



SECTION 9

Attendant Support Management Plan



Consumer/
Client



Directed



Attendant/
Employee



Support



Services

This Section will provide you with an overview of how to develop and design your own personal Attendant Support Management Plan (ASMP).

Getting Started

To successfully complete your ASMP you will need the following:

- A copy of your Task Worksheet.
- Allocation amount.
- Which FMS provider you are selecting (FMS information is found in Section 5).
- A blank ASMP form. You can download a current one from Consumer Direct at <http://consumerdirectco.com/clientforms/> or from HCPF at www.colorado.gov.



Your ASMP must reflect the need for assistance identified by your Case Manager through the Task Worksheet. The Task Worksheet identifies the level and type of assistance you may need in activities of daily living.

Here are some examples:

Eating: What assistance do you need? When do you usually eat? How much time is required?

Bathing: What assistance do you require? Is any equipment involved? How much time does bathing usually take?

Dressing: What assistance do you need? How much time is required?

Grooming: What assistance do you need? How much time is required?

Bladder and Bowel Care: What assistance do you need? Is any equipment involved? How often?

Transferring: What assistance do you need (person or assistive device?) When do you need assistance transferring? How often? What time do you usually get out of bed? Does the time you get up vary from day to day? How long does it take? What time do you normally go to bed? Does this time vary? Do you need assistance in the middle of the night? What type?

House cleaning: What cleaning do you need assistance with? How often does each task need to be done? How long does it take?

Clothing care: Do you need assistance with laundry, ironing, and folding? How much time is involved?

Other household tasks: Are there other tasks you need assistance with? What are they? What is involved and how much time is needed?

 If you have used personal assistance services before, you probably already have a good idea of the specific tasks you need assistance with and how much  time is required. However, if you have not used personal assistance services in the past, or your needs for assistance have changed, you will need to identify your particular needs. Careful planning in the beginning will help you in managing Attendants. It can save you time and aggravation later. Remember the saying, “failing to plan means you are planning to fail.”

At times, you may find some tasks hard to perform on your own. By taking time to assess your needs in each area, you will be able to communicate more clearly to your Attendant how much help you will require with each task.

Assess Your Lifestyle Needs

D Not only should you assess your needs for support with activities of daily living, it is also helpful for you to understand your own needs and preferences in how you wish to live. Assessing your lifestyle will help you communicate your needs and preferences to your Attendant.

NOTE



**What is really important to you?
What do you value most about your lifestyle?**

Determine your priorities. Knowing what is really important to you and what you cannot compromise on can help you find an Attendant who will enhance your quality of life. You may want to discuss these qualities during employment interviews. A checklist of priority areas will be helpful with this assessment.

You can use the following checklist to sort out the specific tasks you will need your Attendant to perform, as well as the amount of time each task should take. You can then determine approximately how many hours per day or week you will need assistance. You may wish to consider assistive equipment or adaptive devices as well as an Attendant to help you with tasks.



Client Name			State ID			Date		
Home Maker	Norm	Min /Wk	Personal Care	Norm	Min /Wk	Health Maint.	Norm	Min /Wk
Floor Care	15 min/ rm		Eating	30 min/ meal		Skin Care	IND	
Bathroom	45 min/ wk		Respiratory Assistance	30 min/ wk		Nail Care	30 min/ wk	
Kitchen	35 min/ wk		Skin Care Maint.	35 min/ wk		Mouth Care	105 min/ wk	
Trash	35 min/ wk		Bladder/ Bowel	10 min/ each time		Dressing	210 min/ wk	
Meal Prep	420 min/wk		Hygiene	420 min/wk		Feeding	IND	
Dusting	30 min/ wk		Dressing	210 min/ wk		Exercise	IND	
Dish Washing	140 min/ wk		Transfers	5 min/ each time		Transfers	15 min/ each time	
Laundry	20 min/ load		Mobility	5 min/ each time		Bowel	IND	
Shopping	120 min/ wk		Positioning	15 min/ 2 hr		Bladder	IND	
Bed Making	35 min/ wk		Medication Reminders	5 min/ each time		Medical Management	10 min duration	
			Medical Equipment	60 min/ wk		Respiratory Care	IND	
			Protective Oversight	IND		Medication Assistance	5 min/ each time	
			Accompany	IND		Bathing	IND	
			Bathing	IND		Positioning	15 min/ 2 hr	
						Mobility	5 min/ each time	
						Accompany	IND	
Total Min/ Wk			Total Min/ Wk			Total Min/ Wk		
		÷ 60			÷ 60			÷ 60
Total Hrs/ Wk			Total Hrs/ Wk			Total Hrs/ Wk		
IND = Time required to complete is individualized or as prescribed by physician or therapist								

After identifying your needs, you will develop a plan of how to get your needs met. The plan will determine what your needs are, where you will get services or supports for those needs and who will provide the supports. Within the plan there are two components – your ASMP and your Spending Plan (budget).

The ASMP will address your medical, personal care, housekeeping, medication, equipment maintenance and health maintenance needs. Medicaid provides medical services and home and community based services and supports. The home and community-based services and supports through CDASS under the Elderly Blind and Disabled, Community Mental Health Supports, Spinal Cord Injury, and Brain Injury waivers are homemaker, personal care and health maintenance services.

