TN Division of TennCare

Self-Direction of Healthcare Tasks Frequently Asked Questions

1. Does this include Medical Residential?
    a. No, as outlined within the Self-Direction of Healthcare Tasks protocol, Medical Residential Services are specifically excluded as nursing is a component of service delivery.
2. Is this similar to self-direction of healthcare tasks (SDHCT) in Consumer Direction?
    a. Yes. TennCare and DDA are expanding the flexibilities for members to self-direct healthcare tasks which has been available through consumer directed services. As a reminder, SDHCT is not the same as consumer directing services.
3. What is the rate for SDHCT?
    a. SDHCT is not a new service. It allows members who are receiving other services to be able to self-direct provider agency workers to perform certain healthcare tasks. There is no additional payment on top of the service rate.
4. Will agencies be required to have their Director of Nursing to train, delegate and monitor the staff?
    a. No, the Director of Nursing is not delegating nursing tasks to any workers. Pursuant to Tenn. Code Ann. § 71-5-1414(c)-(d), the person supported or their caregiver is responsible for directing and supervising a paid personal aide in the performance of a healthcare task. The provider does have responsibility to confirm that training has been completed and the paid staff is able to perform the task being self-directed, including in cases where the member or caregiver trains the paid staff. TennCare expects that provider agencies have the member or caregiver conducting the training, approve and attest to the training being completed. This documentation should be maintained by the provider in the paid staff's employee file.
    b. The provider agencies, MCOs, and DDA have a level of responsibility to ensure that the member is receiving the care as outlined in their PCSP and that if the member's health begins to deteriorate, review of the task being self-directed needs to occur to ensure it is still being performed appropriately. This can include an assessment of additional training and educational needs. Specific training requirements can be found within the SDHCT protocol.
5. How is this different from the RN delegating their license?

   a. Self-direction of health care tasks is unrelated to an RN delegating nursing tasks. Self-direction of health care tasks allows a member or their caregiver to direct and supervise a paid personal aide in the performance of a healthcare task.

6. What is the difference between a paid worker providing services through CHOICES as opposed to self-direction of healthcare tasks?
   a. Self-Direction of Healthcare Tasks is not a service. The tasks being self-directed are performed by the Consumer Directed Worker or Direct Support Professional in the course of delivering HCBS already determined to be needed, as specified in the Person-Centered Support Plan (PCSP) and based on the decision, direction, and supervision of a Member receiving HCBS, the Member's authorized health care decision maker, or the parent or other legal guardian of a child enrolled in ECF CHOICES or in the Katie Beckett Program.
7. Will there be a separate billing code for the nurse training requirement or will this be the responsibility of the provider?
   a. There is no separate billing code for nurse training. However, upon request by the member or authorized healthcare decision maker, DDA or the MCO, as applicable, may authorize Nursing Services by an RN for Self-Directed Health Care Tasks for initial face-to-face training.
      i. For Members in a 1915(c) Waiver, DDA may authorize Nursing Services by an RN for SDHCT for initial face-to-face training, and Nursing Services by an RN for SDHCT via Telehealth for purposes of ongoing monitoring and/or consultation, as determined necessary and appropriate and in accordance with applicable service limitations and definitions.
      ii. For Members in ECF CHOICES, the MCO may authorize Nursing Services by an RN as part of the Specialized Consultation and Training benefit for purposes of face-to-face training of Direct Support Professionals performing SDHCT.
8. Doesn't the Personal Support Services Agency (PSSA) License restrict providers from supporting self-direction of health care tasks?
   a. PSSA agencies who are licensed by DDA may support members self-directing health care tasks in compliance with the licensure regulations. Agencies who have a PSSA licensure through the Department of Mental Health and Substance Abuse Services (DMHSAS) who would like to support members self-directing health care tasks will need a waiver from DMHSAS, as authorized by Chapter 0940-05-02-.19. More information on notifying

DMHSAS of provider participation to be considered for a waiver, can be found in the SDHCT protocol.

9. For members who receive services currently from nurses, will their nursing services transition to SDHCT?
    a. No. SDHCT is not a mandatory requirement for provider agencies. The provider agency must follow the steps outlined in the SDHCT protocol to opt-in to participate in SDHCT. Additionally, a member must choose to elect a task to be performed through self-direction. No changes to current services should occur until and unless the steps required for a member to self-direct a health care task are followed and approval is granted.
10. What steps does a provider agency need to take to participate in SDHCT?
    a. The decision to participate in self-direction of healthcare tasks as an agency is optional. Each agency must determine if the requirements can be met and are willing to work with MCOs or DDA and members when a task is selected to be provided through self-direction. This will require providers to complete the steps outlined in the SDHCT protocol to be approved to participate. Participating providers will be identified to members as an agency that has agreed to receive and review member referrals to support these efforts.
11. Will a provider agency be able to participate or withdraw participation at any time?
    a. There will be two times a year when a provider agency may choose to participate in SDHCT. Agencies must follow all steps to receive approval prior to receiving referrals. As outlined in the SDHCT protocol, the provider agency must continue performance of specified health care task(s) for at least thirty (30) calendar days. Members may not continue to self-direct tasks with an agency that have withdrawn their participation.
12. Is medication administration training required for staff who are designated through the self-directed process?
    a. The DDA medication administration training is not a requirement to participate in SDHCT. A provider DSP that is administering medication under self-direction may only administer medication for the individual that has elected SDHCT and that the DSP has been trained to provide that specific medication. Member specific training for self-direction does not give the DSP authorization to administer medication to any other individual.
13. Can the provider agency elect to do certain self-directed task?
    a. No, only the member may elect to self-direct healthcare tasks.
14. Can a provider decide to participate but at the provider level specify which tasks they will and will not allow DSPs to perform?

a. Yes, a provider agency can determine which tasks they will and will not perform. However, information about tasks the provider agency is unwilling to perform must be shared with contracted payers when electing to participate.