

# 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?

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

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

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

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

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

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

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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?

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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?

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

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

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b. Would you fire a family member?

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