



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF SENIOR AND DISABILITY SERVICES
HOME AND COMMUNITY BASED SERVICES

CONSUMER-DIRECTED SERVICES SELF-DIRECTION ASSESSMENT QUESTIONS

NAME	DCN	DATE
ASSESSMENT QUESTIONS TO ASSIST IN DETERMINING ABILITY TO SELF-DIRECT		
1. What is today's date? (If the specific date is unknown, does the participant know the month and year?) 2. What time is it? 3. What is the name of your current/requested HCBS provider? 4. How do you make choices about your daily activities and how you want them done, such as bathing, what to wear, planning meals, doing chores or attending appointments? 5. Who usually schedules your health care appointments, and why? 6. How do you ensure your medications are taken and refilled as prescribed? 7. Who helps you with grocery and household shopping, and in what ways? 8. What bills do you have, and how are they paid?		

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 to supervise the Electronic Visit Verification (EFV) submitted by the attendant? If the visit information is not correct, what would you do?