CO CDASS
Powered by PPL

Legally Responsible Person Attendant Attestation

Member Name (first and last):

_____

PPL ID: _____

Attendant Name (first and last):

_____

PPL ID: _____

Purpose of the Legally Responsible Person Attestation (Attestation)

This form is used to:

- Explain upcoming changes in the CDASS program for both the member and their spouse (if the spouse is their attendant).
- Confirm that the member and their spouse-attendant understand:
  - The spouse is now considered a Legally Responsible Person (LRP).
- Acknowledge that:
  - The attendant is the member's spouse, and
  - As the spouse, they are also the LRP.
- Allow the member to choose a one-time, optional pay rate increase for their spouse (LRP) when providing Homemaker services only.

The Community First Choice (CFC) service option:

Starting July 1, 2025, all CDASS members will qualify for the new CFC service option. On the date of their annual Continued Stay Review (CSR), members will transition to CFC. Members do not have to do anything to transition to CFC. This will happen automatically. Members' services **do not change** because of the transition to CFC.

A spouse who is an attendant is a Legally Responsible Person:

CFC has different rules for attendants who are legally responsible for the members they care for. These attendants are known as "Legally Responsible Persons" (LRPs). Under CFC, an attendant's spouse qualifies as an LRP.

A new CDASS service category is available through CFC:

There is a new service category through CFC. It is called LRP Homemaker. CFC limits the number of LRP Homemaker service hours an attendant can provide. Through CFC, an attendant who is an LRP is limited to providing 520 hours per year, or 10 hours per week, of the LRP Homemaker service per member**.**

The rate of pay for LRP Homemaker service:

Through CFC, an LRP will be paid a standard rate of $17.00 an hour to provide the LRP Homemaker service. The standard rate is $18.81 an hour if working in Denver. The member is allowed to increase the rate of pay above the standard rate. The member can use this form to make that change in the rate of pay.

Instructions: Attendant, please complete the Attendant Section, and print, sign and date the bottom. Member, complete the Optional Member/Authorized Representative (AR) Section if you choose, then print, sign and date the bottom. Submit the form to Public Partnerships LLC (PPL): email **cocdassadmin@pplfirst.com**, fax 1-866-947-4813, or mail Public Partnerships, 8000 Avalon Blvd, Suite 300, Alpharetta, GA 30009

Attendant Section

Please check one or more of the boxes below:

☐ I am the member's spouse. This means that I am a legally responsible person (LRP) for the member.

☐ I am not the member's spouse.

Optional Member/Authorized Representative (AR) Section

I want my LRP to be paid the hourly rate entered below when they are providing Homemaker services. Note: If you leave this blank, the CDASS rate(s) will default to the minimum base wage for your geographic region. PPL will apply the rate at the beginning of the next pay period.

LRP Homemaker rate: $_____ per hour.

Agree and Sign

By signing below, we confirm that we have read this entire Attestation and:

- Understand the upcoming changes in the CDASS program for CFC when a member's attendant is their spouse,

- Confirm the above-named attendant is now the above-named member's LRP,
- Acknowledge that, if provided, the LRP Homemaker rate above will be used to pay for all homemaker services provided by the above-named attendant.

Attendant Signature:

_____

Date: _____

Attendant Name (please print):

_____

Member/AR Signature:

_____

Date: _____

Member Name (please print):

_____

AR Name (please print, if applicable):

_____