



SECTION 9

Attendant Support Management Plan



Consumer



Directed



Attendant



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 fillable form online from Consumer Direct at: <http://consumerdirectco.com/clientforms/>.

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 need? 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: 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 needs. Careful planning in the beginning will help you in managing Attendants. It can save you time and aggravation later.

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

Not only should you assess your needs for support with activities of daily living, it is helpful for you to understand your 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 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.



CDASS TASK WORKSHEET

CLIENT NAME		STATE ID				DATE			
Homemaker	Norm	Min/Wk	Personal Care	Norm	Min/Wk	Health Maintenance	Norm	Min/Wk	
Floor Care	15min/room		Eating	30min/meal		Skin Care	IND		
Bathroom	45min/wk		Respiratory Assistance	30min/wk		Nail Care	30min/wk		
Kitchen	35min/wk		Skin Care Maintenance	35min/wk		Mouth Care	105min/wk		
Trash	35min/wk		Bladder/Bowel	10min/each		Dressing	210min/wk		
Meal Prep	420min/wk		Hygiene	420min/wk		Feeding	IND		
Dishwashing	140min/wk		Dressing	210min/wk		Exercise	IND		
Bed Making	35min/wk		Transfers	5min/each		Transfers	15min/each		
Laundry	20min/load		Mobility	5min/each		Bowel	IND		
Dusting	30min/wk		Positioning	15min/2hrs		Bladder	IND		
Shopping	120min/wk		Medication Reminders	5min/each		Medical Management	10min duration		
			Medical Equipment	60min/wk		Respiratory Care	IND		
			Bathing	IND		Medication Assistance	5min/each		
			Accompanying	IND		Bathing	IND		
			Protective Oversight	IND		Mobility	5min/each		
						Accompanying	IND		
						Positioning	15min/2hrs		
Total Min/Wk		0	Total Min/Wk		0	Total Min/Wk		0	

IND = Time required to complete task is individualized or as prescribed by physician or therapist

Total Hrs/Wk0.00

Total Hrs/Wk0.00

Total Hrs/Wk0.00

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. The Supported Living Services waiver includes the additional service of Homemaker Enhanced.

As a Client within CDASS, an allocation will be developed to allow payment to Attendants for providing services. 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, Homemaker Enhanced, 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 and your FMS provider if you are hospitalized or go into a nursing home. Calling them both protects you from potential fraud and allows your case management agency to better serve you.

Know Your Allocation

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 worksheet to itemize those needs. The task worksheet is divided into four categories: Personal Care, Homemaker, Homemaker Enhanced, 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. It is very important you are aware of which services impact your SPAL and that you do not exceed

your SPAL. See **Section 3** for more information on service categories and how they affect your SPAL. 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 provider, 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.

Always communicate with your Case Manager regarding your allocation. They are the only ones who can change or increase the dollar amount. They will 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 best 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?

While it is OK to be friends with an Attendant, your safety and health must always be their first concern. Friendship should not affect their professional relationship with you. They should still arrive on time, treat you with dignity and respect, and perform their tasks correctly and safely.

You are required to have and keep at least two Attendants for the following

reasons:

- Increases your chances of keeping an Attendant, because one person is not expected to fulfill all 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 support your Attendants’ sick days, vacations and time off.
- Increases your ability to have an emergency backup system of people who are familiar with your needs.

While you are required to have an employment relationship with at least two Attendants, you decide how often each Attendant works. You are not required to use both Attendants. One may serve in a backup/emergency role. You may choose to use one Attendant for services that fall within your SPAL budget and services within your HMA budgets, however all hours worked must be totaled together when considering overtime.

Client Experience: Hope Krause, Ft Morgan

CDASS has changed my life 100%. My pain level has decreased and I am not doing things that I shouldn’t do because I have the help that I need. My overall health is much better than it has ever been, due to the quality of care I get. Living in a rural part of the state, I was only getting three hours of care a day three times a week through an agency prior to becoming eligible for CDASS. Imagine only being allowed to pee three days a week. I would sit in urine until an aid came.

