



Self-Direction Exploration Tool – Individual/Representative

The purpose of the Self-Direction Exploration Tool is to provide you and the prospective self-direction representative, if applicable, with the basic requirements of self-direction to support you in making an informed decision on the use of self-directed services.

Section 1 of this tool should be completed by the individual when there is an expressed interest in participating in self-direction.

Section 2 of this tool should be completed with the prospective representative when:

- The individual is interested in choosing a representative; or
- The individual would like to choose a different representative.

The case manager or MCE service coordinator will explain the purpose of the form to you and answer any questions you may have.

You must answer all the questions by checking the appropriate box or writing in the answers in the space provided.

The individual and prospective representative, if applicable, must complete the consent at the end of each section.

The completed form must be returned to your case manager or MCE service coordinator and will be shared as part of your person-centered plan.

Please complete the following:

Name:	
Medicaid ID #:	
HCBS Waiver Type:	
Service(s) Being Considered for Self-Direction:	
MCE Service Coordinator/Care Manager Name:	
MCE Plan Name (if applicable):	
Date:	

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SECTION 1 – INDIVIDUAL/MEMBER:

Instructions

The purpose of this tool is to assess your understanding and willingness to direct your services and act as an employer. There are no wrong answers to any of the questions. The questions are designed to help you decide whether self-direction is right for you or if you may want to designate a representative to support you in self-directing your services.

Some questions will require one of the following responses: “yes”, “no”, or “yes, with assistance”.

- “Yes” means you are able and willing to perform the tasks.
- “No” means you are unable or unwilling to perform the tasks.
- “Yes, with assistance” means you will need assistance from someone you trust to complete the task.

Questions

1. How would you describe the perfect self-directed worker for you? What services would they provide for you? When would they ideally provide services?

2. Are you willing to find and hire your own workers?

☐ Yes ☐ No ☐ Yes, with assistance

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3. Describe the steps you would take to find and hire your own workers? (e.g., Where would you look? Would you place an ad?)

4. What qualities would you look for when hiring someone to provide a service for you? Why are the qualities you listed important?

5. Are you willing to interview (i.e., ask questions) someone?

☐ Yes ☐ No ☐ Yes, with assistance

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6. When you interview someone, you will need to describe tasks that need to be provided by the worker that will support you in your day-to-day activities. What would those tasks be?

7. What questions might you ask in an interview?

8. Are you willing to train your workers?

☐

Yes

☐

No

☐

Yes, with assistance

9. Can you explain what support you need??

☐

Yes

☐

No

☐

Yes, with assistance

10. Can you tell your workers what you like and do not like about their work?

☐

Yes

☐

No

☐

Yes, with assistance

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11. What would you do to plan for emergencies when a worker might not be available (e.g., your worker calls in sick)?

12. Can you manage your worker's schedule and make sure they do not work more hours than you can pay them for?

☐ Yes ☐ No ☐ Yes, with assistance

13. Are you willing to complete documentation (e.g., timesheets, federal and state tax forms, and emergency back-up plans) and keep the documents on file for monitoring purposes?

☐ Yes ☐ No ☐ Yes, with assistance

14. If you were not satisfied with the service provided by your worker, how would you resolve the problem?

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15. Are you willing to fire a worker?

☐ Yes

☐ No

☐ Yes, with assistance

Individual Conclusion Question

Now that you have answered all the questions, do you want to participate in self-direction?

☐ Yes

☐ No

☐ Yes, with assistance

Consent:

To be completed by the **individual/member:**

☐ As the member, I have completed Section 1 of this tool with the assistance of my MCE service coordinator/case manager and do not wish to participate in self-direction.

☐ As the member, I have completed Section 1 of this tool with the assistance of my MCE service coordinator/case manager and would like to participate in self-direction, without the assistance of a representative.

☐ As the member, I have completed Section 1 of this tool with the assistance of my MCE service coordinator/case manager and would like to participate in self-direction, with the assistance of a representative.

Individual/Member

Signature: _____

Date: ____/____/____

As the ***MCE service coordinator/case manager***, I have assisted the member with completing Section 1 of this tool.

MCE service coordinator/case manager

Signature: _____

Date: ____/____/____

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SECTION 2 –PROSPECTIVE REPRESENTATIVE:

This section should be completed with the prospective representative when:

- An individual is interested in choosing a representative; or
- An individual would like to choose a different representative.

Prospective Representative Name: _____

Address: _____

Phone: _____

Email: _____

Prospective Self-Direction Representative Instructions

The purpose of this tool is to assess your understanding and willingness to act as a representative for someone self-directing their services. There are no wrong answers to any of the questions. The questions are designed to help you decide if you are able and willing to provide the support necessary as a representative.

As a representative, you will be responsible for:

- supporting the individual in directing their services; and
- supporting the individual in acting as the employer for the individual's workers.

Some questions will require one of the following responses: "yes" or "no"

- "Yes" means you are able and willing to perform the tasks.
- "No" means you are unable or unwilling to perform the tasks.

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Prospective Self-Direction Representative Questions

1. Describe how you would include the individual in all aspects of the decision making and processes related to self-directing their services.

2. Are you willing to support the individual in locating and hiring the individual’s staff?

☐ Yes ☐ No

3. Describe the steps you would take to support the individual in locating staff (e.g., Where would you help them look? Would you help them place an ad?)

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4. How would you support the individual in identifying the qualities to look for when hiring someone to provide services? How would you work with the individual to determine which qualities are important?

5. What qualities would you (as the representative) look for when hiring someone to provide services to the member?

6. Are you willing to interview (i.e., ask questions) someone?

☐ Yes ☐ No

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7. How do you engage the individual to determine the activities needed to be performed by staff?

8. How would you describe these tasks or support the individual in communicating these tasks to potential staff during an interview or hiring process?

9. What questions might you ask in an interview with someone?

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10. If the individual chooses to conduct the interview but identifies that some support is needed from the self-directed representative, how will you support the individual in identifying questions that are important for the individual to understand about potential staff? How will you support them during the interview?

11. Are you willing to train the individual's workers?

☐

Yes

☐

No

12. If the individual chooses to take the responsibility of training staff with support needed by the self-directed representative in some areas, are you willing to identify with the individual where they need support and how will you support them to train workers?

☐

Yes

☐

No

13. How would you work with the individual to develop an emergency back-up plan for when a worker might not be available (calls in sick)?

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<p>14. Are you willing to complete documentation (e.g., timesheets, federal and state tax forms, and emergency back-up plans) and keep the documents on file for monitoring purposes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. If the individual chooses to take responsibility (with some support) for completing documentation (e.g., timesheets, federal and state tax forms and emergency back-up plans) and keep the documents on file for monitoring purposes, how will you support them with those needs?</p>
<p>16. If you were not satisfied with the service provided by the individual’s worker, how would you resolve the problem?</p>

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<p>17. If the individual is not satisfied with the service provided by the worker, how will you support them to resolve the problem?</p>
<p>18. Are you willing to fire a worker?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. If the individual chooses to take responsibility for firing a worker (with support), how do you support the individual with this action?</p>

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Prospective Self-Direction Representative Conclusion Question

Now that you have answered all the questions, are you willing to serve as a representative for the identified individual participating in the self-direction program by FSSA?

☐ Yes ☐ No

Consent:

To be completed by the **prospective self-direction representative**:

☐ As the prospective self-direction representative, I have completed Section 2 of this tool with the assistance of the member's MCE service coordinator/case manager and would like to participate in self-direction, as the member's representative.

☐ As the prospective self-direction representative, I have completed Section 2 of this tool with the assistance of the member's MCE service coordinator/case manager and do not wish to participate in self-direction, as the member's representative.

Prospective Self-Direction Representative

Signature: _____ Date: ____/____/____

As the ***MCE service coordinator/case manager***, I have assisted the prospective self-directed representative with completing Section 2 of this tool.

MCE service coordinator/case manager

Signature: _____ Date: ____/____/____