Self-Direction of Health Care Tasks Operational Protocol

Effective Date: July 1, 2026

Purpose

The purpose of this protocol is to define Self-Direction of Health Care Tasks (SDHCT) and their allowable usage and outline the process for approving SDHCT, as well as specify the qualifications, training, and oversight requirements.

Definitions

- **Authorized Health Care Decision Maker**: An individual legally designated to make health care choices on behalf of another person. This may include, but is not limited to, a health care proxy or medical power of attorney designated by the person, a court-ordered conservator, or the parent or legal guardian of a person under eighteen (18).
- **Caregiver:** A person's parent, foster parent, family member, friend, or legal guardian of a minor child or incompetent adult who is directly and personally involved in providing their care.
- **Competent Adult:** A person age eighteen (18) or older who has the capability and capacity, with decision making supports as appropriate, to evaluate knowledgeably the options available and the risks attendant upon each and to make an informed decision acting in accordance with his own preferences and values. A person is presumed competent unless a decision to the contrary is made.
- **Health Care Tasks:** Medical, nursing, or skilled home health (HH) services, beyond activities of daily living (ADLs), that:
    - Would typically be self-performed by a person who did not have a functional disability, or their caregiver, without the assistance of a licensed health care provider;
    - Fall within the scope of nursing practice as defined in the TN Nurse Practice Act;
    - Are determined by the treating licensed health care provider to be able to be performed safely in the home and community by a trained paid personal aide under the supervison of a competent adult or caregiver; and
    - Enable the person to maintain independence, personal hygiene, and safety in their own home and community.
- **Home**: The dwelling in which the person resides, whether owned, leased, or rented by the person, or by a family member, friend, or other individual known to the person. A person's home may also include specified community-based residential alternatives to facility-based services, but shall not include a nursing facility, assisted-care living facility setting, or intermediate care facility for individuals with intellectual disabilities (ICF/IID).
- **Member:** An individual receiving HCBS through the CHOICES, Employment and Community First (ECF) CHOICES, 1915(c) Waiver, or Katie Beckett programs.

- **Paid Personal Aide**: Any individual providing paid HCBS—employed by a contracted provider agency or by the person (or their caregiver) as a Consumer Directed (CD) worker—that enable the person receiving care to remain at home. In this protocol, references to "Paid Personal Aide" include CD workers, Direct Support Professionals (DSP), and Paid Caregivers.

Introduction

Pursuant to Tenn. Code Ann. § 71-5-1414, CHOICES, Employment and Community First (ECF) CHOICES, 1915(c) Waiver, and Katie Beckett Members (collectively, the "Member") have the option to direct and supervise a paid staff member in the performance of health care tasks that would otherwise be performed by a licensed nurse. This is called Self-Direction of Health Care tasks (SDHCT) and is not the same as Consumer Direction or Self-Direction of Home and Community Based services (HCBS).[1]

SDHCT is not a service—it is election by an individual receiving HCBS, or their authorized health care decision maker, to have health care-related duties and functions (such as administration of medications) performed by a Paid Personal Aide as part of the delivery of eligible CHOICES, ECF CHOICES, 1915(c) Waiver or Katie Beckett services. Self-directed health care tasks may be performed both in the Member's home and outside of the home during the provision of HCBS, as specified within this protocol; however, Members shall not be authorized for additional amounts of any service as a result of a decision to self-direct health care tasks. Additioanlly, Members who elect to participate in SDHCT are not required to have all tasks performed by a paid worker and may choose to continue receiving some tasks from a licensed nurse.

Applicable HCBS for Self-Direction of Health Care Tasks

Members can elect to self-direct health care tasks performed by Paid Personal Aides during the provision of select services, as outlined below. SDHCT through services other than those specified requires TennCare approval.