Before I got on CDASS my mother and son would provide some uncompensated care. My mother is now totally disabled because of all of the care she provided to me over the years without any help. My son can now be a child instead of my caregiver; he can have his own life, once again.

CDASS has been a godsend for folks in Morgan County. I helped one man qualify for CDASS and get out of a nursing home. He got Section 8 Housing and lived independently until he died. He spent every day up until the last two days of his life in the community with his friends and family by his side.

CDASS made that possible!

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, separated by budget (SPAL/HMA), available in monthly increments.



CM provides copy of allocation and task worksheet to Client.

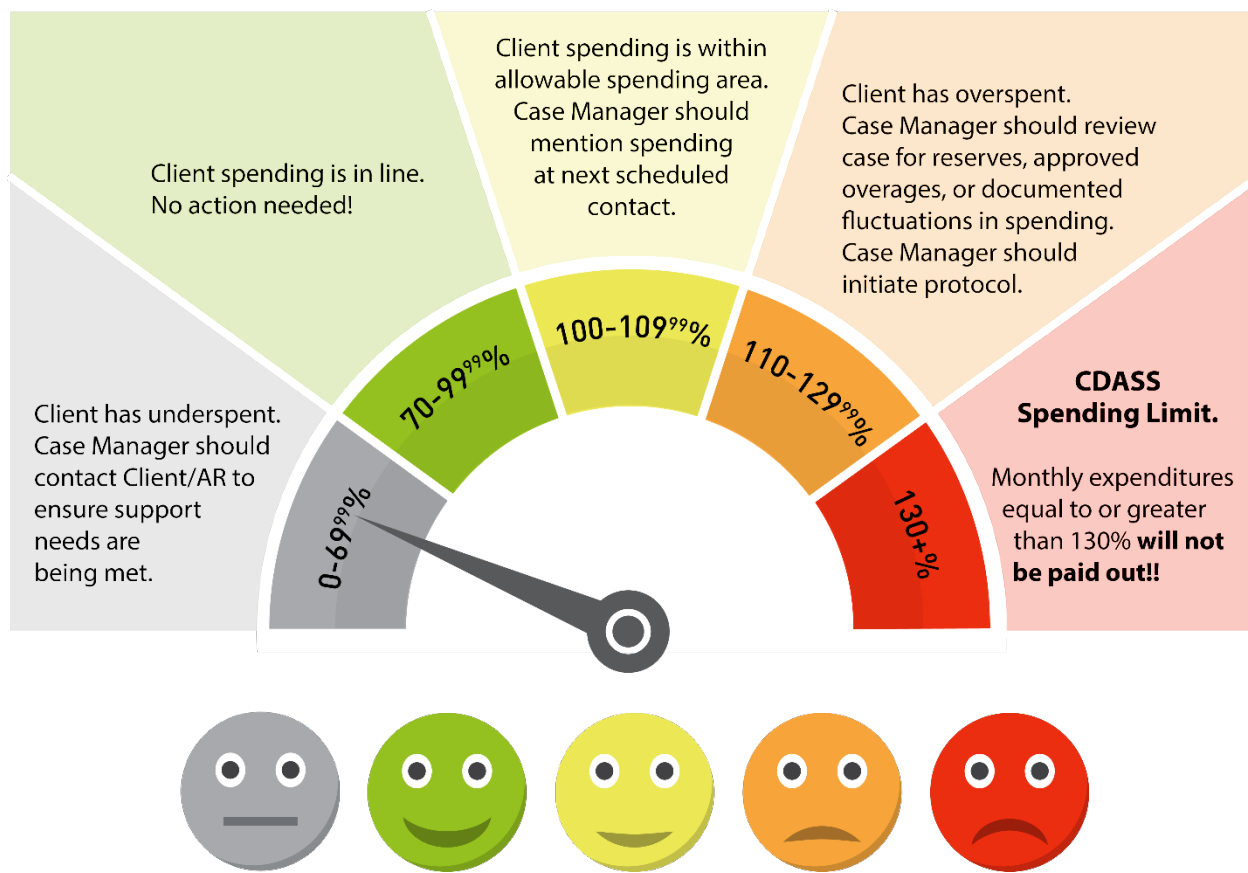
Client uses allocation and task worksheet as basis for ASMP and budget.



