

Appendix C- Consumer-Direction Self-Assessment Questionnaire

The self-assessment questionnaire is used to determine your capability to direct your care in the consumer-direction option of the Community Alternatives Program. The tools in the self-assessment questionnaire will identify areas that you are knowledgeable and areas that you may need additional help. These tools will also assist you in identifying your personal care needs and the required skills your hired employee will need to assure your health, safety, and well-being. Once you complete the self-assessment questionnaire; you will make it available to your case management entity. The self-assessment questionnaire includes the following sections:

- Is Consumer-Direction Right for Me?
- What Are My Health Care Needs?
- What Areas Do I Need Help?
- Thinking Like an Employer (Techniques, Tools, and Processes)
- Finding the Right Employee to Meet My Care Needs
- Competency Validation of Direct Care Staff

Beneficiary name: _____

Person completing form: _____

Individual acting as employer: _____

For CAP participants under 18 years of age or those with a representative, the self-assessment questionnaire will be completed by the legally responsible guardian or the appointed representative.

Self-Assessment Questionnaire Completion Guide

Purpose

The self-assessment questionnaire is used to determine your capability to consumer-direct. The self-assessment will also be used to identify your training needs and validate the competencies of your direct care staff. This tool will provide guidance to you, as the individual acting as the employer, in completing the self-assessment questionnaire.

Who Completes the Self-Assessment?

The self-assessment questionnaire shall be completed by the individual acting as the employer.

Beneficiaries 0-17 years old: to be completed by the parent or guardian

Beneficiaries 18 years old and older: to be completed by the beneficiary

Beneficiaries 18 years old and older requiring a representative: to be completed by the representative

Sections of the Self-Assessment

Is Consumer-Direction Right for Me?

- Complete section during consumer-direction orientation.
- Answer questions related to health care needs from the perspective of the beneficiary.
- Answer questions related to managing care, finances, and employer responsibilities from the perspective of the individual acting as the employer.

What are My Health Care Needs?

- Complete section after consumer-direction orientation.
- List the supports and services the beneficiary requires to maintain his or her quality of life.
- List how each item will meet the beneficiary's needs.
- List individuals (in addition to the beneficiary's primary caregiver) who will provide help to the beneficiary.

What Areas Do I Need Help?

- Complete section after consumer-direction orientation.
- Place a check by the appropriate response to indicate your current knowledge level of each topic.

Thinking Like an Employer (Techniques, Tools, and Processes)

- Complete section after consumer-direction orientation.
- Provide a detailed response to each question related to employer responsibilities.

- Provide a response detailing the tasks you want your employee(s) to perform
- List times of each day of the week the beneficiary requires assistance.

Finding the Right Employee

- Complete section after consumer-direction orientation.
- Place a check by the appropriate response to indicate the importance of each topic related to providing care to the beneficiary.
- Indicate the source you intend to use to obtain an employee(s).

Competency Validation of Direct Hired Staff

- Complete once an employee(s) has been identified.
- Complete section for all employees.
- Circle the tasks that are required to address the beneficiary's health care needs.
- Provide a detailed response to indicate how the employee demonstrates the ability to complete the identified tasks.
- Check the appropriate response to indicate if your employee: has the skills to meet the beneficiary's care needs, has some skills to meet the beneficiary's care needs, or does not have any skills to meet the beneficiary's care needs.
- List trainings you will provide to the employee(s) if he or she does not have the skills to meet the beneficiary's care needs.

- 1. The individual acting as the employer shall make the completed self-assessment questionnaire available to the case management entity by the agreed upon time.**
- 2. The case management entity will evaluate the responses of the self-assessment questionnaire to determine the employer's readiness to consumer-direct.**
- 3. Additional training and another completion of the self-assessment questionnaire may be recommended by the case management entity or the Division of Medical Assistance based upon the results of the self-assessment.**

Is Consumer-Direction Right for Me?

Consumer-direction offers freedom and independent thinking. Complete this section below during your orientation session to help decide if consumer-direction is right for you.

Date consumer-direction enrollment process initiated: _____

Why are you interested in consumer-direction?

What do you wish to achieve by directing your care?

