



## **RE: Consumer Directed Attendant Support Services**

Dear

Thank you for your interest in the Consumer Directed Attendant Support Services (CDASS) delivery option. The following packet will assist you in getting started with CDASS. ***Please carefully read all of this information.***

### **The contents of the packet are as follows:**

**Pages 1-5:** Information on the CDASS service delivery option. Visit the Consumer Direct Colorado (CDCO) website for additional information:

<http://consumerdirectco.com/>

**Pages 6-7:** Client or Authorized Representative Responsibilities form. Please complete and return to your Case Manager.

**Page 8:** Physician Attestation of Consumer Capacity. To be reviewed and completed by your Primary Care Physician, then returned to your Case Manager.

*Please note, you must be in stable health as indicated by your physician to participate in the CDASS service delivery option. In addition, if your doctor checks "NO" in response to any of the other questions, you will be required to have an Authorized Representative (AR) assist you in managing your care. If an AR is required, they will need to complete pages 9-11.*

*(If your doctor answers "YES" to all questions, and you do not wish to have an Authorized Representative for CDASS, you may disregard pages 9-11).*

**Pages 12-14:** Task Worksheet. This is a draft or **example** worksheet you will complete with your Case Manager when all above forms are returned. The Task Worksheet captures all of your needs for attendant care and the hours per week required for that care. This example Task Worksheet will be used to determine your Monthly Allocation.

*You will need a finalized copy of your Task Worksheet and Monthly Allocation for training with Consumer Direct.*



**The process for starting CDASS is:**

**Step #1:** Return Physician Attestation AND Client/AR Responsibilities form to the Case Manager. If applicable, return AR paperwork to the Case Manager.

**Step #2:** Client and the Case Manager complete the Task Worksheet collaboratively either over the phone or in person.

**Step #3:** The Case Manager finalizes the Task Worksheet to determine the Client's Monthly Allocation and makes a referral to CDCO for training. The Client/AR will receive a copy of the Task Worksheet and Monthly Allocation from the Case Manager to utilize during training.

**Step #4:** The Client/AR will be contacted by CDCO to schedule training. Training consists of reviewing service delivery option rules and information to help the Client/AR be successful in managing their services. During training, the Client/AR will develop an Attendant Support Management Plan (ASMP) to outline a plan for managing services. The Client/AR will also need to choose which Financial Management Services (FMS) provider they would like to use.

**Step #5:** The Case Manager will receive the completed ASMP from CDCO and review the document for approval. At the Case Manager's request, the Client/AR may need to make corrections.

**Step #6:** The Case Manager will refer the Client/AR to their choice of FMS provider to begin the enrollment process. The Client/AR will need to complete enrollment forms with the chosen FMS provider for the Client and the Attendants being hired to provide care.

**Step #7:** Once paperwork is complete, the Client/AR will work with the Case Manager and the FMS provider to determine the start date for services.

**Step #8:** CDASS services and attendant care can begin on designated start date.

Sincerely,

# CONSUMER DIRECT COLORADO CDASS TRAINING SPECIALISTS

**Consumer Directed Attendant Support Services (CDASS)** is a Medicaid service option under the **Home and Community Based Services (HCBS)** program. CDASS empowers individuals to direct their own care needs rather than going through a home health agency.

## How does CDASS work?

In CDASS you work closely with your Case Manager to determine your need and eligibility. Based on your need, you are given an allocation of funds to utilize in managing your care. A Financial Management Services (FMS) provider of your choice assists you with payroll and paperwork for your workers. You are empowered to hire, train and manage your attendants as the employer.

## How to Get Started

CDASS allows you flexibility, control and choice over the services you need to remain happy and healthy in your home and community.

- You must be eligible for one of the HCBS waivers. For more information call 211, or contact the local Case Management Agency in your county.
- The Case Management Agency will help determine your eligibility for waivers and services. If you qualify, you will be assigned a Case Manager to assist with the CDASS enrollment process.
- Once enrollment is complete, your Case Manager will send a referral to Consumer Direct Care Network Colorado to initiate CDASS training.