Client, CM, and FMS provider monitor monthly spending of allocation to ensure on-budget protocol is followed. CDCO can assist with ongoing questions about budgeting.

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





Under Budget

For most months you should spend between 70% and 99.99% of your monthly budget. This will give you some padding for months where you may go over a bit.

If you are spending less than 70% of your monthly budget, your Case Manager will contact you. This may be a sign that your support needs are not being met. Your Case Manager will want to ensure that CDASS is working for you and that you have the supports you need.

Monthly Allocation Spending Cap:

There is a 29.99% overspending cap in CDASS. When your monthly budget exceeds this cap your Attendants will **not** be paid out of your allocation for anything over 29.99%. This happens even if you have reserve funds.

You become responsible for paying your Attendants the difference.

Example: Sarah's monthly budget for services is \$1000. One July she spends

\$1500 on services. Her attendants are paid \$1299.00 out of her allocation. Sarah is responsible for paying the remaining \$201.

Over Budget

You or your AR are responsible for ensuring your allocation will cover the cost of your Attendants. It is your responsibility to ensure that services performed are recorded correctly. This helps make sure caregivers are paid.

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 Member Expenditure Statement (MMES) sent out by your FMS provider. You will receive a copy of this as well.

NOTE



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

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. If you decline retraining or the overspending continues, the Case Manager will require an AR be appointed to assist you. If you already have an AR, a new AR must be found and trained.

If a new AR does not stop the overspending, your Case Manager can send you a notification that you are being removed from CDASS. They will let you know what your rights are throughout 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 your account.

For episodes of overspending that meet the definition Case Managers should follow these steps:

1st Episode

- Notify the Client/AR within 5 business days
- Check for a change in condition
- Discuss a plan to reduce spending or recoup funds
- Remind Client/AR of Overspending protocol and consequences for future episodes
- Document all activities in the BUS
- Send a copy of utilization protocol to Client/AR



2nd Episode

- Notify the Client/AR within 5 business days
- Check for a change in condition
- Discuss a plan to reduce spending or recoup funds
- Refer the AR to **mandatory** retraining. Must be completed within 45 days
- Remind Client/AR of Overspending protocol and consequences for future episodes
- Document all activities in the BUS
- Complete and mail 2nd Episode of Overspending Letter to Client/AR



3rd Episode

- Notify the Client/AR within 5 business days
- Check for a change in condition
- Discuss a plan to reduce spending or recoup funds
- Inform the Client/AR a **mandatory** AR change is required. New AR must be trained in 45 days
- Collect AR forms and make referral for AR training within 15 calendar days
- Mail 803 to client to reflect required change in AR
- Remind client/AR of Overspending protocol and failure to complete AR training will result in termination steps
- Document all activities in the BUS
- Complete and mail 3rd Episode of Overspending letter to Client/AR



4th Episode

- Notify the Client/AR within 5 business days
 - Check for a change in condition
 - Discuss a plan to reduce spending or recoup funds
 - Refer the AR to **mandatory** retraining
- within 15 days. Must be completed within 45 days.
- Failure to complete retraining should result in termination from CDASS
 - Remind Client/AR of Overspending protocol and consequences for future episodes
- Document all activities in the BUS
 - Mail client and AR a copy of spending modification plan within 5 business days



5th Episode

- Client will be terminated from CDASS within 30 days and is not eligible to re-enroll in CDASS
- Mail 803 to client for CDASS termination
- Collaborate with the Client to coordinate new services
- Notify FMS provider of termination and follow PAR portal closure process
- Document all activities in the BUS

These processes are in place to encourage responsible use of Medicaid funds. If you have any questions regarding your budget, 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.

TIPS



You are responsible to monitor your spending and review your MMES from the FMS provider every month to make sure you are on track. You can also utilize the FMS provider's online portal to see your spending electronically.

