



## **RE: Consumer Directed Attendant Support Services**

Dear

Thank you for your interest in the Consumer Directed Attendant Support Services (CDASS) delivery option. The following packet will assist you in getting started with CDASS. ***Please carefully read all of this information.***

### **The contents of the packet are as follows:**

**Pages 1-5:** Information on the CDASS service delivery option. Visit the Consumer Direct Colorado (CDCO) website for additional information:

<http://consumerdirectco.com/>

**Pages 6-7:** Client or Authorized Representative Responsibilities form. Please complete and return to your Case Manager.

**Page 8:** Physician Attestation of Consumer Capacity. To be reviewed and completed by your Primary Care Physician, then returned to your Case Manager.

*Please note, you must be in stable health as indicated by your physician to participate in the CDASS service delivery option. In addition, if your doctor checks NO in response to any of the other questions, you will be required to have an Authorized Representative (AR) assist you to manage your care. If an AR is required, they will need to complete pages 9-11.*

*(If your doctor answers YES to all questions and you do not wish to have an Authorized Representative for CDASS you may disregard pages 9-11).*

**Page 12:** Task Worksheet. This is a draft or **example** worksheet you will complete with your Case Manager when all above forms are returned. The Task Worksheet captures all of your needs for attendant care, and the hours per week required for that care. This example Task Worksheet will be used to determine your monthly allocation.

*You will need a finalized copy of your Task Worksheet and Monthly Allocation for training with Consumer Direct.*



**The process for starting CDASS is:**

**Step #1:** Return Physician Attestation AND Client/AR Responsibilities form to the Case Manager. If applicable, return AR paperwork to the Case Manager.

**Step #2:** Client and the Case Manager complete the Task Worksheet collaboratively either over the phone or in person.

**Step #3:** The Case Manager finalizes the Task Worksheet to determine the Client's monthly allocation and makes a referral to CDCO for training. The Client/AR will receive a copy of the Task Worksheet and monthly allocation from the Case Manager to utilize during training.

**Step #4:** The Client/AR will be contacted by CDCO to schedule training. Training consists of reviewing service delivery option rules and information to help the Client/AR be successful in managing their services. During training, the Client/AR will develop an Attendant Support Management Plan (ASMP) to outline a plan for managing services. The Client/AR will also need to choose which Financial Management Services (FMS) provider they would like to use.

**Step #5:** The Case Manager will receive the completed ASMP from CDCO and review the document for approval. At the Case Manager's request, the Client/AR may need to make corrections.

**Step #6:** The Case Manager will refer the Client/AR to their choice of FMS provider to begin the enrollment process. The Client/AR will need to complete enrollment forms with the chosen FMS provider for the Client and the Attendants being hired to provide care.

**Step #7:** Once paperwork is complete, the Client/AR will work with the Case Manager and the FMS provider to determine the start date for services.

**Step #8:** CDASS services and attendant care can begin on designated start date.

Sincerely,

# CONSUMER DIRECT COLORADO CDASS TRAINING SPECIALISTS

**Consumer Directed Attendant Support Services (CDASS)** is a Medicaid service option under the **Home and Community Based Services (HCBS)** program. CDASS empowers individuals to direct their own care needs rather than going through a home health agency.

## How does CDASS work?

In CDASS you work closely with your Case Manager to determine your need and eligibility. Based on your need, you are given an allocation of funds to utilize in managing your care. A Financial Management Services (FMS) provider of your choice assists you with payroll and paperwork for your workers. You are empowered to hire, train and manage your attendants as the employer.

## How to Get Started

CDASS allows you flexibility, control and choice over the services you need to remain happy and healthy in your home and community.

- You must be eligible for one of the HCBS waivers. For more information call 211, or contact the local Case Management Agency in your county.
- The Case Management Agency will help determine your eligibility for waivers and services. If you qualify, you will be assigned a Case Manager to assist with the CDASS enrollment process.
- Once enrollment is complete, your Case Manager will send a referral to Consumer Direct Care Network Colorado to initiate CDASS training.

