

CONSUMER-DIRECTION SERVICES MANAGEMENT QUESTIONNAIRE

(Questions to consider if you want to become the employer of record on behalf of a member)

Member's Name (<i>Print</i>): _____	Medicaid ID #: _____
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1. Do you and the member who is going to receive CD services generally agree on how personal care will be provided?

2. How would you describe the concepts of personal care to the member who needs personal care?

3. How will you be able to determine the quality of work the personal assistant/aide performs?

4. If an attendant did not fulfill his/her job duties adequately, what would you do?

5. What are some examples of the attendant not performing his/her job duties?

6. Who would you contact if the member was injured or mistreated by the assistant/aide?

b. What type of action would you take if you were suspicious of mistreatment of the member?

c. What actions would you take once you have discovered that the member was injured or mistreated by the assistant/aide, even if the aide is a family member?

b. Would you report an incident to Adult Protective Services, Child Protective Services, or another authority, even if the attendant were a family member?

Yes No

7. Would there be a reason that a family member would be hired to be the assistant/aide? If so, what would be the reason? What efforts would you make to find non-family members to be attendant before you hired a family member?

8. What is your experience providing services, hiring staff, or monitoring personal care services?

9. If the member who is receiving CD services wants you to hire other individuals or fire an attendant, could you and would you?

b. Would you fire a family member?

Person completing this form (<i>Print name</i>): _____	
Signature of person completing this form: _____	
Services Facilitation Provider: _____	Date: _____