

A Questionnaire to Assess Potential Representatives in Self-Direction Programs

In Medicaid self-direction programs, individuals may direct many or all of their home- and community-based services, including selecting and managing direct service workers and/or managing a budget (which may also be referred to as a service cost maximum) for needed services. In situations where an individual would like to self-direct, but is unable to manage those services or feels apprehensive about doing so, he or she may choose a representative to provide assistance. This document provides a helpful screening tool that individuals, case managers, and others can use to determine if the person being considered as a potential representative is suitable. **[States may add additional screening questions as needed.]**

Background

A representative is typically a family member, close friend, or other caregiver who assists the individual in making decisions based on his or her desired preferences. Individuals still direct how and when services are provided, but representatives may offer assistance with some or all tasks they may find daunting or difficult to manage (e.g., reviewing and approving timesheets, taking corrective action if a worker fails to perform tasks, counseling a worker to arrive at work on time, etc.). Some people who have a representative may rely wholly on that person to self-direct their services, such as through guardianship. In those instances, the guardian is required to make the decisions and manage care consistent with what the individual would want if he/she could make decisions about care.

Not all individuals want or need a representative, but these representatives can be very helpful. The case manager should discuss this option with the individual. If he or she agrees that this is something the individual wants and needs, then the case manager should work with the individual to identify a potential representative.

Questions for Potential Representatives

Name of Self-Directing Individual: _____

Name of Proposed Representative: _____

Address: _____

Phone #: (____) _____ Relationship: _____

Please describe your relationship with the individual, how long you have known him or her, and how often you have contact:

Do you receive money from, or are you dependent on, the individual for support?

Yes: _____ No: _____

If yes, please identify the amount of money or support you receive from the individual and the reason you receive it. _____

Do you understand that you cannot pay yourself for this role nor can you become a paid caregiver for the individual?

Yes: _____ No: _____

Do you understand that you make decisions based on the desired preferences of the individual and not your own desired preferences?

Yes: _____ No: _____

After reading the description of the responsibilities of the representative, do you understand your responsibilities and are you willing to volunteer to serve as the individual's representative?

Yes: _____ No: _____

Are you willing to sign a designation form stating that you will serve in this capacity?

Yes: _____ No: _____

ABOUT THE INTEGRATED CARE RESOURCE CENTER

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