

**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	

Member Signature

Date