

## **SELF-ASSESSMENT TOOLS**

**Complete the self-assessment tools to determine if you are able or willing to self-direct your own care. These self-assessment tools will identify areas that you are good at and areas that you may need additional help. These tools will also assist in providing training to better assist you in directing your own care. Once you complete these self-assessment tools keep them safe until the CAP agency requests them. After the CAP agency receives these forms, they will review the answers to each question to best identify the most appropriate program for you or identify your training needs.**

**The self-assessment tools include:**

- **Is Consumer-Directed Care Right For Me?**
- **What Are My Health Care Needs?**
- **What Areas Do I Need Help?**
- **Making a Personal Care Task List**
- **Finding the Rights Supports Network**
- **Hiring a Support Network**
- **My Emergency Back-up Plan**

## Is Consumer-Directed Care Right For Me?

Consumer-Directed Care offers freedom and independent thinking. This program may not be right for everyone. Use the checklist below to help decide if Consumer-Directed Care is right for you.

<b>Do you want to decide what services and helpers will best meet your needs?</b>	<b>Yes</b>	<b>No</b>
• Do you want to take charge of your care needs?	Yes	No
• Do you know what your health needs are?	Yes	No
• Do you know what services are available to meet your needs?	Yes	No
• Do you know how to manage a budget to get all the things you need?	Yes	No
<b>Do you want to take charge of your care needs?</b>	<b>Yes</b>	<b>No</b>
• Do you know how to select health care items?	Yes	No
• Do you know how to organize a schedule to help met your daily needs?	Yes	No
• Do you know what supplies you will need to help manage your medical diagnosis?	Yes	No
• Do you know who to call or how to get these items?	Yes	No
<b>Do you want to be an employer? You would also be given an Employer Identification Number from the IRS.</b>	<b>Yes</b>	<b>No</b>
• Are you ready, as an employer, to decide what is working and what is not?	Yes	No
• Do you prefer friends, family, or neighbors to help you with your needs?	Yes	No
• Are you able to list and describe your health care needs?	Yes	No

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|--|-----|----|
| • Are you able to write a job description?   | Yes | No |
| • Do you want to hire, train, and manage your own care providers?                          | Yes | No |
| • Will you tell your workers what you like and don't like about the services they provide? | Yes | No |
| • Will you cooperate with the IRS tax system?  | Yes | No |
| • Are you able to communicate your needs and speak up for yourself?                        | Yes | No |

If you find yourself answering “Yes” to most questions, you are probably right for Consumer-Directed Care. If you find your answers to be a mix of “Yes” and “No” a Care Advisor can help and train you in areas of how to find and train workers, how much to pay your workers, etc. A Care Advisor can also give you more information, make suggestions, and answer other questions.

## What are your health care needs?

What is most important to you in meeting your health care needs?

List the things (supports and services) you need to maintain your quality of life:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

How would the listed items meet your health care needs?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Do you have a support network (family, friends, or neighbors who provide help to you)?

Yes

No

If yes, who are these people?

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If no, how would you build a support network (family, friends, or neighbors who provide help to you)?

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## What areas do I need help in?

	I need a lot of help	I need some help	I need a review only
Understanding the importance of the IRS tax system	_____	_____	_____
Finding dependable people and an agency to provide care	_____	_____	_____
Completing a job description and duty list for employees	_____	_____	_____
Finding workers to provide personal care and home maintenance	_____	_____	_____
Advertising for an employee	_____	_____	_____
Screening applications and interviewing potential workers	_____	_____	_____
Understanding the results of criminal background checks	_____	_____	_____
Setting rules for employment (completing employer/employee agreement)	_____	_____	_____
Deciding how much to pay workers	_____	_____	_____
Training your workers	_____	_____	_____
Reviewing employee's work tasks and time sheets to approve payment of wages	_____	_____	_____
Assessing the quality of service provided by your workers	_____	_____	_____
Communicating information about the quality of service provided (positive and negative)	_____	_____	_____
Firing workers with poor job performance	_____	_____	_____
Planning for back-up or emergency care	_____	_____	_____