## Services Provided

Consumer Direct Care Network Colorado will assist with:

- Client and Authorized Representative Training
- Ongoing support for CDASS participants
- Education and tools for recruiting, hiring, training and managing your Attendants of choice
- Case Management Training and support for Consumer-Directed services

## CDASS Attendant Directory

The Attendant Directory is a free resource to help identify clients and caregivers who suit each other. Caregivers can register and create a free searchable client profile. Once they identify a good match, they can use the directory to connect. Whether you're a Client seeking Attendant support, or a caregiver interested in expanding your Client network, the Attendant Directory can help you make a connection. For more information, please call us or visit our website and click on the Directory tab.

**Call Today!**  **844.381.4433**

# CDASS Players & Process Flow



## #1 Case Manager (CM)



- CM meets with Client to present options for services
- CM and Client obtain CDASS eligibility forms
- CM and Client complete the task worksheet
- CM provides the Client with the allocation amount and copy of the task worksheet
- CM sends referral for CDASS training to Consumer Direct Colorado

## #2 Consumer Direct Colorado (CDCO)

- CDCO Training Coordinator contacts Client
- Explains training options
- Schedules training



## #3 CDCO - Training Coordinator/Peer Trainer

- Training Coordinator/Peer Trainer confirms training
- Training Coordinator/Peer Trainer provides CDASS training

#### #4 CDCO-Training Coordinator/ Peer Trainer

- Support as needed to complete Attendant Support Management Plan (ASMP) and budget
- Training Coordinator reviews ASMP budget for completeness
- Training Coordinator submits ASMP to CM for approval or follows up with Client to revise as needed

**CDCO-  
Training Coordinator/  
Peer Trainer**

**4**

**5 Case  
Manager (CM)**

#### #5 Case Manager (CM)

- CM approves ASMP or follows up with Client to revise as needed
- CM sends referral and approved ASMP to Client's selected FMS provider

#### #6 FMS Provider

- FMS provides necessary Client and Attendant paperwork
- FMS assists with completion of paperwork
- FMS informs CM of enrollment date with FMS

**FMS  
Provider**

**6**

**Case  
Manager (CM)**

#### #7 Case Manager (CM)

- CM and Client set CDASS start date

**Client**

## **Consumer-Directed Attendant Support Services (CDASS) Member or Authorized Representative Responsibilities**

### **Section I: Member Information**

Member's Full Name: \_\_\_\_\_

Member's Health First Colorado ID #: \_\_\_\_\_

### **Section II: Responsibilities**

As a member or Authorized Representative (AR) using Consumer-Directed Attendant Support Services (CDASS), I agree to complete the following responsibilities for CDASS management:

1. Attend CDASS training through Consumer Direct for Colorado (CDCO).
2. Develop an Attendant Support Management Plan (ASMP).
3. Choose a Financial Management Services (FMS) vendor.
4. Recruit, hire, fire and manage attendants.
5. Decide what experience and certifications attendants need to have to perform your needed services.
6. Decide wages for each attendant. Wages cannot be more than the program allows and must be at least minimum wage according to state or your municipality's regulations.
7. Complete all attendant hiring paperwork with each prospective attendant and submit all paperwork to my FMS vendor. The hiring agreement will clearly outline: wages, services to be provided (limited to Personal Care, Homemaker or Health Maintenance Activities), work schedules, and working conditions.
8. Complete employment reference checks on attendants.
9. Ensure my FMS provides a Good-to-Go date for my attendants **before** they start providing services.
10. Explain the role of the FMS to attendants.
11. Properly train attendants to meet my attendant support needs.
12. Schedule attendant care that does not go over my monthly CDASS budget allocation and CDASS Certification Period allocation.



13. Review all attendant timesheets for accuracy of time worked, completeness and signatures. Attendants and members or their Authorized Representatives must sign timesheets. Timesheets must show actual time spent providing CDASS services.
14. Review Monthly Member Expenditure Statements and discuss budgeting issues with my case manager.
15. Review and submit approved attendant timesheets to FMS by the payroll deadline.
16. Report timesheet errors to the FMS immediately.
17. If pay rates need to be changed, negotiate a new pay rate with the attendant and submit the necessary change form to the FMS.
18. Understand that misrepresentation or false statements regarding services provided by attendants may result in administrative penalties, criminal prosecution, and/or termination from CDASS.
19. Complete all paperwork and keep employment records.
20. Submit termination paperwork to the FMS when an attendant is fired or quits.
21. Develop a plan for emergencies. Create a plan for backup support ahead of time, in case an attendant is late or does not show up for work.
22. Follow all CDASS rules and regulations.

