

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

Consumer's Name: _____ **Consumer Medicaid Number:** _____

Attendant's Name: _____

In the activity list in the left column, circle the service(s) that the attendant provides. Place the date under the day of the week and place a ✓ next to the activity(ies) that the attendant assists the consumer with for that date. 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.

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Date: (Month/Date/Year):</i>	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Activities of Daily Living (ADLs)							
Bathing							
Dressing/Undressing							
Toileting							
Transferring							
Eating							
Ambulation (Walking, Wheeling, Stair Climbing)							
Turning/Changing of Position							
Personal Grooming							
Supervision							
Instrumental Activities of Daily Living (IADLs)							
Meal/Snack Preparation							
Cleaning Kitchen							
Cleaning Other Areas Used by Consumer							
Making Bed/Changing Bed Linen							
Shopping/Making Shopping List							
Laundry (Consumer's)							
Money Management							
Medical Appointments							
Work/School/Social							
Transportation							
Using Telephone							
Other							
Special Maintenance Activities							
Bowel/Bladder Program							
Wound Care							
Range of Motion (ROM) Activities							
Vital Signs							
Assist with Self-Administration of Medication							
Other							
Supervision							

Notes: _____

 Consumer/Employer of Record Signature
 DMAS July 2009

 Date

 Attendant's Signature

 Date

Instructions for Consumer-Directed Attendant Record

INSTRUCTIONS

1. Use one form for each attendant each week. Place dates for the week across the top shaded date line.
2. In the activity list in the left column of the form, circle the service(s) that the attendant provides.
3. Place a ✓ next to the activity(ies) that the attendant assists the consumer with for that date. Refer to the definitions below for the activities.
4. Activities listed under "Special Activities" must have written documentation in the "Notes" section of the form.
5. The consumer 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.
6. Consumers should keep the completed forms in a folder or notebook as a record. **The form is not to be sent to DMAS or PPL.** The service facilitator (SF) may make a copy or review the form as agreed between the consumer and the SF. The use of the form is voluntary at this time.

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 oneself 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 wheel.
 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.
- **Meal/Snack Preparation:** Plan, prepare, cook, and serve food.
- **Cleaning Kitchen:** Washing and putting away dishes, wiping surfaces, etc.
- **Cleaning Other Areas Used by Consumer:** Light housework such as dusting, vacuuming, cleaning floors, and cleaning the bathroom used by the consumer.
- **Making Bed/Changing Bed Linens:** Removing bed linens and replacing with fresh ones; arranging bed linens neatly.
- **Shopping/Making Shopping List:** Listing items needed from store; getting to and from the store, obtaining groceries and other necessary items such as clothing, toiletries, household goods and supplies, paying for them, and carrying them home.
- **Laundry (the consumer's):** This includes putting clothes in and taking them out of the washer/dryer and/or hanging clothes on and removing them from a clothesline, and ironing, folding, and putting clothes away.
- **Money Management:** Managing day-to-day financial matters such as paying bills, writing checks, handling cash transactions, and making change.
- **Medical Appointments:** Scheduling and attending necessary medical appointments.
- **Work/School/Social:** Participating in community activities including work, school, and social/recreational activities.
- **Transportation:** Includes the ability to either transport oneself or arrange for transportation, to get to and from, and in and out of the vehicle (e.g., a car, taxi, bus, or van).
- **Using the Telephone:** Look up telephone numbers, dial, hear, speak on, and answer the telephone.

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 Service Facilitator, as appropriate per waiver.

- **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. May include notations on seizure chart.