As a Client within CDASS, an allocation will be developed to allow payment to Attendants for providing the services necessary to meet your needs. You will use the allocation to determine your spending plan (budget). The allocation is used to pay your Attendants for the provision of personal care, homemaker, and health maintenance services as approved in your ASMP. You and/or your AR are responsible for ensuring that funds are being spent on approved services. Your Case Manager and Training Coordinator will assist you with the development and management of your ASMP.

HIRING



Be sure to contact your Case Manager if you are hospitalized or go into a nursing home. Calling your Case Manager protects you and allows your case management agency to better serve you.

Know Your Allocation

D As previously mentioned in Section 2, when you start CDASS, your Case Manager will meet with you to assess your needs and will use a Task

S Worksheet to itemize those needs. The Task Worksheet is divided into three categories: personal care, homemaker, and health maintenance activities. It is very important for you to clearly communicate your needs to your Case Manager during this process. Your Case Manager uses your task worksheet and converts your tasks into a dollar amount. This amount is your CDASS allocation. At this time, the Case Manager will also establish your Certification Period, which is typically a twelve month period. While your certification period never changes, your allocation may vary depending upon your specific circumstances.

From this point on, your FMS, Consumer Direct of Colorado (Consumer Direct/CDCO) and your Case Manager will refer to your allocation and your certification. Ask your Case Manager for a copy of the needs assessment as this will assist you in developing your work plan and budget.

You always need to communicate with your Case Manager regarding your allocation. They are the only ones who can change or increase the dollar amount. They will also monitor your spending every month by comparing it to your allowed allocation. If your health changes, you may need more money to pay additional Attendants or give your current Attendants more hours to cover your needs. If your health improves, your Case Manager might lower your allocation at the next needs assessment period.

NOTE



Identifying your needs will help you choose the correct Attendants to work for you.

Assessing your daily needs, health and safety needs, desires and values help you with your decisions about hiring Attendants to assist you. Understanding yourself better may help you avoid conflict with your Attendants and others who provide assistance. You may want to consider these questions:

- Do I want to hire an Attendant who will only have an employer-employee relationship with me?
- Am I looking for a friend, companion or Attendant?
- How will I feel having this person in my home doing personal care services for me?

In general, you want your Attendants to assist in providing a safe and healthy home environment. Sometimes you could become friends, but this is not necessary. Safety, getting to work on time, and treating you with dignity and respect are most important for your relationship with your Attendants.

You are required to have at least two Attendants for the following reasons:

- Increases your chances of keeping an Attendant, because one person is not expected to fulfill all of your needs all the time.
- Reduces the effect of “burnout” on your Attendant because the job is less

tiring and less demanding.

- Reduces the possibility of you being without services if an Attendant suddenly becomes unavailable due to an emergency.
- Increases your ability to be responsive to the needs of your Attendants to have sick days, vacations and time off for appointments.
- Increases your ability to create an emergency backup system to support you with persons who are familiar with your needs and requirements.

While the Client is required to have an employment relationship with at least two Attendants, the Client decides how often each Attendant works. Clients are not required to use both Attendants. One may serve in a backup/emergency role.

PERSONAL FEATURE: Curt Wolff, Thornton

“Although I am a C4 quadriplegic, I am very active. While agency based home health care provides a valuable service, I felt constraint by their schedules. CDASS allows me not only the freedom to hire my own attendants, but allows me to set their schedules to match my busy schedule. I get to keep active in the community, which gives me a sense of independence and freedom I truly enjoy.”

Know Your Allocation



Client/AR meets with CM for assessment of CDASS needs.

CM establishes CDASS Period (typically 12 months), which is the time frame for the Allocation to be spent.



CM develops a Task Worksheet with the Client, indicating time needed for each service. CM uses the time needed for services to develop a corresponding dollar amount for Allocation.

Dollar amounts on Allocation Worksheet represent annual Allocation available in monthly increments.



CM provides copy of Allocation and Task Worksheet to Client.

Client uses Allocation and Task Worksheet as basis for ASMP and budget.



Client, CM, and FMS monitor Allocation to ensure on-budget spending of Allocation on a monthly basis. CDCO will assist upon request.

CM is responsible for adjusting Allocation if Client's health needs change.



Over Budget

You or your AR are responsible for ensuring your allocation will cover the cost of your Attendants. It is important to note that the state has a process for removing a Client from CDASS if they consistently go over budget. Your Case Manager monitors your spending every month by reviewing the Monthly Client Expenditure Statement (MCES) sent out by your FMS provider. You will receive a copy of this as well.

NOTE



If you need to overspend your reserve funds, you must request approval from your Case Manager. Your Case Manager must give approval before you overspend.

This is the process that will be applied if overspending occurs:

If you are overspending your monthly budget amount, your Case Manager will contact you to see what the circumstances are. If the amount overspent exceeds 10% of your monthly allocation and it is not documented in the ASMP, the Case Manager may suggest retraining at that point. If retraining is either ignored by the Client or does not stop the overspending, the Case Manager may require an AR to administer CDASS. If the Client already has an AR, a new AR must be found and trained.

If a new AR does not stop the overspending, the Case Manager can send you notification that you are being removed from CDASS. They will let you know what your rights are at that point in the process. Once your FMS provider receives notification from the Case Manager that this has occurred, your FMS provider will pay out final timesheets and close the Client's account.

This rarely happens, but the process is in place to encourage responsible use of Medicaid funds. If you have any questions regarding the budget aspect of your plan, you can always seek assistance from your Training Coordinator. Additional training may be helpful. Seek out a solution before this happens rather than letting this issue endanger your enrollment in CDASS.

