



Guiding Questions for a Personal Care Assistant

Although all doctors for individuals with developmental disabilities have guidelines, they may vary from location or practice. Use the following questions to guide discussions with doctors that you are interested in in order to better prepare the autistic individual and their supporting team to choose a doctor and work collaboratively with them to ensure long-term success.

Provider: _____

County: _____

Phone: _____

Hours: _____

Email: _____

Website: _____

Address: _____

Specific Contact/Title: _____

Questions	Answers, Related Resources, Suggestions
1. Are you an independent provider or with an agency? What sort of screening was required to accredit you?	
2. If you are with an agency, do you provide back-up coverage in case you are unavailable?	

<p>3. Are you a County Board provider? If so, do you accept waiver payment?</p> <ul style="list-style-type: none"> a. Do you accept Medicaid? b. What is the billing procedure? c. Do you bill through Medicaid/DODD? What is your hourly rate? 	
<p>4. Do you have reliable transportation?</p> <ul style="list-style-type: none"> a. Are you able to provide transportation for my loved one? 	
<p>5. Do you have a minimum or maximum amount of hours you will work per week?</p> <ul style="list-style-type: none"> a. Can you commit to working regular shifts for a period of time b. Do you prefer a set weekly schedule or can I contact you as needed? 	
<p>6. Can you be on call to show up on short notice in case of an emergency?</p> <ul style="list-style-type: none"> a. Are there times you are unavailable? 	
<p>7. Do you have any autism-specific training? If so, what?</p> <ul style="list-style-type: none"> a. Would you be willing to receive more? 	
<p>8. What experience do you have with autistic individuals?</p>	

<p>9. What experience do you have working with clients who have medical needs?</p>	
<p>10. Do you have experience with my loved one's communication system (communication devices, PECS, sign, etc.)? a. If not, how will you successfully communicate with my loved one?</p>	
<p>11. How have you responded to challenging behaviors in the past? What techniques have you used in the past? Are you comfortable responding to the behaviors that my loved one exhibits?</p>	
<p>12. What is your policy on the use of restraints? Does your agency have a policy?</p>	
<p>13. Are you able to perform physical tasks such as lifting or running?</p>	
<p>14. Are you comfortable assisting my child in intimate tasks like toileting or changing if necessary?</p>	
<p>15. Do you have any allergies that would interfere with my loved one's preferred mealtime diet? a. Do you smoke? b. Do you have pets at home?</p>	

<p>c. Are you comfortable/able to work with animals/if I have pets?</p>	
<p>16. If applicable, are you medication pass certified? a. What specialized equipment training do you have (trach care, ventilator care, g-tube, PICC line care)?</p>	
<p>17. What experience do you have with community inclusion/integration? a. Are you able to meet my loved ones goals with community inclusion/integration?</p>	
<p>18. Can you provide references?</p>	