Program	Applicable HCBS
CHOICES	Personal Care Visits, In-Home Respite, CLS, CLS-FM, Companion Care, Individual and Small Group Employment Supports[2]
ECF CHOICES	Personal Assistance, Supportive Home Care, In-Home Respite, Community Integration Support Services, Independent Living Skills Training, Individual and Small Group Employment Supports,[2] CLS, CLS-FM, IBFCTSS, IBCTSS

[1] Consumer Direction of HCBS allows Members enrolled in CHOICES, ECF CHOICES, 1915(c) Waiver, or Katie Beckett member to direct and manage (or to have a representative direct and manage) certain aspects of the provision of specified services—such as the hiring, firing, and day-to-day supervision of the workers providing services.

[2] Excluding Benefits Counseling, which is not performed by direct support staff or paid caregivers

Program	Applicable HCBS
1915(c) Waiver	Personal Assistance, Respite, Behavioral Respite Services, Individual and Small Group Employment Supports, Intermittent Employment and Community Integration Wrap-Around Supports, Community Participation Supports, Semi-Independent Living, Family Model Residential Support, Supported Living, Residential Habilitation[3]
Katie Beckett	Supportive Home Care, In-Home Respite, Community Integration Support Services

Electing and Documenting Self-Direction of Health Care Tasks

If a Member has skilled nursing needs and is receiving a service(s) specified above, it is the responsibility of their Care or Support Coordinator, Independent Support Coordinator (ISC), or Nurse Care Manager (hereafter referred to as "Coordinator"), as applicable, to providing education and information about their eligibility for SDHCT, using materials developed or approved by TennCare. The decision to self-direct health care tasks can be made **only** by a competent adult, or the authorized health care decision maker for an adult or child, receiving HCBS.

Managed Care Organizations (MCOs) **cannot** require Members, or their authorized health care decision makers, to elect SDHCT, and shall not consider SDHCT to be a least costly alternative when making medical necessity determinations for authorization of Nursing Services.[4]

The Member or their authorized health care decision maker is responsible for:

1. Notifying the licensed health care professional that ordered the health care task(s) or—if the tasks were not ordered—the licensed health care professional that is responsible for treating the Member, of the intention to self-direct the performance of the task(s);[5] and
2. Notifying the Coordinator of their decision to participate in SDHCT during the person-centered planning process.

If participation in SDHCT is elected, information about the health care tasks to be self-directed shall be reflected in the Member's PCSP and within their record in the MCO or DDA/ISC case management system, as follows.

1. **PCSP Documentation:**
    a. The specific health care task(s) being self-directed shall be documented on the Member's PCSP in the Scope of Services field for the HCBS provider(s) that will be administering the task(s).
    b. Any potential risks or safety concerns related to the health care task(s) being self-directed, as well as specific strategies to be implemented to mitigate those risks, shall be documented in the Risk Plan section of the Member's PCSP.

[3] Medical Residential Services (Supported Living or Residential Habilitation) are specifically excluded since nursing is a component of service delivery.

[4] Prong E of medical necessity determinations

[5] An order is not required for health care tasks that will be performed through self-direction or for the actual self-direction of the task. The MCO or DDA, shall determine the health care task(s) is medically necessary as part of the delivery of the specified HCBS.

2. **Case Management System Documentation:**
    - **a.** For a health care task(s) ordered by a licensed health care professional, it shall be noted in the case management system that the Member or their authorized health care decision maker has informed the ordering health care professional of the intent to have the task(s) performed through self-direction.[6]
    - **b.** For a health care task(s) that was not ordered or prescribed, it shall be noted in the case management system how the determination will be made by the licensed health care professional responsible for treating the Member that the task(s) can be safely performed in the home and community through self-direction, will be made; and
    - **c.** The case management system shall also contain documentation detailing how the Paid Personal Aide shall be trained and monitored to ensure the health care task(s) is safely performed.

Selecting Workers to Perform Self-Directed Health Care Tasks

A. For SDHCT Through Consumer Direction

- **a.** Members, or their authorized health care decision makers, are responsible for all aspects of selection and supervision of CD Workers who perform health care tasks, including:
    - **i.** Identifying a CD worker who is willing to perform the self-directed health care task(s) as part of the delivery of TennCare-reimbursed HCBS through Consumer Direction; and
    - **ii.** Ensuring the CD Worker's Service Agreement specifies the health care task(s) to be performed, as well as any agreed upon wage differential (consistent with TennCare-approved rates and limitations) for the performance of the task(s).
- **b.** The Member or their authorized health care decision maker may choose to stop having a health care task performed by a CD worker at any time and are responsible for communicating the decision to terminate to the worker.

