



PDO Pre-Screening Tool

The purpose of the PDO Pre-Screening Tool is to provide the enrollee and prospective representative, if applicable, with basic Participant Direction Option (PDO) requirements. This is accomplished through a series of questions, including critical thinking questions which allow the enrollee and prospective representative to assess whether they are willing and able to participate in the PDO.

Section 1 of this tool should be completed with the enrollee when they express an interest in participating in the PDO.

Section 2 of this tool should be completed with the prospective representative when:

- An enrollee is interested in choosing a representative; a current participant is interested in choosing a representative; or
- A current participant would like to choose a different representative.

The Care Coach must read the instructions and questions within the appropriate section to the enrollee and prospective representative, if applicable. The Care Coach must either check the appropriate box or write in the answers provided by the enrollee or prospective representative. The enrollee, Care Coach, and prospective representative must complete the consent at the end of each section, where appropriate.

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Section 1 – Enrollee:

This section should be completed with each enrollee who expresses an interest in participating in the PDO. The enrollee must have the capacity to make decisions and direct their own care, if the member does not qualify due to inability to direct their care, they must have a legal POA or Guardian to participate in PDO.

If member is not representing themselves or has a representative, skip to section 2.

Enrollee Name:

Medicaid ID #:

Care Coach Name:

Plan Name:

Date:

Enrollee Instructions
<p>The purpose of this Pre-Screening Tool is to assess whether or not you have the desire and ability to direct your own care and employ your own workers.</p> <p>I will read aloud several questions.</p> <p>Some questions will require one of the following responses: “yes”, “no”, or “yes, with assistance”.</p> <ul style="list-style-type: none">• “Yes” means you are able and willing to perform the tasks.• “No” means you are unable or unwilling to perform the tasks.• “Yes, with assistance” means you are unable to perform the tasks on your own and will need assistance from someone you trust. <p>Some questions will require you to do some critical thinking to help you decide whether the PDO is right for you.</p> <p>In all of the following questions, there are no wrong answers.</p>

Enrollee Questions
<p>1. Are you willing to find and hire your own workers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with assistance</p>

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1a. If assistance is needed- what assistance do you require?

2. If you wanted to find a worker to assist you in completing basic everyday tasks, describe the steps you would take to find this person (e.g., Where would you look? and/or Would you place an ad?, etc...).

- Step 1...
- Step 2...
- Step 3....

Enrollee Questions, continued

3. What qualities would you look for when hiring someone to provide a service for you? Why are the qualities you listed important?

4. Are you willing to interview (i.e., ask questions) someone?

Yes No Yes, with assistance

4a. If assistance is needed- what assistance do you require?

5. When you interview someone, you will need to describe tasks (i.e., duties) that need to be provided by the worker. Can you describe some tasks for **(the Care Coach must insert a PDO service from the enrollee's care plan)**?

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6. What questions might you ask in an interview with someone?
7. Are you willing to train your workers?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with assistance
7a. If assistance is needed- what assistance do you require?
8. What would you do to plan for emergencies when a worker might not be available (e.g., your worker calls in sick)?

Enrollee Questions, continued
9. Are you willing to complete documentation (e.g., using an electronic visit verification (EVV) device to approve electronic time entries, federal and state tax forms, and emergency back-up plans) and keep the documents on file for monitoring purposes?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with assistance
9a. If assistance is needed- what assistance do you require?
10.
10. Are you willing to use a phone, tablet or other electronic device to approve your worker's time entries?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with assistance
10a. If assistance is needed- what assistance do you require?

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11. Are you willing to ensure that your worker is being compliant with employment rules such as using EVV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with assistance 11a. If assistance is needed- what assistance do you require?
12. If you were not satisfied with the service provided by your worker, how would you resolve the problem?
13. Are you willing to let a direct service worker go? <input type="checkbox"/> Yes <input type="checkbox"/> No

Enrollee Conclusion Question
Now that you have answered all the questions and completed the critical thinking activities, do you want to participate in the PDO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with Representative

Consent:

To be completed by the **enrollee/POA/Legal Guardian:**

- As the enrollee, I have completed Section 1 of this tool with the assistance of my Care Coach and do not wish to participate in the PDO.