I understand that injury or illness to the member may occur from poor care or poor work by an attendant. I understand that I may contact the appropriate authorities if I witness, have knowledge of, or suspect mistreatment, abuse, neglect, and/or exploitation by an attendant upon the member. I understand that I am responsible for addressing poor performance by an attendant which may include termination. As Employer of Record, the State of Colorado is not responsible for the actions of attendants.

### Section III: Signatures

Signature of Member or AR: \_\_\_\_\_ Date: \_\_\_\_\_

I witnessed the above named member sign this document or heard the member acknowledge signing the document.

Witness' Full Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_



## Physician Attestation of Consumer Capacity

The following client is interested in participating in Consumer Directed Attendant Support Services (CDASS). The client will select, train, and direct attendants to provide personal care, homemaker, or health maintenance (skilled) care. To qualify for CDASS, the client's primary care physician shall either attest to the client's capability to direct care with sound judgment or recommend the client utilize an authorized representative. NOTE: Sections of the Nurse Practice Act and Nurse Aide legislation do not apply to CDASS (25.5-6-1101 C.R.S.)

### Section I: Client Information Section

Client Medicaid Number:									
Last Name: _____		First Name: _____		Middle Initial: _____					
Address: _____		City: _____		State: _____		Zip: _____			
Date of Birth: _____		Phone: _____		Male <input type="checkbox"/>		Female <input type="checkbox"/>			

### Section II: Medical Information

**The following questions address the stability of the client's medical condition. Only those clients whose medical conditions are considered stable are eligible to participate in the CDASS benefit. Stable health is defined as a medically predictable progression or variation of disability or illness.**

Is the client's health condition stable, as defined above? Yes ☐ No ☐

**Answering "NO" to any of the following questions will require the client to use an authorized representative. It does not preclude the client from participating in CDASS.**

Does this client have the ability to develop and maintain a budget and establish attendant wages and schedules? Yes ☐ No ☐

Does this client have the ability to understand and monitor conditions of basic health, and recognize how, when, and where to seek appropriate medical assistance (for example: if the client has a respiratory condition and develops shortness of breath would he or she know who to contact)? Yes ☐ No ☐

Does this client have the ability to direct care including the ability to train attendants on the skilled/unskilled procedure or services needed (for example: training attendants on lifting and transferring needs or how to provide respiratory care)? Yes ☐ No ☐

Does this client have the ability to make informed decisions about interviewing, selecting, disciplining, dismissing, and otherwise managing attendants? Yes ☐ No ☐

### Section III: Medical Provider

Attesting Physician Name:		License #	
Address:			City:
State:		Zip:	Phone:
Name of Person Completing Form:			Date
Signature of Attesting Physician:			
Medical Provider Comments: (optional)			



## **Consumer Directed Attendant Support Services (CDASS) Authorized Representative Designation**

Health First Colorado members can choose an Authorized Representative (AR) to help them with CDASS benefits and tasks, if the member is enrolled in a waiver that offers CDASS. Members may change their AR at any time. If the member wants to change their AR, they must work with their case manager to make the change. This form must be completed each time the member changes their AR.

**Authorized Representative:** An individual chosen by the member, or by legal guardian of the member. The AR must have the judgment and ability to help the member obtain and use services. The extent of the AR's involvement shall be decided after they become the AR. The AR cannot also be the member's attendant. State laws dictating AR designation for CDASS can be found in Colorado Revised Statute CRS 25.5-6-1101.

### **Designation of Authorized Representative**

I hereby designate the following person to serve as my AR while receiving benefits under CDASS. I understand my AR will do these things for me:

- Complete and sign forms
- Attend training
- Budgeting
- Plan & organize attendant support

If the member's physician has indicated on the Physician Statement of Consumer Capability form that the member cannot direct their own care, then the AR must handle ALL tasks.

