



# Community Choices Waiver: Assessment Desk Reference

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## Introduction

A comprehensive assessment process is crucial to identifying the participant's strengths, goals, preferences, needs, risks, and desires. These assessments serve as the foundation to the person-centered service plan. While each assessment has specific questions that must be addressed, case managers should conduct the assessment as a conversation rather than a series of questions and answers. As often as possible, case managers should ask open ended questions to start the conversation which may then lead to more closed ended questions. When and where applicable, case managers should ask questions that provide information related to the scope, frequency, and duration of supports the participant receives or needs to complete tasks or achieve goals.

Each question has a “Things to Consider” section which includes examples of follow up questions or conversation topics to guide the case manager on the type of information and level of detail a case manager should obtain. This list is not all inclusive but should be used as a guide. In addition, each question provides “Example Documentation” even though the question may not require or allow for narrative. These examples depict noteworthy conversation items which may be important for a case manager to document in the “Case Manager Notes” section of the assessment.

Each assessment also has an “Observations” section. The questions in this section are not for the participant. Instead, these questions require the case manager to consider the information obtained and use professional judgment to determine and document key assessment findings.

## Participant Profile Assessment

All participants must be assessed with the Participant Profile. Conducting this assessment will provide the case manager with information to determine if additional assessments are needed based on the identified needs, risks, goals, and preferences.

The Participant Profile is an assessment module used to gather basic information on the participant’s background, family/natural support system, home environment, participation in the community, interest in participant-directed service options, and overall health status. This module also helps the case manager build rapport with the participant; identify participant strengths, preferences, support needs, and potential risk factors; and facilitate the development of meaningful goals.

The Participant Profile assesses participant needs, preferences, and risks at a high level. The assessment is designed to identify areas that require a more in-depth assessment. Based on information obtained in the Participant Profile, case managers may be required to conduct additional assessment modules.

General Background	
Question	Do you go by your full name or is there a nickname you prefer?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant prefer going by their full name or nickname?</li> <li>• Does the participant want all documents and mail addressed to their nickname or full name?</li> <li>• Verify spelling of both the full name and nickname.</li> <li>• May need to ask and document which pronouns to use when referring to participant in person or in documentation.</li> </ul>
Example Documentation	Participant stated she prefers Beth, but some people call her Elizabeth. Participant would like all formal documents to use Elizabeth, but when talking on the phone or in person Beth is her preference.
Question	Do you have a guardian?
Things to Consider	<ul style="list-style-type: none"> <li>• What is the name and relation of the guardian?</li> <li>• Does the guardian want and have the ability to be present?</li> <li>• What type of assistance does the guardian provide for participant?</li> <li>• Ask guardian for copies of guardianship papers to upload into the case management information system.</li> </ul>

Example Documentation	John Smith is Marla's son and guardian and was present for the assessment. John will email a copy of the guardianship paperwork to case manager. John provides Marla with assistance with decision making but reports he always takes Marla's wishes into account and does not make decisions on behalf of Marla.
Question	Do you have Wyoming Provider Orders for Life Sustaining Treatment (POLST) or some other form of advance directives for your medical care?
Things to Consider	<ul style="list-style-type: none"> <li>• Ask for copies to be provided for upload into the case management information system.</li> <li>• Would the participant like to receive information about POLST or other forms of advance directives?</li> <li>• Offer to provide resources/referrals for assistance in completing forms if necessary.</li> </ul>
Example Documentation	James does not have Provider Orders for Life Sustaining Treatment (POLST) or any other form of advance directives. James does not wish for any information on either at this time but may reach out to case manager at a later date for this information.
Question	Do you have a Power of Attorney (POA) for healthcare decisions?
Things to Consider	<ul style="list-style-type: none"> <li>• Ask for copies to be provided for upload into the case management information system.</li> <li>• What is the name and relation of the POA?</li> <li>• What type of assistance does the POA provide to the participant?</li> <li>• Would the participant like information on POA?</li> <li>• Offer to provide resources/referrals for assistance in completing forms if necessary.</li> </ul>
Example Documentation	Steve stated his son, Mark is his medical Power of Attorney and has been for 2 years. Steve stated Mark attends doctor's appointments when possible or follows-up with his doctors after and then provides assistance to him in any decisions regarding medical treatment. Mark helps Steve understand doctor orders.
Question	Do you have a Power of Attorney (POA) for financial decisions?
Things to Consider	<ul style="list-style-type: none"> <li>• Ask for copies to be provided for upload into the case management information system.</li> <li>• What is the name and relation of the POA?</li> <li>• What type of assistance does the POA provide to the participant?</li> <li>• Would the participant like information on POA?</li> </ul> <p>Offer to provide resources/referrals for assistance in completing forms if necessary.</p>

Example Documentation	Laura stated she does not have a Power of Attorney (POA) for financial decisions and is capable of making her own financial decisions. Laura stated she manages her money, pays her bills on time, and never overdraws her account. She is not interested in additional information at this time.
Question	Are there certain situations where you need help making decisions?
Things to Consider	<ul style="list-style-type: none"> <li>• Ensure the next questions are answered if “yes”.</li> <li>• What kinds of situations does the participant need help with (for example choosing companies to provide services, paying bills, setting up banking)?</li> </ul>
Example Documentation	Taylor said he needs help with medical appointments and deciding which doctors to see. He needs help knowing if recommendations/course of treatment for his health situations are correct. Taylor stated he does not always understand what the doctors tell him.
Question	Do you have a decision-making agreement in place?
Things to Consider	<ul style="list-style-type: none"> <li>• What is the name and relationship of the person/people helping the participant make decisions?</li> <li>• Does the participant feel supported enough by those providing help?</li> <li>• What does the participant need to feel supported?</li> <li>• Obtain a copy of the agreement to upload to the case management information system.</li> </ul>
Example Documentation	Sarah stated her daughter Lisa helps her with medical decisions.
Question	Do you want help drafting or updating a supported decision-making agreement with this person?
Things to Consider	<ul style="list-style-type: none"> <li>• Inform participant that part of the assessment includes additional questions about Supported Decision Making which will provide more opportunity to understand participant’s needs so the proper resources can be provided.</li> <li>• Document participant’s decision and inform participant that if things change, participant can always discuss with case manager later.</li> </ul>
Example Documentation	Chuck is not interested in supported decision-making at this time but will let case manager know at a later date if this changes.
Question	Are you willing and able to participate in the service planning process?
Things to Consider	Inform participant that if things change, to let case manager know.

Example Documentation	Alex stated he is able and willing to make decisions about this service plan and does not want assistance from anyone. Alex will let case manager know if he would like support in the future.
Question	Is there anyone else you would like to participate in your service planning?
Things to Consider	<ul style="list-style-type: none"> <li>• What is relationship of person(s) to the participant?</li> <li>• Which meeting(s) should person(s) participate in?</li> <li>• What is the participant's preference for contacting person(s) to inform of meetings?</li> <li>• What is the contact information for person(s)?</li> </ul>
Example Documentation	Brandy stated she does not want anyone else to participate in service planning.
Question	Are you interested in having more control over the services and supports you receive through self-direction?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced self-direction before?</li> <li>• What did/didn't participant like about self-direction?</li> </ul>
Example Documentation	Marvin stated he is not interested in this time and does not want to have control and manage people.
Question	Do you have any cultural, traditional, or personal values you think I should know about?
Things to Consider	<ul style="list-style-type: none"> <li>• How does participant's values effect participant's day-to-day life?</li> <li>• What are participant's expectations for case manager and providers related to participant's values?</li> <li>• What should case manager and providers know about participant's values?</li> </ul>
Example Documentation	John stated he was raised Protestant and attends church regularly. John stated he celebrates the traditional Christian holidays and really enjoys Christmas. John stated he likes to decorate but is not able to decorate the outside of his house like he wants due to his limited mobility and range of motion.
Question	Are there certain days of the week or times of year that are significant to you?
Things to Consider	<ul style="list-style-type: none"> <li>• What should the case manager and providers know about the significant days?</li> <li>• What are the participant's expectations for the case manager and providers related to the significant days?</li> <li>• What are the participant's preferences for receiving services on the significant days?</li> </ul>

Example Documentation	Sharon stated besides the usual national holidays, she really enjoys her birthday as that is when she gets to see all of her family and friends at once. Sharon also stated she acknowledges her husband's death every year by taking time to herself that day.
Question	Do you have a preference on the gender of your caregiver?
Things to Consider	<ul style="list-style-type: none"> <li>• Which services does the participant's gender preference apply to?</li> <li>• What should occur if preference cannot be met by provider, for example if caregiver is sick one day?</li> </ul>
Example Documentation	Matt stated he would prefer that the person who assists him when showering is male. Matt stated other than that he does not have a preference.
Question	Do you have any special considerations you want to share, such as preferred call or appointment time?
Things to Consider	<ul style="list-style-type: none"> <li>• What are participant's day and time preferences?</li> <li>• What does participant prefer if wishes cannot be met due to unforeseen circumstances?</li> </ul>
Example Documentation	Kim stated she is flexible, however, would prefer that case manager provide at least 1-week notice before scheduling visits. Kim stated she wants to make sure this will not interfere with her services and would like case manager to accommodate that as much as possible.
<b>Family and Home</b>	
Question	Do you have family and friends that you talk to on a regular basis?
Things to Consider	<ul style="list-style-type: none"> <li>• Who does participant consider as part of family?</li> <li>• Is participant close to family?</li> <li>• Should case manager contact any family at any time regarding participant's health, services, etc.?</li> <li>• What are the names, relationship, and contact information for anyone participant says case manager should contact?</li> <li>• What reasons/situations should the case manager make contact.</li> </ul>
Example Documentation	Jason stated he and his wife have large families, with lots of nieces and nephews. Jason stated he and his wife talk to their brothers and sisters at least once each week but will also text each other throughout the days. Jason stated he also talks to his friends and even participates in group text messages with them.
Question	Are they nearby?
Things to Consider	<ul style="list-style-type: none"> <li>• How close is family in miles/drive time?</li> <li>• Is all family within that distance or does this vary?</li> <li>• Does participant see family as often as participant would like?</li> </ul>



Example Documentation	Margaret stated her children live about 30 minutes away. Margaret stated the rest of her family lives in another state, so she only sees them once or twice each year. However, Margaret stated her husband's family lives in Cheyenne as well, so they see each other often.
Question	How often do you visit with them?
Things to Consider	<ul style="list-style-type: none"> <li>• Are family visits for fun/social, or is family providing care during these visits?</li> <li>• Would participant like to see more/less of family, and has this been discussed with participant's family?</li> <li>• Could services support participant's wish in frequency of seeing family and how does participant envision that?</li> </ul>
Example Documentation	Brandon stated he sees his family too much and they worry because he lives alone and due to his diagnosis of quadriplegia, he is unable to care for himself. Brandon stated as a result, his mom and dad are over every day, but they have jobs and Brandon is concerned they will burnout from helping him every day. Brandon stated his brother and sister are each married with kids, so he sees them about once a month and on holidays/birthdays.
Question	<p>What setting describes your current living situation? Do you live:</p> <ul style="list-style-type: none"> <li>○ Alone</li> <li>○ With friends or a roommate</li> <li>○ With family</li> <li>○ Congregate setting</li> <li>○ Institutional Setting</li> <li>○ Temporary/Homeless</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• Is participant is satisfied with living situation?</li> <li>• If homeless, how long has participant been experiencing homelessness and what has participant done to find housing?</li> <li>• Does participant feel lonely or isolated in living situation?</li> <li>• What has participant tried to address feelings of loneliness or isolation?</li> </ul>
Example Documentation	Ashley stated she lives alone and enjoys the peace and quiet. Ashley stated she is friends with her neighbors, and they play bridge twice a month. Ashley stated she does not feel lonely or isolated.
Question	<p>If participant lives in an institutional setting, select one of the following and ask the question below:</p> <ul style="list-style-type: none"> <li>○ Nursing facility</li> <li>○ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)</li> <li>○ Hospital (&gt;30 days)</li> <li>○ Institute for Mental Disease</li> </ul>