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: <input type="text"/>
Phone:		E-mail:		
Authorized Representative's (AR) Contact Information (optional)				
Rep Name:		Relationship to Client:		
Address:		City:		Zip: <input type="text"/>
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): <input type="checkbox"/> Palco <input type="checkbox"/> Public Partnerships (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 also to 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 accomodation I need for communication:

Information about me, my supports and my needs:

Information about any support or accomodation I need for communication:

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								Weekly Total
Homemaker minutes:								

The next service category is Homemaker Enhanced. Following the same directions above, reference your task worksheet for each of the tasks for the Homemaker Enhanced category and write down the minutes for any services you require.

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

The next service category is Personal Care. 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.

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

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

After estimating time for all four service categories, you will total up the minutes from each to get your overall daily and weekly totals.

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:				
<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 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>								

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, 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.

<u>PART THREE - Recruiting and Hiring</u>	
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	<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 which is applicable to you.

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 CCB 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.

Additional Considerations:

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 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.): 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 is Monthly Budgeting Worksheets. This is where you bring your entire plan together by plugging in the monthly allocation information from your Case Manager. Part Six for SLS-CDASS has two worksheets. One for SPAL related services, and one for Health Maintenance related services.

To assist in completing this section, please refer to the numbers and letters on the far right side of the page. The following pages contain an **Attendant Rate Setting Guide** which can be used to assist with determining Attendant pay rates.

PART SIX – 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.				=	<div style="border: 2px solid black; width: 80px; height: 50px; margin: 0 auto;"></div>	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
<p>* 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.</p> <p>The same Attendants can be listed for both budgets (page 6 and page 7). 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.</p>							

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 Homemaker, Personal Care, Homemaker Enhanced Budgeting Worksheet (Budget 1 of 2)

Step One – Monthly Allocation

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

<u>PART SIX – CDASS Monthly Budgeting Worksheet (1 of 2)</u>		
<u>Monthly Allocation for Homemaker, Personal Care, Enhanced Homemaker (if applicable):</u>	=	1
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		=		a.
			X		=		b.
			X		=		c.
			X		=		d.
			X		=		e.
			X		=		f.

You want to list 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 and no more than the maximum allowable wage. This will be the amount you tell the Attendant. Reference the CDASS “Attendant Rate Setting Guidance” document for assistance determining what you can afford to pay with your monthly allocation. Now you come to the column “Your Cost per Hour.” This is what was mentioned earlier in this manual in sections 4 and 5 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 providers sheet to determine “Your Cost per Hour.” This is the total amount that will be deducted from your monthly allocation.

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 should be calculated from the previous month.

In the “Hours per Week” column, 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.” Complete this process for each Attendant you wish to utilize. Many Clients use one main Attendant. If you choose to use an Attendant for services that fall under both your SPAL and HMA budgets, you must total all hours together when considering overtime. Since CDASS requires two Approved Attendants, it may be that your second Attendant is your backup. For your budget, you need to list your second Attendant under the first Attendant. For the sake of practicality, it is much simpler to pay your back up at the same rate as your main Attendant. When doing so, you can just write “backup only” under the hourly rates. If you choose to pay your backup(s) at a different rate, you must indicate this rate on your ASMP and ensure using them for your services will not cause overspending.

"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 listed are for sample purposes only.

It is important to note that you must pay your Attendants at least Colorado

minimum wage. 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.

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

In Box 2, add together all of your Attendants “Total Per Week” (lines a through f).

Attendant Care Wages Per Week Total	
Add (a) through (f)	2

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. This must stay under the amount your Case Manager gave you in Box 1.

Attendant Care Wages Per Month Total Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month)	3
--	----------

PART SIX – 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.				=	<div style="border: 1px solid black; width: 80px; height: 40px;"></div>	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 for ALL Services Add Attendant Care Wage Totals from Page 6 and Page 7 (Box 3)							4
<p>* 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.</p> <p>Managing your CDASS allocation and budgeting is an ongoing task. Your FMS provider will provide a Monthly Member Expenditure Statement (MMES) 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.</p>							

Completing Your Monthly Health Maintenance Budgeting Worksheet

(Budget 2 of 2)

Step One– Monthly Allocation

Like the previous budget worksheet, Box 1 is where you put your allocation amount in dollars.

