

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES



Effective Date: March 01, 2011	Number of Attachments: 6
Responsible Office: DDS Deputy Director, Developmental Disabilities Administration	
Supersedes Policy: Substitute Decision-making for Emergency Care and Urgent Care Medical Needs (effective October 10, 2007)	
Title/Subject: Substitute Decision-Making for Emergency Care and Urgent Care Medical Needs Policy	
Cross-References: Substitute Decision-Making for Non-Emergency Needs Policy; Individual Support Plan Policy	

All underlined words/definitions can be found in the Definitions Appendix.

1. PURPOSE

The purpose of this policy is to establish the standards and guidelines by which the Department on Disability Services (DDS), Developmental Disabilities Administration (DDA), will obtain substitute healthcare decision-makers for individuals receiving supports and services from DDA who have been assessed to lack the capacity to make or effectively communicate medical decisions for themselves, and who: (1) have emergency care or urgent care medical needs, and (2) do not have an identified substitute healthcare decision-maker.

2. APPLICABILITY

This policy applies to all DDA employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of individuals with disabilities receiving services as part of the DDA Service Delivery System funded by DDA or the Department of Health Care Finance (DHCF).

3. AUTHORITY

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the “Department on Disability Services Establishment Act of 2006,” effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.*); and D.C. Law 2-137, the “Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978,” effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*). D.C. Law 17-249, “Health-Care Decisions for Persons with Developmental Disabilities Amendment Act of 2008,” 55 D.C. Reg. 9206 (August 29, 2008).

4. POLICY

It is the policy of the DDS to ensure that all persons receiving DDA supports and services who have been assessed to lack the capacity to make or effectively communicate emergency care or

urgent care decisions on their own behalf have available substitute healthcare decision-makers in a timely manner.

5. STANDARDS

The following are the standards by which DDS will evaluate compliance with this policy:

- A. DDA shall prioritize requests for the appointment of substitute healthcare decision-makers for individuals receiving supports and services who have been assessed to lack the capacity to make or effectively communicate medical decisions on their own behalf, and who are in need of urgent or emergency care.
- B. For emergency circumstances that do not meet the requirements of D.C. Official Code § 21-2212(c), *i.e.* the two-professional rule, DDA shall, within three (3) business days of an identified need for emergency care, file a petition with the Probate Court for appointment of a temporary emergency guardian.
- C. For circumstances that rise to the level of urgent care (but not rising to the level of an emergency), DDA shall, within ten (10) business days of an identified urgent care need, file a petition with the Probate Court for appointment of a permanent, limited guardian for healthcare decisions.
- D. DDA shall maintain a training program for service coordinators, residential providers and healthcare/medical services providers to educate them on the current legal requirements for substitute healthcare decision-making and the processes and procedures for obtaining the timely appointment of a permanent healthcare guardian or temporary emergency guardian and where necessary, the use of D.C. Official Code § 21-2212(c), which permits an attending physician to provide treatment in certain identified circumstances without consent if no authorized person is reasonably available.



Laura L. Nuss, Director



Approval Date

Attachments:

1. Substitute Decision-Making for Emergency Care & Urgent Medical Needs Procedure
2. Guardianship Routing and Approval Form
3. Emergency Medical Affidavit
4. Psychologist Affidavit
5. Service Coordinator Affidavit
6. Provider Emergency/Urgent Care Guidelines