	<ul style="list-style-type: none"> <li>○ Correctional Facility</li> </ul> <p><i>What is the anticipated discharge date?</i></p>
Example Documentation	James stated he has lived in the nursing facility for 9 months following several surgeries and need for physical and occupational therapy.
Things to Consider	<ul style="list-style-type: none"> <li>● How long has participant lived in the setting?</li> <li>● Enter anticipated discharge date in this format: MM/DD/YYYY</li> <li>● What reason(s) led to participant living in the setting?</li> <li>● Does participant need help transitioning from the setting?</li> <li>● Does participant have help already or would participant like information/assistance to transition?</li> </ul>
Question	<p>If participant lives in a congregate setting, select one of the following:</p> <ul style="list-style-type: none"> <li>○ Assisted Living Facility (ALF)</li> <li>○ Boarding Care Home</li> <li>○ Transitional Program</li> <li>○ Group Home</li> <li>○ Other</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● How long has participant lived in this setting?</li> <li>● Is participant happy/satisfied?</li> <li>● Does participant wish to change settings?</li> </ul>
Example Documentation	Alfred stated he has lived in the ALF for three years and is happy to be there. Alfred stated he enjoys the other residents and has friends and that staff are friendly and helpful.
Question	Do you consider your housing arrangement stable?
Things to Consider	<ul style="list-style-type: none"> <li>● What concerns does participant have about stability of housing?</li> <li>● Has anything been done to address them? If so, what was the outcome?</li> </ul>
Example Documentation	Melinda stated she has lived in her house for 10 years and does not have any concerns with continuing to do so, as long as she has supports to help her with daily tasks.
Question	Are you concerned about your ability to pay your mortgage or rent, or other household expenses?
Things to Consider	<ul style="list-style-type: none"> <li>● Has participant sought assistance from the Low-Income Energy Assistance Program?</li> <li>● Has participant sought assistance from the Supplemental Nutrition Assistance Program?</li> <li>● If so, what were the outcomes?</li> <li>● Would participant like referrals/support to apply?</li> </ul>

Example Documentation	Leslie stated she does have concerns at times, especially during the winter when she has to run her heat to stay warm. Leslie stated during the winter months she has very little money left for groceries or social activities as her money goes to rent and heating first.	
Question	Do you receive assistance to pay for your housing (such as subsidy or other funding source)?	
Things to Consider	<ul style="list-style-type: none"> <li>• Does participant want contact/referral information or assistance applying for benefits?</li> <li>• Provide information regarding potential benefits for participant.</li> </ul>	
Example Documentation	Jim stated he does not receive assistance as he was not aware there were programs that may be able to help.	
Question	Do you feel safe and comfortable in your home?	
Things to Consider	<ul style="list-style-type: none"> <li>• What makes participant feel uncomfortable in their home?</li> <li>• Has anything been done to address the issues?</li> <li>• Would the participant like support in addressing the issues?</li> </ul>	
Example Documentation	Sylvia stated she loves her apartment and has never felt more comfortable in a home.	
<b>Functional Assessment Results</b>		
Question	Discuss LT101 Results <ul style="list-style-type: none"> <li>• Eating</li> <li>• Bathing</li> <li>• Grooming</li> <li>• Dressing</li> <li>• Toileting</li> <li>• Functional Mobility</li> <li>• Meal Preparation</li> <li>• Medication Management</li> <li>• Social Interaction</li> <li>• Comprehension</li> <li>• Expression</li> <li>• Problem Solving</li> <li>• Memory</li> </ul>	<b>Scoring for LT101:</b> I = Independent MI = Modified Independent S = Supervision/Setup MA = Moderate Assistance D = Dependent
Things to Consider	<ul style="list-style-type: none"> <li>• What preferences does the participant have for receiving supports?</li> <li>• Is a male or female caregiver preferred?</li> <li>• What days of the week and times of day does the participant prefer for support?</li> <li>• If participant indicates changes from the LT101, obtain that additional information and document what the changes are.</li> </ul>	

<p>Example Documentation</p>	<p>Doug confirmed the scores and information from the LT101 and stated there had not been any changes. Doug stated he prefers to shower every other day and that when he has help (which is not often) it takes approximately 15 minutes. Doug stated he would prefer a male caregiver and would like to have help every other morning. Doug also stated he would prefer a medication reminder box rather than someone calling/telling him to take his medications every day. Doug stated he would prefer someone to prepare meals every few days, allowing meals to be frozen/refrigerated for a few days as he does not want someone in his home every day.</p>
<p>Question</p>	<p>What does a typical day look like for you?</p>
<p>Things to Consider</p>	<ul style="list-style-type: none"> <li>• What does a good day look like for participant?</li> <li>• What does a bad day look like for participant?</li> <li>• Is participant satisfied with a typical day, if not what would participant change?</li> <li>• What is the frequency of good/bad days?</li> <li>• What support, if any, does participant have for typical/good/bad days?</li> <li>• Refer to information from the LT101 as necessary to verify if certain parts of participant's day are when support is needed, and who is providing those supports, if anyone.</li> <li>• Discuss or confirm participant's preferences for caregiver and days/times of day for support.</li> </ul>
<p>Example Documentation</p>	<p>Jean stated she usually wakes up around 6:30 a.m. and has a cup of coffee with her medicine. Jean stated she usually only has cereal for breakfast because she cannot stand long enough to make anything else, although Jean stated she really enjoys eggs, hash browns, and bacon. Jean stated she takes a full shower once a week when her daughter is able to help her and takes a sponge bath while sitting on the toilet the other days. Jean stated she would prefer to shower more frequently, especially because she has a job who is willing to give her more than 8 hours/week. But Jean stated without being able to shower more frequently she does not want to go to work and worry about not being clean. Jean stated on days she does not work she usually sits around her house and watches TV and may on occasion talk to friends on the phone. Jean stated lunch is usually a piece of fruit or something she can grab from the refrigerator quickly and dinner is often the same. Jean stated she goes to bed around 9 p.m. every night. Jean stated her best days are when she showers and can go to work, which is only once a week right now. Jean stated the other days are not necessarily bad, but she does not enjoy them as she does not feel productive.</p>
<p><b>Community and Activities</b></p>	

Question	How do you like to spend your free time?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant have any hobbies or interests?</li> <li>• How often does the participant engage in hobbies/interests?</li> <li>• Does that frequency satisfy the participant?</li> </ul>
Example Documentation	Shirley stated she enjoys puzzles of all kinds and going to the movies. Shirley stated she sees her friends once each week for lunch. Shirley stated she also enjoys reading and recently got a Kindle as a birthday gift. Shirley stated she is still learning how to use it but is excited to have more books available to her with ease.
Question	How often do you feel you lack companionship? <ul style="list-style-type: none"> <li>○ Hardly ever</li> <li>○ Some of the time</li> <li>○ Often</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• How long has participant felt a lack of companionship?</li> <li>• Has participant done anything to address the lack of companionship?</li> </ul>
Example Documentation	Arthur stated he often feels that he lacks companionship, especially since his wife's death. Arthur stated his family comes to see him when they can, but they are busy with work and their own families. Arthur stated it is difficult for him to leave the house on his own as he cannot drive far or at night due to his eyesight. Arthur stated this makes it difficult for him to attend any events in his community.
Question	How often do you feel left out? <ul style="list-style-type: none"> <li>○ Hardly ever</li> <li>○ Some of the time</li> <li>○ Often</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• How long has the participant felt left out?</li> <li>• What makes the participant feel left out?</li> </ul>
Example Documentation	Karen stated she hardly ever feels left out and usually when she does it is because she said no to an invitation. Karen stated she has a good group of friends that see each other regularly.
Question	How often do you feel isolated from others? <ul style="list-style-type: none"> <li>○ Hardly ever</li> <li>○ Some of the time</li> <li>○ Often</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• How long has the participant has felt isolated?</li> <li>• What is contributing to the participant feeling that way?</li> </ul>
Example Documentation	George stated he feels isolated some of the time, mostly because he lives far from town and most of his family is in town. George stated his nearest neighbor is approximately one mile away.

Question	<p>Do you have someone who helps you with personal care or general household tasks, such as meal preparation, grocery/personal needs shopping, or housekeeping? If yes, who?</p> <ul style="list-style-type: none"> <li>○ Friend/Neighbor</li> <li>○ Guardian/Legal representative</li> <li>○ Parent</li> <li>○ Sibling</li> <li>○ Spouse/Significant Other</li> <li>○ Son/Daughter</li> <li>○ Other</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● Select the appropriate relationship to participant.</li> <li>● What is the name of person who provides the participant help?</li> <li>● What is the frequency of the help provided?</li> </ul>
Example Documentation	<p>Tammy stated her daughter, Martha will help when she can, by grocery shopping and taking Tammy to run errands. Tammy stated this usually happens once each week.</p>
Question	<p>Do you currently have a job?</p>
Things to Consider	<ul style="list-style-type: none"> <li>● What is the participant's current job?</li> <li>● What is the participant's satisfaction with the job?</li> <li>● Is the participant interested in exploring other opportunities?</li> </ul>
Example Documentation	<p>Matt stated he has not had a job since his accident but is interested in working part time again. Matt stated his last job was a customer service representative and he enjoyed it.</p>
Question	<p>Are you interested in new employment opportunities?</p>
Things to Consider	<ul style="list-style-type: none"> <li>● What opportunities is the participant interested in?</li> <li>● What is the participant's past work experiences?</li> </ul>
Example Documentation	<p>Julia stated she is interested in new employment as she has not worked since she became ill. Julia stated she is now in a place where she feels comfortable and stable enough to work some hours each week. Julia stated she is not sure what she is interested in but would like to explore this.</p>
Question	<p>Do you currently attend classes?</p>
Things to Consider	<p>What types of classes does the participant attend and how often?</p>
Example Documentation	<p>Jeremy said he does not attend classes and stated because he is 72 years old he does not have any interest in classes.</p>
Question	<p>Are you interested in furthering your education or vocational training?</p>

Things to Consider	What are participant's areas of interest for learning and has participant thought about going away or staying close to home.
Example Documentation	Missy said she would like to take classes but is not sure what she wants to study and wants to stay local and close to home.
Question	Would you like to participate in more community activities such as volunteering, social clubs, cultural/arts, religious activities, physical/leisure, or other community activities?
Things to Consider	<ul style="list-style-type: none"> <li>• What activities would the participant like to participate in more?</li> <li>• Has the participant attempted to do so?</li> </ul>
Example Documentation	Andy stated he does not want to participate in any additional activities and feels that he is active enough.
<b>Health and Wellbeing</b>	
Question	Talk to me about your overall physical and mental health.
Things to Consider	<ul style="list-style-type: none"> <li>• Does participant have concerns about health?</li> <li>• When did the concerns begin?</li> <li>• What has participant done to address them?</li> <li>• How does participant feel health is versus what the doctor(s) say?</li> <li>• Does participant want anything to change, and if so what?</li> </ul>
Example Documentation	Joan stated her physical health has been stable. Joan stated she has chronic pain and walking is difficult, but it is easier with her medications and pain management her doctor began. Joan stated her mental health is better, now that her pain is more managed. Joan stated she takes her medications for blood pressure and diabetes and her doctor does not have any concerns when she has blood tests.
Question	<p>Over the last 2 weeks, how often have you been bothered by the following problems?</p> <p>Little interest or pleasure in doing things</p> <ul style="list-style-type: none"> <li>○ Not at all</li> <li>○ Several days</li> <li>○ More than half the days</li> <li>○ Nearly every day</li> </ul> <p>Feeling down, depressed, or hopeless</p> <ul style="list-style-type: none"> <li>○ Not at all</li> <li>○ Several days</li> <li>○ More than half the days</li> <li>○ Nearly every day</li> </ul>



Things to Consider	<ul style="list-style-type: none"> <li>• Are there specific days/times participant feels down or has little interest in doing things?</li> <li>• Has participant felt this way before?</li> <li>• What has participant done in the past to address these concerns?</li> </ul>
Example Documentation	Jackson stated his interest in doing things has not changed although he has felt down a few days. Jackson stated he is not sure why he feels down and does not recall when exactly he began to feel this way.
Question	Do you participate in any wellness activities, like walks, stretching, or other exercises?
Things to Consider	<ul style="list-style-type: none"> <li>• How often does participant engage in activities?</li> <li>• Would participant like to engage more?</li> <li>• What prevents participant from engaging as much as participant would like?</li> <li>• What activities would participant like to engage in?</li> <li>• What supports does participant need to engage in activities?</li> </ul>
Example Documentation	Henry said he has difficulty walking but will walk down the street and back with his four-wheel walker, which provides the necessary support and stability he needs. Henry stated he does not like to go further without someone with him as he does fear falling due to his previously broken hip from a fall.
Question	Do you have food allergies or dietary restrictions?
Things to Consider	<ul style="list-style-type: none"> <li>• What happens if participant eats a food participant is allergic to?</li> <li>• Does participant require medical intervention?</li> <li>• How often does this occur?</li> <li>• Is participant aware of risks associated with participant's food allergies?</li> <li>• What are participant's dietary restrictions?</li> <li>• Does participant follow the restrictions?</li> <li>• What happens if participant does not follow the restrictions?</li> </ul>
Example Documentation	Hank stated he is supposed to eat a diabetic and low cholesterol diet. Hank stated he has diabetes and heart disease, including a double bypass surgery 6 months ago. Hank stated he is unable to cook for himself and his wife is not able to prepare lunches during the week due to her job. Hank stated he could benefit from someone providing lunches for him, that meet his dietary requirements.
Question	<p>In the past 12 months, were there times when the food you bought just did not last and you did not have money to get more?</p> <ul style="list-style-type: none"> <li>○ Often</li> <li>○ Sometimes</li> <li>○ Never</li> </ul>



Things to Consider	<ul style="list-style-type: none"> <li>• What does participant do when food does not last?</li> <li>• Have participant define “often” or “sometimes” in terms of months/weeks.</li> <li>• What causes food to not last (participant not buying enough, not having enough money, eating frequency, etc.)?</li> </ul>
Example Documentation	Chrissy stated she is able to make her food last but that she often eats the same things, which she gets tired of. Chrissy stated her children will sometimes buy her food, so she has more variety, as her grocery budget does not allow her to buy more expensive items, particularly meats.
Question	<p>In the past 12 months, were you worried that your food would run out before you got money to buy more?</p> <ul style="list-style-type: none"> <li>○ Often</li> <li>○ Sometimes</li> <li>○ Never</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• Have participant define “often” or “sometimes” in terms of months/weeks.</li> <li>• What causes worry that food will run out?</li> <li>• What does participant do when food runs out?</li> </ul>
Example Documentation	Thomas stated recent price increases have caused him to worry he will not be able to buy enough food each month. Thomas stated the last two months he had to make his food stretch the last few days until he received his retirement check. Thomas stated due to his diabetes he tries to eat healthy, but he is not always able due to the cost of food.
Question	<p>In the past 12 months, were there times when you could not afford to eat balanced meals?</p> <ul style="list-style-type: none"> <li>○ Often</li> <li>○ Sometimes</li> <li>○ Never</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• Have participant define “often” or “sometimes” in terms of months/weeks.</li> <li>• What does participant do when unable to buy food for balanced meals?</li> <li>• Does inability to eat balanced meals impact participant and if so, how?</li> </ul>
Example Documentation	Shirley stated she receives food assistance which helps her buy groceries. Shirley stated combined with her retirement money, she can buy food and eat balanced meals. Although Shirley stated she has a decreased appetite lately so may not eat much for breakfast. Shirley stated she has an appointment with her doctor in two weeks to discuss her change in appetite.

Question	Do you have other medical professionals that you see on a regular basis?
Things to Consider	<ul style="list-style-type: none"> <li>• How often do the appointments occur?</li> <li>• Has participant had to miss appointments due to not having transportation?</li> <li>• If so, how often has his occurred?</li> <li>• What impact does this have on participant's health?</li> </ul>
Example Documentation	Martin stated he sees a doctor for his back pain/follow-up to back surgery. Martin stated it is difficult to see this doctor as he lives on the other side of town and Martin is fearful of driving more than 5 minutes away due to his eyesight.
Question	If yes, how do you get there and is it a challenge to get to these appointments?
Things to Consider	<ul style="list-style-type: none"> <li>• How does participant get there?</li> <li>• Is it a challenge for participant to get to these appointments?</li> </ul>
Example Documentation	Joyce stated her friends or family try to take her, but that often requires them to miss work and she does not want to be a burden.
Question	Do you need transportation help for other non-medical appointments or community events?
Things to Consider	<ul style="list-style-type: none"> <li>• What are the appointments/events for and what are the frequency of each?</li> <li>• How does participant get to appointments/events and what happens if participant is unable to make them?</li> <li>• If participant has support, who provides the support and how often?</li> <li>• Is the support person willing and able to continue providing support?</li> <li>• What does participant do if support is unavailable?</li> </ul>
Example Documentation	Linda stated she does not have any other non-medical appointment needs. Linda stated she would like to attend her Wednesday night church group, but no one is available to drive her, and she does not see well at night. Linda stated she used to attend this group regularly but now only goes once a month or so when she can afford a taxi to drive her.
<b>Goals</b>	
Question	Tell me about your goals. What do you want to see happen in your future?

Things to Consider	<ul style="list-style-type: none"> <li>• Ask participant about each goal and what the goal means to participant.</li> <li>• Has participant had this goal in the past?</li> <li>• If so, what contributed to achieving goal and what barriers were there?</li> <li>• Do not tell participants goals are not realistic.</li> </ul>
Example Documentation	Maryjane stated she wants to attend the water aerobics class for seniors at the local community center/gym. Maryjane stated she used to attend this class twice a week before her fall and hip replacement. Maryjane stated she felt like this class helped her increase her strength and endurance overall and she wants to feel that again. Maryjane stated she also made friends with other classmates and misses those interactions.
Question	What would make you feel like you have made progress on your goals?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant had this goal in the past?</li> <li>• If so, what contributed to achieving goal and what barriers were there?</li> <li>• If so, what did progress look like then and was that a good indicator?</li> <li>• What steps has participant already taken toward achieving goal(s), if any?</li> </ul>
Example Documentation	Heath stated getting job interviews would feel like progress toward obtaining employment. Heath stated his daughter has already updated his resume, but he has yet to start looking for a job.
Question	What could your friends, family, or caregivers do to help you make sure you reach your goals?
Things to Consider	<ul style="list-style-type: none"> <li>• Does participant already have support from friends, family, or caregivers?</li> <li>• If so, is that enough support or does participant need/want more? What does support look like from each?</li> <li>• Has participant discussed goal(s) with friends, family, or caregivers and how each can offer support?</li> </ul>
Example Documentation	Margaret stated her friends and family already offer support in regard to encouragement and reminders to keep trying. Margaret stated her caregivers can provide support in helping her shower every day and get dressed, so she feels better on the outside. Margaret stated she also needs transportation assistance to attend physical therapy so she can strengthen her body.
<b>Participant Profile Observations</b>	
Case Manager Notes	

<p>Example Documentation</p>	<p>Case manager met with Jimmy and his two daughters, Sharron and Melissa. Sharron is POA for medical decisions should Jimmy be incapacitated, but Jimmy is willing and able to participate in service planning and make decisions on his own. Jimmy would like at least one of his daughters to be present for all assessment and service plan development conversations.</p> <p>Jimmy is retired and had a long career as a diesel mechanic. Jimmy's wife, May, lives in a nearby nursing facility where he visits most days. Jimmy drives himself and is independent in most activities although his stamina is decreased due to his COPD. He uses liquid oxygen and is able to fill his portable tanks independently. He gets coffee with friends at McDonalds once or twice a week. His daughters help with grocery shopping and meal preparation as Jimmy considers himself a lousy cook.</p> <p>Jimmy keeps a neat house and maintains a small vegetable garden. At present, he states that his most important concerns are getting some help with bathing and paying for his medications.</p> <p>Jimmy had questions about self-direction. Case manager explained the participant-directed service option, but Jimmy is not sure he wants to manage his own employees. Case manager will administer the participant direction assessment and discuss the opportunity to assign a designated employer of record.</p>
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## Caregiver Assessment

The Caregiver Assessment assesses the availability, strength, and stability of the participant’s natural support system as well as identifies potential support needs for the natural support system. This assessment would be conducted pending the responses provided during the Participant Profile. Information obtained from this assessment will help the case manager determine what services or supports are needed in addition to those provided by the participant’s natural support system. In addition, the case manager may learn that the caregiver needs community or public resources as well and should offer to provide those. Additional participant needs and risks may be identified with this assessment.

<b>Caregiver Background</b>	
Question	Can we ask you questions about your caregiver responsibilities?
Things to Consider	<ul style="list-style-type: none"> <li>• If caregiver says “no” explain the purpose of the assessment and that information obtained can assist in providing respite/relief for caregiver.</li> <li>• Do not continue with assessment if participant is adamant about not doing it.</li> </ul>
Example Documentation	Patrick stated he does not mind answering questions about his responsibilities and is glad that he is provided an opportunity to share. Patrick stated he has been feeling very overwhelmed so appreciates this.
Question	Age of caregiver?
Things to Consider	<ul style="list-style-type: none"> <li>• Document caregiver’s name and relationship to participant.</li> <li>• If there are other caregivers complete an assessment for each.</li> </ul>
Example Documentation	Jennifer, Beth’s daughter is participant’s primary caregiver. Jennifer stated she is 42 years old and is participant’s only family.
Question	Is English your primary language?
Things to Consider	<ul style="list-style-type: none"> <li>• Ask for primary language</li> <li>• Are translation services needed and do documents need to be provided in another language?</li> <li>• Do not use family to translate unless participant and/or caregiver ask for this.</li> <li>• Translation services must be offered.</li> </ul>

Example Documentation	Nathan stated Russian is his primary language and English is his secondary language. Nathan stated he does not require any translation services or documents in other languages as he is fluent in English.
Question	Gender? <ul style="list-style-type: none"> <li>○ Male</li> <li>○ Female</li> <li>○ Prefer not to answer</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● Document caregiver's gender.</li> <li>● Depending on caregiver's response, may need to ask which pronouns the caregiver would prefer when referring to caregiver in person or in documentation.</li> </ul>
Example Documentation	Freddy stated she identifies as female.
Question	Do you live with the participant?
Things to Consider	Have caregiver define "live with" in their terms.
Example Documentation	Sarah, participant's caregiver, stated she does not live with participant but does live close by. Sarah stated it takes approximately 10 minutes to get from her house to participant's, if traveling by car.
Question	How do you travel between households? <ul style="list-style-type: none"> <li>○ Drive</li> <li>○ Walk</li> <li>○ Public transportation (bus)</li> <li>○ Taxi or shared ride (Uber, Lyft, etc.)</li> <li>○ Other:</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● Is the method of transportation convenient or does caregiver prefer a different form of transportation?</li> <li>● Are there barriers or hurdles to the form of transportation used by caregiver (e.g. using Lyft is expensive and can take longer in case of emergency)?</li> </ul>
Example Documentation	Jason stated he drives to his mom's house. Jason stated he has his own car and transportation is not an issue.
Question	How many miles are between households?
Things to Consider	<ul style="list-style-type: none"> <li>● Are the miles between households reasonable or do they present any barriers to care?</li> <li>● What happens if caregiver is unable to get to participant's house.</li> </ul>
Example Documentation	Amanda stated there are approximately 5 miles from her house to her brother's house.

Question	<p>What is your relationship to the participant?</p> <ul style="list-style-type: none"> <li>○ Friend/Neighbor</li> <li>○ Guardian/Legal representative</li> <li>○ Parent</li> <li>○ Sibling</li> <li>○ Spouse/Significant Other</li> <li>○ Son/Daughter</li> <li>○ Other</li> </ul>
Things to Consider	N/A
Example Documentation	Ryan stated he is the Jennifer's younger brother.
Question	Are you the primary caregiver for the participant?
Things to Consider	<ul style="list-style-type: none"> <li>• Is there a primary caregiver?</li> <li>• Do all caregivers coordinate together and support each other?</li> <li>• Are there are specific days of the week and times of day each caregiver provides support?</li> <li>• Is the primary caregiver willing and able to continue in this role?</li> </ul>
Example Documentation	Jaime said she is the only support for her dad as he does not have any other family and is new to this program.
Question	<p>What is your current employment status?</p> <ul style="list-style-type: none"> <li>○ Full-time</li> <li>○ Part-time</li> <li>○ Short-term disability</li> <li>○ Long-term disability</li> <li>○ Leave of absence</li> <li>○ Retired</li> <li>○ Unemployed</li> <li>○ Other</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• Do hours worked make it difficult to provide care to participant?</li> <li>• Has receiving short-term or long-term disability impacted ability to provide care for participant and if so, what support is needed?</li> <li>• Would caregiver like resources for employment?</li> </ul>
Example Documentation	Cathy stated she is employed full-time but often works more than 40 hours/week given the nature of her job and spends time in the evenings and weekends working.
Question	Do your caregiving responsibilities reduce your ability to work?

