Ohio | Department of Developmental Disabilities

SELF Waiver
Pre-Screen & Participant Direction Tool

Individual's Name: _____ Individual's Signature: _____

Date: _____ Person Completing Form/Job Title: _____

1. To what degree do you believe the individual understand the rights and responsibilities associated with participant-direction? *(0 = No understanding; 5 = High degree of understanding)*

☐0 ☐1 ☐2 ☐3 ☐4 ☐5

If 2 or below, indicate how and when the individual will receive training on participant-direction responsibilities:

2. a. Does the individual/the individual's family believe the individual can manage his/her budget for this waiver (also known as Budget Authority)?
Yes ☐ No ☐

b. If no, does the individual have a designee or guardian who can perform this responsibility on the individual's behalf? Yes ☐ No ☐

c. If no, does the SSA believe this waiver is a viable option for the individual? Yes ☐ No ☐

Note: If they do not believe the individual can manage their budget and the individual does not have a designee or guardian to act on their behalf, the individual would not be eligible to enroll on this waiver.

3. Has the individual identified a person who will be/has been trained to provide the individual with support for participant direction? Yes ☐ No ☐

Note: All persons providing Support Brokerage, whether paid or unpaid, must complete the DODD-established Support Broker Training prior to providing Support Brokerage.

4. If applicable, does the individual want to use the Adult Day Waiver Services of Adult Day Support or Vocational Habilitation instead of Integrated Employment or Supported Employment-Enclave? Yes ☐ No ☐

Note: If the individual chooses Adult Day Support or Vocational Habilitation, please complete the "DODD Employment First" form.

5. List what types of supports the individual currently receives (natural, etc.).

6. Can this waiver, in combination with other services provided to the individual (i.e., Medicaid State Plan, natural support, etc.) assure the individual's health and welfare within its cost limitations?
Yes ☐ No ☐

Note: If no, the individual would not be eligible to enroll on the SELF Waiver.

7. What is the individual's contingency plan in the event that he/she reaches the cost limitation for this waiver?

EMPLOYER AUTHORITY IS NOT MANDATORY TO BE ON THE SELF WAIVER.

8. Does the individual want to enter into an Employer Authority arrangement (whereby they manage their workers[1])? Yes ☐ No ☐

If yes, which option would the individual prefer?
☐ **Common Law** (Individual is Employer of Record for the workers they hire to provide certain services)

☐ **Co-Employer** (Individual enters into an agreement with a 3rd party whereby that 3rd party agrees to become the Employer of Record).

Things to Consider When Deciding Whether to Select Employer Authority

A. What qualities/abilities would you look for when hiring someone to provide a service for you?

B. If you wanted to find a person to assist you in completing everyday tasks, describe the steps you would take to find this person:
   1. Where would you look? Would you place an ad (and if so, what would the ad say)?
   2. What questions might you ask in an interview with the applicant?
   3. How would you describe to the applicant what he/she would need to do for you?

C. How will you tell your workers what you like and don't like about their work?

D. If you are not happy with the work done by your worker, how will you handle the situation?

E. What is your emergency backup plan for when a provider might not be available or when there is a gap in service? (For example, what if your worker called in sick?)

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[1] ***Please refer to questions below for guidelines on whether to choose the Employer Authority Option.***