

# *Home and Community Based Services Manual*

4.00

APPENDIX 10

## SELF DIRECTION ASSESSMENT QUESTIONS

Name \_\_\_\_\_ DCN \_\_\_\_\_ Date \_\_\_\_\_

### **Assessment Questions to Assist in Determining Ability to Self-Direct**

1. What is today's date?
2. What time is it?
3. Do you speak and act on your own behalf?
4. Who schedules your health care appointments?
5. How do you ensure your medications are taken and refilled as prescribed?
6. Who assists you with shopping? Do you tell them what to buy and how much to spend?
7. What bills do you have and how are they paid?
8. What is the name of your current/requested provider?
9. How will you find and select the attendant who will be assisting you?
10. How do you plan to train your attendant?
11. What is your backup plan, if your attendant calls in sick, does not show up for work or does not meet your needs?
12. How will you evaluate your attendant's performance?
13. If you are dissatisfied with your attendant's performance, how will you handle the situation?
14. How do you determine if your attendant arrives on schedule and effectively completes the authorized tasks?
15. Where do you find the list of tasks that your attendant is authorized to complete for you?
16. How do you plan on supervising Electronic Visit Verification (EVV) submitted by the attendant? If the visit information is not correct, what would you do?
17. When is it acceptable for an attendant to use a paper timesheet?