



**COLORADO**

Department of Health Care  
Policy & Financing

1570 Grant Street  
Denver, CO 80203

**Consumer Direct Attendant Support Services  
Public Health Emergency (PHE) Leave Request  
FULL-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 40+ hours per week according to program rule. <input type="checkbox"/> Yes <input type="checkbox"/> No - Please submit the Part-Time Attendant Request Form			
<b>PHE Leave Calculation:</b>			
Accrued sick time hours + PHE leave hours cannot exceed 80 for full-time Attendants. To calculate the Attendant's total available PHE leave hours, fill out the following calculation.			
$80 - \frac{\text{Accrued Sick Time}}{\text{Total PHE Leave Hours}} = \text{Total PHE Leave Hours}$			
<b>Leave Request Information:</b>			
Attendant's Total PHE Leave Hours (from calculation above):			
Date:	Start: <input type="checkbox"/> am <input type="checkbox"/> pm	End: <input type="checkbox"/> am <input type="checkbox"/> pm	Hours:
Date:	Start: <input type="checkbox"/> am <input type="checkbox"/> pm	End: <input type="checkbox"/> am <input type="checkbox"/> pm	Hours:
Date:	Start: <input type="checkbox"/> am <input type="checkbox"/> pm	End: <input type="checkbox"/> am <input type="checkbox"/> pm	Hours:
Date:	Start: <input type="checkbox"/> am <input type="checkbox"/> pm	End: <input type="checkbox"/> am <input type="checkbox"/> pm	Hours:
Date:	Start: <input type="checkbox"/> am <input type="checkbox"/> pm	End: <input type="checkbox"/> am <input type="checkbox"/> pm	Hours:
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 <b>at a 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 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](#).