B. For SDHCT Through an MCO-Contracted Provider Agency

- **a.** If the Member is not receiving consumer directed services, or does not wish to have the health care tasks performed by a CD worker, the Coordinator shall assist the Member or their authorized health care decision maker in identifying a contracted provider agency that is willing to support SDHCT as part of the delivery of HCBS specified in the PCSP.[7]

[6] The MCO or DDA/ISC agency are not obligated to obtain or maintain the order from the licensed health care professional as part of the approval of services involving SDHCT.

[7] Any rate differential authorized by the MCO for the performance of self-directed health care tasks as a cost-effective alternative to services that would otherwise be performed by a licensed nurse shall be 1) documented in the service authorization, and 2) accounted for in the total cost of HCBS for purposes of compliance with expenditure or cost limits.

Training and Supervision of Self-Directed Health Care Tasks in Consumer Direction

A. Responsibility for Training on Performance of SDHCT

a. For SDHCT Through Consumer Direction: The Member, or their Employer of Record for Consumer Direction, is solely responsible for ensuring the CD Worker is adequately trained on how to perform the specified health care task(s) before allowing the worker to perform the task(s). A training completion form must be signed and stored within the CD Worker's employee file.

b. For SDHCT Through a Contracted Provider Agency: The contracted provider agency is responsible for ensuring that the DSP or Paid Caregiver has completed training and is adequately prepared to perform the self-directed health care tasks before allowing such tasks to be performed as part of the delivery of TennCare-reimbursed HCBS. Providers are encouraged to employ, or to have contract arrangements with, registered nurses (RNs) who can provide employees with training required to perform self-directed health care tasks, as well as provide ongoing monitoring and support of performance of the task. A training completion form must be signed and stored within the employee file.

B. Authorization of Nursing Services for SDHCT Training and Consultation

a. Upon the request of the Member or their authorized health care decision maker, the MCO or DDA (as applicable) may authorize the provision of Nursing Services by an RN for training or monitoring and/or consultation of Paid Personal Aides, as follows:

i. For CHOICES, ECF CHOICES, and Katie Beckett Members: The MCO may—consistent with TennCare Rule 1200-13-13-.04(6)(e)(1) and subject to medical necessity—authorize the provision of Nursing Services by an RN to train the Member, their Employer of Record for Consumer Direction, or their authorized health care decision maker (as applicable) on the performance of the health care task(s) being self-directed and/or on how to provide instruction on the task(s) to the Paid Personal Aide(s). Nursing Services may also be authorized in order for a Paid Personal Aide to be directly trained on the performance of health care task(s), when necessary to ensure the task(s) are safely performed.

1. 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.

ii. For Members in a 1915(c) Waiver: DDA may authorize the provision of Nursing Services by an RN to conduct initial face-to-face training for DSPs and CD Workers on the health care task(s) being self-directed, or to conduct ongoing monitoring and/or consultation related to the task(s) via Telehealth, as determined necessary and appropriate and in accordance with applicable service limitations.

b. An RN conducting training or providing ongoing consultation and/or monitoring for SDHCT, as allowed above, is not delegating their nursing license. The RN is expected to perform the authorized training and consultation within the scope and standards of practice of their nursing license. The RN is required to ensure the Paid Personal Aide demonstrates competency in performance of the health care task(s) as part of the training service.

C. Authorization of a Cost-Effective Alternative for SDHCT Training

a. For Members in CHOICES, ECF CHOICES, and Katie Beckett, MCOs may offer, as a cost-effective alternative (CEA) service, coverage of TennCare-approved training(s) for the purposes of training the Member, their Employer of Record for Consumer Direction, or their authorized health care decision maker (as applicable) or Representative on the performance of the health care task(s) being self-directed and/or on how to provide such instruction on the task(s) to the Paid Personal Aide(s). CEA services may also be authorized in order for a Paid Personal Aide to be directly trained on the performance of health care task(s)or to train the CD Worker(s) or DSP directly in the performance of such tasks when necessary to ensure the tasks are safely performed. Such training(s) shall require a demonstration of competency evaluated by a qualified health care professional to determine that the health care task(s) can be safely performed.

