

SELF-DIRECTION

About this Domain (Self-Direction)

To assess the individual's interest in participating in self-directed series such as:

- PCA Choice
- Consumer Support Grant
- Consumer Directed Community Supports (CDCS)
- Family Support Grant

Self-Direction

The State of Minnesota has some programs that give people the opportunity to have more control over the services and supports they receive. The following questions in this section are to get an idea of how much help you might need if you decided to participate in one of the State's self-directed support programs.

The following 3 questions are only displayed for individuals age 18 and older:

Can this person identify their own needs?

- No
- Yes

Can this person direct and evaluate caregiver/PCA task accomplishments?

- No
- Yes

Can this person provide and/or arrange for their health and safety?

- No
- Yes

Is the person participating in the Alternative Care Program, home and community based waivers, MN managed care programs, PCA, FSG, HHA and/or PDN services?

- Participating and plan to continue participating
- Participating and plan to transition to CSG
- Not participating

Is the person participating in the Brain Injury (BI) Waiver, Community Alternative Care (CAC) Waiver, Community Alternatives for Disabled Individuals (CADI) Waiver, Consumer Support Grant, Developmental Disabilities (DD) Waiver, or Personal Care Assistance?

- Participating and plan to continue participating
- Participating and plan to transition to FSG
- Not participating

Is the person able to direct and purchase their own care and supports or have a family member, legal representative or other authorized representative available to purchase, arrange and direct care on their behalf?

- No
- Yes

Information provided about:

- CSG
- FSG
- CDCS
- PCA Choice

Comments: _____

Is the person interested in having more control over the services and supports received?

- No
- Yes

Comments: _____

Assessor Conclusions about the Person's Capacity for Independent vs. Supported Self-Direction

- Very little or no support needed for self-direction
- Can self-direct with support
Explain: _____ (Displays when this option is checked)
- Needs another person to direct their services
Explain: _____ (Displays when this option is checked)
- Don't have enough information to reach a conclusion
- Not applicable
Explain: _____ (Displays when this option is checked)

Does the person and/or their representative, if applicable, agree with your conclusion?

- No
Explain: _____ (Displays when 'No' is checked)
- Yes

Notes/Comments: _____

Self-Direction has been assessed? (Displays for reassessment only)

Yes

Referrals & Goals (Self-Direction)

What is important to the individual?

Referrals Needed:

- County/Tribe Social Services
_____ (Displays if checked)
- Disability Linkage Line (1-866-333-2466)
_____ (Displays if checked)
- Managed Care Organization
_____ (Displays if checked)

MNHelp.ifo
_____ (Displays if checked)

Ombudsman
_____ (Displays if checked)

Senior Linkage Line (1-800-333-2433)
_____ (Displays if checked)

Other
Specify: _____ (Displays when 'Other' is checked)

Other
Specify: _____ (Displays when 'Other' is checked)

Summarize each need with the associated support plan implication to meet the need and any notes on referrals

Referrals & Goals (Self-Direction) have been assessed? (Displays for reassessment only)

Yes