## Services Provided

Consumer Direct Care Network Colorado will assist with:

- Client and Authorized Representative Training
- Ongoing support for CDASS participants
- Education and tools for recruiting, hiring, training and managing your Attendants of choice
- Case Management Training and support for Consumer-Directed services

## CDASS Attendant Directory

The Attendant Directory is a free resource to help identify clients and caregivers who suit each other. Caregivers can register and create a free searchable client profile. Once they identify a good match, they can use the directory to connect. Whether you're a Client seeking Attendant support, or a caregiver interested in expanding your Client network, the Attendant Directory can help you make a connection. For more information, please call us or visit our website and click on the Directory tab.

**Call Today!**  **844.381.4433**

# CDASS Players & Process Flow



## #1 Case Manager (CM)



- CM meets with Client to present options for services
- CM and Client obtain CDASS eligibility forms
- CM and Client complete the task worksheet
- CM provides the Client with the allocation amount and copy of the task worksheet
- CM sends referral for CDASS training to Consumer Direct Colorado

## #2 Consumer Direct Colorado (CDCO)

- CDCO Training Coordinator contacts Client
- Explains training options
- Schedules training



## #3 CDCO - Training Coordinator/Peer Trainer

- Training Coordinator/Peer Trainer confirms training
- Training Coordinator/Peer Trainer provides CDASS training

#### #4 CDCO-Training Coordinator/ Peer Trainer

- Support as needed to complete Attendant Support Management Plan (ASMP) and budget
- Training Coordinator provides CDASS training reviews ASMP budget for completeness
- Training Coordinator provides CDASS training submits ASMP to CM for approval or follows up with Client to revise as needed

CDCO-  
Training Coordinator/  
Peer Trainer

4

5 Case  
Manager (CM)

#### #5 Case Manager (CM)

- CM approves ASMP or follows up with Client to revise as needed
- CM sends referral and approved ASMP to Client's selected FMS provider

#### #6 FMS Provider

- FMS provides necessary Client and Attendant paperwork
- FMS assists with completion of paperwork
- FMS informs CM of enrollment date with FMS

FMS  
Provider

6

7 Case  
Manager (CM)

#### #7 Case Manager (CM)

- CM and Client set CDASS start date







**COLORADO**

Department of Health Care  
Policy & Financing

## **Consumer Directed Attendant Support Services Client or Authorized Representative Responsibilities**

### **Section I: Client Information**

Client Medicaid Number: \_\_\_\_\_

Client Full Name: \_\_\_\_\_

### **Section II: Responsibilities**

As a client or Authorized Representative using Consumer Directed Attendant Support Services (CDASS), I accept the following responsibilities for CDASS management:

1. Attend CDASS training.
2. Develop an Attendant Support Management Plan (ASMP).
3. Recruit, hire, fire and manage attendants.
4. Determine wages for each attendant not to exceed the wage limit established by the Department.
5. Determine the required credentials for attendants.
6. Complete hiring agreements, as required by the Financial Management Services (FMS) agency with each attendant, outlining wages, services to be provided (limited to Personal Care, Homemaker or Health Maintenance Activities), schedules and working conditions.
7. Ensure the FMS receives hiring agreements prior to attendants providing reimbursable services.
8. Complete employment reference checks on attendants.
9. Follow all relevant laws and regulations applicable to supervision of attendants and the management of the CDASS allocation.
10. Explain the role of the FMS to the Attendant.
11. Train attendants to meet client's attendant support needs.
12. Budget for attendant care within the established monthly and CDASS Certification Period allocation.



13. Review all attendant timesheets and statements for accuracy of time worked, completeness, and client/AR and attendant signatures. Timesheets shall reflect actual time spent providing CDASS services.
14. Review and submit approved attendant timesheets to FMS by the established timelines for attendant reimbursement.
15. Authorize the FMS to make any changes in the Attendant wages.
16. Ensure timesheets submitted are not altered in any way and that any misrepresentations are immediately reported to the FMS.
17. Understand that misrepresentation or false statements may result in administrative penalties, criminal prosecution, and/or termination from CDASS.
18. Complete and manage all paperwork and maintain employment records.
19. Develop a plan for emergencies and arrange back-up attendant support, such as when an attendant is late or fails to show up for work.

I understand that any injury or illness that results from poor care or poor work by my attendants is my responsibility and not that of the State of Colorado.

