



Care Plan Mediation Request Form

Consumer Direct Colorado (CDCO) is the Training and Operations Vendor for Consumer Directed Attendant Support Services (CDASS) and In-Home Support Services (IHSS). As part of this role, CDCO can assist with facilitating discussions and conversations around care plan discrepancies.

Important Notes:

- Client/Authorized Representative must consent to mediation
- CDCO will issue recommendation only, not a definitive decision
- Client retains all legal appeal rights for decisions made by Case Management agency
- Request for mediation can be submitted by either the Client, Authorized Representative, Case Manager or IHSS Provider Agency

Process to seek mediation:

1. Client/Authorized Representative, Case Manager or IHSS Agency must complete Care Plan Mediation Request and send to CDCO.
2. CDCO will process the referral and contact the Case Manager with in 1 business day to collect information.
3. CDCO will contact the Client/Authorized Representative to collect additional information and consent to participate in mediation.
4. CDCO will contact the IHSS Provider Agency, if necessary, to collect information.
5. CDCO will facilitate a mediation call with all parties involved. Reasonable accommodations will be provided upon request for persons with disabilities. Please notify CDCO prior to the scheduled meeting if you need special accommodations.
6. CDCO will provide a recommendation for services based on information from all parties involved and result of mediation call.
7. Case Manager will finalize the decision for services being authorized and if necessary they will issue the Client/Authorized Representative an 803 Form with the decision and information on the Client's right to appeal.

<u>Person Requesting Mediation</u>	Date: _____	
Name: _____	Role: _____	Client Initials: _____
Agency Name (if applicable): _____	Client's Case Manager: _____	
Comment:		

Please send this completed request form to CDCO Fax: 866-924-9072 or Email: infocdco@consumerdirectcare.com