

ADvantage Program
Consumer-Directed Personal Services and Supports (CD-PASS)

Personal Services Assistant
Scheduling and Backup Plan

NOTE: This form is to be used by the Employer in developing a backup plan in the event the employed PSAs are unavailable to provide services. Use this form to describe essential tasks, expectations, and scheduling requirements as appropriate.

Member Name: _____ **Medicaid #:** _____

Essential Tasks / Backup Plans	Description of Personal Services Assistance Tasks
Task:	
Backup Plan	
Task:	
Backup Plan	
Task:	
Backup Plan	
Task:	
Backup Plan	
Task:	
Backup Plan	
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Backup Plan	

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Task:	
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Backup Plan	
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Backup Plan	

Member Signature _____ *Date* _____