



**COLORADO**

Department of Health Care  
Policy & Financing

1570 Grant Street  
Denver, CO 80203

**Public Health Emergency (PHE) Leave Request  
Consumer-Direct Attendant Support Services  
PART-TIME ATTENDANT REQUEST FORM**

<b>Member Information:</b>					
Last Name:		First Name:		Medicaid ID#:	
Phone:		Email:		FMS Vendor:	
<b>Attendant Information:</b>					
Last Name:		First Name:		Employee ID#:	
Phone:		Email:		<input type="checkbox"/> Relative <input type="checkbox"/> Non-Relative	
I confirm my Attendant's work schedule is 39 hours or less per week according to program rule: <input type="checkbox"/> Yes					
<b>PHE Leave Calculation:</b>					
Part-time Attendants are eligible for PHE leave that is equal to their total number of hours worked in the prior pay period. To calculate the Attendant's total available PHE leave hours, fill out the following calculation.					
_____		=		_____ Total PHE Leave Hours Available	
Hours worked in prior pay period					
<b>Leave Request Information:</b>					
Attendant's Total PHE Leave Hours (from calculation above):					
Date of Leave:		Hours Requested:		Date of Leave:	
Date of Leave:		Hours Requested:		Date of Leave:	
Date of Leave:		Hours Requested:		Date of Leave:	
Date of Leave:		Hours Requested:		Date of Leave:	
Date of Leave:		Hours Requested:		Date of Leave:	
Attendant's Remaining PHE Leave Hours:					
<b>Affidavit:</b>					
I _____ and _____, attest that this form contains accurate information about my Attendant's employment and their request for Public Health Emergency (PHE) leave. I affirm that the requested PHE leave is for one or more of the purposes listed on page 2. I acknowledge and agree that it is my responsibility to track PHE leave requests from my attendant and notify my FMS of any changes related to this request. I understand that this request will be paid out through the 1.7% Cost to You increase implemented for Sick Time at a <b>standard rate established by my FMS vendor</b> . I understand that misrepresentation or false statements made on this form may result in administrative penalties, criminal prosecution and/or termination from the CDASS program.					
Signature of Member/AR:				Date:	
Signature of Attendant:				Date:	



## Public Health Emergency Leave Consumer Direct Attendant Support Services

1. **Attendants can use Public Health Emergency (PHE) supplemental leave for the following purposes. An attendant needs to:**
  - A. Self-isolate and care for oneself because the employee is diagnosed with a communicable illness that is the cause of a public health emergency;
  - B. Self-isolate and care for oneself because the employee is experiencing symptoms of a communicable illness that is the cause of a public health emergency;
  - C. Seek or obtain medical diagnosis, care, or treatment if experiencing symptoms of a communicable illness that is the cause of a public health emergency;
  - D. Seek preventive care concerning a communicable illness that is the cause of a public health emergency; or
  - E. Care for a family member who:
    - a. Is self-isolating after being diagnosed with a communicable illness that is the cause of a public health emergency;
    - b. Is self-isolating due to experiencing symptoms of a communicable illness that is the cause of a public health emergency;
    - c. Needs medical diagnosis, care, or treatment if experiencing symptoms of a communicable illness that is the cause of a public health emergency; or
    - d. Is seeking preventive care concerning a communicable illness that is the cause of a public health emergency;
  
2. **Note:**
  - A. PHE leave is supplemental to Sick Leave [Pursuant to “Healthy Families and Workplaces Act” \(S.B. 20-205, July 14, 2020\)](#).
  - B. PHE leave is not accrued. Unused hours will not be carried over or paid out at the end of the PHE.
  - C. Employers must provide:
    - a. up to 80 hours of leave (between supplemental and sick time) for full-time employees, and
    - b. the equivalent number of the hours worked in the prior pay period for part-time employees.
  - D. If there are questions about the amount of leave available, please contact the FMS vendor.
  - E. Employers cannot require documentation from employees to show that PHE leave is for COVID-related needs.
  - F. During a PHE, employees still earn up to 48 hours of accrued leave. They may use supplemental leave before accrued leave.
  - G. PHE leave ends four (4) weeks following the end of the Public Health Emergency as determined by the [United States Department of Health and Human Services](#).