What can the consumer-direction option provide for you that an in-home agency cannot?

| | | | |
|--|------------------------------|-----------------------------|-----------------------------------|
| 1. Do you want to be an employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 2. Are you able to dedicate approximately 2-4 hours per year for consumer-direction training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 3. Are you able to dedicate approximately 6-7 hours per week for managing your employee and completing employer related tasks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 4. Do you prefer to decide what employees will provide your care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 5. Do you know what documents should be completed when hired as an employee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 6. Do you know how to decide a pay rate based upon an employee's skill set? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 7. Have you ever written a job description based on current demand of need? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 8. Do you feel comfortable telling an individual what you like and don't like about the services he or she provides? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 9. Are you comfortable providing job performance corrections to your employee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 10. Are you able to be firm and set limits with friends, family, and neighbors you may hire? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

| | | | |
|--|------------------------------|-----------------------------|-----------------------------------|
| <p>11. Do you know what the responsibilities of being an employer are? If yes, list 3.</p> <p>_____</p> <p>_____</p> <p>_____</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>12. Have you ever created a task list to help meet your daily needs?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>13. Do you know how to review medical documents to understand what your care needs are?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>14. Do you feel assertive enough to make your needs known to your employee?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>15. Do you know how to research services to help meet your needs? If yes, list the source(s) used.</p> <p>_____</p> <p>_____</p> <p>_____</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>16. Do you know what skills are needed to provide your care?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>17. Have you ever had to provide step-by-step training instructions to someone to assist in meeting your health care needs?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>18. Do you know how public funds are wasted, abused, or obtained fraudulently? If yes, list 2 ways.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

| | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| <hr/> <hr/> | | | |
| <p>19. Do you have an emergency and disaster plan written to describe how to care for you when a crisis occurs?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>20. Do you have a solid network of reliable individuals you can select from to hire an employee?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>21. Have you ever had to review timesheets or payroll documents?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>22. Do you know signs of abuse, neglect, or exploitation? If yes, list three.</p> <hr/> <hr/> <hr/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <p>23. Do you have Internet access? If so, how do you access the Internet (i.e. computer, smartphone, library)?</p> <hr/> <hr/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <p>24. Is knowing the criminal background important when selecting an employee?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

Do you know what Community Alternative Program (CAP) services are?

Yes

No

If yes, list the information you know about CAP services.

Who do you think you will hire to provide the services you need?

_____ a friend(s)

_____ a family member(s)

_____ someone from a religious group; church community

_____ someone from the local Center for Independent Living

_____ someone from a local adult service agency

_____ someone from an advertisement in a newspaper or online

_____ someone from a technical school

_____ someone from a home health agency

_____ not sure

Do you have a support network (family, friends, or neighbors who will offer support and help in caring for you)?

Yes

No

If no, how will you build a support network?

How long will it take you to build your support network?

To be completed by the case management entity

Date orientation completed: _____

| | | |
|---|------------------------------|-----------------------------|
| Following orientation, beneficiary/individual acting as the employer is interested in moving forward in consumer-direction enrollment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Beneficiary/individual acting as the employer provided with the remaining documents of the self-assessment questionnaire and instructions on how to complete. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What Are My Health Care Needs?

In this section, identify items that are important to you in meeting your health care needs?

What are your health care needs?

List the help you need to ensure your health and well-being.

Describe how each item listed above will meet your health care needs?

What Areas Do I Need Help In?

In this section, you will rate your knowledge and experience of each listed item to identify what areas you need help in understanding. Check the response that applies to your current knowledge and experience level.

No knowledge/experience

I have no knowledge or experience in this area.

Minimal knowledge/experience

I have some knowledge and experience in this area.

Substantial knowledge/experience

I have advanced knowledge and experience in this area.

Extensive knowledge/experience

I have expert knowledge and experience in this area.

| | No knowledge/experience | Minimal knowledge/experience | Substantial knowledge/experience | Extensive knowledge/experience |
|--|----------------------------|---------------------------------|-------------------------------------|-----------------------------------|
| Making decisions independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding basic information about state and federal tax laws related to employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Finding a dependable employee(s) to provide care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Advertising for an employee(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deciding how much to pay an employee(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No knowledge/experience | Minimal knowledge/experience | Substantial knowledge/experience | Extensive knowledge/experience |
|---|----------------------------|---------------------------------|-------------------------------------|-----------------------------------|
| Screening applications and interviewing potential employee(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding the results of criminal and health care registry background checks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training an employee(s) in providing care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Setting requirements for and employee(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assessing the quality of service provided by your employee(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewing an employee(s) work tasks and timesheets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicating information to your employee(s) about the quality of service provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No knowledge/experience | Minimal knowledge/experience | Substantial knowledge/experience | Extensive knowledge/experience |
|---|----------------------------|---------------------------------|-------------------------------------|-----------------------------------|
| Knowing when to terminate an employee(s) for poor job performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Planning for back-up or emergency care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Being able to identify a true emergency and the appropriate individual(s) to contact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Making decisions about services to receive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Identifying my care needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding my medications (e.g. when to administer, how much, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowing what services/resources are available in the community and how to obtain them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No knowledge/experience | Minimal knowledge/experience | Substantial knowledge/experience | Extensive knowledge/experience |
|---|----------------------------|---------------------------------|-------------------------------------|-----------------------------------|
| Obtaining services in a cost-effective manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding how to read medical documents related to my health care needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obtaining other services needed for my care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding my health insurance benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creating a person-centered plan of care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding the role and responsibilities of a care advisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No knowledge/experience | Minimal knowledge/experience | Substantial knowledge/experience | Extensive knowledge/experience |
|--|----------------------------|---------------------------------|-------------------------------------|-----------------------------------|
|--|----------------------------|---------------------------------|-------------------------------------|-----------------------------------|

