Care Agreement for Beneficiaries and Their Caregivers

As a WA Cares beneficiary choosing to hire an individual provider through Consumer Direct Care Network Washington, you will be responsible for managing their day-to-day work for you. It is important for both parties to have agreement about the care that will be provided. WA Cares encourages the use of this agreement with each of your caregivers, including caregivers who are family members. This is for your use with your caregiver and CDWA does not need a copy.

Please note that if you choose a home care agency for in-home care, they will create a plan of care for you.

1. Beneficiary Information
Name (first and last)
Legal representative (if applicable)
Phone number (include area code)
2. Caregiver Information
Name (first and last)
Address
Phone number (include area code)
3. My care needs

I need help with the following activities (refer to the care needs identifier worksheet on page 3 to help you complete this section, if needed):

- ☐ Dressing
- ☐ Bathing
- ☐ Toileting
- ☐ Mobility
- ☐ Eating
- ☐ Medication management
- ☐ Transferring
- ☐ Bed mobility
- ☐ Personal hygiene
- ☐ Housework
- ☐ Meal preparation
- ☐ Shopping
- ☐ Appointments
- ☐ Wood supply

4. Work Schedule

a. I need _____ hours of personal care ☐ per week or ☐ per month.
* All hours will be converted to 15-minute units in the WA Cares payment system.

b. I need my caregiver to provide me with support on the following day(s) and times(s):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
☐ Time:	☐ Time:	☐ Time:	☐ Time:	☐ Time:	☐ Time:	☐ Time:

c. Services will start on or after this date (cannot be prior to the pre-authorization start date): _____.

Attestation and Signatures

By signing below, I understand and am attesting that:

- The care tasks, hours and schedules are subject to change based on the beneficiary's needs, and caregiver's availability and capability.
- The caregiver can perform the care tasks identified and agrees to the schedule and hours.
- The caregiver will only submit time sheet reports for hours that were authorized and performed, understanding that claiming in excess of the pre-authorization they may not be compensated and it may negatively impact the beneficiary's benefit balance.
- The beneficiary may dismiss the caregiver at any time and for any reason.
- The caregiver must provide notice before leaving, complying with CDWA's policy.

Beneficiary (or legal representative) Signature	Date
Caregiver (individual provider) Signature	Date

Care Needs Identifier Worksheet

You may use this document to identify the care tasks you need help with, the type of assistance you need, and how many hours of help you are anticipating.

Care tasks include both activities of daily living and instrumental activities of daily living.

Activities of daily living, or ADLs, refer to the basic self-care tasks that an individual performs on a daily or regular basis to maintain their personal care and overall wellbeing.

Instrumental activities of daily living, or IADLs, refer to the tasks that are essential for independent living and managing one's home and life.

Below are descriptions of the tasks and types of assistance a caregiver can help you with.

Type of Assistance	Description
Standby or monitoring / supervision	Caregiver could be within arm's reach, or within eyesight of you
Verbal cueing	Prompts to do something (eat, take meds, bathe) or reminders of how to complete a task (first do this then do that)
Physical assistance	Hands on help with completing a task (pulling you up out of bed, putting on your socks, washing your hair)
Activity of Daily Living	**Description**
Dressing	Get help with reaching and selecting clothing, buttoning, zipping, putting on and taking off clothing/socks/ shoes
Bathing	Get help with getting in and/or out of the shower/bath, washing body, washing hair, rinsing, standby assistance, bed baths
Mobility	Get help walking around your home, pushing, or guiding your wheelchair or walker, clearing pathways, monitoring for safety
Transferring	Get help getting up from the chair, sitting down on the couch, in/out of a wheelchair, in/out of bed
Eating	Have someone bring food to you, cutting or mashing food as needed, cueing you to take bites, feeding you, holding drinks up for you
Bed mobility	Get help with rolling over or sitting up in bed, getting repositioned regularly to prevent skin breakdown
Personal Hygiene	Get help with brushing your teeth, cleaning your dentures, shaving, combing your hair, applying lotion, filing nails
Toileting	Help with getting on/off the toilet, using a commode or urinal, wiping, clothing adjustment, monitoring, or cueing
Instrumental Activity of Daily Living	**Description**
Housework	Get help with doing your dishes, cleaning counters after meal prep, doing your laundry, making your bed, cleaning the floors, dusting, tidying

Meal preparation	Get help with cooking meals ready to eat or to reheat later, preparing snacks, menu planning (be sure to let them know of allergies, diet restrictions or preferences)
Shopping*	Take you to the store and help you shop, they can drop you off and pick you up, they can shop for you, pick up an online order, includes picking up medications
Appointments*	Get transportation to medical appts, dental appts, mental health appts, support groups either in the caregiver's vehicle or accompanied in other modes of transportation such as the city bus
Wood supply	Get help stacking wood in the home, loading the fireplace, stoking the fire. Does not include chopping wood.
Medication management	Reminders to take medications, reordering medications, setting up a pill box or dispenser (IPs cannot put pills in your mouth or give them to you without your knowledge, such as hidden in food and some medications must be overseen by a registered nurse delegator if the IP is not related to you)

* For transportation related tasks, the caregiver will have a maximum number of miles they can be reimbursed for. If needed, use the WA Cares Fund Transportation service for additional support.

Using the information above, the following worksheet can help plan your care with your caregiver(s). This information may then be used to complete the care agreement above.

Task	Do I need help with this?	Frequency of help needed?	What I need help with
SAMPLE - Bathing	☒ Yes ☐ No	**3x per week**	**Getting in and out and washing my hair**
Dressing	☐ Yes ☐ No		
Bathing	☐ Yes ☐ No		
Mobility	☐ Yes ☐ No		
Transferring	☐ Yes ☐ No		
Eating	☐ Yes ☐ No		
Medication management	☐ Yes ☐ No		
Bed mobility	☐ Yes ☐ No		
Personal hygiene	☐ Yes ☐ No		
Toileting	☐ Yes ☐ No		
Housework	☐ Yes ☐ No		
Meal preparation	☐ Yes ☐ No		
Shopping	☐ Yes ☐ No		
Appointments	☐ Yes ☐ No		
Wood supply	☐ Yes ☐ No		