See Appendix A to view the CDASS Service Utilization and Allocation Protocol.

Completing the ASMP and Your Allocation

The first section of the ASMP is Client information. Please fill this out completely. If you do not require an AR, just leave that section blank. Make sure to list your Case Manager's name and the name of the agency where your Case Manager works. If you are not sure, you can ask your Training Coordinator for assistance.

Client Information			
Client Name:		Medicaid ID #:	
Address:		City:	Zip:
Phone:		E-mail:	
Authorized Representative's (AR) Contact Information (optional)			
Rep Name:		Relationship to client:	
Address:		City:	Zip:
Phone:		E-mail:	
Single Entry Point (SEP) Case Manager Contact Information			
SEP Case Manager Name:		SEP Agency Name:	
Phone:		E-mail:	
Financial Management Services Agency Selection			
FMS Agency (please check one): <input type="checkbox"/> ACES\$ <input type="checkbox"/> Morning Sun <input type="checkbox"/> PPL			

In Part One, list your specific support needs.

A few examples:

- Perhaps you use a motorized wheelchair.
- Maybe you need reminders to take medications.
- If you have impaired mobility, perhaps you cannot bend over or bathe without assistance.
- It is not necessary to list every single limitation, but give a solid overview.

NOTE



It is important to assess not only your personal care needs and domestic needs, but to also assess your health and safety and community needs.

<u>PART ONE - CARE NEEDS</u>
Information about me, my supports and my needs:
Information about any support or accommodation I need for communication:

For Part Two, refer to the Task Worksheet you received from your Case Manager. In this section, you will look at your care needs and try to set up a schedule so you can estimate actual hours per day that you will need to have an Attendant. For example, light housecleaning might be done once a week. You would write the amount of time, in minutes, for the day you need that task completed. Perhaps you require transfers every day. If so, enter the number of minutes for transfers every day on the line for that task. You can find the minutes on your task worksheet.

<u>PART TWO - Needed Attendant Support</u>								
I (or my Authorized Representative) have the ability to train my attendants to perform all of the activities listed below:								
TASKS	SUN	MON	TUE	WED	THU	FRI	SAT	Weekly Minutes
Homemaker Services: please list estimated time (in minutes) to be completed on tasks each day.								
Floor Care								
Bathroom Cleaning								
Kitchen Cleaning								
Trash Removal								
Meal Preparation								
Dishwashing								
Bed Making								
Laundry								
Shopping								
Dusting								
Total daily Homemaker minutes:								Weekly Total

The next service category to go through is Personal Care Services. Following the same directions above, reference your Task Worksheet for each of the tasks for the Personal Care Services category and write down the minutes for any services you require.

TASKS	SUN	MON	TUE	WED	THU	FRI	SAT	Weekly Minutes
Personal Care Services: please list estimated time (in minutes) to be completed on tasks each day.								
Eating								
Respiratory Assist								
Skin Care Maint								
Bladder/bowel care								
Hygiene								
Dressing								
Transfers								
Mobility								
Positioning								
Medical Equip								
Protective Oversight								
Accompanying								
Bathing								
Medication Remind								
Total daily Personal Care minutes:								Weekly Total

You do this for each of the three service categories that CDASS offers, Homemaker, Personal Care Services, and Health Maintenance Services. After you go through all three service categories, you will total up the minutes from all three to get your overall daily and weekly totals.

TASKS	SUN	MON	TUE	WED	THU	FRI	SAT	Weekly Minutes
Health Maintenance* Services: please list estimated time (in minutes) to be completed on tasks each day.								
*Health Maintenance tasks are identified as skilled care tasks that a provider such as a CNA or RN would have traditionally performed outside of CDASS.								
Skin Care								
Nail Care								
Mouth Care								
Dressing								
Feeding								
Prescribed Exercise/ROM								
Transfers								
Positioning								
Accompanying								
Mobility								
Bowel Care								
Bladder Care								
Medical Managment								
Respiratory Care								
Medication Assist								
Bathing								
Total daily Health Maintenance minutes:								Weekly Total
Total Daily Minutes:								
Total Weekly Minutes:					Total Weekly Hours:			

The Case Manager is responsible to review the client/authorized representative identified homemaker, personal care and health maintenance services for appropriateness in comparison with the clients CDASS task worksheet. Any services indicated on the ASMP but not on the task worksheet (and vice versa) should be reviewed further by the client/authorized representative and the case manager. Approval should not move forward until service tasks on the task worksheet and ASMP match.

Service frequency and duration identified in this attendant support management plan for each task are an estimate. The frequency and duration of tasks may vary from day to day based on the client service needs.

Are there times during the year that your care needs predictably change and you will most likely need to utilize more or less services? Please share this information.

Please inform your case manager if your needs change.

The key is to get a total numbers of hours per day based on the tasks. You will notice that homemaker services have a chart while the other chart is the combined tasks under personal care services and health maintenance activities. You may want to discuss the differences with your Case Manager. Your Attendants will be paid under the categories you establish for them so this can be customized to fit your exact needs.

Part Three assists you in determining how you can advertise to seek your Attendants. A large percentage of Clients use family members or friends. If that is the case, you simply check that box. You will find some very good solutions listed here that are available no matter what type of community you live in. You might also ask your Case Manager as they are especially connected to your local community.