- As the enrollee, I have completed Section 1 of this tool with the assistance of my Care Coach and would like to participate in the PDO, without the assistance of a representative.

- As the enrollee, I have completed Section 1 of this tool with the assistance of my Care Coach and would like to participate in the PDO, with the assistance of a representative.

Enrollee Signature: _____ **Date:** ___/___/___

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As the **Care Coach**, I have assisted the enrollee with completing Section 1 of this tool.

Care Coach Signature: _____ **Date:** ___/___/___

Section 2 –Prospective Representative:

This section should be completed with the prospective representative when:

An enrollee is interested in choosing a representative, ‘a current participant is interested in choosing a representative; or a current participant would like to choose a different representative.

Prospective Representative Name:

Date:

Prospective Representative Instructions

The purpose of this PDO Pre-Screening Tool is to assess whether or not you have the desire and ability to be the PDO representative for the enrollee ***(the Care Coach must state the enrollee’s name)***. As a representative, you will be responsible for directing the enrollee’s care and acting as the employer for the enrollee’s workers.

I will read aloud several questions.

Some questions will require one of the following responses: “yes” or “no”

- “Yes” means you are able and willing to perform the tasks.
- “No” means you are unable or unwilling to perform the tasks.

Some questions will require you to do some critical thinking to help you decide whether you are able and willing to be the enrollee’s representative.

In all of the following questions, there are no wrong answers.

Prospective Representative Questions

1. Are you willing to find and hire the enrollee’s workers?

Yes No

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2. If you wanted to find a worker to assist the enrollee in completing basic everyday tasks, describe the steps you would take to find this person (e.g., Where would you look?; Would you place an ad?)

Step 1...

Step 2...

Step 3....

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Prospective Representative Questions, continued

3. What qualities would you look for when hiring someone to provide a service for the enrollee? Why are the qualities you listed important?

4. Are you willing to interview (i.e., ask questions) someone?

Yes No

5. When you interview someone, you will need to describe tasks (i.e., duties) that need to be provided by the worker. Can you describe some tasks for **(the Care Coach must insert a PDO service from the enrollee's care plan)**?

6. What questions might you ask in an interview with someone?

7. Are you willing to train the enrollee's workers?

Yes No

8. What would you do to plan for emergencies when a worker might not be available (e.g., the enrollee's worker calls in sick)?

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Prospective Representative Questions, continued
<p>9. Are you willing to complete documentation (e.g., using an electronic device to approve electronic time sheets, federal and state tax forms, and emergency back-up plans) and keep the documents on file for monitoring purposes?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. If you were not satisfied with the service provided by the enrollee's direct service worker, how would you resolve the problem?</p> <p style="height: 40px;"></p> <p style="height: 40px;"></p> <p style="height: 40px;"></p>
<p>11. Are you willing to fire a direct service worker?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Are you willing to supervise EVV time entries submitted by the direct service worker?</p>
Prospective Representative Conclusion Question
<p>Now that you have answered all the questions and completed the critical thinking activities, do you want to participate in the PDO by being a representative for the enrollee?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Consent:

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To be completed by the **prospective representative**:

I have completed Section 2 of this tool with the assistance of the enrollee's Care Coach and would like to participate in the PDO, as the enrollee's representative.

, I have completed Section 2 of this tool with the assistance of the enrollee's Care Coach and do not wish to participate in the PDO, as the enrollee's representative.

Prospective Representative Signature: _____ **Date:** ___/___/___

As the **Care Coach**, I have assisted the prospective representative with completing Section 2 of this tool.

Care Coach Signature: _____ **Date:** ___/___/___