Things to Consider	<ul style="list-style-type: none"> <li>• Has caregiver talked to employer about Family Medical Leave?</li> <li>• What would caregiver like or need in order to support caregiver to continue providing care?</li> <li>• What supports would be necessary to ensure participant's needs are met if caregiver is no longer able to provide the same level of care?</li> </ul>
Example Documentation	Heather stated yes, she has often had to leave work because of participant's health needs or emergencies. Heather stated she has a flexible job and supervisor but is still worried that she is missing work and causing others to have to cover her meetings/work.
Question	<p>Do you receive assistance from any of the following programs?</p> <ul style="list-style-type: none"> <li>○ Medicaid</li> <li>○ Medicare</li> <li>○ Kid Care/Children's Health Insurance Program (CHIP)</li> <li>○ Supplemental Nutritional Assistance Program (SNAP)</li> <li>○ Low Income Energy Assistance Program (LIEAP)</li> <li>○ Temporary Assistance for Needy Families (TANF)</li> <li>○ Housing Assistance</li> <li>○ Daycare Assistance</li> <li>○ Senior Center Services</li> <li>○ Wyoming Home Services</li> <li>○ Other:</li> </ul>
Things to Consider	If caregiver is not receiving assistance but is interested, provide information, and let caregiver know additional information can be sent from the office.
Example Documentation	Bob stated he does not receive assistance from any of the programs. Bob stated he is lucky to have a secure job with a salary that allows him to live comfortably.
Question	<p>Length of time you have been caring for the participant?</p> <ul style="list-style-type: none"> <li>○ Less than 6 months</li> <li>○ 6 months to 1 year</li> <li>○ 1-5 years</li> <li>○ More than 5 years</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• Has caregiver consistently provided care?</li> <li>• Has the amount of care increased or decreased?</li> <li>• What caused the change?</li> <li>• What impact has caregiver experienced due providing care?</li> </ul>
Example Documentation	Nick stated he has been providing care off and on for more than 5 years.



Question	In an average week, how many hours do you provide care for the participant? (check only one) <ul style="list-style-type: none"> <li>○ 10 hours or less</li> <li>○ 11-20 hours</li> <li>○ 21-30 hours</li> <li>○ Over 30 hours</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● Is the amount of care being provided impacting areas of caregiver's life (e.g., work, school, family, social)?</li> <li>● What tasks are being completed in the time spent with participant and what tasks are not getting done?</li> <li>● Is caregiver willing and able to continue providing the same level of support to participant?</li> </ul>
Example Documentation	Laura stated she spends approximately 10 hours each week providing care to her friend. This includes grocery shopping, taking participant to medical appointments, and some light housecleaning.
Question	Do you intend to continue providing care for the participant?
Things to Consider	<ul style="list-style-type: none"> <li>● What type of supports is the caregiver willing to continue providing and at what frequency?</li> <li>● When does the caregiver intend to stop providing care?</li> <li>● Is caregiver willing to provide back-up care if necessary?</li> </ul>
Example Documentation	Barb stated she will continue to provide care, primarily grocery shopping as participant does not trust many people to pick the right items for her. Barb stated she grocery shops every week to every other week, depending on her mom's needs.
Question	In an average week, how much care would you prefer to provide for the participant? <ul style="list-style-type: none"> <li>○ More</li> <li>○ Less</li> <li>○ About the same amount</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● What amount of time would caregiver like to provide support?</li> <li>● What support would caregiver provide during that time?</li> <li>● Is caregiver willing and able to provide back-up support in the event paid supports or other community supports are unable to provide supports (e.g., due to weather)?</li> </ul>
Example Documentation	Rick stated he would prefer his time spent with his sister was not providing care but engaging in social activities such as going to the movies or out to dinner. Rick stated between work and his own family, the time he does have for his sister is spent caregiving, which does not allow time for social activities.

Question	Do you have out-of-pocket expenses to provide care to the participant (such as providing payment to family or friends to temporarily cover care needs)?
Things to Consider	<ul style="list-style-type: none"> <li>• What causes this to occur?</li> <li>• How often does this happen and is this creating a financial hardship or burden?</li> <li>• Has caregiver tried to find resources in the community that are free or with a sliding scale to cover care needs?</li> <li>• If this were needed, would caregiver be able to pay out of pocket, and if so, for how long?</li> </ul>
Example Documentation	Michelle stated she does not have out of pocket expenses usually, although has paid friends to take her brother's trash out when Michelle has been unavailable (sick or out of town). Michelle stated her friends do not ask for money, but that she feels bad asking her friends to provide care for her brother.
Question	On average, how much per month?
Things to Consider	Would caregiver be able to continue paying this in the event of emergencies or lack of care/providers for participant?
Example Documentation	Michelle stated she pays \$10 when her friends take out her brother's trash.
Question	Do you have anyone who helps you with caregiving? If yes, is this person: <ul style="list-style-type: none"> <li>○ Yes – Someone who shares equal responsibility with me</li> <li>○ Yes – Someone you can call when help is needed</li> <li>○ Yes – Only available in emergencies or cases of extreme need</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• What is the name and relationship of other caregivers?</li> <li>• Are the other caregivers able to continue providing support?</li> <li>• What type of support would caregiver need if they had no reliable resources?</li> </ul>
Example Documentation	Jason stated his siblings also provide support to their dad, they work well together and can support each other when needed. Jason stated they all have schedules and their own lives, but have worked out days, times, and tasks so they can support their dad. However, Jason stated his dad needs more support than they are able to provide. Jason also stated that they have been providing support for more than 5 years and they would all like a break, since they have their own families as well.
Question	Are you currently utilizing any of the following caregiver supports?

	<ul style="list-style-type: none"> <li>○ Respite</li> <li>○ Caregiver Education/Training</li> <li>○ Counseling</li> <li>○ Support Groups</li> <li>○ No</li> </ul> <p>If no, why haven't you used community supports for caregivers?</p> <ul style="list-style-type: none"> <li>○ Did not know about them</li> <li>○ Do not have time</li> <li>○ Financial barriers</li> <li>○ Transportation barriers</li> <li>○ Not interested</li> <li>○ Other</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● Provide brief descriptions of each type of support.</li> <li>● Ask how often each is used, and if the support is helpful or not?</li> <li>● What would caregiver want differently?</li> <li>● Would the caregiver be interested in receiving additional information about any supports?</li> </ul>
Example Documentation	Tony stated no, he is not using any of these as he was not aware, they existed and even now, is not sure they would be available in the small town he and participant live in.
<b>Care Provided</b>	
Question	Type(s) of care you assist with? (check all that apply) <ul style="list-style-type: none"> <li>○ Eating</li> <li>○ Bathing</li> <li>○ Grooming</li> <li>○ Dressing</li> <li>○ Toileting</li> <li>○ Mobility/Transferring</li> <li>○ Meal Preparation</li> <li>○ Medication Management</li> <li>○ Budgeting/Money Management</li> <li>○ Grocery/Personal Needs Shopping</li> <li>○ Transportation</li> <li>○ Social Interaction</li> <li>○ Comprehension</li> <li>○ Expression</li> <li>○ Problem Solving</li> <li>○ Memory</li> <li>○ Other</li> </ul>

Things to Consider	<ul style="list-style-type: none"> <li>• How often is assistance provided for each activity?</li> <li>• Will caregiver continue to provide this support, even with participant receiving services through the program?</li> </ul>
Example Documentation	Alice stated she helps her mom with grocery shopping and social interaction by inviting her mom to events with her and her friends or taking her shopping, to the movies, to dinner, etc.

### Caregiver Health and Wellbeing

Question	<p>How would you describe your physical health?</p> <ul style="list-style-type: none"> <li>○ Excellent</li> <li>○ Good</li> <li>○ Fair</li> <li>○ Poor</li> </ul>
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Things to Consider	<ul style="list-style-type: none"> <li>• Has there been a change in emotional health and if so, what changed?</li> <li>• Have participant’s needs contributed to this?</li> </ul>
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Example Documentation	Reuben stated his health is good, since his dad started receiving services, he is able to focus on his physical health and exercise more often.
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Question	<p>How would you describe your emotional health?</p> <ul style="list-style-type: none"> <li>○ Excellent</li> <li>○ Good</li> <li>○ Fair</li> <li>○ Poor</li> </ul>
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Things to Consider	<ul style="list-style-type: none"> <li>• Has there been a change in emotional health and if so, what changed?</li> <li>• Have participant’s needs contributed to this?</li> </ul>
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Example Documentation	Patricia stated her emotional health is much better since participant started receiving services. She has less stress and worries less now that participant has other people in her life providing care and “having eyes on” participant.
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Question	Do your own health problems ever get in the way of providing care?
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Things to Consider	<ul style="list-style-type: none"> <li>• Does this happen often?</li> <li>• If so, is someone else able to provide care (reference previous questions about other people providing supports)?</li> </ul>
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Example Documentation	Ben stated only if he gets sick with a cold or flu (illnesses like that), then he is unable to provide care as he does not want to risk getting his grandma sick
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Question	How would you rate your level of stress related to caring for the participant? <ul style="list-style-type: none"> <li>○ None</li> <li>○ Low</li> <li>○ Medium</li> <li>○ High</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● Has stress increased/decreased, and what may have contributed to that?</li> <li>● Is caregiver doing anything to manage stress levels and if so, is it working?</li> </ul>
Example Documentation	Erica stated she does not have any stress related to caring for her husband. Erica stated since her husband began receiving services, her stress decreased because other people were providing support.
Question	Are you experiencing stress in other areas of your life related to any of the following areas that would affect your ability to provide care to the participant? <ul style="list-style-type: none"> <li>○ Child Care/Other Family Obligations</li> <li>○ Health</li> <li>○ Work</li> <li>○ Living arrangements</li> <li>○ Financial Strain</li> <li>○ Other</li> <li>○ No</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● Is stress related to providing care for participant?</li> <li>● Has caregiver tried anything to address or decrease the stress?</li> <li>● Has stress in these areas increased/decreased and what may have contributed to that?</li> </ul>
Example Documentation	Drew stated he is not experiencing any other stress in his life.
Question	Are you the primary caregiver for anyone other than the participant (e.g. children, spouse, parent, etc.)?
Things to Consider	<ul style="list-style-type: none"> <li>● Do other caregiving responsibilities impact ability to provide care for participant?</li> <li>● Does caregiver have support for the other people for whom he/she is primary caregiver.</li> <li>● Offer resources, depending on the situation and supports provided to other people.</li> </ul>
Example Documentation	Stacey stated she has two children, but she and her spouse share caregiving responsibilities.

<b>Caregiver Assessment Observations</b>	
Question	The caregiver is restricted in ability to care for participant?
Things to Consider	<ul style="list-style-type: none"> <li>• What are the caregiver's restrictions?</li> <li>• How have the restrictions impacted ability to provide care?</li> <li>• Does caregiver have support?</li> </ul>
Question	The caregiver is comfortable with caregiving expectations and responsibilities?
Things to Consider	<ul style="list-style-type: none"> <li>• Does caregiver express ability and willingness to continue providing care?</li> <li>• Does caregiver express need for assistance?</li> <li>• Does caregiver need/want support/training to continue providing care?</li> </ul>
Question	The caregiver is experiencing unsafe or unsustainable levels of stress?
Things to Consider	<ul style="list-style-type: none"> <li>• Does caregiver express stress and asks for resources?</li> <li>• Does caregiver express inability to continue providing care?</li> <li>• Does caregiver express difficulties in other areas of life due to providing care?</li> </ul>
<b>Case Manager Notes</b>	
Example Documentation	<p>Mary, Charlotte's daughter, is Charlotte's primary caregiver. During the assessment Mary stated the following:</p> <p>She has a full-time job that is very demanding. She is an only child and is Charlotte's only living relative. Charlotte does not have many friends and does not do a good job of maintaining friendships. Due to this, Charlotte relies on Mary for all of her needs and contacts Mary multiple times each day. She is also trying to find support for her father (parents are divorced) and that between both of her parents, her job, and trying to maintain some of her own life, she could use support for Charlotte. Case manager will discuss service options to provide support for Charlotte and relieve stress for Mary. Case manager will also offer Mary resources in her community that may benefit her.</p>

## Community Relationships Assessment

The Community Relationships Assessment assesses the participant’s level of engagement and interest in employment, educational, and/or other social/cultural opportunities. This assessment is designed to assess the participant’s current experience with community relationships, support the participant to make decisions about community relationships, and identify the support needed by the participant to build and maintain safe and healthy community relationships if they so choose. Additional participant needs and risks may be identified with this assessment. This assessment would be conducted pending the responses provided during the Participant Profile.

