<Case ManagementAgency Letterhead>

<Client/ CDASS AR Name>

<Address>

<City, State ZIP>

<Date>

Dear <ClientFirstName>:

This letter is to inform you that your Consumer Directed Attendant Support Services (CDASS) allocation has been changed. The change is the result of a rate increase for homemaker, enhanced homemaker, personal care and health maintenance services effective July 1, 2023.

The allocation amount includes the amount authorized for client attendant supports and the applicable payroll deductions. The rate increase does not automatically change attendant wages. The Member or the CDASS Authorized Representative (AR), if applicable, must complete the current process for any wage change request with their FMS, if determined by the CDASS employer.

Please see the details below of how these changes affect your current allocation available for attendant care.

|  |  |  |
| --- | --- | --- |
|  | **Allocation Amount Prior to the Rate Increase** | **NEW Allocation Amount Effective July 1, 2023** |
| Monthly Personal Care and Homemaker Allocation Amount | $0,000.00 | $0,000.00 |
| Monthly Health Maintenance Allocation (if applicable) | $0,000.00 | $0,000.00 |
| Yearly Allocation Amount | $0,000.00 | $0,000.00 |

Please note, this is **not** a notice of a change in your authorized CDASS services, or a notice of a termination, suspension, or reduction of Medicaid eligibility or covered services.

You may not appeal this action because it is a change due solely to state or federal law and because this is not an adverse action. However, you may request an informal review if you feel the allocation amount was incorrectly calculated. Submit your informal review request in writing within 30 calendar days of the date of this notice to: Participant Directed Programs Unit, Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver, CO 80203.

I can be reached at (303) 555-555 ext. 1234 or by email at f.name@agency.org if you have any questions or concerns.

Sincerely,

<<First Name>> <<Last Name>>

Case Manager

CC:

Authorized Representative Name

Authorized Representative Address