

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: SELF-DIRECTED HEALTH CARE TASKS POLICY 9.11

Authority: [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?*

PURPOSE

The purpose of this policy is to establish the process for case resource managers (CRMs) to authorize self-directed health care tasks for eligible clients.

SCOPE

This policy applies to Developmental Disabilities Administration (DDA) CRMs.

DEFINITIONS

Client means a person who has a developmental disability as defined in [RCW 71A.10.020\(4\)](#) and has been determined eligible to receive services by DDA under chapter 71A.16 RCW.

Functional disability means the limitation on a person’s ability to independently perform activities of daily living or instrumental activities of daily living as defined in [WAC 388-106-0010](#).

Health care tasks, under [RCW 74.39.050](#), means those medical, nursing, or home health services that enable a client to maintain independence, personal hygiene, and safety in their own home, and that are services that a person without a functional disability would customarily and personally perform without the assistance of a licensed health care provider.

Personal aide means a person working privately, or as an individual provider as defined in [RCW 74.39A.240](#), who acts under the direction of an adult client with a functional disability to assist with the physical performance of a health care task.

Self-directed care means the process through which an adult client chooses to direct and supervise a paid personal aide to perform health care tasks.

POLICY

DDA supports the rights of clients to direct and supervise a paid personal aide to help with health care tasks ordered by a health care professional that the client cannot do without assistance because of their disability.

PROCEDURES

A. Completing the Self-Directed Care Checklist

1. When a client requests DDA to authorize self-directed health care, the CRM must review the *Self-Directed Care Checklist* ([see Attachment A](#)) to determine whether the client is eligible.
2. To ensure the client can train and supervise self-directed care tasks, each answer on the checklist must be "yes" before DDA will authorize self-directed care.

B. Implementing Self-Directed Care

1. If the client is approved for self-directed care, the CRM must add each health care task to the appropriate CARE screen and select "Self-Directed Care (IP only)" as the provider type.
 - a. For medication tasks, add the task to the "medication management" section of the Medical Screen.
 - b. For all other tasks (e.g., bowel program, bladder catheterization, and wound care) add the task to the Treatment Screen.
2. To authorize self-directed care, the CRM must:
 - a. Discuss any concerns with the client, negotiate solutions, or request a release of information to talk with the client's healthcare professional; and
 - b. Document in the client's person-centered service plan (PCSP):
 - i. Per the client's instruction, each task to be completed by self-direction; and

- ii. That the supervision and direction of these tasks is the responsibility of the client.
3. The CRM must provide a copy of the PCSP to the client, their legal representative, and Consumer Direct Washington (who then provides a copy to the individual provider).
4. The CRM must review the PCSP at least every 12 months.

EXCEPTION

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESION

DDA Policy 9.11
Issued February 1, 2010

Approved: /s/: Shannon Manion Date: December 1, 2022
Deputy Assistant Secretary
Developmental Disabilities Administration

Attachment A – *Self-Directed Care Checklist*

ATTACHMENT A

DEVELOPMENTAL DISABILITIES ADMINISTRATION
SELF-DIRECTED CARE CHECKLIST

[RCW 74.39.007](#)

[RCW 74.39.050](#)

All answers must be “yes” before DDA will authorize self-directed care.

1. Does the client live in their own home (i.e., a residence that does not require licensure)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Is the client 18 or older?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Is the client legally competent to make their own health care decisions without a legal guardian for medical decisions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Does the client have an individual provider through the CDE under CFC or MPC?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Has the client discussed their wish to self-direct the medical tasks with their licensed healthcare provider?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Is the healthcare provider and their contact information in the collateral contact section of the client’s CARE assessment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Does the client and their individual provider have a copy of the revised PCSP?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8. Does the individual provider agree to perform these tasks and is this conversation documented in a service episode record?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9. In CARE Web, is something other than “poor decisions/unaware of consequences” or “no/few decisions” selected? (See <i>Decisions</i> under the <i>Cognitive Performance</i> screen.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10. In CARE Web, is the answer “yes” to “Is client always able to supervise paid care provider?” (See <i>Plan of Care Supervision</i> under the <i>Cognitive Performance</i> screen.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes