



Community Choices Waiver Participant Direction Support Plan

Participant Information			
Participant Name:		Medicaid ID #:	
Address:		City:	Zip:
Phone:		E-mail:	
Designated Employer of Record Contact Information (if applicable)			
Name:		Relationship to participant:	
Address:		City:	Zip:
Phone:		E-mail:	
Case Manager Contact Information			
Case Manager Name:		Agency Name:	
Phone:		E-mail:	

Section One – My Needs (Case manager to complete this section)

Needs and/or risks to be addressed by personal support services via participant direction:

Service Description – Activities to be performed:

Section Two – Employee Tasks

Document the specific tasks your employee will perform for you with the corresponding activity. This should include your preferences for how activities are completed and may also be used to develop a job description. For example, if the activity is meal preparation, the specific tasks might be: Prepare dinners once each week that can be frozen and reheated in the microwave.

My employee(s) will conduct the tasks below for each activity where I have a need identified in my service plan:

Activity	Specific tasks
Eating	
Bathing	
Dressing	

Grooming	
Toileting	
Functional Mobility	

Light House Keeping	
Shopping	
Meal Preparation	

Section Three - Recruiting and Hiring

Put a checkmark next to each way you plan to recruit your employee.

- | | |
|--|---|
| <input type="checkbox"/> Social media sites | <input type="checkbox"/> Career service departments |
| <input type="checkbox"/> Employment offices | <input type="checkbox"/> Certain college classes related to disability issues or healthcare |
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Social service agencies |
| <input type="checkbox"/> Laundromats | <input type="checkbox"/> Community newspaper |
| <input type="checkbox"/> Churches | <input type="checkbox"/> Free weekly advertising guides |
| <input type="checkbox"/> Community colleges/universities | <input type="checkbox"/> Center for Independent Living |
| <input type="checkbox"/> Job service centers | <input type="checkbox"/> FMS attendant directory |

Other (please specify):

Employee Qualifications

You can hire any person over the age of 18, including a relative, as long as he/she is eligible to work in the United States and meets the program's standards for criminal history/background investigations. However, you cannot hire a legally responsible person, such as your spouse or legal guardian.

You can also choose to require additional qualifications designed to meet your specific needs. For example, you may require that employees have two years of experience providing direct care. Similarly, you may choose to exclude applicants for crimes not included in the Division's list of barrier crimes.

Additional Qualifications (if any):

Training Requirements

All employees you hire must successfully complete the Division's training curriculum. This training is the minimum training employees must complete, and you have the ability to require additional training specific to your needs.

Additional Training Requirements (if any):

Section Five – Spending Plan

Enter the information from your staffing plan and the wages you plan to pay your employee to ensure you can schedule and manage your services within your participant-directed budget.

Participant: _____ Monthly Budget: \$ _____

Employer of Record: _____ Date: _____

Case Manager: _____

Service Plan Period: _____ to _____ Spending Plan Period: _____ to _____

Employee Name	Service	Average Weekly Hours	Wage Rate	Exempt?	Monthly Hours	Employer Taxes	Hourly Cost to You	Total Cost to You
		Average Weekly hours cannot exceed 40 hours per week	Wage Rate must be between \$7.25 and \$12.00 per hour	Exempt= Parents of a child 19 to 21 Not Exempt= others	Weekly Hours x 4.33	Wage Rate x 10.95%	Wage Rate + Employer Taxes	Hourly Cost to you x Monthly Hours
							Total Weekly Hours	
							Total Monthly Hours	
							Monthly Budget	
							Amount Planned	
							Amount Remaining	Monthly Budget – Amount Planned

Section Seven – Emergency Plan

Having a plan for dealing with different types of emergencies, such as medical emergencies, pandemics, hospitalizations, fires, power outages, severe weather, and other natural disasters, can help keep you safe and minimize any injury or damage. When planning, you should:

- Make a list of people to contact for each type of emergency
- Plan on how to contact family and employees if there is a power outage or natural disaster
- Make a list of medications and equipment that you need to take with you if you must evacuate your home
- Organize medical information, emergency contact information, and if applicable, your living will information and place it all together in an easy to access location
- Store extra food and water in the case of a severe weather emergency or other natural disaster
- Document procedures should you experience an emergency
- Discuss and include your employee in your emergency planning

Emergency Contact Information – Professional	
Medical Information	
Doctor	
Name	
Address	
Phone	
Dentist	
Name	
Address	
Phone	
Optometrist	
Name	
Address	
Phone	
Insurance	
Name	

Address	
Phone	
Hospital	
Name	
Address	
Phone	

Emergency Information – Personal	
Family Member	
Name	
Address	
Phone	
Family Member	
Name	
Address	
Phone	
Friend	
Name	
Address	
Phone	
Friend	
Name	
Address	
Phone	

Emergency Procedures

Serious Injury/Illness

Who to Call

Phone

**Important Information
and Plan**

Mental/Behavioral Health Crisis

Who to Call

Phone

**Important Information
and Plan**

Severe Weather or Natural Disaster

Who to Call

Phone

**Important Information
and Plan**

Power Outage

Who to Call

Phone

**Important Information
and Plan**

List any Allergies

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Who to Call	
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Phone	
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Important Information and Plan	
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Additional Phone Numbers	
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Police Department	
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Fire Department	
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Poison Control	
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If in doubt, dial: 911

Section Eight – Signatures

Participant/Designated Employer of Record Signature Date

Case Manager Signature Date