LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

State Personal Assistance Services (SPAS)
Self-Assessment for Self-Direction

Self-direction means that you or your legal/personal representative will direct, supervise, hire and discharge your personal attendant and self-direct all goods and/or services needed.

Below is a list of self-direction employer responsibilities. Please review, and make a mark under either the "Yes" or "No" column to indicate your decision that you are either able or not able to fulfill each responsibility. Your assessor is available to assist you with this self-assessment as needed.

Employer Responsibilities	**Yes**	**No**
Recruiting, hiring, training, and managing your worker(s)		
Following non-discrimination policies		
Completing all employer-related paperwork and duties related to payroll		
Making sure that your worker completes the required documentation such as service logs and timesheets, and maintains the required, training certifications		
Providing your worker with guidance so they are able to meet your individual preferences		
If your worker will be transporting you in their own car, making certain that they provide proof of current automobile insurance		
Developing an agreeable work schedule with your worker		
Establishing a list of daily tasks that your worker will perform based on your plan of care (POC)		
Meeting all of your staffing needs by providing a workable, written backup plan that describes how your care will be provided if your worker(s) does not show up for work		
Developing a workable emergency evacuation plan in the event of a disaster		
Participating in all training required by the Office of Aging and Adult Services (OAAS) or its designee		
Following all rules and requirements pertaining to the State Personal Assistance Services (SPAS) program		
Negotiation an hourly pay rate for your worker that is not less than the legal minimum wage		
Being willing to fire your worker, if you are not satisfied with their performance		
Informing your assessor and the fiscal agent immediately if your worker is injured on the job or fired.		

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Signature of Participant **Date Signed**