



Participant Engagement Module

Key	
Bold Blue Highlight:	Module narrative and directions – assessment level instructions and/or help
Orange:	Items, responses, and other language specifically for participants 0-17 unless otherwise indicated
Green:	Skip patterns
Red:	Additional instructions for assessors- item level help
Purple:	Section level help
Light Blue:	Notes for automation and/or configuration
S	Denotes a shared question with another module (one way only unless otherwise indicated)
Gray Highlight:	Responses/Text Boxes to pull forward to Assessment Output
Yellow Highlight:	populate and/or pull forward to the support plan from another module or section within the support plan itself
Green Highlight:	Populate and/or pull forward from the member record to an assessment or from an assessment to the member record
!	Denotes mandatory item
↔	Item populates forward for Reassessment
Teal Highlight:	Items only for Revision and CSR -Support Plan only
Italics:	Items from FASI (CARE)

Commented [SL1]: The module document is a reference for automation. If the CCM tool provides a different method to improve user efficiency (e.g. navigation, workflow, layout) this should be reviewed with the Department for optimization within the CCM platform. This document is a not intended to be automated as is.

The purpose of the Participant Engagement module to explore ways in which the participant/parent/guardian can engage in the decision-making process and in controlling service delivery so that services meet his/her preferences and needs. A key component in the design of person-centered assessment and planning approaches is the engagement of participants and parents/guardians (to whatever extent is possible for them). This module covers two aspects of participant engagement: self-advocacy and advocacy on behalf of the participant and preferences for receiving and understanding information about services.

If the participant is under age 14, the assessor will work with the parent/guardian to determine the capacity and desire to advocate on behalf of the participant.

I. SELF-ADVOCACY

Commented [SL2]: Within the CCM tool numbering for sections and questions does not need to match document, however format needs to be determined by the Department based on CCM design.



This section explores the participant's/parent/guardian's perceptions about and experience with his/her ability and interest in self-advocating/advocating on behalf of the participant. Self-advocacy refers to an individual's ability to effectively communicate, negotiate or assert his/her own interests, desires, needs, and rights. It involves making informed decisions and taking responsibility for those decisions.

Participants/parents/guardians may need assistance to self-advocate and navigate the system. This can include support from someone they choose (should not have a conflict of interest) or it may include gaining access to information and training to enable self-advocacy.

Assessors should assume that all participants can indicate his/her preferences or choices in his/her own way. This may occur through verbalization, gestures, devices, or other forms of communication. If the participant has a guardian, the guardian and the participant should work together to respond to the items in this section.

Indicate the response that most closely represents participant's/parent/guardian's perceptions about his/her capacity for the following:

1. Speaking up for self about what he/she needs:

- No assistance needed or wanted at this time
- Speaks up/asks for what is needed but could benefit from self-advocacy training
- Needs some ongoing assistance to self-advocate
- Must depend on someone to let others know what he/she wants
- Other

Describe other needs related to speaking up for self: _____

2. Knowing and understanding rights and responsibilities

- No assistance needed or wanted at this time
- Somewhat familiar with rights/responsibilities but could benefit from additional training
- Needs ongoing support/assistance to understand rights and responsibilities
- Depends on someone else to know about and advocate for rights and responsibilities
- Other

Describe other needs related to knowing and understandings rights and responsibilities: _____

3. Navigating long-term service and supports (LTSS) system issues

- Able to take the lead and work with the Case Manager to develop a plan that meets needs/preferences
- Could benefit from training about increasing leadership/engagement and working with others to develop a plan for LTSS
- Needs ongoing assistance to engage in the development of a plan for LTSS
- Must depend on someone else to navigate system and work with others to develop a plan that meets his/her needs and preferences
- Other



Describe other needs related to navigating long term service and supports (LTSS) system issues: _____

4. Ability to help others understand needs and preferences for how supports/services get delivered.

- Is able to effectively explain needs and preferences in planning and directing how services should be delivered
- Could benefit from training on how to explain needs and preferences for planning and directing how services should be delivered
- Needs ongoing support/assistance to explain needs and preferences for planning and directing how services should be delivered
- Must depend on someone else to explain needs and preferences in planning and directing how services should be delivered
- Other

Describe other needs related to ability to help others understand needs and preferences for how supports/services get delivered: _____

5. Describe any barriers, opportunities, or challenges for the participant/parent/guardian(s) related to items 1-4: Speaking up for self about what he/she needs; Knowing and understanding rights and responsibilities; Navigating long-term service and supports (LTSS) system issues; Ability to help others understand needs and preferences for how supports/services get delivered.

6. Indicate whether participant/parent/guardian(s) wants to be contacted by an advocate representative from an advocacy agency for further information.

- No - Already involved with self-advocacy/advocacy organization, mentors or peer group
- No - Does not want to be contacted
- Yes - Wants to be contacted for help with or training in self-advocacy
- Unsure

2. RECEIVING AND UNDERSTANDING INFORMATION

This section includes items to find out about participant/parent/guardian preferences and needs for receiving and understanding information related to services.

1. Is the participant/parent/guardian(s) able to read printed or written information (if participant is blind or visually impaired, includes Braille)?



- No
- Yes
- Unable to determine

2. Is the participant/parent/guardian(s) able to count numbers from 0 to 20 and backwards from 18 to 6? ⓘ

- No
- Yes
- Unable to determine

3. Indicate ways in which the participant/parent/guardian(s) is able to obtain, understand and share information about themselves and services. ⓘ

- Able to read and understand letters, pamphlets, booklets, etc.
- Able to fill out health forms
- Prefers verbal information (e.g., audio booklets, screen reader, video explanation)
- Needs to have someone review and explain information being received
- Needs assistance to answer questions related to health or other needs
- Will ask for assistance if not clear about the information.
- Would attend meetings or seminars if available.
- Prefers to use online tools to research information, if available.
- Other

Describe ways in which the participant/parent/guardian is able to obtain, understand and share information about themselves and services: _____

- None

4. Participant/parent/guardian(s) needs materials in alternative formats, such as large type or braille versions of written information. ⓘ

- No
- Yes.

Describe preferred format: _____

3. INTERESTED IN PARTICIPANT DIRECTION

Depending on the HCBS waiver(s) you are eligible for, you may have the option to self-direct some of your services. This means that with the support of your case manager you will have an active role in selecting who comes into the home, when they come into the home, and what they do when they come into the home. This is different than traditional home health, personal care or homemaking services provided through an agency. In participant direction, you or a representative acting on your behalf control how services are delivered, including choosing and managing caregivers.



If you're interested, we can get you additional information about these options. If you are not interested right now, that's okay and if you change your mind, we can talk about it at another time.

Also, if your needs or goals change, you may want to change the chosen service delivery model, if available, including making changes to the allowed budget and the people who provide you services. If this is the case, contact your case manager to discuss service options

1. Is participant/parent/guardian's interested in participant direction? ⓘ

- Yes,
Describe information provided and next steps in supporting the discussion _____
- No,
Describe why no interest in participant direction _____
- Participant/parent/guardian(s) not ready to discuss participant-direction,
Identify timeframe for bringing up participant direction discussion again: _____