Knowing when to
ask others for
help

Managing my
care with limited
assistance from
my case
management
entity

Reading and
comparing
financial reports

Tracking and
monitoring
monthly usage of
Medicaid services

Knowing how to
follow up with
the appropriate
individuals to
resolve problems

Familiarity with
Health Insurance
Portability and
Accountability
Act (HIPAA) and
maintaining
patient
confidentiality

Thinking Like an Employer

(Tools, Techniques, Processes)

What skills and qualifications will you look for in an employee(s) to meet your health needs?

What items, based on your current needs, will you include in your tasks list?

What tools will you use to monitor the performance of your employee(s)?

How often will you monitor the performance of your employee(s)?

What techniques will you use to resolve conflict involving your employee(s)?

How will you make certain that timesheets and other required documents of the employee(s) are correct and turned in timely?

How will you secure employment documents in a safe and confidential location?

How will you ensure Medicaid dollars are used wisely?

If your employee(s) is not available; how will you arrange for care?

What specific information must be included in a job description to hire someone to provide services to address your health care needs?

What checks and balances will you put in place to prevent Medicaid waste, fraud, and abuse?

Circle the task that is needed to address your care needs. Describe the assistance the employee(s) must provide to help with each selected task.

| Task | Description of Help Needed |
|---|-----------------------------------|
| Bathing/Assistance in the bathroom | |
| Dressing | |
| Mobility | |
| Eating | |
| Personal hygiene | |

| Task | Description of Help Needed |
|--|-----------------------------------|
| Toilet use | |
| Transfers | |
| Housekeeping | |
| Laundry | |
| Meal preparation | |
| Correspondence/mail, money management | |
| Shopping | |

| Task | Description of Help Needed |
|------------------------------|-----------------------------------|
| Transportation | |
| Community involvement | |
| Other | |
| Other | |

List the days and times you need help with the tasks described.

| | |
|------------------|------|
| Monday | a.m. |
| | p.m. |
| Tuesday | a.m. |
| | p.m. |
| Wednesday | a.m. |
| | p.m. |
| Thursday | a.m. |
| | p.m. |
| Friday | a.m. |
| | p.m. |
| Saturday | a.m. |
| | p.m. |
| Sunday | a.m. |
| | p.m. |

Finding the Right Employee

How important are the following items when choosing an employee(s) to provide your services? In this section, check the response that most closely describes the importance of each item.

| | Mandatory | Preferred | Not Required |
|---|-----------|-----------|-----------------|
| The employee is someone I know well or has been referred by someone I know well. | _____ | _____ | _____ |
| The employee is flexible in addressing unanticipated job requirements. | _____ | _____ | _____ |
| The employee is a team player. | _____ | _____ | _____ |
| The employee is available to work the days and times I request with little negotiation in schedule. | _____ | _____ | _____ |
| The employee is punctual; arrives on schedule and completes tasks in a timely fashion. | _____ | _____ | _____ |
| The employee can successfully communicate with me. | _____ | _____ | _____ |
| The employee follows my instructions with little to no re-direction. | _____ | _____ | _____ |
| The employee is willing to accept the pay rate that I establish. | _____ | _____ | _____ |
| The employee is enthusiastic about the work they provide. | _____ | _____ | _____ |

| | Mandatory | Preferred | Not Required |
|--|------------------|------------------|-------------------------|
| The employee will provide requested information timely (e.g. employment verification, timesheets). | _____ | _____ | _____ |
| The employee has experience providing care for individuals with needs similar to mine. | _____ | _____ | _____ |
| The employee is open to learn new things. | _____ | _____ | _____ |
| The employee knows the appropriate supplies and equipment needed for my care. | _____ | _____ | _____ |
| The employee provides services only to me (no other employment). | _____ | _____ | _____ |
| The employee has their own transportation. | _____ | _____ | _____ |
| The employee is knowledgeable of my medical condition. | _____ | _____ | _____ |
| The employee can pass a criminal and health care registry background check (no prior convictions). | _____ | _____ | _____ |
| The employee is familiar with CAP and other services/resources in the community. | _____ | _____ | _____ |
| The employee responds well to positive and negative feedback. | _____ | _____ | _____ |
| The employee is willing to work over 40 hours a week. | _____ | _____ | _____ |

