# CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)
# ATTENDANT SUPPORT MANAGEMENT PLAN (ASMP) UPDATE
## Supported Living Services Waiver (SLS)

***The purpose of this form is to make updates to your existing ASMP due to changes in condition or allocation. This form is not intended for use by first time CDASS Members***

| **Member Information** | | | | | |
|---|---|---|---|---|---|
| Member Name: | | Medicaid ID #: | | | |
| Address: | | City: | | Zip: | |
| Phone: | | E-mail: | | | |
| **Authorized Representative's (AR) Contact Information (optional)** | | | | | |
| Rep Name: | | Relationship to Member | | | |
| Address: | | City: | | Zip: | |
| Phone: | | E-mail: | | | |
| **Community Centered Board (CCB) Case Manager Contact Information** | | | | | |
| CCB Case Manager Name: | | CCB Agency Name: | | | |
| Phone: | | E-mail: | | | |
| **Financial Management Services Agency Selection** | | | | | |
| FMS Agency (please check one): ☐ Palco ☐ Public Partnerships (PPL) | | | | | |

**PART ONE - Reason for ASMP update**

☐ Due to a change in my needs identified on my CDASS Task Worksheet.

☐ Overutilization of CDASS allocation has occurred. Mandatory retraining and budget changes performed to address these prior episodes of overutilization.

**Information about how my needs have changed (if applicable) / Information on why overspending has occurred and what I am doing to correct it (if applicable):**

**Note:** Total weekly minutes for each service category (Homemaker, Enhanced Homemaker, Personal Care and Health Maintenance) are rounded upward to nearest 1/4 hour.

## 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 | | | | | | | | |
| Dusting | | | | | | | | |
| **Total daily Homemaker minutes:** | | | | | | | | Weekly Total |
| **Enhanced Homemaker Services: please list estimated time (in minutes) to be completed on tasks each day.** | | | | | | | | |
| Habilitation | | | | | | | | |
| Extraordinary Cleaning | | | | | | | | |
| **Total daily Enhanced 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 | | | | | | | | |
| Medication Reminders | | | | | | | | |
| Medical Equipment | | | | | | | | |
| Bathing | | | | | | | | |
| Accompanying | | | | | | | | |
| Money Management | | | | | | | | |
| Menu Planning & Grocery Shopping | | | | | | | | |
| **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 | | | | | | | | |
| Exercise | | | | | | | | |
| Transfers | | | | | | | | |
| Bowel Care | | | | | | | | |
| Bladder Care | | | | | | | | |
| Medical Management | | | | | | | | |
| Respiratory Care | | | | | | | | |
| Medication Assistance | | | | | | | | |
| Bathing | | | | | | | | |
| Mobility | | | | | | | | |
| Accompanying | | | | | | | | |
| Positioning | | | | | | | | |
| **Total daily Health Maintenance minutes:** | | | | | | | | **Weekly Total** |
| **Total Daily Minutes:** | | | | | | | | |

| **Total Weekly Minutes:** | **Total Weekly Hours:** |
|---|---|

**The Case Manager is responsible to review the Member/Authorized Representative identified Homemaker, Enhanced Homemaker, Personal Care and Health Maintenance Services for appropriateness in comparison with the Member's CDASS Task Worksheet. Any services indicated on the ASMP but not on the Task Worksheet (and vice versa) should be reviewed further by the Member/Authorized Representative and 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 Member 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.

## PART THREE – CDASS Monthly Budgeting Worksheet (1 of 2)

| **Monthly Allocation for Homemaker, Personal Care, Enhanced Homemaker (if applicable):**<br>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**<br>Add (a) through (f) | | | | | | | **2** |
| **Attendant Care Wages Per Month Total**<br>Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month) | | | | | | | **3** |

* Refer to the FMS "Cost to You" 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. You may contact your FMS provider about your payroll tax rates. SUTA rates may change over time dependent on your history with Unemployment Claims as an employer. For additional information or training please contact Consumer Direct Colorado. Additional information on overtime is also available through the Colorado Department of Labor.

**The same Attendants can be listed for both budgets (page 4 and page 5). If applicable, combined hours for all services are subject to Fair Labor Standards Act guidelines, referenced above. Family members are not permitted to work over 40 hours per week.**

## PART THREE – CDASS Monthly Budgeting Worksheet (2 of 2)

| **Monthly Allocation for Health Maintenance:** 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 for Health Maintenance** Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month) | | 3 |
| **Total Attendant Care Wages Per Month Total for ALL Services** Add Attendant Care Wage Totals from Page 4 and Page 5 (Box 3) | | 4 |

* Refer to the FMS "Cost to You" 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. You may contact your FMS provider about your payroll tax rates. SUTA rates may change over time dependent on your history with Unemployment Claims as an employer. For additional information or training please contact Consumer Direct Colorado. Additional information on overtime is also available through the Colorado Department of Labor.

## PART FOUR – Signatures

_____ _____
Member / Authorized Representative Signature Date

_____ _____
Case Manager Signature Date

**Plan Effective Date:** _____

**Date Habilitative goal was developed** (If applicable): _____

**Member previously received CDASS under 1915(i) State Plan Benefit: Yes ☐ or No ☐**