PART THREE - Recruiting and Hiring

The steps I am taking to find and hire attendant(s) are (check all that apply):

Posting Ads:

- | | |
|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Library | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> On-Line web sites (i.e. craigslist) | <input type="checkbox"/> Local Publications |
| <input type="checkbox"/> Medical Facilities | <input type="checkbox"/> Other Bulletin Boards |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> CDASS Attendant Registry |
| <input type="checkbox"/> Recruit Current PCP/CNA/Nurse | <input type="checkbox"/> Recruit Family/Friends |

Other (please specify): _____

Part Four requires that you respond to one question: initial only the line as applicable to the client.

PART FOUR – Limitations on Payment to Family - initial one of the following as it pertains to the client:

_____ I will hire my spouse* or a family member** as an attendant. I understand that my spouse and live in family caregivers are limited to providing extraordinary care as determined by my SEP case manager. I understand that neither my spouse, any family member, nor any guardian will be paid for providing more than 40 hours of care in a 7-day period.

OR

_____ Not applicable: I will not hire a spouse*, a family member**, or guardian.

* Spouse - the client's husband or wife through legal marriage or common law

** Family Member - all persons related to the client through blood, marriage, adoption or common law.

There is another consideration you must make when determining work hours and family members. CDASS has a **Family 40 Hour Rule** in place as mandated by the State. A work week is Sunday through Saturday. This can be seen in your Task Worksheet in Part Two. No family member may be paid for more than forty (40) hours in any given work week. This includes the beginning and end of a month. It is best to consult a calendar to keep track of these hours at month end and beginning. Any hours over the 40 per pay week **will not be paid**.

Part Five is for you to think ahead in case of an emergency situation and how you would ensure your safety. For example, if you have a late/no show Attendant, you could write that you would call the person to find out what is going on. You could then call your back-up Attendant. This is why you must have two approved Attendants for the CDASS Program. Your care and safety is most essential and a back-up Attendant guarantees that someone is there.

Use your best judgment when thinking about possible emergencies. You can also refer to the Emergency Preparedness information in Appendix D for guidance to help you create your plan.

PART FIVE – Emergency Back Up Planning

The steps I plan to take in an emergency and/or during unexpected situations are:

(Please be as specific as possible)

Late / No show Attendant:

Life or Limb Emergency:

Unexpected illness or flu:

**Community Wide Disaster
(i.e. flood, blizzard, etc.):**

Other (optional):

Part Six is the Monthly Budgeting Worksheet. This is where you bring your entire plan together by plugging in the monthly allocation information from your Case Manager. To assist in completing this section, please refer to the numbers and letters on the far right side of the page.

<u>PART SIX – CDASS Monthly Budgeting Worksheet</u>							
<u>Monthly Allocation:</u>							
Total amount available for attendant support services. Must identify at least two attendants. Rate of pay and total cost must be listed for all primary attendants.				=			1
Attendant	Attendant's Hourly Rate	Your Cost Per Hour*		Hours Per Week		Total Per Week	
			X		=		a.
			X		=		b.
			X		=		c.
			X		=		d.
			X		=		e.
			X		=		f.
Attendant Care Wages Per Week Total Add (a) through (f)							2
Attendant Care Wages Per Month Total Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month)							3
* Refer to the Attendant Wages table in section 5 of the CDASS manual. Participants in CDASS are the employer of their CDASS attendants and are required to comply with the Fair Labor Standards Act. This includes paying overtime rates to CDASS Attendants who work more than 40 hours in one week or over 12 hours in a single shift. For additional information or training on over time please contact Consumer Direct Colorado. Additional information is also available through the Colorado Department of Labor.							

TIPS



Suggestion: Leave some funds available rather than spending every cent. There may be times when you need a little extra help and go over your monthly budget. Any saved funds will roll over into your YEARLY Allocation total and can be applied toward the overage. It is up to you to keep your budget in line.

Completing Your Monthly Budgeting Worksheet

Step One – Monthly Allocation

Box 1 is where you put your allocation amount in dollars.

<u>Monthly Allocation:</u>	=	
Total amount available for attendant support services. Must identify at least two attendants. Rate of pay and total cost must be listed for all primary attendants.		

Step Two – Attendants

Boxes a, b, c, d, e, and f

Attendant	Attendant's Hourly Rate	Your Cost Per Hour*		Hours Per Week		Total Per Week
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	

You want to list all of your Attendants in the Attendant column. There is a row for each one. You can use the first name since that is simpler. In the column called “Attendant’s Hourly Rate,” write the pay rate you agree to pay the Attendant. This amount must be at least Colorado minimum wage which is \$9.30 per hour (effective January 1, 2017). This will be the amount you tell the Attendant. Now you come to the column “Your Cost per Hour.” This is what was mentioned

earlier in this manual in sections 2 and 4 when we talked about federal and state taxes. Go to the “Attendant Wages: Cost to You” in Section 5. Use the calculation provided to you on your selected FMS’ sheet in order to determine “Your Cost per Hour.” This is the total amount that will be deducted from your monthly allocation.

Now you come to the Hours per Week column. This is where you put the total number of hours that Attendant will work per week. Take that number of hours and multiply it by the amount in the Your Cost per Hour column. That total dollar amount is what goes into box “a.”