My signature indicates that I have participated in a consumer-direction orientation session and completed the self-assessment questionnaire accurately. I will follow the recommendations presented to me that may include: additional training, re-completion of the self-assessment questionnaire, and requests of other items that are needed to move forward in consumer-direction enrollment.

Individual acting as employer name:

Beneficiary name:

Individual acting as employer signature:

Date signed:

The care advisor's signature indicates that he or she has reviewed the self-assessment questionnaire and evaluated the responses to determine the consumer-direction abilities of the beneficiary/individual acting as the employer.

Based on the responses of the self-assessment questionnaire, the individual acting as the employer:

Displays the ability to consumer-direct.

Does not display the ability and requires training in the following areas:

Training(s): _____

Date completed: _____

| | | |
|---|------------------------------|-----------------------------|
| Following the completion of training the beneficiary/individual acting as the employer displays the ability to consumer-direct. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Care advisor name:

Care advisor signature:

Date signed:

Competency Validation of Direct Care Staff

| |
|---|
| Beneficiary name: _____ |
| Name of individual acting as employer: _____ |
| Name of direct care employee being validated: _____ |

| | Yes | No |
|---|--------------------------|--------------------------|
| Is your potential employee at least 18 years old? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your potential employee a parent, step-parent, foster parent or significant other of a parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your potential employee a power of attorney, guardian, or representative? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your potential employee make decisions on your behalf? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your potential employee sign documents on your behalf? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your potential employee live in the home with you? | <input type="checkbox"/> | <input type="checkbox"/> |

As a participant in the consumer-direction option of CAP; I understand that an employee(s) is not required to be a licensed health care professional to provide my care needs. I take fully responsibility of hiring, training, and supervising the employee(s) I hire.

Directions to complete form: Circle the skill that is needed to address the beneficiary's care needs. Describe how the employee demonstrates the ability to complete the selected tasks. Complete for each employee.

| Skill | The employee demonstrates the competency to provide this skill by: |
|----------------------|---|
| bathing | |
| grooming | |
| feeding/meal prep | |
| transfers/ambulation | |
| positioning | |
| toileting | |
| fall prevention | |
| incontinence care | |

| Skill | The employee demonstrates the competency to provide this skill by: |
|-----------------------------|---|
| enema | |
| vital signs | |
| therapy reinforcement | |
| pain assessment | |
| dressing change | |
| G-tube/J-tube | |
| mic-key button | |
| IV fluids/site check | |
| administering medication | |
| diabetic/insulin monitoring | |
| nebulizer treatment | |
| cardiac monitoring | |

| Skill | The employee demonstrates the competency to provide this skill by: |
|--------------------------|---|
| edema | |
| neurological check | |
| seizure precautions | |
| VNS swipe | |
| respiratory suction/oral | |
| pulse oximeter | |
| chest PT | |
| oxygen administration | |
| oxygen titration | |
| Bipap/Cpap | |
| apnea monitoring | |
| respiratory pacer | |

| | |
|--|---|
| | |
| Skill | The employee demonstrates the competency to provide this skill by: |
| naso-pharyngeal suctioning | |
| catheter care | |
| wound care | |
| other | |
| | |
| | |
| CPR Validation | |
| Date of CPR certification: | |
| Expiration date of CPR certification: | |

Based on the responses of this Competency Validation of Direct Care Staff, my hired employee:

Has the competencies to meet my assessed needs.

Does not have the competencies to meet my assessed needs, but will have the competencies with training in the following areas:

My signature indicates that I have completed the competency validation of direct care staff on the employee(s) that I intend to hire. I have determined that my employee(s) has the competencies to complete the tasks required for my care and I agree to provide training to my employee(s) to build competencies, if needed. I take full responsibility for my employee(s) and monitoring the tasks completed by my employee(s).

Individual acting as employer name:

Beneficiary name:

Individual acting as employer signature:

Date signed:

The care advisor's signature indicates that he or she has reviewed the completed competency validation of direct care staff.

Care advisor name:

Care advisor signature:

Date signed: