# POLICY

<table>
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<tr>
<th>Department on Disability Services</th>
<th>Subject: Substitute Decision-Making for Emergency Care and Urgent Care Medical Needs Policy</th>
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<td>Responsible Program or Office: Developmental Disabilities Administration</td>
<td>Policy Number: 2014-DDA-POL003</td>
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<td>Date of Approval by the Director: January 8, 2015</td>
<td>Number of Pages: 3</td>
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<td>Effective Date: January 9, 2015</td>
<td>Expiration Date, if any: N/A</td>
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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 persons 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 persons 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**

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 persons 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
11/08/2015
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