

**Virginia Department of Medical Assistance Services  
Consumer-Directed Attendant Documentation Form (Personal Care/Personal Assistance)**

**Member's Name:** \_\_\_\_\_ **Member's Medicaid Number:** \_\_\_\_\_

**Attendant's Name:** \_\_\_\_\_

*Place the date under the day of the week and place a ✓ next to the activities that the attendant assists the member with for that ate. Refer to the attached list of definitions for the activities. Activities listed under "Special Maintenance Activities" must have written documentation in the "Notes" section below. Activities performed must be identified in the approved Plan of Care.*

<b>Day:</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<i>Date: (Month/Date/Year):</i>	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>Activities of Daily Living (ADLs)</b>							
Bathing							
Dressing/Undressing							
Toileting							
Transferring							
Eating							
Ambulation (Walking, Wheeling, Stair Climbing)							
Turning/Changing of Position							
Personal Grooming							
Supervision							
<b>Special Maintenance Activities</b>							
Bowel/Bladder Program							
Wound Care							
Range of Motion (ROM) Activities							
Vital Signs							
Assist with Self-Administration of Medication							
Other: _____							

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Member/Employer of Record Signature  
 DMAS September 2023

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Attendant's Signature

\_\_\_\_\_  
 Date

# Instructions for Consumer-Directed Attendant

## **INSTRUCTIONS**

1. Use one form for each week. Place dates for the week across the top shaded date line.
2. Place a ✓ next to the activity(ies) that the attendant assisted the member with for that date. Refer to the definitions below for the activities.
3. Activities listed under “Special Activities” must have written documentation in the “Notes” section of the form.
4. The member or the employer of record must sign and date the form after the week is completed. The attendant must also sign and date the form. By signing, both parties agree that the information is true and accurate.
5. The employer of record should keep the completed forms in a folder or notebook as a record. **The form is not to be sent to DMAS or the Fiscal Employer Agent.** The services facilitator (SF) may make a copy or review the form. The use of the form is required for LRI attendants and may be reviewed by DMAS

## **DEFINITIONS**

- **Bathing:** Includes all or part of getting in and out of the tub, preparing the bath (e.g., turning on the water), sponge bath, actually washing and towel drying.
- **Dressing/Undressing:** Getting clothes from closets and/or drawers, putting them on, fastening, and taking them off. Clothing refers to clothes, braces and artificial limbs worn daily.
- **Toileting:** Getting to and from the bathroom, getting on/off the toilet, cleansing after elimination, managing clothes, and flushing the toilet.
- **Transferring:** The ability to move between the bed, chair, vehicle, and/or wheelchair.
- **Eating:** The process of getting food/fluid by any means into the body.
- **Ambulation:** Ambulation is the ability to get around indoors (walking) and outdoors (mobility), climb stairs and wheeling.
  1. **Walking:** The process of moving about indoors on foot or on artificial limbs.
  2. **Wheeling:** The process of moving about by a wheelchair.
  3. **Stair Climbing:** The process of climbing up and down a flight of stairs from one floor to another.
- **Turn/Change of Position:** Assisting with changing the position of the body to avoid pressure of skin, soft tissue, muscle, and bone against a hard surface that could lead to skin breakdown.
- **Personal Grooming:** Includes toothbrushing, combing and arranging hair, and basic hygiene.
- **Supervision:** Overseeing the health, safety, and welfare of the participant.

## **SPECIAL ACTIVITIES**

The following activities, when part of an individual’s Plan of Care or Individual Service Plan, require physician orders, training of the attendant, and monitoring by a licensed registered nurse (RN) or primary care physician and special documentation by the Consumer-Directed Services Facilitator, as appropriate per waiver member.

- **Bowel/Bladder Program:** Assistance/training with duties related to incontinence of bowel and/or bladder elimination.
- **Routine Wound Care:** Attending to an open or break of the skin (that does not include sterile technique or sterile dressing).
- **Range of Motion (ROM):** The extent to which a joint is able to go through all of its normal movement. ROM exercise helps increase or maintain flexibility and movement in muscles, tendons, ligaments, and joints.
- **Assist with Self-Administered Medication:** Assisting with the administration of medication (not to include in any way determining the dosage of medication).
- **Vital Signs:** The temperature, pulse rate, and respiratory rate of an individual.