home care setting to facilitate the individual's **self-administration** of a legend drug or legend drugs, which may include a controlled substance or controlled substances. It includes reminding or coaching the individual, handing the medication container to the individual, opening the individual's medication container, using an enabler, or placing the medication in the individual's hand, and such other means of medication assistance as defined by rule adopted by the department. A nonpractitioner may help in the preparation of legend drugs, including controlled substances, for self-administration where a practitioner has determined and communicated orally or by written direction that such medication preparation assistance is necessary and appropriate. Medication assistance shall not include assistance with intravenous medications or injectable medications, **except setting up diabetic devices for self-administration or handing injectable medications to an individual for self-administration.**

Self-directed care:

[Chapter 74.39 RCW Self-Directed Care](#)

[RCW 74.39.007 Definitions](#)

[RCW 74.39.050 Individuals with functional disabilities – Self-directed care](#)

[WAC 388-825-400 Self-directed care—Who must direct self-directed care?](#)



Assessment

Nursing Process

Nursing Assessment Nursing assessment consists of two parts:

1. Data collection; and
2. Analysis, synthesis, and evaluation of the data to create the nursing care plan.

Comprehensive Nursing Assessment A comprehensive nursing assessment means collection, analysis, and synthesis of data performed by the RN used to establish a health status baseline, plan care and address changes in a patient's condition as defined in the National Council State Boards of Nursing Model Act (2012).

Focused Nursing Assessment Focused nursing assessment means recognizing patient characteristics that may affect the patient's health status, gathering and recording nursing assessment data and demonstrating attentiveness by observing, monitoring and reporting signs, symptoms, and changes in patient conditions in an ongoing manner to an authorized health care practitioner as defined in the National Council State Boards of Nursing The RN retains the overall responsibility for verifying data collected, interpreting and analyzing data, and formulating nursing diagnoses.

[-https://nurse.org/articles/how-to-conduct-head-to-toe-assessment/](https://nurse.org/articles/how-to-conduct-head-to-toe-assessment/)



Initial, Admission, or Event-Focused Assessment

Different types of assessments, such as “initial”, “admission”, or “event-focused” assessment, are not defined in the nursing law and rules. These terms are often used by health care agencies to describe different types of assessment. Examples include post patient fall, pre-transfer assessments or others defined by agency policy based on laws and regulations, standards of care, accreditation standards, and reimbursement requirements applicable to specific practice settings. For example, if the Centers for Medicare and Medicaid Services (CMS) require that an RN perform the initial assessment, then a LPN cannot perform this assessment by proxy for the RN. The LPN may participate in collecting information and data as in any assessment process.

[-https://nurse.org/articles/how-to-conduct-head-to-toe-assessment/](https://nurse.org/articles/how-to-conduct-head-to-toe-assessment/)



Documentation

- WAC 246-840-920
- 7) "Indirect supervision" means the registered nurse delegator is not on the premises. The registered nurse delegator previously provided written instructions for the care and treatment of the patient. The registered nurse delegator documents in the patient record the instruction to the nursing assistant or home care aide, observation of the delegated task, and confirmation of the nursing assistant's or home care aide's understanding the directions.
- *From*
<https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-920>

<https://nurse.org/news/nursepreneur-ethical-practice/>



Legislative information

RN/LPN Licensing and Continuing Competency Rule

The Washington State Board of Nursing (Board) filed a [CR-103 Permanent Rule](#) as WSR 26-02-031 on December 30, 2025. The board permanently adopted amendments to registered nurse (RN) and licensed practical nurse (LPN) licensing and continuing competency rules ([WAC 246-840-015](#) through [246-840-125](#) and [246-840-210](#) through [246-840-260](#)).

This proposal is Phase 1 of the Board's four-phase formal review of Chapter 246-840 WAC, under RCW 43.70.041.

The adopted amendments and new sections:

- clarify, update, and restructure language as necessary, as part of the Board's 5-year formal rule review process in accordance with RCW [43.70.041](#)
- simplify regulations for multistate licensure applicants
- reduce barriers for applicants educated outside the U.S.
- establish NCLEX examination retake limits before remediation

Permanent amendments and new sections will become effective January 30, 2026.

A copy of the adopted rules and the concise explanatory statement are attached:

- [CR-103 Permanent Rule and adopted rule language](#) (PDF)
- [Concise Explanatory Statement](#) (PDF)

Appeal procedures concerning the adoption of these rules are covered under [RCW 34.05.330](#)



Legislative information

Nursing delegation

Health &
Long-Term
Care

Public

Senate Hearing Rm 4 and Virtual J.A.
Cherberg Building 01/30/2026@8:00 am

<https://app.leg.wa.gov/billsummary?BillNumber=6107&Year=2025>

Other Updates/Reminders

- Tax questions or requesting their 1099 reach out to 1099Reporting@hca.wa.gov (Not us)
- We can use more **Skilled Nurse Contractors** so please let us know if you are interested and we can direct you to the right AAA office.
- [WABON FAQ page](#)
- [DSHS Curriculum and Materials](#)
 - Fundamentals of Caregiving
 - Nurse Delegation Core training
 - Special Focus on Diabetes
- [Updated HCA Provider Billing guide information](#)
- [Mandatory Reporting Contacts](#)



Questions?





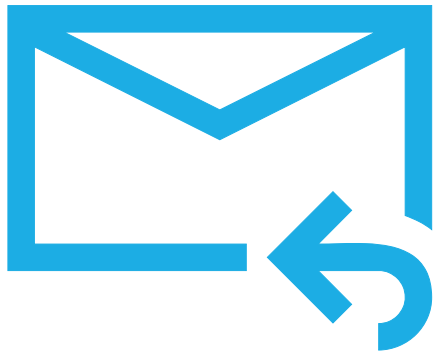
2026 Schedule

CONTRACTOR MEETING VIRTUAL 10 AM - 12 PM

- **MARCH 12TH**
- **MAY 14TH**
- **JULY 9TH**
- **SEPTEMBER 10TH**
- **NOVEMBER 12TH**

Meeting notes will be posted NEXT week to:

DSHS ALTSA Nurse Delegation Program:
Contractor Meetings



For Delegation/Contract questions email:
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