You will complete this process for each Attendant you wish to utilize. Many Clients use one main Attendant. Since CDASS requires two Approved Attendants, it may be that your second Attendant is your backup. For the purpose of your budget, you need to list your second Attendant under the first Attendant. It is assumed that you will be paying your back up the same rate as your main Attendant. Under the hourly rates, you can just write “backup only.” This would indicate that if the backup was needed, they would fill in for your regular Attendant, using the same hours and rates. This would have no additional impact on your budget in relationship to dollars.

"Attendant Wages: Cost to You"

When paying Attendants there is the cost of their hourly wage of pay, plus employer related taxes and worker’s compensation insurance. Each FMS provider has created an “Attendant Wages: Cost to You” chart that represents the total cost that will come out of your CDASS monthly allocation. The employer related taxes and worker’s compensation insurance are direct costs of having Attendants and are required to be paid by all employers. The FMS provider is responsible for paying and filing taxes appropriately. The FMS provider files on your behalf.

To determine the “Cost to You,” refer to **Section 5** and locate the “Cost to You” chart for your chosen FMS provider. All amounts are for sample purposes only.

It is important to note that you must pay your Attendants at least minimum wage which is \$9.30 per hour. See the state of Colorado minimum wage poster in Appendix C or visit the Colorado Department of Labor and Employment website for additional information at www.colorado.gov/cdle.

You may pay employees any amount you desire within state guidelines.

NOTE



40 Hour Family Rule: The employee servicing the Client cannot work more than 40 hours a work week (Sun-Sat). The work week does not reset each new month. The previous days in the work week have to be calculated from the previous month.

40 Hour Family Rule Illustration

Sun	Mon	Tue	Wed	Thur	Fri	Sat
27 Start of Work Week	28	29	30	1	2	3 End of Work Week
No more than 40 hrs.						
4 Start of Work Week	5	6	7	8	9	10 End of Work Week
No more than 40 hrs.						
11 Start of Work Week	12	13	14	15	16	17 End of Work Week
No more than 40 hrs.						
18 Start of Work Week	19	20	21	22	23	24 End of Work Week
No more than 40 hrs.						
25 Start of Work Week	26	27	28	29	30	31 End of Work Week
No more than 40 hrs.						

Represents 1st pay period of the month

Represents 2nd pay period of the month

Step Three – Week Total

Box 2 is where you total all of your Attendants (lines a through f) total pay per week.

<p>Attendant Care Wages Per Week Total Add (a) through (f)</p>	
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Step Four – Monthly Total

Now take the weekly total and multiply it by 4.3. The reason for this is that months have different amounts of days. 4.3 is the standard average used to calculate the number of weeks in a month. Write this monthly total in box 3.

<p>Attendant Care Wages Per Month Total Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month)</p>	
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This is your total monthly cost for Attendant care. Now you can compare your monthly total in box 3 to the amount your Case Manager gave you in box 1. You must have an amount that stays under the amount in box 1.

Managing your CDASS allocation and budgeting is an ongoing task. Your FMS provider will provide a Monthly Client Expenditure Statement (MCES) that will show what you have spent and assist you to stay on track and within your monthly allocation. You also have access to an online portal through your FMS provider to help check budget utilization. You will need to work with your individual FMS provider for assistance with completing timesheets correctly.

The final page of your ASMP is for signatures and processing.

Part Seven: is an estimated start date provided by your Case Manager.

<p><u>PART SEVEN – CDASS Start Date (To be completed by Case Manager)</u></p>	
<p>_____</p> <p>Preferred CDASS Start Date</p>	<p>_____</p> <p>Alternate Start Date</p>

You need to sign Part Eight and include the date you are signing it.

<p><u>PART EIGHT – Signatures</u></p>	
<p>_____</p> <p>Client / Authorized Representative Signature</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Case Manager Signature</p>	<p>_____</p> <p>Date</p>

The final two sections will be completed by your Consumer Direct Training Coordinator and Case Manager.

<u>Consumer Direct Comments</u>	
_____ Reviewer's Signature	_____ Date

FOR SINGLE ENTRY POINT CASE MANAGER APPROVAL - PLEASE DO NOT WRITE IN THIS SPACE	
Client receives CDASS through (check one): <input type="checkbox"/> HCBS-Waiver <input type="checkbox"/> CDASS 1915(i) State Plan	Client certification dates: CDASS Start Date: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> CDASS End Date: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
_____ Case Manager Approval	_____ Date

ASMP Approval Process

After you complete your ASMP, you will send it in to your Consumer Direct Training Coordinator. You can email or fax your completed ASMP to your Training Coordinator directly or, if you do not know your Training Coordinator's contact information, you can send it to Consumer Direct directly at:

Fax: (866) 924-9072 or
 Email: InfoCDCO@consumerdirectcare.com

Consumer Direct will review your ASMP for completeness and discuss any issues with you. After your ASMP has been reviewed and is ruled complete, it is sent to your Case Manager for approval.

Once your Case Manager reviews and approves the ASMP, they will forward a referral and approved ASMP to your chosen FMS provider. The FMS provider will contact you and explain the process for completing paperwork for you and your Attendants. All of your Attendant paperwork must be completed and approved by the FMS provider prior to scheduling your Attendants.

Once the FMS provider has received all the necessary, accurately completed paperwork, they will inform your Case Manager who will establish your official CDASS start date.

