



CDASS
**Program Training
Manual**





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C Consumer/Client
 D Directed
 A Attendant/Employee
 S Support
 S Services

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SECTION 1

Purpose of the Program



Consumer/
Client



Directed



Attendant/
Employee





Support



Services

Introduction to Colorado Consumer Directed Attendant Support Services

 Colorado Consumer Directed Attendant Support Services (CDASS) was established in 2002 giving Medicaid Home and Community Based Services  (HCBS) waiver recipients (Clients) the opportunity to direct their care and have full control over their attendant support services. Clients hire, train and manage Attendants of their choice to best fit their unique needs. Through CDASS, Clients may receive personal care, homemaker and health maintenance services rather than working through a home health or personal care agency.

Clients in CDASS work closely with Case Managers to determine the amount of services needed to support assessed needs. Clients are able to use Medicaid dollars to pay for services.

CDASS is intended to:

- Increase independence and self-sufficiency
- Offer greater control over attendant care
- Improve the quality of support services
- Enable Clients to have a healthier and more productive life
- Provide opportunity for greater flexibility and control in managing support needs

Eligibility Requirements

CDASS is available to individuals who meet the following eligibility requirements:

- Medicaid members who qualify for one of the HCBS waivers in which CDASS is an approved service delivery option.
- Demonstrated need for personal care, homemaker or health maintenance services.
- Stable health and ability to direct own services or assign an Authorized Representative (AR).

Authorized Representative

If a doctor indicates the Client requires assistance with certain responsibilities, or if a Client wants help with all or certain aspects of directing care, the CDASS service delivery option allows for the Client/guardian to choose to delegate these responsibilities to an Authorized Representative (AR).

PERSONAL FEATURE: Christina Ulmer, Arvada

“Consumer Directed Attendant Support Services (CDASS) has been a life changer for me. I was injured in May of 1993 when I broke my neck, paralyzing me from the shoulders down. I was instantly in a position of needing daily care for everything. I had home health care agency services 24 hours a day for a month, then it dropped to 18 hours a day, still covering nights because of my need for a ventilator. In 2003, Medicaid dropped my hours to 3 per day, leaving me to cover 21 hours a day or go into a nursing home.

I was fortunate to have a special needs trust, but it was being depleted quickly. I signed up for CDASS services in 2006. Since then, this program has relieved a lot of emotional and financial stress, allowing for a much better life.

Not only have I found terrific caregivers, they have become my friends too. I have been able to travel and take my caregivers with me. I have met and am engaged to a man from California, who is also one of my caregivers. And, last but not least, my parents, who have taken care of me my whole life, can be paid for their help.”

Consumer Direction Explained

Consumer direction (also known as self-direction) provides individuals and families with choice and control over the publicly-funded services for which they are eligible. Consumer direction is defined as:

“...a service model [which] empowers public program participants and their families by expanding their degree of choice and control over the long-term services and supports they need to live at home.”¹

History and Growth of Consumer Directed Services

Consumer directed service models have been available in the United States since the 1950s and 60s. Services in those early decades were limited. Participant direction grew slowly during the 70s, 80s, and 90s. In the 2000s, participant direction became a standard service offering within Medicaid waiver programs. Since that time, participant direction has expanded to a wide variety of populations and has steadily grown in popularity.

National surveys conducted from 2001-14 found that:

- Nearly 300 programs exist nationwide.
- There is at least one program in every state.
- Over 800,000 individuals are enrolled nationwide.²

NOTE



Consumer directed service models are founded on the principles of self-determination and reflect the hopes and desires of individuals. The five principles of self-determination are: **Freedom, Authority, Support, Responsibility, and Confirmation.**

Principals and Benefits of Consumer Direction

Consumer direction represents a shift in the way home and community services are delivered and evaluated. The individual and his or her family have the opportunity and support to choose:

- Amount and type of services, based on personal assessment.
- Who will provide the services?

¹ Boston College, *Developing & Implementing Participant Direction Programs & Policies: A Handbook*, <http://www.bc.edu/schools/gssw/nrcpds/tools/handbook.html> (accessed January 2, 2015)

² Kaiser, *Medicaid Home and Community-Based Services Programs: 2011 Data Update*, <http://kff.org/medicaid/report/medicaid-home-and-community-based-services-programs-2011-data-update/> (accessed January 2, 2015)

- Where and when services will be provided.
- How services will be provided.

FREEDOM – The opportunity to choose where and with whom one lives as well as how one organizes all important aspects of one’s life with freely chosen assistance as needed. It means deciding for yourself:

- What choices you want to make about your life.
- What kind of services and supports to use (if any).

BUDGET AUTHORITY – You make decisions about how your Medicaid dollars are spent, within certain state and federal rules and regulations. You develop your own spending plan to determine how your monthly allocation will be used to support you in the community.

EMPLOYER AUTHORITY –You may select, hire and manage the employees who support you, including friends and family members.

SUPPORT – The ability to organize your support in ways that are unique to the individual. You may want or need support/assistance to:

- Care for yourself.
- Be an active part of your community.
- Take care of your home.

RESPONSIBILITY –The obligation to use public dollars wisely and to contribute to one’s community. Along with freedom and choice, you have the responsibility to follow the rules of the CDASS service delivery option including:

- Making responsible choices.
- Staying within your monthly budget/allocation.

CONFIRMATION – The recognition that individuals with disabilities should have a leadership role in the redesign of the long term care service system.

PERSON-CENTERED PLANNING –You develop your own Attendant Support Management Plan (ASMP) with the support of people you choose. Case Managers, Training Coordinators and Peer Trainers are available to assist you if needed.

SUMMARY



Section 1: Purpose of the Program

- To utilize the CDASS option, you must meet the Medicaid waiver eligibility requirements.
- The five principles of self-determination are as follows. Consumer directed services are founded in these principles.
 - Freedom
 - Authority
 - Support
 - Responsibility
 - Confirmation
- The Colorado Department of Health Care Policy and Financing (HCPF) reinforces the principles through CDASS, which is intended to increase independence, quality, control and flexibility over services, and promote a healthier and more productive life.
- Consumer directed services have been available since the 1950s and 1960s. The option continues to grow and expand across the United States.