General Interests	
Question	Are you interested in developing new friendships and/or connections with social groups and activities in your local community?
Things to Consider	<ul style="list-style-type: none"> <li>• What types of activities is participant interested in?</li> <li>• Has participant done those activities before, what has participant enjoyed, and what keeps participant from participating in those activities now?</li> <li>• Ask probing questions to assess if the reason is because participant does not have a social network, does not want one, or if there are barriers for participant to develop friendships or take part in activities.</li> <li>• This information is critical to assess what the participant needs and what barriers exist to develop or maintain friendships and join in groups or social activities.</li> </ul>
Example Documentation	Shanna stated she has a friend she sees regularly and that she participates in a book club monthly. Shanna said she would like something more to do during the week, to meet new people and stay active.
Question	Are you currently a member of any community organizations or social groups (e.g. Elks, Kiwanis, hobby/collector groups)? <i>If yes, describe.</i>
Things to Consider	<ul style="list-style-type: none"> <li>• What groups/organizations is participant active in and does participant enjoy them?</li> <li>• Can/does participant participate as often participant would like.</li> <li>• What prevents participant from doing so and how often would participant like to participate?</li> <li>• Is participant not interested in formal organization or groups?</li> <li>• Are there barriers to participating in such activities?</li> <li>• This information is critical in assessing participant’s needs and barriers to joining community organizations or social groups.</li> </ul>

Example Documentation	Michael stated he is not part of any community organizations or groups. He stated he has a group of friends he sees regularly although they do not have a formal group or hobby they do together.
Question	<p>What community activities do you enjoy?</p> <ul style="list-style-type: none"> <li>○ Employment</li> <li>○ Education/learning activities</li> <li>○ Volunteering</li> <li>○ Social clubs/Civic groups</li> <li>○ Cultural/Arts (museums, library, etc.)</li> <li>○ Religious (attend church service, church groups, etc.)</li> <li>○ Physical/leisure activities</li> <li>○ Other</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● How often does participant participate in or wish to participate in the activity?</li> <li>● What barriers are there to participation?</li> <li>● Ask for specific information for each identified area (e.g., volunteering at animal shelter).</li> <li>● Does participant currently receive any assistance to participate, what does participant do if assistance is unavailable, and will assistance continue?</li> </ul>
Example Documentation	Melanie stated she enjoys the museum and will go with her friends on free days, especially if there are new exhibits. Melanie stated it is harder for her to attend though, as she cannot walk as long, and her walker is not providing enough support anymore.
Question	<p>In the last three months, how often could you participate in the community activities that you enjoy?</p> <ul style="list-style-type: none"> <li>○ Never</li> <li>○ Sometimes</li> <li>○ Always</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● What types of activities does participant wish to participate in?</li> <li>● What barriers are there to participating (other than what participant may have already said)?</li> <li>● Follow-up on identified barriers, which may lead to services in the service plan and referrals being made.</li> <li>● Does participant want to participate more often and what does that mean (frequency, duration)?</li> </ul>
Example Documentation	Tonya stated she does not often participate in the activities she enjoys. She stated she does not have much money left each month after paying rent, utilities, groceries, and medication, so she does not get to go out with friends much.



Question	In the last three months, how often did you want to participate in community activities but did not because you needed help? <ul style="list-style-type: none"> <li>○ Never</li> <li>○ Sometimes</li> <li>○ Always</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● What types of activities does participant wish to participate in?</li> <li>● What barriers are there to participating (other than what participant may have already said)?</li> <li>● Follow-up on identified barriers, which may lead to services in the service plan and referrals being made.</li> <li>● Does participant want to participate more often and what does that mean (frequency, duration)?</li> </ul>
Example Documentation	Derrick stated he is sometimes able to participate in activities and does not require help for the actual activity but needs assistance to get ready in the mornings. He stated if he does not have help taking a shower or getting dressed, he is unable to join in the activities he would like.
Question	Do you need help finding community activities?
Things to Consider	<ul style="list-style-type: none"> <li>● What activities is participant interested in?</li> <li>● What has participant tried in the past?</li> <li>● Are there specific days/times participant does not want to consider for activities?</li> </ul>
Example Documentation	Rachel stated she would like case manager to mail her a list of activities within 10 miles from her home or provide her with a number to call to obtain this information.
Question	Which supports would you want or need to participate in community activities? <ul style="list-style-type: none"> <li>○ Transportation</li> <li>○ Advocacy/Supervision</li> <li>○ Mobility Assistance</li> <li>○ Personal Assistance (e.g. meals/using the bathroom)</li> <li>○ Other</li> </ul>
Things to Consider	If supports are needed: <ul style="list-style-type: none"> <li>● Ask specifics for each identified support.</li> <li>● What would that look like?</li> <li>● How often would it be needed?</li> <li>● Have these supports been provided in the past, what did/didn't participant like about the previous supports?</li> <li>● What are participant's preferences for the supports?</li> </ul>
Example Documentation	Luke stated he needs transportation as he is unable to drive due to being legally blind. Luke stated he would also need assistance at

	the beginning to learn the layout of the buildings for the events/activities.
<b>Employment</b>	
Question	Do you need help finding a job?
Things to Consider	<ul style="list-style-type: none"> <li>• What type of employment is participant interested in?</li> <li>• How long has it been since participant was employed?</li> <li>• What has prevented participant from working currently?</li> </ul>
Example Documentation	Joyce stated she is not interested in employment. Joyce stated she retired 3 years ago and enjoys not working any longer.
Question	Are you able to apply for jobs?
Things to Consider	<ul style="list-style-type: none"> <li>• How would participant like to search for a job (internet, in person, etc.)?</li> <li>• What methods has participant used in the past?</li> <li>• Has the search has been successful?</li> <li>• What barriers did participant experience?</li> <li>• Would participant like assistance?</li> </ul>
Example Documentation	Chris stated he needs assistance to search for jobs. He stated he is not comfortable using the internet to search so is unsure how to search. Chris stated he is not able to go “door to door” to search for jobs because he tires easily and it is too difficult for him to walk for a long period of time. He stated he would like assistance to find a job.
Question	How many hours per week would you like to work? <ul style="list-style-type: none"> <li>○ Limited Part Time (10 hours or fewer)</li> <li>○ Part Time (11 – 31 hours)</li> <li>○ Full Time (32 hours or more)</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• Inform participant to talk with the Client Services Unit to discuss potential impact to Medicaid eligibility.</li> <li>• Inform participant to also check Social Security Administration regulations regarding employment and any impact to benefits.</li> <li>• When did participant last work specified hours?</li> </ul>
Example Documentation	Cherie said she works part time but would like to work full time and even get overtime because it pays time and a half.
Question	Do you need physical assistance to work (use the bathroom, during meal breaks, etc.)?

Things to Consider	<ul style="list-style-type: none"> <li>• What type of assistance is needed and how often?</li> <li>• What does participant currently do when assistance is not available?</li> <li>• Is other assistance needed while working (cueing/reminding)?</li> </ul>
Example Documentation	Joanna stated she does not need any physical assistance while working. She stated she only needs assistance to shower and get herself dressed. However, she stated due to her wheelchair, she needs to be sure that any employer's location is accessible.
Question	Which employment supports would you want or need? <ul style="list-style-type: none"> <li>○ Transportation</li> <li>○ Advocacy/Supervision</li> <li>○ Mobility assistance</li> <li>○ Personal assistance (e.g. meals/using the bathroom)</li> <li>○ Other</li> <li>○ None</li> </ul>
Things to Consider	If supports are needed: <ul style="list-style-type: none"> <li>○ Ask specifics for each identified support.</li> <li>○ What would that look like?</li> <li>○ How often would it be needed?</li> <li>○ Have these supports been provided in the past, what did/didn't participant like about the previous supports?</li> <li>○ What are participant's preferences for the supports?</li> </ul>
Example Documentation	Tucker stated he is interested in transportation to get to/from work, as he does not have a car and the public transportation system is unreliable. He stated the public transportation system does not always accommodate his wheelchair either.
Question	Would you like more information on supports from the Wyoming Department of Workforce Services, Division of Vocational Rehabilitation?
Things to Consider	<ul style="list-style-type: none"> <li>• Provide brief overview of services and inform participant of the website and that additional information will be sent from the office.</li> <li>• Would participant like a referral made on participant's behalf?</li> <li>• Inform participant that information can be provided any time.</li> </ul>
Example Documentation	Tessa stated she is not familiar with these supports. Case manager provided information to participant and stated that case manager will send more information once back in the office. Case manager also provided the website information to Tessa. Tessa told case manager she does not want a referral made yet, as she wants to research more first.
<b>Education</b>	

Question	Do you need help finding an education or training program?
Things to Consider	<ul style="list-style-type: none"> <li>• What type of assistance is needed?</li> <li>• Has participant tried to find a program or educational opportunities in the past?</li> <li>• What worked/what did not work?</li> <li>• Inform participant if this changes to let case manager know.</li> </ul>
Example Documentation	Clay stated he is not interested in educational opportunities at this time. He stated he recently graduated college and does not wish to attend more classes. Clay stated if he decides to learn more, he is able to find programs and opportunities on his own.
Question	<p>What type(s) of learning are you interested in?</p> <ul style="list-style-type: none"> <li>○ Adult Education (e.g. High School Equivalency Certificate)</li> <li>○ Higher Education (e.g. College/Community College Courses)</li> <li>○ Professional Development (e.g. Computer/Software training)</li> <li>○ Community/Cultural Education (e.g. Art Classes)</li> <li>○ Independent Living (e.g. Life Skills/Advocacy Training)</li> <li>○ Other</li> <li>○ None</li> </ul>
Things to Consider	<p>For each interest identified,</p> <ul style="list-style-type: none"> <li>○ Does participant have previous experience with the identified area and has participant attempted to find programs/classes previously?</li> <li>○ Has participant needed support with the identified interest(s) in the past?</li> <li>○ What type, how often, and what was specifically provided?</li> </ul>
Example Documentation	Trista stated she is interested in art classes but is unsure where to find ones that are affordable. She stated she has not taken art classes since high school, which was three years ago, but stated she has always enjoyed art as she finds it calming.
Question	<p>How many hours per week would you like to participate in learning activities?</p> <ul style="list-style-type: none"> <li>○ Limited Part Time (10 hours or fewer)</li> <li>○ Part Time (11 – 31 hours)</li> <li>○ Full Time (32 hours or more)</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>• What are the participant's preferences for days of the week and times of day participant would like to participate?</li> <li>• What are the participant's preferences for learning in a classroom setting, online, combination, or some other form?</li> <li>• Are there any other activities participant participates in that need to be taken into consideration?</li> </ul>

Example Documentation	Brennon stated he would like to participate in Spanish classes no more than 10 hours each week. He stated he does not want this activity to interfere with attendance at his Adult Day during the week, so would prefer nighttime classes and online if possible.
Question	Which educational supports would you want or need? <ul style="list-style-type: none"> <li>○ Transportation</li> <li>○ Advocacy/Supervision</li> <li>○ Mobility assistance</li> <li>○ Personal Assistance (e.g. meals/using the bathroom)</li> <li>○ Other</li> <li>○ None</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● For each identified support ask what support would look like and how often it would be needed?</li> <li>● Have these supports been provided in the past and what did/didn't participant like about the previous supports?</li> <li>● What are participant's preferences for the supports?</li> </ul>
Example Documentation	Angie stated she would need assistance using the bathroom to attend any classes that were not at home as well as supervision. She stated she would need the assistance previously discussed when reviewing her LT-101 assessment information.
<b>Community Relationship Observations</b>	
Case Manager Notes	
Example Documentation	During the assessment Brad stated he has many friendships and a positive relationship with his family. Brad stated he is engaged in activities and has wonderful support around him. Brad also stated he is resourceful in finding new activities. Case manager does not see concerns with community relationships or risk of loneliness/isolation.