### **Member Information**

Last Name:	First Name:	Middle Initial:
Health First Colorado ID#:	Date of Birth (MM/DD/YYYY):	
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		

Authorized Representative Information		
Name:	Relationship: <input type="checkbox"/> Relative <input type="checkbox"/> Not a relative	
Date of Birth (MM/DD/YYYY):	Last 4 digits of SSN:	
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		
<input type="checkbox"/> Please contact me by email or text message with updates about CDASS (standard carrier rates may apply)		

Authorized Representative Affidavit		
<p>I hereby agree to serve as the Authorized Representative for the above-named member and understand my responsibilities and duties. In addition,</p> <ul style="list-style-type: none"> <li>a) I am at least eighteen years old;</li> <li>b) I have known the member for at least two years;</li> <li>c) I have not been convicted of any crime involving exploitation, abuse, or assault on another person; and</li> <li>d) I do not have a mental, emotional, or physical condition that could result in harm to the member.</li> </ul>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"><b>Authorized Representative Signature:</b></td> <td style="width: 30%;"><b>Date:</b></td> </tr> </table>	<b>Authorized Representative Signature:</b>	<b>Date:</b>
<b>Authorized Representative Signature:</b>	<b>Date:</b>	

Member or Legal Guardian Signature		
Person completing this form: <input type="checkbox"/> Member <input type="checkbox"/> Legal Guardian (If legal guardian, please submit documentation)		
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"><b>Member or Legal Guardian Signature:</b></td> <td style="width: 30%;"><b>Date:</b></td> </tr> </table>	<b>Member or Legal Guardian Signature:</b>	<b>Date:</b>
<b>Member or Legal Guardian Signature:</b>	<b>Date:</b>	
If the member is unable to sign, another person may witness the member's mark above.		
<b>Witness Name:</b>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"><b>Witness Signature:</b></td> <td style="width: 30%;"><b>Date:</b></td> </tr> </table>	<b>Witness Signature:</b>	<b>Date:</b>
<b>Witness Signature:</b>	<b>Date:</b>	





## Authorized Representative Screening Questionnaire

### Client Information

Full Name of Client \_\_\_\_\_

The above named client is interested in receiving Consumer Directed Attendant Support Services (CDASS). The client or the client's authorized representative (AR) will be responsible for selecting, training and directing attendants, who will provide care for the client.

### Authorized Representative Questionnaire

1. Please check your relationship to the CDASS client.(check one):  
☐ Family Member   ☐ Friend   ☐ Legal Guardian   ☐ Other \_\_\_\_\_
2. Do you receive money from the client or anyone else to care for the client?  
☐ Yes   ☐ No  
  
If Yes, from whom, and for what purpose? \_\_\_\_\_
3. Are you willing to sign a Client or Authorized Representative Responsibilities Form acknowledging your responsibilities in CDASS?  
☐ Yes   ☐ No
4. After reading and initialing the Authorized Representative description on the next page, do you understand your functions and are you willing to volunteer to serve as the client's Authorized Representative?  
☐ Yes   ☐ No
5. As this client's Authorized Representative, do you understand that you cannot be both a paid attendant and the Authorized Representative, for this CDASS client?  
☐ Yes   ☐ No

**If the client designates a new AR, you must submit a resignation letter in writing. The new AR must complete and submit new AR forms to the client and the client's case manager.**

Authorized Representative Name (Printed)   Signature   Date

Street Address   City   State   Zip

Home Phone Number   Cell Phone Number

## Authorized Representative Description

“Authorized Representative” means an individual designated by the client, or by the guardian of the client, if appropriate, who has the judgment and ability to direct the care on the client’s behalf.

An Authorized Representative must:

**INITIAL**

- \_\_\_\_\_ Complete Attendant Support Services Management Training
- \_\_\_\_\_ Accept responsibility to manage the health aspects of the client’s care which means having the ability to understand principles and monitor conditions of basic health and the knowledge of how, when and where to seek medical help of an appropriate nature.
- \_\_\_\_\_ Accept responsibility to handle the financial aspects of the client’s care to include determining how the client’s individual allocation should be spent to ensure the individual receives necessary care and to ensure that attendants receive compensation; and the ability to verify the accuracy of financial and personnel records as provided by the Financial Management Services (FMS) organization.
- \_\_\_\_\_ Show a strong personal commitment to the client.
- \_\_\_\_\_ Show knowledge about the client’s preferences.
- \_\_\_\_\_ Follow the client’s wishes and respect the client’s preferences.
- \_\_\_\_\_ Use sound judgment to act on the client’s behalf.
- \_\_\_\_\_ Be at least 18 years old.
- \_\_\_\_\_ Have known the client for at least two years.

An Authorized Representative **may not**:

**INITIAL**

- \_\_\_\_\_ Receive monetary compensation for directing care on the client’s behalf.
- \_\_\_\_\_ Serve as an employee of the client.
- \_\_\_\_\_ Have been convicted of any crime involving exploitation, abuse or assault on another person.
- \_\_\_\_\_ Have a mental, emotional or physical condition that could result in harm to the client.

