



Self-Directed Services Day-to-Day Administrative Supports Decision Tree

Participant Name: _____ Date: _____

Financial Management and Counseling Services Provider: _____

Annual Plan Date: _____

The Day-to-Day Administrative Supports Decision Tree helps determine if a participant can manage personal and household tasks on their own (with or without support from their team), or if they need additional help from a Day-to-Day Administrative Support. If a participant is asking for Day-to-Day Administrative Supports in their Person-Centered Plan, the Decision Tree must be filled out and submitted with the Person-Centered Plan. If they are not asking for these supports, the Decision Tree does not need to be completed.

Day-to-Day Administrative Supports are available for participants:

- Who are 18 years of age or older and currently unable to do these tasks independently;
- When the people (family members, friends, other natural supports) that currently provide household management and medical appointment scheduling are not able to continue providing household management and medical appointment scheduling supports;
- No additional natural supports are immediately available to provide household management and medical appointment scheduling support; and
- When this type of support is not available under other Medicaid or waiver services.



Team Members in Attendance

For each line, enter the name of team members present with the participant during this assessment and their relationship to the participant (e.g., Parent, Support Broker, legal guardian).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____



Section 1: Task Identification

Check all tasks that apply to the participant. This includes tasks that the participant can complete independently and with support. If checked, provide specific details about the task as it relates to the participant.

☐ Scheduling medical appointments

Notes: _____

☐ Scheduling house maintenance (e.g., furnace checks)

Notes: _____

☐ Scheduling repairs (e.g., dishwasher repair)

Notes: _____

☐ Scheduling snow removal

Notes: _____

☐ Scheduling lawn care

Notes: _____

Section 2: Participant Assessment

For the tasks that apply to the participant, check whether the participant can complete those tasks independently, needs support to complete the tasks, or cannot complete the tasks.

Task	The participant can complete the task independently.	The participant can complete the task with support.	The participant cannot complete the task.

Section 3: Available Supports

For the tasks that the participant cannot complete independently, complete Section 3 to note what help or resources are available to the participant.

Task	What support, training, or education is available for the participant to learn how to complete the task?	Which team members can support the participant to complete the task?	What waiver services (e.g. Personal Supports, Live-in Caregiver) does the participant receive that can support the participant to complete the task?

Task	What support, training, or education is available for the participant to learn how to complete the task?	Which team members can support the participant to complete the task?	What waiver services (e.g. Personal Supports, Live-in Caregiver) does the participant receive that can support the participant to complete the task?

Section 4: Unmet Needs

After completing Section 3, list any tasks where the participant still needs help that isn't available.

Task	Reason Support is Unavailable	Is Day-to-Day Administrative Supports Needed for this task?	<i>If Day-to-Day Administrative Supports are needed, how many hours per month are needed to complete the task?</i>

**Total Hours being Requested for
Day-to-Day Administrative Supports**
(up to 10 hours per month):

The total number of hours being requested should be included in the Person-Centered Plan Detailed Service Authorization.



Section 5: Attestations and Signatures

The participant and Coordinator of Community Services must review and sign this document. It should then be uploaded into the Documents section of the Person-Centered Plan. It will be reviewed by the DDA to confirm any assessed need for Day-to-Day Administrative Supports.

By signing this document, I attest (confirm) that I have met with my team and considered all resources available to support me. I attest (confirm) that all information shared is true to the best of my knowledge.

Participant or (Authorized Representative) Name: _____

Signature: _____

By signing this document, I attest (confirm) that this team considered all resources available for the participant. I attest (confirm) that all information shared is true to the best of my knowledge.

Coordinator of Community Services Name: _____

Coordinator of Community Services Signature: _____