PART SIX – 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.	= <div style="border: 2px solid black; width: 100px; height: 50px; display: inline-block;"></div> 1

Step Two – Attendants

Using the guidelines and recommendations made for Budget 1, follow the same process for filling out the Attendants in the Health Maintenance budgeting worksheet in boxes a, b, c, d, e, and f.

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.

Step Three – Week Total

In Box 2, add together all of your Attendants “Total Per Week” (lines a through f).

Attendant Care Wages Per Week Total Add (a) through (f)	<div style="border: 2px solid black; width: 100px; height: 50px; display: inline-block;"></div> 2
---	---

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.

Attendant Care Wages Per Month Total for Health Maintenance Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month)	3
---	----------

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.

Step Five –Total Both Budgeting Worksheets

Your last step is to total the amount for both budget 1 and budget 2 into box four.

Total Attendant Care Wages Per Month for ALL Services Add Attendant Care Wage Totals from Page 6 and Page 7 (Box 3)	4
---	----------

Managing your CDASS allocation and budgeting is an ongoing task. Your FMS provider will send a Monthly Member Expenditure Statement (MMES) that will show what you have spent and help you stay on track and within your monthly allocation. You also have access to an online portal through your FMS provider to help check your budget utilization. You will need to work with your 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.

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

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

<u>PART EIGHT – Signatures</u>	
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Client / Authorized Representative Signature	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Case Manager Signature	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date

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

FOR COMMUNITY CENTERED BOARD CASE MANAGER APPROVAL PLEASE DO NOT WRITE IN THIS SPACE	
<p>Does Client have Enhanced Homemaker (check one): YES <input type="checkbox"/> or NO <input type="checkbox"/></p> <p>Habilitative <input type="checkbox"/> and/or Extraordinary Cleaning <input type="checkbox"/></p> <p>Date goal was developed: _____ (Updated Goal required before Start Date if Habilitative checked)</p>	<p>Client Certification Dates:</p> <p>CDASS Start Date: _____</p> <p>CDASS End Date: _____</p>
<p>_____</p> <p>Case Manager Approval</p> <p>_____</p> <p>Date</p>	

ASMP Approval Process

After you complete your ASMP, you will send it to your Consumer Direct Training Coordinator. You can email or fax your completed ASMP to your Training Coordinator directly. 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 complete, it is sent to your Case Manager for final 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.

NOTE



All of your Attendant paperwork must be completed and approved by the FMS provider prior to scheduling them for any work.

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.

Updating Your ASMP

At some point while you are on CDASS, your needs may change causing an increase or decrease in your allocated funds. If this happens, your case manager will ask you to complete an ASMP Update which is a shorter, 4 page version of the form that focuses on scheduling and budgeting. This form should be completed and kept on file with your case manager any time there is a significant change in your allocation. A blank copy of this form can be found after the Sample ASMP on page 183.

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

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"/> Palco <input type="checkbox"/> Public Partnerships (PPL)					

PART ONE - CARE NEEDS

Information about me, my supports and my needs:

Information about any support or accomodation I need for communication:

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								
Shopping								
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								
Medication Reminders								
Medical Equipment								
Bathing								
Accompanying								
Protective Oversight								
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:					
<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 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 | <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):

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

PART FIVE ADDENDUM– Safety Plan for Attendant Related Health and Safety Risks

Member Name:

Member Medicaid ID:

Authorized Representative Name (if applicable):

Today's Date:

You are encouraged to review the educational and support resources related to hiring workers with criminal backgrounds to help you complete this safety plan. They can be found here: ConsumerDirectCO.com/CDASS-Resources. You may request these resources via mail by calling Consumer Direct at 1-844-381-4433. Please be specific and include ways you can monitor your attendants, family and/or friends who can be contacted, community resources that can be used, etc.

If I hire an attendant that creates a health and/or safety risk to the CDASS Member / to me, I will take the following steps to get help:

Please submit this page to Consumer Direct - Colorado via email:
InfoCDCO@ConsumerDirectCare.com

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 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.

Managing your CDASS allocation and budgeting is an ongoing task. Your FMS provider will provide a Monthly Member Expenditure Statement (MMES) 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 certification dates:

CDASS Start Date:

CDASS End Date:

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"/> Palco <input type="checkbox"/> Public Partnerships (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.

