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):	☐ ACES$	☐ Morning Sun	☐ PPL		

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PART ONE - Reason for ASMP update

☐ Due to a change in my needs identified on my CDASS task worksheet.

☐ Over utilization of CDASS allocation has occurred. Mandatory retraining and budget changes performed to address these prior episodes of over utilization.

Information about how my needs have changed:

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								
Shopping								
Dusting								
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								
Medical Equipment								
Protective Oversight								
Accompanying								
Bathing								
Medication assistance								
Total daily Personal Care minutes:								**Weekly Total**

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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:**

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.

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_____

Please inform you case manager if your needs change.

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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

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* Refer to the Attendant Wages 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. For additional information or training on over time please contact Consumer Direct Colorado. Additional information 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 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