

**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:		Email:	
Authorized Representative (AR) Contact Information (optional)			
Name:		Phone:	
Address:		City:	Zip:
Phone:		Email:	
Single Entry Point (SEP) Case Manager Contact Information			
SEP Case Mgr Name:		SEP Agency Name:	
Phone:		E-mail:	
Financial Management Services Agency Selection			
FMS Agency (please check one): <input type="checkbox"/> ACES\$ <input type="checkbox"/> Morning Star <input type="checkbox"/> 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:</p>

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

TASKS	SUN	MON	TUES	WED	THUR	FRI	SAT
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							
Skin Care							
Nail Care							
Mouth Care							
Dressing							
Feeding							
Prescribed Exercise/RO							
Transfers							
Bowel Care							
Bladder Care							
Medical Management							
Respiratory Care							
Medication Assistance							
Bathing							
Total daily Health Maintenance hours:							
Total daily hours:							

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

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

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

Please inform your case manager if your needs change.

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 Attendant Wages table in section 5 of the CDASS manual.

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

PART FOUR – Signatures

Plan Effective Date: _____

Client / Authorized Representative Signature

Date

Case Manager Signature

Date