Information about any support or accommodation 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
Dusting					20			20
Shopping	60							60
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								
Medication Reminders								
Medical Equipment						40		40
Bathing								
Accompanying								
Protective Oversight								
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								
Exercise				60				60
Transfers	20	20	20	20	20	20	20	140
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
Mobility	30	30	30	30	30	30	30	210
Accompanying						60		60
Positioning	10	10	10	10	10	10	10	70
Total daily Health Maintenance minutes:	280	250	280	310	280	330	280	2010
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><u>Twice a year I go in for injections and I require increased support afterward due to pain and weakness.</u></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 | <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



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 backup 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 nextdoor neighbor is a stay at home dad and is trained in CPR/First Aid, he has agreed to help until 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	\$15.00	\$16.80	X	35.00	=	\$ 588.00	a.
Wanda	\$14.00	\$15.68	X	18.00	=	\$ 282.24	b.
Tim - Back up only	\$14.00	\$15.68	X	0.00	=	\$ -	c.
			X		=		d.
			X		=		e.
			X		=		f.
Attendant Care Wages Per Week Total Add (a) through (f)						\$ 870.24	2
Attendant Care Wages Per Month Total Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month)						\$ 3,742.03	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.

Managing your CDASS allocation and budgeting is an ongoing task. Your FMS provider will provide a Monthly Member Expenditure Statement (MMES) 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

John Doe
Client / Authorized Representative Signature

3/26/2021
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 certification dates:

CDASS Start Date:

CDASS End Date:

Case Manager Approval

Date

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

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:		
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"/> 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"/> Overutilization of CDASS allocation has occurred. Mandatory retraining and budget changes performed to address these prior episodes of overutilization.</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> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div>

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								
Shopping								
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								
Medication Reminders								
Medical Equipment								
Bathing								
Accompanying								
Protective Oversight								
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:					
<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 you Case Manager if your needs change.</p>								

PART THREE – 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 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.

Managing your CDASS allocation and budgeting is an ongoing task. Your FMS provider will provide a Monthly Member Expenditure Statement (MMES) 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 FOUR – Signatures

Plan Effective Date: _____

Client / Authorized Representative Signature

Date

Case Manager Signature

Date



Attendant Rate Setting Guidance

CDASS empowers you to create and manage a budget. Your budget is based on the Task Worksheet completed with your Case Manager. As the legal employer of record you are responsible for setting pay rates for the Attendants you choose to hire. This may also involve negotiating a rate with your Attendants. This guide provides an overview of considerations for setting rates and the impact it will have on your CDASS budget.

It is important to set Attendant rates that attract and retain quality employees while staying within your designated budget.

Tips when setting rates of pay:

- Wages must be between the Colorado State Minimum wage and the Medicaid Maximum wage.
- Consider budgeting for periodic raises to motivate Attendants.
- Evaluate the experience and skills of an Attendant. An Attendant with more experience or specialized skills may warrant an increased rate.
- A higher rate may make a shift that is shorter, early morning or late in the day more appealing.
- Geographic locations or distance may be more attractive to an Attendant by offering a higher rate of pay.

Suggested rate development steps:

1. Reference your CDASS Monthly Allocation worksheet for the dollar amount you have been given for the month:

SPAL*: \$ _____ Health Maintenance: \$ _____

*SPAL is the total of Homemaker, Homemaker Enhanced, and Personal Care allocations

2. Divide your individual budget amounts by 4.3 (average number of weeks per month) to calculate the total weekly allocation for each budget.
3. Divide the weekly amounts by the total number of hours given on your Task Worksheet/Monthly Allocation worksheet for each budget.



4. This wage can be used as a guideline to determine how much you can afford to pay your Attendants at your current hour allotments.
5. Review your chosen FMS provider's "Cost to You" sheet to determine the total rate of pay, which includes required payroll taxes; FICA, FUTA, and SUTA taxes, and Worker's Compensation. "Cost to You" worksheets can be found in Section 5 of the CDASS Manual.

