



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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

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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, 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 which 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 who are 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 their immediate direction and supervision, the Case Resource Manager (CRM) must use the *Self-Directed Care* checklist (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 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 by himself/herself because of a functional impairment;
  5. Live in their own home (i.e., a living situation that does not require licensure);
  6. Employ an individual provider who is willing to complete the self directed task (relative providers can be paid for health related tasks without the use of self-directed care); and
  7. Discuss self-directing care with his or her health care provider and get treatment orders (a bottle/container of prescribed medications is sufficient).
- C. The CRM must meet with the client in his or her home to implement self-directed care and:
1. Complete the *Self-Directed Care* checklist;
  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 health care professional;

- c. Discuss any concerns with the client, negotiate solutions, or request a release of information to talk with the health care provider;
- d. Describe in the ISP, per the client's description, 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 and the CASIS authorization to the client, his/her personal representative, and the provider; and
- g. Review 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 and change the "Y" in the DDD client case number to an "S." The change effective date must reflect the start date of the self-directed care.
- 3. If nurse oversight services are involved or may be needed, mail the revised ISP along with a nursing services referral form (DSHS 13-776) 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.

The nurse may provide training to the client as to how to train his or her provider. This referral is not mandatory, 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.

**EXCEPTION:**

None

**SUPERSESSON:**

DDD Policy 9.11  
Issued March 14, 2000

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Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: September 1, 2007

ATTACHMENT A

DIVISION OF DEVELOPMENTAL DISABILITIES

SELF-DIRECTED CARE CHECKLIST

74.39.050 RCW

**Name of person requesting to self-direct his/her provider:**

**All of the following must be “YES” 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 <b>unrelated</b> individual provider through MPC, 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/herself?	<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 health care provider?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
6. Have you documented the health care 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 (ISP) 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 an 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
11. Was the revised ISP and copy of the CASIS authorization mailed to the client/NSA, and the provider?	<input type="checkbox"/>	Yes
12. Was the ISP mailed to the contracted Nursing Services vendor (if applicable)?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A

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 assessment and service plan, and are 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.