## Housing & Environment Assessment

The Housing & Environment Assessment assesses the stability of the participant's living conditions and whether those conditions are supportive of the participant's overall health and welfare. This assessment will provide the case manager with information about the participant's living situation and what supports the participant may need to make the current environment safer or more stable. Additional participant needs and risks may be identified with this assessment. This assessment would be conducted pending the responses provided during the Participant Profile.

<b>Housing Stability &amp; Living Conditions</b>	
Question	Do you need help with household improvements (such as physical access or safety accommodations)?
Things to Consider	<ul style="list-style-type: none"> <li>• What are the difficulties and what accommodations have been made, if any?</li> <li>• Are there parts of the home participant cannot access?</li> <li>• Does anyone provide assistance to access parts of the home?</li> <li>• Verify that participant is able to access all parts of the home participant wishes to access.</li> <li>• Has participant ever had modifications made to the home to make access easier or use any durable medical equipment to support access?</li> <li>• Inform participant to let case manager know if anything changes with needed household improvements.</li> </ul>
Example Documentation	Jake stated he has difficulty getting in and out of his bathroom, as his doorway is too narrow to safely use his wheelchair or walker. He stated he also has difficulty getting in and out of the shower, as it is a tub and he cannot lift his legs high. Jake stated he does not have any other difficulties with his home. Jake stated he does not have any equipment in his shower to assist him with bathing.
Question	Are you able to navigate and move easily in your home?
Things to Consider	<ul style="list-style-type: none"> <li>• Verify that participant is able to access all parts of the home he/she wishes to access, if not previously addressed.</li> <li>• Has participant already had modifications made or use any durable medical equipment to support access?</li> <li>• Inform participant if this changes to let case manager know.</li> <li>• What prevents participant from moving easily in his/her home?</li> <li>• What accommodations, if any, have been made to support movement in the home?</li> <li>• Has participant experienced any falls due to difficulties moving in the home?</li> </ul>

Example Documentation	Dove stated she is able to move around her home without difficulty. She does not use any mobility equipment to walk, and stated she is able to walk around the entire house. Case manager also observed Dove walk from the door to living and sit down when case manager arrived.
Question	Do you need home improvements related to safety (such as bannister repair, step repair, non-skid surfaces)? <i>If yes, explain:</i>
Things to Consider	<ul style="list-style-type: none"> <li>• What improvements are needed and have the current damages caused any problems or injuries for participant (such as falls or inability to go into certain areas of the house)?</li> <li>• Have previous repairs been done and are any under warranty?</li> <li>• Verify that participant has not had any injuries due to needed repairs.</li> </ul>
Example Documentation	Dillon stated he does not need any home improvements at this time. Dillon stated his daughter works in construction and is able to make repairs when needed, which is not often.
Question	Are your appliances in working order?
Things to Consider	<ul style="list-style-type: none"> <li>• Verify participant is able to use all appliances and they are in good working condition.</li> <li>• Which appliances do not work and how long has each appliance not worked?</li> <li>• Are any appliances under warranty?</li> <li>• How has participant accommodated the broken appliance(s) and are the appliance(s) completely unusable or lacking certain functions?</li> </ul>
Example Documentation	Maureen stated all appliances work and are fairly new as her children bought them for her two years ago. Maureen stated she knows how to work all appliances, although it is difficult to stand too long to cook some meals. Maureen's daughter confirmed that all appliances are working.
Question	Are your heating and cooling needs met?
Things to Consider	<ul style="list-style-type: none"> <li>• Verify the type of heating and cooling units and if these work to participant's satisfaction.</li> <li>• What are participant's needs, what is not working, and has participant attempted to address this before?</li> <li>• If participant has attempted to address in the past, what did not work?</li> <li>• How long has participant been experienced problems with heating and/or cooling?</li> </ul>

Example Documentation	Jake stated he does not have any concerns with heating or cooling. He stated his heater and air conditioner work, but if they were not working his apartment complex/manager would repair or replace, as they did with his dishwasher last year.
Question	Would you feel safer at home with someone staying with you or checking on you?
Things to Consider	<ul style="list-style-type: none"> <li>• Does anyone currently stay with participant or has participant asked someone before?</li> <li>• What makes participant feel unsafe without someone?</li> <li>• Does participant want someone to check on participant?</li> <li>• What frequency would participant like someone to stay with in home (e.g. every day/night, three nights a week, etc.)?</li> <li>• What support would participant like from this person?</li> </ul>
Example Documentation	Aggie stated she does not need or want anyone staying with her. She stated she loves her home, is comfortable there, and loves living by herself.
Question	Do you have an emergency plan? <i>Select the appropriate response (yes or no)</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Is the emergency plan documented?</li> <li>• What would participant do in an emergency or has done in the past?</li> </ul>
Example Documentation	Garrett stated he does not have an emergency plan but knows to call 911 if needed or to call his son.
Question	Do you have a list of emergency numbers easily available? <i>Select the appropriate response (yes or no)</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Obtain details about where the numbers are located</li> <li>• Has participant had to use emergency numbers in the past and in what situations?</li> <li>• What would constitute an emergency requiring the use of emergency numbers for the participant?</li> </ul>
Example Documentation	Bethany stated her emergency numbers are in her phone and she has them written down on a piece of paper on her refrigerator. Bethany stated she has not had to use these numbers in the past. Bethany stated she would call 911 if she experienced a medical emergency or a fire but would call her children for other health related emergencies. Case manager observed a list of emergency numbers on the refrigerator.



Question	Do you feel that you can get out of your home easily in an emergency? <i>Select the appropriate response (yes or no)</i>
Things to Consider	<ul style="list-style-type: none"> <li>• What would constitute an emergency requiring the participant to get out participant's home?</li> <li>• What would participant do in an emergency or has done in the past?</li> <li>• What support would participant need to get out of home?</li> </ul>
Example Documentation	Thomas stated he is able to walk and get out of his home easily. Thomas stated there are not any barriers to getting out of his home and that he has front and back doors. Case manager observed both doors and did not see any barriers.
Question	Do you have an emergency kit (flashlight, water, food, medications)? <i>Select the appropriate response (yes or no)</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Obtain details about where items are located.</li> <li>• Has participant had to use any items in the past and in what situations?</li> <li>• What would constitute an emergency requiring the use of any of the items for the participant?</li> <li>• Would these items be necessary or provide comfort if they were available?</li> </ul>
Example Documentation	Lenora stated she has all the items, but they are not in a kit. Lenora stated the items are scattered throughout her home, depending on the items. Lenora stated she would like someone to prepare a kit for her, that is in an accessible place should she experience an emergency like an extended power outage or blizzard.
Question	Do you have working smoke and carbon monoxide detectors? <i>Select the appropriate response (yes or no)</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Obtain details about where items are located.</li> <li>• Has participant experienced problems with the items?</li> <li>• When did participant last ensure items work?</li> </ul>
Example Documentation	Oscar stated his smoke and carbon monoxide detectors are in the hallway and that the light flashes, indicating they work. Oscar stated his apartment complex also tests them regularly and replaces the batteries, as necessary.
Question	At this time, do you want/plan to move from your current environment? <i>Do you need help planning for your transition/move?</i>

Things to Consider	<ul style="list-style-type: none"> <li>• When does participant plan to move?</li> <li>• What are the reasons participant is moving?</li> <li>• Does participant need help with the move?</li> <li>• What type of help is needed?</li> <li>• Does participant have anyone that would provide that help?</li> <li>• Inform participant to let case manager know should anything change.</li> </ul>
Example Documentation	Ginny stated she does not want to move from her home as she loves her home. She does not have any plans to move.

### Housing and Environment Observations

Question	The participant is at risk of going without housing or essential utilities?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant received an eviction notice?</li> <li>• Is participant able to make monthly rent/mortgage?</li> <li>• Is participant able to pay utility bills?</li> <li>• Has participant received notice to turn-off power and/or water?</li> <li>• Are there other issues impacting participant's housing/utilities?</li> </ul>
Question	The participant's home poses environmental safety and/or sanitation concerns?
Things to Consider	<ul style="list-style-type: none"> <li>• Is participant's home clean/clutter free?</li> <li>• Does participant have rodents and/or insects in home continuously?</li> <li>• Has participant's home been deemed unsafe/unsanitary?</li> <li>• Is participant at risk of eviction due to safety/sanitation concerns?</li> </ul>
Question	The participant has an adequate disaster response/emergency plan in place?
Things to Consider	<ul style="list-style-type: none"> <li>• Does participant know when to call 911 or when to call the non-emergency number?</li> <li>• Does participant have other numbers/information available for emergencies?</li> <li>• Does participant have basic necessities should an emergency occur?</li> </ul>

### Case Manager Notes

Example Documentation	During the assessment Jennifer stated she is often unable to pay her rent and utilities on time. Jennifer stated she often pays late fees for her rent and does not always pay her full utility bills. Jennifer stated she did receive a warning three months ago and has scraped by since. Case manager will make referrals for housing and LIEAP assistance. Case manager discussed Jennifer's natural support system. Her daughter may be able to
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	<p>help with paying bills and managing her finances. Case manager offered to make a referral to Legal Aid of Wyoming for assistance with drafting a POA. Jennifer declined.</p>
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## Participant Direction Assessment

The Participant Direction Assessment assesses the participant’s desire, comfort, and capability to direct his or her own care. This assessment will provide the case manager with information about the participant’s interest in participant direction as well as the participant’s ability to manage the responsibilities of participant direction. Additional participant needs and risks may be identified with this assessment. This assessment would be conducted pending the responses provided during the Participant Profile.

Participant Direction Capability	
Question	Do you feel comfortable creating a plan for recruiting, hiring, scheduling, terminating, and otherwise managing the performance of caregivers?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant conducted these activities before or is familiar with others who have?</li> <li>• Does participant have people in mind to provide care?</li> <li>• Does participant have someone participant would feel comfortable with in performing these tasks on behalf of participant?</li> <li>• Explain that the participant-direction service delivery option provides the opportunity for a participant to have a Designated Employer of Record to perform these duties.</li> </ul>
Example Documentation	Jasper stated he has been unhappy with agency-based care and feels confident he would be able to manage the aspects of participant-direction. He stated he has a friend who uses this option and his friend has been happy with it and explained the process to him.
Question	Do you feel comfortable creating an emergency back-up plan?
Things to Consider	<ul style="list-style-type: none"> <li>• Inform participant that creating the back-up plan is part of the service plan process and is used in emergencies when regular caregivers/services cannot be provided.</li> <li>• Would participant like assistance creating a plan?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Bonnie stated she does with the support of her daughter. She stated she knows it is part of the process and wants the opinion of her daughter.
Question	Do you feel comfortable making hiring decisions?

Things to Consider	<ul style="list-style-type: none"> <li>• Has participant hired staff in the past, either in an HCBS program or in participant's employment years?</li> <li>• Would participant like assistance with making hiring decisions?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Claire stated she is comfortable with hiring people. She stated she was a manager prior to retirement and hired and fired staff when necessary.
Question	Do you feel comfortable training caregivers?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant trained caregivers in the past and does participant have difficulties training?</li> <li>• Would participant like assistance with training caregivers?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Ken stated he is comfortable training caregivers. He stated he has had to train his caregivers from his current provider agency, to ensure they provide his supports in the manner he likes and what is comfortable for him.
Question	Do you feel comfortable scheduling caregivers?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant scheduled caregivers before and what are his/her schedule preferences (if this hasn't been obtained previously)?</li> <li>• Would participant like assistance with scheduling caregivers?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Donna stated she looks forward to scheduling her caregivers. She stated she has been frustrated with the lack of schedule from her provider agency and is excited for this opportunity.
Question	Do you feel comfortable directing the day-to-day caregiver activities?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Would participant like assistance with directing caregiver activities?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	David stated no, but that his wife would provide support as she is very familiar with his needs. David stated his wife must often do this with current providers as they are often new and not familiar with his needs.

