



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: SELF-DIRECTED CARE OF HEALTH CARE TASKS POLICY 9.11

Authority: RCW 74.39.007 and .050
WAC 388-825-400

PURPOSE

This policy specifies the procedures to be used when an adult with developmental disabilities and a functional disability, living in his or her own home, requests to direct and supervise a paid personal aide/individual provider in the performance of a health care task.

SCOPE

This policy applies to Division of Developmental Disabilities (DDD) Case Resource Managers who authorize individual provider services for eligible adults.

DEFINITIONS

Personal aide means an individual, working privately or as an individual provider under contract or agreement with the Department of Social and Health Services (DSHS), who acts at the direction of an adult person with a functional disability living in his or her own home and provides that person with health care services that a person without a functional disability can perform.

Self-directed care means the process in which an adult person, who is prevented by a functional disability from performing a manual function related to health care that an individual would otherwise perform for himself or herself, chooses to direct and supervise a paid personal aide to perform those tasks.

POLICY

DDD supports the rights of individuals with a functional disability living in their own homes to direct and supervise paid personal aide/individual providers in the performance of health care tasks.

PROCEDURES:

- A. When an adult client requests DDD to authorize payment for health care tasks under the client's immediate direction and supervision, the Case Resource Manager (CRM) must use the *Self-Directed Care Checklist* (see Attachment A) to ensure that the client meets all of the requirements to train and supervise self-directed care tasks.
- B. The *Self-Directed Care Checklist* assists the CRM to verify that the client:
1. Is age eighteen (18) or older;
 2. Initiated the request to self-direct his or her medical tasks;
 3. Is legally competent to make his/her own health care decisions (i.e., does not have a legal guardian for medical decisions);
 4. Is unable to perform the care task due to a functional impairment;
 5. Lives in their own home (i.e., a living situation that does not require licensure);
 6. Employs an individual provider (relative providers can be paid for health related tasks without the use of self-directed care);
 7. Is able to discuss self-directing care with the client's healthcare provider and get treatment orders (a bottle/container of prescribed medications is sufficient).
- C. The CRM must meet with the client in the client's home to implement self-directed care and:
1. Complete the *Self-Directed Care Checklist*. Each answer must be a "Yes" before DDD can authorize a provider to complete tasks using self-directed care;
 2. Add the health care task on the Treatment screen in CARE and select "Self-Directed Care (IP only)" to the provider list at the bottom of the Treatment screen;
 3. Revise the Individual Support Plan (ISP) to authorize the provision of the specific health care tasks:
 - a. Develop the ISP goal in coordination with the client;
 - b. Document the prescribing healthcare professional;
 - c. Discuss any concerns with the client, negotiate solutions, or request a release of information to talk with the healthcare provider;

- d. Describe in the ISP, per the client’s instruction, what tasks are to be completed by self-direction and when;
- e. State in the ISP that the supervision and direction of these tasks is the responsibility of the client;
- f. Provide a copy of the ISP to the client, the Necessary Supplemental Accommodation representative (NSA), and the provider. The provider should also receive a copy of the CASIS authorization; and
- g. Review the ISP at least every twelve (12) months.

D. The CRM must also:

- 1. Terminate the authorization if there is a current SSPS authorization for the service that includes self-directed tasks (e.g., personal care, respite, etc.).
- 2. Create a new service authorization in CASIS for the individual provider. In CASIS, do a Client Lookup when opening a new authorization for this service. Change the (default) “Y” to “S” using the dropdown menu. Then click on “Submit Name.” When you choose the client name it will open a new authorization with the “S” designation, rather than the “Y” designation in the Client ID. The change effective date must reflect the start date of the self-directed care.
- 3. If nursing services (i.e., nurse oversight) are involved or may be needed, mail the revised ISP along with [DSHS 13-776, Nursing Services Referral](#), to the nursing services agency (AAA or contracted nursing services) and request a nursing visit within thirty (30) days, and quarterly thereafter until the client is secure with self-directing. A referral is not mandatory (unless the skin observation protocol is triggered on the referral screen of the assessment), but should be completed if the task is complicated. A nursing services referral should not be part of the standard practice for anyone who self-directs their care.

