



**Wyoming  
Community Choices  
Home and Community Based Service Waivers**

**Participant-Directed Care Option  
Participant Capability**

<b><i>The participant has demonstrated their understanding of and capability for managing the following activities and tasks and assumes responsibility for the impact of their choices.</i></b>	<b>YES</b>	<b>NO</b>
Determining and communicating their personal care needs.		
Developing and coordinating a plan for their care needs.		
Developing a backup plan for when the Self-Help Assistant does not show up as scheduled.		
Developing a Self-Help Assistant job description.		
Recruiting a Self-Help Assistant.		
Establishing a schedule to meet their care needs.		
Verifying hours worked for payroll records.		
Maintaining records and employee files.		
Training a Self-Help Assistant to perform their personal care tasks.		
Directing a Self-Help Assistant in daily work duties.		
Determining the quality of service provided.		
Providing constructive feedback to improve Self-Help Assistant skills.		
Resolving conflicts with the Self-Help Assistant.		
Terminating employment of a Self-Help Assistant who does not meet their standards.		

In my judgment \_\_\_\_\_  
**is capable** \_\_\_\_\_ **is NOT capable** \_\_\_\_\_ of directing their own care and of taking part in the Self-Directed Care Option of Wyoming's Long Term Care Home and Community Based Services Waiver.

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date