

**Information for facilitators to obtain  
Self-determination in a Medicaid environment**

For each county and or participant we would like to obtain the following information:

1. How determining the planning amount?
  - a. What costs are included in determining (adult services, waiver, family support, supported living, etc.)?
  - b. Is any portion held back for administrative costs, risk pools, etc.? What is the amount and the purpose?
  - c. If Medicaid eligible and won't use –how handled?
2. Description of “BOX” –What won't fund
3. Person Centered Planning – What process and/or tools using?
4. By participant,
  - a. **Current Cost**
  - b. Planning amount
  - c. Final Individual Budget amount
5. By County;
  - a. Number of participants
  - b. Where in process –at each 60-day point