## What areas do I need help in? (Continued)

	I need a lot of help	I need some help	I need a review only
Getting the best cost for needed services/help	_____	_____	_____
Understanding warranties, service agreements, and return policies for purchases	_____	_____	_____
Reading and comparing monthly financial reports	_____	_____	_____
Working independently	_____	_____	_____
Understanding my health insurance	_____	_____	_____
Identifying your care needs	_____	_____	_____
Developing a care plan	_____	_____	_____
Tracking what you spend each month	_____	_____	_____
Knowing what services/resources are available in your community	_____	_____	_____
Understanding Long Term Care services	_____	_____	_____
Knowing emergency contact numbers	_____	_____	_____
Asking others for help when you need it	_____	_____	_____
Knowing what my diagnoses are	_____	_____	_____
Knowing who my Medical Doctor is	_____	_____	_____
Knowing what my medications are	_____	_____	_____
Understanding the need to work with a case manager	_____	_____	_____

## **What areas do I need help in?**

### **Now that I know what areas I need help in, how do I get this help?**

**Step 1:** When you meet your Care Advisor talk about the areas you need help understanding. Your Care Advisor will provide you with training and guidance.

**Step 2:** After your first training session, go back through the list. Have any items moved from column 1 to 2 or from 2 to 3? If items have moved, you're making progress. Refocus on any item still rated "I need a lot of help", and discuss these with your Care Advisor to seek additional training and guidance.

**Step 3:** Rate yourself again after additional training. If you are understanding Consumer-Directed Care better most of your answers will be in columns 2 or 3.

**Step 4:** Repeat Step 3 till you are satisfied. Give yourself between three and six months to get all your answers into column 3.

If after several sessions of training you are still putting a lot of checkmarks in column 1, Consumer-Directed Care may not be appropriate for you. Talk with your Care Advisor about the most suitable program to meet your health care needs.

## Making a Personal Care Task List

For each of the following categories, write a brief description of the tasks you want your Personal Assistant to perform:

### Basic Activities of Daily Living

Task	Description of help needed
<b>Getting around inside &amp; outside of the home</b> How much help?: independent, limited, extensive, dependent	
<b>Bathing/Assistance in the bathroom</b> How much help?: independent, limited, extensive, dependent	
<b>Dressing</b> How much help?: independent, limited, extensive, dependent	
<b>Mobility</b> How much help?: independent, limited, extensive, dependent	
<b>Eating</b> (reminders, cutting food, holding utensils, etc.) How much help?: independent, limited, extensive, dependent	
<b>Personal hygiene</b> (combing/washing hair, brushing teeth, shaving, etc.) How much help?: independent, limited, extensive, dependent	
<b>Toilet use</b> (reminders, assistance with BSC, incontinence supplies) How much help?: independent, limited, extensive, dependent	
<b>Transfers</b> (getting out of bed into a chair, getting up from the chair, etc.) How much help?: independent, limited, extensive, dependent	

## Making a Personal Care Task List (continued)

### Home Maintenance and Personal Needs

Task	Description of help needed
<b>Housekeeping</b> Self-performance ability?: independent, minor help, moderate help, dependent	
<b>Laundry</b> Self-performance ability?: independent, minor help, moderate help, dependent	
<b>Meal Preparation</b> Self-performance ability?: independent, minor help, moderate help, dependent	
<b>Correspondence/mail, Money Management</b> Self-performance ability?: independent, minor help, moderate help, dependent	
<b>Shopping</b> Self-performance ability?: independent, minor help, moderate help, dependent	
<b>Transportation</b> How frequently is transportation needed?	
<b>Community Involvement</b> (exercise program, social events, etc.) How frequently?	
<b>Other</b>	

## Making a Personal Care Task List (continued)

**What time of day do you need these services?**

<b>Monday</b>	a.m.
	p.m.
<b>Tuesday</b>	a.m.
	p.m.
<b>Wednesday</b>	a.m.
	p.m.
<b>Thursday</b>	a.m.
	p.m.
<b>Friday</b>	a.m.
	p.m.
<b>Saturday</b>	a.m.
	p.m.
<b>Sunday</b>	a.m.

	p.m.
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## Finding the Right Support Network

How important are the following things when choosing a support network to provide your services? For each question, check the response that most nearly describes the importance of that item.