Question	Do you feel comfortable resolving conflicts with caregivers?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Would participant like assistance with resolving conflicts?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Theresa stated she is comfortable resolving conflicts. Theresa stated when she lived in another state, she would address concerns with her caregivers when needed and only contacted her case manager as a way to inform her, not for her case manager to resolve the issues.
Question	Do you feel comfortable creating and maintaining employee files for caregivers?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Would participant like assistance with maintaining employee files?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Cliff stated he is uncertain about maintaining employee files. Case manager explained why this is done and what it means. Cliff stated he is still unsure and would like to understand this more and maybe seek help from a friend.
Question	Do you feel comfortable with giving feedback to caregivers on their performance?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Would participant like assistance with providing feedback to caregivers?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Clyde stated he is comfortable with this. He stated he plans to employ family and friends, so he already gives them feedback when needed.
Question	Do you feel comfortable with explaining to caregivers what you want done differently?

Things to Consider	<ul style="list-style-type: none"> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Would participant like assistance with explaining to caregivers what participant wants?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Anna stated she is comfortable with this. She stated if caregivers are trained right at the beginning, this should be less of a problem.
Question	Do you know what to do if you feel you are being abused or neglected?
Things to Consider	<ul style="list-style-type: none"> <li>• Ensure participant knows what abuse and neglect are, refer to Participant Handbook, and ensure contact information for Adult Protective Services is given/highlighted.</li> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Does participant have someone in mind they would like to support them?</li> </ul>
Example Documentation	Maria asked for clarification from case manager. Case manager provided clarification on abuse and neglect, referred Maria to the Participant Handbook, and ensured Maria had contact information for Adult Protective Services. Participant stated she is comfortable and is glad her partner lives with her as well to provide support.
Question	Do you feel comfortable firing someone that is not meeting the job expectations?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Would participant like assistance with firing employees?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	• Mike stated he does not have any concerns with this. Mike stated he was a manager before and had to fire people in that role.
Question	Do you feel comfortable managing a budget?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Would participant like assistance with managing a budget?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>

Example Documentation	Tony stated he manages his monthly income/budget and manages to ensure bills are paid and money left each month lasts the entire month.
Question	Do you feel comfortable creating a spending plan and scheduling caregivers to stay within a budget?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Would participant like assistance with creating a spending plan and scheduling caregivers?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Margaret stated she does not feel comfortable with this and would like help from her husband who will be her Designated Employer of Record. Margaret stated she wants to have input but would appreciate another set of eyes on the plan.
Question	Do you feel comfortable reviewing time sheets and denying requests for payment for visits that did not happen?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Would participant like assistance with time sheet approval/denial?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Tom stated if there is training, he will feel comfortable doing this. He stated if there is no training he will not feel confident and is scared to make mistakes. However, Tom stated he knows not to sign off/approve of time for tasks that did not occur.
Question	Do you have sole authority over your finances?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant done this in the past and were there any concerns?</li> <li>• How has participant addressed concerns before?</li> <li>• Would participant like assistance with managing finances?</li> <li>• Does participant have someone in mind they would like to support them in this process?</li> </ul>
Example Documentation	Helen stated she does not have anyone managing her finances, such as Power of Attorney or Rep Payee. She stated she is comfortable managing her finances and never has any concerns.



Question	Do you have another person who assists you or manages your financial matters?
Things to Consider	<ul style="list-style-type: none"> <li>• What is the name and relationship of the person who assists?</li> <li>• How much does the person manage financial matters and why was this implemented?</li> <li>• Are there concerns about managing participant's own financial matters and would the participant like assistance or information on obtaining support?</li> <li>• Does participant have someone in mind participant would like to assist with financial matters?</li> </ul>
Example Documentation	Kris stated her daughter is Financial Power of Attorney, but only so her daughter can access bank/financial accounts in the event she (Kris) is hospitalized. Kris stated her daughter also assists in paying bills, but only because they are paid electronically, and her daughter understands technology better.
<b>Participant Direction Observations</b>	
Question	The participant demonstrates the ability to understand and monitor conditions of basic health, and recognize how, when, and where to seek appropriate medical assistance?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant understand his/her health needs?</li> <li>• Does participant know when to see a doctor?</li> </ul>
Question	The participant demonstrates the ability to direct his/her own care, including the ability to train caregivers to meet his/her specific needs?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant understand participant direction requirements?</li> <li>• Is participant able to direct caregivers and express wants/needs/concerns?</li> </ul>
Question	The participant demonstrates the ability to make informed decisions about interviewing, selecting, disciplining, terminating, and otherwise managing caregivers?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant understand the processes involved to begin participant direction?</li> <li>• Did participant express concerns about any of the requirements?</li> </ul>
Question	The participant demonstrates the ability to develop and maintain a budget and establish caregiver wages and schedules?
Things to Consider	<ul style="list-style-type: none"> <li>• Did participant express/demonstrate concerns with managing money?</li> <li>• Does participant understand how to set wages and schedules?</li> </ul>

### Case Manager Notes

Example Documentation	During the assessment Jeffrey did not express an understanding of participant direction requirements and seemed hesitant about them. Jeffrey was uncertain about fulfilling many of the requirements and stated he also would not want a designated employer of record. Case manager does not agree with authorizing participant direction for Jeffrey.
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## Supported Decision-Making Assessment

The Supported Decision-Making Assessment assesses the participant's ability and comfort in making decisions regarding their service plan and other life circumstances. This assessment will provide the case manager with information regarding the participant's abilities or difficulties in expressing wants and needs and making his or her own decisions. Additional participant needs and risks may be identified with this assessment. This assessment would be conducted pending the responses provided during the Participant Profile.

<b>Communication</b>	
Question	Are you able to tell others what you want?
Things to Consider	<ul style="list-style-type: none"> <li>• Is participant able to do this with everyone in participant's life or specific people?</li> <li>• What are the barriers telling specific people what participant wants?</li> <li>• Are there specific situations in which participant can or cannot tell others what participant wants?</li> <li>• Has the participant tried to overcome this in the past, what worked and what did not?</li> <li>• Does someone help participant tell others what participant wants?</li> </ul>
Example Documentation	Levi stated he can tell others what he wants. Levi stated this has never been an issue and he is very vocal about his wants.
Question	Are you able to explain how you make your choices?
Things to Consider	<ul style="list-style-type: none"> <li>• Is participant always able to explain choices or does participant have difficulties in certain situations or with certain people?</li> <li>• Has participant's ability increased or decreased and what might have caused that?</li> <li>• Have people ever questioned participant's choices and why that might have happened?</li> <li>• Does anyone provide support to participant?</li> </ul>
Example Documentation	Noelle stated she is not sure, as she does not recall often being asked to explain how she made her choices. Case manager asked Noelle if she made any decisions lately that impacted her life or finances, as an example. Noelle stated she recently changed dentists. Case manager asked Noelle how she came to that decision. Noelle was able to explain her decision in wanting a dentist that was closer to home, had early morning or evening hours so she could still attend her day center, and was recommended by a friend.

Question	Are you able to make sure people understand what you are saying?
Things to Consider	<ul style="list-style-type: none"> <li>• Are there any situations in which people do not understand participant and what do they do to address that?</li> <li>• How often does it occur and has this increased/decreased?</li> <li>• Does anyone help participant or does participant have someone in mind to provide help?</li> </ul>
Example Documentation	Julius stated he can explain himself when necessary but has never had questions/complaints about people not understanding him.
Question	Are you able to communicate your concerns when you are unhappy with a situation?
Things to Consider	<ul style="list-style-type: none"> <li>• Is this in all situations and if not, in what situations does this occur?</li> <li>• What does participant do in situations where participant cannot communicate concerns?</li> <li>• Has this has increased/decreased and what may have contributed to that?</li> <li>• Is participant interested in someone providing support?</li> <li>• Does participant already have someone or have someone in mind?</li> </ul>
Example Documentation	Dawn stated she does not like to do this as she does not like conflict, but she will when necessary. Dawn stated usually she will rely on her husband to express her concerns, unless her concern is with her husband, which she will address.
Question	Are you able to describe the reasons that you are unhappy with a situation, service, or product?
Things to Consider	<ul style="list-style-type: none"> <li>• Describe the types of reasons and situations participant can communicate that participant is unhappy.</li> <li>• What are the outcomes of such situations?</li> <li>• Is participant satisfied with the outcomes or what could be done differently?</li> <li>• Does participant want support?</li> <li>• Does participant have someone in mind to provide support?</li> </ul>
Example Documentation	Lily stated she does not have any issue explaining why she is unhappy. For example, Lily stated she recently changed cable providers and explained to her old provider that it was because their monthly cost was too much, and she did not use the majority of the channels.

### Personal Care and Staying Healthy

Question	Do you feel comfortable choosing what you want to wear?
Things to Consider	<ul style="list-style-type: none"> <li>• How does the participant choose what to wear (based on the weather, what participant likes, etc.)?</li> <li>• Has anyone ever commented on participant's clothing choices not being appropriate for the weather or situation?</li> <li>• Is participant ever unsure what to wear, when does that occur, and what does participant do to decide?</li> <li>• Who assists participant and what is their name and relationship?</li> <li>• What does participant do if that person is unavailable?</li> <li>• Does participant have someone in mind to provide support?</li> </ul>
Example Documentation	Patrick stated he always chooses what to wear and relies on the news or family/friends to tell him what the weather is so he can choose appropriate clothing. Case manager observed Patrick wearing shorts and a t-shirt for the assessment, which was appropriate for the weather.
Question	Do you feel confident in your ability to make healthy choices for meals and snacks?
Things to Consider	<ul style="list-style-type: none"> <li>• Are there health reasons that certain food items should be avoided?</li> <li>• Is the participant aware of consequences of eating those items?</li> <li>• How often does participant make healthy/unhealthy choices?</li> <li>• Does anyone help make choices for participant and do they want/like the support?</li> </ul>
Example Documentation	David stated he knows he should make healthy choices but does not always because he enjoys chips. David stated he and his doctor talk about this, and David is aware of the consequences of his choices. David stated he has given up many other pleasures (like smoking) and is not changing this habit.
Question	Do you feel comfortable deciding when to eat?
Things to Consider	<ul style="list-style-type: none"> <li>• When does participant not feel comfortable deciding when to eat?</li> <li>• How does participant handle those times?</li> <li>• Does participant need support to address concerns?</li> <li>• If so, who provides that now?</li> <li>• Would participant like more support?</li> </ul>
Example Documentation	Julianna stated she eats when she feels hungry. Julianna stated if she does not feel hungry, she may eat a snack especially if it is around the time she takes her medications.
Question	Are you able to make decisions about your hygiene?