PART TWO - Needed Attendant Support

I (or my Authorized Representative) have the ability to train my attendants to perform all of the activities listed below:

TASKS	SUN	MON	TUES	WED	THUR	FRI	SAT	Weekly Minutes
Homemaker Services: please list estimated time (in minutes) to be completed on tasks each day.								
Floor Care								
Bathroom Cleaning								
Kitchen Cleaning								
Trash Removal								
Meal Preparation								
Dishwashing								
Bed Making								
Laundry								
Shopping								
Dusting								
Total daily Homemaker minutes:								Weekly Total
Personal Care Services: please list estimated time (in minutes) to be completed on tasks each day.								
Eating								
Respiratory Assistance								
Skin Care Maintenance								
Bladder/bowel care								
Hygiene								
Dressing								
Transfers								
Mobility								
Positioning								
Medical Equipment								
Protective Oversight								
Accompanying								
Bathing								
Medication Reminders								
Total daily Personal Care minutes:								Weekly Total

TASKS	SUN	MON	TUES	WED	THUR	FRI	SAT	Weekly Minutes
Health Maintenance* Services: please list estimated time (in minutes) to be completed on tasks each day.								
*Health Maintenance tasks are identified as skilled care tasks that a provider such as a CNA or RN would have traditionally performed outside of CDASS.								
Skin Care								
Nail Care								
Mouth Care								
Dressing								
Feeding								
Prescribed Exercise/ROM								
Transfers								
Positioning								
Accompanying								
Mobility								
Bowel Care								
Bladder Care								
Medical Management								
Respiratory Care								
Medication Assistance								
Bathing								
Total daily Health Maintenance minutes:								Weekly Total
Total Daily Minutes:								
Total Weekly Minutes:				Total Weekly Hours:				
<p>The Case Manager is responsible to review the client/authorized representative identified homemaker, personal care and health maintenance services for appropriateness in comparison with the clients CDASS task worksheet. Any services indicated on the ASMP but not on the task worksheet (and vice versa) should be reviewed further by the client/authorized representative and the case manager. Approval should not move forward until service tasks on the task worksheet and ASMP match.</p> <p>Service frequency and duration identified in this attendant support management plan for each task are an estimate. The frequency and duration of tasks may vary from day to day based on the client service needs.</p> <p>Are there times during the year that your care needs predictably change and you will most likely need to utilize more or less services? Please share this information.</p> <p>_____</p> <p>_____</p> <p>Please inform your case manager if your needs change.</p>								

PART THREE - Recruiting and Hiring

The steps I am taking to find and hire attendant(s) are (check all that apply):

Posting Ads:

- | | |
|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Library | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> On-line web sites (i.e. craigslist) | <input type="checkbox"/> Local Publications |
| <input type="checkbox"/> Medical Facilities | <input type="checkbox"/> Other Bulletin Boards |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> CDASS Attendant Registry |
| <input type="checkbox"/> Recruit Current PCP/CNA/Nurse | <input type="checkbox"/> Recruit Family/Friends |

Other (please specify): _____

PART FOUR – Limitations on Payment to Family - initial one of the following as it pertains to the client:

_____ I will hire my spouse* or a family member** as an attendant. I understand that my spouse and live in family caregivers are limited to providing extraordinary care as determined by my SEP case manager. I understand that neither my spouse, any family member, nor any guardian will be paid for providing more than 40 hours of care in a 7-day period.

OR

_____ Not applicable: I will not hire a spouse*, a family member**, or guardian.

* Spouse - the client's husband or wife through legal marriage or common law

** Family Member - all persons related to the client through blood, marriage, adoption or common law.

PART FIVE – Emergency Back Up Planning

The steps I plan to take in an emergency and/or during unexpected situations are:
(Please be as specific as possible)

Late / No show Attendant:

Life or Limb Emergency:

Unexpected illness or flu:

Community Wide Disaster (i.e. flood, blizzard, etc.): What would you do if you had to leave your home? What is your plan if you are unable to leave your home and your attendant is having trouble reaching your home?

Other (optional):

PART SIX – CDASS Monthly Budgeting Worksheet

Monthly Allocation:

Total amount available for attendant support services. Must identify at least two attendants. Rate of pay and total cost must be listed for all primary attendants.

=

1

Attendant	Attendant's Hourly Rate	Your Cost Per Hour*		Hours Per Week		Total Per Week	
			X		=		a.
			X		=		b.
			X		=		c.
			X		=		d.
			X		=		e.
			X		=		f.
Attendant Care Wages Per Week Total							2
Add (a) through (f)							
Attendant Care Wages Per Month Total							3
Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month)							

* Refer to the Attendant Wages table in section 5 of the CDASS manual. Participants in CDASS are the employer of their CDASS attendants and are required to comply with the Fair Labor Standards Act. This includes paying overtime rates to CDASS Attendants who work more than 40 hours in one week or over 12 hours in a single shift. For additional information or training on over time please contact Consumer Direct Colorado. Additional information is also available through the Colorado Department of Labor.

Managing your CDASS allocation and budgeting is an ongoing task. Your FMS provider will provide a Monthly Client Expenditure Statement (MCES) that will show what you have spent and assist you to stay on track and within your monthly allocation. You also have access to an online portal through your FMS provider to help check budget utilization. You will need to work with your individual FMS provider for assistance with completing timesheets correctly.

