

**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 clients.

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:	
Community Center 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): <input type="checkbox"/> Acumen <input type="checkbox"/> Palco <input type="checkbox"/> Public Partnerships (PPL)			

<p><u>PART ONE - Reason for ASMP update</u></p> <p><input type="checkbox"/> Due to a change in my needs identified on my CDASS task worksheet.</p> <p><input type="checkbox"/> Over utilization of CDASS allocation has occurred. Mandatory retraining and budget changes performed to address these prior episodes of over utilization.</p> <p>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):</p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p>
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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								
Medical Equipment								
Money Management								
Menu Planning & Grocery Shopping								
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, enhanced homemaker, personal care and health maintenance services for appropriateness in comparison with the client'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 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 style="text-align: center;">Please inform you case manager if your needs change.</p>								

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

Monthly Allocation for Homemaker, Personal Care, Enhanced Homemaker (if applicable):

Must identify at least two attendants. Rate of pay and total cost must be listed for all primary attendants.

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1

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

a.
b.
c.
d.
e.
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 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 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.

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

Client / Authorized Representative Signature Date

Case Manager Signature Date

Plan Effective Date: _____

Date Habilitative goal was developed
(If applicable): _____

Client previously received CDASS under 1915(i) State Plan Benefit: Yes or No