Attendant Services and Rates Form

CO CDASS
Powered by PPL

This form informs Public Partnerships LLC (PPL) of the hourly rate of pay for a Colorado Consumer-Directed Attendant Support Services (CDASS) attendant. Hourly rates of pay are based on the member's CDASS budget. PPL will change the rate at the beginning of the next pay period.

Employer Name (first and last): _____

Member Name (first and last): _____ **PPL ID:** _____

Attendant Name (first and last): _____ **PPL ID:** _____

Instructions: Employer, select the request type and write in the standard rate for your attendant in the appropriate chart below. Setting an Emergency and Other rate is optional. The attendant and employer will both sign. **Important:** PPL needs the attendant's hourly wage only—not the wage plus taxes or other costs. For example, the Colorado minimum wage for direct care workers is $17.00 per hour. If you will pay your attendant this hourly rate, write $17.00 in the chart below. Submit the form to PPL: email cocdassadmin@pplfirst.com, fax 1-866-947-4813, or mail Public Partnerships, 17 Plaza Drive, Suite 300 Latham, NY 12110.

Request Type: ☐ New Service ☐ Change Hourly Rate (**only** mark if the attendant is already working)

Table 1 - Attendant Hourly Rate of Pay:

Service Name:	Standard Rate:	Emergency Rate:	Other Rate:
CDASS			

Table 2 - Members on the Supported Living Services (SLS) Waiver only:

Service Name:	Standard Rate:	Emergency Rate:	Other Rate:
Health Maintenance			
CDASS			

Table 3 - Members in Community First Choice (CFC) only:

Service Name:	Standard Rate:	Emergency Rate:	Other Rate:
CDASS			
Legally Responsible Person Homemaker			

Agree and Sign

By signing below, I confirm that I have read this form and that:

- All the information I have given on this form is correct and complete, and
- I have discussed the above-listed service details and/or hourly wage details with my attendant.

Attendant Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____