D. Ongoing Supervision of SDHCT

a. Ongoing monitoring of a CD Worker performing self-directed health care tasks is the responsibility of the Member or their Employer of Record for Consumer Direction. Ongoing monitoring of DSPs and Paid Caregivers performing self-directed health care tasks is the responsibility of the contracted provider agency employing the staff person who is performing the task(s) as part of the delivery of the specified HCBS.

E. Documentation of SDHCT

a. Paid Personal Aides that perform self-directed health care tasks shall document performance of the task(s), in accordance with TennCare requirements for HCBS documentation.

Specific Requirements Related to Self-Direction of Medication Administration

A. Training for Medication Administration

a. Medication administration can be provided through SDHCT; however, as it is considered a skilled taks within the scope of nursing practice, unlicensed Paid Personal Aides that will be performing medication administration must either:

i. Complete the DDA training for Medication Administration for Unlicensed Personnel, or

ii. Receive individual-specific training on medication administration for the Member for whom they will be performing the task.

b. Paid Personal Aides that complete the DDA training can perform medication administration for any Member through SDHCT. If the Paid Personal Aide receives individual-specific training, they may only perform medication administration for that Member.

B. Storage and Documentation for Medication Administration

a. All medications administered through SDHCT should be maintained in their original containers, with labels intact and legible. Paid Personal Aides, including CD Workers, that administer medication to a Member must document administration on a medication log.

Provider Participation in Self-Direction of Health Care Tasks

MCO and DDA contracted provider agencies are not required to participate in SDHCT and must take steps to obtain approval for or withdrawal from participation, as outlined in the steps below.

A. To Opt-In for Participation

a. Provider agencies that choose to participate in SDHCT must notify the MCOs and/or DDA of their decision through a semi-annual survey. This information will be collected for agencies who have a Personal Support Services Agency (PSSA) license through DDA or through the Department of Mental Health and Substance Abuse Services (DMHSAS). This list will be shared with DMHSAS to ensure that providers licensed by this agency are captured under a waiver, as authorized by Chapter 0940-05-02-.19 of the DMHSAS Rules.

b. Once approved for participation, provider agencies are responsible for following this protocol, ensuring the appropriate training is completed for employees(s) performing self-directed health care tasks, and retaining required documentation, including a training completion form stored employee's file. Required documentation must be accessible upon request by DDA or DMHSAS, as applicable, and TennCare.

c. Providers that opt-in for participation will be identified by the MCOs or DDA, as applicable, as an agency that has agreed to receive and review referrals for Members who want to self-direct health care tasks as part of delivery of their authorized HCBS. Providers are not required to accept all Member referrals that include SDHCT and should work with the MCO or DDA, as applicable, to determine if the requirements can be met for the specified health care task(s) and the task(s) can be safely performed by agency staff.

B. To Withdraw from Provider Participation

a. Provider agencies must notify their contracted MCO(s) or DDA of their intent to withdraw participation in writing prior to or during the semi-annual survey. If the agency holds a PSSA licensure through DMHSAS, the Department will be notified, which will result in the removal of any applicable waiver.

b. Provider agencies withdrawing from participation in SDHCT are required to work with the Member and the MCO or DDA/ISC agency, as applicable, to develop a transition plan to ensure continuity of care, including the continued 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.

c. At any time, the contracted payer, state licensure entity, or TennCare may revoke a provider agency's participation in SDHCT, based on quality and/or safety concerns.

References:

Tenn. Code Ann. § 71-5-1414

Tenn. Code Ann. § 68-1-904

Tenn. Code Ann. § 68-1-135 (6)

CRA Amendment 14, Section A.2.7.4

Division of TennCare Rules Chapter 1200-13-01