PART SEVEN – CDASS Start Date (To be completed by Case Manager)

Preferred CDASS Start Date

Alternate Start Date

PART EIGHT – Signatures

Client / Authorized Representative Signature

Date

Case Manager Signature

Date

Consumer Direct Comments

Reviewer's Signature

Date

FOR SINGLE ENTRY POINT CASE MANAGER APPROVAL - PLEASE DO NOT WRITE IN THIS SPACE

Client receives CDASS through (check one):

- HCBS-Waiver
- CDASS 1915(i) State Plan

Client certification dates:

CDASS Start Date:

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CDASS End Date:

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Case Manager Approval

Date

**CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)
ATTENDANT SUPPORT MANAGEMENT PLAN (ASMP)**

Client Information				
Client Name:	Jane Doe	Medicaid ID #:	P123456	
Address:	123 Main St. Apt 102	City:	Denver	Zip: 81601
Phone:	303-555-9595	E-mail:	JaneDoe@email.com	
Authorized Representative's (AR) Contact Information (optional)				
Rep Name:	John Doe	Relationship to client:	Son	
Address:	123 Main St. Apt 102	City:	Denver	Zip: 81601
Phone:	303-555-3232	E-mail:	joed@email.com	
Single Entry Point (SEP) Case Manager Contact Information				
SEP Case Manager Name:	Robert Manager	SEP Agency Name:	Agency Name	
Phone:	970-555-1234	E-mail:	RobertManager@email.com	
Financial Management Services Agency Selection				
FMS Agency (please check one):	<input type="checkbox"/> ACES\$	<input type="checkbox"/> Morning Sun	<input type="checkbox"/> PPL	

PART ONE - CARE NEEDS

Information about me, my supports and my needs:

I am a c5-c6 quadriplegic from a spinal cord injury. I am paralyzed from mid-chest down. I have limited use of my upper arms and wrists but my fingers and hands are nonfunctional. I use a power wheelchair for mobility. I am completely dependent on attendants for help in all my activities of daily living. I need help checking my blood glucose levels 3x/day. My catheter is changed every 3 weeks and if necessary it has to be irrigated or changed PRN. I need help

Information about any support or accomodation I need for communication:

Due to my disability I prefer email communication in addition to phone calls because I can sometimes respond to those quicker.

PART TWO - Needed Attendant Support

I (or my Authorized Representative) have the ability to train my attendants to perform all of the activities listed below:

TASKS	SUN	MON	TUES	WED	THUR	FRI	SAT	Weekly Minutes
Homemaker Services: please list estimated time (in minutes) to be completed on tasks each day.								
Floor Care					10			10
Bathroom Cleaning					10			10
Kitchen Cleaning					10			10
Trash Removal					10			10
Meal Preparation	60	60	60	60	60	60	60	420
Dishwashing	30	30	30	30	30	30	30	210
Bed Making								
Laundry		30			30			60
Shopping	60							60
Dusting					20			20
Total daily Homemaker minutes:	150	120	90	90	180	90	90	Weekly Total 810
Personal Care Services: please list estimated time (in minutes) to be completed on tasks each day.								
Eating	30	30	30	30	30	30	30	210
Respiratory Assistance								
Skin Care Maintenance	10		10		10		10	40
Bladder/bowel care								
Hygiene	10	10	10	10	10	10	10	70
Dressing								
Transfers								
Mobility								
Positioning								
Medical Equipment						40		40
Protective Oversight								
Accompanying								
Bathing								
Medication Reminders								
Total daily Personal Care minutes:	50	40	50	40	50	80	50	Weekly Total 360

TASKS	SUN	MON	TUES	WED	THUR	FRI	SAT	Weekly Minutes
Health Maintenance* Services: please list estimated time (in minutes) to be completed on tasks each day.								
*Health Maintenance tasks are identified as skilled care tasks that a provider such as a CNA or RN would have traditionally performed outside of CDASS.								
Skin Care	30	30	30	30	30	30	30	210
Nail Care						20		20
Mouth Care								
Dressing	45	45	45	45	45	45	45	315
Feeding								
Prescribed Exercise/ROM				60				60
Transfers	20	20	20	20	20	20	20	140
Positioning	10	10	10	10	10	10	10	70
Accompanying						60		60
Mobility	30	30	30	30	30	30	30	210
Bowel Care	30		30		30		30	120
Bladder Care	20	20	20	20	20	20	20	140
Medical Management	30	30	30	30	30	30	30	210
Respiratory Care								
Medication Assistance	5	5	5	5	5	5	5	35
Bathing	60	60	60	60	60	60	60	420
Total daily Health Maintenance minutes:	280	250	280	310	280	330	280	Weekly Total 2,010
Total Daily Minutes:	480	410	420	440	510	500	420	
Total Weekly Minutes: 3,180				Total Weekly Hours: 53.00				
<p>The Case Manager is responsible to review the client/authorized representative identified homemaker, personal care and health maintenance services for appropriateness in comparison with the clients CDASS task worksheet. Any services indicated on the ASMP but not on the task worksheet (and vice versa) should be reviewed further by the client/authorized representative and the case manager. Approval should not move forward until service tasks on the task worksheet and ASMP match.</p> <p>Service frequency and duration identified in this attendant support management plan for each task are an estimate. The frequency and duration of tasks may vary from day to day based on the client service needs.</p> <p>Are there times during the year that your care needs predictably change and you will most likely need to utilize more or less services? Please share this information.</p> <p><i>Twice a year I go in for pain injections and I require increased support afterwards due to pain and weakness.</i></p> <p>Please inform your case manager if your needs change.</p>								

PART THREE - Recruiting and Hiring

The steps I am taking to find and hire attendant(s) are (check all that apply):