Meeting my needs	Very Important	Somewhat Important	Not Important
The worker can provide services on a schedule (time of day/day of week/length of time) which is convenient to me	_____	_____	_____
The worker arrives on time/stays the entire time scheduled	_____	_____	_____
The worker is someone I know well or has been referred by someone I know well	_____	_____	_____
The worker accepts employment at a reasonable cost	_____	_____	_____
The worker is already well qualified to do work (little training needed)	_____	_____	_____
The worker follows my instructions and performs work to my satisfaction	_____	_____	_____
The worker is flexible about what services he/she provides	_____	_____	_____
I prefer an agency to provide services to me in a timely and appropriate manner	_____	_____	_____
I believe agencies have reasonable and cost-effective products to meet my needs	_____	_____	_____
Knowing what care, supplies, or equipment I need and how often I need this care	_____	_____	_____
Knowing and understanding the cost of the care, supplies, and equipment I need	_____	_____	_____

## **Hiring a Support Network**

### **Who do you think you will hire to provide the services you need?**

- a friend
- a family member
- someone from a religious group
- someone from the local Center for Independent Living
- an elder or someone from local adult service agency
- put an ad in a newspaper
- someone from a technical school
- someone from a Home Health Agency
- don't know

### **How will you decide how much to pay your support network?**

- ask my current worker their wage and pay them the same
- pay more than my current worker's wage
- pay what the worker I want to hire is asking
- pay minimum wage
- check advertisements to see what others are paying for the same service
- ask my Care Advisor or Financial Manager for information about the average pay rate for the service
- don't know

## My Emergency Back-Up Plan

In the event my Personal Assistant is not available to provide my care as listed on my job description and my task & time sheet, I will arrange for \_\_\_\_\_ to assist with my care.

\_\_\_\_\_ will understand my care needs as to immediately provide the personal care assistance that I need.

\_\_\_\_\_ Contact information is:

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

24/hr Contact Availability \_\_\_\_ Yes \_\_\_\_ No

**\*\*FOR POLICE, FIRE, MEDICAL EMERGENCIES DIAL 911\*\***

The address of this house is: \_\_\_\_\_

\_\_\_\_\_

Major cross streets near this address are: \_\_\_\_\_

The phone number is: \_\_\_\_\_

My Physician is \_\_\_\_\_

My Primary Caregiver is \_\_\_\_\_

My Emergency Contact is \_\_\_\_\_

My medications are kept: \_\_\_\_\_

### Important phone numbers:

Pharmacy: \_\_\_\_\_

Poison Control: \_\_\_\_\_

Spouse: \_\_\_\_\_

Family at home: \_\_\_\_\_

Family at work: \_\_\_\_\_

Neighbor: \_\_\_\_\_

CAP Choice Care Advisor: \_\_\_\_\_

**My Plan**

If my personal assistant does not report to work or I need 24 hour care coverage and I can not make arrangements with my identified informal/formal back-up, My plan is to:

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If I have a medical or critical appointment and my personal assistant can not assist with transportation, My plan is to:

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If I need help with taking my medication and will rely on my personal assistant and my personal assistant is not available to help me, My plan is to:

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If I am on a special diet or special medication plan such as sliding scale insulin or PEG, etc. and my personal assistant can not help me, My plan is to:

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If there is a natural disaster in my area, My plan is to:

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If I have to go into a hospital or nursing facility for a short period of time, My plan is to:

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