## **Wyoming Long Term Care**



## **Home and Community Based Services Waiver**



## Self-Directed Care Option

## **Participant Capability**

The participant has demonstrated their understanding of and capability for managing the following activities and tasks and assumes responsibility for the impact of their choices.	YES	NO
Determining and communicating their personal care needs.		
Developing and coordinating a plan for their care needs.		
Developing a back up plan for when the Self-Help Assistant does not show up as scheduled.		
Developing a Self-Help Assistant job description.		
Recruiting a Self-Help Assistant.		
Establishing a schedule to meet their care needs.		
Verifying hours worked for payroll records.		
Maintaining records and employee files.		
Training a Self-Help Assistant to perform their personal care tasks.		
Directing a Self-Help Assistant in daily work duties.		
Determining the quality of service provided.		
Providing constructive feedback to improve Self-Help Assistant skills.		
Resolving conflicts with the Self-Help Assistant.		
Terminating employment of a Self-Help Assistant who does not meet their standards.		

In my judgment _		 
• ———	• ——	 own care and of taking part in the Self- and Community Based Services Waiver.
Care Coordinator Signature		 Date

SDC-1 May 2013