



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	
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Grooming	
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Toileting	
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Functional Mobility	
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Light House Keeping	
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Shopping	
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Meal Preparation	
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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"/> Disability/healthcare related classes |
| <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 | <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. In limited circumstances, you can hire your spouse. To hire your spouse, the following circumstances must exist:

- Your spouse cannot be your legal guardian;
- Your spouse cannot be authorized to make financial decisions on your behalf; and
- Your spouse must meet established provider qualifications.

Additionally, you must demonstrate that:

- You are unable to employ another individual who is able and willing to meet your needs, or
- The individual’s availability to care for you would impact your spouse’s ability to work a full-time job outside of providing care to you; and
- The number of units provided do not exceed your assessed level of service and your need does not exceed the definition and scope of services as outlined for Personal Support Services; and
- The services provided by your spouse would not exceed the range of activities that they would ordinarily perform in the household on your behalf.

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 Four – Staffing Plan

Use the employee task information and the participant direction budget calculator to develop a weekly schedule for your employee(s). This will help you determine how many hours of support you need each day of the week and how to best schedule your employee(s) to meet your needs.

For each employee, determine which days and the number of hours he/she will work. You can then calculate daily and weekly hour totals. An employee may not work more than 40 hours per week.

Employee Name	SUN	MON	TUES	WED	THUR	FRI	SAT	Total
Total Hours:								

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	

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

Section Eight – Signatures

Participant/Designated Employer of Record Signature Date

Case Manager Signature Date