Note: The nurse may provide training to the client on how to train the client’s provider.

EXCEPTION

Any exceptions to this policy must have the prior written approval of the Division Director.

SUPERSESSION

DDD Policy 9.11
Issued September 1, 2007

Approved: /s/ Linda Rolfe Date: February 1, 2010
Director, Division of Developmental Disabilities

Attachment A – *DDD Self-Directed Care Checklist*

ATTACHMENT A

**DIVISION OF DEVELOPMENTAL DISABILITIES
SELF-DIRECTED CARE CHECKLIST
RCW 74.39.050**

Name of person requesting to self-direct their provider: _____

All of the following must be in place for self-directed care to be paid for by DSHS.

1. Does this person live in his or her own home (i.e., a residence that does not require licensure)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this person age 18 or older and without a legal guardian for medical decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does this person employ an unrelated individual provider through Medicaid Personal Care, Chore, Attendant Care, or Family Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does this person have a functional disability that prevents him/her from performing a health care task for him/her self?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has this person discussed his/her wish to self-direct the medical tasks with his/her licensed healthcare provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you documented the healthcare provider and their contact information in the collateral contact section of the client's assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the Individual Support Plan been amended to describe the health care tasks that will be self-directed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do the person and his/her provider have a copy of the revised ISP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the individual provider agree to perform these tasks and is this conversation documented in a Service Episode Record (SER)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the SSPS authorization in CASIS for these IP services reflect self-directed care by using an "S" in the Case Number instead of a "Y"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Was a copy of the CASIS authorization mailed to the provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Was the ISP mailed to the contracted Nursing Services provider (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
13. Is question "Client is always able to supervise paid care provider?" on the Decision Making screen in CARE answered "Yes"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is Decision Making in CARE coded as something other than "Poor Decisions/Unaware of Consequences" or "No/Few Decisions"?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Case Manager/Social Worker: _____ Date: _____

RCW 74.39.007:

- (1) **"Self-directed care"** means the process in which an adult person, who is prevented by a functional disability from performing a manual function related to health care that an individual would otherwise perform for himself or herself, chooses to direct and supervise a paid personal aide to perform those tasks.
- (2) **"Personal aide"** means an individual, working privately or as an individual provider under contract or agreement with the department of social and health services, who acts at the direction of an adult person with a functional disability living in his or her own home and provides that person with health care services that a person without a functional disability can perform.

ATTACHMENT A

RCW 74.39.050: Self-Directed Care

1. An adult person with a functional disability living in his or her own home may direct and supervise a paid personal aide in the performance of a health care task.
2. The following requirements shall guide the provision of self-directed care under this act:
 - a. Health care tasks are those medical, nursing, or home health services that enable the person to maintain independence, personal hygiene, and safety in his or her own home, and that are services that a person without a functional disability would customarily and personally perform without the assistance of a licensed healthcare provider.
 - b. The individual who chooses to self-direct a health care task is responsible for initiating self-direction by informing the healthcare professional who has ordered the treatment which involves that task of the individual's intent to perform that task through self-direction.
 - c. When state funds are used to pay for self-directed tasks, a description of those tasks will be included in the client's assessment and service plan, and are subject to review with each annual reassessment.
 - d. When a licensed healthcare provider orders treatment involving a health care task to be performed through self-directed care, the responsibility to ascertain that the patient understands the treatment and will be able to follow through on the self-directed care task is the same as it would be for a patient who performs the health care tasks for himself or herself, and the licensed healthcare provider incurs no additional liability when ordering a health care task which is to be performed through self-directed care.
 - e. The role of the personal aide in self-directed care is limited to performing the physical aspect of health care tasks under the direction of the person for whom the tasks are being done. This shall not affect the ability of a personal aide to provide other home care services, such as personal care or homemaker services, which enable the client to remain at home.
 - f. The responsibility to initiate self-directed health care tasks, to possess the necessary knowledge and training for those tasks, and to exercise judgment regarding the manner of their performance rests and remains with the person who has chosen to self-direct those tasks, including the decision to employ and dismiss a personal aide.