Posting Ads:

- | | |
|---|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Library | <input type="checkbox"/> Grocery Store |
| <input checked="" type="checkbox"/> On-line web sites (i.e. craigslist) | <input type="checkbox"/> Local Publications |
| <input type="checkbox"/> Medical Facilities | <input type="checkbox"/> Other Bulletin Boards |
| <input checked="" type="checkbox"/> Word of Mouth | <input checked="" type="checkbox"/> CDASS Attendant Registry |
| <input type="checkbox"/> Recruit Current PCP/CNA/Nurse | <input type="checkbox"/> Recruit Family/Friends |

Other (please specify): _____

PART FOUR – Limitations on Payment to Family - initial one of the following as it pertains to the client:

_____ I will hire my spouse* or a family member** as an attendant. I understand that my spouse and live in family caregivers are limited to providing extraordinary care as determined by my SEP case manager. I understand that neither my spouse, any family member, nor any guardian will be paid for providing more than 40 hours of care in a 7-day period.

OR

JD Not applicable: I will not hire a spouse*, a family member**, or guardian.

* Spouse - the client's husband or wife through legal marriage or common law

** Family Member - all persons related to the client through blood, marriage, adoption or common law.

PART FIVE – Emergency Back Up Planning

The steps I plan to take in an emergency and/or during unexpected situations are:
(Please be as specific as possible)

Late / No show Attendant:

If my main attendant can't come in, I have a back up attendant I can call. If he can't come, I live with my son who can provide unpaid assistance.

Life or Limb Emergency:

In an emergency, I will call 911. My next door neighbor is a stay at home dad and is trained in CPR/first aid, he has agreed to help until an 911 comes.

Unexpected illness or flu:

If I am ill, I will visit my doctor and follow his orders until well. I have reserved some of my allocation in case I need extra care with extended illness. I am stocked up on medicine that can help with cold/flu.

Community Wide Disaster (i.e. flood, blizzard, etc.): What would you do if you had to leave your home? What is your plan if you are unable to leave your home and your attendant is having trouble reaching your home?

I have prepared a plan for my home and family. I have stocked my pantry with supplies that will not spoil and have extra batteries for my wheelchair as well as a first aid kit.

Other (optional):

I have filled out an emergency contact and information form. My family, friends and attendants all know where to find it.

PART SIX – CDASS Monthly Budgeting Worksheet

Monthly Allocation:

Total amount available for attendant support services. Must identify at least two attendants. Rate of pay and total cost must be listed for all primary attendants.

= \$ 3,815.55 **1**

Attendant	Attendant's Hourly Rate	Your Cost Per Hour*		Hours Per Week		Total Per Week	
Jill	\$ 16.00	\$ 18.15	X	35	=	\$ 635.25	a.
Wanda	\$ 10.75	\$ 11.60	X	18	=	\$ 208.80	b.
Tim- Back up only	\$ 10.25	\$ 11.60	X	0	=		c.
			X		=		d.
			X		=		e.
			X		=		f.
Attendant Care Wages Per Week Total						\$ 844.05	2
Add (a) through (f)							
Attendant Care Wages Per Month Total						\$ 3,629.42	3
Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month)							

* Refer to the Attendant Wages table in section 5 of the CDASS manual. Participants in CDASS are the employer of their CDASS attendants and are required to comply with the Fair Labor Standards Act. This includes paying overtime rates to CDASS Attendants who work more than 40 hours in one week or over 12 hours in a single shift. For additional information or training on over time please contact Consumer Direct Colorado. Additional information is also available through the Colorado Department of Labor.

Managing your CDASS allocation and budgeting is an ongoing task. Your FMS provider will provide a Monthly Client Expenditure Statement (MCES) that will show what you have spent and assist you to stay on track and within your monthly allocation. You also have access to an online portal through your FMS provider to help check budget utilization. You will need to work with your individual FMS provider for assistance with completing timesheets correctly.

PART SEVEN – CDASS Start Date (To be completed by Case Manager)

10/10/2016

Preferred CDASS Start Date

10/17/2016

Alternate Start Date

PART EIGHT – Signatures

Jane E. Doe
Client / Authorized Representative Signature

10/4/2016
Date

Robert Manager
Case Manager Signature

10/5/2016
Date

Consumer Direct Comments

Reviewer's Signature

Date

FOR SINGLE ENTRY POINT CASE MANAGER APPROVAL - PLEASE DO NOT WRITE IN THIS SPACE

Client receives CDASS through (check one):

- HCBS-Waiver
- CDASS 1915(i) State Plan

Client certification dates:

CDASS Start Date:

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CDASS End Date:

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Case Manager Approval

Date

SUMMARY



Section 9: Attendant Support Management Plan

- To successfully write your ASMP you should receive or request a copy of your Task Worksheet and allocation from your Case Manager.
- The ASMP reflects how you will manage your needs, Attendants, and allocation.
- A backup plan is important for your health and safety. Your backup plan must be described in the ASMP.
- Consider any overtime or travel time costs when building your budget.
- In order to avoid over budget issues, it is recommended that you leave a small amount of your allocation unbudgeted each month. This amount will carry over and provide for a “cushion” in case you need additional assistance at some point during your allocation period.
- Your ASMP must be complete and submitted to Consumer Direct for review. Consumer Direct is here to assist you if you have questions.
- Your Case Manager will approve your ASMP.