Example Scenario: (Numbers below are for example only and do not reflect a specific person's allocated service amount)

Step #1

- Reference your Monthly Allocation Worksheet provided by your Case Manager. A blank copy of this form can also be found at:

<https://consumerdirectco.com/forms/>

SERVICE	Weekly Hours of Service	Adjusted Hourly Rate	# of Weeks	CDASS Period Allocation	Daily Rate	Monthly Allocation
Homemaker	5.00	\$15.83	52.14285714	\$4,128.15	\$11.31	\$344.01
Homemaker Enhanced	2.00	\$25.73	52.14285714	\$2,682.75	\$7.35	\$223.56
Personal Care	10.00	\$20.89	52.14285714	\$10,891.60	\$29.84	\$907.63
Total SPAL Allocation (SLS CDASS ONLY):				\$17,702.50	\$48.50	\$1,475.21
Health Maintenance	15.00	\$26.54	52.14285714	\$20,757.55	\$56.87	\$1,729.80
Totals				\$38,460.05	\$105.37	\$3,205.00

(Chart above is an example taken from the Monthly Allocation Worksheet)

- Divide your Total Monthly Allocation for each budget by 4.3

SPAL \$1,475.21 / 4.3 (weeks) = \$343.07 / week

Health Maintenance \$1,729.80 / 4.3 (weeks) = \$402.28 / week



Step #2

- Divide your total weekly allocation(s) by your total weekly hours. Use these rates as a guideline for how much you can afford to spend per hour.

SPAL Weekly Allocation: \$343.07
SPAL Total Weekly Hours: 17

Health Maintenance Weekly Allocation: \$402.28
SPAL Total Weekly Hours: 15

$\$343.07 \div 17 \text{ hours} = \$20.18/\text{hour}$

$\$402.28 \div 15 \text{ hours} = \$26.82/\text{hour}$

Step #3

Use the rates of \$20.18/hour (SPAL) and \$26.82/hour (Health Maintenance) from above as a guideline to check against your FMS provided "Cost to You" sheet and find a rate that will work for you and your Attendants.

As long as YOUR cost as the employer is equal to or less than the rates calculated in Step #2 for each Attendant, you will be within your monthly allocated amount for services (assuming you choose to utilize the designated hours per service provided by your Case Manager for the month).

You have the flexibility and responsibility to set Attendant rates of pay and determine the number of hours you use within your monthly budget allocation.

For additional guidance and questions, please contact Consumer Direct Colorado and/or your selected FMS provider.

Consumer Direct Colorado

Toll Free Phone: 844-381-4433 Email: infocdco@consumerdirectcare.com

Website: www.consumerdirectco.com

Palco

Toll Free Phone: 866-710-0456 Email: CO-CDASS@palcofirst.com

Website: www.palcofirst.com/colorado/

Public Partnerships (PPL)

Toll Free Phone: 888-752-8250 Email: ppcdass@pcgus.com

Website: www.publicpartnerships.com/state-programs/colorado/



COLORADO
Department of Health Care
Policy & Financing



ASMP Budget Scratch Worksheet

You will not have to turn this in unless your Case Manager requests it.

Monthly Allocation	
Divide by 4.3 (weeks in a month)	
Divide by your Total number of hours per week_____= (see Monthly Allocation Worksheet)	

This amount will be the MAXIMUM amount you can spend from your budget per hour to ensure you do not go over. This is your MAXIMUM “Cost to You” wage, not your Attendants hourly wage.

You will now need to reference the “Cost to You” sheet in Chapter 5 of the manual for your chosen FMS provider.

Hourly Wages	“Cost to You” (must be <u>under</u> the total amount calculated above)

Take the figures you have calculated and transfer them to your ASMP Part 6 Budget Worksheet. Enter the hours each Attendant will work and complete the math laid out on the page to get your Total Monthly Expenditures.

For additional guidance and questions, please contact Consumer Direct Colorado and/or your selected FMS provider.

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 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.
- Continually overspending your budget can result in your Case Manager taking action steps to prevent future overspending such as retraining, mandating you appoint an AR and involuntary termination from CDASS. It is important you follow the rules and manage your budget appropriately.
- 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.