	<ul style="list-style-type: none"> <li>○ Do you decide when to bathe?</li> <li>○ Do you remember to brush your teeth every day?</li> </ul>
Things to Consider	<ul style="list-style-type: none"> <li>● When does participant struggle to maintain good hygiene?</li> <li>● What does participant do during these times?</li> <li>● Does participant need support?</li> <li>● If so, who provides that now?</li> <li>● Would participant like more support?</li> <li>● Do you decide when to bathe?</li> <li>● Do you remember to brush your teeth every day?</li> </ul>
Example Documentation	Joe stated he does not like to shower every day because it dries out his skin, so he showers 3-4 times/week. Joe stated he brushes his teeth twice each day and washes his hair when he showers. Joe stated his podiatrist maintains his toenail care due to his diabetes.
Question	Do you know what medication(s) to take every day, and when?
Things to Consider	<ul style="list-style-type: none"> <li>● How many days each week/month does participant remember/not remember?</li> <li>● What does participant do in these situations?</li> <li>● What are the consequences of not knowing which medications to take?</li> <li>● Does participant need support?</li> <li>● If so, who provides that now? <ul style="list-style-type: none"> <li>○ Would participant like more support?</li> </ul> </li> </ul>
Example Documentation	Lucille and her daughter Jackie stated Lucille often forgets to take her medications and needs daily reminders/check-ins. Jackie stated Lucille sometimes remembers what her medications are for but needs reminders on most days as she takes them. Jackie stated she has heard of boxes that remind people to take medications and alert someone if a dose is missed. However, Jackie stated she does not know how to find those or if she can afford that for her mom.
Question	Do you remember to take your medication(s) every day?
Things to Consider	<ul style="list-style-type: none"> <li>● How many days each week/month does participant remember/not remember?</li> <li>● What does participant do in these situations?</li> <li>● What are the consequences of not remembering to take medications?</li> <li>● Does participant need support?</li> <li>● If so, who provides that now? <ul style="list-style-type: none"> <li>○ Would participant like more support?</li> </ul> </li> </ul>

Example Documentation	See above example
<b>Staying Safe</b>	
Question	Are you able to understand and recognize when a caregiver is treating you poorly? <i>Are you able to communicate if a caregiver is treating you poorly?</i>
Things to Consider	<ul style="list-style-type: none"> <li>• How has participant addressed these concerns in the past?</li> <li>• What support has participant had and how often?</li> <li>• Does participant want support now?</li> </ul>
Example Documentation	Vickie stated she feels comfortable recognizing this, although does not believe she has ever encountered this situation. Vickie stated she is unsure if she would be able to communicate her concerns.
Question	Are you able to make good decisions about drugs and alcohol?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced consequences in the past related to alcohol or drug use?</li> <li>• Does participant want support in making decisions?</li> <li>• Does participant have support now, if so, who?</li> </ul>
Example Documentation	Zach stated he knows the consequences of drinking and drug use. Zach stated he likes to have beers with his friends once a week when they go to a brewery. Zach stated his friends will often drive him to/from the brewery, as he is unable to drive. Zach stated he does not use drugs.
Question	Are you able to decide who you spend your time with?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced a change in being able to decide?</li> <li>• When did change occur and what led to the change?</li> <li>• Does participant have support in making this decision? If so, who?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Shanna stated she is able to choose who she spends time with. Shanna stated she does check-in with her daughter, so her daughter knows where she is in case of an emergency. But Shanna stated she has her friends and decides who she sees and when.
Question	Are you comfortable in recognizing an unsafe social group or situation?

Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced change in being able to recognize unsafe situations?</li> <li>• When did change occur and what led to the change?</li> <li>• Does participant have support in making this decision? If so, who?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Ted stated he feels comfortable as he used to be in the military and police. Ted stated he does not have concerns recognizing unsafe situations.
<b>Home and Friends</b>	
Question	Do you feel comfortable deciding where you want to live?
Things to Consider	<ul style="list-style-type: none"> <li>• Did participant have help choosing where to live? If so, who provided support?</li> <li>• Does participant feel support is needed?</li> <li>• Has this changed? What contributed to the change?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Pauline stated she chose her current apartment and enjoys her home very much. Pauline stated her family went apartment searching with her, but the final decision was her own.
Question	Are you able to choose with whom you live?
Things to Consider	<ul style="list-style-type: none"> <li>• Does participant want to make this choice?</li> <li>• Has participant expressed this want to others (family, ALF, etc.)?</li> <li>• Has participant had help in the past making this choice? If so, who?</li> <li>• Does participant want help now?</li> </ul>
Example Documentation	Fred stated he lives with his son and daughter-in-law. Fred stated his health has gotten worse and it has been more difficult for him to manage living on his own. Fred stated his son and daughter-in-law asked if Fred would like to live with them and he chose to. Fred stated he gets along with his son and daughter-in-law and enjoys having others in the home. Fred stated he is able to move into his own place if he wanted, but that he does not want to. Fred stated he has his own room and bathroom, which he is thankful for.
Question	Are you able to choose how to spend your free time?



Things to Consider	<ul style="list-style-type: none"> <li>• How often is participant able to make this choice?</li> <li>• Does participant want to make this choice?</li> <li>• What assistance does participant have in making this choice?</li> <li>• Who provides support and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Sally stated the Assisted Living Facility (ALF) has requirements that all residents attend at least one ALF activity a month. Sally stated she is able to choose which activity. Sally stated she would prefer not to be forced into any activities.
Question	Are you able to choose who to spend your free time with?
Things to Consider	<ul style="list-style-type: none"> <li>• How often is participant able to make this choice?</li> <li>• Does participant want to make this choice?</li> <li>• What assistance does participant have in making this choice?</li> <li>• Who provides support and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Bryant stated is able to choose who to spend his time with. Bryant stated he manages his own schedule and his own friends/family time.
Question	Are you able to keep your own room or house clean?
Things to Consider	<ul style="list-style-type: none"> <li>• What prevents participant from keeping room/house clean?</li> <li>• How often does this occur?</li> <li>• What assistance does participant have and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Myra stated she tries to maintain cleanliness in her home but finds it difficult due to her limited range of motion and weakness. Myra stated her family pays for someone to clean for her and that she is able to tell this person how she wants her house cleaned. Myra stated she does not have any concerns telling her cleaning person how to clean her home.
Question	Are you comfortable making decisions about intimate relationships?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>

Example Documentation	Earl stated he has not thought about dating anyone since his wife passed away. Earl stated his children encourage him to date, but he is not ready. Earl stated if he decided to date, he would feel comfortable making decisions but would also keep his children updated.
<b>Healthcare Choices</b>	
Question	Do you feel comfortable deciding whether or not you need to go to the doctor?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Georgina stated she often calls her daughter first, who then encourages her to go to the doctor when appropriate. Georgina stated she does not know why she calls her daughter first but likes to have her daughter's opinion. Georgina stated she also does not want to be a burden to her doctor.
Question	Do you feel comfortable making medical choices in everyday situations, such as taking over-the-counter medications?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Floyd said he is comfortable making these choices and knows when to take medications such as Tylenol or cough medicine. Floyd said he has never experienced concerns with this.
Question	Do you feel comfortable making medical choices in more serious situations, such as considering the risks or benefits of an operation?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support</li> </ul>

Example Documentation	Wendy stated she would talk to family or friends for opinions/thoughts about serious medical situations. Wendy stated she is comfortable making her own choices but always appreciates thoughts/support from family and friends. Wendy stated she takes doctor advice/plans of treatment seriously.
Question	Do you feel comfortable making medical choices in an emergency, such as deciding whether to go to the Emergency Room or to call 911?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Samuel stated he often calls his children first, to determine if 911 should be called. Samuel said he sometimes expects that his children (who live close by) will take him to the emergency room rather than paying for an ambulance. Samuel said his children have had to tell him twice before to call 911. Samuel's son Mark was present and confirmed Samuel's statements.
Question	Are you comfortable deciding which doctor you want to use?
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Laney stated she picked her current PCP by a friend's recommendation. Laney stated she trusts her PCP and would rely on her to make suggestions for specialists should any be needed. Laney stated she also does research online when she information is available regarding doctors and their services.
<b>Travel</b>	
Question	Are you able to transport yourself to places you visit frequently? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Does anyone support participant with transportation?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>

Example Documentation	Lucas stated he currently is unable to drive because he is trying to find a van that can be modified for his wheelchair and his abilities.
Question	Are you able to arrange transportation to places you visit frequently? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in arranging transportation??</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Gina stated she is able to use public transportation as long as they have wheelchair capabilities. Gina stated she will also use Uber/Lyft when she can, or her friends/family will support her.
Question	Are you able to transport yourself to places you visit occasionally, or new places? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Does anyone support participant with transportation?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Wayne stated he is able to drive himself without any difficulties. Wayne stated he does not need support from anyone.
Question	Are you able to arrange transportation for yourself to places you visit occasionally, or new places? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in arranging transportation??</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Jackie stated she does not feel comfortable driving herself to new places, but that her children taught her how to use Google Maps on her phone. Jackie stated she will use this and has not had difficulties getting to her new doctor's office.
Question	Are you comfortable in choosing from the transportation options available to you? <i>Are you comfortable using public transportation, if available? (Do not mark if N/A.)</i>

Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Ray stated he is able to drive himself and has lived in Laramie all of his life, so knows the town and the streets. Ray stated he would need support if he could no longer drive in accessing public transportation. Ray stated he is not comfortable understanding/reading the bus schedules, so would need someone to assist/teach him.

### Jobs and Money

Question	Are you able to decide if you want to work? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Judy stated she has been retired for 3 years and does not have any desire to go back to work. Judy stated she contemplates volunteering but continues to enjoy her time without commitments. Judy stated if she wanted to volunteer, she would have her grandchildren help find opportunities on the internet, based off her interests. Judy stated she would only sign up for programs that worked with her schedule and allowed her to continue attending her Adult Day program twice a week.
Question	Are you comfortable in your understanding of employment options? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in understanding options?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>

Example Documentation	Brent stated he is not aware of his employment options, especially since he is retired and receiving disability income. Brent stated he would like to work some, as he enjoys interacting with people, but does not know where to begin.
Question	Are you able to choose the classes or training you want to take to get the job you want? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Leslie stated she wants to attend college, but her parents have been against this because they are not sure what help there is to support her. Leslie stated she has looked through courses at the local community college and has picked classes that sound interesting. Leslie stated she does not know what area of study she wants to focus on but enjoys the arts.
Question	Are you able to decide and communicate your work availability? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Carlos stated he is able to communicate his work availability to his employer. Carlo stated he has a very good job and his boss is understanding of his health needs/concerns, so is flexible and works around Carlos' schedule.
Question	Are you able to manage your money and pay your bills? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>

Example Documentation	Oscar stated he is not good with managing his money and needs support to pay his bills.
Question	Are you able to pay rent and other bills on time? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Victoria stated she relies on her daughter to pay her rent and other bills (using her money) but that she ensures they are on time and clear her account.
Question	Are you able to set a budget and stay within it? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Oliver stated he does not do well setting or managing a budget, so relies on his daughter to support him with this.
Question	Are you able to ensure nobody is taking your money to use for themselves? <i>Select the appropriate response (yes, no, with help).</i>
Things to Consider	<ul style="list-style-type: none"> <li>• Has participant experienced problems in the past?</li> <li>• If so, what were the outcomes?</li> <li>• Does anyone support participant in making this decision?</li> <li>• If so, who and how often?</li> <li>• Does participant want support?</li> </ul>
Example Documentation	Beverly said she recently was talking to a man she met online who kept asking her for money. Beverly stated she did not send any because she does not have much, but that her daughter became aware and intervened on her behalf. Beverly stated she probably would have sent the money if she had it and is thankful her daughter supports her and keeps on eye on her finances.

### Supported Decision Making Observations

Question	The participant demonstrates the ability to communicate unassisted about his/her preferences?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant have assistance?</li> <li>• How often does participant have assistance?</li> <li>• What does participant do if assistance is not available?</li> </ul>
Question	The participant demonstrates the ability to manage his/her personal care without assistance?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant have assistance?</li> <li>• How often does participant have assistance?</li> <li>• What does participant do if assistance is not available?</li> </ul>
Question	The participant demonstrates the ability to ensure their own safety without assistance?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant have assistance?</li> <li>• How often does participant have assistance?</li> <li>• What does participant do if assistance is not available?</li> </ul>
Question	The participant demonstrates the ability to make decisions about home and friends unassisted?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant have assistance?</li> <li>• How often does participant have assistance?</li> <li>• What does participant do if assistance is not available?</li> </ul>
Question	The participant demonstrates the ability to make health decisions unassisted?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant have assistance?</li> <li>• How often does participant have assistance?</li> <li>• What does participant do if assistance is not available?</li> </ul>
Question	The participant demonstrates the ability to make travel decisions unassisted?
Things to Consider	<ul style="list-style-type: none"> <li>• Does the participant have assistance?</li> <li>• How often does participant have assistance?</li> <li>• What does participant do if assistance is not available?</li> </ul>
Question	The participant demonstrates the ability to make employment and money decisions unassisted?



<p>Things to Consider</p>	<ul style="list-style-type: none"> <li>• Does the participant have assistance?</li> <li>• How often does participant have assistance?</li> <li>• What does participant do if assistance is not available?</li> </ul>
<p>Case Manager Notes</p>	
<p>Example Documentation</p>	<p>During the assessment Stephanie was able to respond to all questions appropriately; Stephanie understood all questions and did not report ever requiring assistance or anyone telling her she needed help or made poor choices. Case manager did not observe and does not have concerns regarding Stephanie's decision-making ability.</p>