# CDASS TASK WORKSHEET

CLIENT NAME		STATE ID				DATE		
Homemaker	Norm	Min/Wk	Personal Care	Norm	Min/Wk	Health Maintenance	Norm	Min/Wk
Floor Care	15min/room		Eating	30min/meal		Skin Care	IND	
Bathroom	45min/wk		Respiratory Assistance	30min/wk		Nail Care	30min/wk	
Kitchen	35min/wk		Skin Care Maintenance	35min/wk		Mouth Care	105min/wk	
Trash	35min/wk		Bladder/Bowel	10min/each		Dressing	210min/wk	
Meal Prep	420min/wk		Hygiene	420min/wk		Feeding	IND	
Dishwashing	140min/wk		Dressing	210min/wk		Exercise	IND	
Bed Making	35min/wk		Transfers	5min/each		Transfers	15min/each	
Laundry	20min/load		Mobility	5min/each		Bowel	IND	
Dusting	30min/wk		Positioning	15min/2hrs		Bladder	IND	
Shopping	120min/wk		Medication Reminders	5min/each		Medical Management	10min duration	
			Medical Equipment	60min/wk		Respiratory Care	IND	
			Bathing	IND		Medication Assistance	5min/each	
			Accompanying	IND		Bathing	IND	
			Protective Oversight	IND		Mobility	5min/each	
						Accompanying	IND	
						Positioning	15min/2hrs	
Total Min/Wk		0	Total Min/Wk		0	Total Min/Wk		0

IND = Time required to complete task is individualized or as prescribed by physician or therapist

**Total Hrs/Wk 0.00**

**Total Hrs/Wk 0.00**

**Total Hrs/Wk 0.00**

<b>Homemaker – 10 CCR 2505-10 Section 8.510.3.B.1</b>	
Floor Care	Sweeping, mopping and vacuuming, wiping, spot cleaning, stain removal, bathroom/ kitchen floor
Bathroom	Cleaning of toilet, bedpan, sink, counter, tub
Kitchen	Wiping the counter, stovetop, microwave and outside of kitchen appliances; cleaning refrigerator
Trash	Collect and dispose in appropriate container
Meal Preparation	Prepare all meals for the day including main and snacks; dietary / meal planning, packaging and storing foods
Dishwashing	Loading and unloading dishwasher; rinsing and washing dishes, utensils, cookware, and cutlery; storing dishes
Bed Making	Includes linen change
Laundry	Sort, wash, dry, fold/hang personal laundry and linens
Shopping	Shopping for necessary items to meet basic household needs
Dusting	Includes dusting, wiping furniture, wood care
<b>Personal Care – 10 CCR 2505-10 Section 8.510.3.B.2</b>	
Eating	Eating/feeding which includes assistance with eating by mouth using common eating utensils such as spoons, forks, knives, and straws
Respiratory Assistance	Cleaning or changing oxygen equipment tubes, filling distilled water reservoirs, and moving a cannula or mask to or from the client's face
Skin Care Maintenance	Preventative; skin is unbroken. Application of non-medicated/non-prescription lotions, sprays, solutions, and monitoring for skin changes
Bladder/Bowel Care	Assist to and from the bathroom, including use of bed pans, urinals, and commodes. Changing incontinence clothing or pads; emptying Foley or suprapubic catheter bags (no disruption of the closed system); Emptying ostomy bags; unskilled Perineal care.
Hygiene	Shampooing; Grooming; Shaving with electric or safety razor; Combing and styling hair; Filing / soaking nails; oral hygiene, denture care
Dressing	Dressing assistance with ordinary clothing and the application of non-prescription support stockings, braces and splints, and the application of artificial limbs when the client is able to assist or direct.
Transfers	Client has sufficient balance and strength to reliably stand and pivot and assist with the transfer. Adaptive and safety equipment may be used in transfers when client / Attendant are fully trained in the use of the equipment and client can direct and assist with the transfer.
Mobility	Client has the ability to reliably balance and bear weight or when the client is independent with an assistive device.
Positioning	Client verbally / non-verbally identifies when position needs to be changed. Simple alignment in a bed, wheelchair, or other furniture.
Medication Reminders	Medication Reminders when medications have been preselected by the client, a Family Member, a nurse or a pharmacist, and the medications are stored in containers other than the prescription bottles. Clearly marked with the day, time, and dosage and kept in a way as to prevent tampering. Includes only inquiries as to whether medications were taken, verbal prompting to take medications, handing the appropriately marked medication minder container to the client and opening if the client is unable to do so independently.
Medical Equipment	Cleaning and basic maintenance of durable medical equipment
Protective Oversight	To prevent or mitigate disability related behaviors that may result in imminent harm to people or property
Accompanying	Accompanying to medical appointments and errands such as banking and household shopping. Accompanying may include providing one or more personal care services as needed during the trip. Attendant may assist with communication, documentation, verbal prompting, and/or hands-on assistance when the task cannot be completed without the support of the attendant.
Bathing	Unskilled full or partial bath or cuing for assistance. Shower, tub, sponge, or bed bath
<b>Health Maintenance (Skilled) – 10 CCR 2505-10 Section 8.510.3.B.3</b>	
Skin care	Skin is broken or a chronic skin condition is active and could potentially cause infection. The client is unable to apply independently. Includes prescription creams, lotions, or sprays; wound care, dressing changes, application of prescription medicine, and foot care for people with diabetes when directed by a Licensed Medical Professional.
Nail Care	Completed when medical conditions that may involve peripheral circulatory problems/loss of sensation; includes soaking, filing, trimming.
Mouth Care	HMA skin care is required in conjunction with the task, or: injury or disease of the face, mouth, head or neck; in the presence of communicable disease; client is unable to participate in the task; oral suctioning is required; decreased oral sensitivity or hypersensitivity; client is at risk for choking and aspiration.