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SIGNATURE OF CLIENT OR AUTHORIZED REPRESENTATIVE

DATE

I witnessed the above named client sign this document or  
heard the client acknowledge signing the document

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SIGNATURE OF WITNESS

DATE



## Physician Attestation of Consumer Capacity

The following client is interested in participating in Consumer Directed Attendant Support Services (CDASS). The client will select, train, and direct attendants to provide personal care, homemaker, or health maintenance (skilled) care. To qualify for CDASS, the client's primary care physician shall either attest to the client's capability to direct care with sound judgment or recommend the client utilize an authorized representative. NOTE: Sections of the Nurse Practice Act and Nurse Aide legislation do not apply to CDASS (25.5-6-1101 C.R.S.)

### Section I: Client Information Section

Client Medicaid Number:									
Last Name: _____		First Name: _____		Middle Initial: _____					
Address: _____		City: _____		State: _____		Zip: _____			
Date of Birth: _____		Phone: _____		Male <input type="checkbox"/>		Female <input type="checkbox"/>			

### Section II: Medical Information

**The following questions address the stability of the client's medical condition. Only those clients whose medical conditions are considered stable are eligible to participate in the CDASS benefit. Stable health is defined as a medically predictable progression or variation of disability or illness.**

Is the client's health condition stable, as defined above? Yes ☐ No ☐

**Answering "NO" to any of the following questions will require the client to use an authorized representative. It does not preclude the client from participating in CDASS.**

Does this client have the ability to develop and maintain a budget and establish attendant wages and schedules? Yes ☐ No ☐

Does this client have the ability to understand and monitor conditions of basic health, and recognize how, when, and where to seek appropriate medical assistance (for example: if the client has a respiratory condition and develops shortness of breath would he or she know who to contact)? Yes ☐ No ☐

Does this client have the ability to direct care including the ability to train attendants on the skilled/unskilled procedure or services needed (for example: training attendants on lifting and transferring needs or how to provide respiratory care)? Yes ☐ No ☐

Does this client have the ability to make informed decisions about interviewing, selecting, disciplining, dismissing, and otherwise managing attendants? Yes ☐ No ☐

### Section III: Medical Provider

Attesting Physician Name:		License #	
Address:			City:
State:		Zip:	
Name of Person Completing Form:		Date	
Signature of Attesting Physician:			
Medical Provider Comments: (optional)			





## Authorized Representative Designation and Affidavit

### Designation of Authorized Representative

\_\_\_\_\_, hereby designates:  
Full Name of Client Client's Medicaid ID

Full Legal Name of Authorized Representative Date of Birth Last 4 digits of SSN

Street Address City State Zip

Phone (home) Phone (mobile) Email Address

☐ Please contact me via email or text message with updates about CDASS (standard carrier rates may apply to texts)

**To serve as my Authorized Representative (AR) while receiving benefits under the Consumer Directed Attendant Support Services (CDASS) to handle the following tasks:**

- ☐ Complete & Sign Forms ☐ Attend Training ☐ Budgeting  
☐ Personnel Issues ☐ Plan & Organize Attendant Support ☐ Other: \_\_\_\_\_

**If the client's Physician has indicated on the Physician Statement of Consumer Capability that he or she cannot direct his or her own care then the AR must handle ALL tasks.**

I understand that the AR receives no monetary compensation for this service and I further understand that my AR cannot be a paid attendant.

Person completing this form is (check one): ☐ Client ☐ Legal Guardian  
If Legal Guardian, please submit documentation.

Client or Legal Guardian Signature Date

In case of the client's inability to sign, another person may witness the client's mark above.

Print Full Name of Witness Witness Signature Date

### Authorized Representative Affidavit

I hereby agree to serve as the Authorized Representative for the above named client and understand my responsibilities and duties. In addition,

- I am at least eighteen years of age;
- I have known the client for at least two years;
- I have not been convicted of any crime involving exploitation, abuse, or assault on another person; and
- I do not have a mental, emotional, or physical condition that could result in harm to the client.

Authorized Representative Signature Date

Print Full Name of Witness Witness Signature Date





## Authorized Representative Screening Questionnaire

### Client Information

Full Name of Client \_\_\_\_\_

The above named client is interested in receiving Consumer Directed Attendant Support Services (CDASS). The client or the client's authorized representative (AR) will be responsible for selecting, training and directing attendants, who will provide care for the client.

