



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

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

Authority: RCW 74.39.007 and 050

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 case/resource managers who authorize individual provider services for eligible adults.

POLICY

The Division of Developmental Disabilities (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:

When an adult client requests DDD to authorize payment for health care tasks under their immediate direction and supervision, the DDD case/resource manager will use the *Self-Directed Care* form (Attachment A) to ensure that the person meets all of the requirements for payment of self-directed care tasks.

- A. The adult client must:
1. Be age eighteen (18) or older;
 2. Initiate the request to self-direct his or her medical tasks;

3. Be legally competent to make his/her own healthcare decisions (e.g., does not have a legal guardian for medical decisions);
 4. Be unable to perform the health care task for himself/herself because of a functional impairment;
 5. Live in his or her own home (i.e., a living situation that does not require licensure);
 6. Employ an unrelated individual provider (relative providers can be paid for health related tasks without the use of self-directed care);
 7. Discuss self-directing care with his or her health care provider and get treatment orders (a bottle/container of prescribed medications is sufficient); and
 8. Obtain consent of the individual provider to perform these health care/medical tasks under the supervision and direction of the client.
- B. The Case/Resource Manager (CRM) must:
1. Meet with the client in his or her home to implement self-directed care;
 2. Complete the *Self-Directed Care* form. Each answer must be a "Yes" before DDD can pay for self-directed care;
 3. Revise the client's needs assessment to indicate which health care tasks will be client-directed;
 4. Revise the service plan to authorize the provision of the specific health care tasks:
 - a. Develop the service plan goal in coordination with the client;
 - b. If the provider does individual provider (IP) services for more than one DDD program for this same client, revise all of the client's service plans;
 - c. Attach a copy of the treatment orders for the self-directed tasks as provided by the health care professional. Since prescribed medications have the directions already, no additional orders are required for prescribed medications;
 - d. Discuss any concerns with the client, negotiate solutions, or request a release of information to talk with the health care provider;

- e. Describe in the service plan, per the client's description, what is to be done and when;
 - f. State in the service plan that the supervision and direction of these tasks is the responsibility of the client;
 - g. Provide a copy of the service plan to the client and provider; and
 - h. Review at least every twelve (12) months.
5. Give the UW Self-Directed Care Program study letter to the client and his or her provider.
 6. Change the SSPS 154/159 authorizing the IP services by changing the “Y” in the DDD client case number to an “S” and enter the change effective date to the start date of the self-directed care.
 7. Mail the revised MPC assessment and service plan to the Nursing Services Agency (AAA) and request a nursing visit within thirty (30) days, and quarterly thereafter until the client is secure with self-directing. The nurse may provide training to the client as to how to train his or her provider.

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, 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.

EXCEPTION:

None.

SUPERSESSSION:

None.

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

Approved: /s/ Timothy R. Brown Date: 3/14/00
Director, Division of Developmental Disabilities

ATTACHMENT A

01/00 Rev.

DIVISION OF DEVELOPMENTAL DISABILITIES

SELF-DIRECTED CARE

74.39.050 RCW

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 e.g. 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 MPC, Chore, Attendant Care, Family Support, or Alternative Living?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
4. Does this person have a functional impairment that prevents him/her from performing a health care task for him/herself?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
5. Has this person discussed their wish to self-direct their medical tasks with his/her licensed health care provider?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
6. Do you have a copy of the treatment orders /prescription/ medication container with directions for self-directing these health care tasks for the person's service plan and DD file?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
7. Has the Comprehensive Assessment or ISP and service plan been amended to describe the health care tasks that will be self-directed?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
8. Does the person and their provider have a copy of this revised service plan with attached treatment orders?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
9. Does the individual provider agree to perform these tasks?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
10. Give the UW Study letter to client and provider.	<input type="checkbox"/>	Yes
11. Change the SSPS for these IP services to reflect self-directed care by changing the "Y" in the Case Number to an "S".	<input type="checkbox"/>	Yes
12. Mail the revised CA, Service Plan, and SSPS to the client and MPC Nursing Services agency.	<input type="checkbox"/>	Yes

Case/Resource Manager: _____ 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.

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 health care provider.
 - b. The individual who chooses to self-direct a health care task is responsible for initiating self-direction by informing the health care 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 comprehensive assessment, and subject to review with each annual reassessment.
 - d. When a licensed health care 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 health care 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.