

Date: September 7th, 2023

RE: Proposed removal of the 129.99% monthly allocation spending limit cap.

The members of the PDPPC would like to make a formal request to remove the 129.99% spending cap of the monthly allocation for the CDASS program.

Currently the spending cap is imposed regardless of if a member has saved and reserved those funds for future use during the certification fiscal year. We believe this punishes those people who are responsible, actually manage their budget, and save that time for when they need it for various reasons.

Members with lower allocation amounts have a significantly less dollar amount that they can spend based on this percentage basis. (IE 30% in addition to \$2000 is \$600 while 30% in addition to \$10,000 is \$3000).

Also, members with higher needs and allocations frequently need to spend an exponentially additional amount due to their needs as they may in fact require a second caregiver whether it be for traveling or other health related issues for the extra care needed during those times.

We believe this potentially can pose a health and safety risk as well as limiting our functionality to live life and pose health issues do to restricting what we can spend when we need that additional care. This aspect alone is contradictory to a self-directed, self-determination program.

We believe there are several times during the year, many in society save up significant funds for events, whether it be vacations or unexpected life situations. This is what responsible people do. This was also a part of our training for the program that in fact, a contingency fund is recommended as reserve for those unexpected situations when more care was needed.

Life has plenty of fluctuations regarding ups and downs and people with disabilities have much greater fluctuations. Putting a spending limit on funds that have been allocated and saved is trying to control the inevitable.

We propose that reserve funds can be spent in full with no limit during the fiscal year of the certification. Spending more than 110% without prior authorization from the case manager would continue to follow the protocol as it is currently described.

Respectfully submitted,

Curtis L Wolff ~ PDPPC Co-chair