### Authorized Representative Questionnaire

1. Please check your relationship to the CDASS client.(check one):  
☐ Family Member   ☐ Friend   ☐ Legal Guardian   ☐ Other \_\_\_\_\_
2. Do you receive money from the client or anyone else to care for the client?  
☐ Yes   ☐ No  
  
If Yes, from whom, and for what purpose? \_\_\_\_\_
3. Are you willing to sign a Client or Authorized Representative Responsibilities Form acknowledging your responsibilities in CDASS?  
☐ Yes   ☐ No
4. After reading and initialing the Authorized Representative description on the next page, do you understand your functions and are you willing to volunteer to serve as the client's Authorized Representative?  
☐ Yes   ☐ No
5. As this client's Authorized Representative, do you understand that you cannot be both a paid attendant and the Authorized Representative, for this CDASS client?  
☐ Yes   ☐ No

**If the client designates a new AR, you must submit a resignation letter in writing. The new AR must complete and submit new AR forms to the client and the client's case manager.**

Authorized Representative Name (Printed)   Signature   Date

Street Address   City   State   Zip

Home Phone Number   Cell Phone Number

## Authorized Representative Description

“Authorized Representative” means an individual designated by the client, or by the guardian of the client, if appropriate, who has the judgment and ability to direct the care on the client’s behalf.

An Authorized Representative must:

**INITIAL**

- \_\_\_\_\_ Complete Attendant Support Services Management Training
- \_\_\_\_\_ Accept responsibility to manage the health aspects of the client’s care which means having the ability to understand principles and monitor conditions of basic health and the knowledge of how, when and where to seek medical help of an appropriate nature.
- \_\_\_\_\_ Accept responsibility to handle the financial aspects of the client’s care to include determining how the client’s individual allocation should be spent to ensure the individual receives necessary care and to ensure that attendants receive compensation; and the ability to verify the accuracy of financial and personnel records as provided by the Financial Management Services (FMS) organization.
- \_\_\_\_\_ Show a strong personal commitment to the client.
- \_\_\_\_\_ Show knowledge about the client’s preferences.
- \_\_\_\_\_ Follow the client’s wishes and respect the client’s preferences.
- \_\_\_\_\_ Use sound judgment to act on the client’s behalf.
- \_\_\_\_\_ Be at least 18 years old.
- \_\_\_\_\_ Have known the client for at least two years.

An Authorized Representative **may not**:

**INITIAL**

- \_\_\_\_\_ Receive monetary compensation for directing care on the client’s behalf.
- \_\_\_\_\_ Serve as an employee of the client.
- \_\_\_\_\_ Have been convicted of any crime involving exploitation, abuse or assault on another person.
- \_\_\_\_\_ Have a mental, emotional or physical condition that could result in harm to the client.

# CDASS TASK WORKSHEET

CLIENT NAME		STATE ID				DATE		
Homemaker	Norm	Min/Wk	Personal Care	Norm	Min/Wk	Health Maintenance	Norm	Min/Wk
Floor Care	15min/room		Eating	30min/meal		Skin Care	IND	
Bathroom	45min/wk		Respiratory Assistance	30min/wk		Nail Care	30min/wk	
Kitchen	35min/wk		Skin Care Maintenance	35min/wk		Mouth Care	105min/wk	
Trash	35min/wk		Bladder/Bowel	10min/each time*		Dressing	210min/wk	
Meal Prep	420min/wk		Hygiene	420min/wk		Feeding	IND	
Dishwashing	140min/wk		Dressing	210min/wk		Exercise	IND	
Bed Making	35min/wk		Transfers	5min/each time		Transfers	15min/each time	
Laundry	20min/load		Mobility	5min/each time		Bowel	IND	
Shopping	120min/wk		Positioning	15min/2 hours		Bladder	IND	
Dusting	30min/wk		Medication Reminders	5min/each time		Medical Management	10min duration	
			Medical Equipment	60min/wk		Respiratory Care	IND	
			Protective Oversight	IND		Medication Assistance	5min/each time	
			Accompanying	IND		Bathing	IND	
			Bathing	IND		Positioning	15min/2 hours	
						Mobility	5min/each time	
						Accompanying	IND	
Total Min/Wk		0	Total Min/Wk		0	Total Min/Wk		0

IND = Time required to complete task is individualized or as prescribed by physician or therapist

**Total Hrs/Wk      0.00      Total Hrs/Wk      0.00      Total Hrs/Wk      0.00**