



ND Contractor Meeting

January 9th 2025



Agenda

- Informed Consent
- Criteria for delegation
- National Guidelines
- Remote visits
- Other updates
- Question time

Informed Consent for Delegation

[WAC 246-840-930 Criteria for delegation](#)

10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.

(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter **[7.70](#)** RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

[Additional resource:](#)

<https://www.ncbi.nlm.nih.gov/books/NBK430827/>



Informed Consent for Delegation

What is 'informed consent' and how is it obtained when there is no guardian?

A person gives informed consent when he/she provides health care authorization for a person not competent to do so themselves. HCS/APS staff are not able to make these decisions for their clients. You should first work with the health care provider and explain the situation and give an honest assessment of the ability of the adult to make this decision. If the hospital refuses to treat a client due to concerns with his/her ability to consent to treatment, state law lists those persons authorized to make the decision for them. They are:

- Legal guardians;
- Someone holding a durable power of attorney for health care;
- A spouse;
- Children of the adult at least 18 years old;
- Parents;
- Adult brothers or sisters.

You should contact these people in the order above since the decisions of those listed first take priority over the others. If it is an emergency and the hospital or facility won't act, APS/social work staff and the Attorney General's Office can petition the court for appointment of a guardian ad Litem to make the decisions.

<https://www.dshs.wa.gov/faq/what-%E2%80%98informed-consent%E2%80%99-and-how-it-obtained-when-there-no-guardian>

WAC 246-840-930 Criteria for delegation

In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

Determine the task to be delegated is within the delegating nurse's area of responsibility. You must know how to do the skill and properly instruct the LTCW

RN only delegates the LTCW. Not other RNs or LPN

Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes the information in the WAC

The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing **assessment**.



National Guidelines for Delegation

- [NCSBN Delegation Guidelines](#)
- [National Guidelines for Nurse Delegation](#)

- Five Rights of Delegation
 - ✓ Right task
 - ✓ Right circumstance
 - ✓ Right person
 - ✓ Right directions and communication
 - ✓ Right supervision and evaluation



Remote visits

The ongoing question we are getting from contractors and field staff:

- Are remote visits/telehealth authorized?
- No, they are not as the pandemic exceptions ended.

Collateral Contact time, changes in medications or tasks do not require in-person. This may be documented on progress notes and Change in Medical Orders form.

It is up to the delegating RN to decide if this supervision is direct or other ways per WAC.



Remote visits

Reasons for this statement:

1. Assessment of client and caregiver evaluation are in-person tasks.
2. 90-day visit includes assessment of whether the client is stable and predictable and what the outcomes of implementation of the tasks are.
3. All the requirements for telehealth are not met with delegation.
4. Telehealth is not in the ND contract.
5. Payment for telehealth is not authorized.

Other Updates:

- Request for additional units for ALTSA and DDA will come only to Nursedelegation@dshs.wa.gov there is a new RFAU form to use. Please update to this one.
- Please update **all** your documents to the most current if you haven't already.
- Employee hiring information is in the contract. At a minimum - No subcontracting nursing services. Insurance required. 1099 for taxes. Up to date background check. Follow all WA state business rules.
- EMPLOYEE BGC cannot be done through BCCU. It needs to be done on your own. WSP website will be your resource.
- Audits have started this month.



2025 Schedule

Contractor Meeting Virtual 10 AM to 12 PM

- March 6th
- May 1st
- July 10th
- September 4th
- November 6th



Thank you for attending

Meeting notes will be posted NEXT week to:
DSHS ALISA Nurse Delegation Program:
Contractor Meetings

For Delegation/Contract questions email:
Janet Wakefield ND Program Manager
Janet.Wakefield@dshs.wa.gov or
** nursedelegation@dshs.wa.gov

Troy O'Malley Contract Monitor
Troy.omalley1@dshs.wa.gov

For DDA client questions email:
Erika.Parada@dshs.wa.gov