Dressing	HMA skin care or transfers are required in conjunction with the dressing, or: client is unable to assist or direct care. Includes application of prescribed anti-embolic or pressure stockings, prescribed orthopedic devices such as splints, braces, or artificial limbs
Feeding	HMA skin care or dressing in conjunction with the task, or: oral suctioning is needed on a stand-by or intermittent basis; client is on a prescribed modified texture diet; physiological or neurogenic chewing or swallowing problem; syringe feeding or feeding using adaptive utensils is required; oral feeding when the client is unable to communicate verbally, non-verbally or through other means.
Exercise	Exercise prescribed by a Licensed Medical Professional, including passive range of motion.
Transfers	Client is not able to perform transfers due to illness, injury or disability, or: client lacks the strength and stability to stand, maintain balance or bear weight reliably; client has not been deemed independent with adaptive equipment or assistive devices by a Licensed Medical Professional; use of a mechanical lift is needed.
Bowel	HMA skin care or transfers are required in conjunction with the bowel care, or: client is unable to assist or direct care; administration of a bowel program including but not limited to digital stimulation, enemas, or suppositories; care of a colostomy or ileostomy that includes emptying and changing the ostomy bag and application of prescribed skin care products at the site of the ostomy.
Bladder	HMA skin care or transfers are required in conjunction with bladder care, or: client is unable to assist or direct care; external, indwelling and suprapubic catheters; changing from a leg to a bed bag and cleaning of tubing / bags as well as perineal care.
Medical Management	As directed by a Licensed Medical Professional to routinely monitor a documented health condition, including but not limited to: blood pressures, pulses, respiratory rate, blood sugars, oxygen saturations, intravenous or intramuscular injections
Respiratory Care	Postural drainage, cupping, adjusting oxygen flow within established parameters, suctioning of mouth and nose, nebulizers, ventilator and tracheostomy care, assistance with set-up and use of respiratory equipment
Medication Assistance	Medication assistance, which may include setup, handling and administering medications.
Bathing	HMA skin care, transfers or dressing in conjunction with bathing. Full, partial or bed bath.
Positioning	HMA skin care is required in conjunction with positioning when the client is not able to identify to the caregiver when the position needs to be changed
Accompanying	Accompanying the client to medical appointments and errands such as banking and household shopping. Must include one or more health maintenance tasks as needed during the trip. Includes communication, documentation, verbal prompting and/or hands on assistance when the task cannot be completed without the support of the Attendant.
Mobility	HMA transfers are required in conjunction with the mobility assistance, or: client is unable to assist or direct care; hands-on assistance is required for safe ambulation and the client is unable to maintain balance or to bear weight reliably due to illness, injury, or disability; and/or the client is not independent with adaptive equipment or assistive devices ordered by a Licensed Medical Professional.